Child Care & Early Education
RESEARCH CONNECTIONS

A partnership of the National Center for Children in Poverty, the Inter-university Consortium for Political and Social Research and the Child Care Bureau, and the Office of Planning, Research, and Evaluation

Quality in Home-based Settings: Themes from Current Research

The current literature on home-based child care generally distinguishes between two types of non-parental home-based care: family child care (FCC) and family, friend, and neighbor care (FFN). Family child care providers are usually regulated through the state and generally thought of as small, owner-operated businesses where parents are charged a fee for child care services. Family, friend, and neighbor care is home-based care provided by caregivers who are typically license-exempt or subject to minimal regulation by the state, and include family members, friends, neighbors, or babysitters/nannies. The line between these two types of care is often be blurred as definitions of legally-exempt care vary across state lines. This inconsistency can present problems for researchers, policymakers, and parents trying to distinguish between types of home-based providers.

The wide spread use of home-based care, including by families receiving publicly-funded child care subsidies, is well documented. FFN care is the most common form of non-parental care in the U.S. and about one fourth of all children are cared for in FCC homes at some point during their first five years.[1] Given this use of home-based care, researchers have been interested in understanding its quality for several reasons including: understanding links between the quality in home-based settings and children's school readiness (i.e. social, emotional, and cognitive development) and comparing children's early education experiences across child care settings. Much of the current research in quality of home-based care has relied on the research of quality in center care –using the same (or adapted) measures and definitions of quality across settings. Questions remain however, if this accurately captures the quality of home-based care or if distinct definitions and measures of quality should be developed within child care settings.

New *Research Connections* Resources on Home-based Care

Research Connections produces various publications that synthesize research on policy relevant topics. Upcoming *Research Connections* publications on family child care and family, friend, and neighbor care include:

Family Child Care Review of Research (*Coming soon*)**:** This new package of resources synthesizes research on family child care and will include a literature review by Taryn W. Morrissey[a]; an accompanying analytic table of methods and findings; and a summary research brief.

NCCP National Center for Children in Poverty, Columbia University Mailman School of Public Health | ICPSR Inter-University Consortium for Political and Social Research | Child Care Bureau | OPRE | U.S. Department of Health and Human Services, Administration for Children and Families

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Family, Friend, and Neighbor Care Review of Research (*Coming soon*)**:** This new package of resources synthesizes research on family, friend, and neighbor care and will include two literature reviews by Amy Susman-Stillman[b] –one focusing on the demographics of FFN care and the other on issues of quality in FFN care. Accompanying analytic tables of methods and findings and summary research briefs will also be included.

A brief by Erin J. Maher[c], **Measuring Quality in Family, Friend, and Neighbor Child Care: Conceptual and Practical Issues,** is also coming soon.

Following are some key findings from research on quality in home-based child care settings highlighted in Morrissey's forthcoming literature review, Susman-Stillman's two literature reviews, and Maher's brief.

Toward an Understanding of Quality in Home-based Care: Findings from the Current Research

Global quality[d]

- Most studies to date suggest that much of family child care is of "good" or "adequate" quality.[2]

- Comparisons of settings using environmental rating scales find, in general, that centers tend to have higher quality care than regulated family child care providers, who in turn tend to have higher quality than unregulated family, friend, and neighbor providers. However, these findings should be interpreted cautiously as methods for measuring quality across settings and methods for comparing quality in settings are currently being debated (see below for more on this).

- There is some evidence that children may benefit differently in various child care settings according to their age. Findings from the NICHD Study of Early Child Care show the quality of care is higher for children two and under in relative and family child care, but for four-year old children centers offer higher quality care.[3]

- Limited research shows family child care homes that included children with disabilities averaged lower observed quality than family child care homes who did not care for children with disabilities. This was not true however, for centers that had comparable rates of quality across those that did and did not care for children with disabilities.[4]

Structural quality

- *Adult-to-child ratios, group size, and composition:*
    - FCC caregivers tend to average lower adult-to-child ratios than center providers but higher ratios than FFN settings.[5] Findings consistently show lower adult-to-child ratios (i.e., 1:2) in FFN care compared to those generally found in licensed settings.[6]
    - While the research is mixed, the presence of the provider's own children may not affect the overall quality of care.[7]

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[d] Global quality is an assessment of both *structural* quality-aspects of child care that are most likely to be regulated by the government, such as group size- and *process* quality –how children experience care, such as provider-child interactions and children's exposure to materials and activities (Helburn & Howes, 1996).

- The addition of school-age children to a family child care home is associated with a decrease in provider sensitivity and a shift in attention away from the younger children.[8]
- Following the National Association for Family Child Care's (NAFCC) guidelines for accreditation is associated with higher quality care; and compliance with age-weighted[e] group size recommendations is related to more positive caregiving.[9]
- Greater government regulation is associated with higher global quality of care.[10]

- *Caregiver education/training/experience and quality*
  - The quality of care in FCC is not associated with the provider's age or years of experience, but is positively correlated with the amount and type of education (i.e., years of secondary and higher education) and training (i.e., workshop or community-level courses in child care and child development) the provider has received.[11] Providers with specialized education and training in child development provide richer learning environments and warmer and more sensitive caregiving in observational studies.[12]
  - While studies demonstrate a relationship between quality and the amount and type of education, other studies show that the providers who seek opportunities for advanced training and credentials tend to offer high quality care before training, suggesting that the provider's intentionality and overall commitment to the child care field may be a better predictor of quality.[13]
  - In general, FFN caregivers have lower levels of education than licensed center and FCC providers.[14]
  - FFN caregivers exhibit a range of experience caring for children, some of which they have gained through their own parenting experiences, and some of which they have gained caring for children who were not their own. The majority however, have minimal formal education or training in child care or child development.[15]
  - FFN caregivers report that they are interested in learning how best to support children's development through education and support opportunities on topics such as: 1) health/safety/nutrition; 2) child development; 3) business and financial issues, and 4) community resources and activities, particularly low-cost ones.[16]

Process quality

- *FCC provider interactions with children:*
  - Research findings are mixed with regard to comparisons in the quality of provider-child interactions, with some studies finding no differences between center and family child care providers, and others finding higher levels of sensitivity and less withdrawal in the behavior of family child care providers. [17]

- *FFN caregiver interactions with children:*
  - While research is mixed, most FFN studies have found acceptable levels of warmth and support for children.[18] Additionally, provider sensitivity may not be positively correlated with provider education levels, as some studies find that providers with low levels of education have acceptable ratings of sensitivity.[19]
  - Limited research shows that caregiver-child interactions in FFN care are characterized by warmth, affection, and responsiveness; but caregivers however, tend to miss opportunities to promote social skills such as cooperative play, sharing, and emotional control.[20]

[e] Age-weighted group size regulations give greater weight to younger children when calculating group size. For example, one child under age 2 may equal two children ages 3-6 and three children over age 6.

- In FFN care, caregiver sensitivity and frequent caregiver invitations to children to talk were positively related to overall quality, while frequent television watching was negatively related.[21]

Caregiver Characteristics

- *Stability of care*
  - FCC providers tend to experience turnover rates similar to those of providers in center-based care.[22]
  - Some research suggests there is greater stability of care in FFN settings than in licensed care. In particular, relative providers self-report a remarkable degree of stability of FFN care arrangements—at least twelve months or more, which may not be surprising given the ongoing relationships between relative caregivers and the children. More research is needed to understand the overall stability of FFN caregivers.[23]

- *Motivation for providing care*
  - FCC providers are motivated by their enjoyment of working with children and their desire to stay at home with their own children.[24]
  - FFN providers offer a range of consistent, similar reasons for providing care: wanting to help the child's parents, not wanting the child to be in another setting, wanting to spend time with the child, wanting to help the child grow and learn; fostering intergenerational ties; and staying home with their own children.[25]

- *Caregiver Depression*
  - Some research suggests that FCC providers demonstrate the lowest levels of caregiver depression across care settings, but caregiver depression might have greater affects on quality in FCC than in centers due to the presence of other adults.[26]

Quality and child outcomes

- Studies comparing child outcomes across family child care, center care, parental care, and unregulated FFN care before entering kindergarten do not find a single type that is uniformly "best" for fostering healthy child development.[27]

- *Language and cognitive development:*
  - In family child care, children with more educated and trained providers have been found to score higher on measures of language and cognitive development.[28]
  - Some research demonstrates that children in centers have significantly higher cognitive and school readiness skills than children in FFN settings.[29]

- *Social and emotional development*
  - Spending more hours in both family child care and center care is associated with increased behavioral problems,[30]
  - Some research suggests that children in FCC are more likely than children cared for in FFN settings to have higher rates of behavioral problems.[31]

Parent-Provider relationships

- Greater communication and partnership between the provider and the mother of the child is related to more positive provider-child interactions.[32]

- Reports from parents and FFN caregivers about their relationships and/or their communication with each other are strikingly positive; Parents using FFN care also tend to report greater communication about the individual child with their caregiver than do parents with providers in centers.[33]

Parent Satisfaction

- The majority of parents using home-based care (both regulated and unregulated care) are satisfied with their care arrangement.[34] Parents who prefer home-based care believe that their children receive more individual attention in home-based settings.[35]

- Some studies find high levels of satisfaction with FFN care, however the research is mixed and gauging parent satisfaction remains a challenging endeavor.[36]

Current Measures of Quality in Home-based Care

- Two long-standing measures were adapted for assessing global quality in family child care:

  The Family Day Care Rating Scale (FDCRS). Originally adapted from the Early Childhood Environmental Rating Scale (ECERS) to assess center quality, the FDCRS assesses global care quality using seven scales: space and furnishings, basic care, language and reasoning, learning activities, social development, adult needs, and provisions for exceptional children.

  The Child Care HOME Inventory (CC-HOME). Based on the Home Observation Measurement of the Environment (HOME), which evaluates the quality of the family environment, the CC-HOME assesses the quality of the home-based child care environment through subscales used to observe caregiver-child interactions along with structural, organizational, and educational aspects of the environment. There are separate versions for infant/toddler care and early childhood.

- Other process quality measures used across child care settings include: the Arnett Caregiver Involvement Scale; the Child-Caregiver Observation System (C-COS); and the Observational Record of Care Environment (ORCE). All of these tools are designed for observations of child-provider interactions to measure quality. The C-COS and the ORCE track the experiences of a particular child, while the Arnett rates interactions between providers and children in their care .

- In FFN settings, the FDCRS thus far has been the most commonly used observational measure for measuring quality. However, two new instruments have been developed recently to measure quality in home-based settings, including FFN care:

  The Environmental Snapshot and Provider Rating. These measures were developed by Abt Associates and modified by Tout & Zaslow. The Environmental Snapshot provides a picture of the care setting at a point in time including: the activities and interactions between adults and children (with the focus child indicated individually), and overall levels of engagement or distress in the setting. This instrument is a synthesis of other child care snapshot measures that have been used by Abt and other researchers, which were all developed with child care centers in mind. These earlier measures were adapted to be equally applicable to center and home care. The Provider Rating rates the provider in terms of their relationship with children and support for learning activities, as well as their responses to the children.

The Child Care Assessment Tool for Relatives (CCATR). The CCATR, developed by Bank Street College of Education, is specifically designed for measuring quality in child care provided by relatives. It assesses the frequency of caregiver-child interactions across points in time, as well as the health and safety features of the environment, the presence of materials, and relationships with parents.

Methodological Issues

- The early care and education field lacks a clear definition of what constitutes quality across all child care settings, and how quality is defined in particular settings such as family child care and family, friend, and neighbor care.

- Some researchers have questioned the instruments used to assess quality in home-based settings, since many measures have been modified from former instruments created for other child care settings and may not capture the unique strengths of different types of home-based care. For instance, the FDCRS was adapted from a center-based assessment tool and may not capture strengths of family child care -such as the sustained relationships between the caregiver and child. However, the FDCRS has also been used to measure quality in FFN care but since it is designed to assess regulatable aspects of caregiving (e.g., space, caregiver training) it may be more likely to yield scores favorable to regulated care settings and miss important attributes of FFN care.

- Some structural quality measures used in licensed care may not be useful in distinguishing quality with family, friend, and neighbor care. Structural quality is typically measured by the number of children to adults, the number of children in a group, and the training and educational background of the caregivers/providers. For example, FFN caregivers are often chosen for their relationship with the child and/or ties with the child's culture rather than for their levels of formal education, caregivers' educational background may be of limited use in determining quality.

- Across all settings, current definitions and measures of quality have not been assessed for cultural relevance. Current definitions of quality do not include assessments of the cultural and linguistic diversity and skills of the workforce. This is particularly significant in FFN care, where caregivers are often from the same cultural and linguistic background of the child. They have the ability to provide culturally appropriate services, and are able to build and reinforce families' cultural values, heritage, and assets.

- Quality measures and definitions also do not currently take parent's definitions of quality into consideration. While parents' child care preferences reflect both choice and constraint, parents might choose their care for reasons that do not reflect professional or regulated standards of quality. Instead, this choice may reflect other equally important or more important preferences, such as flexibility, shared values around child rearing, the importance of family bonds, or the desire for cultural and language congruity.

- Recruiting a representative sample of home-based caregivers for research is a challenge because gaining access to caregivers in their homes, necessary for observing the quality of care, is especially difficult. Additionally, FFN caregivers also tend to be an informal, diverse, and difficult to locate population making observations and generalizations difficult.

- Careful interpretation of the findings of FFN care is critical, particularly because the range of caregivers included in most of the current FFN quality studies are low-income. Further research with FFN providers across the socioeconomic continuum is needed.

Other Areas for Further Research

- Some states are experimenting with quality rating systems, tiered reimbursements, and economic incentives to promote FCC provider training. Evaluations of these programs are needed to understand their effectiveness.

- Several states currently allow qualified family child care providers to participate in public pre-k programs, however research is needed to understand how these new funds and collaboration with pre-k programs affects quality in participating FCC homes.

- While there is a range of ongoing efforts to provide education and support to FCC and FFN providers across the nation, there are few intervention data from well-designed studies to help inform best practices for training and education programs for home-based providers.

- More research is needed to understand the impact of subsidy use on FFN care, FFN caregivers, and FFN use.

- More research on the access and quality of child care for children with disabilities and enhanced and specialized training opportunities are needed. Overall, the studies to date have been descriptive, not predictive of children's development, and have not focused on implications for unique groups, such as children with special needs.

- Some studies have described FFN use among school-age children; however, there are currently no studies that focus on the quality of FFN care for school-age children.

- More research is needed to clarify the relationship between caregiver characteristics and child care quality. Personal, familial and contextual factors are likely to affect the provision of care in home-based settings however, little is known about the effect home-based caregiving has on the mental and physical health of the providers, family relationships and intergenerational and community ties, and how those affect quality of care.

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