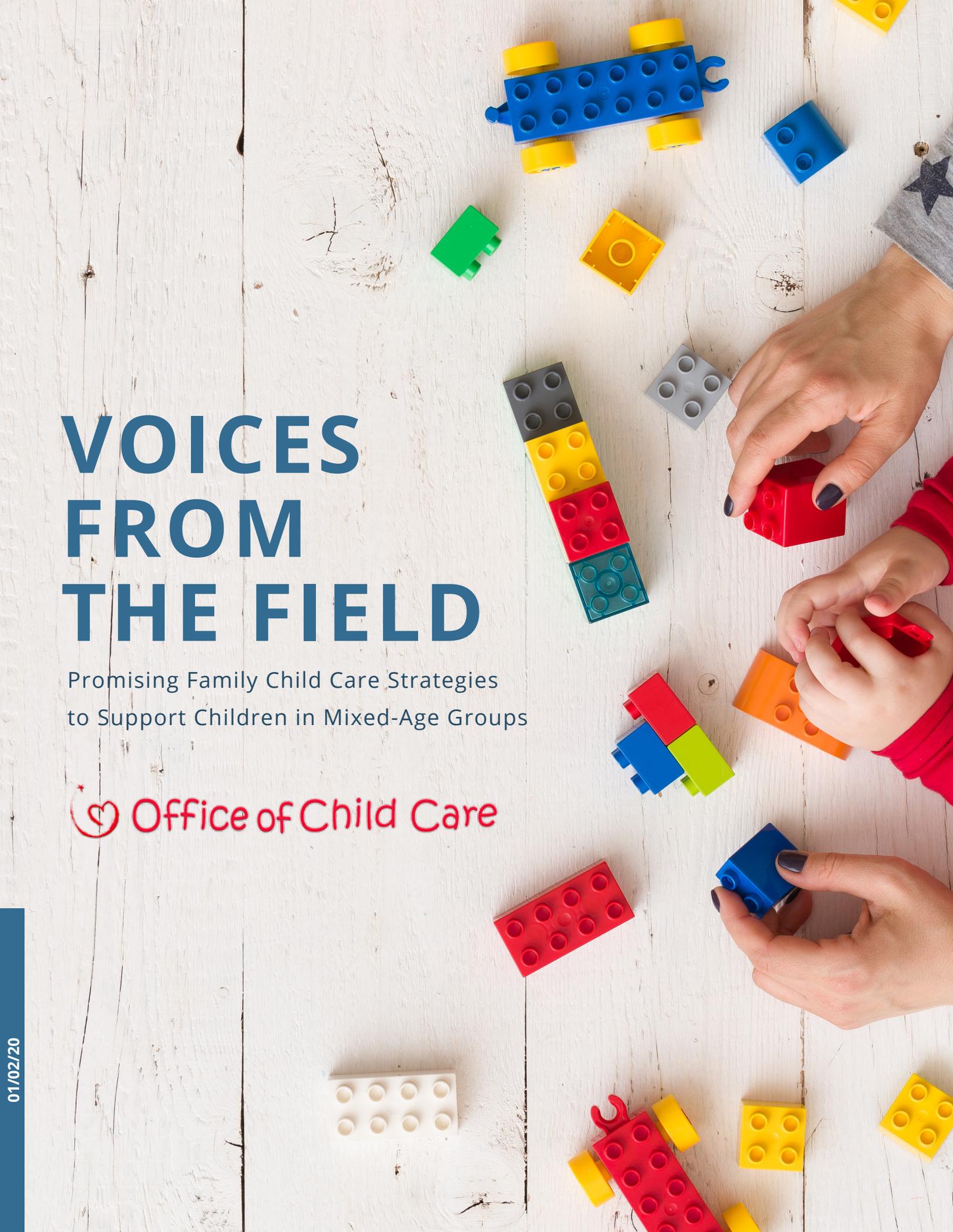


VOICES FROM THE FIELD

Promising Family Child Care Strategies
to Support Children in Mixed-Age Groups

 Office of Child Care



INTRODUCTION

This brief shares findings from a series of focus groups with family child care providers in supporting mixed-age groups of children in family child care (FCC).ⁱ

The focus groups were conducted between June 2018 and June 2019 by the Child Care State Capacity Building Center's Infant/Toddler Specialist Network in partnership with the National Center on Afterschool and Summer Enrichment, with support from the National Center on Early Childhood Quality Assurance. We recognize that effective FCC policy requires input from practitioners in the field.

We designed the focus groups with the following goals in mind:

- Learn about the experiences of FCC providers who are supporting mixed-age groups
- Identify challenges in caring for children in FCC mixed-age group settings
- Recognize promising practices among providers serving all children
- Gain understanding from current FCC providers about what helps them stay in the field
- Determine what training and technical assistance (T&TA) would be helpful for those serving children from birth to 13 years

In this brief, we describe findings from the FCC focus groups—including insights into the advantages of high-quality child care for mixed-age groups. We also highlight challenges to implementation and promising practices. In addition, this brief includes FCC practice implications and policy recommendations to support children in these groups. FCC is a crucial part of the supply of child care, especially for families who have infants and toddlers, work nontraditional hours, live in rural communities, or who want providers who fit their cultures, backgrounds, and values (Blasberg et al., 2019).

KEY CHALLENGES

Emerging trends in the field include a dramatic decrease in the number of providers and an increased focus on the provision of quality child care (Blasberg et al., 2019). In addition, recent research suggests that supporting the individual needs of children in mixed-age group settings remains a challenge. The National Center on Early Childhood Quality Assurance (2019) reports that demands of the job, such as supporting the individual needs of children in mixed-age groups, can lead to providers leaving the field. Bromer and Weaver (2016) suggest that FCC providers require focused training on working with mixed-age groups of children.

Focus group participants confirmed that providing quality care in mixed-age groups is among the most challenging issues. Our focus group findings also show that FCC providers frequently benefit from program support and T&TA targeted to help them provide high-quality care.

METHODOLOGY AND DATA SOURCES

This brief is designed for FCC providers and the T&TA specialists who support them. The primary objective of our focus groups was to identify promising strategies for how providers can meet the individual needs of children in mixed-age group settings. The secondary objective was to give FCC providers a chance to voice how they address the challenges they face. We accomplished the second objective in part by developing this resource with information from providers rather than for providers.

Our methodology involved collecting and analyzing focus group participant perspectives on supporting mixed-age groups. This qualitative research method also included talking with and learning from experienced T&TA specialists to ensure that the strategies and voices included in this resource are meaningful and respectful of all participants.

We recognize that no two FCC programs are the same. Promising strategies will vary in effectiveness based on factors such as program size and facility design, children's ages and cultural beliefs, provider experience and available resources, and program supports. Providers are encouraged to identify the strategies that will work best for their specific programs and circumstances.

FOCUS GROUP PROCESS AND PARTICIPANTS

Four focus groups were convened over a 1-year period. A total of 54 FCC providers, representing 15 states, participated in these focus groups.ⁱⁱ Most participants served children from birth through age 13. We made an effort to recruit diverse providers. To attain regional diversity, we held the focus groups in Chicago, IL, Orlando, FL, and San Diego, CA. The Chicago and Orlando focus groups were held during National Association for Family Child Care annual conferences, allowing providers who did not live in the local area to participate.

Among focus group participants, years of experience as a licensed FCC provider ranged from 1 year to 37 years, though the majority of providers had 10 or more years of experience. Approximately two-thirds of focus group participants interviewed held licenses for small programs, and the remaining third held licenses for large programs.ⁱⁱⁱ Participants' education levels varied widely, ranging from a high school diploma or less to possessing or working on an advanced college degree.

REASONS FOR BECOMING A LICENSED FCC PROVIDER

As expected, focus group participants provided many reasons for becoming licensed FCC providers. The most common reason was to stay at home with their own children. Other reasons participants offered included a desire to own their own business; a professional career choice; to care for children of relatives or neighbors; to care for children with special needs; and to transition from a family, friend, and neighbor child care provider or babysitter to a licensed provider.

KEY FINDINGS AND ADVANTAGES OF MIXED-AGE GROUPS

Focus group participants identified consistent themes regarding challenges and concerns, promising strategies, and recommended supports, including the following:

- Challenges and concerns: FCC providers mentioned the need to enhance capacity to provide safe, responsive, individualized care and one-on-one attention for infants, toddlers, and preschoolers while also meeting the needs of school-age children.
- Promising strategies: FCC is a crucial part of the supply of quality child care, and FCC providers are uniquely positioned to meet the needs of children from birth up to age 13 in mixed-age groups.
- Resources, supports, and T&TA: While FCC providers frequently benefit from a variety of program supports, additional financial assistance, material support, research, and T&TA are required to help them provide high-quality child care in mixed-age groups.

MIXED-AGE GROUP ADVANTAGES

Focus group discussions highlighted advantages of caring for children in mixed-age FCC settings, including the following:

- When providers have the right strategies in place, they are able to provide relationship-based care and one-on-one attention to every child.
- Siblings can remain together, and close relationships are formed between caregivers, children, and their families.
- Infants and toddlers are exposed to more complex play, advanced language, and a wider range of skills.
- Preschool and school-age children have opportunities to lead, instruct, assume responsibilities, and nurture others.
- Children benefit from learning from one another through shared interactions, activities, and experiences.
- Materials can be used in various ways and by different age groups to inspire creativity.
- There are opportunities to help older children learn and lead younger children.



Promising Strategies

Focus group participants identified a variety of strategies to meet the needs of children in mixed-age groups. Strategy topics include:

- Developmental needs of infants, toddlers, and school-age children
 - Environment and materials
 - Routines and schedules
 - Curriculum
 - Family and community resources
 - Planning and preparation
-

The appendix has concrete examples of strategies.

CHALLENGES AND CONCERNS

Participants indicated that FCC providers experience a variety of challenges when trying to meet the needs of children in mixed-age groups. These challenges and concerns involved meeting infant and toddler needs, which can be unpredictable; providing physical activities that work for different ages; having inadequate time to build relationships; meeting the wide range of children's cognitive needs; and keeping older children engaged. The following challenges and concerns were voiced across focus groups:

- Providing responsive, individualized care and one-on-one attention for infants while meeting the needs of older children
 - Ensuring safety for infants and young toddlers while providing stimulation and an enriching curriculum for all children
 - Meeting the needs of school-age children, along with the ongoing demands of infants, toddlers, and preschoolers
-

RESOURCES AND T&TA SUPPORTS

Participants mentioned a variety of FCC provider resources and T&TA supports that would be helpful. Selected resources, supports, and T&TA requests include the following:

- Mentoring from seasoned FCC providers (identified as a high priority)
- Early childhood training and professional development activities specific to FCC providers (cohort training, hybrid of virtual and face-to-face training)
- Trainers and coaches with experience in or an understanding of FCC
- Training on parent engagement and working with mixed-age groups, including children from birth through school age
- Funding such as scholarships, grants, incentives, and stipends to financially support FCC providers

“ I want an experienced family child care mentor, or at least a buddy that I can call. It is so much harder to do this than I realized.

–Adrienne

SUMMARY AND CONCLUSION

We recognize that effective FCC programs require input from practitioners in the field. Thus, we went directly to child care providers and T&TA specialists to discuss strategies to support children in mixed-age groups. The insights they shared lead to the following conclusions:

- The challenges that FCC providers face when caring for mixed-age groups are formidable—however, they are also surmountable.
- Despite the fact that FCC providers frequently benefit from a variety of program supports, further financial assistance, material support, research, and T&TA are required to meet their needs.

In conclusion, this brief honors the expertise of both FCC providers and T&TA specialists by sharing their collective knowledge and experiences on caring for children in mixed-age groups. The brief also highlights promising strategies for providing support in mixed-age group settings, including using available materials and equipment, planning stimulating and responsive activities, and supporting children to learn with and from each other. These strategies closely parallel expert recommendations for improving program quality (Blasberg et al., 2019). The strategies highlighted in this brief are intended to build the capacity among FCC providers to support the individual needs of infants, toddlers, and preschoolers, as well as school-age children, providing them with the foundation for success in school and beyond.





APPENDIX

Main Strategy	Specific Strategies	
Meeting the needs of infants and toddlers	Minimize overstimulation in the environment.	Help ensure the safety of infants and toddlers by considering developmentally appropriate practices for supervision (for example, avoid using restraining devices such as exersaucers).
Meeting the needs of school-age children	Provide children with a voice and activity choice to increase their engagement.	Provide engaging activities that can be done independently.
Environment and materials	Consider appropriate shelving to increase accessibility and safety.	Select materials that can be used in a variety of ways.
Routines and schedules	Adopt a family-like schedule—infants on their own schedule, school age on their own.	Be flexible with schedule changes as children develop.
Curriculum	Alter activities to be appropriate for all age groups.	Use a group leader approach to encourage school-age children's interest and engagement.
Family and community resources	Set expectations for families about how mixed-age groups work.	Seek out volunteer organizations for support and assistance.
Planning and preparation	Prepare meals before the children arrive so there is little preparation required when children are present.	Prepare curriculum materials in advance. Have materials needed for activities ready to use.

“ *I ensure babies are in my arms when active play is happening. For example, I hold infants when children are jumping or dancing.*

—Angela

“ *I use a group leader approach. School agers lead a toddler and preschooler and they can model and ‘teach’ according to their interests and choices.*

—Adrienne

“ *Work on having a relationship with parents—parents’ trust—where they come to you for advice. Include information about mixed-age groups in [the] parent handbook.*

—Jayne and Beatriz



ACKNOWLEDGMENTS

We would like to thank the National Association for Family Child Care and YMCA Childcare Resource Service of San Diego County for their collaboration in coordinating the family child care focus groups cited in this brief. Without their support, this project would not have been possible. In addition, we wish to acknowledge the family child care providers who donated their precious time to contribute to this brief.

REFERENCES

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. Washington, DC: Office of Planning, Research and Evaluation (OPRE), Administration for Children and Families, U.S. Department of Health and Human Services.

Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/ccepra_hbcc_conceptual_model_508b.pdf

Bromer, J., & Weaver, C. (2016). Supporting family child care and quality improvement: Findings from an exploratory survey of Illinois child care resource and referral agency staff. *International Journal of Child Care and Education Policy*, 10(4).

Retrieved from <https://link.springer.com/content/pdf/10.1186%2Fs40723-016-0020-8.pdf>

National Center on Early Childhood Quality Assurance. (2019). Addressing the decreasing number of family child care providers in the United States. Washington, DC: Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services.

Retrieved from <https://childcareta.acf.hhs.gov/resource/addressing-decreasing-number-family-child-care-providers-united-states>

ENDNOTES

ⁱFCC refers to a child care program located in the home of a provider, who may work with or without an assistant. Exact definitions of FCC homes, as well as licensing and registration requirements, vary from state to state (National Child Care Information and Technical Assistance Center & National Association for Regulatory Administration, 2010).

ⁱⁱThe focus groups included providers from the following states: CA, DC, FL, IA, IL, IN, MD, MN, NC, NY, OH, PA, TX, VT, and WV.

ⁱⁱⁱThough licensing regulations vary by state, in this document we use the definition from the National Center on Early Childhood Quality Assurance's brief *Addressing the Decreasing Number of Family Child Care Providers in the United States*:

- Small home: A home (other than the child's home) where one person provides child care services as the sole caregiver.
- Large home: A home (other than the child's home) where two or more people provide child care.



NATIONAL CENTER ON
Afterschool and Summer Enrichment



CHILD CARE
State Capacity Building Center



ADMINISTRATION FOR
CHILDREN & FAMILIES