HBCCSQ Quality Features Brief

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Understanding Features of Quality in Home-Based Child Care That Are Often Overlooked in Research and Policy

Millions of families with children from birth through age 12 rely on home-based child care (HBCC). HBCC is the most common form of nonparental child care for infants and toddlers. HBCC is especially prevalent in communities of color, communities with high concentrations of people from immigrant backgrounds, areas of concentrated poverty, and rural communities.[1] Yet the research literature on child care and early education (CCEE) quality primarily focuses on center-based settings.[2] Little is known about the features of quality that may be more characteristic of HBCC. Some features might be implemented differently (such as supporting development across mixed-age groups of children) or occur more commonly in HBCC than in other CCEE settings (such as care offered during evenings, early mornings, and weekends). This brief focuses on these features of quality that are more characteristic of HBCC.

The Home-Based Child Care Supply and Quality (HBCCSQ) project and this brief, in particular, recognize that HBCC is an essential sector of the CCEE field on which many families rely, especially for care of their youngest children. Yet lack of attention to and investment in HBCC has left many unanswered questions about what quality looks like in HBCC and how best to support these settings.

This brief can help policymakers, CCEE program administrators, staff working with HBCC providers in state systems and community initiatives, and researchers to understand key features of HBCC quality—and how those features might contribute to child and family outcomes. Understanding these features might help highlight the strengths, resources, and resilience of HBCC providers that research, program development, and policy commonly overlook.

What is HBCC? Who are HBCC providers?

HBCC providers offer noncustodial care for children, including CCEE, in the provider's own home or the child's home. Many HBCC providers care for and educate mixed age groups of children, allowing siblings to receive care in the same setting. HBCC providers' motivations, sources of knowledge about CCEE, education, and experiences vary widely. Many have a prior relationship with one or more of the children in their care.[3]

HBCC providers might be paid or unpaid. Some HBCC settings are regulated by their state to care for children (licensed, certified, or registered), whereas others are legally exempt from regulation (license-exempt). HBCC licensing regulations vary across states: an HBCC provider who is regulated in one state might be considered legally exempt from regulation in another. In this brief, we use family child care to refer to settings that are regulated, and we use family, friend, or neighbor care to refer to settings that are legally exempt from regulation.

What do we currently know about quality in HBCC, and what are the gaps in the knowledge base?

Research on HBCC lags behind research on center-based CCEE settings, such as private and community-based child care, Head Start, and prekindergarten. And within HBCC, more research is focused on regulated family child care settings than on family, friend, or neighbor settings. Limited research exists about the following:

1. How providers define quality in HBCC and how they implement these features

2. How implementation of quality features might vary across HBCC settings (for example, in family child care settings; family, friend, or neighbor settings; or communities that have been economically and socially marginalized, including communities of color, immigrant communities, areas of concentrated poverty, and rural communities)

3. How HBCC quality features relate to child and family outcomes[4]

More research focuses on quality features found across CCEE settings than on quality features that may be more characteristic of HBCC. Moreover, much of the existing research on HBCC quality primarily relies on measurement tools and indicators originally developed for center-based programs.[5] Few studies examine features of quality that are implemented differently or are more likely to be found in HBCC than in other CCEE settings.

## How does the HBCCSQ project conceptualize quality in HBCC?

The HBCCSQ project's conceptual framework of HBCC quality highlights the potential strengths of HBCC. It describes quality features, contextual factors, and influences in HBCC settings that might contribute to child and family outcomes.

The conceptual framework groups HBCC quality features into the following four broad components:

- Safe and healthy home environment that fosters development, learning, and equity

- Culturally and linguistically grounded provider–child interactions that nurture children's self-identity and healthy development

- Family supports and supportive provider–family relationships that promote family well-being

- Healthy working conditions and resources for sustaining HBCC

HBCC providers work to offer quality care under conditions that might include pressures and opportunities. The HBCCSQ project's conceptual framework suggests that the characteristics and experiences of the provider, the HBCC setting, the strengths and needs of families and children in care, and the local community are all potential influences on HBCC quality.

HBCCSQ conceptual framework of quality in HBCC
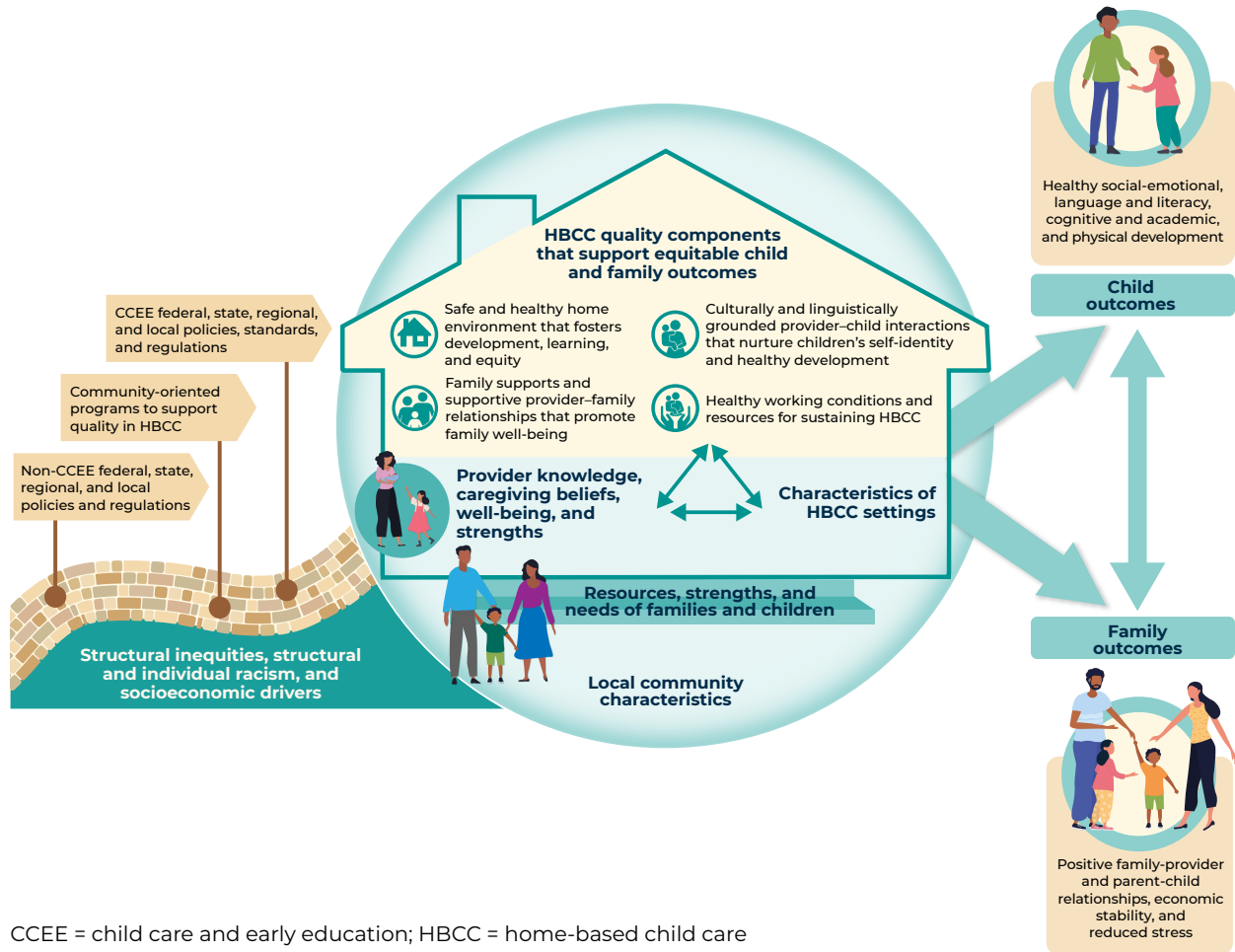
CCEE = child care and early education; HBCC = home-based child care

What influences HBCC quality?

HBCC quality features might be shaped by the following:

- Provider attitudes and beliefs; knowledge and lived experience; age, gender, and cultural, racial, ethnic, and linguistic identity; and physical, psychological, and economic well-being.

- Setting characteristics, including hours of care; number of children in care, as well as their ages and abilities; prior relationships between children, families, and providers; and regulatory status.

- Local community characteristics, including the availability of safe recreation spaces and the perceived safety of the neighborhood.

- The resources, strengths, and needs of families and children, including their family culture, the languages spoken at their home, and families' socioeconomic status.

What features of quality are more commonly found or are implemented differently in HBCC compared with other CCEE settings?

All four quality components include features of quality that are more likely to occur in HBCC than in other CCEE settings, or that are implemented differently in HBCC. Here we focus on features found in three of the four quality components that are most likely linked to positive child and/or family outcomes: (1) safe and healthy environment in the provider's home; (2) culturally and linguistically grounded provider–child interactions; and (3) family supports and supportive provider–family relationships.[6] (This brief focuses on features linked to child and family outcomes; thus, we have not included features of quality in the healthy working conditions and resources for sustaining home-based CCEE component, which are more likely linked to provider outcomes.) The box below shows these three quality components with related features of quality.

Some features of quality have evidence of a link to positive child or family outcomes. In some cases, the evidence for the connection to child or family outcomes stems from studies that examined these links specifically in HBCC; we also drew from research in center-based settings or related fields, such as parenting. Other features are drawn from studies that describe HBCC and, although they do not examine associations with outcomes, these studies suggest potentially important features of HBCC quality that might support children's development and families' well-being.

More research is needed to understand how these features impact outcomes for children and families. For example, support for mixed-age interactions might help children build empathy and reduce bullying behaviors. Facilitating cross-age peer interactions might also create a sense of community and belonging among children in care.[7] In addition, more research is needed to understand if and how HBCC quality features may buffer some of the inequities faced by children and families from communities of color that have been multiply marginalized by the intersection of racial and economic inequities.

Features of HBCC quality that might be more common or look different in HBCC settings

Component of quality	Features of quality
Safe and healthy home environment that fosters development, learning, and equity	· Predictable routines[a] · Opportunities for informal learning[a] · Opportunities for interactions with community and community resources[b]
Culturally and linguistically grounded provider–child interactions that nurture children's self-identity and healthy development	· Support for children's positive peer interactions and pro-social skills, including mixed-age peer interactions[c] · Proactive behavior management and promotion of anti-bullying[c] · Support for positive racial, ethnic, and self-identity[c] · Engagement in language interactions with children and support for language, including support for children's first language and/or bilingualism[c]
Family supports and supportive provider–family relationships that promote family well-being	· Cultural responsiveness to and connectedness with families[b] · Flexible schedules and logistical supports within clearly communicated boundaries (including help with nonchild-care tasks)[c]

[a] Correlational or causal evidence for a link to child or family outcomes in non-HBCC settings only, such as center-based CCEE or parenting.[8]

[b] No correlational or causal evidence for a link to child or family outcomes in HBCC settings. Only descriptive evidence was found for the presence of this quality feature.[9]

[c] Correlational or causal evidence for a link to child or family outcomes for some indicators or dimensions of this feature, but not for others; or the project's literature search did not look for other dimensions of this feature.[10] Evidence might be available in other research with different search terms.

Safe and healthy home environment that fosters development, learning, and equity

HBCC providers may use **predictable routines**, activities, and relationships with children that are part of interacting in a family home as **opportunities for informal learning**. Some of these opportunities could happen through **interactions with community and community resources** outside the home, such as local libraries or playgrounds.

Research has revealed that these features of the home environment might support children's cognitive and social-emotional development. Research in parenting contexts suggests that opportunities for informal learning through indoor and outdoor routines and activities offers children experiences that help them construct knowledge and practice skills within the context of family relationships.[11] Routines might also help children develop social skills, such as perspective taking and collaboration with peers, and critical emotional skills, such as self-regulation.[12]

We did not find research that examined correlational evidence for a link between interactions with community resources and child or family outcomes. Descriptive research has found that interactions and outings in the community are more likely to occur in family, friend, or neighbor settings than in more formal settings.[13]

Caring for mixed-age groups of children

According to the 2012 National Survey of Early Care and Education, which is the primary source of nationally representative information about CCEE, close to one-third of all HBCC providers and 80 percent of listed HBCC providers care for mixed-age groups of children (including infants, toddlers, and preschoolers) compared with only 9 percent of center-based providers.[14]

Culturally and linguistically grounded provider–child interactions that nurture children's self-identity and healthy development

Many HBCC providers care for mixed-age groups of children, including infants and toddlers, preschoolers, and school-age children.[15] Working with children across age groups in the same setting entails offering **support for children's positive, mixed-age peer interactions and pro-social skills**. Cross-age interactions common in some HBCC settings might present opportunities for a focus on empathy and inclusion and **promotion of anti-bullying**.[16] Correlational research from non-HBCC settings finds that mixed-age classrooms can offer learning opportunities for younger and older children in care. Descriptive research in HBCC settings hypothesizes that mixed-age groups help create a sense of belonging for children.[17] For example, providers can work with older school-age children so they can take on helping roles with toddlers and preschoolers.

Provider–child interactions that are culturally and linguistically grounded may promote equitable outcomes for children from communities of color, immigrant communities, areas of concentrated poverty, and rural communities. Some HBCC providers have racial, ethnic, cultural, and linguistic backgrounds similar to those of the children in their care. When providers and children share a racial, ethnic, cultural, or linguistic background, there might be enhanced opportunities to share strengths that are related to cultural knowledge and wealth that **support positive racial, ethnic, and self-identity** and **children's first language and/or bilingualism**.[18] For example, descriptive research in HBCC shows that a provider who speaks Spanish might be a good source of support for children whose first language is Spanish.[19] Research from school-based settings finds that children of color, and Latino or Latina children in particular, have better outcomes when they have the same racial or ethnic background as their classroom teacher.[20]

Family supports and supportive provider–family relationships that promote family well-being

Many HBCC providers develop strong, family-like relationships with the families of children in their care.[21] Descriptive research suggests that these relationships might also be **culturally responsive to families and promote connectedness among families** in HBCC settings. HBCC providers might also build strong relationships with families by meeting their logistical needs, including **flexibility** (including different weekly schedules, flexible drop-off and pickup times, and flexible payment schedules) and **provision of nonchild-care supports** (such as help with meal preparation).

Limited research has examined links between these features of supportive provider–family relationships and child or family outcomes in HBCC.[22] Experts hypothesize that for some HBCC providers of color, the cultural wealth they bring to families and children as well as their experiences with systemic and interpersonal racism might influence the ways they respond to and connect with families.[23] These connections might promote positive racial and ethnic identity for children in care, as well as offer opportunities for racial healing for families and children in HBCC settings.[24] Research on logistical supports such as help with meal preparation and nonchild–care activities suggests that HBCC providers often offer these supports for families.[25] Some research also suggests that flexible hours and payment are associated with positive employment trajectories and well-being for mothers working low-wage jobs.[26]

Offering variable hours of care and payment schedules

According to the 2012 National Survey of Early Care and Education, listed and unlisted paid HBCC providers were more likely than centers to offer flexible hours of care on a weekly basis (for example, different schedules of care from week to week); at least 70 percent of HBCC listed and unlisted paid providers allowed flexible hours, compared with 45 percent of centers. Unlisted, paid HBCC providers were more likely to allow flexible payment schedules (for example, they allowed payment for varying hours of care from week to week) (57 percent) compared with listed HBCC providers (39 percent) or centers (41 percent).[27]

How can policymakers and CCEE program administrators better understand and enhance quality in HBCC?

Strategies that aim to improve HBCC quality are often drawn from research on center-based CCEE, in part because the research on HBCC is limited. Yet, as this brief indicates, some features may be more common in or implemented differently in HBCC, and some features may look similar to those in other CCEE settings, including those that are center-based. By focusing on the features of quality unique to HBCC, policymakers, CCEE program administrators, and staff working with HBCC providers (for example, in state systems and community initiatives) can design policies and initiatives that are tailored to and have the potential to support HBCC.

HBCC stakeholders—providers, policymakers, program administrators, staff, and researchers—can work together to develop quality standards and professional development systems that broaden the vision of CCEE quality by incorporating the strengths of HBCC. These efforts will require a deeper understanding of the ways providers implement these features; quality improvement strategies

that build on providers' experiences, interests, and strengths; and the effects of these strategies on positive and equitable child and family outcomes.

For example, when designing initiatives to enhance support for children in mixed-age groups, a common feature in HBCC settings, policymakers and CCEE program administrators will need to learn more from HBCC providers about how they support peer-to-peer interactions and the challenges they face. Similarly, when designing initiatives to support culturally and linguistically grounded provider–child interactions, an important principle across CCEE settings, policymakers and CCEE program administrators will need to consider provider experiences and perspectives on how they support children's self-identity. In particular, HBCC stakeholders will need to be aware of how

providers of color draw on their own cultural wealth and strengths to promote children's positive racial and ethnic identity. In addition, understanding how HBCC providers create a sense of belonging for children and families may be critical for supporting positive outcomes, particularly for children and families of color who face intersecting racial, linguistic, and economic inequities.

The focus on quality features that are more characteristic of HBCC in this brief can serve as a starting point for developing policies to support HBCC, including designing and implementing quality improvement initiatives. This brief also identifies gaps in the knowledge base and points to directions for future research including evidence about the links between quality features in HBCC and positive child and family outcomes.

Considerations for policymakers and CCEE program administrators interested in supporting quality in HBCC

✓ How do your initiatives or policies take into account HBCC providers' sources of knowledge and strengths in nurturing children's development and growth throughout the day? How do your implementation strategies build on providers' experiences, interactions, and relationships with their local communities? How do your implementation strategies recognize the daily routines that providers have in place to support children's development and learning?

✓ What strategies do your initiatives or policies use to support providers who care for mixed-age groups of children? How are strategies tailored to help providers promote pro-social skills among infants, toddlers, preschoolers, and school-age children?

✓ How do your initiatives or policies recognize and support providers' cultural wealth as well as their culturally and linguistically grounded interactions with children? What strategies do you use to help providers support children's positive identity development and sense of belonging?

✓ How do your initiatives or policies help providers meet families' logistical needs to support strong provider–family relationships? What strategies do you use to help providers develop supportive relationships with families of children in care? What strategies do you use to help providers balance flexible schedules and payments, as well as nonchild-care tasks, while also attending to their own physical, psychological, and emotional well-being?

✓ How do your initiatives or policies support providers in their personal and professional roles as educators for children, promoters of family well-being, and champions for the community? How do the strategies that you use contribute to HBCC providers' sense of efficacy or additional stress?

✓ What kinds of evidence do you collect to demonstrate the effectiveness of your initiatives or policies that relate to HBCC providers?

The Office of Planning, Research, and Evaluation in the Administration for Children and Families contracted with Mathematica; the Erikson Institute; and Toni Porter, Early Care and Education Consulting, to conduct the Home-Based Child Care Supply and Quality project. This project is producing several products focused on quality in HBCC, including (1) a literature review examining evidence of quality in HBCC settings, (2) a review of quality measures and indicators, (3) development of a conceptual framework, and (4) a learning or research agenda for HBCC. Key research and practice experts have also contributed to the development of these products. This brief is based on the literature review and conceptual framework. For more information about the project, visit https://www.acf.hhs.gov/opre/project/home-based-child-care-supply-and-quality-2019-2024.

Endnotes

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