

# Policy Approaches to Support Home Visiting for Home-Based Child Care Providers

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## Introduction

About 3.7 million home-based child care (HBCC) providers care for young children who are not their own for at least five hours each week.<sup>1</sup> Despite their large presence in the child care field and the role they play in caring for children, HBCC providers often struggle to access the professional development supports they need. One emerging solution to this challenge is to use home visiting as an intervention strategy to support the professional development of individuals providing care for children in their homes. While home visiting was originally designed for parents or caregivers with young children, some models have adapted their curricula to focus on supporting HBCC providers' work with children in their care.<sup>2</sup>

This brief is one in a set of three that explore the infrastructure needed to support the use of home visiting models for HBCC. The other briefs address professional development systems to support this work, and approaches to adapting home visiting curricula for HBCC providers. All three briefs draw on a Child Trends study that considered the feasibility of adapting home visiting models to support HBCC providers. More information about the study behind this brief and about home visiting curricula can be found in Child Trends' full report: *Examining the Feasibility of Using Home Visiting Models to Support Home-Based Child Care Providers*.

## Policy and Funding Recommendations for Federal and State Officials

- Increase investment in evaluation to build the evidence base for using home visiting models to improve HBCC providers' professional development.
- Increase coordination between home visiting and other early childhood systems.
- Leverage federal early childhood funding to support pilots and implementation of home visits with HBCC providers.

## State of the Field

HBCC is the most common form of child care in the country, serving over seven million children from infancy to age 5.<sup>3</sup> Research shows that families tend to prefer HBCC for infants and toddlers, while older children are more likely to attend preschool or center-based care.<sup>4,5</sup> In addition, specific types of families and caregivers tend to use this form of child care at higher rates. Single female-headed households, low-income families, and parents or caregivers with nontraditional and/or inflexible working hours also tend to prefer HBCC.<sup>6</sup> Home-based child care that is provided by relatives, friends, or neighbors is often referred to as informal or family, friend, and neighbor (FFN) care. Low-income or rural families frequently use FFN, and

some research also suggests this type of care is common among Latino and Black families.<sup>7,8,9</sup> As a result, HBCC providers not only care for a large proportion of the nation's children, but they also care for the youngest children and those who can benefit the most from high-quality child care.<sup>10,11</sup>

When it comes to quality of care provided in HBCC settings, existing research presents mixed results. While HBCC settings offer safe, warm, and nurturing care, they tend to score lower in areas such as caregivers' attention to children's cognitive development and learning activities.<sup>12</sup> These findings suggest that HBCC providers may need tailored supports to strengthen their capacities to offer more enriched learning environments.<sup>13</sup> Additionally, FFN providers are typically exempt from licensing or regulations, which tends to result in limited access to professional development supports. Because quality of care is associated with providers' training and education,<sup>14,15</sup> investment in the professional development of HBCC providers is an important opportunity for supporting their skill development and the quality of care children and families receive.

Within the growing body of research on how best to address the professional development needs of HBCC providers, researchers and practitioners have begun to examine home visiting as a professional development strategy. Traditional home visiting models aim to support economically disadvantaged families by providing them with regular, in-home visits that focus on improving parents' or caregivers' interactions with their children and connecting them to resources to support their needs. Some home visiting models have already adapted their models and curricula to serve HBCC providers, and a few focus specifically on FFN care arrangements.<sup>16</sup> This approach is novel and still developing; however, a few research studies provide preliminary evidence that it can be implemented effectively, and that a range of child care providers who receive it, including FFN providers, show improved quality of care.<sup>17</sup> In short, providing professional development opportunities based on home visiting models to HBCC providers may help to strengthen the quality of care for a wide range of children and families who rely on these services.

## Key Opportunities

Home visiting is a promising professional development model for HBCC providers because the home-based approach and the topics that home visiting curricula address align with the needs of HBCC providers. Home visiting focuses on promoting children's healthy development, as well as increasing caregivers' knowledge of appropriate practices and connecting them with resources to support their own well-being. Consequently, home visiting presents several key opportunities for improving the quality of care for children and families who rely on HBCC arrangements.

### Home visiting can help HBCC providers overcome barriers to participating in professional development opportunities.

Many HBCC providers do not have access to the same professional development activities available to their peers who work in child care centers. Moreover, most HBCC providers face various logistical barriers and challenges to participating in professional development; for example, many HBCC providers work alone and care for children outside of traditional work hours, making it difficult for them to attend trainings and workshops. In addition, trainings designed with center-based providers in mind do not always address topics relevant to HBCC providers, such as how to run a business or how to provide care to children of multiple ages simultaneously.<sup>18</sup> Professional development offered to HBCC providers in the home during their workday can address the challenge of traveling to trainings. In addition, home-based professional development based on a home visiting model can be tailored fairly easily to accommodate a HBCC provider's unique needs because many of the topics covered in home visiting curricula align with the work that providers already do.<sup>19</sup>

## Home visiting can facilitate outreach to and support of unlicensed providers.

A majority of individuals who care for children in their homes are not connected to state systems through licensing standards or other monitoring.<sup>20</sup> Most of these providers are individuals caring for children to whom they are related (i.e., FFN care), but some also care at least part time for children to whom they are not related, according to analysis of 2012 National Survey of Early Care and Education data. Home visiting as a professional development strategy has the potential to reach these providers, who care for over six million children<sup>21</sup> and who are not typically receiving other training and professional development. In fact, some home visiting models began developing adaptations to their curricula for HBCC providers when they learned that the parents they were serving were also caring for other people's children. While conducting visits for families they served, home visitors learned that some of those parents were also caring for other people's children.<sup>22</sup> By supporting unlicensed providers' professional development, this strategy could expand the reach of high-quality care for children and families.

## Home visiting can provide more tailored and effective supports for HBCC providers.

Home visiting as a professional development strategy makes it possible for HBCC providers to receive supports that are tailored to their needs. Professional development for child care providers is often designed for center-based child care settings, where children of varying ages are typically separated into different classrooms. This results in a lack of focus on how best to support children of multiple ages in the same environment.<sup>23,24</sup> HBCC providers are also often the sole care provider in their setting. Home-based visits provide opportunities for one-on-one coaching or individualized, on-site professional development support, within the context of the child care home setting.<sup>25</sup> Coaching has been linked to improved practices, strengthened quality in early care and education (ECE) settings, and positive child outcomes, such as improved language and literacy.<sup>26,27</sup> During visits to the home, home visitors learn about the unique settings in which HBCC providers work, and they can model or demonstrate effective child care approaches while providers are working with children. This strategy also gives providers the opportunity to apply what they are learning, in real time, through an interactive process with the home visitor.

## Recommendations for State and Federal Officials

While home visiting has the potential to improve professional development for HBCC providers, pilot studies of this strategy and research on its effectiveness are in the early stages. Important next steps for expanding the use of home visiting to support HBCC providers' professional development are 1) improving coordination between agencies and departments that oversee home visiting and early childhood education, 2) focusing on expanding the evidence base, and 3) leveraging available funding.

## Increase coordination between home visiting and other early childhood systems.

Expanding the use of home visiting supports to HBCC requires coordination between systems that deliver home visiting and those involved with supporting children and families, including ECE. This coordination could maximize funding opportunities that are applicable to both fields, such as the most recent Preschool Development Grant Birth through Five (PDG B-5) grant. Home visiting and ECE systems may also consider how they can best coordinate the collection of data on program, caregiver, and child outcomes for research and evaluation purposes, to increase efficiency and avoid duplication of efforts. To increase coordination in these ways, states should consider developing cross-sector initiatives or collaboratives that include

representation from home visiting and ECE, including state administrators, policymakers, database designers, researchers, and other key stakeholders from both fields of practice.

## Invest in more research and evaluation to build the evidence base.

One way to expand the use of home visiting to support HBCC providers is to grow its evidence base. While several pilot projects have generated some evidence for this innovative approach,<sup>28</sup> more robust evaluations can increase levels of interest among policymakers and funders who can support this work. In particular, researchers could focus on examining the effectiveness of home visiting in raising the quality of care in HBCC settings, as well as how to better integrate unlicensed providers into state and local ECE systems. By reporting these findings, researchers can also better inform child care systems and providers about how they can scale up and sustain the implementation of this work in their own states and communities.

## Leverage federal early childhood funding to support pilots and ongoing implementation of home visits with HBCC providers.

While some home visiting models have piloted their curricula for HBCC providers through private or philanthropic partnerships, federal funding also provides opportunities to conduct this work. Short-term federal grants for innovative approaches are one place to start. For example, the state of Colorado is currently using its PDG B-5 grant to work with two home visiting models, Parents as Teachers and Home Instruction for Parents of Preschool Youngsters (HIPPY), to provide home visiting to licensed HBCC providers and FFN providers.<sup>29</sup> Beyond the pilot stage, sustaining the use of home visiting to support these providers' professional development will require more stable funding streams, such as the Child Care Development Block Grant (CCDBG) set-asides for quality improvement or infant-toddler care. The Cherokee Nation and four other tribes in Oklahoma, for example, used tribal and CCDBG quality set-aside funds to run a home visiting program focused on strengthening the quality of care for FFN providers.<sup>30</sup>

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