Plenary Session 4 **Quality Improvement in Home-Based Child Care at the State, Community and Agency Levels** Quality improvement (QI) efforts are a federal and state priority for early care and education (ECE). However, limited information is available on QI initiatives for home-based child care (HBCC) providers, and it is important to understand the current policy landscape affecting HBCC, including the impact of new federal regulations. This plenary will address QI efforts for HBCC, and highlight a variety of innovative strategies being used at state, community, and agency levels. Presentations will include an emphasis on using HBCC networks and organizations to support QI efforts and engage HBCC providers. Presentations will also focus on community and program-based QI initiatives in response to the new CCDBG requirements for HBCC. This session aims to spark discussion about next steps for future research and evaluation efforts that can help support HBCC providers in QI activities.	**Facilitator** • Isabel Bradburn, Virginia Tech **Presenters** • Dale Epstein, Child Trends • Tamara Halle, Child Trends • Juliet Bromer, Erikson Institute • Toni Porter, Early Care & Education Consulting **Discussant** • Isabel Bradburn, Virginia Tech **Scribe** • Courtney Nugent, Child Trends

1. **Documents in Session Folder** (Please list any electronic documents or web links used during the session.)
   - Slides
     - o Data presented by Juliet Bromer is not yet publically available

2. **Brief Summary of Presentations**

   - **Summary of Presentation #1: State/Territory initiatives to support quality improvements for family child care providers (Dale Epstein)**
     - o The new regulatory changes to CCDF put an emphasis on supporting quality for child care, including FCCs, and these plans provide a broad look at states' efforts prior to implementation of the new changes. We can see where states were as of spring 2015 and where there are opportunities to build.
     - o Definitions
       - ▪ FCC Home/Program: one individual, providing child care services for fewer than 24 hours/day/child, in a private residence other than the child's.
       - ▪ FCC Network: an agency or organization with paid staff that offers supports and professional development to FCC providers over time; states may have their own definition of FCC Networks.
     - o Family Child Care Networks
       - ▪ States/territories use a range of strategies to build supply and quality, including FCC Networks (used by 1 in 10 states/territories). FCC Networks are used less frequently than other strategies, such as technical assistance, recruitment of providers, and tiered payment rates.
       - ▪ State/territories are more likely to use FCC Networks to support infant-toddler care (21%) compared to other populations (including: children who receive care during nontraditional hours, homeless children, children with disabilities).
     - o Financial Supports to Improve Quality in Family Child Care
       - ▪ 80% of states/territories provide financial supports to FCC providers for quality improvement.
       - ▪ Variation in types of support: 11% of states/territories provide one-time awards, grants, or bonuses; 21% provide ongoing support based on QRIS participation or tiered child care subsidies; 48% provide both one-time and ongoing support.
     - o Required Training
       - ▪ 82% of states require FCC providers to complete pre-service training/orientation.
       - ▪ Wide variation in the number of required hours, with 52% of states/territories requiring 30 hours of training or less and 9% requiring between 31-60 hours of training.

- Under new rule, all states must require pre-service training.
    - o Involvement in Registries
        - 71% of states/territories have the capacity to track and include FCC providers in their registries, yet there is wide variation in participation of FCCs in the registries. Registries can provide states with one source of information on the supply of FCCs in their states and the needs of these providers.

- **Summary of Presentation #2: Examining quality of support to home-based child care; agency and provider perspectives on approaches to quality improvement (Juliet Bromer)**
    - o Based on Family Child Care Network Impact Study in Chicago in 2009, which demonstrated the importance of network affiliation for quality improvement. Also based on conceptual model for delivering high-quality support to home-based child care providers.
    - o FCC Assessment Tool-Kit Pilot: director, staff, and provider surveys, along with video observations of agency staff visits to child care homes to examine quality of support. Nine community-based agencies across five states were visited.
        - Agencies varied in terms of audience served, funding sources, services offered, and whether agency had a theory of change model. Staff work directly with providers. Providers were licensed (1/5 accredited, nearly 2/5 in QRIS), located in mostly urban and suburban settings, cared mostly for toddlers and preschoolers, and were experienced and attached to profession.
        - Implementation: Two-thirds of staff visit providers twice a month or more, while a third do not schedule consistent visits. Staff are clear about their roles and services. Most staff have smaller caseloads (less than 20 providers), have some knowledge about providers, take a non-judgmental approach, and offer emotional support.
        - Most frequently discussed topics during videotaped visit include: assessment/documentation (29%), nutrition and health (27%), curriculum and activities (23%), literature and language (22%), and provider-family relationships (22%). Many examples of staff engaging providers, forming relationships with providers, and responding to providers; few examples of facilitating provider-child interaction.
    - o Next steps: Launching national study of FCC networks to identify promising program models and approaches to supporting quality improvement in HBCC.

- **Summary of Presentation #3: Building a coordinated system of support for family child care: Using research to inform practice (Toni Porter)**
    - o FCC networks may provide information about how strategies such as training, consultation, coaching, and peer networking work together to improve quality.
    - o Philadelphia Family Child Care Network: two-year evaluation to identify future directions; declines in funding and staffing curtailed services; initiated in fall 2014 after CCDBG re-authorization, anticipating new regulations related to licensing of FCC and FFN and new training requirements. Declining supply of FCC in Philadelphia.
        - Overall goal: gather multiple perspectives on network approach and implementation; find out how, if at all, network affects quality; inform future directions.
        - Methods:
            - Document review, administrative data review, surveys.
            - Phone interviews with a sample of 18 providers in year 1 and follow-up interviews with 8 providers (6 from year 1).
            - Semi-structured in-person interviews with director and staff person from 5 agencies including QRIS, government licensing, CDA programs and an independent consultant; with the goal of better understanding agency services, gaining insights into other supports for FCC and potential for collaboration, perceptions of strategies/barriers for improving supports for HBCC.
            - Two meetings of Philadelphia agency stakeholders (before and after CCDBG re-authorization) that provide services to HBCC providers to address 2014 CCDBG challenges and develop a collective effort to improve services for FCC.

- Meeting 1: Mapping Services (May 2016, six months before CCDBG regulations went into effect)
  - Meeting of representatives from state/local government agencies (licensing, CCDF), QRIS, service delivery providers, two FCC providers.
  - Target population of FCC, FFN, QRIS, non-English speakers; visits to providers' homes; networking opportunities; training and PD; materials and equipment business supports; accreditation.
  - Intended outcomes: new initiatives, strengthen existing services, improve shared data collection, interest in collaboration.
  - Used mapping exercise to identify gaps in services and services alignment, including: lack of pre-inspection visits to prepare FCC for licensing, lack of business supports, lack of workshop content, lack of support groups; lack of coaching, and lack of support for non-English-speakers.
  - Strengths: well-qualified staff with deep content expertise; stable fiscal management with efficient use of funding; track record of success; innovative program development and emerging efforts to support FFN caregivers; responsive policy environment.
  - Challenges: limited staff capacity and funding; building trust with providers; supports needed for non-English-speaking providers; clarifying initiative goals; lack of data sharing across agencies.
  - Collaboration strategies: strategic partners to seek funding and collaborative funding strategies; cross-agency referrals to trainings and referrals for business start-up support; regular, consistent gatherings of strategic partners; need to develop a continuum of services; help every organization become involved in advocacy efforts.
- Meeting 2: Operationalizing Collaboration: The Referral Continuum
  - Existing services: pre-licensing: screening for job fit; licensing/certification start-up: government agencies, not-for-profits, unions, independent consultants; licensing/certification sustainability: government and CCR&R.
  - Gaps in services: see gaps listed above.
  - Multiple perspectives help understand role of FCC networks, needs at systems, agency, staff, and provider levels; identify immediate concerns of stakeholders and impetus for change (CCDF reauthorization and supply were most significant issues).
  - Opportunities for honest, open, safe, shared understanding of service delivery among stakeholders; viewing quality improvement through the provider lens; building community-wide coordinated agency approach for supporting FCC.
- Home-based care is the most common source of supply for infants and toddlers and serves the most vulnerable children.

3. Brief Summary of Discussion
- Variation was a common theme across presentations.
  - How do we and how should we think about strategies?
    - We are mostly thinking of strategies as independent variables, but all services are combined in a coordinated context.
  - Need to define terms.
    - Collaboration
    - Network: of services, people, funding?
  - Need new models that expand how we measure QI strategies for FCC providers.
    - Mediation models rather than multiple regression; outcomes through indirect means.
    - Test computation models through social network analysis.
- Question: How do you see quality improvement for FCC differing from that of center-based ECE? Is it different?
  - Some constructs of quality in HBCC may be the same as or different from constructs of quality in center-based care. If there are different constructs, how do we go about measuring them? We need to support FCC providers; constraints that HBCC providers face may represent obstacles to their participation to improve their quality of care.

- o What is different or unique about supporting FCC providers; what are the skills, knowledge, attitudes that staff from programs have about this work? Many providers come into HBCC work without much training, prior work experience, and education specific to HBCC; most providers come from center-based settings. It may be more helpful to enter the HBCC field with social work background, as opposed to a center teacher/director background.
- Question: Are there resources not in the early childhood education sphere that might be available for providers? E.g. support from general small business networks or support for women and immigrants?
  - o In Philadelphia, there was once a business women's network that provided business supports but that network no longer exists. There is no emphasis on agencies developing business support series or linking people to business support staff (e.g. tax consulting).
  - o There is a new model in Boston, creating a small business innovation center for HBCC; delivering supports for entrepreneurial support and basic business strategies, including training and individualized marketing coaching and innovation design strategies to increase financial bottom line. With even small changes in budget management, providers can see dramatic increases in quality indicators (e.g. ratios, ability to have assistant, number of children can serve).
- Question about equity and access to networks, services, and quality improvement supports, especially around language. Do programs offer demographic matching of staff and providers?
  - o Matching is often available for Spanish-speaking providers but not Somali, Creole, and other languages in Philadelphia, since agencies lack staff with knowledge of those languages. There are strategies to use for immediate translation, but this represents a huge gap, in terms of not just language, but also understanding of cultural practices. We should move to increase cultural competence across agencies to work with populations of varying audiences.
  - o A network in Massachusetts collaborated with a local international students' group. If an agency didn't have a staff member to match with provider, the group provided a translator who speaks that language.

4. Summary of Key issues raised

States/territories, communities, and agencies are using a range of strategies, such as FCC networks, to improve quality and supply of FCC. More information is needed on use of various strategies, program models, and approaches to support quality improvement for FCC providers and to meet unique interests and needs (especially culture/language) of FCC providers.