Voices from the Field

Building Capacity to Support School-Age Children in Home-Based Child Care

Home-based child care (HBCC) has always been an important part of the child care supply for families of school-age children. HBCC is often a more flexible and affordable type of care, is more available in rural areas, and can support working parents with nontraditional hours. HBCC is used to describe any non-parental child care that takes place in a home, including licensed and license-exempt family child care (FCC) programs and family, friend, and neighbor care (FFN).[1]

The 2012 National Survey of Early Care and Education found that of the 10.2 million children ages 6 to 12 regularly cared for by someone other than a parent, 60 percent were in FFN care with an unpaid or paid adult.[2] Even though the majority of school-age children in care are in HBCC, providers often say they are not receiving adequate help in supporting school-age children. FCC providers who participated in

focus groups in 2018-2019 confirmed that providing quality care in mixed-age groups is among their biggest challenges.

The focus groups were conducted by the Child Care State Capacity Building Center's Infant/Toddler Specialist Network in partnership with the National Center on Afterschool and Summer Enrichment (NCASE), with support from the National

1 Blasberg, A., Bromer, J., Nugent, C., Porter, T., Shivers, E.M., Tonyan, H., Tout, K., & Weber, B. (2019). *A conceptual model for quality in home-based child care.* OPRE Report #2019-37. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. DHHS. https://childcareta.acf.hhs.gov/ncase-resource-library/conceptual-model-quality-home-based-child-care
2 Adams, G., & Todd, M. (July 2020). *Meeting the school-age child care needs of working parents facing COVID-19 distance learning.* Urban Institute and Rice University. https://childcareta.acf.hhs.gov/ncase-resource-library/meeting-school-age-child-care-needs-working-parents-facing-covid-19-distance

Center on Early Childhood Quality Assurance.[3] The objective of the focus groups was to hear directly from providers about the challenges and promising practices in meeting the individual needs of children in mixed-age groups. Four focus groups were convened in multiple locations and included 54 providers representing 15 states. Providers indicated they would like support to build their capacity to provide responsive and individualized care for all ages, while keeping older children engaged and learning.[4]

This practice brief will explore challenges and promising practices to support school-age children in accessing high-quality experiences in home-based care. Supporting HBCC has become increasingly important during the pandemic, as families rely more on this type of care, often for more hours per day and with the additional need to gain knowledge and resources to support children engaged in distance learning.[5]

Building Access

Before the pandemic, there were already challenges in accessing home-based care. The number of licensed and license-exempt programs has fallen dramatically over the last 10 years. There has also been a 59 percent decrease in the number of child care providers receiving Child Care and Development Fund (CCDF) subsidy payments, making it harder for low-income parents to get the support they need to pay for care. This combined decrease in supply and in subsidy payments is likely to create challenges for access to child care, especially in low-income and rural communities and for those who need care during non-

traditional hours.[6] Children whose parents work *at least some hours* during early morning, evening, weekend, or overnight represent 58 percent of the 4.77 million low-income children under 6 years old with working parents.[7]

The existing concerns about supply and affordability have worsened during the pandemic as HBCC is an increasingly important option for parents. The Bipartisan Policy Center conducted a survey in early August 2020. Survey results offered key insights into how working parents were making school-age care decisions during the pandemic. While only 25 percent of parents of school-age children who used formal child care prior to the pandemic plan to seek formal care arrangements, 41 percent plan to rely on FFN care, and this is the case for more than two-thirds of rural parents. Many families are struggling to find consistent and affordable care, which means there are access challenges.[8]

One reason that families are particularly concerned about affordability is that they may need many more hours of care during the pandemic, with many school districts providing remote or hybrid learning. The Urban Institute estimates that a full-time working parent with a child whose school district is remote-only may need care for their child 43.5 hours a week. For families served by a hybrid model, with in-person school only half time, full-time working parents may need 28.5 hours of child care. This means the cost of care doubles or triples. It will also be important to plan ahead for summer, as there is typically an increase in demand.[9]

3   The Child Care State Capacity Building Center's Infant/Toddler Specialist Network, National Center on Early Childhood Quality Assurance, and National Center on Afterschool and Summer Enrichment are all federally funded technical assistance centers.
4   Office of Child Care. (2020). *Voices from the field: Promising family child care strategies to support children in mixed-age groups.* https://childcareta.acf.hhs.gov/resource/voices-field-promising-family-child-care-strategies-support-children-mixed-age-groups
5   Adams, G. (2020). Working parents are relying on others to help with their children's distance learning. But who's helping the helpers? Urban Institute. https://www.urban.org/urban-wire/working-parents-are-relying-others-help-their-childrens-distance-learning-whos-helping-helpers
6   National Center on Early Childhood Quality Assurance. (2020). *Addressing the decreasing number of family child care providers in the United States.* https://childcareta.acf.hhs.gov/ncase-resource-library/addressing-decreasing-number-family-child-care-providers-united-states
7   Henly, J., & Adams, G. (2018). *Increasing access in quality child care for four priority populations.* Urban Institute. https://www.urban.org/sites/default/files/publication/99145/increasing_access_to_quality_child_care_for_four_priority_populations_4.pdf
8   Smith, L., & Wolters, B. (2020). New data: Online school a logistical nightmare for working parents. Bipartisan Policy Center. https://bipartisanpolicy.org/blog/new-data-online-schooling-a-logistical-nightmare-for-working-parents/
9   Adams & Todd. *Meeting the school-age child care needs.*
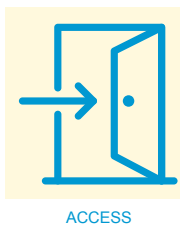
Strategies to Build Access

Child Trends has developed a framework to guide child care policy during the pandemic that includes four dimensions of access to high-quality care:

1. Affordable: The cost of care to parents and providers is affordable, with the possibility that some care might be free.

2. Meets parents' needs: There are choices that meet parent preferences for type of program, availability of transportation, and hours of care parents need.

3. Supports child development: Care is high quality, coordinated, and stable, and it meets children's unique needs.

4. Reasonable effort to find care: This dimension focuses on the interaction between the supply of available choices, the availability of information, and families' use of programs.

The Child Trends framework includes policy recommendations that are important to consider during and beyond the pandemic:[10]

» Gain an understanding of supply and demand with integrated data systems that include parent surveys on needs and preferences and provider surveys on how they are faring and what financial support they need. Make sure that the data helps to inform equitable access for families and providers who are racially and linguistically diverse, including immigrants.

» Stabilize providers and reimburse them according to enrollment rather than attendance. This is especially important given the unpredictability of school-age participation during the pandemic and with schools opening and closing.

» Provide incentives and support for HBCC providers to become registered or licensed to be able to access subsidy and other Child Care and Development Block Grant funds.

» Expand eligibility to include parents with moderate incomes. Help parents by covering co-pays, increasing eligibility, and paying a slot based on enrollment rather than by each day of attendance.

The Office of Child Care provided guidance that stated, "Lead Agencies have the option to pay CCDF subsidies for school-age children for time in child care when the children are completing remote, virtual, or online schoolwork."[11] As a result, some states created mechanisms for start-up support and entry for HBCC providers to meet the increased demand.[12] In addition, many states provided extra funding through Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 to help sustain providers through the pandemic to increase access, provide meals, and cover costs of supplies and parent co-pays.

The National Women's Law Center suggests additional strategies with an eye toward equity to improve financial security for home-based providers. Providers are mostly women and disproportionately women of color. Licensed providers' annual average income is only $29,377 and informal providers is $7,420. They need supports to be sustainable, for example:[13]

» Help home-based providers access available grants

» Design paid leave policies, housing assistance, mortgage forbearance plans, grants for small businesses, and financial counseling

» Offer access to public health and mental health advice

10 Banghart, P., & Bedrick, E. (August 2020). *Using the access framework to guide child care policy during the COVID-19 crisis.* Child Trends. https://childcareta.acf.hhs.gov/ncase-resource-library/using-access-framework-guide-child-care-policy-during-covid-19-crisis

11 Office of Child Care. (Updated 12/29/2020). CCDF frequently asked question in response to COVID-19. https://www.acf.hhs.gov/faq/ccdf-frequently-asked-questions-response-covid-19

12 Adams & Todd, *Meeting the school-age child care needs.*

13 National Women's Law Center. (March 2020). *Supporting home-based child care providers during the coronavirus crisis.* https://childcareta.acf.hhs.gov/ncase-resource-library/supporting-home-based-child-care-providers-during-coronavirus-crisis

Building Quality Experiences for School-Age Children in HBCC

One of the major trends in early childhood is the increased focus on effective quality improvement strategies for HBCC. Improving the quality of HBCC has been elusive. Of particular concern is the indication that some providers may not engage in formal learning activities that support children's cognitive development. Research has identified the core components of high-quality support. Support includes training, individualized technical assistance, business skills, and peer support to combat the isolation providers report.[14] There are multiple strategies specific to supporting quality for HBCC serving school-age children.

14 Porter, T., & Bromer, J. (2020). *Delivering services to meet the needs of home-based child care providers: Findings from the National Study of Family Child Care Networks*. Erikson Institute. https://www.erikson.edu/wp-content/uploads/2020/04/Delivering-Services-to-Meet-the-Needs-of-HBCC-National-Study-of-Family-Child-Care-Network.pdf

State-Level Promising Practices

The Maine Department of Health and Human Services (DHHS) has a number of promising practices in support of HBCC access, advanced by the state administrator and other staff who have prior experience as family child care providers:

» The licensing unit helps to track access by providing DHHS with daily updates on which providers are open and which are closed, either permanently or temporarily.

» An executive order that allows FCC to add two school-age children to their group has helped meet increased demand. DHHS is also providing reimbursement for unlicensed providers who are caring for up to three children or children in the same family.

» There is a partnership with New Mainers Resource Center to increase the number of providers from the Somali community, first as license-exempt providers and then supporting them in becoming licensed providers.

The North Carolina Division of Child Development and Early Education with the North Carolina Department of Health and Human Services works in close partnership with Southwestern Child Development Commission, a private nonprofit that serves as a regional Child Care Resource and Referral agency. During the pandemic, two-thirds of schools turned to remote learning for 800,000 children, so parents needed care. Family Child Care Home providers are delivering a much needed service throughout the pandemic. The NC Work Life Systems software captured data that showed the number of school-age children served did not change much between February and November. In May, the month of lowest FCC openings, 87 percent of FCC homes were open at 75 percent of enrollment capacity. These strategies are in place to support access:

» FCC providers are allowed to include an entire family unit, which may span from toddlers to adolescents, so that children from one family are able to be cared for in a unit.

» Full-time subsidy reimbursement for school-age children has been available since April.

» Bonus payments are available to providers who remain open.

SYSTEM BUILDING

Strategies for Building Quality

Strengthen professional development systems to support HBCC. NCASE has outlined the following strategies to ensure that system-level professionals and HBCC providers are prepared to support school-age children in mixed-age groups:[15]

» Build capacity in training and technical assistance (TTA) systems to support school-age children in HBCC by hiring TTA specialists with school-age and HBCC experience. In turn, these school-age specialists can build the capacity of all TTA specialists on keys to quality such as positive youth development for the broad age range, building relationships, social-emotional learning, and trauma-informed practice.

» Place an emphasis on how to create engaging learning opportunities that reflect children's interests and choices, create youth leadership opportunities, and engage children in independent activities to do when the provider is attending to younger children. Building capacity to provide age-appropriate learning opportunities is especially important with concerns about learning loss as a result of the pandemic, with more children in full-time care, and with the care needed this coming summer.

» Provide peer learning and peer mentoring opportunities, which can reduce isolation for HBCC providers who often work alone and for long hours.

Support distance learning needs. Data from a University of Oregon survey of parents across the country found that school-age children are often in FFN care.[16] While this underscores that these emerging caregivers have become a necessary remote learning support, they may lack knowledge or resources to support distance learning. It can help to find out what caregivers need

in terms of training, materials, technology, and the ability to communicate with teachers and families. In addition, it is critical to make sure that children in distance learning can access school meals and other support services such as transportation and mental health, which are normally provided by schools.[17] Here are some additional ideas for supporting children's distance learning:

» Provide TTA to support distance learning. It may help to connect HBCC providers with afterschool programs, schools, and school-age intermediaries in their community that could share training and coaching.

» Support providers in increasing communication with schools and individual teachers.

» Explore opportunities to connect volunteers or paid tutors or mentors to HBCC, so that they can support children's distance learning. Consider tapping high school students seeking community service-learning experiences, college students eager for part-time work, or school paraprofessionals and teachers who are familiar with school curriculum.

15 National Center on Afterschool and Summer Enrichment. (2018). Family child care for school-age children: Exploring quality and access. https://childcareta.acf.hhs.gov/resource/family-child-care-school-age-children-exploring-quality-and-access

16 Adams, G. (2020). Working parents are relying on others to help with their children's distance learning. But who's helping the helpers? Urban Institute. https://www.urban.org/urban-wire/working-parents-are-relying-others-help-their-childrens-distance-learning-whos-helping-helpers

17 Adams. Working parents are relying on others.

Build cross-sector partnerships to support HBCC providers. Cross-sector partnerships have always been an important way to respond to the needs of the whole child and to support families. During the pandemic, many school-age providers and system planners have expanded participation in partnerships. Consider including HBCC system leaders and providers in partnerships with school-age providers; schools and educational organizations; and licensing, professional development, subsidy, and public health systems.[18] The following approaches may support partnership efforts:

» Make connections among state system leaders and city intermediaries to share resources and capacity. Increase the number of partnerships between HBCC providers and the statewide afterschool network to include HBCC providers in relevant training, technical assistance, quality improvement, and funding opportunities.

» Connect school-age organizations with a growing network of family child care providers through the National Association for Family Child Care.

» Engage HBCC providers when creating or revising quality improvement systems. Involve them in creating quality standards and systems that reflect their unique circumstances.[19]

» Build the capacity of HBCC to support school-age children through staffed FCC networks. The Erikson Institute's National Study of Family Child Care Networks found that networks help reduce providers' isolation through peer support opportunities, training, and home visiting. The networks also help providers navigate multiple systems of licensing, subsidy, QRIS, as well as Child and Adult Care Food Programs.[20] School-age system-level planners and TTA professionals can link to these staffed networks to put the spotlight on school age.

» Explore services available through Shared Services Alliances. These alliances cluster providers together to share high-level pedagogical leaders as well as administrative tasks such as fee collection, payroll, bulk purchasing, data management systems, and fiscal management. By pooling these functions, they can increase efficiency and quality, while saving money that can be reinvested in staff.[21]

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18 Adams and Todd, *Meeting the school-age child care needs.*
19 Adams and Todd, Meeting the school-age child care needs.
20 Bromer, J., & Porter,T. (2019). *Mapping the family child care network landscape: Findings from the National Study of Family Child Care Networks.* Herr Research Center, Erikson Institute. https://www.erikson.edu/wp-content/uploads/2019/01/FCC-Network-Landscape_Executive-Summary_Erikson-Institute_Jan2019.pdf
21 National Center on Early Childhood Quality Assurance. *Addressing the decreasing number of family child care.*

State-Level Promising Practices

Maine Roads to Quality Professional Development Network (MRTQ PDN) works to promote professionalism and improve quality through the provision of a statewide system of TTA. Specific strategies for HBCC and school age include the following:

» Providing TA with District Early Childhood and Youth Coordinators, which includes a school-age specialist who is available to help other coordinators with more complicated school-age questions.

» Offering communities of practice (CoP) options for peer support so that HBCC providers can select the CoP that fits their schedule, geography, or peer preferences.

» Building bridges between providers and schools. MRTQ PDN sometimes invites

school superintendents or other school personnel to a CoP. Providers are finding that schools have been reaching out more to increase collaboration during the pandemic. However, they say that supporting school-age children in remote learning is their biggest challenge, given that each school-age child they serve may have a different schedule, expectations, and curriculum.

The North Carolina Child Care Resource & Referral system provides statewide TTA. They have made an ongoing investment in FCC and school-age services. These two teams coordinate their work, made easier by the fact they are both administered by Southwestern Child Development Commission.

» A Statewide Family Child Care Home (FCCH) consultant was hired in 2019, opening a dialogue with providers at FCCH Association meetings, parents, consultants, Smart Start, Lead CCR&R

Agencies, and other community partners to learn what support is needed. This year, the focus has been on strengthening their training system, and using a train-the-trainer model to ensure statewide consistency. The topics most in demand are social-emotional learning, trauma-informed care, best business practices, and self-care for providers.

» The North Carolina School-Age Initiative has Regional Consultants who provide TA using the Practice-Based Coaching model. They currently provide virtual support. The school-age staff provide a broad range of training opportunities and resource guides that are available to FCC-providers, including Basic School Age Care (BSAC) training and a new three-part series on trauma-informed care and a CoP. The CoP members talk about challenges they are facing with Internet access and the need to increase communication between FCC and school teachers.

Conclusion

As the school-age field continues to support children and their families during the pandemic and also looks toward rebuilding, states need to increase investments in HBCC in a way that reflects that the majority of children in care are in these settings. There are increased concerns about what children have experienced during COVID-19 and an increased need to focus on relationships, social-emotional learning, trauma-informed care, and learning loss. This crisis provides an opportunity for the school-age field to review and revise its system-level strategies to fully support all children in care.

To improve outcomes for children and their families, it will take a deeper commitment to review and revise systems to fully support HBCC providers. There is an opportunity to identify the innovations used to improve access and quality, developed in response to the pandemic, and to integrate them into systems post-pandemic. The first step in creating a strategic plan will be to consider the experiences of all children, families, and HBCC providers with a particular eye to equity. By strengthening subsidy, licensing, professional development, and quality improvement systems to be fully inclusive of home-based child care, children and families will be more fully supported in the settings they have chosen.