



Webinar Transcript

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Extending Home Visiting to FFN and FCC

Elizabeth Hoffmann

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Webinar Materials

Materials from this webinar are available in multiple formats.

Download the slides at:

www.clasp.org/admin/site/publications/files/home-visiting-ffn-fcc-webinar.pdf.

Download an audio recording at:

www.clasp.org/admin/site/publications/files/hv-ffn-fcc-webinar-audio.mp3.

April 19, 2010, 2:30pm Eastern Time

OPERATOR: Elizabeth, the floor is yours.

ELIZABETH HOFFMANN: Great, thank you, Scott. Hello, everyone, and welcome to today's webinar, "*Extending Home Visiting to Family, Friend, and Neighbor Caregivers and Family Child Care Providers*." I'm Elizabeth Hoffmann, from CLASP's Child Care and Early Education team.

Due to the large number of participants in today's webinar, all telephone lines have been muted. If you wish to ask a question, you may do so online. My colleague, Teresa Lim, will be assisting me in sorting the questions. We will answer as many questions as we can at the conclusion of the presentation, and if we do not have time to get to your question today, I will follow-up with you afterwards by e-mail.

For those of you not familiar with CLASP, we are a nonpartisan, non-profit research and advocacy organization located in Washington, DC. Our mission is to develop and advocate for policies at the federal, state, and local levels that improve the

lives of low-income people. In particular, we seek policies that work to strengthen families and create pathways to education and work. CLASP wishes to thank the Annie E. Casey Foundation for its generous support of today's webinar.

As we all know, it's an exciting time for home visiting. The health care reform legislation that President Obama signed into law just a few short weeks ago contained 1.5 billion dollars over five years for new federal investments to states and other eligible entities for home visiting. It is worth noting that there are ambiguities in the language of the new law, and we expect that significant guidance and regulations will be forthcoming regarding the new initiative, which will give the early childhood community the opportunity to weigh in and comment on proposed regulations.

And we know that financing for home visiting is a question very much on everyone's minds. Although we don't have specific details yet about how the funding will flow in the new federal initiative, I will be mentioning several other funding sources states are using and can use to fund home visiting, and we look forward to

working with states, as we all continue to think about new ways to leverage current investments and make the most of new opportunities.

In a fortunate and complementary stroke of timing, the topic of today's webinar is going to focus on what *states* can do to support and invest in home visiting to reach vulnerable children. I will share information and findings from CLASP's survey project done last year, before the new federal law was passed, although we hope this information is timely and relevant as states work on home visiting in this new climate.

[SLIDE 2]

To give an overview of today's webinar, first I will talk about CLASP's survey project—why we did it, and what we were interested in discovering about how programs are serving vulnerable children and families. I'll provide some background on home visiting, and then the context and data on children who are in family, friend, and neighbor care—or FFN—and family child care—or FCC. Turning to project findings, we'll look at some examples of home visiting programs that are serving FFN caregivers and FCC providers, as well as considerations for implementation, opportunities, and recommendations for states. At the end, we will have time for questions and answers, so please do send in questions online.

[SLIDE 3]

To provide some context for our project, CLASP's child care and early education work is dedicated to policies that promote both child development and the needs of low-income working parents. Indeed, throughout the field of child care and early education, there has been growing interest in home visiting as a service delivery model that can support both children's development and parents' needs. Yet, we know that many young children spend significant time in child care in order for parents to work, go to school, or pursue other education and training opportunities.

[SLIDE 4]

Last year, CLASP received generous funding from the Birth to Five Policy Alliance to undertake a project, which explored how home visiting can be responsive to the realities of children's daily lives when they spend significant time in the care of someone other than a parent. We were interested in how programs are supporting vulnerable young children in the settings where they are everyday, regardless of who is caring for them. We conducted interviews with representatives from home visiting models, as well as stakeholders and other experts in the field.

Our questions focused on whether home visiting models were serving, or had considered serving, two groups of caregivers—kinship caregivers and family, friend, and neighbor caregivers. Kinship caregivers are relatives raising related children when parents are unable to do so. CLASP found that all the home visiting models we interviewed served children and their kinship caregivers, either by initiating services with kinship families or continuing services if a child who is being served by the home visiting program enters into kinship care.

For the rest of this webinar, I will be focusing on the findings and implications of our project related to home visiting with family, friend, and neighbor caregivers. In addition, some of the home visiting programs we interviewed reported serving family child care providers.

[SLIDE 5]

In the child care and early education field, I think there can be a tendency to think of these types of home-based care—licensed family child care and license-exempt FFN care—very differently. Some would characterize licensed family child care as a profession, where a provider must obtain a license from the state to provide care in her home for regular pay, and meet state requirements for training, safety, and monitoring. Whereas family, friend, and neighbor caregivers may be characterized separately, as an adult with a close relationship to a child and family, whom they are helping out by offering care, and likely with minimal or no state oversight.

However, it's important to remember that states vary greatly in their definitions and supports of home-based child care, and a caregiver who is licensed in one state may very well be license-exempt in a different state. We had participants from 47 states register for our webinar today, and I know that each of your states has its own child care rules and regulations.

For example, in Maryland, where I live, if you are caring for one unrelated child in your home on a regular basis, you must be licensed. This is true of 10 states, whereas other states vary. In South Dakota, for example, you can care for 12 children in your home and still be license-exempt. One note I'd like to make: some states use the term "certified" or "regulated" family child care instead of "licensed" family child care, but throughout this presentation, when I use the term "licensed," I'm referring to all these systems collectively.

And what it *means* to be licensed also varies across states. In some states, to provide child care in the home, you must have a home safety inspection, pass a test on your knowledge of child development, meet pre-service or ongoing service training requirements, and be re-evaluated annually. But in other states, you just have to be older than 16 and have a TB test.

Further, states vary in their *support* for licensed family child care providers. Some have accessible community-based training available through the child care subsidy system, child care resource and referral networks, or other resources. But in other states, licensed family child care providers may be isolated and wanting assistance and support.

[SLIDE 6]

All this goes to say that depending on what state you live in, there may be very little practical difference between family child care providers and family, friend, and neighbor caregivers.

Further, these groups are not set in stone. There's fluidity between them. A grandmother may be providing child care for her grandchild, then become licensed to care for unrelated children as well. Or a licensed family child care provider may find herself caring for fewer children as families move, et cetera, and the total number of children in her care may fall below the threshold for state licensing, so that she is now license-exempt.

Although a thorough examination of family child care was beyond our project scope, some of the programs we interviewed *did* discuss serving licensed family child care providers through home visiting, in addition to license-exempt family, friend, and neighbor caregivers. And what we're really interested in here, is that

vulnerable children get the services that will help them thrive, in the settings where they are and with the adults caring for them.

[SLIDE 7]

In setting out to do our project interviews, we knew that there were many models of home visiting being used throughout the nation. Some models have national offices and program sites in multiple states. For this project, those were the models we focused on interviewing, although we recognize that there are certainly other state- and locally-designed home visiting programs. CLASP interviewed representatives from the national offices of these listed home visiting models, as well as other stakeholders and experts, for the purposes of asking questions and getting information. But the analysis and recommendations presented in this webinar and in our paper are our own, and we think they can be applied across models.

I'd like to say a little bit more about the Early Head Start home-based program option. Federal Head Start and Early Head Start grantees have several program options that they may choose from to deliver their programs, the most common being center-based and home-based. Early Head Start serves pregnant women, infants, and toddlers up to age 3. In 2008, 51 percent of Early Head Start slots were in center-based programs, and 41 percent were in home-based programs. So two out of every five participants in Early Head Start received home-based services...essentially home visiting.

Under this program option, the federal Program Performance Standards have various requirements. They specify that each family must receive a weekly home visit for a minimum of an hour-and-a-half, that at least two socialization activities per month should occur, and that home visitors should have a maximum caseload of 12 families. Furthermore, home visitors must still meet the comprehensive requirements of the standards—from appropriate developmental screening, to ensuring children have a medical home, to working with parents and families to form family partnership plans and access needed community resources and social services. However, there is no specified curriculum that Early Head Start home visitors must use. Early Head Start home visitors may use a national, state, or local curriculum—as long as they still deliver the full range of mandated services.

[SLIDE 8]

Let's turn now to some background on home visiting programs in general.

[SLIDE 9]

As we think about a continuum of services to support children's development, home visiting has traditionally been a way to benefit children by going through their parents, delivering services directly in the family home. The parent-child relationship, activities, and behaviors are usually a focus of home visiting.

The home visitor strives to be an advocate and a resource for the family. Indeed, as part of that family support, home visitors often assess what other services parents and children need, and link them to resources in the community. Examples could include health and mental health services, child abuse and neglect prevention services, and child care and early education programs. But home visitors don't merely provide information about these services; they really work with families to understand family goals, and may provide help filling out applications or overcoming other barriers to service.

Home visiting is part of a service continuum that is too often left out of child care and early education discussions. Yet, several home visiting programs have had evaluations done, which found that these programs are effective for helping vulnerable families. Further, cost-benefit studies suggest that the benefits to families and society of these prevention-oriented programs are greater than the costs. We need greater coordination in the early childhood field to help direct families to the types of services and interventions that will best meet their needs. To that point, we were excited to see that the new federal bill has lots of language around coordination of services, which we think is so important for states to work on, and certainly speaks to this idea of furthering a service continuum.

If you're interested in the specifics of what's in the new law, my colleague Tiffany Conway Perrin has prepared a [detailed summary](#) of the legislation, which you can access through our Web site. And note that today's [slides](#) will be available on our Web site for download after the conclusion of today's webinar.

[SLIDE 10]

When we look at the goals of various home visiting programs, we see that they include children's health and development, school readiness, family functioning, and parental self-sufficiency (which includes both economic sufficiency in terms of providing for their families, and non-economic things, like parents being able to access services and supports for their children). As we think about the concept about the *whole child*—that young children's development occurs simultaneously across all the developmental domains: cognitive, social/emotional, physical—and when we think about how children develop in the context of their relationships with the key adults in their lives, we really start to see how programs like home visiting, that take a comprehensive approach, are so important to the work we do in the early childhood field.

[SLIDE 11]

Although some home visiting programs do serve children from birth or prenatally through the age of school entry, often home visiting programs target specific age groups. Models may focus on serving pregnant women, infants and their families, toddlers and their families, or preschool-aged children and their families. Some goals of home visiting programs, like promoting healthy child development, certainly apply to all age groups, but other goals may be more age-specific. For example, a home visiting program focused specifically on developing children's emerging literacy skills is more likely to focus on serving preschool-aged children; although certainly related goals like promoting verbal interactions can be done with children at all ages and is very important for infants and toddlers.

[SLIDE 12]

Since the focus of this webinar is on what *states* can do to support and extend home visiting, here's some context of where states are at. This data on Slide 12 is taken from Kay Johnson's 2009 [report](#) from the National Center for Children in Poverty (NCCP) on state-based home visiting. On this map, the 40 states colored in tan were found to have one or more state-based home visiting programs at the time of NCCP's survey. A *state-based* home visiting program was defined as one administered, managed, or coordinated by the state government. It could be available statewide or only in certain areas of the state. What is not captured in this definition, then, are the many community-based home visiting programs, or other initiatives not overseen by the

state. Also, Early Head Start and early intervention services through IDEA Part C were not included. But regardless, we see that the majority of states are already taking a role in home visiting.

[SLIDE 13]

Now, beyond thinking about traditional home visiting programs with parents and children, we know that many young children spend significant time cared for by someone other than a parent, such as family, friend, and neighbor caregivers and family child care providers.

[SLIDE 14]

The most recent data shows that the majority of young children are in care, with percentages increasing as we look across age groups, from infants to toddlers to preschoolers. Note that this data is looking at regular, weekly, nonparental care arrangements—other children may be in care, but their parents might not have reported them as having a regular care arrangement, because they're shuttled between different types of care. So the numbers on this slide may underestimate the true numbers of children in nonparental care.

[SLIDE 15]

And we know that children are in care for many hours. Looking at this graph on children under age five with employed mothers, we see that 42 percent are in child care full-time, defined as 35 *or more* hours per week. Thus, the relationships that young children have with their caregivers, and the experiences that children have while in care, are formative to their development as they grow.

[SLIDE 16]

What types of child care settings are young children in? We see some differences when we compare the primary child care arrangements for low-income children—that is, children living in families below 200 percent of the Federal Poverty Level—with higher-income children. For low-income children under age five with employed mothers, relative care is the most common nonparental primary care arrangement, with 30 percent of children in this category. Family child care takes up another 11 percent, and 25 percent of low-income children are primarily in center-based care. For higher-income children, we see that a larger percentage are in center-based care, but a substantial number are still in relative care, with 24 percent in that setting, and family child care, with 14 percent in that setting. Note that in this graph and data, the category of parent/other reflects children whose mothers did not report the use of any regular child care arrangement while they worked. So it's not that these children are necessarily with their mothers while they're working; it's that they didn't have a regular arrangement to report.

[SLIDE 17]

For our paper, we looked at whether certain populations of children were more likely to be in FFN care, and indeed, many vulnerable children are in FFN care. In addition to low-income children being more likely to be in FFN care, children of immigrants are as well. So are children whose families are receiving assistance paying for child care through Child Care and Development Block Grants (CCDBG) subsidies. Nationally, about one-fifth of children receiving CCDBG subsidies are served in legally unregulated, home-based care. However, this percentage varies greatly by state.

[SLIDE 18]

This map on Slide 18 shows the range of how many children in a state who are receiving subsidies, are in legally unregulated, home-based care. As you can see, it varies from very few children in some states, to more than half of all children receiving subsidies in Hawaii, Michigan, and Oregon. So when you're considering your state policy context, it's important to know where the vulnerable children in your state are in care.

[SLIDE 19]

That provides some background on home visiting programs and their goals for serving young children and their families, as well as the data and context of where young children are in care. With this background in mind, let's turn now to findings from our project about extending home visiting to FFN caregivers.

[SLIDE 20]

Based on our interviews, we discovered that home visiting programs *are* serving FFN caregivers with a range of methods. Some conduct joint visits with the parent, child, and FFN caregiver. For example, two of the models we interviewed spoke about how parents can choose to include other family members who play important roles in their children's lives in their home visits, such as the grandmother, aunt, or neighbor who provides FFN care.

Other models may conduct visits with just the child and FFN caregiver. If parents are working full-time, or have multiple jobs or are doing shift work, they may be unable to participate in home visits. Visiting with caregivers can be a way to reach these children.

Some home visiting programs have also developed new curricula or conducted pilot programs specifically for serving home visiting with FFN caregivers.

Before we turn to additional project findings regarding implementation and opportunities, let's take a look at three examples of home visiting with FFN caregivers to provide some context of what such models might look like.

[SLIDE 21]

First, I'd like to speak about the Caring for Quality Project in Rochester, New York. Family Child Care Satellites of Greater Rochester and the Family Resources Centers of Crestwood are two organizations that work to support caregivers providing child care in their homes, both licensed family child care providers and license-exempt FFN caregivers.

In 2005, they began the Caring for Quality project to provide home visits to FFN and FCC. They used a curriculum called, "Supporting Care Providers through Personal Visits," which was adapted by the Parents as Teachers National Center, from their Born to Learn curriculum. They used parts of the Family Development Credential as well. Home visits were provided twice monthly for 9 to 12 months, as well as group networking meetings, which were limited to seven caregivers who could set their own time, location, and content of the meeting based on their needs.

These groups partnered with Cornell University right from the beginning, so that the Caring for Quality Project included an evaluation with randomized controls. In other words, at the beginning of the project, interested FFN caregivers and FCC providers were randomly assigned to either receive home visits or not, and then both groups were tracked to measure the effects of the program.

[SLIDE 22]

What did the evaluation find? One of the key measures used by the researchers was the Family Day Care Environmental Rating Scale, or FDCERS, which is commonly used to observe quality in home-based child care. All of the child care providers were rated using the FDCERS before the home visiting program started and then a year later. For the FFN caregivers and FCC providers who were randomly selected to receive the home visits, their FDCERS scores did increase.

Interestingly, the control group who were randomly selected to not receive home visits actually had their scores decrease after a year. The evaluation also found, perhaps not surprisingly, that when FFN caregivers and FCC providers were really engaged in the program, they had larger improvements in quality.

Further, it was able to look at the difference between group networking meetings and the home visits, and found that the group networking meetings did not have as much of an impact in improving quality as the home visits—where caregivers received individualized attention, services customized to their needs, and had that chance to build a positive relationship with their home visitor. Certainly, relationships are one of the keys of this service delivery model.

[SLIDE 23]

The second example I'd like to share is a pilot conducted by the Parent-Child Home Program, or PCHP. The impetus for starting this pilot really came from parents. PCHP home visitors found that some of the parents they were serving in their program were also providing in-home child care for the children of their family members, friends, and neighbors. In addition, other parents who were enrolled in PCHP and also using FCC or FFN care arrangements, expressed a desire for their children's caregivers to have the same kinds of knowledge promoting language and literacy that they themselves were receiving through PCHP.

So in 2005/2006, PCHP launched a pilot program to serve FFN and FCC in Massachusetts. Additional pilot sites were later added in Massachusetts as well as in New York, Pennsylvania, and South Carolina. FFN caregivers and FCC providers received visits twice weekly for an hour each time, and the curriculum and materials were adapted somewhat to focus on multiple age groups and the dynamics of group play.

While the project is focused on skill development for the FFN caregivers and FCC providers, family involvement and parent communication is certainly essential and required. For example, all sites must send home curricular guide sheets with the children when new books or educational toys are introduced in the child care setting, so that families can continue learning at home. Programs are also encouraged to send the curricular picture books home with the children, prepare parent newsletters with assistance from the Parent-Child Home Program staff, and have the home visitor conduct parent meetings or make phone calls to parents, so that parents can ask any questions they might have about the program.

Based on the preliminary findings from the pilot sites, the skills and activities being introduced in child care settings are translating into home environments. For example, parents reported that children were asking to be read to at home more often because of the increased reading time they experienced while in care. The success of this pilot led PCHP to formalize a new program model titled, “The Parent-Child Home Program for Family Child Care Providers.” The program has two pathways: one is for licensed FCC providers and one for license-exempt FFN caregivers. PCHP has developed a supplemental training for their home visitors at sites wanting to use this new model in family child care and is also designing an implementation evaluation study that they plan to put in place in the near future.

[SLIDE 24]

The final example I’d like to share is the Early Head Start Enhanced Home Visiting Pilot. As I mentioned earlier, a significant portion of Early Head Start slots, about 41 percent, are delivered through the home-based program option, where Early Head Start home visitors deliver the full program required by the federal standards, primarily right in the family home.

Parents receiving home-based Early Head Start had reported wanting to include FFN caregivers in the program. So in 2004, the federal Office of Head Start conducted a pilot, where 23 Early Head Start programs across the country, that were already using the home-based program option to serve children and their parents, added separate home visits with children and their FFN caregivers.

The pilot had several goals that would benefit children, caregivers, and parents alike: from improving quality, to increasing consistency of care, to also addressing caregiver needs. Indeed, we know that FFN caregivers are often from the same income bracket as the children and families they serve, so that FFN caregivers serving vulnerable children eligible for Early Head Start are likely to have social service needs themselves, which could impact their ability to provide healthy snacks and nutritious food for children during the time that they’re in care, for example.

[SLIDE 25]

Mathematica Policy Research and The Urban Institute evaluated the Enhanced Home Visiting Pilot project through site visits, interviews, focus groups, and observations of the children’s interactions with caregivers, as well as the care environment.

They found that the pilot met the caregivers’ needs. FFN caregivers reported liking the individualization of services provided by their home visitors, as well as the books, educational toys, and home safety items that were provided. Home visitors reported that the quality of care that family, friends, and neighbors were providing improved, and importantly this particularly included the quality of the interactions between the caregivers and the children.

The evaluation also found that parents and caregivers were now receiving the same kinds of information, so they could work on improving the consistency of care for the child, and parents and caregivers also improved their communication with each other. Further, the evaluation noted that FFN caregivers are often caring for

multiple children, some of whom are receiving Early Head Start and others who are not. So improving the quality of care thus extended the reach of the Early Head Start services to benefit all children receiving care in the FFN home.

[SLIDE 26]

Now that we've reviewed these three examples of how home visiting programs are working with FFN caregivers and FCC providers, let's turn to some of CLASP's project findings on considerations for implementation and opportunities that come from extending home visits to FFN and FCC. Then I will present recommendations for states. As I mentioned earlier, from our interviews, we found multiple approaches that home visiting programs used with child care, including joint visits with the parent, child, and caregiver; visiting with just the child and caregiver; or developing new curricula and pilot programs. From these approaches we synthesized several considerations for programs around implementing home visits with FFN and FCC.

[SLIDE 27]

First, the program design and curricula may need some modification. For example, family members, friends, and neighbors often want skills in interacting with parents and managing that relationship, a component that some home visiting programs have added when working with child care. We know that home visitors also typically work with parents to identify and obtain additional services that their children need to thrive. However, some services can only be authorized by parents, such as early intervention services, for example. If a home visitor is visiting with just the child and caregiver, the model should address how to work with parents in making additional service referrals that require parent authorization.

Secondly, programs need to consider staffing issues. Some of the programs we interviewed that are currently serving children and their parents stated that there was not enough funding to hire additional staff to extend visits to family child care and family, friends, and neighbors. On the other hand, a different program told us that their ability to do home visiting with FCC and FFN had been an important way for them to use their current funding, in order to serve children in their target populations whom they had difficulty reaching while their parents worked multiple jobs or shift work. Additionally, home visitors working with child care may need some different skills. One program we talked with that had extended home visiting to family child care providers told us that they did a very interesting cross-training piece, where they had hired some former family child care providers to be home visitors, and then their home visitors needed training in the family child care role. So by bringing both these two groups together, they were able to get each group the different skills they needed. And a crucial part of home visiting certainly is having well-trained staff, no matter who your staff is.

We heard in our interviews that many of the challenges that home visiting programs have in recruiting children and their parents also apply to recruiting children and caregivers. Some promising recruitment strategies we heard include using trusted community messengers to reach families, and going to the types of places where children and families frequent, such as libraries, health clinics, large retail stores, and places of worship. By their definition, family, friend, and neighbor caregivers are not part of any formal system, and they're often isolated, which adds additional challenges to recruiting this population. Word of mouth can be an especially important recruitment tool, especially when you consider that home visiting may be particularly suited to

reaching children, families, and caregivers in the home that are uncomfortable or unable to seek services in office or center settings.

[SLIDE 28]

For any program that provides services in the home, building trusting relationships is essential. The success of home visiting relies on a trusting relationship between the home visitor and the family served. Families and caregivers need to feel safe welcoming home visitors into their homes; they need to feel comfortable expressing their concerns, strengths, weaknesses, and problems, in order for the home visitor to assist families with building skills and accessing supports.

And an important part of building trust is for home visitors to be culturally and linguistically competent and appropriate in their approaches to working with families. Every culture and language group has beliefs and practices associated with caring for children. In order to successfully partner with families and caregivers, home visitors must understand and respect these practices. Some programs that we interviewed recruit their home visitors from the target communities of the children and families they're trying to serve. So then the home visitor, child, and his or her caregivers have a shared language, background, and cultural understanding.

Some parents and caregivers do not want home visitors in their home for a variety of reasons. In such cases, identifying a neutral space—such as a library, public park, or even a local fast food restaurant—can enable families and caregivers to still receive these personalized services and build a relationship with a home visitor, even though the home visit is taking place outside the home.

Finally, funding can be a challenge, particularly in these difficult economic times. Several models expressed that their ideal would be to visit both the parents and the person providing primary child care for every child, in order to increase consistency in the care that children experience. But program resources may be insufficient to extend home visiting to FFN caregivers and FCC providers.

[SLIDE 29]

In addition to these challenges and considerations for implementations, several opportunities exist from extending home visiting to FFN and FCC. Perhaps most importantly, the opportunity exists to serve more at-risk children. In some of our most vulnerable families, children spend significant time in child care, while parents juggle work and/or school in order to provide for their children and try to improve their family situations. Serving children while they are in the care of a family, friend, or neighbor, or in a family child care home, can provide a means to getting children and parents the services that will help them thrive.

Further, home visiting programs have reported that there are ripple effects between children, caregivers, and parents. If a home visitor could help improve the quality of care that an FFN caregiver or an FCC provider offers, then children who are in that provider's care in the future will also likely benefit. FFN caregivers and FCC providers also often provide care for multiple children at one time. By working with caregivers, home visitors can further the reach of the intervention by impacting multiple parents and multiple families. And we have seen that these ripples do occur—for example, when children request new activities at home that the home visitor has introduced into their child care setting.

[SLIDE 30]

This leads to the next opportunity—that home visiting with caregivers can help improve the consistency and quality of care that children experience. It can be confusing for children when there is one set of rules and activities at home and a different set of rules and activities at their auntie’s house where they are during the day so that their mother can work. Especially in multigenerational families, there may be different ideas concerning what’s appropriate in parenting and caring for children, for example, among a teen mother and a grandmother, who both spend significant time caring for and loving a child. Home visitors can help promote healthy child development by framing positive child care practices in taking care of children as something to do “for the good of the child,” which all caregivers can certainly support.

Finally, we know that young children do spend significant hours in nonparental care. During this time, their growth and development does not stop. Young children are constantly learning and developing within the context of their relationships with caregivers and their daily routines and activities. So improving the quality of care can positively affect children’s development.

[SLIDE 31]

Based on these considerations for implementation and opportunities from extending home visits to FFN and FCC, let’s now turn to some recommendations for states. First, states can expand their own investments in home visiting in order to reach more vulnerable children and caregivers. Although states are certainly struggling fiscally in the current economic climate, investing in vulnerable young children is a wise choice and could help states avoid paying later costs—for example, those associated with juvenile justice and special education. States could also expand investments in home visiting in several ways, using different state agencies and different funding streams. For example, state pre-kindergarten programs could be expanded to include a home visiting component with a curriculum appropriate for preschool-aged children or, indeed, younger children. Or several states provide supplemental state funds to federal Head Start and Early Head Start grantees—such funds could be designated to expand home-based services. There may also be opportunities to use Medicaid funding to support home visitors.

Within new or existing investments, states could prioritize the coordination of services to reach vulnerable children in the communities and settings where they are. Several current funding streams that states use for home visiting require needs assessments, as does the new federal legislation. States need to understand where their vulnerable children are, what their family situations are, and who is caring for these children, in order to provide the services that meet families’ needs.

As states move toward expanded investments in home visiting, it is important to focus on inclusion of well trained and competent staff who have specific ongoing training and supervision. States investing in home visiting can look at several existing systems to deliver such training and monitoring to the staff providing home visits. If a state has one or more specific state-based home visiting programs, trainers and monitors could be embedded in these programs. If a state is interested in using home visits as a service delivery model to reach family child care providers and family, friend, and neighbor caregivers, the state could train staff located in the child care licensing system or the child care resource and referral system to be home visitors. State child welfare agencies may also have a training structure in place that states could build on to train home visitors. Wherever

training and monitoring are embedded, it is important that training home visitors not be isolated from the rest of the early childhood system, but rather be seen as a critical part of support for families, whether there is a formal home visiting program in place or not.

[SLIDE 32]

Another key feature of home visiting programs is the home visitor's ability not just to refer participants for additional social services and family economic supports, but to assist participants in overcoming any barriers and following up to make sure participants receive those needed supports. States can play a role in helping to facilitate links between state home visiting and other state programs serving vulnerable children and caregivers, including helping families access state health insurance programs and exchanges under the new law; providing information about Head Start, Early Head Start, state pre-kindergarten, and child care subsidies; or linking to community-based trainings for FFN caregivers and FCC providers.

While initial research indicates that extending home visits to FFN and FCC has positive effects for children and caregivers, more research and evaluation is needed. As states implement or expand home visiting programs to child care providers and caregivers, states could ensure that data collection and evaluation studies are built into programs from the beginning. As they work on collecting additional data, sharing findings with other states will also be important, so that we can start to build a nationwide understanding of best practices in home visiting with family, friends, and neighbors and family child care.

As you've heard me emphasize throughout this presentation, coordination of state services for young children and their families is extremely important. The State Early Childhood Advisory Councils, authorized by the 2007 reauthorization of the Head Start Act and funded by the American Recovery and Reinvestment Act of 2009, are tasked with strengthening coordination and collaboration of early childhood programs throughout the state. These councils should include a broad array of systems that affect children and families. They should explicitly include representatives from home visiting programs in the state and members of state departments that fund home visiting. The Early Childhood Advisory Councils could also link training and monitoring systems with home visitors and could explore how home visiting with parents and caregivers could support other state activities to enhance the healthy development of young children.

Finally, we have seen an expansion of the federal Early Head Start program with funds from the Recovery Act. New grantees and existing grantees are in the process of receiving grants and gearing up to deliver services. We know from the most recent Head Start program data that over 40 percent of Early Head Start services are delivered through the home-based program option. States should consider how to best connect home visiting efforts and Early Head Start. For example, states could provide supplemental funds to Early Head Start grantees to serve additional children through their home-based models, or to add home visits with FFN caregivers for children currently served in their home based model, as was done in the Early Head Start Enhanced Home Visiting Pilot project. States could also explore how to leverage training resources for Early Head Start staff to train more home visitors working in other state programs.

[SLIDE 33]

We've packed a lot of information into a short amount of time. I will turn now to answering some of your questions. If we do not get to your question today on the webinar, I will follow-up with you afterwards. Also, we have had a few questions come in regarding specific provisions of the new federal legislation. We are making note of those questions and will get back to you separately. As a reminder, please visit CLASP's Web site to download the detailed summary of the home visiting provisions prepared by colleague Tiffany Conway Perrin. And as I mentioned in the beginning of our session, there are ambiguities in the language of the new law. We expect forthcoming guidance and regulations, and we'll have the opportunity as a field to weigh in then. Right now we're going to focus on questions about what states can do to extend home visiting.

One of the questions was whether there was a specific example of the types of settings in which doing a joint home visit with child care provider, child, and parent would be particularly helpful, as some programs are doing in the joint model. As an example, one of the models we interviewed said that they really encourage there to be joint visits involving all of these caregivers when the child had an identified early intervention need. We know that there are certainly many services available through IDEA Part C to children who have a diagnosed disability or developmental delay, and in such cases, there are often specific steps that are being taken to promote the child's health and development. If the child is also receiving home visiting, that can be the type of situation where a joint visit is very helpful.

We also have an example of a program we'd like to share. This program works in the Seattle area, and many of the children in their target service area actually live with their grandparents during the week, while the parents work several hours away. So this is an example of one of the programs that found doing home visits with children and their caregivers only to be a very helpful way of meeting the needs of their families in their target service area.

We've had some additional questions about the Early Head Start Enhanced Home Visiting Pilot. There are some great [summaries](#) on the Web that Mathematica and Urban have published. Looking at some of the specific other findings, it was around improving the quality of care. They used an evaluation measure that was a little bit different than the FDCERS which I spoke about earlier. The measure they used, the [Child Care Assessment Tool for Relatives](#) (CCAT-R), was developed by [Bank Street](#) in New York looking specifically at family, friend, and neighbor caregivers—looking at the quality of care and the interactions between these caregivers and the children. One of the most poignant parts of the Enhanced Home Visiting Pilot evaluation for me was how much the caregivers really appreciated receiving books, educational toys, and even the home safety items that were provided. Early Head Start serves a very vulnerable population. So caregivers caring for these children may also have social service needs, and they may not be able to provide as many quality books and other items out of their own pocket. Having programs that can help serve caregivers and parents is certainly key.

We have another question coming in about information about the FDCERS rating scale for measuring quality in family child care homes—that is in the [environment rating scale](#) series. There's the ECERS for early childhood settings, that is typically done in center-based programs. There's also the ITERS, which is the Infant/Toddler Environmental Rating Scale. Great information is available online about what kinds of measures are included in

these scales to measure quality across a range of different early childhood settings, and so we encourage you to take a look at that.

We have another question about home visiting specifically with teen mothers. Indeed, local home visiting programs may have different target populations. Depending on whom exactly you're being funded to serve and what your program goals are, targeting different populations could be more appropriate. Certainly some home visiting models have modules that emphasize working with teens. Given that teen parents often do have their families helping out with their children, we certainly think that this is an important family dynamic to consider in how you can provide services to caregivers too and not just parents and their children—particularly when family members are playing that role of a family, friend, and neighbor caregiver or family child care provider.

We've had a question about where you can find more information about rules on state licensing and how your state compares to others in definitions and regulations of family child care and license-exempt care. Much of our information today is from the [NCCIC and NARA 2007 Child Care Licensing Study](#). It's a great study that looks across states to try and provide some comparative data, although obviously your own state licensing agency is the place to go for the most updated data. The NCCIC and NARA study was using 2007 data.

For some of our final questions and answers: we had a question if there was research specifically showing that children benefit from having consistency in care, and indeed, there is a great deal of research on this topic from developmental sciences as well as different social science research evaluation programs. CLASP has a great resource I would like to talk about, the [Charting Progress for Babies in Child Care](#) project. It focuses specifically on the needs of infants and toddlers, and it can be found at our Web site at www.clasp.org/babiesinchildcare. There are 15 recommendations on what states can do to promote infant/toddler care; one is to [promote continuity of care](#), and we have some good links to the research that children benefit from having consistent care.

[SLIDE 34]

Thank you so much for all your questions today. We are coming to the end of our time, and if we didn't get a chance to answer your question, we will do so via e-mail. I'd like to thank everyone for participating in today's call, the Birth to Five Policy Alliance for funding our research project last year, and the Annie E. Casey Foundation for their support in making today's webinar possible. For more information, please visit www.clasp.org to download our full report, and feel free to contact me with additional questions. Also we will be posting today's [slides](#) on our Web site after the conclusion of the webinar.

Moving forward, CLASP's next steps in this work are to conduct a series of case studies of state or local home visiting programs that are successfully serving family, friend, and neighbor caregivers and family child care providers. If you know of, or are working with such programs, we'd love to hear from you. Please contact me either by phone at 202-906-8008, or by e-mail at ehoffmann@clasp.org, and please note that my last name is spelled with a *double-N* at the end of Hoffmann.

Thank you again for participating. The webinar is now concluded. Have a great afternoon.

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