2012 CCPRC Annual Meeting
Workshop Session B-1
October 24, 2012, 3:30-5:00 p.m.

Supporting Successful Participation of Home-Based Providers within QRIS

Description

The purpose of this session was to describe the current quality status of family child care (FCC) and Family, Friend and Neighbor Care (FFNC) and the linkage of these settings with broader State quality initiatives. Data was presented on coaching strategies used in QRIS and on provider engagement in State professional development systems.

Facilitator

Toni Porter, Bank Street College of Education

Presenters

Lisa McCabe, Cornell University
Carolyn Langill, Purdue University
Rebecca Swartz, University of Illinois at Urbana-Champaign

Scribe

Jennifer Cleveland, Child Trends and University of Minnesota

1. **Documents in Session Folder**
   - "Family Friend & Neighbor Child Care: Policy Options and Research Questions;" Lisa A. McCabe and Sam Stephens
   - "Paths to QUALITY: Indiana's Experience Supporting Home-based Providers within QRIS;" James Elicker, Carolyn Langill, Karen Ruprecht, Joellen Lewsader, and Treshawn Anderson
   - "Supporting Home Based Providers: Emerging Frameworks;" Rebecca Swartz

2. **Brief Summary of Presentations**
   - **Summary of Presentation #1:** Lisa McCabe
     - Lisa's presentation provided a framework for thinking about FFNC care. She described a follow-up study to one done by the Annie E. Casey Foundation (AECF) in the mid to late 2000s. The follow-up involved interviews with 28 AECF grantees and non-grantees. The goal was to understand the current state of policy and research in the field.
     - Home-based care includes regulated and unregulated care (FFNC). Within FFNC, there are a number of categories: relatives, non-relatives, paid, unpaid, those that receive subsidies and those that are privately-paid only. Within the regulated world, providers are paid. These are not static categories and providers move between categories more than we realize.
     - Lisa's focus was on care provided by an unregulated person in a home-based setting regardless of payment arrangement. Such care is provided especially by

grandmothers, but there are a lot of other providers in this group. FFNC is often used in combination with other arrangements.

○ Changes in demographics and employment patterns predict greater use of FFNC; subsidy cuts are likely to increase the use of invisible FFNC (as opposed to regulated family child care).

○ Where does FFNC care fit? Parallels with child welfare and elder care? Should we view FFNC primarily as a work support or related to child outcomes? This is not a one-size-fits-all group.

○ Provider diversity questions include: Who uses FFNC care? Who are FFNC care providers? How is FFNC used by families (primary or supplemental, short or long term? How does FFNC caregiving vary across subgroups (relationship to child, compensation arrangement, interest in professionalism)?

○ Quality in FFNC: quality of family child care, both regulated and unregulated is generally measured as poor. Challenge=cost-effective strategies for engaging and supporting FFNC that produce improvements in quality and outcomes.
  ▪ There are some studies with evaluation results, but no mechanism exists via State policy/funding to expand and replicate these studies.
  ▪ Challenges in using QRIS for supporting FFNC: this is a diverse group; home-based providers face more barriers to participating in and benefitting from QRIS.
  ▪ If we are to include FFNC within QRIS, it won't be a one-size-fits-all model. Only about 10% of FFN providers are on a career path. The kind of support grandmothers need is not what QRIS usually identifies
  ▪ Can we do QI without the focus on ratings? Might we distinguish between providers that fit into child care versus those who might benefit from a family strengthening model?

○ FFNC is included in the National Survey of Early Care and Education (NSECE); this will provide a baseline against which we can measure strategies for improvement.

- **Summary of Presentation #2:** Carolyn Langill
  ○ Carolyn described an evaluation with providers participating in Indiana's QRIS, Paths to Quality (PTQ).
  ○ Paths to Quality involves licensed providers; includes a 4-level building block approach; it's voluntary; 52% of home providers were participating at the end of 2011 (currently it's 59%); and 90% of licensed centers are participating.
  ○ Evaluation questions addressed: quality and how that is related to paths to quality levels (do PTQ level standards and ratings discriminate real differences in child care quality?); what are the experiences of providers in PTQ? How do parents perceive PTQ? How are children doing in PTQ?
  ○ Provider methodology involved an initial self-administered questionnaire and 6-month follow-up phone interview. Questions related to provider's understanding of PTQ, incentives to enroll in the system, obstacles they faced, and training and TA they accessed.
    ▪ Incentives to enroll included: Improve quality #1; professional recognition #2; new ideas #3; make attractive to parents #4; gifts/cash incentives #5; training or TA offered #6; and increase my business #7.

- - Most beneficial aspect of PTQ? Mentoring services #1 (coaching from the local CCR&R, mentors work with providers from level 1-3 using a relationship-based approach); gifts/incentives #2; recognition #3; and training provided #4
  - Challenges for advancement? Finding #1, TIME! (time to do paperwork, work with coach, attend training); paperwork #2; insufficient funding #3; no obstacles #4; training requirements #5; six month wait #6 (prevalent among centers); accreditation standards #7; curriculum #8 (documenting); takes time away from care #9; and makes home into a center #10. (Numbers 8-10 were unique to FCC providers.)
  - Implications
    - Invest in sustainable relationship-based coaching supports – perhaps continue the coaches through level 4.
    - Invest in public and professional recognition – it is frustrating to providers to go through this to improve quality and feel that no one cares. A marketing tool was developed as a result.
    - Look at leadership and time management skills with some home based providers
    - Tailor TA to individual provider needs – this is where coaching in Indiana has had a powerful impact in the system. Providers talked about how difficult it was to get to training. Examine how we're delivering training in rural and urban areas.
    - Ongoing incentives are important to continued participation, advancement and maintaining high levels of care.
  - Gaps in research: what are the factors that predict advancement to a higher QRIS level? What is the impact of coaching, which providers benefit most, and what specific coaching activities are related to advancement?

- **Summary of Presentation #3:** Rebecca Swartz
  - Rebecca described work in progress that examines why family child care providers may or may not participate in professional development.
  - Context matters a lot in terms of how people behave. People have multiple identities and these affect their decisions and actions.
    - Family, friend and neighbor (FFN) providers co-locate their work with their home.
    - Identity is in play for parents in terms of how they choose child care.
  - In order to improve outcomes for children and families, we need to tailor support for PD for family child care providers.
  - Theories include: Work Family Border Theory and Social Convoy Theory (from gerontology). How do you gracefully grow into the profession of early childhood? How do providers think about their unique role? This is a hybrid of role theory and attachment theory.
  - Study uses mixed methods including data from the IDHS Salary and Staffing Survey (1392 FCCP in Illinois) and the Family Child Care Interview Project (24 FCCP, Illinois). Rebecca had big dreams for administrative data, and can match on license numbers, but only about 5% of family child care providers are in QRIS. She added an additional measure of perceived stress, network density, and professional contact.

- ○ Broad trends include: more perceived stress is indicative of the provider being more likely to leave child care; if the provider talked to someone in the past week, they were 26% less likely to leave child care.
- ○ Created two scales:
  - ▪ Work-Family Border Stress--is positively associated with perceived stress.
  - ▪ Sense of Professionalism Scale--is positively associated with fewer providers thinking about exiting the field.
- ○ Family Child Care Interview Project underlying processes (narratives): construction of role; contextual factors; social support; and professional development. The most interesting finding is the idea of construction of role.
  - ▪ Social Convoy Model (a series of circles, like the rings on a tree stump). Providers identify people in their circles. The inner circles include people who they are most connected to.
  - ▪ If a provider sees themselves as a professional, a person from CCR&R may be in an inner circle.
  - ▪ If a provider sees herself as a mother, she may be less interested in QRIS or pursuing professional development

3. **Brief Summary of Discussion/Questions**
- • *About the semi-structured interviews*: they are done individually, in the provider's home. Thematic analysis is being done. The data is being coded by Rebecca and a research assistant to ensure reliability. The interviews draw on the ecological routine of the provider, e.g., "Tell me what yesterday was like from the moment you got up until the moment you ended your day. How does your routine change throughout the day?"
- • *Question to Carolyn*: *How are you so successful in getting FCC providers to participate in QRIS?*
  - ○ Anecdotally, our CCR&Rs are instrumental in getting providers on board. Providers say, "My coach came whenever I told her to come;" "She came during nap time or after nap hours."
  - ○ Our home providers are really diverse, but they are shifting toward professionalism. In Indiana, we really respect type of care. We have really *strong provider networks*. There is also a strong sense of friendly competition. They really do rely on each other. I don't know how you replicate that, but I think those support systems are really important. And the incentives help.
  - ○ Rebecca: whenever we can better describe what people are actually doing, we can better tailor PD to those family child care providers.
- • *What is the potential of social networks for improving quality?*
  - ○ CCR&R and churches. A group of African-American providers talked about their network through church; these providers talk with each other and how they get through difficult times, as well as bringing in new providers. They talked about signing up for QRIS training together.
  - ○ How do we sensitize our CCR&R staff for them to ask providers to talk about where there networks are?
  - ○ Carolyn: in Indiana, networks weren't part of our evaluation. It didn't surface in our research because it came out as something separate from the QRIS, but it's something we're interested in exploring.

- ○ Lisa: providers often didn't show up at support groups, so we need to have more information about when this works and when it doesn't. There has to be some other hook besides support.
    - ○ Carolyn: It seems to be more successful when it is driven by the providers.
    - ○ Rebecca: we should look at community-based psychology. We need to know more about why people might participate.
- *Did your coaches come from the world of family child care providers*? Most were home providers in the past, but not all. There just wasn't the workforce to fill all the positions.
- *Were any of your families immigrant families?* If so, were they different? What about family strengthening? That seems to be a promising approach for immigrant families.
    - ○ Rebecca: study sample was limited to English-speaking providers. However, currently at least half of my providers serve a family that spoke Spanish. For these families, FCC may have been their only choice. They may not have had the FFN care available. Providers talked about relevant professional development to them would be training to help them serve these families.
    - ○ Lisa: Amy Susman-Stillman did research with grandmothers. These grandmothers soaked up school-readiness information about how to support children. There is a broader issue here….it's whether we want to consider this population of providers as really more, as folks who would benefit more from the support.
    - ○ The idea of role: who we think we are relates to how we operate. Family child care is serving a unique niche. Supporting them will involve multiple systems.
- *Question for Carolyn: The mentoring for the home-based providers, could you talk a little bit about the caseload for those mentors?* I can't give specific numbers, but I can talk about the process. Some of our CCR&Rs are supported by foundations and they are able to hire additional mentors. I've been a coach and I know it is a very full and hectic caseload.
    - ○ A provider is allowed 25 hours of coaching per level. Not a very high dosage if it will take you 1-2 years to get to the next level.
    - ○ We have administrative data from our CCR&Rs about type of activity and descriptive information about what they did during that contact. Phase 2 of our evaluation will look at the fidelity, etc. of that caseload data. Because the hours are limited, activities have to be based on individual needs.
    - ○ One provider shared that she would get together with a mentor and 5 or 6 other providers so a group model was used. Our coaches can also do training at a center for multiple staff, but it's not as cost-effective to do it at a FCC provider's home for 1-2 providers.

4. **Summary of key issues raised**
- Research questions that we need answers to:
    - ○ What might QI strategies look like that take into account context and identities from the perspectives of family child care providers (both regulated family child care and FFNC)? Depending on how providers view themselves, QI strategies may be grounded in increasing professionalization or in the use of family strengthening models. What can we learn from other fields, e.g., eldercare and child welfare?
        - ▪ What can we learn from States such as Indiana that have been successful in engaging family child care providers in QRIS?

- How do we tailor PD to the needs to home-based providers including providers who are immigrants (and serving immigrant families)?
- What are the impacts of additional training requirements for FFNC?
- Can we demonstrate that programs such as the food and nutrition program can help provide a holistic way to improve quality in FFNC?
- Are ratings a useful strategy in improving quality in FFNC?

○ There are some QI strategies with demonstrated results in family child care. How do we build the funding and infrastructure to expand and evaluate these models further?

○ Given the differences between center-based care and family child care, does it make sense to have common QRIS indicators across types of care? How do outcomes differ across care types?

○ Need to understand more about unpacking coaching and mentoring including workload, activities, and targeting of efforts. What is the impact of coaching, which providers benefit most, and what specific coaching activities are related to advancement?

○ What strategies and incentives are effective in encouraging continued participation, advancement, and maintenance of high levels of care? What factors predict advancement to a higher QRIS level?

○ The National Survey of Early Childhood Education includes FFNC and should provide a baseline of data about these providers and the families that use them. What questions should we be prepared to ask from this data?