



HOME GROWN

Comprehensive Services in Home-Based Child Care Networks: Meeting the Diverse Needs of Children and Families

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Introduction

In an economy hobbled by COVID-19, Home-Based Child Care (HBCC) is one of the few services left standing. Ensnconced within every neighborhood in the country and trusted by diverse families, HBCC is ideally positioned to ramp up to respond to the complex and multiple needs that families are now experiencing. HBCC already provides education and care for young children and referrals for health and social services to the families of those children. With funding, planning, and implementation support, HBCC can expand its service complement to include comprehensive services for children and their families. Comprehensive Services which support young children's well-being, include early learning and development; health, mental health and developmental services for children including children with disabilities; nutrition; and family and community engagement.

COVID-19 has made the need for comprehensive services - long offered through the Head Start and Early Head Start service models - more pressing. Now is the time to use the HBCC structure to scale the effective, two-generational approach embodied in comprehensive service delivery.

In this paper, we refer to comprehensive services broadly to define a variety of supports that children, families and providers need in order to thrive, particularly physical and mental health services, nutrition, emotional supports, social and economic support and disabilities services. We outline several examples of comprehensive support programs within the Head Start/Early Head Start program and in other early learning approaches.

SECTION 1

NEEDS OF CHILDREN, FAMILIES, PROVIDERS

Child and Family Stress

In July, the University of Oregon reported that roughly 20% of a nationally representative sample reported having a hard or very hard time paying for basic needs such as food, housing, medical care, and utilities. For families with young children that are experiencing financial hardships there is a chain reaction of negative events from hunger to homelessness to toxic stress that confronts them daily. The financial worry negatively affects caregiver well-being, which in turn negatively impacts the emotional health of young children. Access to public benefits, employment options, housing, health, counseling and other services are needed to help families battle back to stable ground.

Additionally, we have long known that for young children to thrive they need access to early learning and loving care along with support for their nutrition, physical health, mental health and emotional support and disability services when appropriate. These various services that focus on the needs of the whole child and whole families are referred to as comprehensive services, services that complement strong early learning programs.

HBCC Provider Stress

In order to meet the needs of stressed children and families, HBCC providers can similarly benefit from support. Access to physical and mental health care are particularly important for providers. Like most small business owners, HBCC providers are typically unable to access health or dental insurance through their businesses. In addition to being physically demanding, HBCC providers are on the move throughout their long work days, the role of educator, caretaker, and neighborhood resource is mentally taxing as well. The addition of comprehensive services within the HBCC framework offers critical resources to both families and the HBCC providers themselves - two populations in great need. Additional resources are needed to ensure providers can access these supports for themselves and the children and families that they serve.

SECTION 2

COMPREHENSIVE SERVICES THROUGH HBCC

Comprehensive Services Respond to the Needs of Children, Families, and Providers

In a recent post on emotional support during the pandemic and how it is affecting families, the Center for Translational Neuroscience at the University of Oregon, through its [Rapid Assessment of Pandemic Impact on Development Early Childhood Household Survey Project](#), has demonstrated "[the importance of caregiver emotional support during these challenging times, and the need for efforts that help to strengthen such supports.](#)"

One important model of offering comprehensive services, Head Start and Early Head Start, the large-scale federal early learning program, has "been shown to improve post-preschool outcomes, including high school completion and health outcomes." Some of these [positive outcomes can be linked to childhood access to food stamps and Medicaid](#). Screening children for developmental delays and connecting them to early treatment appear to have [significant long-term benefits for children](#), their families and the education system; such as reducing future needs for special education services and improving performance in the early school years.

While the service set is clear, the means for families and HBCC providers to access these services is far more cloudy. Cost, safety, and communication challenges abound. Even established delivery models such as Early Head Start Community Partnership, discussed more fully below, can be hampered by administrative, operational and compliance barriers. However, the opportunity to use HBCC as a distribution network of comprehensive services for the families that they serve and also for their own access holds great potential and merits ongoing funding, research and evaluation, and implementation support.

Expanding Comprehensive Services through Home-Based Child Care

With infrastructure supports to ensure strong teaching and learning and business practices, HBCC is positioned to expand the delivery of critical comprehensive services to families and communities and to receive needed services to sustain and strengthen HBCC providers.

HBCC providers already serve as anchors in their communities, often caring for generations of young children. Children learn, play, socialize, eat and grow as part of the HBCC experience. They may also receive referrals for specialized health, mental health, developmental, food security, housing, or other needs. But, given the work demands on HBCC providers, referrals for and follow-up around the host of additional services that any one child and her family may need, are typically out of reach. Most HBCC providers care for children for 10-12 hours per day, typically working alone to engage children in learning, help them stay clean and comfortable, feed them, and document the day's activities. Once the children leave the home, HBCC providers must clean, sanitize and disinfect. They may have licensing or QRIS documents to complete and submit, training to attend, or policies and procedures to update. As small business owners, HBCC providers may have bills to pay, invoices to generate, banking tasks to complete, and fiscal tracking and reporting to undertake. HBCC providers have to shop for food and supplies and also work with vendors to ensure the maintenance of their home and any outdoor play space. Given the long day with the children and the myriad of administrative requirements that demand HBCC provider time after the children leave, the ability of HBCC providers to generate and maintain access to a system of specialty supports (pediatricians, dentists, therapists, job banks, food banks, etc.) is deeply compromised. HBCC providers are deeply committed to meeting the various needs of the children and families they serve, they often simply lack the time and resources to systematically do this work. The means by which to facilitate the inclusion of comprehensive services within [HBCC is through networks](#).

SECTION 3

THE ROLE OF NETWORKS

HBCC providers alone cannot meet the comprehensive service needs of families. Many HBCC providers already refer families to services, but rarely are they able to expand their network of referrals, track the outcome of referrals, or offer services on-site. However, the structure of a Network, which brings centralized services to a group of HBCC providers via an intermediary organization, can realize the power of this two-generational approach. Networks can support both licensed and Family Friend and Neighbor (FFN) HBCC providers in helping children and families gain access to comprehensive services such as disability services, mental health and physical health services, and other economic, employment, and social services. Networks collect screening and progress data, make referrals, track progress, and facilitate inter-system relationships. Networks can also ensure that providers have access to their own health services.

Outcomes of Comprehensive Services

Comprehensive network services would result in:

- Screenings, referrals, and services for children;
- Integration of health and mental services in the child care setting;
- Full inclusion of children with special learning, developmental, or health needs; and,
- Integration of parenting, employment, housing and other supportive services for both parents and caregivers.

Services in Support of the Whole Family

Networked comprehensive services delivered in HBCC are designed to address the whole child and the whole family. Child and family services falling under this dual-generational approach may include: connection and access to preventive health care services, connection to medical homes and insurance, preventive dental screenings, lead screenings and referral to lead testing, and tracking of vaccination and medical screening records; support for emotional, social, and cognitive development, including screening to identify developmental delays, mental health concerns, and other conditions that may warrant early intervention, mental health services, or educational interventions; and family support, including parent leadership development, parenting support, abuse prevention strategies, and connection to economic supports and social services.

Specialized Services

Thanks to the expertise available at the Network level, the needs of special/priority populations can also be addressed. Specifically, families experiencing homelessness can access the specialized set of referrals and services that they need, and children with an incarcerated parent can receive a full complement of specialized emotional support services. Networks are able to deliver these services, as described more fully below, not only to children and families but also to HBCC providers themselves.

COVID-19 HBCC PROVIDER CONCERNS

COVID-19 has made it clear how critical it is to integrate comprehensive services with HBCC. Home Grown collects HBCC provider input on its website, through provider participation on advisory committees, and through its Emergency Fund grantees. Through these various means, Home Grown has collected data on the status of HBCC provider needs during COVID-19, although many of these needs existed before the pandemic. Summarized below, these concerns can all be addressed through the models of comprehensive services described in this report.

Health concerns for themselves

Providers serving families of essential personnel are putting their health at risk to enable critical personnel to do their jobs. Because they operate from their homes, providers risk exposure to their own families. Access to COVID-19 testing is one COVID-specific concern that can be addressed through the expertise of a network working on behalf of many HBCC providers and their family members. Over the long run, networks can also assist HBCC providers in accessing health and dental insurance and substitute staff for paid time off.

Concern for the families they serve

Providers and caregivers have strong bonds with the families they serve. Providers are worried about children and families' well being, including their safety, physical and mental health due to COVID-19. Providers know that as families face increasing unemployment, food and housing insecurity, consequences such as decreased child and family well-being, and increased stress, trauma, grief, separation, anxiety will surface. Children and families can receive referrals to food, housing and other social services as well as access to physical and mental health services via network staff - allowing HBCC providers to continue to focus on their core business of child care.

Practical Matters

Providers are struggling to access supplies now necessary for them to operate during COVID: cleaning and sanitation supplies, wipes, gloves, and masks. In some regions, COVID has caused food shortages. As the pandemic has grown and changed, providers have expressed a need for more, more specific, and more timely information. HBCC providers have had to make decisions about their operation without adequate support and information around key issues such as COVID-related changes to licensure, health and safety requirements, quality rating systems, rates, payment terms, liability, and even the status of HBCC as an essential service. Providers are concerned that a child, a child's family member or that they themselves will test positive for COVID-19, requiring another business closure. And financial concerns are focused on enrollment, attendance, and housing insecurity. NAFCC data indicate that 46% of HBCC providers anticipate missing a mortgage payment. Networks have bulk purchasing power and experienced administrators with access to legal, HR, and fiscal expertise. Through networks HBCC providers can get timely, accurate and actionable data - specific to COVID but general to all complex issues impacting the field.

SECTION 4

SERVICE DELIVERY LOGISTICS

The recent Home Grown report on [Home-Based Child Care Networks](#) describes a number of different Network types. Regardless of the specific type, however, all Networks serve the same purpose: they bring together a group of HBCC providers and offer assistance to those providers in meeting programmatic and business goals. Networks may be funded with private or public funding or a combination of both, and funds are used to deliver supports and services to HBCC providers that are members of the Network. The Network is a centralized resource for all HBCC provider members, offering expertise and scaling of purchasing and negotiating power. For a HBCC provider, the Network is a go-to resource for administrative and programmatic matters - including comprehensive services. It is our belief that Head Start/Early Head Start programs that work with groups of HBCC providers can operate as Networks; supporting child and family success in the home setting. HS/EHS programs are one of many network structures that may be able to deliver this level of support.

Like nesting dolls, children and families receive services from a HBCC provider, and that HBCC provider sits within a Network, and that Network sits within public systems impacting HBCC. Each of these participants - providers, networks, and systems- have specific roles to play in ensuring the optimal support to the whole child and family.

HBCC providers have three primary roles with regard to comprehensive services: to support families via trusted relationships; assess child and family needs; and engage families in services. The nature of HBCC, in which children spend time in another person's home, is intimate. The home setting and the small scale help engender trust. HBCC providers often know multiple caregivers for a child and may know generations of that child's family. These relationships are critical to the delivery of comprehensive services. HBCC providers also observe children and administer screening and assessment tools to assess the need for comprehensive services. Finally, HBCC providers speak with caregivers about services that they and/or their children may need. These are data-driven conversations that HBCC providers can tackle successfully thanks to the trust that they have engendered. These conversations are ongoing, to ensure that families follow-up with suggested referrals and recommendations, implement suggested strategies, and otherwise engage in the comprehensive service plan.

In the same way that HBCC providers build trusting relationships with the families they serve, Networks build trusting relationships with member HBCC providers. These relationships are foundational to the planning and delivery of comprehensive services for both HBCC providers themselves and families enrolled in their programs. And just as HBCC providers assess child and family level needs, Networks assess the needs of their HBCC provider members. This includes aggregating the child and family level needs to design comprehensive services available through the Network - i.e. do the data indicate a need for dental services for 10 families or 1,000 families?, do we need a Spanish speaking therapist?, are parents available for tele-cooking classes on the weekends or in the evening? - and the HBCC providers' needs for health and mental health services. A unique role for the Network is to employ or contract with consultants (the dentist and Spanish-speaking therapist in the examples above) for the provision of specialized services. Networks triage and manage referrals for comprehensive services, relieving HBCC providers of this task, which they do not have the time to complete.

The specialized Network staff spend time identifying and vetting comprehensive service providers, ensuring that families follow-up with referrals provided, and documenting the value and impact of the service for the family. As a means to identify new service providers and work effectively with them, Networks establish written agreements such as memoranda of understanding. These agreements can ensure that important issues such as client confidentiality and data sharing are clear. Networks monitor HBCC provider progress in assessing child and family service needs in alignment with regulatory and quality standards. Networks provide technical assistance to their member providers so that they can best support the myriad of needs identified. While HBCC providers cannot offer all the services that a family might need themselves, they can, for instance, incorporate inclusion practices into the daily operation of their program so that children with learning differences are better supported

throughout all program activities. HBCC providers can clarify parent roles and responsibilities and offer integrated means for supporting parents through communication and engagement practices. Through training and technical assistance, Networks can help providers with this work. Finally, Networks can pilot innovative approaches to deliver comprehensive services to families and assess their impact. A Network might pilot a new means to structure tele-home visits, or to incorporate exercise into family routines, or to build mindfulness into HBCC provider daily practice.

HBCC providers assess child and family needs, Networks assess the needs among their HBCC provider members and across all of their families served, and systems assess community-wide needs. In this way, state, regional and local policy makers have access to critical data for planning how best to spend limited public funding. Armed with data, administrators can not only identify and quantify needs, but also justify the resource of time spent on the complex set of tasks required to design, pilot, and measure innovative responses. For instance, public systems, supported with data and ECE stakeholders, can create conditions for integration around data sharing. This might include financial incentives for the use of standardized forms to minimize data errors and duplication and maximize data comparability. This might include policy clarifications or modifications within several governmental departments and programs. This might include multi-pronged approaches to a key priority around a gap in services at the community level. For instance, a shortage of non-English speaking therapists might require data and input from community behavioral health providers, institutions of higher education offering social work and counseling programs, and local neighborhood and non-profit organizations representing specific ethnic groups. Once convened by an administrator to tackle a specific problem, this group can design pilot programs for the government to pilot and study. Those pilots shown to be effective can be scaled and financed through public funding.

SECTION 5

HEAD START AND EARLY HEAD START

As described more fully below, Head Start provides comprehensive services to children and their families. Through Head Start grantee partnerships, the grantee acts as a Network - coordinating the delivery of comprehensive services and supporting quality improvement and accountability among providers in meeting Head Start standards, and realizing intended child and family outcomes.

Head Start Comprehensive Services

Head Start, a federally funded early learning program, has long required that the grantees it funds connect the under-served children and families in the program to comprehensive services. Increasingly, Head Start encourages the inclusion of teachers and educators in these plans. The Head Start Act ([Section 645A - Comprehensive Services of All Head Start Programs](#)) articulates this framework. The Act specifies that services be provided by the grantee directly or via referral and that services meet needs identified as part of child, family, and community needs processes. In support of child assessment, the Act requires screening protocols to ensure that developmental, health, and social emotional milestones are being met. The Act states that services must be truly dual-generational - focused on both the parent/family and the child. In acknowledgement of the complexity of a holistic, dual-generational approach, the Act includes the feature of inter-agency coordination. Comprehensive services are delivered across a number of specialized systems - child care, education, early intervention, workforce development, housing, health - and coordination among key agencies as well as individual service providers is required. Inter-agency coordination is also critical to meeting the needs of specialty and priority populations served in HBCC settings, such as children who are homeless and those with incarcerated parents. Finally, the Act requires data collection, tracking, and progress monitoring. Without data, the efficacy of comprehensive services cannot be measured.

Head Start Grantees and Their Partners: Creating a Network

The Head Start or Early Head Start grantee may operate child care directly or partner with other child care providers, including HBCC, to serve children that qualify for Head Start in their region. Those grantees that partner operate as networks. The grantee is responsible for meeting all performance standards, and often supports community partners in improving business, pedagogical, and data collection practices toward this goal. Partnering programs agree to follow HS/EHS standards not required for licensure or even state quality rating systems, such as maintaining lower teacher-to-child ratios and conducting home visits. Community partners secure: stable, contracted, enrollment-based funding; training, coaching, materials, and supports; and, access to comprehensive services for themselves and the families served via the grantee.

Head Start/Early Head Start is currently the most robust source of public funding for networks that support our most vulnerable children and families. This funding is sufficient to ensure HBCC providers and the networks they depend on have the compensation and support to offer the wide array of Head Start comprehensive services. By ensuring adequate financing for substitutes and providing operational supports to providers, providers are able to better support children and families. The importance of adequate funding to deliver comprehensive services cannot be understated; HBCC providers, who want to provide these services, need more resources to do so. Head Start/Early Head Start program funding for HBCC is a model that should be replicated - because there is an existing framework and accountability for comprehensive services and because there is significant funding in this program to realize its goals.

Early Head Start Network Models Incorporating HBCC

As we seek to scale comprehensive services in HBCC Networks, we do well to look closely at existing HS/EHS models that lead the way. HS/EHS offers various key components for consideration: robust public funding for Network models; a framework for accountability; and extensive training and coaching to support effective implementation. Here are some existing examples of HS/EHS programs that support family child care programs:

Early Learning Ventures (ELV) operates an [Early Head Start Child Care Partnership program](#). Serving as the Early Head Start (EHS) grantee, ELV contracts with licensed family child care providers to deliver care to young children in their communities. As part of the Network structure ELV provides multiple types of support directed toward the family child care providers, including a common software platform that includes EHS Program Performance Standards, standardized policies and procedures that comply with requirements, data analysis, training and technical assistance. ELV also ensures that family child care providers meet the EHS Standards around comprehensive services by assuring access to various physical, mental and dental health services as well as disabilities supports for children served.

All Our Kin, a nonprofit organization based in New Haven Connecticut, also operates an EHS partnership with licensed family child care providers. As outlined in a [2018 report](#), participating family child care providers believed that the comprehensive services All Our Kin offered were instrumental in assuring child and family success. Access to a nurse consultant was described as “a great resource for questions regarding children’s health”, and providers came to depend upon the ease and efficacy of referring children and families to the contracted nutrition, mental health, and disabilities consultants. Providers were proud of the enhanced levels of family engagement that they were able to achieve with Network support, including learning more about child and family’s context, culture, and needs through home visits and family-teacher conferences and utilizing the support of the Network-based Family Advocate to bolster program attendance, triage family crises, and help connect families with resources.

Network staff provided reminders and suggestions regarding mental health to family child care providers, the EHS financing mechanism allowed providers to take paid personal and vacation days, and the Network offered participating providers access to a mental health consultant to discuss effective ways to manage stress and other aspects of well-being. As a result, providers reported that comprehensive services through the Network impacted their own wellness and habits of self-care in addition to positively impacting children and families.

SECTION 6

PROMISING MODELS

While much has been written and studied regarding EHS partnerships with HBCC, home visiting in home-based child care is a newer approach to supporting the provision of comprehensive services in the HBCC modality. Physically or remotely, ECE professionals can “visit” providers to support them in real time with the myriad of issues that they face moment-to-moment working with children. Coaching topics might address a HBCC provider’s stress level or mindfulness, an inclusion strategy to support a child with learning differences, or a review of children’s health data on file and interventions to address data gaps or referrals needed. The home visitor becomes the HBCC provider coach responding to real-time issues covering a range of topics and bolstering the HBCC provider’s ability to offer comprehensive services more effectively over time.

Coaching and Peer Support for Family, Friend and Neighbor Caregivers

The Arizona Kith and Kin Project is a program of the nonprofit Association for Supportive Child Care. Since 1999, Kith and Kin has provided ongoing early childhood training and support to family, friend, and neighbor caregivers (FFN) and parents in English and Spanish. The program is designed to encourage parents and caregivers to learn from each other while working with early childhood experts through weekly two-hour sessions of caregivers and their children. Originally in-person, but now operating remotely, sessions give participants the opportunity to practice stress management and meditation techniques through yoga, song, dance, snack preparation, brain-building activities, conversations, and laughter. Key themes such as child development, language and literacy, nutrition, brain development, and daily schedule planning are highlighted each session. The Play and Learn program is an example of the type of comprehensive health (nutrition) and mental health (emotional support through peer networks, stress reduction through yoga) services that networked HBCC providers can offer to caregivers.

Integration of Primary Care, Child Care, and Home Visiting

In Philadelphia, PA, the PolicyLab is partnering with the Children's Hospital of Philadelphia Care Network and the National Nurse-led Consortium to design, pilot, and evaluate an integrated system of care between maternal and child home visiting services, diverse child care providers and pediatric primary care. By visiting parents and assessing their child care needs, the projects helps to: connect HBCC providers with critical resources; support parents in selecting quality care; and connect both families and HBCC providers to various health supports. This model can be replicated at the Network level to bring comprehensive services into HBCC.

SECTION 7

LOOKING AHEAD

The pandemic has underscored the health and mental health needs of young children, families and providers. Increased levels of stress due to: loss of employment and other financial concerns; illness and death among family and community members; gaps in typically available sources of community support such as religious congregations; and, cessation of K-12 and higher education services as we understood them have created or added to existing mental health needs. Parental job losses have increased gaps in health insurance and concerns around safety have reduced timely pediatric well visits and immunizations - all of which create more complex and urgent health needs.

At the same time, the pandemic has spurred innovation, such as therapy and health care delivered through tele-visits. This technology can enable greater participation in health care for at-risk communities long into the future.

The pandemic has also created new constituencies for child care. National news coverage around the challenges experienced by parents working from home without the benefit of child care for their children, the fear that child care businesses will not survive COVID-19, and the confounding impacts of changing K-12 policies on the child care sector have triggered conversations about the fundamental and pervasive importance of child care to the national economy. As many centers remain shuttered, HBCC providers, already working long days and feeling physically and mentally taxed, cannot respond to this moment alone. Networks and other ECE stakeholders are ideally positioned to use this national conversation to build and leverage new relationships and funding for comprehensive services.

The child and family outcomes associated with comprehensive services are a strong starting point for partnership discussions around how to fund, scale, and leverage the existing power of HBCC to begin to immediately stem the tide of need created by COVID-19. We offer the following recommendations to further strengthen HBCC providers and networks to offer children and families the comprehensive services they need.

- **Public funding and support for HBCC networks to deliver comprehensive services:** this includes, as recommended in [Home Grown's Home-Based Child Care Networks](#) paper:
 - Creating new networks and building the capacity existing networks that offer comprehensive services;
 - Developing and testing public financing approaches for networks;
 - Developing a policy agenda and supporting tools to adequately finance networks and institutionalize key principles.
- **Prioritize funding and create incentives to establish networks serving HBCC via Head Start/Early Head Start and Child Care Development Fund funding.**
- **Identify opportunities for states to use Preschool Development Grant Birth through Five to develop or enhance HBCC networks to offer comprehensive services.**
- **Think big about transformative change for the sector.** The issue of comprehensive services makes clear how critical the intersection of care, education, physical and mental health, and social/economic success are for children and families to thrive. We need to continue to explore new partnerships, consider new funding mechanisms and imagine new models to ensure children and families can access the wide array of services they need now and in the future.

References and Additional Reading

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