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Lessons From an Urban School Readiness Initiative: Including Family, Friend, and Neighbor Care Providers

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ABSTRACT

Research Findings: Using a structured qualitative case study method, this study examined one urban school readiness initiative’s efforts to identify and engage family, friend, and neighbor (FFN) care providers to promote school readiness in underserved and immigrant communities. Interviews and focus groups were conducted with 23 FFN providers, 14 parent leaders, and 35 community partners in five urban neighborhoods. Results show that 1) a community-organizing approach was the primary method of engaging FFN providers, 2) FFN providers self-reported positive impacts of their engagement for both themselves and the children in their care, and 3) the inclusion of FFN providers elicited many strong feelings among partners about potential benefits and liabilities of supporting FFN care, which in some cases acted as a barrier to successful engagement of FFN providers.

Practice and policy: Results highlight key strategies and potential benefits of engaging FFN providers in comprehensive school readiness systems. The tensions that arose regarding the engagement of FFN providers point to the importance of addressing misconceptions of FFN care and its value to children, families, and communities in order to ensure a shared commitment and understanding of the value and possible benefits of such a strategy.

Family, friend, and neighbor (FFN) care, also called informal care, refers to regular child care provided by extended family members, friends, neighbors, or other unrelated adults. FFN is the dominant form of child care arrangement for working families with young children younger than the age of 3 (Brandon, 2005; Susman-Stillman & Banghart, 2008). Several million paid and unpaid home-based caregivers take care of young children who are not their own for at least 5 hr a week (National Survey of Early Care and Education Project Team, 2016). Because so many young children are cared for in FFN settings, these informal providers can play a critical role in supporting the healthy development and school readiness of large numbers of young children. A focus on FFN care therefore has the potential for high impact on children’s development and school readiness.

A small but growing body of literature examines FFN care; its prevalence, quality, and impact on children and families; and strategies for enhancing quality caregiving and early learning environments in FFN care. However, significant gaps in the research on FFN care continue to exist, resulting in limited information to guide efforts to engage and support this child care sector. This study contributes to a growing research base, with a focus on how an urban school readiness initiative engaged FFN providers as part of a strategy to promote school readiness in underserved and immigrant communities. Although many school readiness initiatives have focused on formal early learning environments and on parents, other factors such as extended family and community engagement are increasingly recognized as critical components of a comprehensive systems approach to school readiness (Sheridan, Knoche, Edwards, Bovaird, & Kupzyk, 2010).
This qualitative case study examined a strategy to engage FFN providers in Families Engage (FE), a citywide school readiness initiative in a major urban area in one northeastern U.S. state. The study explored the following three research questions: (a) How and why do FFN providers engage with FE? (b) What changes do FFN providers report as a result of participation in FE? (c) How do FE directors, advisory committee members, and parent leaders view identification, outreach, and engagement of FFN providers as a key strategy for FE?

We conducted interviews and focus groups with a total of 23 FFN providers, 14 parent leaders, and 35 community partners. We found that (a) a community-organizing approach was the primary method of engaging FFN providers, (b) FFN providers self-reported positive impacts of their engagement, and (c) only two of the five neighborhoods successfully engaged FFN providers. Neighborhoods held different attitudes and beliefs about the strategy of engaging this population of child care providers. These findings revealed that engaging FFN providers is possible but not always successful.

This study contributes to deeper understanding of the challenges of engaging FFN providers who are not connected to formal regulatory or funding systems. Whereas prior research reports primarily on the difficulty of finding these informal providers, this study suggests that another challenge is misconceptions among some professionals that FFN care is inherently unsafe and potentially harmful to children. This article begins with a description of the study context and the current literature on FFN care. Then we present the research methods, results, and a discussion of the results and their implications.

**Study context**

FE was one strategy within a broader citywide school readiness initiative whose goal was to ensure that by 2018 every child in the city entered kindergarten ready to succeed in school. The city’s mayor, 65 community leaders, and more than 30 parents engaged in a citywide cross-sector planning effort to design a set of strategies to achieve the goal. Their planning work revealed that subgroups of families with young children, particularly low-resourced families and young children’s informal caregivers, were not connected to early childhood resources and services that are vital to children’s developmental growth. This finding led to the FE strategy to engage and connect families and informal child care providers to resources in their community such as playgroups, support and parenting groups, community events and field trips, and libraries. The theory of change was that these connections to supports and services would bolster children’s school readiness. The FE initiative selected five neighborhoods with diverse, large populations of young children likely to be affected by the achievement gap to implement this community-based model to enhance support for young children’s development.

The planning group also recommended that parents in the community be the ones to conduct outreach and engagement with the support of neighborhood organizations and businesses. As a result, FE used a neighborhood-based model with active parent participation and leadership. A lead agency in each neighborhood served as the backbone support for FE and provided overall leadership and management of its implementation. Each lead agency identified a high-level administrator and a staff coordinator to take on this role. The lead agency hired and trained parents to conduct outreach and engagement to families and FFN care providers. This parent leadership component was a signature feature of FE, with parents serving as the key conduit connecting parents and FFN care providers to each other and to local resources and services. The lead agency also established a neighborhood school readiness advisory committee made up of parent leaders, partnering agencies and businesses, and other local stakeholders. These committees met regularly to build a coordinated neighborhood network of resources and supports for school readiness.
**Characteristics of FFN Care**

Research and the local FE planning process both pointed to FFN providers as an important influence on the lives of large numbers of young children. Research shows that FFN care is the most common form of nonparental care in the nation, used by an estimated 33% to 53% of children younger than the age of 5 with parents in the workforce (Susman-Stillman & Banghart, 2008). Parents frequently choose FFN because it can be flexible and accommodate nontraditional work schedules, is culturally congruent with the family’s own culture, and is typically provided by a trusted person (Thomas, Boller, Johnson, Young, & Hu, 2015). Grandmothers are the most common FFN providers (Susman-Stillman & Banghart, 2008). The familiar relationships and cultural continuity offered by FFN are frequently considered by parents to be key elements of child care quality (Brandon, 2005; Brown-Lyons, Robertson, & Layzer, 2001). In addition, families may choose FFN because they cannot afford formal early education and care programs, there are limited spaces available, or they work weekend or night shifts that require nontraditional hours of care (Brandon, 2005; Brown-Lyons et al., 2001).

Relative care in particular tends to be the most flexible and least expensive care option for families, given that many relatives do not take payment from the families they serve (Brandon, 2005; Brown-Lyons et al., 2001). Families with low incomes are generally more likely to utilize FFN care than families with higher incomes, although all families with infants and toddlers are more likely to use informal care than families with preschool-age children or older, regardless of income (Brown-Lyons et al., 2001; Gordon, Colaner, Usdansky, & Melgar, 2013; Shulman & Blank, 2007; Susman-Stillman & Banghart, 2008).

FFN providers are a diverse group of individuals with varying characteristics. They have differing relationships to the children for whom they care, different motivations for providing that care, and different levels of interface with public support systems such as child care subsidies (Porter et al., 2010; Susman-Stillman & Banghart, 2011). From the grandmother who takes care of her infant granddaughter to the neighbor who cares for several children unrelated to her, FFN spans a broad population. Many FFN providers operate in the informal market and are not connected to any formal child care regulatory or funding systems. Each state’s policies and regulations view FFN care slightly differently in terms of the number of children a provider can care for while still remaining exempt from licensing requirements. In the northeastern U.S. state that is home to this school readiness initiative, relatives are considered exempt from licensing requirements, as are neighbors who form cooperative arrangements that do not involve monetary exchange. Any nonrelative provider who accepts payment for the care of even one child, however, is expected to register and be licensed by the state.

It remains a challenge to describe the characteristics of FFN providers as a group because of their heterogeneity. The National Survey of Early Care and Education, a national study of early learning settings across the country, classifies home-based care into three distinct categories: listed (licensed or license-exempt or regulated), unlisted paid, and unlisted unpaid (National Survey of Early Care and Education Project Team, 2016). Unlisted providers, the category for unlicensed or informal providers under which many FFN providers fall, are less likely than listed providers to have long-term experience working in child care. Unlisted paid providers are also less likely than listed providers to have attended a training session within the past 12 months. What is clear is that FFN care encompasses many different types of care and is widely used by families during the most critical developmental period of children’s lives.

**FFN Care and School Readiness**

Because so many young children are cared for in FFN prior to school entry, FFN providers are in a position to support the healthy development and school readiness of large numbers of young children. School readiness efforts that include FFN typically seek to enhance the capacity of FFN to provide opportunities for children to develop socially, emotionally, cognitively, and physically.
Initiatives take the form of trainings and workshops for providers, playgroups for both children and their caregivers, social support groups, home visits, or a combination of these (Hoffmann & Conway Perrin, 2009; O’Donnell et al., 2006; Porter et al., 2010; Powell, 2011). Many initiatives cultivate peer support to connect caregivers to one another (O’Donnell et al., 2006; Powell, 2011), which has been reported to be more beneficial than formal training approaches (Brown-Lyons et al., 2001). With respect to FFN providers from immigrant and refugee backgrounds, efforts that recognize the cultural differences inherent in caregiving can help providers learn how better to navigate their unique challenges (Powell, 2011).

Engaging FFN providers is a central challenge, however, largely because of the informal and unregulated status of most FFN providers. Simply identifying FFN providers can be difficult, and building trust takes time. Initiatives that have been successful in engaging FFN providers have largely identified individuals via their connection to other resources, such as the child care subsidy system or the local public school system, and by in-person outreach. Caregivers who are not connected to the subsidy system or any existing organizations or supports are more difficult to reach. Relying heavily on print-based materials (i.e., flyers, surveys) has yielded little success, and more personal outreach involving one-to-one engagement may be more effective (Harder + Company Community Research, 2011; Minnesota Department of Human Services, 2010; Powell, 2011; Shivers, 2010). Work by the Families and Work Institute in the early 2000s noted that in many sites around the country, “natural leaders” in communities were key to engaging FFN caregivers (O’Donnell et al., 2006, p. 5). Working locally, in the context of a particular community, and in partnership with organizations who have already established relationships with families are all strategies to ensure that engagement with FFN providers is meaningful and sustained (Thomas, Johnson, et al., 2015).

The FFN care research clearly shows that many informal caregivers have interests, concerns, and challenges for which they want information and supports (Brandon, 2005; Porter et al., 2010; Susman-Stillman & Banghart, 2011). FFN providers tend to report interests that cluster around the topics of child development and behavior, health and safety, and communicating with parents (Porter et al., 2010; Thomas, Johnson, et al., 2015). Research highlights the importance of designing supports that are responsive to the needs and local interests of the community (Emarita, 2007; Hibbard & Stahl, 2007). Porter et al. (2010) categorized current approaches to FFN support, showing that many operate with a professional development training model and that others utilize a more family-oriented model, such as home visiting, social supports, and parent education. Professional development models often provide supports for unlicensed providers to become licensed.

Some have argued that engagement and support strategies for most FFN providers should adopt a family support model rather than a child care professional development model (Reschke, Manoogian, Richards, Walker, & Seiling, 2006). Kossek, Pichler, Meece, and Barratt (2008) reported that FFN providers were less interested in formal training or workshops such as those provided for professionals and were more interested in family support services. Similarly, Reschke et al. (2006) concluded that marketing information as professional training is not appropriate to most grandmothers who provide child care. Instead, outreach and resources should recognize the familial relationships and motivations (Bromer & Henly, 2004), provide information relevant to a family home environment, and use a family support approach that connects familial caregivers such as grandmothers with community social and economic resources. The informal caregiving often found in familial child care arrangements may be incompatible with a professional approach to child care (Bromer & Henly, 2004; Douglass & Gittell, 2012). Some have suggested that the formality of professionalism may interfere with the sensitive and responsive informal caregiving practices of familial child care providers (Bromer & Henly, 2004; Bruner, 1998; Douglass & Gittell, 2012; Kinney & Trent, 1998).

There is still much to learn about successful strategies for engaging the different types of FFN providers. Because of the wide diversity of caregiver types within the broad FFN designation, it is likely that a range of approaches catered to different subgroups of providers is needed. Given the gaps in the research on effectively identifying and engaging FFN providers, a central question
remains how best to engage FFN providers, particularly those unlisted providers who are not part of existing service and funding systems such as the child care subsidy program.

Research Methods and Design

This study examined all five of the neighborhoods participating in FE to answer the following research questions: (a) How and why did FFN providers engage with FE? (b) What changes did FFN providers report as a result of participation in FE? (c) How did the neighborhood directors, advisory committee members, and parent leaders view identification, outreach, and engagement of FFN providers as a key strategy for FE?

Table 1 shows the characteristics of the five neighborhoods and indicates whether they successfully engaged FFN providers. Pseudonyms are used for neighborhoods to protect confidentiality, and they do not refer to actual geographic regions of the city. Only two neighborhoods successfully engaged FFN providers, whereas all successfully engaged parents. Each neighborhood was tasked with engaging FFN providers and parents in order to connect them with supports and resources to enhance the early learning and healthy development of young children. As described previously, each neighborhood partnership consisted of a lead agency (typically the director and a coordinator of a neighborhood nonprofit organization), a school readiness advisory committee, and parent leaders from diverse linguistic groups who were recruited and trained to conduct the outreach and engagement with families and FFN providers. A study of the parent leaders’ outreach with families is reported elsewhere (Douglass & Maroney, 2015).

Research Methods

The study design was a single case study of FE, with the neighborhoods as five embedded cases (Yin, 2013). The single case study design enabled in-depth examination of FE’s efforts to engage and support FFN providers, and the embedded cases (the five neighborhoods) allowed comparison across the five neighborhoods to examine how each approached its work with FFN providers. Case studies provide rich and contextually situated data that can be used to inform and improve practice and policy and are well suited for studies of complex and dynamic interventions or innovations (Edwards, 2001; Toma, 2006; Yin, 2013). Using this case study methodology made it possible to examine and incorporate multiple sources of data on the engagement of FFN providers, perceptions regarding FFN care, and how engagement impacted caregiving practices.

Study Participants and Data Sources

The study participants were 23 FFN providers engaged by two of the five participating FE neighborhoods, five FE lead agency directors and five FE lead agency coordinators, 14 FE parent leaders, and 25 FE community advisory committee members. We obtained informed consent from all participants in accordance with the study’s institutional review board approval. Table 2 shows the participants and data collected.

Table 1. Neighborhood characteristics.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>North</th>
<th>South</th>
<th>West</th>
<th>East</th>
<th>Central</th>
<th>City Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of children ages 0–5 living in poverty</td>
<td>43%</td>
<td>56%</td>
<td>29%</td>
<td>38%</td>
<td>35%</td>
<td>24%</td>
</tr>
<tr>
<td>Family speaks a language other than or in addition to English</td>
<td>33%</td>
<td>47%</td>
<td>68%</td>
<td>48%</td>
<td>40%</td>
<td>46%</td>
</tr>
<tr>
<td>Parent born outside the United States</td>
<td>45%</td>
<td>43%</td>
<td>67%</td>
<td>47%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Family of color</td>
<td>49%</td>
<td>97%</td>
<td>72%</td>
<td>89%</td>
<td>70%</td>
<td>76%</td>
</tr>
<tr>
<td>Highest parental education level is high school degree or less</td>
<td>16%</td>
<td>48%</td>
<td>75%</td>
<td>47%</td>
<td>19%</td>
<td>32%</td>
</tr>
</tbody>
</table>
FFN Provider Participants
A total of 27% (n = 23) of the FFN providers engaged and enrolled in FE participated in either an individual interview or a focus group, described more fully below. Close to 90% of these FFN participants were related to the child for whom they cared, almost always as the grandparent. They all cared for a child/children younger than the age of 5. The majority of the FFN provider participants cared for just one child, although several providers cared for two children. Consistent with the literature on FFN, the vast majority were grandmothers or other relatives, thus representing an extended family network that provided child care and supported parents’ capacity to work. Most provided care on weekdays, and some also provided care in the evenings, overnight, and on weekends.

FFN Interviews
Trained student research assistants conducted semistructured interviews with eight FFN providers to explore the following topics: caregiving characteristics, engagement with FE, participation and impact, and other desired supports and services. These multilingual research assistants conducted the interviews in the language of their interviewee: English, Spanish, or Bengali. They then transcribed the audio-recorded interviews into English. To select the interview participants, we contacted the 24 FFN providers from lists supplied to us by the two neighborhoods that engaged them, North and East. Of those 24, eight were screened out as not FFN providers (they were licensed family child care providers), eight did not return our calls, and eight agreed to participate and completed the interview. We did not conduct a focus group with these providers because the neighborhood lead agents indicated to us that these providers preferred the convenience of an individually scheduled interview rather than a single focus group at a scheduled time. The one exception was the group described below.

FFN Provider Focus Group
The first author and a bilingual Vietnamese-speaking research assistant conducted one large 2-hr focus group with 15 FFN providers who were part of a regular Vietnamese grandmothers support group in the East neighborhood. These providers requested the focus group format during their regularly scheduled meeting time because it was convenient for them. We conducted the focus group in Vietnamese, and the research assistant later transcribed it into English. The focus group topics were the same as those described previously for the interviews.

FE Director and Coordinator Interviews
The third and fourth authors conducted five interviews with director and coordinator pairs from each of the FE neighborhood lead agencies about perceptions of and experiences with engaging FFN providers.

Table 2. Data sources.

<table>
<thead>
<tr>
<th>Participant Type</th>
<th>Source of Data</th>
<th>No. of Individuals</th>
<th>Language of Data Collection</th>
<th>Neighborhood Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFN providers</td>
<td>Interviews</td>
<td>8</td>
<td>English, Spanish, and Bengali</td>
<td>East: 4</td>
</tr>
<tr>
<td></td>
<td>One focus group</td>
<td>15</td>
<td>English</td>
<td>North: 4</td>
</tr>
<tr>
<td>FE lead agency directors and coordinators</td>
<td>Pair interviews (with the director and coordinator)</td>
<td>5 directors 5 coordinators</td>
<td>Vietnamese English</td>
<td>East All</td>
</tr>
<tr>
<td>Parent leaders working with FE</td>
<td>One focus group</td>
<td>14 parents</td>
<td>English</td>
<td>East: 2 South: 3 Central: 2 North: 2 West: 5 All</td>
</tr>
<tr>
<td>Neighborhood FE advisory committees</td>
<td>Focus groups (one per neighborhood)</td>
<td>25 individuals total</td>
<td>English</td>
<td>All</td>
</tr>
</tbody>
</table>

Note. FFN = family, friend, and neighbor; FE = Families Engage.
They conducted a total of five such pair interviews, one per neighborhood. Directors and coordinators were interviewed as a pair to learn about the lead agency’s experience and perspectives on FE.

**Parent Leader Focus Group**
The first author conducted one focus group with 14 FE community parent leaders who were responsible for FFN outreach and engagement. Parent leaders responded to questions about their experiences with and perspectives on outreach and engagement of FFN providers.

**FE Advisory Committee Focus Groups**
The third author conducted a focus group with each FE neighborhood’s advisory committee to learn about perceptions of and experiences with engaging FFN providers.

**Data Analysis**
The first author entered these data into ATLAS.ti software and conducted qualitative analysis procedures (Muhr, 2004). She analyzed data using qualitative coding procedures, first using a priori codes drawn from the data collection protocol, for example, benefits of FE and perceptions of FFN (Miles, Huberman, & Saldana, 2014). She developed a detailed code definition for each code and used this definition to guide ongoing coding to ensure reliability in the use of the codes (Miles et al., 2014). Then, through an inductive thematic coding process, empirically grounded codes emerged, such as FFN as community resource, uncomfortable with FFN, and illegality of FFN. The author checked these codes against the data, refined and defined with a detailed code definition, and rechecked (Miles et al., 2014). For the first and third research questions, she compared the data from several sources to those of the other sources, referred to as triangulation, in order to increase validity (Stake, 1988; Yin, 2013). The analysis of the second research question (changes experienced by FFN providers) used FFN providers as the sole source of data relevant to providers’ perceptions about the changes they made. Some themes emerged that were specific to just the Vietnamese focus group participants, and we indicate this where applicable in the Results section. The first author conducted an additional level of analysis to answer the third research question regarding neighborhood participants’ views on FFN engagement. She used cross-case comparisons with all of the data sources to compare the findings from each neighborhood with those from the other neighborhoods (Yin, 2013).

**Limitations**
As this is a qualitative single case study, these results are not intended to be representative of all FFN providers in this city or beyond. The provider participants were individuals who responded to the outreach in their neighborhood and began to participate in the school readiness activities. We were not able to know anything about FFN providers who did not respond to the outreach or who were not reached by the outreach efforts. Therefore, what this study offers is an in-depth look at five neighborhood partnerships and a selected group of providers whom they engaged to learn about their perspectives and experiences. This approach made visible the tensions underlying the successes and challenges faced by these participants engaged in this school readiness initiative.

**Results**
We present the results according to the three research questions guiding the study. The reported findings represent the common themes unless otherwise specified. When the majority of participants voiced a particular theme, we considered that a common theme. The results for the second research question only reflect data from the two neighborhoods that successfully included FFN providers, because this question only pertains to engaged FFN providers.
How and Why do FFN Providers Engage With FE?

FE engaged FFN providers largely through a parent-led, community-organizing approach. According to both the FFN providers and the parent leaders, providers learned about FE activities primarily through word of mouth at parks, playgrounds, stores, laundromats, community health centers, and community events and through flyers advertising activities. The importance of developing trust over time was a common theme, articulated here by one North parent leader who described how she succeeded in engaging FFN providers: “You do have to have a really trusting relationship with them. Especially with the immigrants. You have to. Otherwise they will never open up. They have to see you more than one time.”

Across all of the FFN providers, four key themes emerged regarding the reasons why providers became and stayed engaged with FE: (a) benefits for children and providers, (b) community connections and pride, (c) social connections, and (d) opportunities for learning.

Benefits for Children and Providers

Almost all of the FFN providers reported that they chose to become engaged because they believed their participation would benefit them or the child/children in their care. They reported three priorities in their care for children: early learning and school readiness; health, safety, and daily routines of care; and love and trust. As one East grandmother explained in the Vietnamese focus group, “Love is very important.”

Community Connections and Pride

Many providers described gaining a new sense of connection to and pride in their community. One East grandmother explained in her interview,

Before [FE] I lived in this community but I really didn’t do much of anything with my community. Now just learning about all the different activities or events or things that I didn’t know about before that were going on in my community that I was not aware of, it’s made me more aware of the good things in my community that you never hear about. You always hear about the bad things that’s going on but you never hear about the good things and it’s given me a broader sense of connection to my neighbors, my communities, to the activities that are there for the children as well as activities that are there in the sense to help parents and the resources that are right next door to you that you didn’t even know were there.

Social Connections

Many of the Vietnamese grandmothers in the focus group talked about the isolation of staying home with their grandchildren and the benefits they experienced from attending a grandmothers’ support group. They described making friends, overcoming the isolation, and gaining a sense of belonging in their community. One spoke of her fear of going outside and the safety the group offered her:

I only have this group. I just came to America a few months ago, I don’t know streets, and everything is strange and very different. I go out but it’s too scary. I don’t dare to go anywhere. [People] call me but I can’t go. I don’t know how to get to my destination, there are cars, I’m scared, so I don’t go anywhere much. Just this group.

Opportunities For Learning

Learning was another key benefit reported by almost all of the caregivers. They described learning information about child development and parenting to use and to share with the child’s parents. Many of the Vietnamese grandmothers emphasized the importance of learning how to raise grandchildren in the United States, a different process from their experience raising their own children in Vietnam.
What Changes Do FFN Providers Report As a Result of Participation in FE?

Three common themes related to our second research question emerged across the majority of FFN participants: (a) use of new discipline strategies, (b) increased focus on supporting children’s learning, and (c) changes in children’s behavior and development.

Use of New Discipline Strategies

Many FFN providers described using new discipline techniques they learned in FE activities. For example, parenting workshops taught one provider to listen to children and ask questions rather than just talk at or tell children. Another said that she was more patient now because she had a better understanding of the child’s perspective and development. One FFN provider explained that she was yelling less often at the child for whom she cared. She said that she had learned new strategies, such as counting to 10 or leaving the room for a few minutes to calm down and then returning to talk with the child to help him or her understand limits and rules. Others found that children’s behavior improved after participating in the playgroup experience, as described by one Vietnamese grandmother in the focus group: “They taught the kids … They taught us how to talk to kids. The kids are better now. Before they were very shy and acting up.”

Increased Focus on Supporting Children’s Learning

FFN providers also reported increased knowledge about how to support children’s learning. For example, one provider from the East neighborhood explained,

Before [FE] … when reading or doing any activities with the children, I always thought that I was supposed to be more focused on finishing and completing the activity with children and now I’m more focused on allowing them to explore however they want to either during story time or our arts and crafts activities, allowing them to explore and show me what they want to do.

Another provider explained that she learned how to teach children by embedding learning activities, such as teaching colors and counting, into mealtimes and other daily routines. These school readiness activities were things she did not previously do in her time with her grandchild.

Changes in Children’s Behavior and Development

Last, providers reported changes in children as a result of their participation. Children learned self-help skills, social skills, and language and literacy. As one North neighborhood grandfather described in his interview,

He [my grandson] was very enthusiastic about going to school [the playgroup]. He would pull his bag out and put pencils and books inside, and tell me, “Nanabhai [grandpa] let’s go to school.” He would come home and say those poems he had learned at school, just a few lines that he could remember. He was happy and he learned.

One East neighborhood provider noted a new passion for reading after she began taking the children to the local library story time:

I like the fact that sometimes when we are reading a story that he picks out from the library he will want to renew that book. When it’s due he wants to renew it again because he wants to keep learning the story, or his interest in the book is piqued. There have been a few books that we read at home that he wants to read to his pop because he thinks it’s so funny. He’s very interested in not just keeping the book to himself, but sharing it with his friends.

As these quotes illustrate, providers were able to give specific examples of the ways their engagement helped them to better support children’s learning and development.
How Do FE Directors, Advisory Committee Members, and Parent Leaders View Outreach and Engagement of FFN Providers?

As noted previously, just two of the five neighborhoods successfully engaged FFN providers. The analysis for this third research question examined the facilitators and barriers to engaging these providers within and across neighborhoods. Across all five of the neighborhoods, the FE advisory committee focus groups found very limited support for the engagement of FFN providers. The focus group participants described FFN provider engagement as a challenging process. There was a sense that the approach was not owned by the advisories as potentially yielding a high payoff. Our analysis uncovered divergent beliefs and attitudes about the value and the legitimacy of the strategy to engage FFN providers to support the learning of the children in their care. Tensions were evident regarding whether the inclusion of FFN providers was appropriate or worthy of investment. These tensions were reflected in two very different themes that emerged in the analysis, one supporting and valuing the inclusion of FFN providers and one highly concerned about and/or opposed to the inclusion of FFN providers. North and East, the two neighborhoods that engaged FFN providers, had lead agency directors who overwhelmingly reflected the supportive approach, whereas the neighborhoods that were not successful in engaging FFN providers had lead agency directors who reflected a conflicted, concerned, or opposing perspective.

In the two neighborhoods that successfully engaged FFN providers, data from both the parent leaders and the lead agents confirmed a generally positive and supportive view of FFN as a community resource, a strength for the community, and a valued part of the family support work that FE was doing. Outreach to FFN providers was conducted through families and extended family networks to connect them with school readiness strategies that are appropriate for families. They treated them “like everybody else” (parent leader from East), applying the same kinds of strategies for engagement and support that they used with families. Several of the parent leaders in these neighborhoods talked about their outreach to FFN providers, describing both the challenges they faced but also the successes they celebrated, reflecting a belief that engaging FFN is possible. As one North parent leader described,

I think the only way is to really become a friend. When they feel comfortable, when they feel okay she is not going to … go to immigration, or police, or whatever it is. I mean it’s like the only way is like becoming a friend of them…. You just got to be like yourself and make them feel comfortable. And they will talk to you and that’s the only way.

In these neighborhoods, organizational leaders in the FE initiative affirmed the importance and value of supporting FFN providers as caregivers who are experienced and influential in the development of young children yet do not have access to a support system. As one North lead agency director explained,

I feel like if we’ve got unlicensed providers or a grandparent caring for a child, and that grandparent is home with that child and doesn’t have access to the kinds of resources we’re providing, we can get them information if they come to a playgroup. I think that’s great because that person’s with that kid and is influencing the kid’s development. We want to get anybody who’s in that role. I think formal child care is a whole different thing because there’s a set of resources available to support those people. But these family friend neighbor care providers, there is no formal system to support them. People are trying to. But it’s a mixed bag without training. And they are grandparents—which gives them a lot of experience.

This quote reflects a belief that these informal providers may have strengths (their experience) but may lack access to resources. She saw a benefit to engaging them. Some study participants also noted the challenges they faced, particularly the parent leaders whose job it was to conduct the outreach and connect providers with neighborhood resources. As one East neighborhood parent leader described, “I know a lot of them, but they are immigrants … and they are afraid because of their status.”

In contrast, in the three neighborhoods that did not engage FFN providers, four themes emerged that reflected conflicted, concerned, and/or negative views about this FE strategy.
**FFN Providers Are Difficult or Impossible to Identify**

This was a common theme across these three neighborhoods. Engaging FFN providers was often viewed as virtually impossible. The West lead agency director spoke of FFN providers as “a secret society” that wanted to remain hidden because of concerns about immigration or their provision of child care services without a state license. The neighborhood advisory committee voiced similar concerns, commenting that FFN providers were hard to identify, feared being identified, and were not necessarily interested in participating in activities. The director of the South neighborhood lead agency described their challenges around engaging FFN providers: “This is not our strong area, informal caregivers. I think with all of us it’s hard, we don’t know who they are.”

**FFN Providers Do Not Want Services**

This was a common theme in two of these three neighborhoods. Study participants frequently voiced the belief that FFN providers do not want services, particularly professional training services. The South lead agency director talked about grandmothers providing FFN care in her neighborhood, saying,

> Some of the families don’t want to do the provider stuff we are teaching. One of the people in our meeting was saying that some survey found that people [FFN providers] were not really interested in workshops and how to do these types of activities with the kids. And I am not surprised—you raised your kid already.

She referenced the findings from some sort of research study, seemingly to confirm her sense that FFN providers were not interested in services. Other participants explained that they would only support professionally oriented services for FFN providers to work toward a family child care license. This perspective was often linked to concerns about the quality of FFN, as reflected in the West lead agency director’s statement that “family friend and neighbor care doesn’t work very well … because the caregivers are not very good.”

**FFN Care is Illegal or Substandard and Should Not Be Encouraged or Legitimized**

Several participants in two of these neighborhoods voiced concerns that FFN is a liability or a distraction from their focus on school readiness with formal early learning programs. Several lead agency administrators and members of the neighborhood advisories described FFN care as unlicensed or illegal child care—and not appropriate for inclusion in a school readiness initiative, which should be focused on high-quality formal licensed child care. We found particularly vocal opposition to FFN care among the leadership in the West neighborhood. The lead agency director clearly articulated these concerns:

> I’m uncomfortable with [FFN care] and have been all along … Giving support to that is questionable on a number of fronts. Are we endorsing it? We can’t take responsibility for it. We are child care professionals … There are all kinds of potential abuse. We cannot be a part of that … This is an awkward situation. Something is going to bite us … in the ass, and … the funders are going to be embarrassed … We’re a licensed child care center supporting an unlicensed child care center. We’ve been told in the past that we were supposed to rat these people out. I understand working to make that better. But it’s unlicensed child care … I would drop it. I don’t think there’s any good way of dealing with that effectively.

The West lead agency did not actively conduct outreach to FFN providers, reporting that they were just not comfortable with the strategy. This same director expressed fears that this work was dangerous for their agency and for children:

> We are exposed. One of the questions is legality versus illegality. I’m walking a tightrope on some of this stuff … I’m resistant because it makes me nervous. I’m worried about a scandal here. I think it’s dangerous. I’ve dealt with horrendous things with some of these abuse cases where people leave their kids with a guy next door and he abuses them. It’s horrific! That maybe colors my thinking a little bit.

These quotes reveal negative attitudes and fears about informal child care, a desire to protect children from harm, and a clear lack of buy-in to the strategy of engaging FFN. In one of these three neighborhoods, West, we did not find agreement among all participants. Instead, we heard differing
opinions from the various study participants about whether engagement of FFN providers was a desirable goal or not. However, in this neighborhood, the voice of the lead agency was strong and influential and was deeply opposed to the FFN care strategy.

**FFN Care Competes with Licensed, Formal Early Care And Education Programs**

The final concern, which surfaced in just one neighborhood, was that FFN was in competition with formal child care programs and therefore should not be supported. Service providers in the Central neighborhood voiced differing views on this question of competition, as articulated by Central’s lead agency director:

> Here is the rub. I actually had one of the executive directors say to me, “Why are you supporting them [FFN]? They’re taking from our [child care] slots [enrollment].” So since you have this fear about keeping your slots filled to keep your revenue coming in, do you really want to work with informal child care providers? … I think if we are really serious about leaving no children behind, we have to.

These findings reveal a common shared mission to support children but very different beliefs about how best to do that and in particular whether FFN care is a sector to be strengthened or shut down. This quote points to the challenges of collaborating across organizations and providers who may be competing for funding or customers.

**Discussion**

Results show that (a) a parent-led community-organizing approach was the primary method of engaging FFN providers, (b) FFN providers self-reported positive impacts of their engagement, and (c) the FFN engagement strategy elicited many strong feelings among partners about potential benefits and liabilities of supporting informal care. In two neighborhoods, this likely acted as a barrier to successful engagement of FFN providers.

The findings from this study contribute to the growing interest in and research on FFN care in three ways. First, the experiences shared by the FFN providers can inform ongoing efforts to engage informal child care providers. Results of this study showed that FFN providers were engaged through word of mouth, trusted relationships, and culturally responsive community-organizing strategies, consistent with findings from prior research (Harder + Company Community Research, 2011; Minnesota Department of Human Services, 2010; Powell, 2011; Shivers, 2010). Parent leaders from the community were the primary mobilizers of FFN engagement, and this finding supports prior research suggesting that engaging this population requires trusted community brokers or members who have access to informal extended family and community networks (O’Donnell et al., 2006; Thomas, Johnson, et al., 2015). Parent leaders built peer-to-peer networks in the neighborhoods, engaging families and their extended family networks, including the informal child care providers. Prior research has suggested that for many segments of the FFN community, a family engagement and support approach is more appropriate and relevant than a professional development or child care quality improvement approach (Kossek, Pichler, Meece, & Barratt, 2008; Reschke et al., 2006). Because FFN care is a broad category encompassing many subgroups of caregivers, researchers should identify the kinds of approaches that are successful with different types of FFN providers. Those seeking to engage FFN providers should consider the complexity and diversity of the FFN sector and the range of approaches that might best support the differing needs and interests of specific types of FFN providers. For example, a family engagement and support approach might be appropriate with grandmothers and other relative care providers. Many of the providers in this study were grandmothers, and they reported benefits from participating in family support–oriented activities. Friend and neighbor care providers might be more interested in a professional development approach and the possibility of receiving supports to become licensed family child care providers.

Second, the FFN providers described specific ways in which their participation had an impact on the quality of the caregiving and early learning environment they provided for the children in their
care. This also is consistent with prior research that supports the fact that FFN providers can have a positive impact on the quality of caregiving (Porter et al., 2010; Thomas, Boller, et al., 2015). FFN providers may want to engage with educational opportunities to strengthen their capacity to support children’s learning. This and prior research may help expand efforts to include FFN care in early childhood interventions. Moving forward, future research can strengthen the evidence base for these interventions’ impact on children by measuring children’s development and learning outcomes. This research can also serve to counter the kinds of misconceptions and barriers found in this study. Those seeking to support and strengthen the FFN care sector need access to research that they can use to educate and raise awareness among diverse stakeholders.

Third, this study contributes to a deeper understanding of the challenges of engaging FFN providers who are not connected to formal regulatory or funding systems. Although prior research reports primarily on the difficulty of finding these informal providers, this study suggests that another challenge is the belief among some that FFN care is inherently unsafe and potentially harmful to children. This study documented strong feelings, beliefs, and even misconceptions about FFN providers. For example, we heard from agency staff in the West and South neighborhoods that FFN providers did not want services. Yet we heard from FFN providers in the East and North neighborhoods that they very much wanted and benefited from the services offered. These misconceptions may have acted as a barrier, intended or unintended, to successfully engaging FFN providers. Two of the five FE neighborhoods reflected more of a strengths-based family support approach, viewing providers as familial caregivers and part of the informal care network of the community. These were the neighborhoods that engaged providers. The other three neighborhoods struggled with the legitimacy of engaging what they considered unlicensed or uninterested child care providers, and they did not successfully engage FFN providers.

The implication here is that a first step in implementing an FFN engagement strategy must be to address stakeholder and participant perceptions and misconceptions about who FFN providers are, and the value of FFN to children, families, and communities, in order to gain a shared understanding of the possible benefits of such a strategy. Stakeholder dialogue and public awareness may be pivotal in the success of such efforts. For example, media reports can reinforce concerns and negative perceptions of informal child care. Unregulated child care arrangements made the headlines in a recent article in The Atlantic titled “Why Parents Are Being Forced to Find Childcare Underground” (Durana, 2016). The article documented the shortage of affordable quality licensed child care and described how most parents “are forced to rely on unregulated facilities” in the informal care market (p. 1). Raising public awareness about informal care, particularly familial care, and its benefits will contribute to these efforts. Researchers can also continue to develop evidence that illuminates the impact of engaging and supporting FFN providers who are not licensed or regulated. Identifying effective strategies for linking FFN providers to supports and resources is a major contribution to strengthening community assets and developing comprehensive school readiness systems.

References


