Improving Quality in Less Formal Home-Based Care: Current Evaluation Research

Bridget E. Hatfield, Ph.D., & Kelly Hoke, B.S.

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Overview

• Characteristics of Less Formal Home-Based Care Providers
• Strategies to Improve Quality and Engagement in PD
• Highlight three effective, recent PD programs
  • All Our Kin
  • Arizona Kith and Kin Project
  • First 5 Monterey County

• Summary
Characteristics of Less Formal Home-Based Care Providers
Less-Formal Care in Oregon

% of children in less formal care

- birth - 3yrs
- 4 - 5yrs
- 5 - 8yrs
- 9 - 12yrs

Weber & Hartman, 2015
Less-Formal Care Providers Nationally

• Estimate is conservative (NSECE research team, 2016)
• Low-income, working families more likely to use less-formal care (Thomas, Boller, Johnson, Young, & Hu, 2015)
• Interested in training and support (Brandon, 2002; Chase et al., 2006).
Comparing less-formal home-based providers, nationally

- **Some college**
  - Unlisted/Unpaid
  - Unlisted/Paid
  - Listed

- **Attended a workshop**

- **Over 10 years of Experience**

NSECE research team, 2016
Quality of less-formal care

• Quality of less-formal care is variable

Undesirable

• Less like to prepare children for school (Gordon, Colaner, Usdansky, & Melgar, 2013; Porter & Vuong, 2008; Paulsell et al., 2006)
• Lower global quality (FDCERS: Fuller et al., 2004; McCabe & Cochran, 2008)

Desirable

• Often has higher sensitive caregiving (Raikes et al. (2013),
• and low ratios (Bassok, Fitzpatrick, Greenberg, & Loeb, in press; Paulsell, Porter, & Kirby, 2010)
Strategies to Improve Quality and Engagement in PD for home-base providers
Measuring high-quality support to home-based providers

Factors
- Organizational characteristics
- Staff characteristics
- Child care features
- Provider characteristics

High-quality supports
- Types of services
  - Individualized
  - Group
  - Infrastructure
  - Coordination and community resources
- Relationship-based approaches to support
- Implementation practices

Outcomes
- Implementation outcomes
- Provider outcomes
- Caregiving & environment quality
- Child & family

Bromer & Korfmacher, 2016
Factors associated with PD activity for home-based providers

Most interested in health and safety practices and activities and materials to support child development (First5 L.A., 2012; Thomas et al., 2015)

Online module completion is aligned with above interests (Durden et al., 2016)

Burdens/barriers (Bromer & Korfmacher, 2016)
- Isolation
- Limited access to resources
- Caring for mixed age children
Forms of PD for home-based providers

- Home Visiting
- Collaborations with Other Early Childhood Programs
- Play and Learn Groups
- Education and Training
Forms of PD for home-based providers

High-quality supports

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Relationship-based approaches to support

Implementation practices
Three Effective, Recent Professional Development Programs
All our Kin
All Our Kin

Examining Quality in Family Child Care: An Evaluation of All Our Kin

Nelson, Porter, & Reiman, 2016
PD Components

Home Visiting

• At least seven home visits/educational consulting visits

Education and Training

• A minimum of 15 AOK Family Child Care Network programs
Sample

• 48 Licensed family child care providers who cared for at least three children.
• 52% self-reported Latinas ethnicity, and there were approximately equal distribution of college educated providers vs. no college

Control Group
$n = 20$ providers

Experimental Group
$n = 28$ providers
Procedures

• Observations of Quality

FAMILY CHILD CARE ENVIRONMENT RATING SCALE
REVISED EDITION
Thelma Harms  Debby Cryer  Richard M. Clifford

&

Parenting Interactions with Children: Checklist of Observations Linked to Outcomes

• Surveys
FCCERS-R Total score: Differences between AOK & control group

FCCERS-R total

- AOK group
- Control group
FCCERS-R Total score: Differences between AOK & control group

64% rated $\geq 4.0$ (AOK) vs. 5% (control)
Selected FCCERS-R subscale scores: Differences between AOK & control group

- Listening and Talking subscale
- Interaction subscale
- Activities subscale

AOK group  Control group
Total PICCILO Score:
Differences between AOK & control group

- AOK group
- Control group
Subscales of PICCILO:
Differences between AOK & Control group

- Affection
- Responsivness
- Encouragement
- Teaching

AOK group vs control group
Summary: *All Our Kin*

Factors → High-quality supports → Outcomes

**Types of services**
- Individualized
- Group
- Infrastructure
- Coordination and community resources

**Relationship-based approaches to support**

Caregiving & environment quality
Arizona Kith and Kin Project
• **Arizona Kith and Kin Project** – a 15 year-old community-based, grass-roots child development support and training intervention program

• **Goals:**  
  - Quality  
  - Knowledge  
  - Health and Safety

• Has served more than 5,000 FFN child care providers

http://www.asccaz.org/kithandkin.html
Shivers, Fargo, & Goubeaux, 2016
AZ Kith & Kin Project

• 2 hour training – support group sessions
  • 14 weeks
  • Spanish- and English-speaking caregivers

• Topics included
  • Strategies to support children’s learning
  • Protecting children’s health
  • Brain Development

• Transportation and on-site child care provided
• Day and evening sessions
Sample

• 4,121 FFN providers
  • Female (95%)
  • Latina (89%; 94% were of Mexican heritage).
  • 89% held high school diploma or less.
  • Most of the FFN providers were family friends, aunts/uncles, or grandparents.

• Subsample with observational data
  • 275 FFN providers
Providers report increase in knowledge

Knowledge of child development

Pre-test  Post-test

$n = 3,540$ providers
Observed increases in quality:
*CAT-R Snapshot* and *CCAT-R Behavior Checklist*

$n = 275$ providers
Providers experiences

• More likely to continue to receive training
• Desire for knowledge and training kept them coming back
• Workshops most useful (70% or more reported)
  • CPR and First Aid
  • Health and Safety
  • Nutrition
  • Child Passenger Safety
  • Ages and Stages
  • Brain Development
  • Guidance and Discipline
Summary: AZ Kith & Kin

Factors → High-quality supports → Outcomes

Types of services
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Outcomes
- Caregiving & environment quality
- Implementation outcomes
First 5 Monterey County
Goals

• Fidelity with F5MC content
• Alignment with goals of F5MC
• Identification of factors that promote or restrain implementation of the FFN Caregiver Technical Assistance.
Results: Providers

• Positive experience
• Added new activities that were developmentally appropriate
• Stronger links between activities and development
• Stronger relationships with children
• Better understanding of the importance of peer-peer interactions
• More connected with resources and other providers
Results: Facilitators & Coordinators

• Lessons learned
  • Relationships are key
  • Variety of activities for children
  • More frequent meetings
  • Schools are successful advertising venue
  • Time for facilitators to collaborate
Goals

Factors → High-quality supports → Outcomes

Types of services
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Implementation practices

Implementation outcomes
- Caregiving & environment quality
Summary
Summary

• Intentional professional development can change quality of programs!
  • Multimethod supports may work best
  • Flexibility of program offering is important
  • Many partner with community agencies to hold PD

• Still a lot left to do
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Thank you!

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• Full report available (soon) on the OCCRP website
More information

Bridget.Hatfield@oregonstate.edu

http://searchresearchlab.com
References


