

strengthening families

THROUGH EARLY CARE & EDUCATION

# Overview of the Family Child Care and Education Programs Study


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CENTER FOR THE STUDY OF SOCIAL POLICY

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# Scope of Child Maltreatment in the United States

- Children birth to 1 year have the highest rates of child maltreatment
- Children ages 1-3 have the 2<sup>nd</sup> highest rate of victimization
- Annually there are about 905,000 children who are victims of maltreatment
- The overwhelming majority of maltreatment reports of young children are cases of neglect
- 1,500 children die from abuse and neglect each year

# The Strengthening Families Approach

- Began as a search for a new approach to child abuse and neglect prevention
- Has impact before abuse or neglect occurs
- Promotes optimal development for all children
- Delivered through partners that reach large numbers of children and families

# Findings from Field Research with Center-Based Programs

Most center-based ECE staff:

- Don't view themselves as child abuse and neglect prevention agents
- Don't see the value in what they already do for families
- Can become more intentional about the good things they already do that supports prevention

# Results of Field Research with Center-Based ECE Programs

- Identification of 5 Protective Factors that reduce the likelihood of child abuse and neglect, strengthen families, and contribute to excellent outcomes for young children
- Development of a self-assessment tool for center-based professionals to identify ways of incorporating the 5 Protective Factors into their day-to-day work

## Also Realized. . .

- 26% of children under age 6 who attend child care receive their care in a home-based setting (Rusby, 2002)
- Insufficient evidence about the Protective Factors as applied to home-based/Family Child Care programs (FCC)
- Existing self-assessment tool is not appropriate for FCC programs

# Purpose of the Study

To learn how family child care  
professionals build the

*Strengthening Families*

Protective Factors with the  
families and children they serve.

# But First. . .

What do we already know  
about  
home-based programs and  
home-based providers?

# National Picture of Providers

## Commonalities:

- female
- parents themselves
- ethnically diverse
- work long hours
- low income
- few benefits

## Providers Vary by:

- age
- educational level
- socioeconomic level
- training in child care
- years of experience
- marital status

# Nature of Work with Children

## “Educare”

A term that emphasizes that “one cannot educate without offering care and protection, and one cannot provide true care and protection without also educating” (Caldwell, 2002).

# Provider-Parent Relationship

Complex Relationship Requires  
Reconciliation of:

- Shared Parenting
- Transactional Relationship
- Perceptions of Professionalism

# Family-Program Linkages

- Provider-Parent Interaction
- Provider-Parent Communication
- Provision of Informal Social Support
- Provision of Formal Social Support

# Father's Role in FCC Programs

## Most Frequent Types of Participation:

- Communication
- Transportation

## Least Frequent Type of Participation:

- Attending Parent Meetings

# Sources of Stress for Providers

- Not enough time for self
- Long hours, low pay
- Multiple roles
- Balancing roles
- Serving different ages
- Dividing one's home
- Competing demands
- Only adult in setting
- Feeling "used"
- Feelings of low prestige

# Reminder. . .

The *presence* of different sources of stress does not necessarily result in the *experience* of stress.

# FCC Providers' Use of Different Support Services

- Membership in professional child care associations
- Involvement in local child care community

# Provider Intentionality

- A Commitment to the Profession
- A Professional Approach to the Work
- A Child-Related Motivation for the Work

# Design of the Study

- Participants

- 39 nominated providers: 10 each from Illinois, New Jersey, and Wisconsin; 9 from Georgia

- Criteria for Nomination

- Program is provider's business rather than informal FFN care, irrespective of regulatory or accreditation status
- Program is regarded by nominator as exemplary in the delivery of care

- Data Collection Methods

- Self-report survey, focus group with providers, focus group with parents, site visits, interviews with parents

# Characteristics of Study Providers

- All female
- Diverse ethnicities
- Range of educational credentials:  
CDA only -- post baccalaureate
- Years of operation: 2 years -- 30+ years

# Characteristics of Study Programs

- Majority urban and suburban; 2 rural
- Majority licensed; majority accredited
- Serve ethnically diverse families
- Total number children served across states = 254
- Majority of children served, ages 0-3

# Parents' Perceptions of Providers

- Purveyors of information
- Child experts/advisors
- Confidantes; nurturing and trustful
- Passionate about children
- Supportive; resourceful

# Addressing Difficult Issues with Parents

Most Difficult Issue to Address with Parent(s):

Child Abuse and Neglect

# Impact on Parent-Child Interactions

- Using positive reinforcement
- Using less harsh punishment
- Changing voice tone/volume
- Talking more with child
- Listening more to child
- Giving more choices
- Serving healthier meals

- Following a daily routine
- Having appropriate expectations
- Modeling appropriate behaviors
- Setting and enforcing limits
- Providing more consistency
- Being more confident as a parent

# Conclusion I:

As a whole, the providers in the study:

- Build close relationships with parents
- Forge constructive relationships among parents
- Share child-related and parenting skills info
- Assist parents with non-child-related matters
- Help children to learn prosocial behavior and to feel good about themselves.

In other words, their daily work builds the  
Protective Factors.

# The SF Protective Factors

- Parental Resilience
- Social Connections
- Knowledge of Parenting & Child Development
- Concrete Support in Times of Need
- Social and Emotional Competence in Children

## Conclusion 2:

However, the study revealed that the FCC providers' daily work is not *intentionally* designed to strengthen families or build Protective Factors that reduce the likelihood of child abuse and neglect.

## Conclusion 3:

FCC providers can become conscientious allies in the prevention of CAN if they are provided with the information, training, and networking that will enable their actions and activities to move from *intuitive practice* to *intentional practice* that is designed to build the Protective Factors.

## Conclusion 4:

A continuum of ongoing specialized training in early childhood care and education should be available and accessible that would enable FCC providers at all levels of educational attainment, academic backgrounds, and experience to maximize their work.

## Conclusion 5:

FCC providers should receive training aimed at specific caregiver behaviors, such as:

- Responding to and expanding on a child's verbalizations
- Being responsive to children's emotional states & needs
- How to broach the subject of CAN with parents
- Managing the fear of being wrong about one's observations and suspicions about CAN

# Conclusion 6:

Strategies must be developed to:

- Mitigate barriers to education and training
- Discover the most effective length and breadth of training for providers
- Determine the best modes of delivery of education/training
- Incentivize the acquisition of training

## Conclusion 7:

Since the mental health of the provider is said to be related to the mental health of children in her care, then FCC providers also should receive training in strategies to promote their own personal/emotional well-being.

## Conclusion 8:

Membership in and affiliation with professional family care associations, as well as strong partnerships with child care community support agencies and networks, should be strongly encouraged of all FCC providers.

## Conclusion 9:

FCC providers should be included as integral contributors in the planning and implementation of a state's comprehensive early care and education system.

## Conclusion IO:

FCC providers, like others who provide early care and education to young children, deserve the public respect and regard afforded those who help to build strong families, communities, and society as a whole.

# Family Child Care Program Self-Assessment

## Developed By:

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# Purpose of the FCC Self-Assessment

To aid family child care providers:

1. review their current practices in relationship to building the *Strengthening Families* protective factors
2. determine which of their current practices are building the protective factors and which practices they need to work on.

# Structure of the Self-Assessment

7 strategies related to the 5 Protective Factors:

- Value and nurture parents
- Facilitate friendships and mutual support
- Strengthen parenting
- Facilitate children's social and emotional development
- Link families to services and opportunities
- Respond to family crisis
- Observe and respond to early warning signs of CAN

## Directions:

All of the statements that follow describe different ways that providers can work to build the protective factors by using the 7 strategies. Respond to each statement by checking one of the following responses:

**“I Do This,” or “I Do Not Do This,” or “I Want to Learn About the Value of Doing This.”**

### Strategy 1: Value and Nurture Parents

Different Ways Providers Can Value and Nurture Parents	I Do This	I Do Not Do This	I Want to Learn About the Value of Doing This
The provider has a warm relationship with each parent and with other members of the child's family.			
The provider keeps information about children and families confidential.			
The provider interacts daily with each child's parent. This could include telling parents about the child's day, emailing photos, or sharing a daily activity log.			
There is a place in the home where parents can sit comfortably.			
The provider offers treats like coffee or muffins at drop-off or pick-up time.			

**For More Information About the Study or the FCC  
Self-Assessment, Contact:**

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