

Strengthening the intersect between home visiting and child care programs in New York State

EXECUTIVE SUMMARY

When it comes to services and supports for families with young children, there is often either a dearth or duplication. One reason for this is the distinction made between early childhood and maternal/child health. Instead of looking at the whole child, we look at their education and care needs versus their health and social-emotional needs. Then we further silo programs by funding mechanisms.

Two services that could, should, and sometimes do overlap are maternal, infant, and early childhood home visiting (home visiting) and child care. The current disconnection between the two reduces opportunities for families to move seamlessly between services, wasting time and resources in navigating systems and thereby risking loss of the benefits of both programs. For New York State, it means missing out on an effective use of resources.

Ideally, a family could access home visiting and child care at any point during the first few years of a child's life. Programs can be used concurrently as parents transition into the workforce or school but still want the support of home visiting, or they can be used consecutively as children reach school age. As a child grows and a family's needs or circumstances change, being involved in home visiting *and* child care could add much-needed support to already stressed parents. In addition, home visiting and child care programs each have extensive trainings and resources for both provider education and parent engagement. Fostering coordination and collaboration would allow for more cross-training opportunities and reduce duplication of efforts.

RECOMMENDATION:

This white paper posits one overarching idea: New York State should strengthen the intersect between home visiting and child care programs and support more families with young children at both the local and state levels. One avenue to accomplish this coordination is to support investment in Help Me Grow (HMG).

To further accomplish this, New York State should:

- **Report data on areas of the state where there is scarcity of child care and home visiting programs. This would provide information on where to target additional resources for program development.**
- **Collect data on the number of families who use both home visiting and child care programs. Understanding the number and location of families using both services would inform policies to connect and coordinate programs at the local level.**
- **Invest in proven or promising practices that identify and strengthen local partnership, shared resources, and referrals.**
- **Utilize home visiting program curriculum in home-based child care programs, particularly legally exempt (LE) programs, to better support children, families, and providers.**
- **Utilize new federal funding to help implement these recommendations.**

“AS A CHILD GROWS AND A FAMILY’S NEEDS OR CIRCUMSTANCES CHANGE, BEING INVOLVED IN HOME VISITING *AND* CHILD CARE COULD ADD MUCH-NEEDED SUPPORT TO ALREADY STRESSED PARENTS.”

BACKGROUND: MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING

Home visiting programs are voluntary, evidence-based or evidence-generated programs that deliver services and support to families from early in pregnancy through the first few years of a child’s life. Expectant parents and parents of young children are paired with a trained home visitor — either a nurse, social worker,

paraprofessional, or community-based visitor, depending on the program. Although home visiting services differ across models, home visitors typically provide direct education and support about pregnancy, parenting, safe sleep practices, early literacy, and healthy child development; gather information to tailor services;

and provide case management. Home visitors also serve as community connectors, linking the family to medical providers, mental health and domestic violence services, food, housing, community resources, child care, and the next educational steps for their children. Entry to programs can be anywhere along the continuum coinciding with family need and readiness to engage.

Home visiting is a proven prevention strategy that improves outcomes across the human services, health, education, economic development, and criminal justice sectors by:

- Improving health outcomes for both mother and baby
- Decreasing child abuse and neglect
- Reducing the likelihood of maternal mortality
- Increasing self-sufficiency among families
- Supporting parent-child interaction and attachment
- Improving school readiness and school success
- Decreasing later risky behaviors, such as juvenile delinquency

BACKGROUND: CHILD CARE

Child care providers in homes and in centers are fixtures in the community and strengthen families by alleviating stressors. Unfortunately, securing care for one's child is a daunting task — particularly for single parents or low-wage-earning families. Many parents are unable to find an affordable and conveniently located program that offers hours in alignment with their schedules, particularly third-shift providers. High-quality and developmentally appropriate care is even more difficult to obtain.

Child care is imperative for working families, as well as for those who are looking for employment, attending school, or experiencing challenges such as homelessness. Women are particularly impacted by a lack of child care, since they are

While universally offered home visiting does not currently exist in all parts of the state, many home visiting programs, including Early Head Start (EHS), Healthy Families New York (HFNY), Nurse-Family Partnership (NFP), Parents As Teachers (PAT), and ParentChild+, operate across the diverse regions. However, home visiting deserts still exist.

Getting a clear picture of the field has proven challenging. While federally funded programs with state-regulated contracts through the Office of Children and Family Services (OCFS) and Department of Health (DOH) — such as HFNY and NFP — are not available in various sections of the state, community-based programs with promising practices may well exist — as demonstrated in places such as Hamilton County, where registered nurses through the Public Health Nursing Service provide home visits at no charge. Unfortunately, the **New York State home visiting mapping tool**, while a helpful resource, does not capture programs that are not nationally recognized, and therefore does not provide a true reflection of all existing programs.

often the adult in a family who stays home with a child when there is no access to child care or when that care is unaffordable. In addition to being a workforce support, high-quality child care:

- Improves language development and cognitive abilities
- Increases executive function — skills such as planning/organizing and working with peers

According to 2020 data from Child Care Aware of America, between center- and family-based care, there were 461,972 available spaces in our state. Compare that to the 877,263 parents in the workforce; even understanding that not all of those families would require coverage, it is easy to see there is an accessibility issue.

RECOMMENDATION:

New York State should strengthen the intersect between home visiting and child care programs and support more families with young children at both the local and state levels. One avenue to accomplish this coordination is to support investment in HMG. HMG is a national model, currently operating in four regions of the state. The system coordinates connection to community resources that help children thrive, such as basic needs, learning experiences, developmental information, and parent support. This model provides a “one stop shop” for services when families need them.

If HMG could scale up their existing programs as well as expand into additional counties in New York State, other resources such as 2-1-1 and the Growing Up Healthy Hotline could refer to this centralized space. Spreading knowledge and information about where to seek support is essential for busy parents. The HMG model is especially effective because it is embedded in the community to facilitate cross-sector connections.

HMG’s centralized access point could be used to connect families to home visiting programs, as well as continue to introduce families looking for child care to their local child care resource and referral (CCRR) agency.

HMG would also serve as an access point for families that do not have access to technology or wireless internet services. It became clear during the COVID-19 pandemic — when the world went virtual — that many families lack these supports, due to both financial constraints and infrastructure shortcomings.

Finally, there is a current need for data about families enrolled in child care and/or utilizing home visiting services. A tenet of the HMG model, data collection can assess current needs in the community as it relates to family,

community, and provider outreach. Ultimately, more comprehensive data can help highlight the services in which families are simultaneously enrolled at a given time. This level of information can help the state better determine the services that best support families.

SUB-RECOMMENDATIONS:

Report data on areas of the state where there is scarcity of child care and home visiting programs. This would provide information on where to target additional resources for program development. New York State has the second highest number of child-care shortage areas nationwide. A staggering 64% of the state is recognized as a “child care desert.” A desert is defined as “having more than 50 children under the age of five in a census tract that contains either no child care providers or so few options that there are more than three times as many children as there are licensed child care slots.” According to a recent report, Western New York has only one child care slot for every five children under age 12. In the Southern Tier, all eight counties have deserts in at least one census tract. Slots are particularly scarce for infants and toddlers. For example, there are only 828 slots available for infants for the approximately 5,263 babies born each year in Onondaga County (*An Evaluation of Child Care Deserts Across Five Western New York Counties*; Child Care Resource Network; March 2021).

In terms of home visiting, there is a sense of the funded capacity versus actual need. Over a three-year span in New York State, there were 704,466 live births; about 313,972 of those young children live in families with income below 200% of the federal poverty level and are considered low-income families. The overall funded capacity of evidence-based and

promising home visiting programs in New York State is 17,748. New York only has the capacity to serve 6% of these babies in home visiting programs and 3% of babies overall (above the low-income level). In 2019-20, Columbia, Fulton, Genesee, Greene, Hamilton, Lewis, Montgomery, Putnam, and Schoharie counties all reported that their total funded capacity was zero (Schuyler Center for Analysis and Advocacy; NYS Early Childhood Data Snapshot/Data Snapshots by Region; September 2020).

Attention should be given to counties where there are either child care or home visiting deserts. *The State should prioritize these counties and invest in new programs.*

Collect data on the number of families using both home visiting and child care programs. Understanding the number and location of families using both services would inform policies to connect and coordinate programs at the local level.

New York State keeps an unduplicated count of children in most child care modalities — including LE and community-based prekindergarten. This accounts for 464,181 young children. However, this count only includes those families that are recipients of a subsidy; the state does not account for families that pay out-of-pocket or use unregulated care — such as a nanny or unpaid family member.

Further, families that participate in home visiting programs are not included in a centralized database, since these services are not considered “education.” The state also believes that counting these children would result in a duplicate count. In other words, some children would be counted twice — once for child care and again for home visiting (*NYSB5 Preschool Development Grant Needs Assessment Report*; New York State Council on Children and Families; October 1, 2019). *However, there is value in tracking how many families/children access both programs, and the state could certainly account for duplication.*

In addition, there would be a benefit to collecting data not just on evidence-based home-visiting programs, but on evidence-generated and community-based programs with promising practices (such as home visiting programs run by organizations such as Catholic Charities, or by local public health departments). The bottom line is that a more inclusive, comprehensive approach is warranted to have a true sense of need.

In counties/regions where multiple programs do exist, an effort should be made to connect programs to one another. *The New York State Home Visiting Coordination Initiative (HVCI) is convening regional teams tasked with increasing collaboration across services; this work should be supported and enhanced.*

Invest in proven or promising practices that identify and strengthen local partnership, shared resources, and referrals.

As stated previously, in areas where there are both child care and home visiting programs, those programs should connect — each using the other as a resource and referring families when appropriate. *Upon intake, programs should identify families who either utilize both types of programs or who might be eligible for both. The state should incentivize cross-program collaboration by prioritizing program grant applications that demonstrate a strong connection between child care and home visiting programs, including the actual placement of a home visiting program in a child care setting.*

On this note, home visitors might be granted flexibility to meet with families at their child care program, thereby building trust before allowing a stranger into their home. This would also provide an opportunity for the home visitor, child care provider, and parent to compare notes and strategize about how best to support the child. While model fidelity has historically prevented this, an important lesson from the pandemic is that many families were more engaged virtually and providers adapted effectively to online

support. The same could happen in person, but in a different venue than the home.

Programs can also explore shared services, a growing movement in the child care sector. This approach to management enables small independent child care centers and family child care homes to achieve scale and sustainability by coming together to share the cost of skilled business and pedagogical leaders. The New York State Association for the Education of Young Children (NYAEYC) is developing a Shared Service Alliance to implement business automation tools to improve operational efficiencies, and collect and use business intelligence. As the Alliance expands, it could include home visiting programs, which would benefit from both the concrete resources and the relationships.

Finally, the State should promote and provide the home visitor Child Development Associate (CDA) credential through the CCRR agencies. Child care CDAs are extremely popular, but those for home visitors are gravely underutilized. A certain segment of the home visiting workforce — namely staff who have been recruited from the community and/or graduated from the program themselves — are ideal candidates. CCRRs that offer the child care CDA should offer the home visitor CDA as well. The National Council for Professional Recognition administers both CDAs and can be used as a resource to expand access and assist with promotion.

Utilize home visiting program curriculum in home-based child care programs, particularly LE programs, to better support children, families, and providers; prepare at-risk children for school; and make a dent in generational poverty.

LE providers are those who are not licensed or regulated, but who still receive state child care subsidies. Providers generally mirror the population they serve: low-income minority individuals. *LE child care would benefit from an intensive program — either stand-alone or one*

Expand the use of home visiting curriculum

PAT and ParentChild+ have utilized private funding to share their curriculum in informal child care settings for years. Westchester Jewish Community Services, in partnership with ParentChild+, has created a two-year program that connects an early childhood specialist and a mentor with family child care providers. This model allows for “double the eyes” on children, with trained adults offering additional nurturing, using enhanced curriculum to observe both strengths and challenges, and lending a hand. It supports the family child care provider in enhancing the learning environment, working with mixed age groups, and increasing family engagement — all skills that remain with the providers, supporting the families they care for long after they finish the program.

that enhances an existing home visiting program — that models behavior and serves as a support for providers who have little or no training in early childhood. The use of home visitors and home visiting curriculum in LE programs could include incentives for provider participation and professional development credit for those providers who become licensed.

With a stand-alone model, services would not be connected to receipt of any other home visiting service, so the population that could be served would be substantial and limited only by the eligibility criteria and funding level decided upon. This method could also reach families who might be difficult to reach through traditional home visiting models, ensuring that they have access to important school readiness supports and materials while connecting them to information

on healthy development and child well-being. If this service mechanism were chosen for implementation, the state would need to develop a separate infrastructure for funding, contracting, monitoring, and training.

An enhanced home visiting program would focus on families enrolled in research-based home visiting programs and using LE child care providers to care for the target child. The program would provide home visits that: (1) include caregiver visits with parent and child; and/or (2) provide separate visits to the parent and child and to the caregiver and child to support the unique needs of each relationship. Home visitors may use standard home visiting curriculum or employ curriculum specifically developed for LE caregivers depending on need. Benefits of integrating home visits for caregivers within the home visiting program for at-risk families include: screening and referral for needed services for caregivers who often share characteristics and needs of the families served by the program, increased consistency between parent and caregiver with regard to the child's growth and developmental progress, screening and referral for developmental and early intervention services, enhanced communication between the parent and the LE caregiver, and additional opportunities to enhance the child's health and development as it is often difficult to get in the required number of home visits when parents are working.

Because services would be limited to those families enrolled in a research-based home visiting program, the population of LE caregivers eligible for inclusion would be much smaller than that of a stand-alone program. The integration of these services into an already existing infrastructure would make contracting, training and monitoring easier, but additional resources would be required to support the enhancement.

Utilize new federal funding to help implement these recommendations. New York State has recently received funds through the Family First Prevention Services Act (Family First), as well as an historic influx of stimulus funding from the American Rescue Act, earmarked for child care. Family First funding may be used on a variety of prevention programs, including HFNY, NFP, and PAT. The state should use some of these dollars to expand home visiting programs into areas of New York where programs do not exist, or where families have demonstrated a need for multiple programs. The American Rescue Act allowed the state to invest \$100 million to address child care deserts. There is a nice argument to be made that home visiting in deserts can both support the building of supply and build family engagement and support for quality. Funds could be used to train parents who have graduated from home visiting programs to work in new child care programs, or to start their own home-based programs.

“NEW YORK MUST STRENGTHEN THE INTERSECT BETWEEN HOME VISITING AND CHILD CARE PROGRAMS TO SUPPORT MORE FAMILIES WITH INFANTS AND TODDLERS.”

CONCLUSION:

New York State, while supporting initiatives to strengthen families in the realm of early childhood and maternal/child health, could benefit from a more coordinated approach and a creative use of funding. As detailed above, we recommend the following:

- Report data on areas of the state where there is scarcity of child care and home visiting programs.
- Collect data on the number of families who use both home visiting and child care programs.
- Invest in proven or promising practices that identify and strengthen local partnership, shared resources, and referrals.
- Utilize home visiting program curriculum in home-based child care programs, particularly LE programs, to better support children, families, and providers; prepare at-risk children for school; and make a dent in generational poverty.
- Utilize new federal funding to help implement these recommendations.

In pursuit of a more coordinated approach, this paper posited action steps for innovation and the better use of existing community services — proven effective and successful for primary and secondary prevention — on a continuum. As the Latin phrase “Excelsior” proclaims on the state banner, there is always room for upward improvement, especially to be more responsive to families and to nurture the next generation.

While the COVID-19 pandemic has highlighted challenges and gaps, we have also learned important lessons about human resilience. Resiliency is a lifelong pursuit to fortify and maintain when faced with life stressors. However, the foundation begins in childhood and in families. Therefore, we must invest in recommendations that support and strengthen both families with young children and the workforce that serves them.

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