Engaging Family Child Care Providers in Quality Improvement Systems

NATIONAL CENTER ON Early Childhood Quality Assurance

Early Childhood National Centers
Acknowledgements

This document was developed with funds from Grant # 90TA0002-01-00 for the U.S Department of Health and Human Services, Administration for Children and Families, Office of Head Start, Office of Child Care, and Health Resources and Services Administration, by the National Center on Early Childhood Quality Assurance in cooperation with the BUILD Initiative. This resource may be duplicated for noncommercial uses without permission.
Engaging Family Child Care Providers in Quality Improvement Systems

Contents

Introduction .................................................................................................................................................................1
Purpose of This Brief ..................................................................................................................................................1
Building Systems Inclusive of FCC Providers ............................................................................................................2
What Is the Challenge for State Systems? .................................................................................................................2
What Can We Learn from Past Studies and Initiatives with Family Child Care Providers? ...............................2
  Active Involvement of FCC Providers .....................................................................................................................4
  Effective Partnerships with Diverse Community and Service Agencies .................................................................4
  Multiple Straightforward Communication Approaches ...........................................................................................4
  Networks and Social Support .................................................................................................................................5
  Financial and Material Incentives ...........................................................................................................................5
  Examples of Outreach Strategies ...........................................................................................................................9
Conclusion ............................................................................................................................................................... 10
References .............................................................................................................................................................. 11
Introduction

Family child care (FCC) is widely used by many families and is preferred by parents with nonstandard work hours, parents of infants and toddlers, those living in rural communities, and families from diverse cultural and linguistic backgrounds (Office of Child Care, n.d.). Given the growing recognition of family child care (FCC)\(^1\) as a significant sector of the early care and education (ECE) field, there is a need for understanding effective quality improvement approaches that engage and sustain provider participation in regulatory systems and quality improvement initiatives.

In an effort to address this challenge, the National Center on Early Childhood Quality Assurance (ECQA Center) has developed five documents addressing promising strategies that states, territories, and tribes can use to improve quality of care, engage providers, and sustain provider participation in regulatory systems and quality improvement initiatives.

Purpose of This Brief

This brief, the fifth in the series, is a resource for local, regional, and state stakeholders invested in engaging FCC and family, friend, and neighbor (FFN) providers in quality improvement initiatives and supporting this sector of the early childhood professional community. This paper discusses outreach strategies and efforts to engage FCC and FFN providers, and highlights how considering these providers’ unique characteristics can positively influence their ability and willingness to participate in quality improvement efforts. Specifically, this information may be useful to the following stakeholders:

- State child care administrators, including child care licensing, quality rating and improvement system (QRIS), and professional development system administrators
- Representatives of family child care networks
- Early Head Start–Child Care Partnership stakeholders
- Child care resource and referral agency staff
- Regional technical assistance administrators and coordinators
- Community-based agency directors
- Higher education faculty and program coordinators
- Other key stakeholders interested in engaging providers in professional activities to promote quality

---

\(^1\) In this document, the term “family child care” refers to all care offered in a provider’s home. The term can also be used to refer specifically to licensed home-based care. “Family, friend, and neighbor care” refers to unlicensed care arrangements and is used in this document to distinguish differences between licensed and unlicensed home-based care.
Building Systems Inclusive of FCC Providers

In an effort to assist states and regions in building systems that are inclusive of FCC providers, this brief addresses three key questions:

1. What challenges do states have to overcome to effectively reach out to FCC providers?
2. What can we learn from past studies and initiatives with FCC providers that can inform our future efforts?
3. What outreach and recruitment practices effectively engage FCC providers in quality improvement initiatives?

What Is the Challenge for State Systems?

According to the National Survey for Early Care and Education (2015), approximately 3.7 million providers offer care in family child care settings in the United States. This large group of caregivers comprises a culturally and linguistically diverse range of child care providers, including those who are licensed by their State as well as more informal providers who are legally exempt and care for children in their homes. Because the field of FCC providers is vast and diverse, state systems often struggle to effectively reach out to these caregivers. However, outreach and assistance are a vital part of state systems-building efforts to improve the quality of care for very young children.

Although a large number of families rely on family child care, the number of licensed FCC providers is actually on the decline. National data indicate that the number of FCC providers licensed by states has decreased significantly since 2008 (National Center on Early Childhood Quality Assurance, 2015). This decline is a concern since licensed FCC providers are required to have more extensive professional development and to meet higher health and safety requirements than license-exempt providers. States and regions seeking to strengthen the quality of family child care and engage the family child care sector in total, need to consider the distinct needs of licensed providers as well as FFN caregivers.

Because FCC is used at such high rates, particularly for infants and toddlers and among populations who may be at high risk for poor educational outcomes, increased attention is being paid to the quality of care provided in these settings. Research on family child care suggests that the quality of care is mixed. Some studies have found that family child care settings provide a high level of responsive care (Porter et al., 2010). However, other studies using different measures have found that center-based programs score higher on measures of global quality (Elicker et al., 2005; Fuller, Kagan, Loeb, & Chang, 2004). Research has also found that caregivers in family child care settings may use less sophisticated language and may rely more on television viewing (Christakis & Garrison, 2009; Porter et al., 2010). For these reasons, numerous states have initiatives to improve the quality of FCC.

What Can We Learn from Past Studies and Initiatives with Family Child Care Providers?

Initiatives designed to engage FCC providers have reported that providers participate at much lower rates than their center-based counterparts (Tout et al., 2011). In addition, FCC providers who do participate may actually engage less with services that are offered, such as technical assistance and professional development (Smith, Schneider, & Kreader, 2010).

On the quality rating side, participating FCC homes are more likely to be rated at lower levels in QRISs and to make little progress in achieving higher quality rankings in the quality rating and improvement structure (e.g., Tout et al., 2011; ). Thus, the aim of recruiting and successfully engaging FCC providers—including those who are licensed, registered, and legally exempt from licensing—in quality improvement efforts is a challenging one. However, it may be that low rates of participation stem from the design of state systems and quality improvement
efforts which may lack proper attention to the characteristics of this unique and varied provider group (Hallam, Hooper, Bargreen, Buell, & Han, in press).

Although state and regional entities may offer support services to FCC providers, research and evaluation efforts suggest that staff employed by these organizations to work with providers may not have the skills to effectively engage and support FCC providers. In a statewide study of FCC support specialists in Illinois, Bromer and Weaver (2016) found that “understanding family child care” was a dominant need of the specialists who routinely worked with family child care providers. Indeed, outreach to FCC providers requires strategies and methods different from those used with center-based programs in order to successfully engage this diverse group of caregivers.

Feedback from FCC providers regarding their engagement in quality improvement and professional development initiatives provides some hints for future planning and recruitment efforts. Licensed FCC providers have noted that financial incentives are important motivators for their participation (Boller et al., 2010; Hallam et al., in press). FCC providers may have limited budgets, and even small financial incentives may assist providers in participating in quality improvement activities (Porter et al, 2010).

Further, research from multiple states and initiatives suggests that integrating activities that support the professional identities of FCC providers is more likely to motivate them to participate in quality initiatives. An analysis of focus groups of licensed FCC providers participating in QRISs in Delaware and Kentucky highlights the significance of professionalism as a motivator to maintain involvement (Hallam et al., in press). Focus group findings from a diverse group of FFN providers in Arizona, California, and the Cherokee Nation in Oklahoma demonstrated that these providers were interested in how to strengthen social and emotional bonds with the children in their care (Shivers, 2008).

In other words, FCC providers are more likely to enter into a system or stay engaged with a program that appreciates the importance of their efforts in caring for children, provides opportunities to build the specialized skills needed to care for small mixed-age groups in home-based settings, and acknowledges their accomplishments over time.

In addition, prior studies also highlight key barriers to participation for FCC providers. Licensed FCC providers who choose not to participate in QRISs in their states often indicate that requirements are complex and hard to understand. Additionally, providers who are complying with one system, such as child care licensing, may be confused about how different systems interact with each other (Bradburn & Dunkenberger, 2011; Hallam et al., in press).

Importantly, some providers who choose not to participate in state quality initiatives are unaware of the benefits or incentives associated with participation. In implementing the Virginia QRIS pilot for FCC providers, Bradburn and Dunkenberger (2011) found that 25 percent of their sample spoke a language other than English, and the participation of this group in QRIS was hindered by the lack of available supports tailored to meet their needs (for example, bilingual family child care mentors and translation services). Limited access to technology and digital literacy may also serve as a challenge for some providers. As state professional development and quality improvement initiatives evolve to employ more technological innovations in their services (for example, online applications and web- or computer-based professional development), accommodations for FCC providers who may not have access to technology or who may lack the skills to effectively access these services must be considered.

Early Head Start–Child Care Partnerships also serve as a model for partnership building and quality improvement efforts in licensed FCC settings. Many licensed FCC programs that already offer convenient, full-day, and culturally responsive care now have access to resources from Early Head Start, including new materials, curricula, professional development and coaching, and health and development screening. Early Head Start–Child Care Partnerships are an innovative partnership model to both strengthen the quality of child care and provide comprehensive services and supports to low-income families. Resources for building and sustaining this type of formalized partnership can be accessed at the Early Childhood Learning and Knowledge Center.

What Outreach Practices Effectively Engage FCC Providers in Quality Improvement Initiatives?

Prior efforts and current success stories highlight key outreach practices that can strengthen efforts to build early childhood systems that are inclusive of FCC. These practices can be organized into five categories:

- Active involvement of FCC providers
- Effective partnerships with diverse community and service agencies
- Multiple straightforward communication approaches
- Networks and social support
- Financial and material incentives

Each category is described below. Table 1, on page 7, links these practices with sample strategies that can be employed in different locales and systems.

Active Involvement of FCC Providers

An important theme that has emerged from prior work is the need to ensure that FCC providers are at the table when planning and implementing systems designed for them. The inclusion of FCC providers in designing and implementing outreach efforts will ensure that their perspectives and experiences drive plans to design quality improvement strategies that actually meet their needs. Various mechanisms can be established to ensure that FCC providers have the opportunity to provide meaningful input into recruitment plans and activities as well as assist with implementation. For example, provider stakeholder groups can be developed and maintained to provide ongoing input and support to outreach efforts. Online surveys, focus groups, family child care advisory or ambassador groups, and local provider associations may also provide insight.

FCC providers who are successfully participating in quality improvement and professional development initiatives can provide helpful recommendations on future outreach efforts and can be successful in reaching out to new members of the community. When launching these types of strategies, it is essential to ensure that participating providers reflect the diversity of providers in the state or region. For example, geography, culture, and home language are all factors to consider when developing mechanisms for gathering input.

Effective Partnerships with Diverse Community and Service Agencies

It is important that early childhood systems acknowledge the diversity of FCC providers when considering how to engage them. For example, FFN caregivers may not have ever participated with the formal early childhood system. Yet they may have relationships with other agencies such as faith-based institutions, social services, nutrition services, public schools, immigrant-serving advocacy organizations, and so forth. These agencies could be valuable partners to assist in promoting the participation of FFN homes. Efforts to engage this array of partners may help systems reach a broader group of providers. Community partners can assist with disseminating information as well as linking providers to each other and to quality improvement initiatives.

Multiple Straightforward Communication Approaches

Outreach efforts need to use brief and understandable messaging around quality improvement efforts. This messaging should clearly convey the benefits of participation (for example, financial incentives, technical assistance, networking, and personal growth). Outreach plans are more likely to be successful if multiple communication strategies are used; for example, word of mouth, presentations to local provider groups, flyers,
public service announcements, websites, and brief descriptions in local newsletters and newspapers. It is critical that the simple recruitment messages used are presented in the home languages of providers. In addition, literacy levels of caregivers can vary, so the use of nonprint media, such as radio and television public service announcements can be particularly important.

**Networks and Social Support**

A good deal of research on FCC providers highlights the importance of social support as a means of assisting providers. Family child care can be a lonely effort, and avenues to provide a means of social support can strengthen providers’ capacity to enter, sustain, and be successful in quality improvement initiatives. Strategies that build on this need for social support may be particularly effective. One approach may be to build on existing support or neighborhood groups to reach providers by personally attending meetings and talking about opportunities for professional growth or inviting groups of providers to participate as a group if appropriate. It is especially important to offer meetings in more than one language in diverse communities.

Encouraging providers to invite a friend may help them transition to new systems and programs. In locations where strong associations or groups do not exist, launching informal and tailored opportunities for dialogue between local providers may be an enticing method for building relationships and facilitating participation. For example, launching story hours at libraries targeted at FCC providers may create opportunities for informal support, dialogue, and eventual linkage to more formalized quality improvement opportunities.

Staffed FCC networks offer providers a menu of services that improve child care quality by reducing the isolation that many family child care providers experience (Hamm et al., 2005; Hershfield et al., 2005; Musick, 1996). Services generally include a combination of group supports and one-on-one supports. One-on-one supports such as: visits to child care homes to offer technical assistance, coaching, or mentoring, and warm lines that providers can call to obtain answers to questions, present opportunities for providers to develop a long-term professional relationship with a network coordinator or family child care specialist. Promising strategies for group supports that give providers an opportunity to come together with other providers and network staff include offering trainings and workshop series, facilitation of peer-to-peer networking and other professional development activities on evenings and weekends, and delivering content in multiple languages (Bromer et al., 2017).

**Financial and Material Incentives**

Finally, providing financial or material incentives for providers to participate in initiatives can be simple and cost effective (for example, providing meals at a recruitment meeting, door prizes, or materials to help providers meet licensing standards). The acknowledgment and public display of provider efforts on websites, in local publications, and other important community sites may assist providers in recruiting families, which can be a substantial incentive. Incentives and strategies that support FCC homes as sustainable small businesses can also be effective, such as microlending, individual savings accounts, promoting financial literacy, and employing shared-services models.

Shared service alliances are networks of small early care and education centers and family child care homes within a community that share costs and receive a set of administrative and program services provided by a hub. Alliances help preserve two of the key strengths of existing ECE services in the U.S. – their autonomy and diversity – while at the same time allowing providers to take advantage of the economies of scale needed to offer high-quality services to the children and families they serve (Stoney, 2009).
Table 1 provides a list of promising outreach practices and sample strategies for engaging FCC providers in quality improvement initiatives. The selection of outreach strategies will vary depending on the needs of a particular state or region.

### Table 1. Strategies to Engage FCC Providers in Quality Improvement Initiatives

<table>
<thead>
<tr>
<th>Outreach Practices</th>
<th>Sample Strategies</th>
</tr>
</thead>
</table>
| **Invite FCC providers to be spokespersons for quality improvement initiatives** | ♦ Employ FCC providers as consultants, mentors, and coaches  
♦ Partner with providers at conferences and other existing forums to disseminate information  
♦ Use provider quotes or comments in materials to advertise quality initiatives  
♦ Ensure that dissemination materials (paper or electronic) show visuals of FCC |
| **Create a mechanism to gather feedback from participating FCC providers to inform ongoing outreach efforts** | Gather feedback from:  
♦ FCC ambassador groups  
♦ Advisory or stakeholder groups  
♦ Annual surveys or focus groups of FCC providers  
♦ Learning communities  
♦ Peer-to-peer mentoring opportunities |
| **Build effective partnerships with different state systems to facilitate the movement of FCC providers from one system to another** | ♦ Strengthen linkages between child care licensing and QRIS efforts  
♦ Provide multiple pathways into licensing, registration, and quality improvement initiatives  
♦ Align health and safety training requirements to other parts of the system  
♦ Provide tools or kits that help providers become licensed or participate in the QRIS  
♦ Coordinate visits from multiple agencies to reduce burdens on FCC providers |
## Outreach Practices

### Partner with a diverse group of stakeholders to share information about ways FCC providers can be engaged with other providers and with state and regional systems

Consider partnering with stakeholders from these groups:
- Public and private schools
- Faith-based networks
- Child care licensing
- Immigrant- and refugee-serving organizations
- Social services
- U.S. Department of Agriculture nutritional programs
- Child care subsidy
- Child welfare services
- Community and neighborhood centers
- Senior centers
- Employers
- Public libraries
- Parks and recreation departments

### Employ a multimethod approach to communicate professional development and quality improvement opportunities with FCC providers

Consider using a combination of methods for communication:
- Web-based strategies
- Word of mouth
- Social media
- Radio and television public service announcements
- Local and state newsletters
- Newspapers and other periodicals in languages other than English
- Licensing and other state agency mechanisms
- Faith-based communities, networks, and groups
- School-based networks
- Existing FCC networks and support groups
- Neighborhood news and advertisements

### Convey clear and understandable messages about what participation means and what supports will be offered

- Articulate the types of supports available and the potential benefits
- Clarify program characteristics: voluntary or mandatory; duration of program; how supports are delivered
- Use home language relevant to target populations and media outlets that reach these populations
- Keep information succinct
- Address common misperceptions in positive ways
- Provide community partners with brief descriptions to share
<table>
<thead>
<tr>
<th>Outreach Practices</th>
<th>Sample Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highlight social support opportunities within quality improvement and professional development opportunities</td>
<td>✦ Spotlight support-group functions within quality improvement efforts</td>
</tr>
<tr>
<td></td>
<td>✦ Review initiatives to ensure that professional development and quality improvement opportunities have, or link with, support components for FCC providers</td>
</tr>
<tr>
<td></td>
<td>✦ Invite existing FCC networks or provider support groups to participate in initiatives as a group, as appropriate</td>
</tr>
<tr>
<td></td>
<td>✦ Promote open houses and other strategies that allow FCC providers to observe quality practices in other FCC settings</td>
</tr>
<tr>
<td>Build on existing successful initiatives in the State or region</td>
<td>✦ Highlight connections with trusted partners</td>
</tr>
<tr>
<td></td>
<td>✦ Integrate initiatives as menu options within existing FCC networks and support groups</td>
</tr>
<tr>
<td></td>
<td>✦ Enlist leaders in the FCC community to support program promotion</td>
</tr>
<tr>
<td></td>
<td>✦ Connect with FCC associations, unions FCC providers are part of, and leadership or advocacy development initiatives</td>
</tr>
<tr>
<td>Provide incentives to support FCC provider participation</td>
<td>✦ Use modest financial or material incentives to engage providers in recruitment activities (book baskets; raffles; training hours)</td>
</tr>
<tr>
<td></td>
<td>✦ Develop strategies for microlending</td>
</tr>
<tr>
<td></td>
<td>✦ Provide scholarships and other educational opportunities</td>
</tr>
<tr>
<td></td>
<td>✦ Coordinate access to health insurance or other benefits</td>
</tr>
<tr>
<td></td>
<td>✦ Employ shared-services models</td>
</tr>
</tbody>
</table>
Examples of Outreach Strategies

Table 2 provides examples of how different strategies can be used to meet a variety of recruitment goals.

Table 2. Examples of Successful Family Child Care Outreach Strategies

<table>
<thead>
<tr>
<th>Agency</th>
<th>Target Group</th>
<th>Recruitment Goal</th>
<th>Types of Strategies Used</th>
</tr>
</thead>
</table>
| All Our Kin (AOK) | FFN providers and FCC providers | Build high-quality, sustainable family child care programs and increase the number of FFN providers who become licensed by the state | ✦ The Family Child Care Tool Kit Licensing Program, helps unlicensed FFN caregivers meet health and safety standards, fulfill state licensing requirements, and become part of a professional community of child care providers.  
✦ Upon licensure, providers graduate to the AOK Family Child Care Network, which offers educational mentorship, professional development, advocacy and leadership opportunities, and a network of relationships with other FCC providers. |
| Indiana Paths to Quality (QRIS) | FCC providers | Engage FCC providers in the QRIS | ✦ The child care resource and referral agency acts as a bridge to QRIS |
| Bessie Tartt Wilson Initiative for Families (Foundation in Boston, MA) | FFN providers | Engage FFN providers in professional development to support quality improvement | ✦ Partnering with community-based agencies and faith-based entities to reach the target population  
✦ Using radio and television ads to increase visibility |
| Arizona Kith and Kin Project | FFN providers | The Association for Supportive Child Care (ASCC) along with a coalition of organizations, developed the "Arizona Kith and Kin Project" to strengthen the quality and reliability of kith and kin child care in Arizona. | ✦ Partner with an array of community-based organizations to engage FFN providers in professional development offered in providers’ home languages to support quality improvement |
## Funding for programs such as these comes from a variety of public and private funding streams including:

- Federal Child Care and Development Fund (CCDF) quality set aside funds (e.g. QRIS specific initiatives);
- Temporary Assistance for Needy Families (TANF) public assistance program;
- United Way agencies;
- Federal and philanthropic grants;
- Private foundations;
- Community and economic development funding sources;
- In-kind donations from community partners;
- Participation fees (BUILD, 2017; Stoney, 2009).

## Conclusion

The inclusion of FCC providers in early childhood quality improvement efforts is a vital part of systems building. The unique needs of this large and diverse sector of the early childhood workforce should compel the development of innovative and meaningful ways to engage the FCC community. The ideas presented here reflect strategies currently in use, with the full expectation that states and communities will continue to innovate in this area. It is essential that the field continue to share ideas and strategies about the most effective ways to engage and support quality improvements in family child care.
References


