Workshop E-1 – Improving Quality Among Home-Based Child Care Providers 12.3.15

1. Descriptive Information

Breakout Session E1 *(Independence D&E)*	Facilitator
Improving Quality Among Home-Based Child Care Providers	• Holli Tonyan, California State University
Description	**Presenters**
This workshop will focus on insights from evaluations of QI initiatives focused on HBCC providers in California, Delaware, New York, and Vermont.	• Rena Hallam, University of Delaware • Toni Porter, Early Care and Education Consulting *(not present)* • Anne Douglass, University of Massachusetts-Boston
	Scribe
	• Mallory Warner-Richter, Child Trends

2. Documents in Session Folder (Please list any electronic documents or web links used during the session.)
- Powerpoints presentations from Holli Tonyan, Rena Hallam, and Anne Douglass

3. Brief Summary of Presentations

- **Summary of Presentation #1: Holli Tonyan**
    - Build on the plenary session to provide a snapshot of more aspects of diversity in licensed family child care settings
    - Diversity in economic situation: Los Angeles/San Bernardino (LA/SB) sample included many providers who were struggling financially; NorCal sample was financially better off. Providers with a license for a small capacity HCCH were more likely to report being short of money at the end of the month. Needs will vary dramatically by economic situation.
    - Variability in Assistants/Staffing: Staffing varied from no helper or one consistent helper to many helpers with irregular schedules. Providers in larger capacity FCCH may be able to attend off-site training, but also have more to manage.
    - Having a pool of substitutes or a way to help providers identify and screen assistants could help many providers.
    - Only some of the provider-assistant relationships are organized in a traditional hierarchical format - many are closer and less formally structured.
    - Providers were more likely to be in a QI initiative when a large-capacity FCCH. This may be because they were more likely to have an assistant, more economically viable, more experienced. But some small providers serve different groups of children, which may make it a different kind of challenge for them to participate in quality improvement. For example, smaller FCCHs served more infants and toddlers and fewer preschool-age children than large FCCH. Also, FCCHs served more school-age children than large FCCH.

- **Summary of Presentation #2: Rena Hallam**
    - Examining family child care participation in Delaware and Kentucky. What are licensed family child care perspectives on QRIS participation? Also want to know more about who is not participating, what reasons people give for joining, and the benefits and challenges of participators' experience.
    - Methods: used 9 focus groups across Delaware and Kentucky of participants and non-participants.
    - Why do participators join QRIS?

- Financial resources was a motivating factor. Also, professional and personal growth motivated the participators.
  - o What do some FCC providers choose not to join?
    - Agency overload (licensing, food program, etc .are already coming in)
    - Unreasonable expectations and mandates (ex. meeting all standards in all age ranges since they serve mixed age groups.
    - No clear benefits. In Delaware, the benefits focus on tiered reimbursement which not all providers choose to access.
    - Timing (retirement, family illness, life that gets in the way of starting in QRIS)
  - o What benefits do family child care report from QRIS participation?
    - Professional practice – changes in quality, professionalism, validation from outside entities and/or families.
    - QRIS supports – money and resources (PD and training) as well as TA support
  - o What challenges do FCC report?
    - Moving up is hard to do on your own; a "going it alone" mentality
    - System issues – systems change and they aren't as aware of deadlines or when changes happen
    - QRIS standards – they don't always feel like the standards are helping them to improve in the areas they want to change.
  - o Policy and Practice Recommendations: increasing participation should rely on simple, clear message via trusted and existing networks. Also coordination on QRIS activities with other relevant state/regional services. Giving providers some choice and control. For maintaining engagement – QRIS as a means of building a professional identify; clear visible links

- **Summary of Presentation #3: Anne Douglass**
  - o Context: Citywide urban school readiness initiative (Thrive in Five – Boston) which focused on families not connected to education and service systems; low income and new comers. Wanted to engage and connect FFNC with neighborhood school readiness activities.
  - o Wanted to know the characteristics of providers and the caregiving arrangement, aspects of FNNC engagement, benefits and challenges of FFNC participation in intervention, and stakeholders views on FNNC engagement?
  - o Used interviews and focus groups with FFNC providers, neighborhood program directors, parent partners, and initiative's steering committee
  - o What are the characteristics of providers and the caregiving arrangements?
    - 90% of participants were related to the child/children; care for 1-2 children whenever it was needed
  - o How are FFNC providers engaged?
    - Community-organizing approach led by Parent Partners. Engagement included participation in play groups, library story time, field trips, and support groups.
  - o Why did FFNC providers chose to participate?
    - Learning child development, discipline, nutrition, raising children in the U.S. Also, want to social connections.
  - o Some neighborhoods involved in the initiative did not successfully engage in FFNC networks. What did we learn about this process?
    - The agencies that viewed FFCN as a community resource, a strength, as part of natural family support networks, and as representing rich diversity of the neighborhood were most effective in engagement.
    - Those that did not engage well with families tended to think of this type of FFN care as illegal, a liability, and as a distraction from the focus that school readiness should be conducted in more formal settings.
    - Lessons learned that there is a tension about engaging FNCC providers; engaging this population required trusted community brokers or members who have access to informal extended family and community networks. FFNC providers self-reported impact on the quality of the caregiving and early learning environment; feasible and potentially effective approach.

4. **Brief Summary of Discussion**
   - Research focus: What are the differences and similarities among FCC providers you research or include in your QI?
   - Practice/Policy focus: How can we better align QI ACROSS PROGRAMS with FCC provider characteristics? What else do we need to know to be more effective in this alignment?
   - To what extent are QRIS standards encouraging FCC homes to look like mini-centers?
   - Discussion about the progress (or lack of progress) in the field toward understanding FCC providers. Some level of agreement that policy context has changed now, but we had types defined and a lot of resources developed around this already. Then progress seems to have stalled.
   - Session attendee described a initiative in Minnesota where FFN providers were getting support systems, being very creative. It was well-funded, but the state champion retired and QRIS came – it went away.

5. **Summary of Key issues raised**
   - Needs of family child care providers vary dramatically by level of economic situation.
   - Having a pool of substitutes or a way to help providers identify and screen assistants could help many providers.
   - To increase participation in quality improvement, we need to provide clear and simple messages via trusted and established networks. Financial incentives also help with to maintain engagement in quality improvement. Giving providers control and choice within the QI framework may be another approach to increasing participation.
   - Problem to solve: QRIS standards that don't align with the areas that FCC providers want to improve. What are ways to capitalize on the strengths of FCC (mixed age groups – there is a perception/actuality that this is penalized or hard to address in licensing and QRIS)? There was a suggestion that more research is needed on the NAFCC accreditation standards – several states recognize these standards in their QRIS.
   - CCDBG Connection: Rachel described allowable uses of infant/toddler set aside for informal care networks like "All Our Kin".
   - Question about what is meant by "all providers should be lifted to "Head Start" standards?" What does this mean for FCC providers?
   - Controversial topic discussed: Professionalization vs. family support – are we moving toward professionalizing everyone to the loss of "falling in love with babies"? Presenter responded that there is room for diversity in family-based providers because they have different goals. Some want to start centers; others will be in the field very short term; others longer-term, but in their homes.
   - Recommendation from presenters that the CCPRC Home-Based Provider working group is a good pace to continue these discussions.