

SUPPORT PROGRAMS FOR HOME-BASED CHILD CARE: A GLOBAL STUDY

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Spring Impact is a non-profit that focuses purely on scaling social impact. Spring Impact was born out of the frustration of seeing social organizations constantly reinventing the wheel and wasting scarce resources. Using a combination of successful and tested commercial and social principles, while drawing on extensive practical expertise, Spring Impact helps organizations identify, design, and implement the right replication strategy and business model for scale. For more information on Spring Impact’s methodology, see our open-source Social Replication Toolkit which has assisted organizations to better understand and approach scale: <http://toolkit.springimpact.org>



Echidna Giving is a private funder focused on supporting the best ways to educate girls, working in lower-income countries to create a positive ripple effect in their families, communities, and nations.

GLOSSARY

Early childhood development (ECD)	The physical, social, emotional, cognitive, and language development of young children between zero to eight years of age
Home-based child care (HBCC)	A form of non-parental child care that takes place within the home of either the child or the provider, as opposed to a center or other setting
Primary caregiver (caregiver)	The main person or people caring for a child. In this report we distinguish primary caregivers from home-based child care providers, or ‘providers’
Provider	A non-parental caregiver providing care to a child, and who is also not the primary caregiver
Support programs for HBCC	Coordinated organizations, initiatives, and networks that have been designed to support HBCC providers in order to achieve three main aims: upskill and empower HBCC providers; increase access to quality HBCC for families; and ultimately support the healthy development of young children who receive this type of care

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1. EXECUTIVE SUMMARY

Home-based child care (HBCC) is a form of non-parental child care that takes place within the home of either the child or the provider, as opposed to a center. Paid and unpaid forms of HBCC are widely used by families for many reasons including affordability, cultural relevance, and accessibility. Despite the prevalence of HBCC, there is little discourse about the programs that support HBCC providers to improve the quality of their child care and become economically empowered in this line of work.

We define **support programs for HBCC** as discrete organizations, initiatives, and networks that aim to do three things:

- 1 Support the healthy development of young children who receive HBCC
- 2 Improve skills and empower HBCC providers
- 3 Increase access to quality HBCC for families

Widespread provision of quality HBCC can allow for better child development outcomes, as well as provide numerous benefits for families and society, such as women's economic empowerment and the creation of quality jobs. The effective scale of support programs that facilitate quality HBCC is crucial for realizing these benefits.

In order to effectively scale the impact of support programs for HBCC, more information is needed about how they operate and what lessons may be applied to the design of future policies and services. This report seeks to fill the knowledge gap by studying 11 examples of innovative supports for HBCC, understanding their defining features, and identifying lessons for others. We sought to answer two key questions:

- What are the defining features of emerging support programs for HBCC?
- What best practice and lessons can we learn from these support programs that can help to scale their impact worldwide?

In order to answer these questions, we first conducted a literature review to understand current thinking in the sector and to identify examples of quality support programs for HBCC. This was followed by a survey sent to a small group of global early childhood development (ECD) stakeholders and networks that support HBCC to understand areas for focus and the latest trends within the sector. Finally, we conducted interviews with representatives of 11 HBCC support programs. These 11 organizations were:

Table 1: List of featured support programs for HBCC

Organization or program name	Country of operation
All Our Kin	USA
Carinos	Brazil
Hogares Comunitarios de Bienestar (HCB) (Community Welfare Homes)	Colombia
Home Grown	USA
iACT's Little Ripples program (Little Ripples)	Chad

Organization or program name	Country of operation
Kidogo	Kenya
Mobile Creches	India
OneSky's Migrant Model program (OneSky)	Vietnam
PACEY	UK
Relais Assistants Maternels (RAM)	France
SmartStart	South Africa

From the research, we identified themes in the following areas:

- The goals of the support programs
- Common features
- How these support programs are financed
- How quality is defined and supported
- Common challenges faced

Based on these themes, we developed the following emerging conceptual model for support programs for HBCC:

EMERGING CONCEPTUAL MODEL FOR SUPPORT PROGRAMS FOR HBCC

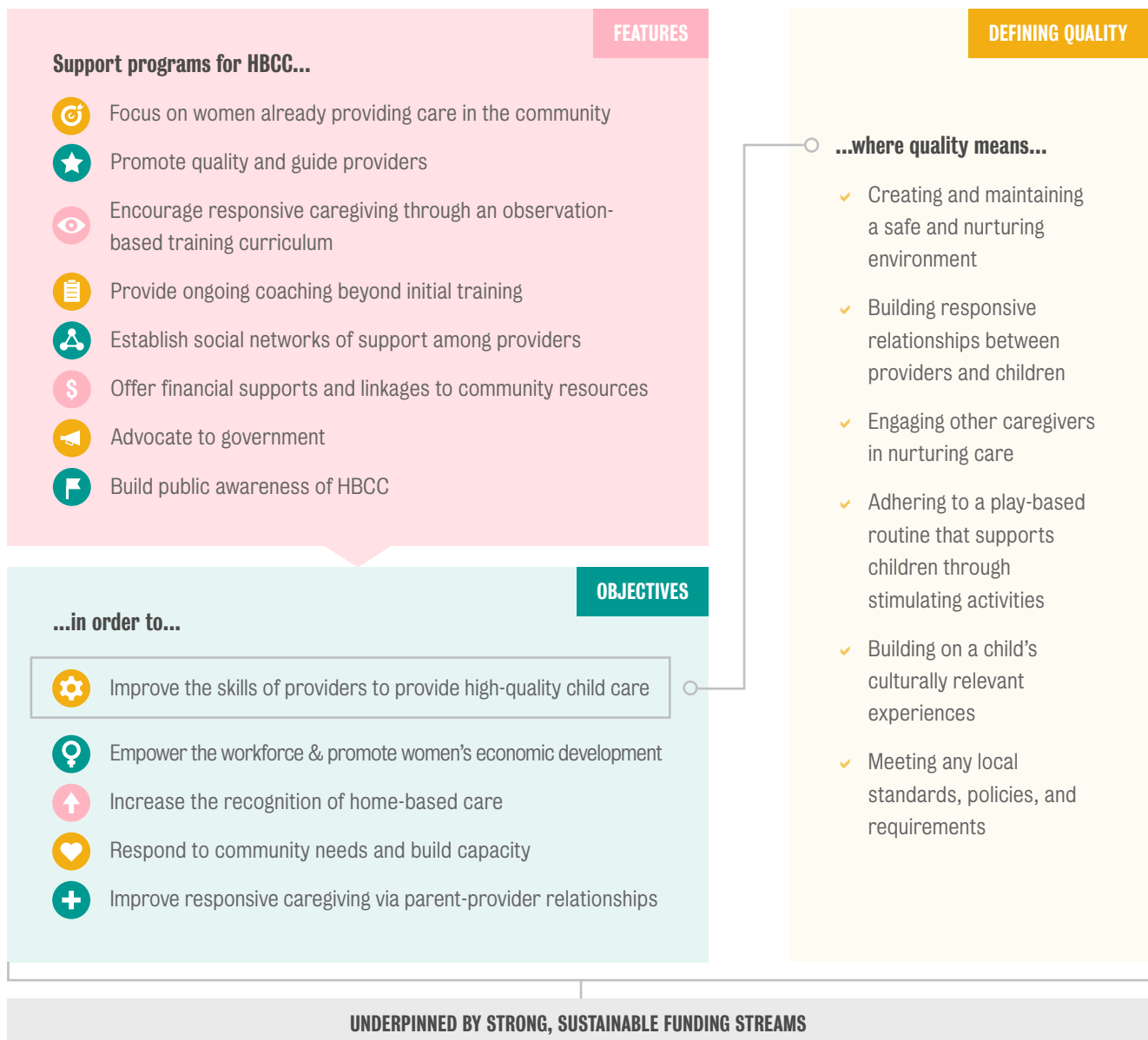


Figure 1: An emerging conceptual model for support programs for HBCC

While the programs we studied all contributed to improved quality of care, there were common challenges to achieving this goal, including:

- The need for financial support and sustainability
- The balance between promoting quality and assuring income
- The difficulty in reaching home-based providers
- The process of gaining parental recognition and buy-in
- The demand to improve quality outpacing supply
- The lack of political will
- The challenge of collecting evidence of impact

While producing this report, the COVID-19 pandemic hit, affecting all the support programs that we spoke to. Although COVID-19 raised new problems for the HBCC industry, it also served to bring into focus persistent and structural vulnerabilities within the sector, from a need to provide more robust financial safety nets to providers with precarious livelihoods, to a need to universalize available support to reach all providers who need it. In the conversations we had, there was an overwhelming desire to reimagine the HBCC sector, taking measures beyond immediate crisis response to tackle structural and persistent issues. Furthermore, there is overwhelming agreement that a strong, resilient child care sector is critical for economies to get back up and running.

In order to realize the success of these support programs, scale their impact further, and insulate the sector against further crises, we make the following five major recommendations:

- 1 Donors and policymakers should increase financing for systems of support, and governments should provide more funding to home-based child care providers
- 2 Policymakers should look to embed support programs into the public sector to increase scale and sustainability
- 3 The early childhood care and education sector should establish a global learning community of existing support programs for HBCC
- 4 The early childhood care and education sector should convene a panel of experts to develop guidance that can address standards, competencies, and tools to define and measure quality for HBCC across a range of diverse settings
- 5 Further research should be undertaken to answer outstanding questions not resolved in this report

Spring Impact and Echidna Giving invite further discussion on the above findings and recommendations, and potential implications for supporting HBCC providers and the families that depend on their vital services. We hope that this report is seen as an initial step towards understanding and scaling the impact of support programs and initiatives for HBCC, and we invite you to join the conversation on how to bring quality child care to even more families and children worldwide.

A woman with her arms crossed, wearing a purple headwrap and a purple t-shirt. She has a small nose ring and is wearing several beaded bracelets on her right wrist. A large gold medal hangs from her neck, inscribed with '2018 LEAGUE WINNERS' and 'LEAGUE OF STARS'. The background shows a brick building and a black metal fence. There are decorative geometric shapes in teal and yellow in the top-left and bottom-right corners.

2. INTRODUCTION

Home-based child care (HBCC) is a form of non-parental child care that takes place within the home of either the child or the provider, as opposed to a center. HBCC represents one of the most popular forms of child care globally: In the US alone, almost 30% of infants and toddlers receive care primarily in a home-based setting by someone other than a parent, compared to 11.9% in a center (Paschall, 2019). While there is little current data on the landscape in developing countries, a study from 2002 showed the contrast is starker, with just 4% of women using organized child care or nurseries to care for their children while they are at work (Samman & Lombardi, 2019).

Despite the prevalence of HBCC, there is little discourse about the programs and initiatives that support HBCC providers to improve the quality of their child care and become economically empowered in this line of work (hereafter referred to as ‘**support programs for HBCC**’). There is little published about how these support programs define and promote quality, the factors that lead to successful support to HBCC providers, and the challenges that these programs face.

With almost one in ten of the world’s population being under five years old, the widespread provision of high-quality HBCC can allow for better child development outcomes, as well as provide numerous benefits for families and society, such as women’s economic empowerment and the creation of good jobs. The effective scale of support programs that facilitate high-quality HBCC is crucial for realizing these benefits.

In order to effectively scale the impact of support programs for HBCC, more information is needed about how they operate and what lessons may be applied to the design of future policies and services. This report seeks to fill the knowledge gap by studying 11 examples of innovative supports for HBCC, understanding their defining features, and identifying lessons for others.

While producing this report, the COVID-19 pandemic hit, affecting all the support programs that we spoke to and causing many providers to cease child care services temporarily. COVID-19 has highlighted the vulnerability of the HBCC industry, even as our interviewees shared accounts of the resilience and adaptability of providers who were already operating with limited resources. As with all industries disrupted by the pandemic, the HBCC sector will need to strengthen its infrastructure so that providers and families can weather future waves of uncertainty. While the recommendations in this report are intended to stand independently of the recent crisis, COVID-19 represents a critical moment to reimagine what the HBCC sector could look like, and we hope recent events add a sense of urgency to the recommendations made.

A group of children and an adult are sitting on a colorful, patterned mat in a classroom. The children are wearing school uniforms, and the adult is wearing a blue headscarf. The background shows a chalkboard with some drawings. The text "3. RESEARCH BACKGROUND" is overlaid on a teal banner in the center of the image.

3. RESEARCH BACKGROUND

2.1 OBJECTIVES

Given the relatively recent emergence of programs and initiatives that support HBCC, this report seeks to address the gaps in the literature around such programs, and the defining features of these programs.

We sought to answer two key questions:

- What are the defining features of emerging support programs for HBCC?
- What lessons can we learn from these support programs that can help to scale their impact worldwide?

2.2 METHODOLOGY

To answer these questions, we first conducted a desk-based literature review to understand existing thinking in the sector and to identify examples of quality support programs for HBCC.¹

We then sent out a survey to a small group of global early childhood development (ECD) stakeholders and networks that support HBCC, to understand areas for focus and the latest trends within the sector.

Finally, we conducted interviews with representatives from 11 HBCC support programs (see Section 5), as well as three other stakeholders who provided additional context.² We created profiles on each of the featured support programs, located in Appendix 1: Featured Support Program Profiles.



Figure 2: Map of featured HBCC support programs

The support programs featured in this study were selected based on several criteria:

- Support programs that are currently active and that have demonstrated good quality support – either qualified through our landscape review, or as recommended to us by trusted stakeholders or survey respondents
- Support programs providing innovative forms of support
- Support programs from different countries representing a diversity of geography, income levels, and social contexts

¹ For other support programs that we reviewed but did not study in depth, please see Appendix 3.

² These additional stakeholders were: Dr Rucha Shelgikar from Harvard University's T.H. Chan School of Public Health; Alina Gómez from Fundación Casa de la Infancia; and Kay Hendon from the Nicholson Foundation.

Out of the 11 support programs studied:



Provided at least one interviewee who was at **executive level**



Provided at least one interviewee who was at **non-executive management level**



Provided at least one interviewee who was a **caregiver**



were **non-profits**



were **government-run initiatives**



consisted of a **professional association**, a **collaborative of funders**, and a **for-profit social enterprise**

Comparing different support programs, we identified themes in the following areas, further detailed in Section 6 of this report:

- The goals of the support programs for HBCC (see Section 6.1)
- Common features (See Section 6.2)
- How these support programs for HBCC are financed (See Section 6.3)
- How quality is defined and supported (See Section 6.4)
- Common challenges faced (See Section 6.5)

A photograph of three young children, likely of African descent, smiling and looking towards the camera. They are in a classroom or playroom setting. The child on the left is wearing a blue long-sleeved shirt with a graphic print. The child in the middle is wearing a white patterned shirt with blue floral designs and a red turtleneck underneath. The child on the right is wearing a pink top. The background is slightly blurred, showing shelves with various items. The image is framed by teal and yellow geometric shapes in the top-left corner and a teal and pink geometric shape in the bottom-right corner.

3. THE GLOBAL CONTEXT OF HBCC

3.1 DEFINING AND IDENTIFYING HBCC

HBCC is a form of non-parental child care that takes place within the home of either the child or the provider, as opposed to a center. It is provided for young children in a range of ages depending on location. This care is delivered mostly by women working from their own homes, to cover the working hours of primary caregivers (Penn, 2004).

HBCC can be delivered in a variety of ways by a range of providers who may be paid or unpaid. These could be grandparents, aunts and uncles, neighbors, or baby-sitters (sometimes referred to as family, friend, and neighbor (FFN) care), as well as qualified or licensed professionals that are not directly related to the child. Broadly, home-based models of child care can be sorted into either care from a non-parental provider in the child's home, or by a provider operating a day care out of their own home. These are sometimes referred to as 'nanny' or 'childminder' models respectively in various parts of the world.

HBCC offers unique advantages for families and is different from center-based care which includes day cares, nurseries, crèches, preschools, or kindergartens. While the exact distinction between large group home-based care and center-based care has yet to be defined, current literature identifies several characteristics of HBCC, described here.

Flexibility around the needs of both the primary caregivers and the children

Primary caregivers may find it easier to find an HBCC provider that they trust, and whom shares their culture, values, and language (Tonyan, Paulsell, & Shivers, 2017). HBCC providers can often be more adaptive to the work schedules of primary caregivers (Rutter, 2016), and may also conveniently live closer to the child's family. HBCC providers may be able to care for multiple children from the same family, without segregating for age differences (Lloyd, Kane, Seok, & Vega, 2019).

Unique engagement in the home environment

The home offers children regular access to unique learning opportunities, such as interaction with food in a kitchen (Blasberg, et al., 2019). HBCC providers can also adapt their pedagogies and care techniques to the specific needs of the child, for example, in providing personalized care to children with special needs (Lloyd, Kane, Seok, & Vega, 2019) (Ang & Tabu, 2018). The smaller group sizes typical in home-based care settings mean that providers and primary caregivers can get to know each other better, potentially leading to a source of social support for the primary caregivers beyond child care.

A typically lower cost model of child care

HBCC tends to be seen as a more affordable option for lower-income families, especially when provided informally, such as through FFN care (Banghart & Susman-Stillman, 2011) (Lloyd, Kane, Seok, & Vega, 2019). Home-based models of child care usually have fewer qualification requirements for providers compared to center-based care. As a result, FFN care is quite common, with providers less likely to have completed higher education or undertaken formal child care training (Banghart & Susman-Stillman, 2011). It follows that HBCC providers typically earn less than their center-based counterparts, or, in the case of FFN providers, provide care services unpaid (Whitebook, McLean, Austin, & Edwards, 2018) (Tonyan, Paulsell, & Shivers, 2017).

3.2 THE SCALE OF HBCC

Globally, 0.8 billion children under the age of six required care as of 2015 (ILO, 2018). Assessing the precise number of children globally who receive care from home-based providers is almost impossible, due to the lack

³ Centers may be community-based or established by government, NGOs, private providers, employers, or a consortium, and often serve children starting at age three months, up until when a child enters formal education. Centers differ from one country to another as well as within countries depending on legislation, income levels, and other local factors.

of robust, cross-national, comparable data on child care arrangements, especially in low- and middle-income countries and in environments where care may occur informally. Data often cited is from a survey in 2002 which accounted for only 31 countries (Samman & Lombardi, 2019).

Despite limitations in the data, it is clear that HBCC is a popular form of child care worldwide. In the US alone, 29.5% of infants and toddlers are cared for in a home-based setting by someone other than a primary caregiver, compared to just 11.9% who receive care primarily in a center. (Figure below from (Paschall, 2019)). Similar 2018 data from Europe shows that 25.6% of children aged less than three received HBCC (Eurostat, 2020).

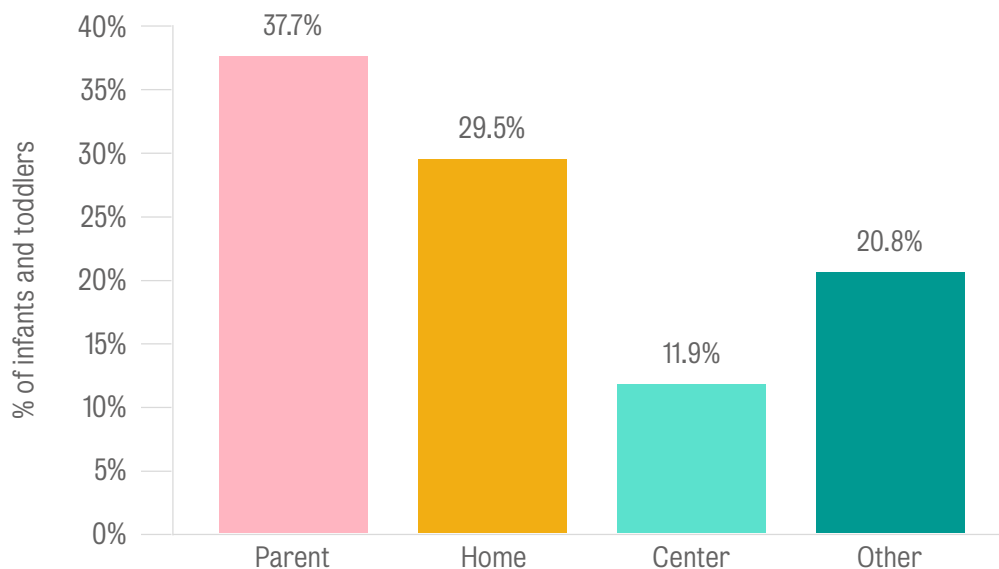


Figure 3: Percentage of all infants and toddlers in the US by primary care arrangements in the past week. Adapted from Child Trends’ analysis of the 2012 National Survey of Early Care and Education

In developing countries, limited data suggests that very few employed women have access to formal, organized child care or nurseries. While commonly cited figures relate to the study from 2002, this showed that at that time, only 4% of women used organized child care or nurseries to care for their children while they were at work compared to 35% who used FFN care or domestic workers (Samman & Lombardi, 2019). Our research was unable to locate updated, universal statistics.

3.3. THE IMPORTANCE OF SUPPORTING QUALITY HBCC

Increasing HBCC providers’ ability to deliver good quality, affordable, and sustainable child care at scale could have numerous positive consequences. The implications of supporting HBCC are well documented for empowering women operating in the care sector, empowering women to enter the workforce, as well as improving child development outcomes. As such, supporting quality HBCC should be a major priority for social sector actors, funders, and policymakers globally.

Empowering women operating in the care sector

Across the globe, women are overwhelmingly the providers of child care services. Education International found in one survey that in nine out of 12 countries examined, women comprised over 90% of the staff working in the child care sector (Education International ECE Task Force, 2010).

Within this sector, HBCC providers tend to earn less than their center-based counterparts: In the US, a self-employed home care provider will earn a median hourly wage of \$10.35, compared to \$13.94 for a preschool teacher (Whitebook, McLean, Austin, & Edwards, 2018). In many cases, providers may offer services for free on an informal basis (Tonyan,

Paulsell, & Shivers, 2017). The International Labour Organization (ILO) reported that domestic workers may also take on child care duties. Moreover, 70.2% of domestic workers worldwide are women, with the majority in the informal economy (ILO, 2018; ILO and WIEGO, 2020). Improving the provision, quality, and availability of effective, economically sustainable HBCC can elevate the earning potential and economic empowerment of women operating in this sector.

Empowering women to enter the workforce

Quality home-based child care has the potential to empower women both socially and economically. Women around the world are disproportionately likely to be involved in family care compared to men— in a survey of 37 countries, women took on 75% of care duties (Samman & Lombardi, 2019). In many countries around the world, studies have shown that the availability of HBCC, in any form, is associated with women entering the workforce (Samman, et al., 2016).

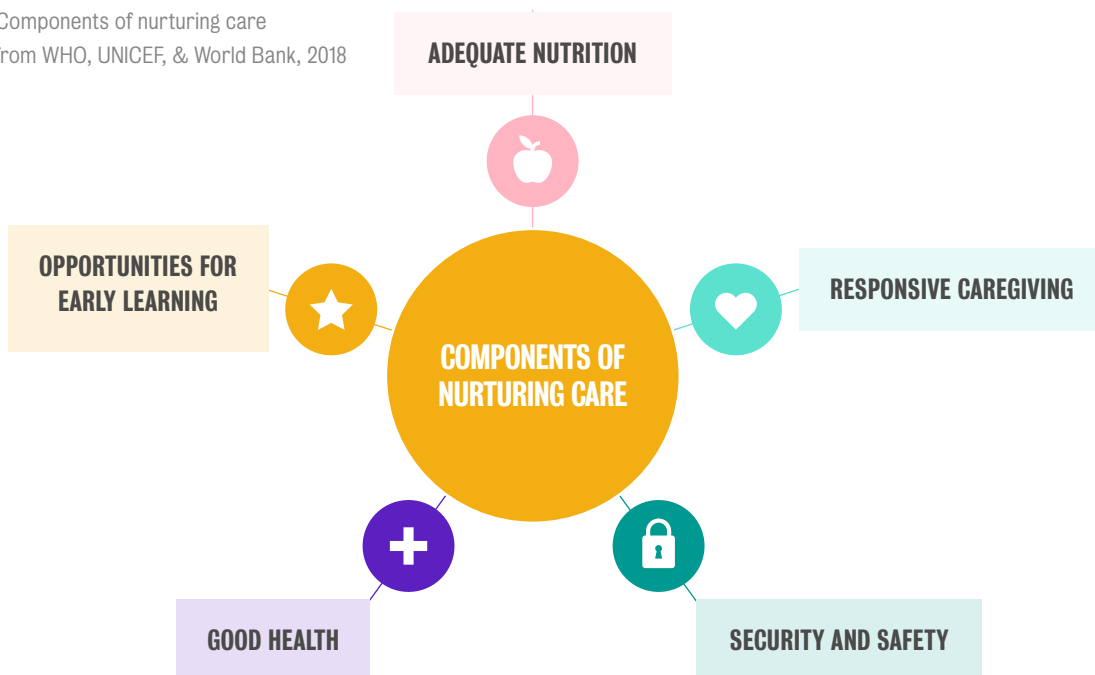
Supporting affordable and accessible HBCC can help more women to enter the workforce. Currently, measures designed to increase women’s income-generating opportunities are typically hampered by inadequate provision for child care, leading to increased economic stress and longer working days (Folbre, 2018). With global female labor force participation at only 48% in 2018, there is need for global action— in the form of public and private investment— to value unpaid care work and promote further decent work (Samman & Lombardi, 2019).

Promoting childhood development

With millions of children receiving care in home-based settings, promoting better HBCC can lead to significant and widespread improvements in children’s overall development. The first five years of a child’s life are crucial for brain development, as well as the development of logic and language skills (Thompson, 2019).

The implications of inaction are striking: WHO, UNICEF, and World Bank acknowledge that children who have not had the benefit of nurturing care in their earliest years are more likely to encounter learning difficulties in school, in turn reducing their future earnings and impacting the wellbeing of their families and societies (WHO, UNICEF, & World Bank, 2018). Empirical evidence directly links the responsiveness of caregivers to positive child development outcomes across the multiple domains of the Nurturing Care Framework (Kamel, Dogra, & Castillo. We believe that effectively supporting quality HBCC at scale can lead to healthier, happier children and stronger societies.

Figure 4: Components of nurturing care
Adapted from WHO, UNICEF, & World Bank, 2018





4. A CONCEPTUAL MODEL FOR

SUPPORT PROGRAMS FOR HBCC

Given the importance of the provision of widescale, quality HBCC for child development and economic empowerment, programs that support the provision of quality HBCC are crucial. We now turn our attention to the organizations, initiatives, and networks that support HBCC providers through a number of methods. We refer to them in this report as “support programs for HBCC.”

We define support programs for HBCC as discrete organizations, initiatives, and networks that aim to do three things:

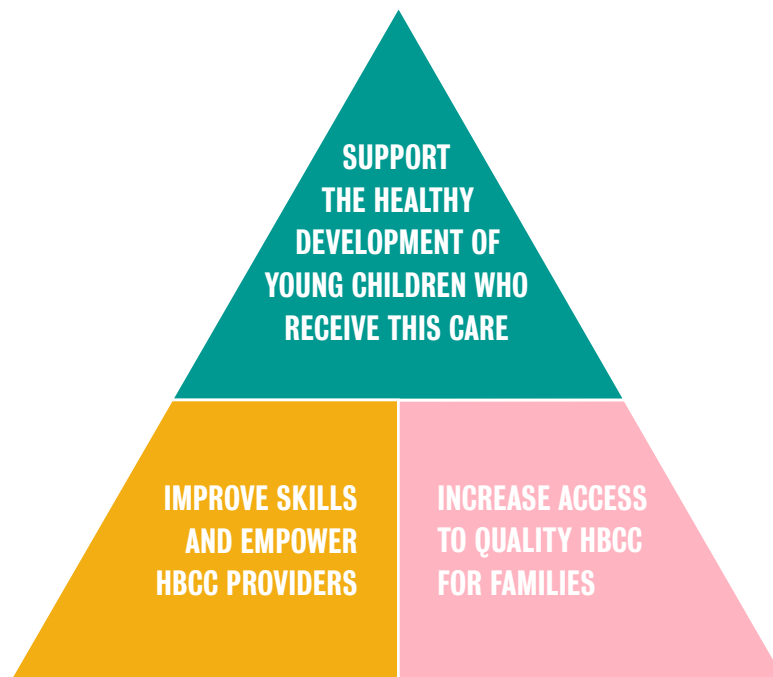


Figure 5: Three aims of support programs for HBCC providers

These support programs for HBCC deploy numerous methods of support, including but not limited to:

- Competencies and standards
- Training and professional development, including business skills
- Mentorship
- Networking, including family child care networks⁴
- Increasing recognition of home-based child care
- Linkages to other community services or local financing

While all support programs ultimately aim to improve skills and empower providers, increase access to quality HBCC, and support healthy child development, there are a number of additional **objectives** that contribute to these aims, as well as **common features** that support programs tend to display, and common domains by which they **define quality**. We developed the following emerging conceptual model based on the insights from our interviews, as well as existing literature on support programs for HBCC.⁵

⁴ Bromer & Porter, 2019., ⁵ For an alternative conceptual model for quality support programs for HBCC, please see (Bromer & Korfmacher, 2017), summarized in Appendix 2.

EMERGING CONCEPTUAL MODEL FOR SUPPORT PROGRAMS FOR HBCC

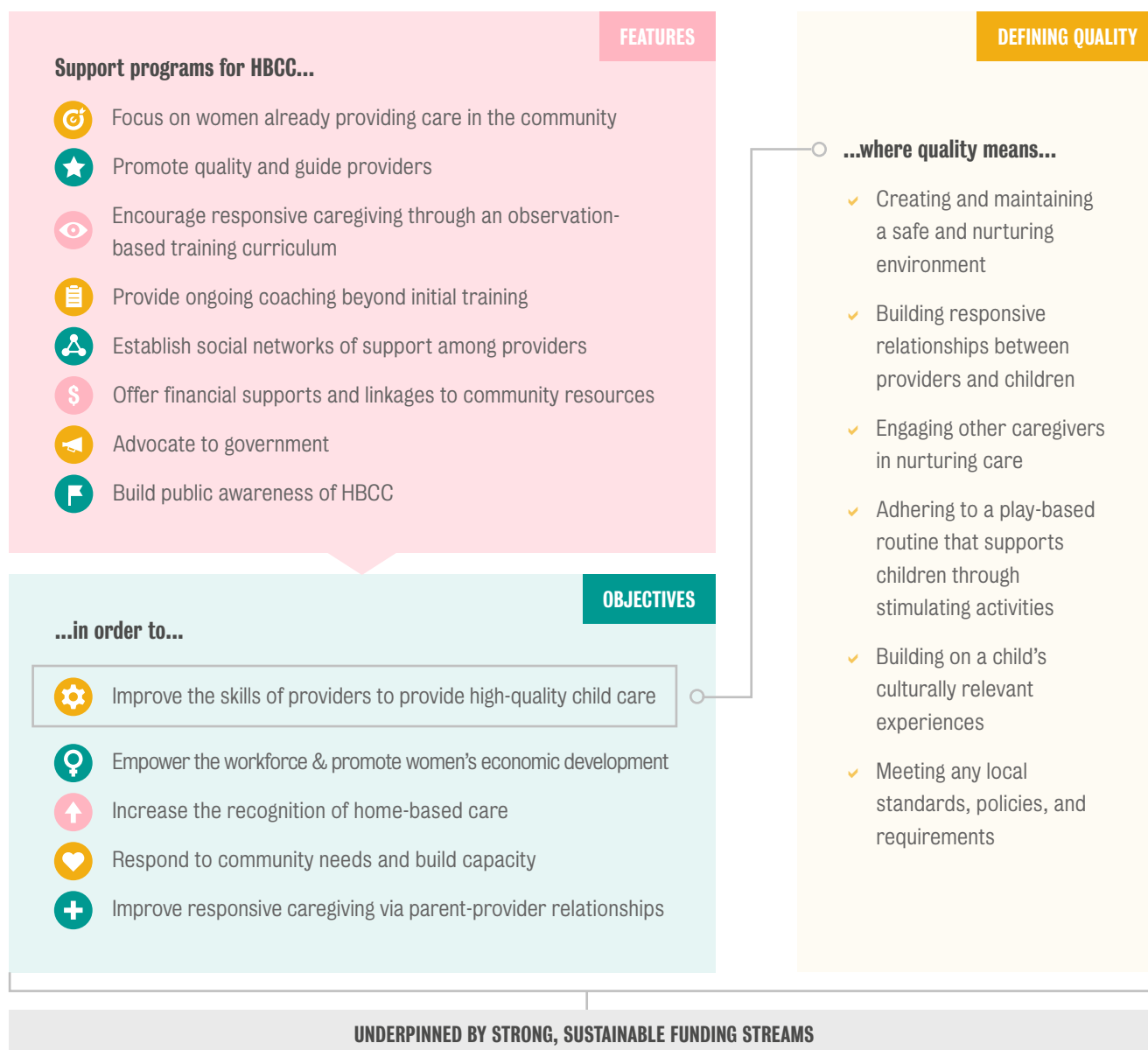


Figure 6: Emerging conceptual model for support programs for HBCC

The insights that informed this model were either common or universal across the different kinds of support and socioeconomic contexts that we studied. This model identifies strong, sustainable funding streams as a prerequisite for support programs to be effective, however the form of this funding can differ across contexts.

In Section 6 we expand upon the insights that underpin this conceptual model:

- Objectives of the HBCC support programs
- Common features of HBCC support programs
- Funding arrangements
- Defining and supporting quality in HBCC

We also identify:

- Challenges faced by those implementing HBCC support programs

A young child with long brown hair, wearing a white shirt and brown pants, is kneeling on a wooden floor. The child is using a paintbrush to apply white paint to a cardboard wall. To the left, a white wreath with a red bow is already painted on the wall. In the foreground, there is a small wooden table with a white plate on it. The background shows a white door with a wreath hanging on it. The image has a teal and yellow geometric overlay in the top left corner and a teal and pink geometric overlay in the bottom right corner.

5. FEATURED HBCC SUPPORT

PROGRAMS AND INITIATIVES

Below is a brief overview of the 11 support programs for HBCC we focused on for this research. Further information about each organization can be found in Appendix 1: Featured Support Program Profiles.

Table 2: Descriptions of featured support programs for HBCC

Organization or Program	Country of operation	Description
All Our Kin	USA	All Our Kin is a family child care network primarily based in Connecticut and New York City that helps home-based providers to meet state licensing standards and provides them with educational mentorship, professional development, advocacy and leadership opportunities, and a network of relationships with other family child care providers, among other benefits.
Carinos	Brazil	Carinos is a social enterprise network for early childhood care and education in Brazil. It creates tech-enabled solutions to promote quality interactions between children and their caregivers. Carinos' approach to supporting HBCC started as a marketplace and has pivoted to offer training and group mentorship to home-based caregivers.
Hogares Comunitarios de Bienestar (HBC) (Community Welfare Homes)	Colombia	HCBs are a service provided by the Colombian Institute of Family Welfare (ICBF), a governmental entity. The service operates in the homes of community mothers or fathers, who care for a maximum of 15 children up to the age of 4 years, 11 months and 29 days for 5 days a week. This intervention targets the most vulnerable children in the country, and reached national coverage in 1996.
Home Grown	USA	Home Grown is a collaboration between ten funder organizations to champion, finance, and promote programs and initiatives that: stabilize and expand HBCC services; deliver resources and learning supports to children and their caregivers; improve the capabilities of providers to deliver effective home-based services; promote the value and importance of HBCC; and support the adoption of model policies that enhance the sector.
iACT's Little Ripples program (Little Ripples)	Chad	Little Ripples is a program run by the humanitarian NGO iACT, that seeks to help refugee communities develop and provide community-led, culturally sensitive HBCC, informed by the Little Ripples curriculum and approach.
Kidogo	Kenya	Kidogo is a social enterprise that uses a social franchise model to identify, train, and support female entrepreneurs called 'Mamapreneurs' in low-income communities to start and grow their own child care micro-businesses.
Mobile Creches	India	Mobile Creches is an NGO providing creche facilities in urban informal settlements across India, and trains providers to run creches, as well as influences governments to affect child care standards and guidelines. Its community model of care initially began by directly facilitating HBCC, but today has pivoted to a center of excellence and standards-setting model.
OneSky's Migrant Model program (OneSky)	Vietnam	OneSky is an international non-profit with a presence in Asia that provides training-of-trainers, on-site mentoring, and hands-on support so that home-based providers in Vietnamese factory zones can deliver quality care and adopt, implement, and replicate the OneSky Approach on their own. The organization also established an Early Learning Center in Da Nang which serves as their national model center.

Organization or Program	Country of operation	Description
PACEY	UK	The Professional Association for Childcare and Early Years (PACEY) is a professional association that provides training, practical help, and expert advice to providers working throughout England and Wales. It also conducts influencing and advocacy activities, to promote quality care and early learning for children and families.
Relais Assistants Maternels (RAM)	France	The French government funds a family child care network of 500 Relais Assistants Maternels (childminding support centers) that offer providers the opportunity to meet with other childminders, get advice and support from experts on child development and on employment matters, and take part in activities along with the children in their care.
SmartStart	South Africa	SmartStart is a multi-level social franchise that, through a network of franchisor partners, supports 'SmartStarter' HBCC providers (franchisees) with training, materials, and ongoing coaching to run effective child care services.






A young child with short hair, wearing a purple t-shirt and blue jeans, is sitting on a patterned floor. The child is smiling and looking down at several yellow rubber ducks. One duck is on a small red toy car with white wheels. The background shows a wooden structure and some household items. The image is framed with teal and yellow geometric shapes in the top left and bottom right corners.

6. INSIGHTS: SUPPORT PROGRAMS

FOR HBCC IN DEPTH

6.1 OBJECTIVES OF SUPPORT PROGRAMS FOR HBCC

Support programs for HBCC aim to do three things: upskill and empower HBCC providers, increase access to quality HBCC for families, and ultimately support the healthy development of young children who receive this care. Among the programs we examined, we found a range of goals that contribute to these overall aims:

-  Improving the skills of providers to provide high-quality child care
-  Empowering the workforce and promoting women's economic development
-  Increasing the recognition of home-based care
-  Responding to community needs and building capacity
-  Improving responsive caregiving via parent-provider relationships

6.1.1. Improving the skills of providers to provide high-quality child care

A primary goal of all support programs studied was to improve the skills and quality of HBCC providers. All support programs included ongoing activities focused on enabling providers to incorporate updated practices. Examples of this include:

- All Our Kin provides educational coaching to providers in its network, and convenes monthly meetings, workshops, and trainings to ensure that providers are sharing up-to-date best practice
- SmartStart franchisors run regular 'Club' meetings, where SmartStarters can obtain advice from Club Coaches
- PACEY offers free and discounted training, a magazine, and a child care helpline, to ensure that its members have access to quality, up-to-date information

6.1.2. Empowering the workforce and promoting women's economic development

Programs such as Kidogo and All Our Kin noted that often providers are experienced in child care, but lack access to training focused on building financial skills and business knowledge to support business sustainability. These programs contain an explicit focus on improving financial literacy among the workforce, leading to greater sustainability. For example, Kidogo developed a mobile application to ease the process of record-keeping for its 'Mamapreneurs'. In response to the COVID-19 pandemic, PACEY is working with its members to improve their financial resilience in preparation for future crises, including sharing best practice and experience across its network.

In low-income settings, there is a risk that raising fees to improve profitability may make quality child care less affordable to families who rely on it. While there are means to improve profitability that do not rely on raising fees (Kidogo, for example, encourages its Mamapreneurs to be more deliberate about collecting existing fees), there is also a need for subsidization to ensure that quality HBCC can be provided in an affordable way to these communities.

Beyond financial skills and knowledge, the workforce of HBCC providers — a majority of whom are women — has been historically undervalued and underpaid due to systemic factors. For example, families throughout

the world struggle to afford quality child care, and in the absence of affordable options, data from 31 low- and middle-income countries show that child care duties most often fall to unpaid women (UN Women, 2015; ILO and WIEGO, 2020). Helping HBCC providers to build their enterprises and subsidizing families' child care costs through public funds are both good opportunities to increase women's incomes and address social inequalities.⁶

6.1.3. Increasing the recognition of home-based child care

Interviewees spoke of the need to challenge misconceptions about the HBCC industry. Several felt that home-based care providers faced unfair judgements that painted the quality of their care as low, and that this judgment was often rooted in classism, racism, and sexism. They felt that a core goal of their programs was to challenge this misconception, by professionalizing the workforce and increasing the perceived quality of child care by providers in their network.

Others saw a potential opportunity to seek public recognition of this labor segment and ideally commitments from national and sub-national government departments to invest in the training and certification of an HBCC workforce. OneSky seeks to have its home-based care training certified by the national Ministry of Education and Training in Vietnam, while Carinos seeks to have providers formally recognized as micro-entrepreneurs by the Brazilian government, in order to extend government benefits to this labor segment.

6.1.4 Responding to community needs and building capacity

Another key goal was to offer support to providers that is both responsive to community needs and culturally sensitive, with the aim to ultimately pass the delivery of such support on to local stakeholders. This serves a variety of purposes that drive the impact and sustainability of the support programs for HBCC.

Many support programs for HBCC value the power of local contextual knowledge and buy-in. Little Ripples, which works with refugee communities, understands that the local community needs to feel a sense of ownership over child care provision, to ensure that the care provided is sensitive to that community's culture, and to ensure that impact can be sustained in the long-term without continued program involvement. Little Ripples therefore works hard to ensure that the program design and delivery is led by the refugee communities that it serves. HCB in Colombia understands that one of the biggest advantages of 'community mothers' is their integration into the local community, which enables them to provide quality care to children. Other examples of how support programs sought to empower local communities include:

- SmartStart refers to its local implementing partners as 'franchisors,' not 'franchisees,' to reflect their critical role in reaching and supporting caregivers
- OneSky in Vietnam looks to embed quality practices within the community, to provide a nurturing environment that extends beyond the provider
- Mobile Creches indicated that community empowerment was also a priority for them, to ensure more holistic child care beyond the creches
- Home Grown seeks to have local impact even with its national scope— its Emergency Toolkit enables local intermediaries and funders to rapidly deploy support directly to local providers in their communities based on their expressed needs

6.1.5. Improving responsive caregiving via parent-provider relationships

Many interviewees noted that the improvement of direct child care provision was only a part of their mission. They recognized that provider care only covered a portion of a child's daily life, and that to secure holistic child









⁶ ILO and WIEGO's recently published policy brief series on 'Childcare for workers in the informal economy' shares compelling evidence for how more affordable, accessible child care can economically benefit providers as well as the families who receive their services.

development, programs needed to focus on empowering the primary caregivers in a child's life, such as their parents and other family members. Key examples include:

- OneSky and Kidogo aim to empower primary caregivers to provide nurturing care themselves, which has become increasingly important as a result of COVID-19, as many more parents are caring for children full-time
- Little Ripples' community outreach includes training for parents and other members of the community, while OneSky, Kidogo, All Our Kin, Carinos, and Mobile Creches coach providers in how best to communicate with and engage parents
- As part of their COVID-19 response, some interviewees spoke of a renewed focus on parental activity, with SmartStart, Kidogo, Mobile Creches, and All Our Kin all speaking of how providers in their networks were either telephoning parents or providing parents with materials to ensure that they could deliver stimulating and developmentally appropriate child care during lockdown

6.2. COMMON FEATURES OF SUPPORT PROGRAMS FOR HBCC

As part of this research, Spring Impact looked to understand and document the common features among programs supporting HBCC, especially when compared to more rigorously studied center-based models. We identified that many or all support programs we spoke to are:

-  Focusing on women already providing care to children in the community
-  Promoting quality and guiding providers
-  Encouraging responsive caregiving through an observation-based training curriculum
-  Providing ongoing coaching beyond initial training
-  Establishing social networks of support among providers
-  Offering financial supports and linkages to community resources
-  Advocating to government
-  Building public awareness of HBCC

6.2.1. Focusing on women already providing care to children in the community

Unlike other models that might seek to provide a pathway for newcomers into the professional field of child care, the majority of the support programs that we studied focused on existing HBCC providers. Stakeholders acknowledged that there will always be people providing child care informally in any given community, regardless of the involvement of external programs, and therefore programs should focus on reaching where child care is already being provided, and ensuring that this provision is of high quality.

An example of this can be found with the case of HCB in Colombia, which was born out of organic child care arrangements in the 1980s in which mothers in the community opened their homes to other children of the community. Since the late 20th century, these community homes have been gradually incorporated into the Instituto Colombiano de

Bienestar Familiar (Colombian Institute of Family Wellbeing, or ICBF), with increasing levels of government support and institutional recognition. While pathways exist to bring new community mothers onto the program (such as initiatives to provide reintegration to ex-combatants), the majority of community mothers are already experienced providers.

In terms of recruiting providers, support programs we studied existed on a spectrum from very open ‘opt-in’ models such as All Our Kin— where providers face next-to-no barriers to entry other than a willingness to engage in the support— to more selective, multi-round recruitment processes like those used to identify franchisee ‘SmartStarters’ or Kidogo’s ‘Mamapreneurs’. However, in most cases the target market is those already running child care services. Kidogo further articulated that an existing child care market is a prerequisite for a successful program to support providers. In the case of urban informal settlements in Nairobi, Kenya, it is more feasible to transform an existing industry in a given area than to build one from scratch. While Kidogo has experimented with a path-to-ownership model, whereby a child care center is set-up and the employed caregiver gradually takes ownership over a one-year period, the organization has found better uptake when elevating the quality of existing providers, as there is already trust between the provider and parent, which can take years to build with new centers.

In other cases, such as Little Ripples, its first level of basic teacher training is made available to anyone in the community who is interested in attending, partly to help spread knowledge and buy-in for the program, with the second and third level of training serving to identify the most qualified and prepared providers.

6.2.2. Promoting quality and guiding providers

While many support programs have developed their own slightly unique quality standards (see Section 6.4.2), all programs placed an emphasis on these standards, and made them available to providers— offering guidance on factors such as number of children per household and hygiene, among others. However, in the cases studied, quality control of the home-based caregiving setting was usually light, and negative repercussions virtually unheard of, with the exception of cases of child abuse or neglect. Research has shown that support visits to providers’ homes that focus on monitoring and compliance takes away providers from their interactions with children, thereby standing in the way of effective quality improvement (Banghart & Porter, 2016).

Across contexts, interviewees reflected the philosophy that providers are likely to provide child care regardless of their program’s involvement, and so measures that seek to remove support for underperforming providers are likely to end up harming children. Instead, programs focused on supporting an underdeveloped sector of the labor market. For example:

- Mobile Creches in India places heavy emphasis on training and guidance to promote quality, and where providers fail to meet quality standards, Mobile Creches will firstly focus on identifying root causes and providing gentle advice, rather than seeking punitive measures. Mobile Creches also emphasized the need to upskill parents in identifying best practice so that parents themselves could advocate for quality child care and hold providers to account – a tactic shared by a number of interviewees
- All Our Kin takes a similar approach by assessing the quality of child care using the FCCERS⁷, as well as pre- and post-training observations and assessments of providers’ knowledge, attitudes, skills, and practices. All Our Kin does not see its role as a compliance body, rather, its focus is on holding providers accountable to high health and safety standards through strengths-based coaching, training, and support

⁷ The Family Child Care Environment Rating Scale, developed by Harms, Cryer and Clifford, and first published in 2007, is a recognized evaluation tool to assess the quality of ‘Family Child Care’ – child care that operates out of a provider’s home. It is based off of the earlier Family Day Care Rating Scale (FDCRS, 1989), and the Early Childhood Environment Rating Scale (ECERS, 1980), but has been revised to more accurately reflect the specifics of home-based care. More information on the scale can be found at the Environment Rating Scales Institute, www.ersi.info/fccers.html

- PACEY recognizes that different members of its network will have different capacity to engage in quality improvement and different resources to dedicate to it. Blanket quality control methods are therefore seen as likely to alienate or discourage providers who are doing the best that they can, without helping these providers to improve

6.2.3. Encouraging responsive caregiving through an observation-based training curriculum

While many support programs we studied had developed their own training curriculum and tools for upskilling providers, the common building blocks revolved around responsive caregiving with emphasis on nutrition, play, and safety.

Many programs offer a portion of their training in a classroom setting, while a number of programs— such as OneSky, Kidogo, and Mobile Creches— also utilized a center of excellence model. In these cases, the organization itself would run a private child care center or select an exemplary provider to spotlight, where other providers could observe and learn best practice to apply in their own work.

6.2.4. Providing ongoing coaching beyond initial training

Many of the programs we spoke to provided ongoing coaching and knowledge sharing beyond an initial training. For example, SmartStart utilizes a master franchise model, where intermediary franchisors provide coaching and supervision to ‘SmartStarters’ (providers) through phone calls, WhatsApp messages, and regular provider ‘club’ meetings.

Every organization we spoke to has been affected by the COVID-19 pandemic and corresponding public health measures that have forced them to pause in-person operations. Many providers themselves are unable to continue caring for children during strict lockdown and social distancing protocols. In response, these programs have adapted their operations to provide ongoing coaching to providers in several ways. For instance:

- All Our Kin leveraged social media channels and continued to offer trainings and coaching over video conferencing platforms
- SmartStart supported its coaches to offer weekly coaching and information sharing to SmartStarters through WhatsApp, covering topics such as COVID-19 safety measures and how to support early learning at home
- Carinos adapted its operations to offer ZapCarinos, a free WhatsApp messaging service including tips and creative activities for parents, home-based caregivers and early childhood teachers to promote quality interactions with children

6.2.5. Establishing social networks of support among providers

Common across all programs we studied was a promotion of social ties between caregivers. For example:

- SmartStart encourages providers to attend ‘clubs’, where they can share their experiences and pick up new practices
- PACEY makes use of a peer-to-peer support network to share best practice between providers and foster connections on a local level despite PACEY being a national organization itself
- Kidogo forms Communities of Practice where Mamapreneurs in a given location meet monthly at each other’s centers to share their challenges and to support one another in a cohort model that builds a sense of belonging and shared accountability

These social networks serve as both a value-add to the providers, but have also proven useful as programs have sought to rapidly redirect the efforts of providers in light of COVID-19, offering opportunities to spread

news rapidly. All Our Kin started doing a Facebook Live video broadcast twice a day after learning providers felt alone during the social distancing lockdown period. OneSky encouraged its providers to create their own videos to share with parents on ways to engage with their children during the pandemic, and the resulting friendly competition of sharing videos and words of encouragement among providers has been a source of motivation.

6.2.6. Offering financial supports and linkages to community resources

Many programs sought not just to provide support in the form of direct training, but also financial support as well as linkages to local resources. This was especially prevalent in low-resource settings. OneSky offers small stipends for snacks and materials, while All Our Kin provides access to zero-interest loans for projects to improve the quality and profitability of providers' businesses. Mobile Creches facilitates linkages with government systems for child immunizations, health referrals, and age appropriate school enrollment of children. Such approaches represent a wider recognition that holistic supports are needed for effective child development, and that often the lack of funding can be a major barrier to equality in care outcomes across different socioeconomic contexts.

Home Grown's Emergency Fund has allocated USD \$1.2 million in matched funding to support HBCC providers across the US respond to COVID-19. In many cases, these funds are being used to provide one-time cash grants to providers in low-resource contexts so they can sustain their operations (e.g. purchasing personal protective equipment, or paying rent). In the Kenyan context, Kidogo has been providing monthly cash transfers to its Mamapreneurs during the COVID-19 pandemic to help keep their businesses afloat. To qualify, Mamapreneurs must distribute monthly Play Packs and make bi-weekly calls to check-in on parents' and children's well-being.

6.2.7. Advocating to government

Many of the programs emphasized that genuine progress toward meeting the aims of HBCC could not be achieved or sustained without government involvement, and most strived to advocate for policy improvements.

In multiple cases, there was a perceived ideal role of government as a certification and compliance body for HBCC, as is the case in many countries for center-based child care and pre-schools. For example:

- Mobile Creches works closely with state and national government to introduce appropriate regulations for the numerous different contexts in which child care is delivered in India
- Kidogo has urged the Kenyan government to introduce licensing regulations with minimum facility standards

This is already the case in England and Wales, where all home-based providers are required by law to register with the regulatory bodies Ofsted or CIW⁸ respectively and demonstrate that they are meeting certain environment and child development standards. Providers are then subject to regular observational visits and reaccreditation. While the standards themselves are set at the government level, organizations like PACEY support providers in registering with Ofsted/CIW and meeting those standards.

Having the government as a certification and compliance body can still be compatible with the philosophy many HBCC support programs had around promoting quality rather than enforcing it (see Section 6.2.2). Where government standards are in place, support programs do not feel that providers should face punitive measures for failing to meet them. Mobile Creches, for instance, views these idealized standards as a goal for providers to aim for, leading to improved practice, rather than something that they should be penalized for not meeting.

⁸ Ofsted, or the Office for Standards in Education, Children's Services and Skills, is a regulatory body that oversees educational institutions and services that care for children in England. The Care Inspectorate of Wales is the independent regulator of social care and child care in Wales.

There is also work done to ensure that policies support the development of the HBCC profession. For example:

- PACEY works hard to reduce ‘red tape’ for child care businesses and extend government funding in England and Wales to ensure greater financial sustainability
- Carinos advocates for the Brazilian government to recognize the legitimacy of the home-based provider profession, in order to make those providers eligible for government benefits for micro-entrepreneurs
- Home Grown, among other policy-influencing work, has produced a State Leadership and Administrator’s Guide to lobby for improved recognition of and support for home-based providers at the state level across the US, especially in response to the COVID-19 pandemic

6.2.8. Building public awareness of HBCC

Beyond influencing public sector stakeholders, support programs for HBCC play a unique role in influencing the broader public awareness of home-based child care as an accessible, affordable, and culturally appropriate child care option for families. This audience can include primary caregivers and families, but also employers, other child care providers and community members. Support programs for HBCC do this through their ongoing efforts to elevate and enhance the work of HBCC providers and respond to community needs (See Sections 6.1.3 and 6.1.4).

6.3. FUNDING STREAMS

In every program we examined, there was a central hub of support, either providing support to providers directly or via intermediary partners. Figure 7 shows the different primary approaches to funding:

- **Fee-funded** – Programs are funded by the providers themselves, either through a direct subscription fee, or through a transaction fee associated with the sale of child care services
- **Private grant funding** – Programs that are subsidized by grant funding with no, or only a nominal, fee charged to providers in exchange for the support provided
- **Government funding** – Public financing covers the cost of supporting providers, either directly (by integrating the programs into public social service provision), or indirectly (through extension of benefits or other employment subsidies for providers)

FUNDING APPROACHES*		
FEE-FUNDED	PRIVATE GRANT FUNDING	GOVERNMENT FUNDING
Recurring fee charged directly to provider	No fee charged to providers	Directly funding core support program costs
Transaction fee charged between provider and family	Nominal fee charged to providers	Indirectly funding program or its aims

* Approach denotes primary form of funding. Many programs obtained a number of different sources of finance

Figure 7: Three primary approaches for funding support programs for HBCC

6.3.1. Fee-funded

A number of support programs for HBCC were funded through fees from providers. This can either happen through charging providers a recurring fee to access support, or by charging a transaction fee when the provider sells their child care services to a family.

The former model can be seen in the professional membership body of PACEY, where providers pay an annual fee to enjoy membership benefits, though this is supplemented by grant funding. While PACEY is a registered non-profit, the fact that its funding comes predominantly from membership fees creates added incentives to create an appealing package for members and reduce costs, leading to a high-quality and valuable offering for providers.

The social enterprise Carinos collects a transaction fee to partially fund back-end systems and the support home-based providers receive from the organization. Other for-profit social enterprises we did not interview take a similar approach. For instance, Tiney, the child care matching platform, takes a 10% cut of provider fees to fund its operations and back-end systems.

6.3.2. Private grant funding

In most cases we studied, support programs did not charge providers a fee to access training or other ongoing benefits. For example, All Our Kin, SmartStart, Mobile Creches, OneSky, and Little Ripples provide extensive support but expect no payment from providers. These programs fund their core costs through grant funding.

In cases where fees are charged to providers (such as Kidogo), this charge is usually nominal, and is intended to increase perceived value and buy-in from providers rather than cover the core costs of the program. Kidogo mentioned that the support provided to Mamapreneurs in the intensive 6-month quality improvement program is over and above the value of the fee. However, after the 6 months, the ongoing cost to support Mamapreneurs reduces drastically—approximately \$5 per Mamapreneur per month—which is covered through grant funding. This highlights the importance, discussed throughout this report, of making these supports as accessible as possible for providers.

6.3.3. Government funding

The scale, influence, and financial resources of many governments make them an appealing partner for support programs for HBCC, either through directly funding the support programs themselves, or through providing indirect funding to support the programs' aims.

Direct funding by government remains, for the most part, unrealized and aspirational, but is an explicit goal of some of the programs we spoke to. SmartStart, for example, has set itself the ambitious target of reaching one million children by 2026, to demonstrate that it is possible to provide child care to every child in South Africa who is not currently receiving quality care, in a way that is impactful and cost-effective. SmartStart hopes that by doing this, it will be able to convince the government to take on the financial sponsorship and stewardship of the program. RAM and HCB are key exceptions, with these support programs funded by taxpayers and integrated into public services.

While direct government funding remains an aspiration of many programs, there are limitations that should be acknowledged, especially when considering models of HBCC. While HCB Community Mothers are able to use program funds to provide educational materials and food for the children in their care, they are unable to use such funds to improve the general infrastructure in their homes, as this could be seen as government funds being used for personal home improvement. Therefore, where care is being provided within a provider's own home, there are additional considerations that limit the viability of government funding.

Other programs sought to leverage government funding to support the program's aims through indirect means, often through partnerships that create an enabling environment, for example:

- Mobile Creches negotiates subsidized rent from local government for its community-based creches
- SmartStart partners with government public works programs to provide training and employment to those from the poorest communities, enabling them to become child care providers and access government subsidies
- PACEY partners with local authorities in England and Wales to provide services such as training and quality assurance, to extend its impact beyond its core membership and provide additional funds
- OneSky is working with the Vietnamese government to endorse its curriculum so that it can become the default training program for all home-based providers across the country

Several support programs, such as Carinos, advocate for government to support its aims through providing financial supports to the providers in its network, improving those providers' ability to meet the objectives defined in Section 6.1. Recently, Home Grown advocates for urgent, significant, and flexible federal and state government investment in supporting HBCC providers so that they can continue delivering critical services in the midst of the COVID-19 pandemic. Additionally, Home Grown calls on government administrators to expand access to federally-funded small business relief programs so HBCC providers can make use of them as intended.

6.4. DEFINING AND SUPPORTING QUALITY IN HBCC

In the broader sector as well as in the examples we studied, quality remains one of the most underdeveloped aspects of support programs for HBCC. In our initial literature review, we found that much of the frameworks around quality in child care settings focused on child care centers, and had been developed within the context of high-income settings in the Global North. There was little material on how to define and support quality in home-based settings, especially in lower resource contexts. This is problematic for support programs that seek to promote quality child care practices in home settings.

In general, the interviewees we spoke to echoed this sentiment, finding frustration in the lack of appropriate quality standards, and recognizing the deficiencies of applying frameworks specific to center-based contexts to their own programs. Most of the programs we examined had in fact developed their own quality frameworks, building on and adapting existing tools.

Despite the lack of universally used tools or standards, there were common domains against which support programs assessed quality. These are included in the conceptual framework (Figure 6) and detailed in Section 6.4.2.

- ✓ Creating and maintaining a safe and nurturing environment
- ✓ Building responsive relationships between providers and children
- ✓ Engaging other caregivers in nurturing care

- ✓ Adhering to a play-based routine that supports children through stimulating activities
- ✓ Building on a child’s culturally relevant experiences
- ✓ Meeting any local standards, policies, and requirements

This section describes existing prominent quality frameworks in child care broadly and HBCC, challenges with these tools, and presents the findings from this research on how the featured HBCC support programs assess quality.

6.4.1. Challenges with existing tools for evaluating quality

While much work has been done to come up with generic quality indicators for child care models, there is a need to more consistently define quality in home-based settings and understand how this relates to child outcomes.

The Nurturing Care Framework (Figure 4) is widely accepted as a foundation for good quality early childhood care and education. In addition, existing literature on quality in pre-primary education and child care points to process quality and structural quality factors that lead to nurturing care and ultimately, positive impacts on a child’s development (Bigras, et al., 2010).⁹ For example, high-quality training, supervision, and support of the child care workforce are seen as indicators for quality child care (Samman & Lombardi, 2019). Despite this general consensus, as Goodson and Layzer note, “There has been relatively little research documenting the relationship between quality in home-based care and child outcomes, and all of the research has been observational as opposed to causal” (Goodson & Layzer, 2011).

Several tools and studies exist that are used to evaluate the quality of such services for children up to five years old— Figure 8 identifies some of these tools and the domains that they observe. One such tool that is relevant for home-based settings is the Family Child Care Environment Rating Scale - Revised (FCCERS-R) which uses numeric levels 1-7 to indicate quality ranging from inadequate/insufficient to good/acceptable to very good/excellent. Now totaling 33 items, FCCERS-R rates items related to how caregivers interact with children, the space and environment, and how programming is structured, among domains (Environment Rating Scale, n.d.). Research by Bromer and Porter found that approximately 72% of staffed family child care networks in the US used the FCCERS as an assessment tool to measure the quality of providers in their network (Bromer & Porter, Mapping the Family Child Care Network Landscape: Findings from the National Study of Family Child Care Networks, 2019).

Where other quality frameworks have been developed, they heavily focus on the interactions between provider and child, offering comparatively less insight into environmental and programmatic factors (see Figure 8).

⁹ Process quality refers to aspects of care given by providers to help children’s overall development, while structural quality features refer to measurable and often-regulated aspects such as group size or provider educational level in Wales.

MEASURE	DOMAINS OBSERVED														
	Provider/Child Interactions						Home Environment				Health & Safety		Parent		Pro- vider
	Emotional Support/ Responsivity	Management/Discipline	Language / Interactions	Stimulation Involvement	Supporting for learning/ Cognitive stimulation	Support for social development	Organization	Resources/Learning materials	Activities / Schedule	Child-child interactions	Physical safety	Health and nutrition	Communication/Relationship	Support for parents	Professionalism
FCCERS-R: Family Child Care Environment Rating Scale - Revised	✓	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓		✓
APFCH: Assessment Profile for Family Child Care Homes					✓						✓	✓			✓
IT-CC-HOME: Infant Toddler Child Care HOME	✓			✓			✓	✓							
EC-CC-HOME: Early Childhood Child Care HOME	✓		✓		✓			✓							
CCAT-R: Child Care Assessment Tool for Relatives		✓	✓		✓	✓							✓		
CIS: Caregiver Interaction Scale	✓	✓		✓											
QUEST: Quality of Early Childhood Care Settings: Caregiver Rating Scale	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				
ORCE: Observational Record of the Caregiving Environment	✓	✓	✓		✓				✓	✓					
C-COS: Child-Caregiver Observation System			✓						✓	✓					

Figure 8: Observation measures of quality in home-based settings and domains assessed. Source: Goodson and Layzer, 2011

Our interviewees raised a number of issues with existing tools for promoting and measuring quality, which echoed insights from our initial literature review.

Lack of effective and culturally-appropriate metrics for evaluating quality

Despite its wide use, relative ease of administration, and evidential backing, there is some concern that the FCCERS and its predecessor, the Family Day Care Rating Scale (FDCRS), are inappropriate tools for assessing many home-based providers, many of whom operate in limited resource contexts (Maher, 2007). Studies using the FDCRS typically have rated HBCC in low-income settings with inadequate to minimal quality scores on space and furnishings, while studies using the Quality of Early Childhood Care Settings: Caregiver Rating Scale (QUEST), which is designed with these demographics in mind, gave at least adequate ratings for space and comfort, opportunities to play, and outdoor materials (Banghart & Susman-Stillman, 2011).

The lack of effective and contextually-appropriate metrics for evaluating quality in home-based settings was a sentiment that we encountered during our interviews. When Kidogo first began, it used the Infant/Toddler Environment Rating Scale (ITERS)¹⁰, but found this to be too child care center-focused and, as a US-developed

¹⁰ The Infant/Toddler Environment Rating Scale, developed by Harms, Cryer and Clifford, and first published in 1990, is a recognized evaluation tool to assess the quality of child care for infants and toddlers. More information on the scale can be found at the Environment Rating Scales Institute <https://www.ersi.info/iters3.html>

tool, inappropriate for the Kenyan context. Kidogo later moved towards the FCCERS¹¹, but does not see it as a perfect solution, and today uses it more as a tool to validate Kidogo's own self-developed quality frameworks.

OneSky bases its quality assessment on the Global Guidelines Assessment (GGA), a free online evidence-based tool for assessing childhood development across global contexts. However, OneSky still found the GGA to be too long for its purposes, and therefore adapted it into shorter, customized assessments¹² Little Ripples similarly uses a self-developed tool that is less stringent than FCCERS, and is adapted to the low-resource settings faced by refugees.¹³ Mobile Creches, on the other hand, co-creates minimum standards of quality for its community based creches in partnership with parents, providers, and other community stakeholders. This has been an effective strategy for engaging users of HBCC who are typically low-income, engaged in informal occupations, and experiencing fragile working conditions, with little time to understand or attend to the quality of child care providers.

Many interviewees noted that what was deemed desirable according to existing tools was simply not feasible in low-resource contexts and adjusted their recommended guidance accordingly— for example, by setting less stringent conditions on the number of children per provider or floors pace per child.

Failure to account for the unique assets of home-based child care

Similar to the environmental ratings described above, evaluating the care provided by untrained family, friends, or neighbors against traditional assessment frameworks may lead to the conclusion that such care is inadequate, without considering potential developmental benefits that can come from such forms of care (Goodson & Layzer, 2011). Home Grown noted that whereas the latest quality frameworks such as FCCERS are an improvement on what had come before, these tools still fail to adequately account for assets of home-based settings not present in centers, such as the intimate setting and shared culture and language between provider and child.

Other factors that could be considered assets that are currently underrepresented in measurement tools include the neighborhood and community context, mixed-age groups, and relationships between providers and families that might extend beyond the caregiving relationship. Although not completely unique to home-based settings, these features may look different or be less prevalent in a child care center (Blasberg, et al., 2019).

Challenges proving the link between domains of quality and developmental outcomes

A further issue is that the often informal and disparate nature of HBCC, as well as the underdevelopment of HBCC as an area of study, makes it difficult to rigorously link the independent variables in Figure 8 to child development outcomes (Ang, Brooker, & Stephen, 2017). Mobile Creches notes that this issue is magnified in contexts where child care is provided to transient populations, making rigorous longitudinal study nearly impossible.

Some interviewees explained that an obstacle to defining quality in their programs was the diversity and variability of what a home looks like, making nuanced quality indicators difficult to articulate and promote. For these reasons, nearly all of the programs we spoke to had developed their own quality frameworks based on more formally recognized frameworks. However, one challenge that persists across the sector is the lack of resources to develop robust and universally applicable quality frameworks. Additional research and collaboration between support programs for HBCC could help make progress against this challenge.

¹¹ The Family Child Care Environment Rating Scale, developed by Harms, Cryer and Clifford, and first published in 2007, is a recognized evaluation tool to assess the quality of 'Family Child Care' – child care that operates out of a provider's home. It is based off of the earlier Family Day Care Rating Scale (FDCRS, 1989), and the Early Childhood Environment Rating Scale (ECERS, 1980), but has been revised to more accurately reflect the specifics of home-based care. More information on the scale can be found at the Environment Rating Scales Institute, www.ersi.info/fccers.html. ¹² OneSky has shared the Home Visit Form used by its trainers in Vietnam here., ¹³ Little Ripples has shared its Pond Observation Checklist here.

6.4.2 Defining quality for HBCC

As mentioned above, most interviewees have developed their own unique definitions of quality and tools to gauge what good quality HBCC looks like, based on existing tools but adapted for home-based and low-resource contexts. These remained in an early stage of development.

Despite the lack of universally used tools or standards, there were common domains against which support programs assessed quality. These were:

- ✓ Creating and maintaining a safe and nurturing environment
- ✓ Building responsive relationships between providers and children
- ✓ Engaging other caregivers in nurturing care
- ✓ Adhering to a play-based routine that supports children through stimulating activities
- ✓ Building on a child's culturally relevant experiences
- ✓ Meeting any local standards, policies, and requirements

For professional bodies like PACEY, and other support programs that help providers to meet professional standards, quality was also acknowledged to involve adherence to prescribed statutory guidelines and standards. However, these programs acknowledged that such metrics were not an indicator of quality in and of themselves, and the support programs often had independent conceptions of what quality child care meant.

Creating and maintaining a safe and nurturing environment

The previously mentioned difficulties that programs faced in identifying and measuring universal quality metrics led many programs to place heavy emphasis on assessing whether providers were creating and maintaining a safe environment (usually based on the FCCERS), with an understanding that if certain hygiene factors were in place, the likelihood of good quality child care being provided would increase. Hygiene factors include cleanliness, caregiver-to-child ratio, the square footage of floor space per child, and feature heavily in the assessment frameworks for programs such as Mobile Creches, Little Ripples, and SmartStart.

In other instances where programs help providers to meet statutory guidelines, quality measures are set by the regulating body, which are likely to focus on environmental factors as these are easier to assess than relationships or child development. For example, while PACEY internally defines quality child care as care that is developmentally appropriate and tailored to the needs of the child, its support to providers is designed to help them to meet the Ofsted or CIW frameworks, which focus on elements such as the home environment and safeguarding procedures (Ofsted, 2014).

ICBF in Colombia sets guidelines that all community homes must fulfill, which includes the supply of pedagogically appropriate resources, appropriate space for children, and the safety and cleanliness of the home environment.

Building responsive relationships between providers and children

Most support programs we interviewed valued the ability to build responsive relationships between the child and provider as a key indicator of quality HBCC that would lead to good developmental outcomes. They not only saw this

as an indicator of good quality, but also saw these relationships as unique characteristics of HBCC. Home Grown emphasized this as a core asset of the home setting— that children are cared for often in a small area, a familiar setting, and by a culturally competent provider. SmartStart’s assessment framework includes “warm interactions”, providing “individual attention”, and “comforting children” as behaviors that Coaches should be observing in providers.¹⁴ Little Ripples’ ‘Pond Observation Checklist’ identifies ‘praising individual students’ as a desirable activity.

Engaging other caregivers in nurturing care

By building the positive relationship between providers and families through the delivery of quality HBCC, a provider is able to facilitate positive interactions between children and other caregivers in their lives. Several support programs for HBCC noted the importance of care that happens outside of the direct HBCC services. For example:

- OneSky cited the power to redefine and develop the nurturing relationship between a child and other caregivers in their lives by training providers— and by extension, families— on the science behind child development. According to OneSky, the most appealing and shocking realization for many parents is when they realize they have a real impact on the child’s brain development, something that is otherwise not visible
- Carinos’ messaging service, ZapCarinos, offers tips and creative activities for adults to spend quality time with their children. In addition, during the COVID-19 pandemic when many child cares have closed, Carinos has conducted three online courses on ECD, reaching roughly 600 caregivers, ECD teachers, and parents
- All SmartStarters are encouraged to involve primary caregivers in their child’s care, through discussing their child’s progress at the start and end of every session, sharing and discussing a Child Progress Report twice a year, holding caregiver information meetings, and sharing information leaflets that provide tips on supporting learning at home. During the COVID-19 pandemic, SmartStarters and Club Coaches have been telephoning parents directly to share learning tips and best practice while families are in lockdown

Adhering to a play-based routine that supports children through stimulating activities

Almost all interviewees mentioned the importance of play and learning when caring for young children, and many have built guiding curricula or tips for providers to apply. SmartStart’s assessment framework judges the quality of care against a number of metrics, including adherence to a specified SmartStart routine, and supporting children through stimulating, responsive activities.

Building on a child’s culturally relevant experiences

Our literature review identified that a major benefit of HBCC is its adaptability to the needs and culture of families who depend on it. Our interviewees confirmed this and went further, indicating that such responsiveness is not just a benefit, but a major indicator of quality. Little Ripples believes this, and asks trainees to incorporate songs and animals from local customs into their curriculum. HBCC is typically strongly embedded in a community’s existing social ties, and its ability to effectively build on a child’s culturally relevant experiences leads to better child outcomes. In Colombia, ICBF’s Community Modality service manual, which informs the standards that HCB homes must meet, explicitly identifies culturally appropriate care in a child’s own language as an indicator of quality.

Meeting any local standards, policies, and requirements

As described in Sections 6.2.2 and 6.2.7, support programs for HBCC such as All Our Kin and PACEY hold providers accountable to local health and safety standards through coaching, training, and support. They also

¹⁴ SmartStart has shared one of its Programme Quality Assistance Tools used for the accreditation of SmartStarters here.

assist providers in registering with the proper regulatory bodies. In the US, staffed family child care networks and child care resource and referral agencies work directly with providers to help them do things like improve or assure quality, apply for licensure, and complete other accreditation requirements. In the US, state-wide family child care quality rating and improvement systems (QRIS) vary in design and implementation, but provide a rating scale and system for structuring financing supports and incentives for providers linked to quality (BUILD Initiative, QRIS National Learning Network, 2019).¹⁵

6.4.3 Looking forward

While there is still a need to further develop culturally sensitive and context-specific quality standards and tools for HBCC, some work has begun which represents a positive trend. Blasberg et al's (2019) conceptual model identifies three categories of quality that HBCC settings should promote: foundations for sustainable care, lasting relationships, and opportunities for learning and development.

CHILD TRENDS AND OPRE'S CONCEPTUAL MODEL FOR QUALITY IN HBCC



Figure 9: Conceptual Model for Quality in Home-based Child Care, adapted from Blasberg et al, 2019

¹⁵ Many resources and tools have been produced around QRIS for HBCC providers by the BUILD Initiative (BUILD) in the US. BUILD also influences state and national policy conversations affecting HBCC.

We noticed many similarities between this conceptual model and the domains of quality that we identified through our interviews, and hope that further work in this field can build on these findings.

6.5 CHALLENGES TO SUPPORTING HBCC

While the programs we studied were contributing to improved quality of care, there were common challenges to achieving this goal, including:

- The need for financial support and sustainability
- The balance between promoting quality and assuring income
- The difficulty in reaching home-based providers
- The process of gaining parental recognition and buy-in
- The demand to improve quality outpacing supply
- The lack of political will
- The challenge of collecting evidence of impact

6.5.1. The need for financial support and sustainability

Many programs we spoke to work with providers operating in low-income settings, where families simply cannot afford to pay high child care fees. This limits HBCC providers' sustainability, as there is little surplus to pay back into improving their child care businesses. It is no surprise then, that programs designed to support these providers also struggle to secure reliable financing. SmartStart and Kidogo both spoke of how their franchise models could not be supported by provider fees alone, and government funding was not available, creating a primary reliance on private grant funding. Both continue to advocate the government for more sustainable financial support for HBCC.

Additionally, interviewees explained that some grantmakers tend to favor funding interventions that address center-based child care over HBCC, as programs targeting center-based providers are able to reach more children at once and therefore are seen as the more economical option. Support programs targeting HBCC providers may struggle to raise funds by comparison.

6.5.1. The balance between promoting quality and assuring income

As noted in Section 6.4.2, many programs focused on specific environmental factors as measures of quality, such as provider to child ratio and floor space per child. However, in low income settings, providers are more prone to sacrifice these quality measures in an effort to generate more revenue. SmartStart and Kidogo both expressed that they had found it challenging to persuade providers to forego additional income in order to provide a safe, nurturing environment for the children in their care. The aversion to punitive measures discussed in Section 6.2.2 makes it difficult to enforce quality standards in the face of misaligned incentives.

6.5.2. The difficulty in reaching home-based providers

Unlike center-based provision, HBCC can happen almost anywhere on an informal basis, making it particularly difficult to influence caregiving practices at scale. Mobile Creches told us that while it places a focus on advocating for improved government regulations and standards, it accepts that it is unlikely that all informal providers will be aware of or able to adopt these. Kidogo and Carinos have designed strategic processes to map providers in a given area within a municipality to determine need and demand, although this usually reveals there is more need than can be addressed at present. Ultimately, Kidogo aims to increase the number of ‘Mamapreneurs’ in its target geographies as a proportion of total providers, to build its reputation, and achieve systems change and broader advocacy aims.

Geographic reach is also a challenge, with support programs often being concentrated in urban centers, leaving rural providers without adequate support. Data shows that in the US, only approximately one quarter of staffed family child care networks serve providers that live in rural areas (Bromer & Porter, 2019). Even where support programs are embedded in public services, such as RAM in France, there is a lack of consistency in the coverage provided across localities.

6.5.3. The process of gaining parental recognition and buy-in

The importance that many programs place on parental engagement (see Section 6.1.5) is tied to two related issues: That often parents themselves do not have access to information on the importance of providing high-quality nurturing care to young children, and that even with that information, other obstacles prevent parents from choosing or demanding higher-quality care. Therefore, many programs endeavor to convince parents that quality of care should be weighed equally with convenience and affordability. Almost every interviewee we spoke to confirmed that parents who had experienced their programs eventually recognized the benefits for their children, but achieving parental buy-in at the start is still an important step that cannot be skipped.

6.5.4. The demand to improve quality outpacing supply

Some respondents acknowledged that demand for quality child care, and for quality support programs for HBCC, outstrips the supply. For example, Kidogo has adopted a targeted approach, where it raises awareness of their program in a geographical area, but has to be selective in who it accepts to become a ‘Mamapreneur’. Ultimately, Kidogo aims to increase the number of Mamapreneurs in its target geographies as a proportion of total providers, to create a tipping point of accessible quality child care, which will in turn shift consumer demand and achieve systems change from the bottom-up. However, this still leaves a number of providers without the support needed to deliver effective child care.

6.5.5. The lack of political will

The absence of government buy-in can be a huge barrier to effective, scalable, and sustainable impact of supports for home-based child care.

OneSky, SmartStart, and All Our Kin all acknowledged that government buy-in and support is crucial for the sustainable scale of support programs for HBCC, though this is a long-term goal. In Kenya, ‘babycares’ or day cares aimed at young children under five years of age do not sit under a particular ministry, and there is a missed opportunity for significant investment or stewardship. PAGEY notes similarly that in England and Wales the policy environment is very school-centric, with regulators, inspectors, and other systems actors not fully appreciating the importance of ECD and therefore fail to ensure that standards and frameworks reflect this.

6.5.6. The challenge of collecting evidence of impact

Many interviewees said that it was difficult to prove the impact of their support programs, with a main issue being the lack of resources to conduct extensive, longitudinal evaluations. Yet, many funders and government stakeholders consider impact measurement a key requirement for securing grant funding and furthering advocacy efforts. Little Ripples told us that in a choice between funding service delivery or funding impact measurement, it has prioritized service delivery that would have direct impact on young children. Little Ripples often relies on anecdotal evidence to show positive impact, rather than sophisticated quantitative analysis.

Further challenges to proving impact stem from the innate difficulty of measuring the effect of support programs on child development outcomes. Many variables can affect children's development, and support programs for HBCC usually influence a subset of these, such as the training of the child care provider. The numerous other inputs that can impact children's development, combined with the relatively small sample sizes receiving care from each provider, make it difficult to draw strong conclusions about a support program's ultimate impacts. In the case of OneSky, which was undergoing an evaluation by a team of researchers from Harvard University prior to the COVID-19 pandemic, they seek to understand the effect of the program in influencing provider behavior, and planned to only study child development as a secondary outcome.

Mobile Creches has also found it difficult to measure impact as its target audience is transient populations, who may only access support for a limited time before migrating onwards. It is therefore difficult to follow up with families to study the effects on child development.

The challenges faced by support programs for HBCC present important opportunities for improvement in the HBCC sector, as described in the next section.



7. RECOMMENDATIONS AND CONCLUSION

HBCC is one of the most popular forms of child care across the globe, and so high-quality support for HBCC at scale has the potential to unlock numerous widespread benefits, from improved child development, to the development of the HBCC profession, to increased women’s economic empowerment. To realize these benefits, support programs that can nurture and develop the quality of HBCC provision are crucial. Since a global survey of support programs for HBCC has previously not been conducted in depth, this report seeks to shed light on these programs’ objectives, their common features, the domains by which they define quality, and the challenges that they face. Our hope is that readers will take forward these insights to further the aims of support programs for HBCC.

The production of this report coincided with the COVID-19 pandemic, adversely affecting all the support programs we spoke to, and the providers they serve. COVID-19 has highlighted the vulnerability of the HBCC industry, even as our interviewees shared accounts of the resilience and adaptability of providers who were already operating with limited resources. As with all industries disrupted by the pandemic, the HBCC sector will need to strengthen its infrastructure so that providers and families can endure future times of crisis. While the recommendations in this report are intended to stand independently of the recent crisis, COVID-19 represents a critical moment to ask what families really need and reimagine what the HBCC sector could look like, and we hope recent events add a sense of urgency to these recommendations.

In order to realize the success of these support programs, scale their impact further, and bolster the HBCC sector, we make the following five recommendations:

1 Donors and policymakers should increase financing for systems of support, and governments should provide more funding to HBCC providers

With the potential for support programs to scale quality child care practices, longer term financing will be required to ensure sufficient and sustainable comprehensive support to HBCC providers.

However, as noted in this report, the efficacy of support programs is compromised when providers are faced with the incentive to sacrifice quality to secure additional income. Governments must therefore also provide additional financial assistance to providers to ensure that they are able to maintain high standards of quality that can lead to healthy child development.

2 Policymakers should look to embed support programs for HBCC into the public sector to increase scale and sustainability

As noted in Section 3.3, supporting effective HBCC can have numerous public benefits such as empowering women operating in the care sector, enabling women to enter the workforce, and improving child development outcomes. Policymakers should therefore encourage and assist programs that support quality HBCC.

Where support programs we examined had been embedded in the public sector— such as in the case of RAM in France or HCB in Colombia— these programs had achieved impressive scale and financial sustainability. However, for other support programs achieving quality outcomes, government adoption remained an aspiration. Governments

across the globe should acknowledge the transformative effect of high-quality HBCC, and partner with effective support programs to enable effective delivery.¹⁶

There are a number of ways that governments can support with this:

- Governments may choose to outsource certain elements of HBCC support to existing programs, such as is the case in England and Wales, where local authorities contract PACEY for quality improvement services
- Governments may also choose to adopt effective innovations originating from these support programs. We heard of how in New Jersey, the state's Quality Rating and Improvement System was taken up by the state government following development by local staffed family child care networks. In Vietnam, OneSky has partnered with the Department of Education and Training to scale its curriculum to more widely affect child care practices
- Governments may also choose to change policy to create a more supportive environment for HBCC. For example, Carinos in Brazil advocates for expanded government subsidies for HBCC providers. Home Grown and other related family child care networks are advocating for improved access to COVID-19 relief and stimulus from federal government. PACEY advocates for more child care-friendly policies

3 The early childhood care and education sector should establish a global learning community of existing support programs for HBCC

The purpose of this HBCC support community of practice would be to learn and scale best practice, improving existing programs and setting a standard to guide others who wish to set up similar initiatives. This community should be global and feature providers and other representatives from a variety of socioeconomic contexts, so as to add to the growing field of HBCC support infrastructure.

While this report serves to build up the foundation of literature on supports for HBCC, there is still more work to be done to understand what it takes to scale up the impact of such programs and initiatives. A learning community is one way to accelerate the exchange of insights and coordinate efforts around scale.

Another role of a global community of practice would be to encourage, guide, and support local communities of practice. Engagement at a local level will be important to ensure that conversations about supporting HBCC remain relevant and culturally sensitive to local audiences, and quickly build momentum.

4 The early childhood care and education sector should convene a panel of experts to develop guidance that can address standards, competencies, and tools to define and measure quality for HBCC across a range of diverse settings

While some tools for evaluating quality exist, we found that these were imperfect, focused on center-based settings, or emphasized space and materials over relationships. As a result, many support programs, especially those situated outside of the public sector, have had to devise their own tools to define and measure quality of home-based care. Developing guidance around evidence-based standards that are applicable to the home-based context and that acknowledge the unique benefits of HBCC will save time and resources for support programs as they develop. Since HBCC is utilized across the world in diverse contexts with varying resource levels, this panel could investigate which standards might be universal and which will need to reflect providers' local realities.

¹⁶ Spring Impact has published a [Government End Game Tool](#) and an interactive [Journey to Scale with Government Tool](#) to help guide social impact organizations who wish to scale and sustain their impact through government.

The panel of experts should include current or former HBCC providers in the co-creation process, to ensure that the guidance and tools reflect the lived experience of providers. In certain contexts and where possible, government involvement in the development of these guidance and tools could ease the embedding of standards into national licensing requirements or other legal frameworks.

5 Further research should be undertaken to answer outstanding questions not resolved in this report

To expand the global knowledge base and improve upon existing support programs for HBCC, there is an opportunity to conduct valuable research that focuses on a range of unanswered questions, notably:

- What change and longitudinal early learning impact results from particular support programs for HBCC?
- How can support programs for HBCC be combined with improved working conditions or increased financial compensation of providers to impact quality of child care?
- What additional financial supports need to be made available to support effective caregiving and early learning in home-based settings?

In all of these activities, we recommend keeping the voice and leadership of HBCC providers at the forefront, to continue implementing successful programs and policies that can meet the needs of both providers and families. We hope that this report is seen as an initial step towards understanding and scaling the impact of these, and similarly successful, support programs, and we invite you to join the conversation on how to bring quality child care to even more families worldwide.



ANNEX:

TOOLS & REFERENCES

APPENDIX 1: FEATURED SUPPORT PROGRAM PROFILES

Organization or program name	Country of operation
All Our Kin	USA
Carinos	Brazil
Hogares Comunitarios de Bienestar (HCB) (Community Welfare Homes)	Colombia
Home Grown	USA
iACT's Little Ripples program (Little Ripples)	Chad
Kidogo	Kenya
Mobile Creches	India
OneSky's Migrant Model program (OneSky)	Vietnam
PACEY	UK
Relais Assistants Maternels (RAM)	France
SmartStart	South Africa



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ALL OUR KIN

Country of operation: USA
(Connecticut and New York)

Year founded: 1999

Number of providers supported:
All Our Kin currently supports approximately 900 caregivers, who in turn care for approximately 6,000 children

Website: allourkin.org

OBJECTIVES

All Our Kin has three major objectives: Increasing the supply of quality and affordable child care to allow parents to enter and remain in the workforce; helping home-based providers to achieve economic self-sufficiency; and strengthening providers' skills, knowledge, and practice to improve child outcomes. All Our Kin is especially interested in enhancing HBCC practice in lower income communities.

SPECIFIC FEATURES

All Our Kin is a family child care network that describes its support as a 'quality highway': Rather than a fixed program, All Our Kin provides a menu of support, with providers free to engage at any point, depending on how far along they are in their career and their capacity to engage. There are no membership criteria for providers other than a willingness to engage in the support.

This 'quality highway' has four strands:

- 1. Support to meet state licensing standards.** All Our Kin offers a toolkit including application materials, health and safety supplies, curriculum materials, vouchers for first aid training, and so on, as well as mentorship and counselling as providers complete the licensing process
- 2. Education support,** which may take the form of training, workshops, and one-on-one coaching where Educational Coaches collaborate with and mentor providers around goal setting, quality enhancement, promoting positive child outcomes, and more

3. **Business training and support**, through classes tailored to family child care best practice and strategies, individualized coaching and mentorship.
4. **Connection to further resources in the providers' communities**, such as healthcare, mental health providers, libraries, or other child support agencies

All support is delivered in a way that is accessible to providers given their language requirements and hours of work. On top of this, providers can also access financial support, conferences, “warm line” phone support, and advocacy opportunities at a local and state level.

HOW QUALITY IS DEFINED AND SUPPORTED

All Our Kin does not view itself as a compliance organization, instead preferring to meet providers on their journey and support them to improve their practice through a strength-based approach, with personalized coaching, training, and support (although All Our Kin will terminate support to providers in cases of neglect, abuse, or serious malpractice). All Our Kin uses the FCCERS as a tool to measure providers' progress, and evidence shows that even in the absence of compliance measures, All Our Kin's strength-based approach leads to significant improvements on the FCCERS.

FUNDING STREAMS

Private grant funding: All Our Kin leverages significant amounts of private philanthropic funding, and providers do not have to pay for the support that they access from All Our Kin.

IMPACT

All Our Kin has conducted extensive evaluations to prove the impact of its approach, both to drive its own improvement, and to show others the value of HBCC. Providers accessing All Our Kin support have been shown to score 53% higher on the FCCERS, while those who have been through All Our Kin's licensing program reported earning at least \$5,000 more a year after licensure. In addition, All Our Kin's model increases the supply of licensed family child care in the communities it serves. During a ten-year period, while Connecticut lost 35% of its family child care programs, the number of licensed programs in New Haven expanded by 74%, thanks to All Our Kin. Most importantly, All Our Kin's work improves life chances and outcomes for children. A recent study demonstrated that children in All Our Kin affiliated programs significantly outperform their peers on math and language assessments and in social-emotional measures.

Lessons learned:

- While funding through private philanthropy has given All Our Kin the flexibility to pursue the support that they deem to be most impactful, this can be quite precarious and it means that resources have to be dedicated to fundraising every year. All Our Kin recognizes the need to obtain public sector funding for long-term sustainability
- All Our Kin has shown willingness to evolve its program over time, such as by adopting increasingly holistic views of quality, meaning that the support it offers remains high quality and cutting edge
- Economic empowerment and child care quality should not be seen as two separate objectives, but sides of the same coin: Making HBCC a well-valued, less precarious career will naturally improve the quality of care that providers can give



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CARINOS

Country of operation: Brazil

Year founded: 2019

Number of providers supported:

In 2019, Carinos trained the first ten home-based caregivers who serve children in the peri-urban area of São Paulo

Website: carinos.com.br

OBJECTIVES

Carinos is an early childhood care and education network in Brazil. It started as a home-based child care marketplace and pivoted to train and empower female entrepreneurs with content and resources to offer child care services and build their careers. The social enterprise also broadened its approach to disseminate early childhood content and enable online activities.

SPECIFIC FEATURES

Carinos trains female entrepreneurs who have already or want to start HBCC microenterprises. These providers attend training on ECD, child protection, leadership, business management, healthcare and nutrition. Besides the training, Carinos provides group mentorship and early childhood care and education content and resources shared over Whatsapp.

HOW QUALITY IS DEFINED AND SUPPORTED

Carinos focuses on quality in two main domains using tools created for child care center contexts as a basis: health and safety, and provider-child interactions. To promote quality HBCC, during training and group mentorship, Carinos shares safety standards for the space, healthcare guidelines, and practical suggestions for activities with the children. Previously, as a marketplace, Carinos conducted background checks on providers and other people in the home, and visited the child care spaces.

FUNDING STREAMS

Fee-funded, supplemented by private investment: Carinos is a for-profit social enterprise. While its main revenue source is from a fee collected from the point of sale of child care services, Carinos has sought funding from investors and corporate foundations.

IMPACT

Currently, Carinos measures its impact in terms of number of children and providers reached. Additionally, it aims to measure the increased income of the families whose mothers can enter the workforce, as well as that of the providers themselves. In the future, Carinos intends to measure children's readiness for school.

Lessons learned:

- As with any ECD intervention, quality HBCC is not a solution that a single entity or single perspective can make happen. It's about collaboration among a lot of stakeholders (e.g. government, non-profits, technology companies, funders)
- In Brazil, HBCC is currently an informal reality, and there's space for more involvement from a multitude of stakeholders. It's important to communicate what HBCC is to all stakeholders involved
- During the onset of the COVID-19 pandemic and at the time of writing this report, Carinos adapted its operations to offer ZapCarinos, a free messaging service through WhatsApp that offers a curation of tips and creative activities for parents, home-based providers and early childhood teachers to promote quality interactions with children. In just two weeks, they reached over 800 users. In addition, Carinos conducted three online courses on ECD, reaching roughly 600 caregivers, ECD teachers and parents



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HOGARES COMUNITARIOS DE BIENESTAR (HCB) (COMMUNITY WELFARE HOMES)

Country of operation:

Colombia

Year founded:

1986

Number of providers supported:

Approximately 30,000

Website:

[icbf.gov.co/
programas-y-estrategias/
primera-infancia/
modalidades-de-atencion/
modalidad-comunitaria](https://icbf.gov.co/programas-y-estrategias/primer-infancia/modalidades-de-atencion/modalidad-comunitaria)

OBJECTIVES

The objective of the Hogares Comunitarios de Bienestar (HCB) service is to promote the integral development of children from 18 months up to 4 years, 11 months and 29 days, through pedagogical actions for the effective enjoyment of their rights, integral protection, active and organized participation of the family, the community and the territorial entities in Colombia.

SPECIFIC FEATURES

The HCB service developed out of informal ‘community homes’ that were set up organically in the 1980s to support vulnerable children in the community. In subsequent years, the scheme has become more formalized and integrated into public services, falling under the mandate of the Instituto Colombiano de Bienestar Familiar (ICBF), the Colombian Institute of Family Welfare. ICBF works in vulnerable environments and communities with high levels of inequality and precariousness.

In HCB, community mothers or fathers receive training and technical assistance to provide child care for 10 to 15 children for five days a week. In the community homes, children are provided with snacks and lunch, to ensure that their eating habits and nutritional needs are met.

There are variations on this child care service that allow for ‘grouped’ care (when several community mothers come together and deliver care in the same location), and ‘comprehensive’ or ‘integral’ care (when external support is provided by an interdisciplinary team on a weekly basis depending on the needs).

The HCB service and its variations are part of the Community Modality¹ within ICBF, which focuses on the community as an element that contributes to the integral development of children. It offers two particular characteristics: it empowers the family and the community, suggesting a co-responsibility strategy; it is also part of children’s daily life, taking into account the community’s sense of childhood care and protection.

Some community mothers and fathers receive initial training, either through ICBF or externally. They then receive ongoing training and further qualifications provided and funded by ICBF. Recently, the MAS+ model² of pedagogical accompaniment has played a key role in their professional development. This program seeks to improve their pedagogical practice through direct observation, feedback, joint action and practice qualification.³

HOW QUALITY IS DEFINED AND SUPPORTED

The Operational Manual of the Community-Based Modality for Early Childhood Development details the quality conditions that must be met within the following service components: 1) Family, community and networks; 2) Health and nutrition; 3) Pedagogical process; 4) Human talent; 5) Educational and protective environments; and 6) Administrative and management. For each component, conditions and quality standards have been established, defining the minimum attributes of care that guarantee the quality of service.

The service has a monitoring and oversight strategy that allows for quality assessment. This strategy includes mechanisms such as the supervision of contractual obligations by the Administrative Entities of the Service (EAS), regional and operational technical committees, indicators design and follow-up, supervision or follow-up visits and social control mechanisms. In addition, the technical assistance provided to community mothers and fathers, aimed at strengthening pedagogical practice, contributes to a continuous improvement in the quality of education and care. The MAS+ Model seeks to recognize, strengthen and re-signify the pedagogical practices of educational agents through on-the-job training.⁴

FUNDING STREAMS

Government funding: The HCB service is financed with public funds from ICBF. ICBF contracts with EAS, which manages the implementation. By signing a contract with ICBF to execute the HCB service, EAS assumes the payment of the personnel required for service implementation.

Lessons learned:

- HCBs prioritize a local approach, seeking to make them feel like a local initiative, rather than something imposed from outside the community. Hence it is important to have a community father or mother that is recognized in the territory or neighborhood.
- ICBF has identified the importance of services that are increasingly close to a comprehensive model. Therefore, it has implemented actions such as the support of interdisciplinary teams and on the job accompaniment through MAS+.
- The HCBs highlight the importance and value of community mothers and fathers, as actors willing to learn, train themselves and to support the relationship with family members.
- HCBs generate important dynamics of motivation, support, and solidarity between families and communities. This contributes to the development of a favorable environment for the integral development of children.

¹ See the four services of the Community Modality [here](#). ² See the explanation of the MAS+ Model in the Guidance Manual for Implementing Early Childhood Care Strengthening (p. 71), which can be found [here](#). ³ Guidance Manual for Implementing Early Childhood Care Strengthening. Promotion and Prevention Process ICBF (2019) P.71. ⁴ The Guidance Manual for Implementing Early Childhood Care Strengthening can be found [here](#).



HOME GROWN

Country of operation: USA

Year founded: 2019

Number of providers supported:

In 2020, Home Grown's Emergency Fund will reach 1,800 providers serving over 8,000 children across 12 states in the US

Website:

homegrownchildcare.org

OBJECTIVES

Home Grown's mission is to "remove policy barriers, strengthen home-based child care practices and business models, and support the growth and recognition of the sector so that all providers offer quality care and all parents choose quality care." Home Grown's scope is national, targeting providers and children from all socioeconomic groups, although it recognizes that low-income families are more likely to use HBCC than high-income families.

SPECIFIC FEATURES

Home Grown is a collaboration between ten funders to fund, champion, and promote quality HBCC. Each funder commits approximately \$50,000 per year to be involved, but may make additional investment to specific opportunities that Home Grown funds.

Home Grown has four 'pillars' where it focuses its investment:

- 1. Core practices:** Identifying, testing, and scaling activities that promote quality, accessible, and equitable HBCC
- 2. Innovation:** Developing new programs that can support quality HBCC
- 3. Measurement:** Developing frameworks and tools that can be used to define quality specifically in home-based care
- 4. Policy:** Advocating for improved regulations and guidelines at the local, state, and national level in order to create a more supportive environment for HBCC

In response to COVID-19, Home Grown has been working to put these pillars into practice. It has published a State Leadership And Administrator Guide, to encourage the facilitation and promotion at the state level for comprehensive support to HBCC providers. It has also created a \$1.2 million HBCC Emergency Fund to support providers throughout the crisis, administered by regional partners. It has also created a HBCC Emergency Fund toolkit to help local organizations and intermediaries to create funds for HBCC providers in their communities.

Home Grown also has a provider advisory group, a diverse collection of HBCC providers who help to ensure that all of Home Grown's work is sensitive to the needs of providers.

HOW QUALITY IS DEFINED AND SUPPORTED

Home Grown does not prioritize standard setting and accreditation, however a key pillar of its activity is to develop improved ways of defining and measuring quality in home-based settings that are informed by evidence. Home Grown feels that existing tools for defining and measuring quality fail to account for the numerous assets of HBCC, such as the intimate setting, shared language between provider and child, and so on. Home Grown wishes to see more emphasis placed on relational health, that is, the nurturing relationship between the provider and the child. In addition, complementary supports for providers and children such as mental health services, family services, and adequate compensation, are key to good quality child care, since stress is a big driver of inadequate care.

FUNDING STREAMS

Private grant funding: Home Grown is a national collaborative of philanthropic members who fund, champion, and promote the above-mentioned pillars of work. The collaborative is backed by the Buffet Early Childhood Fund, Gary Community Investments, Heinz Endowments, Heising-Simons Foundation, Klingenstein Philanthropies, MAEVA Social Capital, Merage Foundations, Omidyar Network, the David and Lucile Packard Foundation, and the Pritzker Children's Initiative.

IMPACT

In 2020, Home Grown allocated \$1.2 million in one month to help HBCC providers across the country respond to COVID-19, with local matching funds providing an additional \$1.2 million and \$230,000 of in-kind funds. This emergency funding will reach 1,800 providers serving over 8,000 children across 12 states in the US.

Lessons learned:

- Funder initiatives work best when those funders have a clear vision, commitment, are thoroughly engaged, and can bring a diversity of experience and perspectives
- It is vital to engage and listen to different stakeholders, including intermediaries, local funders, and providers themselves
- While Home Grown is a national organization, it works in partnership with local funders and intermediaries to have deeper impact at a local level



©iACT

LITTLE RIPPLES

Country of operation: Chad
(also active in Tanzania, Cameroon, and Greece)

Year founded: iACT first developed and piloted Little Ripples at the Goz Amer refugee camp in Eastern Chad in 2013

Number of providers supported:
In Eastern Chad, Little Ripples has supported approximately 134 Darfuri refugee providers, who care for 6,200 children

Website:
iact.ngo/impact/little-ripples

OBJECTIVES

Little Ripples is a refugee- and community-led ECD program that is intended to “build long-term capacity and address the unique needs of children and communities affected by trauma, violence, and displacement.” To do so, Little Ripples trains up refugee communities to provide effective, sustainable, and culturally-sensitive care to refugee children aged three to five.

SPECIFIC FEATURES

The Little Ripples curriculum was co-created with refugee communities and ECD experts and is grounded in play-based education, trauma-recovery approaches, restorative practices, and social-emotional learning.

Before training begins, partners and refugee communities are asked to raise awareness for anyone who wants to be a teacher—the only requirements being that teachers must be aged over 18 and have some level of education. Little Ripples trains a cohort of 30 people at a time—a group that is small enough to personalize the training, but large enough to eventually yield 10 to 15 high-quality providers.

Providers are trained by refugee coordinators over three sessions on:

- Practical child care activities
- Understanding the ‘why’ behind activities

- Working with participants to tailor the ‘curriculum’¹ to be culturally-sensitive (for example by including songs and stories from that community)

Providers’ homes are then altered to create a safe learning space for both providers and children. The home space, called a Little Ripples “Pond,” employs two teachers to care for and teach up to 45 children, and two mothers from the community to provide a daily meal where possible.

HOW QUALITY IS DEFINED AND SUPPORTED

Little Ripples places a large emphasis on working with refugee communities to define quality and ensure that the communities’ interests and goals are reflected in any quality metrics. Quality management is conducted by community-appointed education directors, who regularly visit Ponds and fill out a checklist to assess various aspects of the home environment and care provided, such as provider-to-child ratio, activities conducted, safety of the setting, and provider-child interaction. An example of a Pond Observation Checklist can be found [here](#). Little Ripples also encourages providers to visit different Ponds through ‘rotations’, to learn from others and enhance their own child care practice.

FUNDING STREAMS

Private grant funding: iACT or its partners may cover program expenses and remunerate providers, outreach, and training. Approximately 50% of iACT’s funding comes from individual donations, with the other 50% sourced from grants, foundations, and socially responsible funding.

IMPACT

Little Ripples has demonstrated impressive educational impact: the percentage of children who could count to 10 in Arabic increased from 0% to 64% after attending a Little Ripples Pond and the percentage who could recite up to or more than the tenth letter of the Arabic alphabet increased from 0% to 63%. Furthermore, 100% of caregivers indicated that they felt that their child is safe at Little Ripples, compared to just 43.8% who felt that their child was safe in the camp in general.

Anecdotal evidence supports the impact of Little Ripples. Ahmed, a local primary school teacher, Little Ripples volunteer translator, and parent of a child in Little Ripples, said, “I like so much of what I have learned from Little Ripples, including the mindfulness, the playing, the asking about feelings, and the positive behavior management, that I take all this and do it with my Level 1 class. Over the year, I have seen that my class is doing better emotionally and academically than even the older Level 5 students.”

Lessons learned:

- Taking a community-led and culturally-sensitive approach has allowed the refugee communities accessing the support program to feel a sense of ownership, improving sustainability and the capacity of providers to adapt on an ongoing basis
- A community-led approach is especially important in vulnerable communities, where child care provision will need to be sensitive to the trauma experienced by these communities

¹Little Ripples described the ‘curriculum’ as less of a curriculum and more of a framework, providing general rules and guidance in effective child care practice, but with sufficient flexibility to be customized to local need



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KIDOGO

Country of operation: Kenya

Year founded: Kidogo established its first early childhood center in Nairobi in September, 2014

Number of providers supported:

Kidogo currently operates a network of approximately 139 'Mamapreneurs', who care for nearly 3,000 young children

Website: kidogo.co

OBJECTIVES

Kidogo's mission is to improve access to quality, affordable early childhood care and education in East Africa's low-income communities. Kidogo hopes that by providing training, mentorship, resources and ongoing quality assurance, it can improve the quality of community-based child care, leading to healthier growth and development for children, and better school and life outcomes. It also aims to improve the economic stability of providers' businesses, providing economic empowerment and a better developmental environment for the next generation of children.

SPECIFIC FEATURES

Kidogo will map out the informal day care providers in a given area and invite them to an information session, from which around 15 are invited to become 'Mamapreneurs'. After paying a one-time application fee of \$2, Mamapreneurs undertake a six-month quality improvement program. Through monthly training, bi-weekly coaching and monthly peer-led Communities of Practice, Mamapreneurs are upskilled in the 'Kidogo Way', aligned to the Nurturing Care Framework.

Upon graduation and after meeting set quality standards, Mamapreneurs are invited to become franchisees, where for a \$10 monthly fee they receive a basic center renovation, Kidogo branding, more advanced training, continued coaching and quality assurance, and support to grow their centers.

HOW QUALITY IS DEFINED AND SUPPORTED

Kidogo noted that existing quality assessment tools for home-based settings such as the ITERS are inappropriate as they are geared towards center-based provision in high-income contexts. Beyond nutrition, it is hard to find a commonly accepted tool for caring for children under three. Therefore Kidogo adapted the FCCERS and developed their own 'traffic light' system, assessing Mamapreneurs against criteria derived from the Nurturing Care Framework. Kidogo measures its system against more established tools periodically to validate its way of working.

Kidogo accepts that its system does not represent what would be considered ideal practice, but rather aims to give a realistic indication of what quality looks like in a low-resource setting.

FUNDING STREAMS

Private grant funding, with a small fee: Kidogo operates through grant funding, with a focus on making support for providers sustainable, cost-effective, and scalable.

Each Kidogo center is profitable and provides a basic living wage for the Mamapreneur who owns it. While Kidogo began with an idea of becoming financially self-sustaining as an organization, it was committed to serving the lowest income communities, and quickly realized that Mamapreneurs in these communities were not earning enough to pass on substantial fees to Kidogo to fund program overheads.

Kidogo shifted its thinking to cost-effectiveness. It costs Kidogo \$58 per month per Mamapreneur for the up-front, 6 month Quality Improvement Program. Thereafter, costs reduce to \$15 per month, \$10 of which are recouped by Mamapreneurs paying their franchisee fee.

IMPACT

Kidogo's impact appears in child development outcomes and the quality of the provision itself. A 2016 study conducted by Aga Khan University found that children enrolled in Kidogo centers demonstrated a 9% improvement in executive function and a 44% improvement in emotional regulation after just one year of accessing services. A 2019 study showed children who transitioned to primary school exhibited better school readiness competencies, particularly in socio-emotional development and executive functioning skills, and adjusted better to Grade 1 compared to learners from other early childhood centers.

In addition, Mamapreneur center quality improved from 1.4 (inadequate) to 2.9 (minimum) on the seven point FCCERS after 9 months and continued to rise to 3.2 one year later.

Lessons learned:

- There is a tension between quality HBCC provision and center profitability. Minimum levels of quality can be achieved, however subsidies are needed to drive down caregiver to child ratios and provide higher quality care
- Displaying quality can shift demand. Although Kidogo found it initially difficult to convince parents of the importance of early years, after experiencing the Kidogo program, parents make child care decisions based on key quality factors (i.e. interaction, activities, nutrition) as opposed to solely on location and cost
- Investing in a Mamapreneur's confidence and sense of belonging are fundamental to her running a thriving, quality child care micro-business
- It is important to adapt language to the local context. Kidogo initially called itself an ECD program, but this didn't engage people effectively, as this term typically refers to older children (aged four to six years) in the Kenyan context. Instead, Kidogo branded itself as a child care organization
- There is a need to engage government not just to provide funding, but to regulate the market and prevent exploitation



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MOBILE CRECHES

Country of operation: India

Year founded: 1969

Number of providers supported:

Mobile Creches operates approximately 15-20 community-based creches, which promote best practice around HBCC in informal settlements in five Indian cities. On top of this, Mobile Creches conducts advocacy activities that have a wider reach

Website: mobilecreches.org

OBJECTIVES

Mobile Creches aims to create a more just and caring world for young children of marginalized populations, to enable them to develop into competent and confident individuals. It aims to have impact both at the local and national level, combining direct service provision with advocacy.

SPECIFIC FEATURES

Mobile Creches runs a number of community-based creches across India's informal settlements. Although beginning as a home-based model, community-run creches were found to be more effective since it was hard to make HBCC provision economically sustainable in informal settlements while promoting the small group sizes needed for quality care, and there was often not sufficient space within homes.

Community-run creches have succeeded in achieving collective buy-in and the prioritization of child care. In informal settlements, Mobile Creches pursues a five-pronged strategy to improve standards of HBCC:

1. **Generating awareness** to create an environment more conducive to ECD
2. **Encouraging family-based interventions** to ensure change in child care practices
3. **Training community women** to operate their own child care

4. **Forging links to government** stakeholders to address these issues more comprehensively

5. **Forming women and community groups** to advocate on these issues

Local women are encouraged to run community creches, and are provided with 12 days of pre-service training, monthly incremental on-the-job training over six months, financial support, refresher training courses, and weekly visits from a Mobile Creche supervisor. Mobile Creches also runs a number of ‘demonstration creches’, which act as centers of excellence to encourage best practice.

Mobile Creches works with government stakeholders to create guidelines for HBCC that promote healthy child development while also being sensitive to the context facing providers in informal settlements.

HOW QUALITY IS DEFINED AND SUPPORTED

Mobile Creches uses the National Early Childhood Care and Education Policy Guidelines to set its quality standards, however works with the community to contextualize them to the context of the informal settlement, for example relaxing the number of square feet per child required. Mobile Creches places a great emphasis on nutrition, health and immunization, and school readiness.

Various monitoring activities occur on a daily, weekly, monthly, and quarterly basis, with community creches expected to maintain records of children’s development. Community members volunteer time for supportive supervision of quality of services, and creche functioning guidelines. However, Mobile Creches aims to take a preventative attitude to quality management, and where issues arise, prefers to address these informally, as opposed to through formal compliance mechanisms.

FUNDING STREAMS

Private grant funding: Mobile Creches is predominantly funded by private donors. The community creches are given funding by Mobile Creches, but also rely on the minimal fees charged to families, and local government funding.

IMPACT

Mobile Creches supports 15-20 community based creches annually, supporting 1,200-1,500 of the most vulnerable migrant children across 5 cities in India. Mobile Creches also observes the impact of its work through the participation of community member volunteers, as well as the immunizations, health referrals, and age appropriate school enrollment achieved through linkages with government systems.

Lessons learned:

- The paying capacity of HBCC users is limited in low-income communities. In the absence of external financial subsidies, Mobile Creches found that HBCC catering to eight or fewer children was not financially sustainable, and providers were often forced to do other work while they were looking after children
- It is difficult to provide high quality HBCC in the absence of external funding. This led the decision to move to a community model, where resources are pooled and child care is prioritized
- Working in partnership with the government to set guidelines and other legal protections can lead to outsized impact beyond direct service provision



©OneSky for all children

ONESKY'S MIGRANT MODEL PROGRAM

Country of operation: Vietnam

Year founded: In April 2016, OneSky signed an agreement with the Vietnamese Department of Education and Training to establish an Early Learning and Training Center in Da Nang province

Number of providers supported: 480 HBCC providers have been trained

Website: onesky.org

OBJECTIVES

In Vietnam, there is no public child care for children under the age of three, so many working parents are left without high quality child care options, especially near Vietnam's industrial zones. Based on the OneSky Approach, the Migrant Model aims to train communities and caregivers to provide children of migrant workers with quality, responsive education and care. It also seeks to improve how HBCC as an industry transforms the social systems and skills in a community to be able to support all children to have healthy development.

SPECIFIC FEATURES

OneSky trains cohorts of HBCC providers over nine months, borrowing public spaces such as kindergartens with the help of local districts. It takes a blended learning approach that combines training-of-trainers, mentoring, online instruction on OneSky's platform called 1GiaDinhLon (1BigFamily), and in-person visits to HBCC providers' homes every two weeks. The OneSky curriculum is designed for easy learning, with visuals and adaptations to engage people from diverse backgrounds, age ranges, literacy levels, languages, and cultural norms.

After graduation, providers continue to expand on what they have learned by engaging with other providers and trainers via the 1BigFamily learning community, and through annual gatherings.

HOW QUALITY IS DEFINED AND SUPPORTED

OneSky looks at the people, environment, and systems in place to support quality education and care. This includes: building providers' and caregivers' knowledge of child development, demonstrating through the Early Learning Center how the home environment and provider-to-child ratios affect how children behave and learn, encouraging providers to communicate with and engage parents.

In the absence of a universally accepted tool to assess quality of HBCC in low-resource settings, OneSky created its own shorter, comprehensive tool adapted from the Global Guidelines Assessment. Trainers in Vietnam and Mongolia use this tool, linked [here](#), and several surveys during home-visits to assess HBCC providers' interactions and environment throughout the 9-month training period and measure program outcomes. Continual feedback is also made possible through WhatsApp group messages.

FUNDING STREAMS

Private grant funding: The training programs are supported by OneSky's grant funders including the Grand Challenges Canada Saving Brains initiative. Trainees do not need to pay a fee, and receive a subsidy for mileage and snacks.

IMPACT

OneSky has trained 480 HBCC providers through three cohorts. There is limited evidence to prove the ultimate impact of the training program on child development, however OneSky has partnered with Harvard University researchers to conduct a quantitative and qualitative study of the program. Though the program evaluation is on hold due to COVID-19, OneSky seeks to understand the effects its training has on the knowledge of caregivers, in terms of their general ECD knowledge, interactions and adaptation of the milieu, and the quality of their HBCC.

At the invitation of the Vietnamese government, OneSky's Home-based Care Provider Training will be introduced to the 19 Vietnamese provinces where need is greatest.

Lessons learned:

- OneSky has thought about how to scale up nationally from the outset, and has successfully built trust with government stakeholders such as the Da Nang Department of Education and Training, which has donated land and construction costs and signed on for a long-term partnership
- As part of Vietnam's fight against COVID-19, OneSky paused all in-person bi-weekly trainings and home visits, and its Early Learning Center (ELC) in Da Nang has been closed since early February. As a result, the 1BigFamily platform has been a key tool for enabling ongoing learning and pulling together the community of providers share their thoughts, challenges, and mutual support
- OneSky believes in the power of building relationships among individuals to better build trust and learn together, including between OneSky trainers, providers, and primary caregivers. In response to trainee feedback, OneSky helps guide providers to engage with parents very early on in its curriculum



PACEY

Country of operation: UK
(England and Wales)

Year founded: Founded in 1977 as the National Childminding Association, becoming PACEY in 2013

Number of providers supported:
Approximately 25,000

Website: pacey.org.uk

OBJECTIVES

PACEY aims for “all children to experience high quality childcare and early education.” It does this by supporting “everyone involved in child care and early education to provide high-quality services, information, and advice for children, their families, and carers.” To achieve this, PACEY aims to establish and maintain high child care standards for providers in its network, support providers to meet those standards, and advocate to government for improved policy conditions for the sector.

SPECIFIC FEATURES

As a professional association, PACEY has a dual role of supporting its members to improve their child care practice, and also representing its members’ interests to government. Child care professionals— predominantly those providing HBCC— can

access a range of different membership packages depending on the stage of their career, the type of child care they provide, and their registration status with the professional standards bodies Ofsted (in England) and CIW (in Wales).

Members can access a range of benefits, such as free or reduced training packages, online resources, an early years helpline, a regular magazine, legal advice, insurance, advertising space, as well as a number of peer support platforms and local groups.

As one of the largest professional associations for early years providers in the UK, PACEY has a large role to play in representing its membership and the wider sector to government. PACEY conducts research into trends in the sector, and advocates to government for improved conditions for HBCC and other child care providers, such as by reducing ‘red tape’ to create more sustainable business frameworks for providers and by increasing incentives for individuals to join the profession.

HOW QUALITY IS DEFINED AND SUPPORTED

One of PACEY’s main functions is to assist its members to achieve a good Ofsted or CIW inspection grade, meaning that to a large extent, quality is defined externally. However, PACEY takes a personalized approach to supporting the providers in its network, recognizing that individuals are likely to face different contexts, have different levels of resources or available capacity, and be at different stages of their career. PACEY sees quality as providing the best possible standards of child care given the individual’s context. By this definition, providers should be supported to understand the needs of their children and help those children to develop effectively.

PACEY does not conduct quality control measures, and instead encourages providers to do all they can to improve their practice, and provides them with the resources and opportunities to do so.

FUNDING STREAMS

Fee-funded, supplemented by private and government grant funding: The majority of PACEY’s income comes from member fees, which helps to keep the organization accountable to its members and encourages high quality support. PACEY also supplements this income with some grant funding, training income, and sales, often to local government or local authorities in England and Wales.

Lessons learned:

- Where the socioeconomic context allows for support programs to be fee-funded, this can encourage accountability to providers that improves the quality of the support
- Even in high-income contexts, trends in the sector around pay and attrition are worrying, and governments need to do more to encourage sign-up and retention of HBCC professionals
- PACEY maintains strong connections to the community of providers that it supports, meaning that it is particularly responsive to provider need, and can be a strong advocate to government



RELAIS ASSISTANTS MATERNELS (CHILDMINDING SUPPORT CENTERS)

Country of operation: France

Year founded: Established in 1989 by the Caisse Nationale des Allocations Familiales (CAF)(National Office for Family Allocations)

Number of providers supported: In 2008, approximately 73% of all registered childminders made use of RAM services in the past 12 months, many of those using them at least once a month

OBJECTIVES

RAMs are a network of centers across France, with the aim of reducing the isolation of registered childminders, supporting their effective childcaring practice, quality assuring the provider, and creating a common space where providers can meet and organize group activities.

SPECIFIC FEATURES

Across France there are currently 500 to 1,000 RAMs, or childminding support centers. Run by the local authority and accessible only by registered childminders, they give providers the opportunity to meet with other providers, get advice and support from experts on child development and employment matters, and take part in activities with the children that they care for. They also provide advice to parents and link parents with quality childminders.

How often providers can access the service, and the exact activities on offer can vary from one locality to the next, but typical activities include free play groups, workshops and conferences to spread news and best practice, training for providers, and local trips.

HOW QUALITY IS DEFINED AND SUPPORTED

RAMs are not in charge of developing quality criteria and do not assess and evaluate quality of the services, which might start to be taken on by the CAF depending on government decisions in the future.

FUNDING STREAMS

Government funding: RAMs are funded by the tax-payer and free at the point of use.

Lessons learned:

- Government-funded support programs have the potential to achieve impressive scale and sustainability
- However, where these programs are run by local government, variations can occur in terms of accessibility, opening times, quality of service, and so on. More needs to be done to overcome these inequalities
- One of the biggest value-adds that support programs can offer is reducing isolation in what can be a lonely profession
- Support programs need to be mindful of providers' busy schedules. Where RAMs organize trainings in the evenings, participation tends to be low as it follows a busy day for the providers



@SmartStart

SMARTSTART

Country of operation:

South Africa

Year founded:

2015

Number of providers supported:

Prior to COVID-19 related closures in March 2020, SmartStart was supporting nearly 4,000 ‘SmartStarters’, delivering early learning programs to 36,795 children

Website:

smartstart.org.za

OBJECTIVES

SmartStart has the ambitious objective for every child in South Africa to have the foundations in place to succeed at school and beyond. It is focused on population-level change and measures success by the degree to which early child outcomes shift for all South African children, rather than just for some.

In South Africa, there are over one million children aged three to five years old who do not access any form of ECD programs. Most of these children are from low-income households and communities. To reach all children who need support, SmartStart has set out to achieve systems change, working with existing ECD providers, rather than aiming to replace or compete with them.

SmartStart aims to ensure that children who attend SmartStart programs have age-appropriate social, emotional, learning, and language skills by the time they start school.

SPECIFIC FEATURES

SmartStart leverages a ‘master franchise’ arrangement and a training and accreditation process to ensure that providers have all the skills and knowledge to meet the prescribed quality standards.

- SmartStart creates the curriculum, standardizes tools and training, and manages the network, while 14 local partner ‘franchisors’ recruit franchisee ‘SmartStarter’ HBCC providers, train and license them, and employ Club Coaches responsible for managing the quality of their early learning delivery. SmartStart trains and provides technical assistance to these franchisors to ensure they are capable of effectively supporting SmartStarters
- SmartStarters undergo five days of initial training, then achieve a ‘Starter License’ to begin providing early learning programs with support from their local franchisor. The next level of licensure requires checks of their site standards. After three months, SmartStarters can achieve full accreditation if their home or community venue is judged by the Club Coaches to be a safe and stimulating environment and other quality assurance measures are met

- SmartStarters are expected to deliver the ‘SmartStart routine’ (a play-based framework based on nurture, talk, play, stories, and parent partnership), and attend Club meetings— monthly sessions of approximately 16 SmartStarters— where they share new ideas and get guidance from Club Coaches

HOW QUALITY IS DEFINED AND SUPPORTED

SmartStart developed its own Programme Quality Assurance Tool to maintain standards and fidelity to the SmartStart model. This tool, linked [here](#), covers elements such as curriculum, provider-child interactions, health and safety compliance, and environmental factors.

Club Coaches then undertake annual reaccreditation visits, using a traffic light system to assess providers’ care and flag those who may need extra support. Programs that are categorized as ‘red’ trigger a rapid follow-up visit, and if they do not improve, their SmartStart license and resources may be removed.

FUNDING STREAMS

Private grant funding: SmartStart is currently funded by philanthropic funders. It aims to eventually be funded by the government. To do this, it has developed its master franchise model to demonstrate cost-effectiveness, with an objective of reaching every child not currently receiving quality early years care, for less than 1% of the education budget.

No fees are charged within the model: SmartStarters do not pay to become licensed, and franchisors do not pay SmartStart. Instead, SmartStart subcontracts to these franchisors, agreeing to fund them a certain amount for every SmartStarter that they train and support per year. In the lowest income communities where providers find that parent fees are either insufficient or unattainable, SmartStart works to unlock government support through stipends and matching providers with public works programs.

IMPACT

Over the first four years SmartStart has provided access to early learning to over 60,000 children, largely in quintile one and two (the poorest groups). In 2018, external researchers found that children in all SmartStart programs improved their performance over and above expected age progress, and after eight months of program exposure, the proportion of those achieving the assessment scale standard increased from 32% of children to 62%.

Lessons learned:

- It is important to plan for scaling with the government from the start: SmartStart decided on the master franchise model from the beginning, to achieve scale and cost-efficiency
- In low-income settings, relying on parent fees to fund support programs is not sustainable. Unless government funding can be leveraged, private grant funding will be required
- Using local implementing partners helps tailor support to the local context and tap into existing local networks
- In the context of high unemployment and low economic growth, stimulating the social economy and activating the human capital pipeline through quality, sustainable programs is the strongest opportunity to close the ECD gap

APPENDIX 2: AN ALTERNATIVE CONCEPTUAL MODEL FOR DEFINING HIGH-QUALITY SUPPORT PROGRAMS FOR HBCC

Bromer and Korfmacher have developed the below conceptual model for defining high-quality support to HBCC providers (Bromer & Korfmacher, 2017). This model identifies two core components of high-quality support to HBCC providers: types of support service (e.g. individualized coaching, provision of administrative resources, material resources, and so on), and implementation practices (e.g. relationship-based approaches to support and fidelity around best practices).

The model suggests that quality support can lead to various outcomes, including improved implementation practices, improved provider well-being, knowledge and practice, improved caregiving and child care environment quality, and child and family wellbeing. Finally, the model identifies a number of factors that can influence the quality of the support program, including organizational and staff characteristics, and child care and provider characteristics.

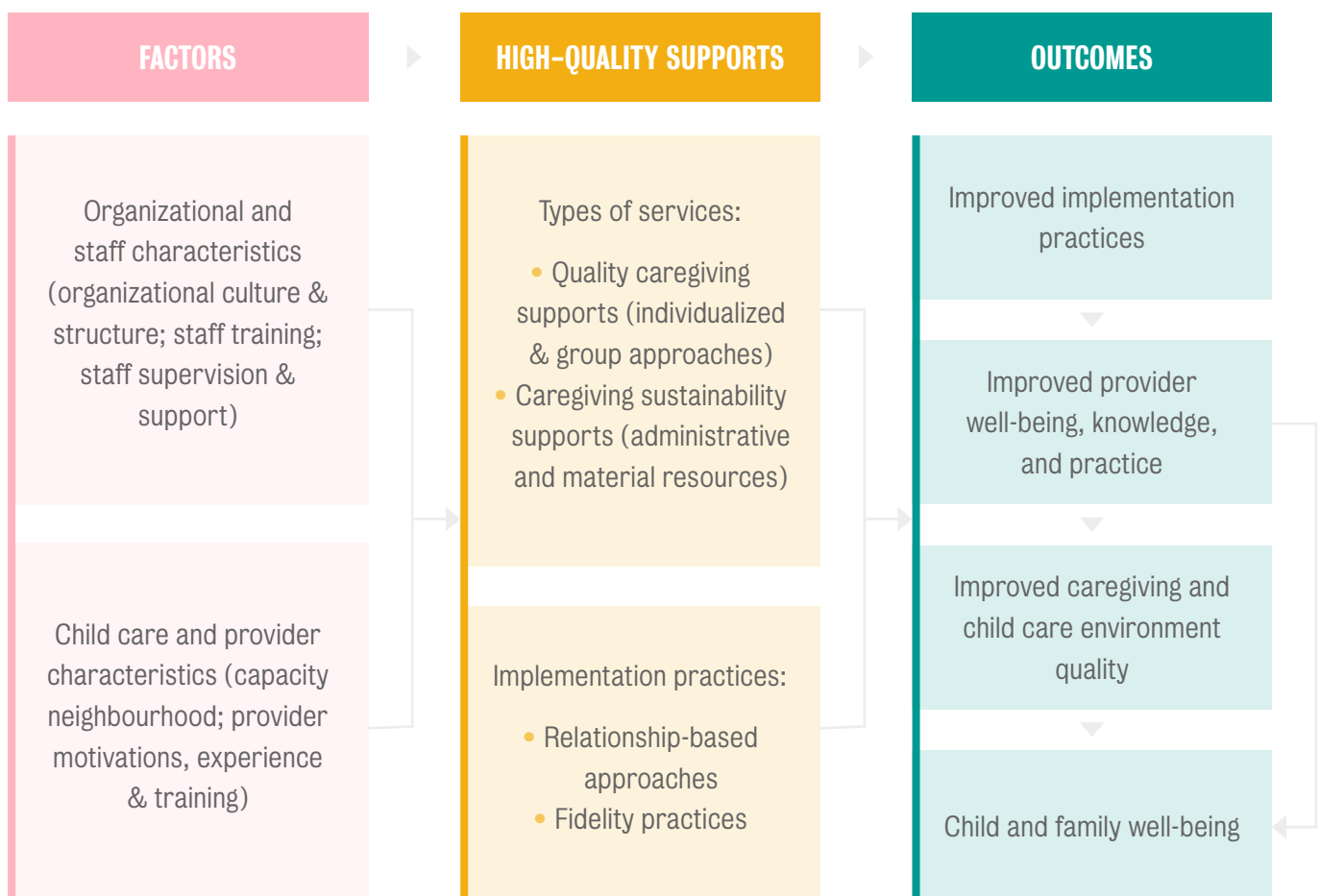


Figure 10: Conceptual model of high-quality support to home-based child care
Diagram from Bromer & Korfmacher, 2017.

APPENDIX 3: OTHER SUPPORT PROGRAMS FOR HBCC

In an effort to curate a diverse range of examples, when compiling this report we came across a number of support programs for HBCC providers that we were unable to include, either because they did not meet the criteria listed in Section 2.2 or because they had ceased operation. We have included this list of interesting examples of support programs for HBCC.

Table 3: Support programs considered but not profiled

Organization	Country	Description
Education in Emergency – VSO Bangladesh	Bangladesh	Education in Emergency is a support program run by VSO Bangladesh and implemented through its partner, Mukti Cox’s Bazar. Through EiE, volunteers support mothers and other female volunteers – known as ‘Big Sisters’ – to open up their homes in Jamtali Rohingya refugee camp to be used as temporary classrooms for children aged three to 14.
Project on Child Care Training for Grandparents	Hong Kong – China	The Project on Child Care Training for Grandparents is an initiative of Hong Kong’s Social Welfare Department, that, through a network of partner NGOs, provides 60 hours of training to grandparents to enable them to act as effective caregivers in a home environment.
KoruKids	UK	KoruKids is a platform where providers can advertise their services for after-school child care, and parents can search and select a provider based on their needs. KoruKids vets and assesses potential providers, trains them in first aid, educational philosophies, and health and safety, and hosts an online platform where nannies can share tips with each other.
MyVillage	US	MyVillage is a social enterprise that partners with local educators to transform their homes into preschool and day cares.
Programa Guarderías y Estancias Infantiles (Federal Day Care Program for Working Mothers)	Mexico	Sedesol (Mexico’s Ministry of Social Development) offers a lump sum of 35,000 pesos to individuals or civil society organizations interested in opening and running a day care center for children at their individual home or community center. The grant is intended to help the provider adapt and furnish their facilities according to specified requirements.
Tiney	UK	Tiney is a platform that selects and trains HBCC providers, and matches them with parents seeking child care. Tiney conducts regular home visits to ensure that providers are meeting Ofsted standards. All payments and communication between providers and parents are managed through the Tiney app, and although all training, onboarding, development, and ongoing support are free, Tiney makes a 10% commission on every contract booked through its platform.
Tiny Totos	Kenya	Tiny Totos is a support program that seeks to upskill existing day cares in early childhood development best practice, as well as foster peer leadership through a provider network, provide business training to providers, and offer technology and support to assist with data collection and other business processes.
Various Staffed Family Child Care Networks	US	Research conducted by Porter et al. in 2009-2010 provides a rich landscape of initiatives in the United States that support the quality of HBCC, including detailed profiles of 23 initiatives. Our report interviewed one of the programs profiled, All Our Kin (Porter, Paulsell, Nichols, Begnoche, & Del Grosso, 2010).
Wonderschool	USA	Wonderschool is an online platform that empower and supports experienced educators and child care providers to run their own in-home business.

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