

### **A3: Conceptualizing Quality from the Perspective of Home-Based Child Care**

Wednesday, February 7, 2018

10:45 a.m. – 12:00 p.m. | *Richmond*

#### **1. Descriptive Information**

<b>A3: Conceptualizing Quality from the Perspective of Home-Based Child Care</b>  There is significant concern that existing quality measures do not adequately capture distinguishing features of home-based childcare (HBCC). Policymakers often must make hard choices about which aspects of quality to measure even though these factors tend to yield limited information about children's outcomes. We will present a draft conceptual model developed by a subset of the HBCC Work Group, which defines elements of quality in HBCC settings. Then panelists will share their reflections on implications for different HBCC populations (e.g., informal care, pre-K), different sectors of early care and education (e.g., QRIS, CCDF), and different purposes for a definition of HBCC quality (e.g., high stakes assessment, coaching, professional development), as well as unintended consequences. This interactive session aims to elicit discussion from meeting participants based on their research.	<b>Facilitator</b> <b>Amy Blasberg</b> , Child Trends  <b>Panelists</b> <b>Toni Porter</b> , Early Care and Education Consulting  <b>Jaime Thomas</b> , Mathematica Policy Research  <b>Rena Hallam</b> , University of Delaware  <b>Sarah Neville-Morgan</b> , State of California, Early Education and Support Division  <b>Scribe</b> <b>Katie Caldwell</b> , ICF
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#### **2. Documents Available on Website**

- None, unpublished material shared during presentation

#### **3. Brief Summary of Presentations**

- This work developed out of a concern about current definitions and measurement of quality which are really focused on center-based child care to the exclusion of home-based child care settings.
- In August 2016, an expert panel was held to discuss the subject.
- The panel developed a set of elements related to quality in HBCC settings.
- The team created a crosswalk and conceptual model that is focused on HBCC settings. While the elements of quality may apply to center-based settings as well, the way they are operationalized likely differs across contexts.
- **Summary of Presentation #1: Toni Porter**
- **This presentation described the topics included in the conceptual framework and the elements of quality proposed. The topics included:**
  - Foundations for sustainability of care
  - Lasting Relationships
  - Opportunities for Learning and Development
  - This is a draft model and is still in the process of being developed.
- **Summary of Presentation #2: Sarah Neville-Morgan**
  - Quality Across the Continuum of Early Learning and Care Settings
    - Ms. Neville-Morgan works for the California Department of Education and wears many hats within her position

- Seeing family friend and neighbor care within the continuum is key
    - Majority of children in center-based care but many children are in home-based care
  - Reflections of QRIS participation
    - In CA, there are some sites that are not rated, but they are included to bring home-based child care settings into the system and focus on improving quality
    - May take some programs 3-5 years before they feel comfortable being rated
  - Core areas map onto the conceptual model well:
    - Programs and environment
    - Teachers and teaching
    - Child development and school readiness
  - Provider compensation - unless the rates and compensation are improved quality will suffer
  - 60% of our children are dual language learners - make sure care is culturally and linguistically strong. Often found in HBCC but the education and language of providers is often not as strong as in center-based care.
- **Summary of Presentation #3: Rena Hallam**
    - Reactions from a QRIS perspective
      - Further specification could strengthen the model
      - An overarching conceptual model is helpful to guide policy and practice - for QRIS, we need the identification of essential elements appropriate for measurement.
      - Identification of distinctions among types of HBCC- in particular, the growing professionalization of licensed family child care
  - **Summary of Presentation #4: Jaime Thomas**
    - Reactions from the FFN Perspective
      - Creating a safe environment and capitalizing on resources are related and important to FFN
      - How to enhance quality when some elements of environment (safety, poor building conditions) are out of FFN caregivers' control?
      - Forming relationships with other providers and community resources may decrease caregiver isolation.
      - Detroit and Bay Area FFNs requested more information (e.g. caring for children with special needs) and resources (e.g. diapers).
      - Few FFNs in Detroit and Bay Area were aware of subsidies and didn't see FFN care as a career.
      - It's important to manage family relationships regardless of whether they're in the same home (certain grandparents can care for the kids while others cannot; adherence to parents' rules, less modern parenting, different approaches to parenting).
      - Building on everyday experiences – a strength of informal care that is underrepresented in existing quality measures.
      - How can these topics and elements be operationalized?

#### 4. Brief Summary of Discussion

- A lot of providers think of being a child care provider as income for their family versus as their own small business. Exchange of childcare or hair styling was a common payment in Jaime's studies.
- Is there thinking about incentives to participate in quality improvement outside of the subsidy system?
  - Sarah: Through California's QRIS the locality can determine what incentives are offered for providers. Most give resources and materials as incentives.

Discussion question: Do you see anything here that resonates with you? Anything missing?

- Interesting opportunity to allow programs to participate in the QRIS before a rating is given- can this help with the things we don't know how to measure well?

- Have been trying this in CA. Problem is that what gets measured is funded so those elements are what programs focus on.
- The model talks about capitalizing on materials and equipment related to the child experience, however this could also be used with children bringing this to parents.
  - There could also be more of a thread of how it relates to parents and familial relationships
  - Also think about the thread of cultural responsiveness through the model
- Could this model be used in a professional development settings?
  - Delaware recently revised policies from FFN care to relative care because the previous policies and system were being abused. Now the system only includes families needing care during nontraditional hours. A local advocacy group complained about the 28 hours of training the state required since most caregivers were grandparents caring for grandchildren. So thinking about how to introduce this in my state and introduce quality. It will be an uphill battle but it is definitely needed in the state.
    - Perhaps looking at this issue from a strengths-based perspective of talking to providers about what they're doing now that fits into those quality categories
    - Have to be sensitive to barriers felt by FFN providers
- We have submitted this conceptual model to the NAFCC conference in June to have conversation with providers
- Please consider joining the home-based child care workgroup within CCEEPRC (contact Amy Blasberg [ablasberg@childtrends.org] if interested)

**5. Summary of Key issues raised** (facilitators are encouraged to spend the last 3-5 minutes of sessions summarizing the key issues raised during the session; bullets below are prompts for capturing the kinds of issues we're looking for)

- A draft conceptual model has been developed for determining quality in home-based care settings and could be used in center-based settings as well.
- Some new issues raised by this discussion include a focus on helping home-based providers develop additional business skills to sustain their business.
- It is challenging to get home-based child care providers to participate in QRIS however, some states and/or localities have taken an approach of including these providers without giving them a rating until they let the state know they are ready to be evaluated. Simply involving the home-based care providers in quality improvement has been deemed most important.
- The research team is taking the model to the upcoming NAFCC conference in June to gather input from HBCC providers.