

**Child Care Policy Research Consortium Annual Meeting
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SESSION 15

What are we learning about home-based child care—care provided by regulated and unregulated family child care providers and by family members, friends and neighbors who are legally exempt from regulation?

What are the characteristics of these caregivers? What differences, if any, are there among them? What are the differences in the quality of care they offer? How do we measure it? What are the implications for policy?

Theme: Workforce

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Massachusetts Early Education Study

- Goal of the study is to examine licensed family child care homes—characteristics, quality, working conditions, and quality of care.
- Study began with 203 licensed homes, using list obtained from State (substantial difficulties in finding and recruiting people to participate).
- Part of the problem in finding providers was that the list became dated very quickly, indicating the high turnover of the provider.
- In Massachusetts, 57 percent response rate among those contacted.
- Homes were observed for a typical day, and providers were interviewed about their education and training, working conditions, income, and expenses.

Findings

- Majority of the providers contributed one-half or more of their household incomes, indicating the importance of the child care as income source.
- Fifty-two hours per week with children plus 10 hours on other functions on average, totaling 62 hours per week.
- After expenses, providers earned about \$7.30 an hour.

- One fourth of providers expected to stop child care within 3 years.
- Majority had warm relationships with children and positive relationships with families.
- 61 percent of providers fell within minimal quality ranges; safety was a concern.
- Majority of providers fell within minimal range for learning activities.
- Those serving low-income children provided lower quality care, on average.
- Provider education was the single greatest predictor of quality.
- CDA and college courses in early childhood education seemed to be one important path to improving quality.

Alameda, California Study

- Conducted in a wealthy county, but with fairly high percentage of children under 18 in poverty.
- Examined centers and licensed homes; 12 unlicensed providers were included.
- Exempt providers were extremely hard to locate; again, largely due to high turnover rates.
- Lists were received from CCR&R, selected random samples were taken, and solicitations were mailed.
- Fairly high refusal rates.
- Arnett and FDCRS used to conduct observations; information collected on income, literacy levels, depression levels, etc.

Findings

- 71 percent had a minimum of a 2-year college degree (for the licensed providers).
- Quality of care barely met minimum thresholds.
- Education and training at the college level predicted higher quality.
- Children in subsidized care were receiving low-quality care than those in nonsubsidized homes.

License-Exempt, Home-Based Care Provision Study, Illinois

- Determined the characteristics of providers, reasons parents choose this form of care, and motivations for provider caregiving.
- Conducted key informant interviews in these areas, as well as focus groups with 55 parents and 60 license-exempt providers.
- Conducting statewide administrative data analysis comparing trends in licensed and license-exempt provision.
- Currently interviewing 300 linked pairs of parents and their license-exempt providers in three areas (Chicago, Peoria, and rural counties).
- Recruited focus groups by obtaining lists of providers from CCRRs and mailing solicitation.

Findings

- 60 percent of providers care for only 1–2 children providing subsidies.
- More than one fourth of the providers received TANF, food stamps, or Medicaid, and 40 percent received one of these in last 2 years.

- Most providers provided full-time care; weekend and evening care common.
- Average education: high school.
- 64 percent of focus group providers were relatives; grandparents most common.
- Desire to care for children most common reason for caregiving; desire to help the parent also was common.
- Providers:
 - Often talked about the teaching role they played in areas, such as assuring the homework was completed and other teaching
 - Emphasized the close personal relationship they had with children; sometimes contrasted this with more impersonal care received in child care centers
 - Often argued they didn't need training in how to care for children, that they had years of experience in raising children, but they were interested in receiving resources (e.g., teaching resources, books, equipment, first aid, recreational opportunities, and other community resources)
 - Expressed importance of having support network involving other providers
 - Were interested in better communication and better understanding of the subsidy rules

Abt Associates Study

- Examined 650 linked family child care providers and families in five counties in different States.
- Subsidy lists were implemented initially, but community contacts and snowball sampling was incorporated to a greater extent—most received subsidies.
- 50 percent of caregivers cared for at least one relative.
- Providers were followed for more than 2 to 3 years; they also followed the child if the care changed.
- Environmental snapshots and environmental ratings were used (commonly used measurements were not used because of concerns with the appropriateness of these scales for use with relatives).

Findings

- Relative providers were less likely to be licensed; on average, they were less educated.
- There were differences between relative and nonrelative providers on many dimensions.
- In about one third of the homes, the providers' children were present.
- Average work day was 13 hours.
- Care was very flexible in terms of the care offered.
- \$83 per child per week, with annual child care income of only \$13,000 (less income for relative care).
- Homes generally adequate in terms of safety, space, and health. However, the television was commonly on, and books and materials were commonly lacking.
- Providers were interested in and responsive to children. They tended to organize and manage, as opposed to playing with children.

- Providers were not strong in teaching socialization and other skills.
- The most common types of children (providers?) involved creative play, while reading and other learning activities were much less common.
- An important question is how this care compares to center care. A key difference is that those in centers spend more time in learning activities, while those in homes spend more time watching television.
- Language levels and techniques also were not as sophisticated or positive in the home settings; this has important implications in terms of school readiness.

Group Discussion

What is the intentionality of providers, and does this relate to quality?

- The Massachusetts study examined goals and found that providers have developmentally appropriate goals and want to form positive relationships. However, they often were not meeting these goals.
- The California study examined reasons for entering practice and found that it did not predict quality.

Among relatives, did anyone observe how the fees were set up?

- Some did it for free; others received subsidy rates.
- Abt found that relatives were a stable type of caregiving, and care often continued when subsidies ended.
- Parents paid on average \$60 a month to families.
- Illinois is asking this set of questions in their field survey.

Have there been any State-level discussions of how the data on home-based provision can be used?

- Decisionmakers are using study results in ongoing discussions about whether to institute a system of tiered reimbursement as well as in discussions about how to disseminate resources to license-exempt providers.
- State officials are also using the data in considering early education programs in Massachusetts and Maine.

Is the home really a safe place, and is this related to the type of measure used?

- Two ways to measure safety: measuring structural safety, or how home is used. The latter is the bigger problem (e.g., leaving potentially dangerous things lying around).
- One audience member questioned the safety measure used by Abt and suggested that safety may be less prevalent than in the study.

What are some of the system issues facing license-exempt providers in subsidized systems?

- Paperwork and communication issues especially prominent in Illinois. One attendee indicated this is largely because the system is overwhelmingly parent-driven; providers often do not clearly understand rules and regulations.
- Providers in the focus groups often misunderstood payment rules.

Is there any evidence of fraud and abuse among providers in this type of care?

- No specific indicators were found in the Illinois study. Some indications of too many kids in home, or someone pretending to be someone else, found in the Abt study; but this was rare.
- Fairly informal type of care: they don't view it as a business.
- Focus groups with CCR and other administrators in California study were concerned about fraud.

Findings are similar to Georgia:

- More effort spent on training on health and safety issues.
- Health and safety training has led to better quality of care in those areas.
- 25–50 percent of these types of providers are interested in receiving training.
- Parents want these providers to have better resources to assist in caregiving.

Bank Street: An instrument is being worked on to evaluate care in these settings, which is needed to better measure care in these settings.

Do we define quality differently and more leniently across the licensed and license-exempt providers in State programs?

- Researchers indicated that a core that would be important in any setting could be established, but States allow different standards for these forms of care.
- The questions are: (1) What should public funding require in license-exempt settings? (2) Should they be an acceptable publicly funded option?