

## E1: What Are We Learning about Home-Based Child Care Providers and the Supports Available to Them?

Thursday, February 8, 2018

1:30 p.m. – 2:45 p.m. | Washington I

### 1. Descriptive Information

#### E1: What Are We Learning about Home-Based Child Care Providers and the Supports Available to Them?

Building on data from the National Survey of Early Care and Education (NSECE) about home-based childcare and sessions from previous CCEPRC meetings, the session will present findings from several new studies that examine the diverse characteristics of providers as well as the families and children they serve. Individual presentations will focus on listed and unlisted providers who serve children with disabilities; Latino providers who serve families who need non-traditional hour care; rural and urban licensed family childcare in Nebraska; and listed and unlisted providers in the Bay Area and Detroit. The focus on the needs of subsets of individual providers will stimulate discussion about supports that providers need, which extend beyond traditional professional development approaches; future policy directions for systems, such as QRIS; efforts to strengthen the workforce; and equity, all of which are major meeting topics.

#### Facilitator

**Toni Porter**, Early Care and Education Consulting

#### Panelists

**Alison Hooper**, University of Alabama and **Rena Hallam**, University of Delaware | *Home-Based Providers and Children with Disabilities: Findings from the National Survey of Early Care and Education*

**Amy Roberts**, University of Nebraska and **Iheoma Iruka**, HighScope Educational Research Foundation | *Licensed Family Child Care in Nebraska: Findings from the Nebraska Early Childhood Workforce Survey*

**Danielle Crosby**, University of North Carolina at Greensboro and National Research Center on Hispanic Children & Families | *The Role of Home-Based Child Care Providers in Supporting Low-Income Hispanic Families*

**Jaime Thomas**, Mathematica Policy Research | *Informal Child Care in Detroit and the Bay Area: Provider and Family Characteristics and Needs*

#### Scribe

**Sarah Kowiak**, ICF

### 2. Documents Available on Website

N/A

### 3. Brief Summary of Presentations

#### Summary of Presentation #1: *The Role of Home-Based Child Care Providers in Supporting Low-Income Hispanic Families*

- Study looked at how Hispanic children fare and how that affects the population as a whole. About 25% of United States children are Hispanic and that number is expected to rise.
- 1 of 3 Hispanic children live in poverty and are recipients of federal aid
- For this study, we are thinking about the definition of “access” with emphasis on areas of match and mismatch. What’s available and what do families need and desire for their children/child care?
- We found lower ECE rates among Hispanic children, and no racial ethnic differences in type of care (center or home based)
- Home based providers play a large role in low income families’ child care

- Low income households defined as less than 200% of Federal poverty level
  - A “known provider” includes grandparents, friends, or neighbors
  - Infant/Toddlers have higher rates of home-based care use across all racial ethnics
  - Hispanic immigrant children less likely to be in unpaid provider care and more likely to be in paid, unknown provider care. We estimate that this is because families don’t have relatives nearby to provide child care
  - Unlisted providers offer more nontraditional hours, flexibility in hours week to week, and families only pay for hours they use. This is beneficial for parents who do not know their work schedule until last minute.
  - 25% chosen to mirror 1 / 4 representation of Hispanic children population in the United States
- **Summary of Presentation #2: *Home-Based Providers and Children with Disabilities: Findings from the National Survey of Early Care and Education***
    - Study looked at children with disabilities being served in home-based child care
    - Disability status of child is self-reported by the provider; parents may not define the child that way or it may not be a federally recognized disability
    - We don’t know the age of the child(ren) for whom they are reporting a disability
    - 20% of listed providers have denied care to a child due to behavior
    - Approximately 1 in 5 listed providers serve children with identified special needs and are accessing supports for themselves
    - From our study, we believe that home-based child care is a promising context for children with disabilities
    - Comment: Certain disabilities may warrant certain types of care needed (home-based versus center that has more staff, more physical supports)
    - Suggestion to look at household data to see if it compliments the home-based care data and results
- **Summary of Presentation #3: *Licensed Family Child Care in Nebraska: Findings from the Nebraska Early Childhood Workforce Survey***
    - Differences and similarities in Nebraska findings and NSECE findings/national sample
    - Majority of counties in Nebraska are rural, and there are more licensed providers in rural areas
    - Some barriers to advancement were greater for rural providers, many indicated “Other” barriers to advancement
    - Rural areas make a point to reach out in the community for connectedness and offering support. Access to supports are easier to come by as they are imbedded in the community
- **Summary of Presentation #4: *Informal Child Care in Detroit and the Bay Area: Provider and Family Characteristics and Needs***
    - Informal child care is prevalent in this area
    - Informal care meets family’s needs, caregivers know the family and share cultural background
    - INCARE Study: Study was for getting feel of care giver set up, was not looking at quality
    - ICCD Study: Looking at why parents choose informal care, quality of that care, structure and supports of that care
    - Parents and caregivers needed additional resources from study findings: transportation, materials, training
    - Personal supports and relationships between parents and caregivers are strong
    - There is a need for this type of informal care across socioeconomic levels
    - Study found that informal caregivers were content in their role and were not looking for advancement. Is contentment related to caring for a grandchild, etc. where they are not looking for career advancement?
    - Some states have put more restrictions on informal care providers, and have made it more difficult to access resources. Informal caregivers may not want to be connected to formal systems. We want to make sure we are supporting choices for those subsidies.

#### 4. Brief Summary of Discussion

- a. Pushing connections to formal systems may not a solution, especially with immigrant families who may not have a desire to do that. Connections might not be relevant to certain families especially with the climate in the country. How should we encourage formal structures when people are scared?
- b. Concern that caregivers will be deported. We are pushing a formal system and professional development, but for kids who are marginalized, how do we get supports to providers who are caring for them? These are the big issues that we are facing. Suggestion to modify existing systems to reach the most vulnerable kids.

**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. Diverse children are served through child care providers and require special supports for parents and caregivers.
- b. Settings may be "non-traditional" and present challenges to providing equal care to a variety of children.