



Families and Work Institute

SPARKING

CONNECTIONS

PHASE II

A Multi-Site Evaluation of  
Community-Based Strategies to  
Support Family, Friend and  
Neighbor Caregivers of Children

**Part I:**

Lessons Learned and Recommendations

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*Sparkling Connections, Phase II*

*Part I: Lessons Learned and Recommendations*

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# Foreword

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## Reflections by Ellen Galinsky

President  
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My work on family, friend and neighbor (FFN) care as an essential component of the early childhood landscape began in the mid 1970s. A Bank Street College of Education colleague, Bill Hooks, and I wrote a book on exemplary child care in the United States.<sup>1</sup> The programs we profiled were culled from the nominations of a panel of early childhood experts.

One of the programs included in our book was the Day Care Neighbor Services in Portland, Oregon. Created by social workers Alice Collins and Eunice Watson, with the help of researcher Art Emlen, this program was designed to support and improve family, friend and neighbor care. Collins and Watson had discovered that in every neighborhood there are “friendly, helpful neighbors,” and that parents and caregivers naturally turn to these people when they have problems. Collins and Watson took the time to locate those neighborhood people who were doing a good job at providing this support, paid them a stipend, and then went to their homes on a regular basis to help them do an even better job. Research on this experiment in augmenting community networks revealed that it was a very effective way of expanding and improving family, friend and neighbor care, and of preventing abuse and neglect.

Beyond FFN care, we profiled many different kinds of child care in our book, including:

- local, community-based centers;
- national chains;
- parent-led programs;
- on-site corporate centers;
- infant-toddler, preschool and after-school programs;
- programs for gifted children;
- programs that mainstreamed children with disabilities;
- programs serving children who were low-, middle- and high-income;
- programs in inner-cities, suburban areas and the rural countryside;
- programs in tribal communities as well as those serving White, Latino, Asian-American and African-American children;
- programs in schools, in centers and in homes; and
- regulated family child care and, as I have said, FFN care.

During the months we spent observing and interviewing to write this book, I often felt as if I were in a field of wild flowers, stunning in its variety of colors, sizes and shapes. Our job was to shift through the differences, seeking the patterns and detecting the commonalities.

Among our findings, one was particularly surprising. No matter the auspices, no matter the age of the children, or no matter whether the providers were family members or not, people

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in these exemplary child care initiatives described themselves as being “an extended family” to the families and children they served. They used those very words again and again, all over the country.

Remember that we were doing research for our book in 1974-1976. It was an era when children in child care were described by researchers as being “day-care reared.” It was an era when children were depicted by the media as being “warehoused,” and when the media repeatedly focused on the accidents or tragedies in child care. It was an era when the President of the United States vetoed national child care legislation because it might “Sovietize” American children.

As Bill and I mentioned in our book, when we went to our publisher and said that we wanted to call our book “*The New Extended Family: Day Care That Works*,” we were told that this was a contradiction in terms. “Child care is the opposite of family,” we were told. But we persisted, reporting that this was what we had found. The publisher finally, and with reservations, relented.

Is what’s best about family, friend and neighbor care also what’s best about all kinds of child care, I wondered? Does the importance of having supportive, caring and enduring relationships transcend the type of care?

This and other questions led me to join with Carollee Howes of UCLA, the late Susan Kontos of Purdue University, and Marybeth Shinn of New York University to propose a study of child care in the homes of providers.<sup>2</sup> We wanted to do a rigorous study of how parents and providers defined quality and how their definitions related to observable and measurable components of quality.

Doing such a study was quite difficult. It was difficult to raise the amount of money necessary to do a representative study of these providers—who can be extremely hard to locate. It was difficult to select or create the right measures of quality that were sensitive to cultural differences and the uniqueness of family-based care. It was difficult to find and train observers to understand and be respectful of these differences in quality and culture. It was difficult to gain the trust of providers to allow us to come in their homes to observe. And finally, it was difficult to gain the trust of the organized child care field, especially to include what was called “informal” child care. Initially, they didn’t agree with our decision to include family child care in the same study as relative and neighbor care. This was an understandable concern. They didn’t want to engender any confusion about the differences among regulated, non-regulated and relative care.

There were many times during the years it took us to fund, design and conduct this study that I was in despair. I fully understood why no one had ever tried to do a study like this. But there were many people who offered enormous support, especially Ed Zigler of Yale, who was a cheerleader for our conducting this study. Eventually, we were able to fund our study, to design measures that we felt good about, to find a representative group of providers in three communities and to gain their trust. Especially importantly to us: we developed an excellent relationship with the leaders in the burgeoning family care child movement who came to support our decision to include regulated, non-regulated and relative providers in the same study.

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As we poured over our findings, some unusual patterns emerged. We found that caregivers who *wanted* to care for children, who made an effort to *learn more* about what they were doing, who *planned ahead* about what they were going to do with the children and who *sought the help and support* of other caregivers provided the best care—care that affected children’s development in the most positive ways.

It was a provider who gave us the name for this finding: *intentional care and education*.

Although we continue to find that there are many ways that FFN care is different from other forms of care, there are commonalities that transcend the differences. The best care, no matter the setting, serves as an extended family to the children and parents. And the best care, no matter the setting, is intentional.

Several years later, as I was working on my study and book, *Ask the Children*<sup>3</sup>, I interviewed parents and children about the non-parental care they were using. I could tell right away if their arrangement was working or not. When a parent or a child described the care in family-like words i.e., “she is like a sister to me,” or “she is like a second mother,” then I knew the arrangement was working. And when a parent’s or child’s face lit up when describing the relationship with the caregiver, I really knew that it was working!

So the best early care and education includes the best of FFN care: it is family or family-like, and it is intentional.

I was very proud when Nina Sazer O’Donnell of the Families and Work Institute continued to build on our early work by focusing on family, friend and neighbor care. And I was very proud when she teamed up with Mon Cochran and his colleagues at Cornell University as well as with business and early childhood leaders across the country to explore what makes FFN care good and how this quality can be promoted. They had their share of obstacles in doing this project, but the result is well worth it. There is much to learn from *Sparking Connections*. So read, learn and enjoy!

## I. INTRODUCTION

*Sparking Connections, Phase II* is a two-year demonstration and evaluation project of Families and Work Institute (FWI). Beginning in late 2003, FWI convened a national consortium of communities, organizations, funders and experts committed to developing strategies to support the family, friend and neighbor (FFN) care of children, including forming non-traditional partnerships to share child development information and resources with FFN caregivers. Since these caregivers care for the majority of our nation's young children while their parents work, the issue of family, friend and neighbor care is one of growing importance.

The project evolved from *Sparking Connections, Phase I* (2000-2003), which FWI created to inform systemic efforts to encourage learning for young children throughout the country. As awareness of the importance of the early years and school readiness has moved higher on the public agenda, and as states and communities have made strides to ensure that all children are ready to succeed when they enter school, there has been a growing national and state emphasis on encouraging early learning. Unfortunately, however, most of the initiatives designed to improve child care quality, essential as they are, focus on regulated child care centers, preschools or family child care homes and leave out family, friend and neighbor care.

The majority of children in the United States—including most children living in poverty and most infants and toddlers—are cared for by family or friends in settings that are frequently not subject to external standards or requirements. Most FFN caregivers are relatives, do not receive public funds and have little interaction with existing public systems. This creates unique challenges and opportunities for finding and reaching out to these providers in order to help all young children in these settings thrive. This has been the purpose of our work over the past six years.

**Families and Work Institute (FWI)** is a nonprofit center for research that provides data to inform decision making on the changing workforce, changing family and changing community. Founded in 1989, FWI's research typically takes on emerging issues before they crest. This work often changes the language of debates to move public discussion forward.

### **What Is Family, Friend and Neighbor Care?**

Family, friend and neighbor (FFN) care (also called *kith and kin, informal, unregulated and license-exempt*) is a broad term that refers to child care by extended family members, nannies, friends, neighbors and other unrelated adults. Many parents, especially low-wage earning or part-time employees, also play the dual roles of parent and caregiver—when they are not at work—by caring for their own and co-workers' or family members' children.

Most FFN caregivers are grandparents and are typically not registered or licensed and/or are exempt from licensing. As the oldest form of child care, FFN can be thought of as *familial* rather than *professional* care. Most FFN caregivers do not think of themselves as or aspire to become professionals, although a small percentage (about 10%) do go on to become licensed family child care providers.

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## ***Sparking Connections, Phase I***

In 2000, the National Retail Federation (NRF) Retail Work Life Forum (RWLF), a group of employers from the retail industry, concluded that employees are often absent from their workplaces or preoccupied at work due to child care concerns. They also recognized that many of their employees both rely on and provide FFN care, so they approached FWI to help find ways to support employees' child care arrangements and choices. They asked FWI for help, in part, because of FWI's previous work-life research, and because FWI had conducted some of the first national research on children in relative care more than a decade earlier.

FWI responded by creating *Phase I of Sparking Connections*, conducting an exploratory investigation and releasing a report in April of 2003 with generous support from Provident Financial Services Corporation, and additional funding for printing the report from the A.L. Mailman Family Foundation. This report entitled, *Sparking Connections: Community-Based Strategies for Helping Family, Friend and Neighbor Caregivers Meet the Needs of Employees, Their Children and Employers*,<sup>4</sup> summarized interviews with retail managers, their employees and employees' caregivers and recommended how diverse community stake holders can help FFN caregivers through connections with each other, with retailers and other employers and with FFN caregivers.

The report has been widely disseminated to employers, policy makers, funders, community organizations and others interested in improving community-based supports to FFN caregivers. It is currently available as a free downloadable PDF file on FWI's Web site: [http://www.familiesandwork.org/sparking/pdf/sparking\\_connections\\_report.pdf](http://www.familiesandwork.org/sparking/pdf/sparking_connections_report.pdf).

## ***Sparking Connections, Phase II***

In Phase II of this project, the business and early childhood communities were ready to move to action. Thus, Phase II consisted of a two-year demonstration and evaluation project that began in December 2003. Funding initially came from contributions from participating sites, creating the *National Sparking Connections Consortium*. In the project's second year, FWI received a grant from The Annie E. Casey Foundation to expand the learning community that had been created by the participants and to provide technical assistance on FFN care to the Annie Casey Foundation's ten *Making Connections* sites.<sup>5</sup> (The funders for Phase II are listed on the following page.)

The **Sparking Connections National Consortium** included funders, national advisors, partner organizations and their local partners as well as three pilot and five learning community sites participating in the *Sparking Connections, Phase II* project.

**Funders** included:

Atherton Family Foundation  
BUILD Initiative  
The Annie E. Casey Foundation  
The Samuel N. and Mary Castle Foundation  
Ceridian Corporation  
Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services  
Kirlin Foundation  
The McKnight Foundation  
National League of Cities  
Oklahoma Child Care Resource and Referral Association and Tribal Child Care Connection  
SBC Communications  
SOAR Opportunity Fund, formerly Project Lift-Off Opportunity Fund (with The Seattle Foundation as fiscal sponsor)  
United Way of America  
United Way of Greenville, South Carolina  
United Way of Henry County and Martinsville, Virginia  
United Way of Metropolitan Atlanta, Georgia  
United Way of Southern Cameron County, Texas  
Wal-Mart and Sam's Club Foundation

**National Advisors** included:

Charles Bruner, Child and Family Policy Center, University of Iowa  
Gerry Cobb, North Carolina Smart Start National Technical Assistance Center  
Betty Emarita, Development and Training Resources  
Joan Lombardi, The Children's Project  
Erin Maher, Human Services Policy Center, University of Washington  
Kathy Modigliani, The Family Child Care Project  
Deborah Stahl, BUILD Initiative

**Pilot Sites** (participated in the national evaluation effort) included:

Minnesota (Minnesota Child Care Resource and Referral Network and child care resource and referral organizations in St. Paul and Mankato); Oklahoma (Oklahoma Child Care Resource and Referral Association and Tribal Child Care Connection); Seattle/King County, Washington (Child Care Resources and partners).

**Learning Community Partner Sites** (participated in all project activities, except the national evaluation) included Atlanta, Georgia (United Way of Metropolitan Atlanta/Smart Start Georgia); Brownsville, Texas (United Way of Southern Cameron County Success By 6 and partners), Greenville, South Carolina (United Way of Greenville Success By 6 and partners); Hawaii (Good Beginnings Alliance and partners) and Martinsville, Virginia (United Way of Henry County and Martinsville Success By 6).

**National Organization Partners** included:

BUILD Initiative  
Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services  
Food Action Research Council  
National Association of Child Care Resource and Referral Agencies  
National Association of Children's Museums  
National League of Cities  
National Library Association  
North Carolina Smart Start National Technical Assistance Center  
United Way of America

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## What We Did

*Sparking Connections, Phase II* sites were invited to participate because they had emerged as national leaders in addressing the needs of FFN caregivers in their states and communities. In order to improve their outreach to and work with FFN providers, site leaders participated in a variety of peer learning community and technical assistance (TA) activities, including conference calls, individualized consultation, national TA meetings and brokered linkages with retailers and other partners who were not from the early childhood field, experts, funders and resource organizations. Three pilot sites evaluated their work in reaching out to and working with FFN caregivers more intensively with local evaluators and with a national evaluation team led by Moncrieff Cochran of Cornell University.

National partners, advisors and site leaders met three times over the two-year demonstration phase. The first meeting in March of 2004 was hosted by The Home Depot, a project partner in Atlanta, Georgia. A second national TA meeting in Seattle was co-sponsored by the BUILD Initiative<sup>6</sup> and hosted by the funders' collaborative of the SOAR Opportunity Fund<sup>7</sup> (formerly the Project Lift-Off Opportunity Fund) in October of 2004. A third national meeting was held in October of 2005 in Brownsville, Texas, co-sponsored by Families and Work Institute and United Way of Southern Cameron County, with additional support from the National League of Cities, SBC Communications, United Way of America and Wal-Mart and Sam's Club Foundation.

## Purpose and Contents of this Report

This report presents the results of this collaborative work, representing the contributions of many in the *Sparking Connections National Consortium* and their partners who participated as learners, social experimenters, innovative thinkers, researchers and writers.

Part I of the report focuses on lessons learned and recommendations for states, communities, policy makers, funders and other leaders interested in FFN care that will promote positive child development and learning. It also discussed issues of quality in FFN care, future needs and possibilities for this work in the future. Part II, *Research and Resources*, includes descriptions of all participating *Sparking Connections* sites, an evaluation of the work of three sites—Minnesota, Oklahoma and Seattle/King County—by the Cornell team, individual evaluation reports from those three sites, a summary of recent research on FFN quality and a list of written and organizational resources.

It is our hope that this report will inform and inspire many future efforts to include FFN care in early learning systems and the many other systems that serve children, their families and their caregivers throughout the country, and that it will enable states and communities to realize their visions that *all* children in our nation are healthy and ready to succeed in school and in life.

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## II. OVERARCHING LESSONS AND RECOMMENDATIONS

### *Lesson 1: Relationships are central to all aspects of FFN care.*

Establishing and maintaining effective relationships with families and caregivers and among a wide variety of state and community partners—from libraries and parks to health departments and child care resource and referral agencies—is essential to successful efforts to help FFN caregivers and the children in their care. The importance of building and sustaining mutually respectful, beneficial and trusting relationships permeates every aspect of successful FFN care work.

As states, communities and organizations begin their work with FFN caregivers, the first challenge they often face is how to find caregivers and how to engage them in activities that support them in their work. This common challenge can be especially difficult because FFN caregivers rarely identify themselves as such and are often grandparents and parents who have no formal relationships with known “systems,” such as schools, child care subsidy programs or other public services. Some of these caregivers may be undocumented, and many are uncompensated for their efforts. Others may not speak English and/or may be mistrustful of helping professionals and community organizations they do not know. These caregivers are often isolated in their communities, do not typically see themselves as professional caregivers and do not seek out training for their work with children.

Many *Sparking Connections* sites found that working with *natural leaders* in their communities was the most effective strategy for finding, communicating with and building relationships with FFN caregivers. Sometimes called *trusted advocates* or *community brokers*, natural leaders exist in every community. They are individuals who understand the dynamics, assets, challenges and dreams of members of their community. *Natural leaders* can be parents, caregivers, teachers, service providers, faith leaders, case workers, doctors, doulas, public health paraprofessionals, local business owners or other “go to” people in a neighborhood.

*Martinsville, Virginia, site leaders identified several well-respected individuals who taught children in local churches and who were interested in helping caregivers learn more about child development. These natural leaders were invited to be trained to lead child development classes—on topics such as daily learning activities, CPR and how to handle challenging behaviors—in local churches. Using trusted leaders and holding classes in places that were known and felt safe to FFN providers helped site leaders successfully recruit FFN caregivers to participate in these increasingly popular classes.*

Effective relationships also help create and sustain partnerships with employers and other community partners.

*In Martinsville, Virginia, effective relationship-building began with the owners of a mattress factory where many parents and caregivers worked. This work led to the creation of successful before-and-after-work child development classes for FFN caregivers who were also employees.*

*In Greenville, South Carolina, Sparking Connections leaders created positive relationships with The Home Depot managers where FFN caregivers worked and shopped. This led to a*

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*project in which The Home Depot stores sponsored youth carpentry workshops that created big book easels that FFN caregivers used for reading stories to the children in their care.*

*In Seattle/King County, Washington, Sparking Connections leaders worked with and through six community organizations that had strong relationships with FFN caregivers and families in diverse neighborhoods, building on the trust these groups already had with area residents. These groups organized classes and neighborhood Play and Learn Groups<sup>8</sup> for FFN caregivers and the children they care for, which led to ongoing learning opportunities for both children and adults.*

## **Recommendations**

- a) Programs serving FFN caregivers need funding for staff who spend their time building and facilitating the relationships necessary to creating, promoting and effectively providing a range of learning opportunities for FFN caregivers and the children they care for. These programs should:
  - hire staff who reflect and are trusted by their communities and the groups being served;
  - hire staff who are capable of fostering positive relationships among caregivers, families and state and community partners and allies; and
  - provide training and support for this important work.
- b) Additional research should be conducted to inform policy makers, funders and service program providers about how to best:
  - effectively encourage, facilitate and sustain relationships and the effect of relationships on all aspects of FFN support work; and
  - document relationship-based outcomes.

## ***Lesson 2: FFN care is more akin to family support than regulated child care.***

The concept of FFN care giving is inherently informal, built on personal rather than professional relationships. And most FFN caregivers are relatives.

*A recent survey of FFN caregivers in Minnesota found that 33% were family friends, 25% were grandparents, 15% were aunts or uncles and 2% were cousins; the remaining 25% were unrelated friends and neighbors.*

The majority of FFN caregivers do not want to be professional family child care providers (although a small percentage—about 10%—do want to move into the profession<sup>9</sup>). While most FFN caregivers want information about child development, they do not want what are typical early childhood professional development experiences in school-like settings. Rather, they prefer to learn with other FFN caregivers, in social and community-based settings.

*We should treat family, friend and neighbor caregivers like family—that is their strength. We should help them create strong and supportive environments for children which promote healthy development.*

Joan Lombardi, PhD  
Director, The Children's Project  
Former Assistant Secretary for External Affairs  
(and first Director of the Child Care Bureau)  
Administration for Children and Families  
U.S. Department of Health and Human Services

All *Sparking Connections* sites, especially those that offered home visiting programs or case management services—which can allow for deeper relationships among staff and caregivers—found that caregiver and family needs and challenges frequently fell outside the parameters of typical professional caregiver education. Issues encountered can range from material needs, such as FFN caregivers needing books or cribs, to intergenerational conflicts. Effective service delivery often requires connections to resources to help meet the needs of the whole family. Most sites also found that using the Family Support Principles<sup>10</sup> (right) helped to increase their effectiveness and their ability to help both caregivers and the children they care for.

Programs rooted in family support principles:

- are driven by families' needs and desires;
- view children holistically;
- take into consideration children's connections to their families, communities and culture; and
- are voluntary and flexible.

This approach leverages the considerable investments that families make by offering information and other supports through trusted organizations and by providing opportunities for peer learning. It offers incentives for learning and recognizes and celebrates family achievements.

For programs serving FFN caregivers, this approach implies that families and FFN caregivers should be included in designing and evaluating programs and services.

#### **Family Support Principles Developed by Family Support America<sup>10</sup>**

- Staff and families work together in relationships based on equality and respect.
- Staff enhances families' capacity to support the growth and development of all family members—adults, youth, and children.
- Families are resources to their own members, to other families, to programs and to communities.
- Programs affirm and strengthen families' cultural, racial and linguistic identities, and enhance their ability to function in a multicultural society.
- Programs are embedded in their communities and contribute to the community-building process.
- Programs advocate with families for services and systems that are fair, responsive and accountable to the families served.
- Practitioners work with families to mobilize formal and informal resources to support family development.
- Programs are flexible and continually responsive to emerging family and community issues.
- Principles of family support are modeled in all program activities, including planning, governance and administration.

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For policy makers and funders, this approach implies considering FFN care as a family support strategy rather than regulated child care.

### **Recommendations**

- a) Programs, services and systems serving FFN caregivers should use family support principles to guide their work.
- b) Professional staff engaged in supporting FFN caregivers should receive effective training and support from families, caregivers and professional who have experience with family support principles to help them understand and use this approach.

### ***Lesson 3: Effective FFN work results in social and learning networks (groups that enable FFN caregivers to meet, share ideas and resources and learn from each other in social settings) that strengthen families and communities.***

Although the majority of FFN caregivers are relatives and are connected to their own families, many become isolated in their homes because they are taking care of children, and some are isolated because they don't speak fluent English or don't have reliable transportation. Yet most value activities that bring them together with other FFN caregivers.<sup>11</sup> All *Sparking Connections* sites created opportunities for families and caregivers to meet and form and/or enhance relationships with each other. They report that these efforts led to ongoing social and learning networks that benefited caregivers and their families.

*Hawaii's neighborhood Play and Learn Groups (also called Parent Participation Preschool Programs) provided a forum where caregivers, families and children could meet at least weekly, leading to new friendships among caregivers, the children they care for and parents. Play and Learn Groups are organized weekly events in which families—parents, grandparents, aunts, uncles and siblings—meet in a neighborhood, often at a school, park or community center. A preschool learning environment is transported to the site, and learning activities for children are led by a trained facilitator to model best practice. Most play groups are led by facilitators who are or were FFN caregivers, and the environment includes signage to explain what children are learning through a variety of activities. Many have circle times and snacks and provide books, toys, materials and activity kits that caregivers can borrow.*

*Brownsville, Texas used a Hispanic tradition called "meriendas," which are social gatherings with refreshments, to offer opportunities to learn about and discuss language development in Spanish.*

*Cherokee Nation's combination of home visiting and monthly caregiver gatherings was so successful at developing FFN relationships that when the first 12-month support session series ended, graduating caregivers volunteered to serve as mentors for the next group because they didn't want to end the relationships they developed.*

*And Atlanta's growing network of "escuelitas," a Spanish term for little schools, in apartment buildings and trailer parks began when neighborhood parents and caregivers wanted time and places to learn and teach their children together.*

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Including extended family in outreach, as well as welcoming the participation of all adults caring for children into FFN caregiver support programs, helps strengthen individual families and communities. Play and Learn Groups, support networks, information exchanges, and community events can reduce caregiver isolation, increase use of available supports and resources and increase opportunities for caregivers, parents and children to learn with and from each other.

In addition, social connections enable FFN caregivers to both give to and receive support. This approach empowers all participants and leads to greater sustained participation and community support.

Creating and sustaining these social learning networks requires places for people to gather, time for gatherings and respectful leadership and organizations that can organize, host and facilitate activities to encourage social and learning connections among caregivers and families.

Some caregivers are already part of community networks, such as churches, mosques or temples, cultural communities or school groups. In other communities, FFN caregivers may be less connected, and engaging them may require more intentional efforts on the part of network leaders or facilitators. These leaders and facilitators may be staff of support programs or peer leaders who are supported by a variety of community organizations, such as Hawaii's Good Beginnings Alliance, Atlanta's Smart Start Initiative, Seattle/King County's coalition of community organizations or a local church group. *Sparkling Connections* site leaders also report that when places, spaces and time are made available, it still may take time to build trust among caregivers.

*When Cherokee Nation home visitors first began home visits and invited grandparent caregivers to come out to monthly network meetings, attendance was minimal. But as caregivers got to know and trust the home visitors and learned what was being offered in group activities (such as Cherokee language lessons, workshops on things to do with children and time to just talk and share questions and ideas) attendance grew steadily.*

## Recommendations

- a) Community organizations serving FFN caregivers should:
  - use their leadership and resources to support and facilitate social learning networks for FFN caregivers;
  - select staff for their capacity to work respectfully with diverse caregivers; and
  - provide effective training and support to staff to help them in their roles as social and learning network facilitators.
- b) Funding and organizational support should be used to create places, spaces and time for facilitation of social learning networks among caregivers.
- c) Group events for caregivers should build on FFN caregivers' interests and needs, such as social, cultural, educational or recreational activities as well as offer opportunities for

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mutual support and shared learning and should be planned by and/or in consultation with participating FFN caregivers.

- d) Further research should be conducted on the effects of social networks on parent, child and caregiver well-being, school readiness, community stability and family and community economic success. Although we know that the mutual support offered by well-facilitated social networks helps families and communities, there is lack of data linking social networks to specific child, family and community outcomes.

#### ***Lesson 4: The most effective FFN support programs and services are home-based or neighborhood-based.***

Because FFN care is home-based, the most effective service strategies bring resources to and/or facilitate group connections and learning among caregivers in their homes, neighborhoods and other close-to-home settings, such as parks, libraries, malls, stores, schools, churches, mosques and temples, public and private housing developments or community centers.

*Hawaii's Play and Learn Groups, which take place in neighborhood parks, schools, storefronts and other local settings, are attended by many more caregivers on a regular basis than if they required transportation to get to.*

Possible partners for neighborhood-based FFN services include community organizations, such as child care resource and referral (CCR&R) agencies, United Ways, family and senior service organizations, municipal or country governments, faith communities, or civic groups such as Rotary, Lions and Kiwanis clubs, Junior Leagues or other local service groups.

FFN care program leaders should also consider youth as neighborhood resources, especially in communities where caregivers speak languages other than English. Youth can not only volunteer to assist with many diverse activities—from reading books to repairing toys and playgrounds—but can also serve as tutors, mentors and interpreters for non-English speaking children and caregivers.

*In Greenville, South Carolina, youth attending The Home Depot carpentry workshops built "big book" easels for setting large books on when reading to groups of children for area caregivers.*

Making neighborhood-based resources available requires that FFN support program leaders know and create relationships with other groups and organizations that might be willing and able to partner, which in turn requires that leaders think about how connecting with FFN caregivers can help partners achieve their goals.

*Retailers want customers to come into their stores. The Seattle/King County, therefore, decided to create and give away "Ready, Set, Go" bags filled with resources for FFN caregivers to local grocers, hair salons and other retail settings to distribute to customers. This strategy created a win-win situation. Store owners were happy to receive something they could give away to customers to win their appreciation, program staff were able to disseminate resources to caregivers in their neighborhoods and caregivers were able to receive resources such as tips, children's books, library card applications, toys and other "goodies" free in their neighborhoods.*

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Another advantage of neighborhood-based services is that when participating caregivers get to know and trust each other, they are more likely to continue these new mutually supportive relationships with neighbors they can visit on foot than with peers who live far away.

*Native Hawaiian grandmothers who went to weekly Play and Learn Groups report that they have made new friends and, as a result, take their grandchildren on more outings to the library or park together with their new friends. They are more active in their communities and are using more community learning resources than ever before.*

## **Recommendations**

- a) Leaders of FFN support programs and services should identify and foster mutually beneficial relationships with other community organizations that result in neighborhood-based activities and resources for caregivers.
- b) Funders, policy makers and resource organization leaders should support efforts to increase awareness among potential neighborhood-based partners about FFN care and the benefits of partnering to help caregivers.
- c) Funders, policy makers and resource organization leaders should work with as many supportive local partners as they can think of—from municipal government leaders to youth—to take advantage of all existing and available facilities and resources for helping FFN caregivers and the children they care for.

## ***Lesson 5: Effective FFN support work respects and supports diverse cultures.***

FFN care is especially well suited to accommodate the needs of diverse families. In fact, many families, especially recent arrivals from other countries, choose FFN care because of its ability to support their cultural, ethnic, religious and/or linguistic values and priorities.

Creating and sustaining culturally supportive and enhancing care requires building relationships with diverse community groups, hiring culturally diverse program staff, understanding effective ways of working with different cultural groups and sharing this knowledge with partners.

These strategies increase respect, legitimacy and trust. This trust-building process takes time and persistence, but is essential to building the cultural bridges that lead to authentic exchanges of information and full collaboration.

Effective ways of working with people vary from culture to culture. Some groups may be unfamiliar or uncomfortable with common ways of teaching and learning in the dominant U.S. culture. Literacy in native languages and in English may vary considerably among providers. *Sparking Connections* site leaders used a variety of methods—oral presentation of information, active learning experiences, written materials in native languages and in English, group meetings, individualized sessions, home visits, meetings away from home in neighborhood or community settings, and use of peer or credentialed experts or elders to bridge these differences. In addition, site leaders incorporated diverse cultures into the substance of their work, such as using culturally appropriate books, toys and materials, or activities that helped connect providers and children to their cultures.

*Some Oklahoma Native American providers had not learned to read. Diabetes and related eyesight problems also caused reading challenges. Parent educators read stories to the grandparents who could then talk about the stories with their grandchildren. In addition, learning opportunities for providers included cultural activities, such as Cherokee language learning, basket making, Cherokee marbles, flute making, information on traditional crafts and recipes. Providers and children were given books, cassettes and other materials that supported language development in both Cherokee and English. Cultural issues were also addressed during each home visit.*

*Chinese immigrant providers in Seattle/King County are used to receiving new information through lecture formats rather than hands-on learning activities, and titles and credentials of presenters and trainers are of high importance. Learning activities sponsored by the Chinese Services Center, therefore, organized caregiver learning activities in ways that incorporated these preferences. In other cultures, however, titles and credentials have little meaning and, if that is the case, they should be downplayed.*

## **Recommendations**

- a) FFN support program staff must be culturally competent—that is, they must respect, understand and adapt support efforts to accommodate the cultures of the caregivers they serve: from how and where information is shared and who shares child development information to how caregivers are recruited and included in program planning and evaluation activities.
- b) FFN support program staff should, to the greatest extent possible, represent the communities they serve and should receive leadership and professional development support and opportunities that help them succeed.
- c) Funding should be made available to create culturally and linguistically appropriate tools and materials for diverse FFN caregivers.
- d) All efforts to promote and assess FFN care quality and to explain child development and school readiness should be designed to both appeal and respond to diverse cultures and values.

## ***Lesson 6: Success results from focusing on what is possible or seeing the glass as half full.***

Sites consistently used asset-based approaches in their work with families, caregivers and community partners as a key strategy for success. Although this lesson may seem simplistic, it profoundly affected the sites' work in many ways.

*When site leaders in Brownsville, Texas assessed the pervasive low-literacy skills of many residents (including families, children and FFN caregivers) and considered the lack of available family and community resources, they sought out a partnership with a local family-owned grocery store and offered literacy activities to families while they shopped. This approach built on existing resources (a store that wanted to increase its image as supportive of families) and adapted research-based family literacy activities*

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*and children’s book distribution as a positive incentive for caregivers and parents to use and learn language at the store.*

All sites found that their success depended on positive relationships based on respect for the roles played by the caregiver, for the child care choices made by families, and for the caregiver’s knowledge, experience, preferences and life circumstances. Seeing caregivers as having strengths enabled programs to create the kind of respectful and trusting relationships that led to learning and participation.

*Cherokee Nation grandparents said that what they liked most about Sparking Connections was that they, their children and their grandchildren were learning so much all the time. When asked why that was happening, they repeatedly responded that it was because their home visitors really knew and understood them, and “knew what we could do, what we were interested in and what we needed to learn even before we did, bringing us activities and books that helped us learn.”*

An assets-based mindset—or seeing the glass as half full—also enabled site leaders to propose and develop successful community partnerships and collaborations. For example:

*Minnesota leaders focused their evaluation efforts on discerning what worked, which led to identification of successful and replicable FFN care support strategies that are now being considered for inclusion in a state early learning policy agenda and are being used to guide the work of child care resource and referral (CCR&R) agencies with FFN caregivers throughout the state.*

### ***Lesson 7: Intermediary community organizations and partnerships play essential roles in supporting FFN caregivers.***

In all sites, intermediary organizations led and coordinated the partnership efforts needed to effectively reach and serve FFN caregivers. An intermediary organization brokers and/or provides resources for FFN caregivers. They may provide services themselves and/or serve as organizers of partnerships with retailers and other employers, libraries, schools, senior citizen groups, faith communities, health programs and many other kinds of community organizations that have resources that are useful to FFN caregivers.

These groups included CCR&R agencies, United Way Success By 6 initiatives and other early learning system-building or multi-service organizations, such as Hawaii’s Good Beginnings Alliance. These organizations:

- engaged partners and allies;
- secured needed resources;
- shared public information about FFN care;
- sponsored FFN caregiver learning communities;
- facilitated FFN caregiver networks;
- served as incubators for new program practices, strategies and materials; and
- documented program progress and results.

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They were able to do this because leaders in these organizations were committed to serving FFN caregivers in ways that were respectful, recognized caregivers' strengths and learning needs, and involved caregivers in designing and evaluating the programs and services that were offered.

All of these organizations received funding that supported this work from public and/or private sources and, in some cases, re-granted funds to local partners and/or service providers.

Involvement of a wide variety of family and child serving organizations in supporting FFN caregivers also led to greater leveraging of resources. This strategy raised awareness about family, friend and neighbor care at a systemic level in most sites, which contributed to building communities of support for caregivers. For example:

*In Seattle/King County, as partner organizations and staff became increasingly conversant with family, friend and neighbor care in their communities, they began to identify caregivers from among their clients and refer them to programs that could help the caregivers address their needs. As staff sought to find resources for caregivers, links among resource organizations—including a senior center, community center, family support center and library—multiplied, and collaboration among these groups became the norm.*

### **Recommendations**

- a) Funders and policy makers should support the work of intermediary/coordinating organizations that use assets-based, family support principles to guide their work, including funding for planning, evaluation, relationship development (with caregivers and community partners and allies), social network facilitation and public awareness efforts.
- b) Diverse groups or coalitions should be encouraged to serve as intermediary/coordinating organizations, depending on local needs and resources.

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### III. PROMOTING QUALITY IN FAMILY, FRIEND AND NEIGHBOR (FFN) CARE

With expanding knowledge about how young children learn and escalating interest in ensuring that all children are ready to succeed in school, many parents, communities and policy makers want to know that children cared for by family members, friends and neighbors are safe, healthy and learning.

Research tells us that quality matters in *all* types of child care. Yet FFN caregivers have been given little of the information, resources and support that are generally more available to parents or regulated child care providers because most FFN caregivers are not connected to public services and systems. As interest grows in supporting FFN caregivers, it is necessary to understand what quality might look like in these settings and what approaches to promoting quality are most effective.

A major contribution to knowledge about FFN care is what was learned in our 1994 *Study of Children in Family Child Care and Relative Care*<sup>2</sup> conducted in conjunction with Purdue University, New York University and the University of California, Los Angeles. This study found that the most significant predictor of *quality* in family child care and relative care settings was the *intentionality* of the caregiver. This means that when caregivers want to be providing care and they are intentional about how they provide it, seeking support and continuing to learn how to do it better, they provide the best quality of care to children. Intentionality also transcends culture; this research found that it did not differ for caregivers of different backgrounds.

We also have an opportunity and responsibility to address the impact of culture in child-rearing as an integral part of the emerging field of FFN care from the beginning and not as an afterthought. Because there has been less work on defining quality in FFN care, we understand that we are “sticking our toes” in the water by trying to do so. Yet it is important that we jump in and take on this important task, albeit carefully and cautiously.

#### **We’re Only Just Beginning**

FFN care is fundamentally different from regulated center-based care or family child care. For the most part, this child care choice is embedded in relationships between caregivers and parents that begin—especially for relatives—long before the child care starts and continues long after the child care ends. Many FFN caregivers intend only to care for their grandchildren, nieces or nephews, or their close friends’ children. As noted earlier, most family, friend and neighbor caregivers view themselves as extended family or surrogate parents, not as professional child care providers.

Efforts to determine how diverse groups of families, caregivers and experts describe quality in FFN care, as we have said, are just beginning. While documenting quality in regulated care has evolved over 20 years of studies, only a handful of studies—beginning with our 1995 study, *The Family Child Care Training Study*<sup>12</sup>—have examined the *quality* of family, friend and neighbor care. Some of these early studies, such as our research, worked with community groups to develop instruments that were culturally sensitive and

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responsive to family-based care and included quality measure that were adapted for relative care.

## What We Know

Our 1994 study, FWI's *Study of Children in Family Child Care and Relative Care*,<sup>2</sup> asked parents and caregivers how they defined quality, and we used these notions in both the instruments we focused on and in the analyses in our 1995 study. Several more recent reports describe initial efforts to specifically understand quality within the context of FFN care.

A Minnesota Ready 4 K research project<sup>13</sup> seeks to identify best practices of families of color whose children are succeeding in school and who benefited from a network of relatives, close friends and neighbors. Another involves an observation instrument specifically designed for measuring quality in child care provided by relatives, developed at Bank Street College,<sup>14</sup> which drew on focus groups with caregivers, meetings with child care experts and discussions with practitioners who work with family, friend and neighbor caregivers. Additional surveys of FFN caregivers in Minnesota<sup>15</sup> and Washington<sup>16</sup> add significant additional information on defining quality from the perspective of the caregivers.

At this point, however, there is insufficient information to say with any certainty how we should best describe quality in family, friend and neighbor care, beyond the critical element of intentionality. Yet because caregivers, families, policy makers, community organizations and others are becoming more aware of the prevalence and important contribution of family, friend and neighbor care giving, we must continue to probe the elements of quality.

## KEY CONSIDERATIONS

### Family Support versus a Regulatory Approach

When asked, family, friend and neighbor caregivers have said that—although they want help and resources—they want to learn in social and comfortable situations rather than in classes or workshops in school-like settings. Likewise, these caregivers see themselves as part of the children's extended family, not running a business that should be regulated. Efforts to improve quality are more likely to be effective when they offer support and resources rather than focusing on inspection or regulation. Especially for caregivers who have a home language and culture other than the dominant culture, regulatory approaches may cause anxiety, fear of attending community agencies or reluctance to serve as a caregiver.

### Culture and Definitions of Quality

Part of the dilemma in developing quality guidelines for FFN care is that definitions and practices of quality care or child rearing differ significantly by culture and socio-economic class. *Within different cultural communities, organic systems (like child rearing) have their own textured ways of knowing, being and doing.*<sup>13</sup> And because so many culturally diverse families represent a high proportion of FFN care users, culture must be addressed when considering how to define and assess quality.

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Culture can be defined as *a system of shared beliefs, values, customs, behaviors and artifacts that members of society use to cope with their worlds and with one another, and that are transmitted from generation to generation through learning*. Individuals may belong to cultural groups based on gender, geographic area, religion, profession or other factors. Individuals can also subscribe to the values and beliefs of more than one culture at the same time.<sup>11</sup>

Disconnects between typical Western professional views of child care and the cultural values held by families who are Latino, Southeast Asian, African or Middle Eastern can have serious consequences and can contribute to incorrect assumptions, judgments and labels about the capabilities of adult caregivers and the children in their care. It can reduce trust between authorities and families and adversely affect efforts to provide support and resources to caregivers.<sup>13</sup> In the U.S. today, 45% of children under age five are now children of color—and that percentage is growing rapidly, according to Census estimates.

Most early childhood experiences are shaped by parents' cultural beliefs, practices and routines. Even in basic care-giving activities such as soothing a baby, there are differences among ethnic groups.

There are also many differences in the values and beliefs among cultures about what type of education will help children succeed. Many non-White ethnic groups place a much higher value on the common good than on individual achievement. These families may strive to teach children highly nuanced social skills first, and feel that purely academic skills should be learned later and understood in the context of how they contribute to strong family and community networks.<sup>13</sup> Children in these families may risk being labeled “behind” by a dominant culture that assigns a lower value to social learning and favors individualism.

Significant differences have also been found among expectations of different cultures about the ages at which key developmental milestones are expected. Assessment procedures, materials and instruments, therefore, all need to be culturally appropriate to be valid. When the culture of families and an assessor do not coincide, there is a possibility that the assessor will attribute a different meaning or value to behaviors or events than would the family.<sup>11</sup>

There is a plethora of abilities that are not yet captured by most instruments designed to measure the capacities of young children, but which many cultural communities value highly. These capacities incorporate a range of highly sophisticated, multi-layered skills, such as assessing situations, problem solving and intervening to make a difference with peers and in intergenerational circumstances.<sup>13</sup>

Ongoing efforts to understand quality in family, friend and neighbor care giving, therefore, should proceed with caution, awareness and inclusion of people reflective of our today's diverse communities along with a focus on the universal child growth and development of all children.

### **Why Describe FFN Care Quality?**

Many involved in supporting FFN caregivers believe there is great value in continuing to describe more precisely what factors promote health and safety, positive development, and a love of learning for children in this form of care. Reasons to do so include:

- growing interest among policy makers, funders, community leaders, families and employers in promoting school readiness and school and life success for all children;
- desire of caregivers to know how to best help children;<sup>17</sup>
- interest among increasing numbers of organizations providing resources to FFN caregivers about how they can best support caregivers and the children in their care;<sup>14</sup>
- concern that public and private funders, policy makers and support organizations create guidelines or standards that are inappropriate;
- responsibility of regulatory agencies that provide subsidies to some family, friend and neighbor caregivers for ensuring that minimal health and safety protections are met when public funds are being used; and
- interest from private funders who want to know how their grants can lead to positive outcomes for children in FFN care.

In the spirit of these introductory comments, therefore, *Sparking Connections* leaders have created an initial set of principles for discussing quality and an initial set of elements of quality for family, friend and neighbor care.

### Guiding Principles

The following quality elements are initial recommendations and should be only used to “spark” an ongoing dialogue. ***They are not intended as prescriptions, and they should not be converted into assessment tools or assessment processes at this stage of the discussion.***

- FFN care is family support rather than professional child care.
- Children and their families are the most important beneficiaries of FFN care, and their well-being must be the focus of all quality promotion and improvement efforts.
- Caregivers should be intentional—that is, they must want to provide care and learn more about their own and children’s learning; families using caregivers who are not intentional should be supported with resources to find other child care options for their children.
- Any quality elements that are used to define and/or measure FFN care, should capture the strengths as well as the weaknesses of FFN care settings.
- Quality elements should be adapted to accommodate culture, ethnicity, language, socioeconomic status, education and literacy levels, and family beliefs and preferences along with promotion of positive child development.
- Consideration should also be given to the specific roles and functions caregivers perform, such as whether the care is full-time care during the day, part-time care after another program, such as Head Start, preschool or school, or night-time care when children are sleeping.

The following suggestions are presented as a tool for organizations working with family, friend and neighbor caregivers. Before using these descriptors with caregivers, they should be reviewed and refined to:

- distinguish between generalized values and culturally-specific practices;

- use clear, simple language free from jargon and technical terminology;
- use pictures, stories, specific examples and metaphors;
- reflect cultural understanding and sensitivity;
- encompass situations of special needs' children; and
- omit implications that caregivers must purchase toys, books or supplies that they cannot afford.

In addition, feedback on the elements should be solicited from a wide variety of family, friend and neighbor caregivers in communities, and the guidelines should then be adjusted based on the feedback received.

### **How these Elements Were Developed**

Representatives from the Seattle/King County *Sparking Connections* site developed an initial set of elements of quality FFN care giving which built on factors from the disciplines of child care, parenting, developmental assets and cultural competence. Refinements and suggestions were offered by national *Sparking Connections* staff, advisors, site leaders and participants at an October 2005 national meeting.

### **Categories: Quality Elements Must Incorporate the Interconnection among Social, Emotional and Intellectual Learning.**

The quality elements that relate to a child's development are deliberately not separated into different categories of learning. *Although adults talk about social, emotional and intellectual learning as being separate domains, studies show they are intrinsically interconnected. Children and adults learn through their important relationships (social); they learn when are engaged and motivated in what they are learning (emotional); and they learn when they are making sense of their world and mastering new skills (intellectual). Children learn best when adults are able to engage social, emotional and intellectual learning all at the same time rather than as separate experiences.*<sup>18</sup>

### **Strength and Weakness of Research Evidence**

Some of the following elements have been well studied and are based on strong research evidence in FFN care settings. For others, the research evidence is weaker and/or they have not been as thoroughly researched in FFN care settings. A summary of elements and the strength of research evidence for each are included in the summary of research on quality in Part II of this report.

The list that follows suggests what we know at this point about what a very high quality FFN care setting might include. These elements are not intended to suggest that every care-giving situation can or would fulfill all elements or fulfill every element completely. In addition, many of these elements cannot be fulfilled without the presence of other significant community resources.

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This list of quality elements is also intended to reflect the importance of core values that transcend many cultures, such as integrity, respect, safety, communication, listening and encouraging.

## QUALITY ELEMENTS

### Caregiver-Child Relationships

- Caregivers show affection for children, listen and attend to children’s feelings and ideas, teach and model kindness, respond to children’s distress and comfort children when needed.
- Caregivers and children are actively engaged with each other and in activities.
- Children’s strengths and capabilities are emphasized (rather than perceived weaknesses or deficits).
- The emotional climate of the home is warm, nurturing and safe.
- Caregivers and children share and explain ideas, thoughts and feelings.
- Children are supported and helped through transitions; for example, during transitions such as arrival to and leaving from the place of care, warm greetings and farewells are provided.
- Specific resources and information pertaining to children’s individual needs (physical, social, emotional, mental, developmental, etc. are obtained and in use.
- Caregivers understand their own and children’s temperaments and strive for a *goodness of fit*.<sup>19</sup>

### Encouraging Healthy Development

- Caregivers know and apply information about how children grow and learn in daily activities and play.
- Caregivers observe and build on children’s interests to extend their learning.
- Caregivers establish regular daily routines for meals, naps, activities, etc.
- Caregivers help children understand and describe their own feelings, empathize with others and learn what effect their behavior has on others.
- Caregivers help children learn new skills and support children’s growing independence by encouraging exploration, imagination and discovery.
- Caregivers help children learn in ways that integrate social, emotional and intellectual development by staying connected with children and offering a variety of activities that build on their interests and use a variety of learning modes (e.g. outdoor, indoor, using music, arts, puppets, stories and other strategies).
- Caregivers help children manage their feelings and reduce stress when needed by acknowledging children’s feelings and offering a variety of active and quiet activities.
- Caregivers understand and use alternatives to physical punishment or demeaning language or behavior and involve children in developing and understanding rules and consequences;

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deal with challenging behaviors in kind and nurturing ways that help them understand why certain behaviors are not permitted and which alternative behaviors are acceptable.

- Caregivers help children develop or maintain their pride in their culture, heritage and language.
- Caregivers help children know and feel secure in their culture and heritage, and that the way they do things may be different from how others behave through language, songs, stories about their families and other activities.
- Caregivers provide opportunities for positive social interactions with other children.
- Caregivers help children learn and practice honesty, responsibility, caring and service to their communities.
- Caregivers help children learn new skills and try new activities.
- Caregivers provide positive, sincere and specific feedback on children's efforts, avoiding generalized or meaningless praise, such as "good job."
- Caregivers encourage regular physical activity and exercise.
- Caregivers provide materials for art/crafts or creatively use everyday household items.
- Caregivers ensure that children play or take walks or engage in activities outside every day.
- Caregivers limit the amount of time spent watching television and movies, playing video and computer games and, when possible, watch and talk about movies and games with the children. (The American Academy of Pediatrics recommends no more than one to two hours of quality TV and videos a day for older children and no screen time for children under the age of 2.)
- Caregivers are mindful of the content of television programs, movies and video games and allow only age-appropriate content and find and use guidance offered by organizations such as Children's Television Workshop, PBS Kids and Common Sense Media.
- Caregivers create a word-rich environment in which books are always available; include reading aloud and interactively in daily routine; read or tell stories in ways that invite participation by asking questions about the story (such as what will happen next, or what would you do if you were in the story?); use resources in the community such as bookmobiles and libraries to obtain access to a large variety of books and learning materials.
- Caregivers talk frequently with and engage children in conversation about daily activities, recalling previous days' activities and planning for future activities.
- Caregivers support children's enjoyment of language through stories, music, singing, rhyming, word games and play.

### **Caregiver-Parent Relationships**

- Caregivers and parents discuss important issues, such as shared values, discipline, acceptable forms of affection and managing conflicts.

- Caregivers and parents establish mutual understanding and agreement about responsibilities (such as what meals are offered, whether and when children nap, who does the shopping and cleaning), schedules, emergencies and extended hours of care (evening, weekend, overnight, etc.).
- Caregivers and parents agree upon how much one-on-one time the caregiver will spend with child.
- Daily information is shared between parent and caregiver, such as a child's interests, how a child slept the night before, a sibling's illness or a parent's absence.
- Children's home language and culture are actively supported, and caregivers and parents work together to decide how and when to introduce and/or use English.
- Conflicts between parents and caregivers are addressed with ongoing, open and empathetic communication. Caregivers and parents know when and how to seek help in managing conflicts.
- Parents and caregivers acknowledge, appreciate, recognize and reward each other's contribution to the child's development.
- Caregivers help parents have time to engage in learning activities with their children every day, when possible and appropriate, depending on the times and types of care that is provided.

### **Caring for Caregivers**

- Social support from other caregivers and adults is readily available.
- Caregivers are aware of how important their relationships with the children are in children's healthy development.
- Caregivers want to provide care and learn more about their own and children's learning, and families whose caregivers are not intentional in this way are offered other child care choices and options.
- Clear agreement is in place with parents regarding payment, expenses (diapers, food, toys, etc.) and schedule, including the child's schedule during care and the parents' arrival and pick-up times.
- Activities and resources in the community are available, known and used.
- Caregivers acknowledge and seek help for stress, anxiety or depression or other emotional needs that may interfere with the quality of care giving.
- Caregivers are aware of their own emotional responses to children's actions, effectively manage those responses and have a specific plan for seeking help when needed.
- Caregivers acquire information about public resources, such as state child care subsidies, Head Start, Pre-K programs or access to surplus food.

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## Health and Safety

- Indoor and outdoor areas where children play, learn and sleep are clean and safe.
- Diapering and toileting areas are clean and disinfected after every use.
- An emergency plan for child illness or injury and for other emergencies, such as fires, earthquakes or hurricanes is in place. Emergency supplies, such as food, water, medicine and clothing are organized and easy to reach.
- Caregivers are able to recognize health or developmental problems and seek assistance in doing so.
- Good health habits, such as hand washing (after going to the bathroom, coming in from outside or before eating meals) and tooth brushing (after meals) are used, encouraged and taught to children.
- Naps and rest times occur as appropriate for the ages of the children.
- Babies are settled to sleep and nap on their backs to prevent SIDS; caregiver has information about preventing SIDS.
- Infants and young children are never shaken. The caregiver is informed about Shaken Baby Syndrome.
- Caregiver has First Aid/CPR training.
- Snacks and meals are nutritious and appropriate for the child's age, developmental stage and culture.
- Sick children receive medical care and attention.
- Appropriate measures are taken to stop the spread of communicable diseases.
- Outdoor and indoor play areas are safe: hazardous materials are out of reach, outlets covered, stairwells gated, yards fenced, etc.
- Children are supervised at all times, both indoors and outdoors.
- Car seats and seat belts are used.
- Small toys and those containing small or sharp pieces are kept out of reach of infants and toddlers.
- Toys and equipment are cleaned often and at least daily.

## RECOMMENDED QUALITY IMPROVEMENT STRATEGIES

Based on their experiences, *Sparking Connections* site leaders recommend that programs designed to support quality in FFN care be guided by the following principles and strategies and address the following topic areas. These guiding principles, strategies and topic areas are also supported by current research on FFN care. (See also the quality research summary in Part II of this report.)

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## General Principles

FFN quality support efforts should:

- recognize, support and build on the strengths observed in FFN care in developing new outreach initiatives;
- recognize and respect the inherent strengths of FFN care in all its diversity while improving the quality of care;
- conduct focused outreach that offers child development, early learning, health, safety and other information and support options to FFN caregivers wherever they are;
- conduct activities in informal and trusted settings such as homes, parks, libraries, churches, mosques or temples or cultural or community centers where people gather;
- conduct activities in participants' home languages or provide effective interpreting services; and
- use materials that are culturally sensitive and respect the way emotions are expressed and responded to by various cultural groups.

## Strategies for Providing Information, Resources and Support

- Community workshops
- Meetings with other FFN caregivers
- Neighborhood-based approaches that connect FFN caregivers to resources, advice, knowledge and peer support, such as linking caregivers to health services, Head Start or Pre-K programs, local child development workshops or support group meetings
- Newsletter, booklet and tip sheet dissemination
- Basic materials and equipment, book, activity box, toy or play kit sharing
- Home safety kit distribution
- Short-term help and/or respite care
- Help with specific children, through a resource line or home visits
- Outreach efforts to increase knowledge about available community resources
- Informal community networks for FFN providers that gather at local parks or community centers to share information and ideas
- Quality improvement activities that are open, inclusive and accessible to FFN caregivers
- Use of everyday—rather than professional—language. (For example, rather than referring to *caregiver quality*, talk about *how caregivers can help children be safe, loved and involved in learning.*)

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### **Information, Support and Training Topics**

- Planned—but not rigidly-structured—care environments.
- Everyday learning opportunities
- Child development
- Language development
- Literacy skills
- Promoting early math in appropriate ways
- School readiness
- Basic materials and ideas for activities that are safe, stimulating and fun
- Emotional understanding and social skills
- Managing challenging child behavior
- Caregiver-parent communication
- Preserving the child’s culture and understanding other cultures
- Why wanting to care for children matters
- Where to get help for stress, anxiety or depression or other emotional needs
- Appropriate television use
- Educational use of television for improving language skills
- Helping children with special needs (food allergies, physical or learning disabilities, etc.)
- Health and safety
- Nutrition
- Safety with hazardous materials and/or areas
- Access to state and federal resources, such as subsidies or surplus food
- Becoming licensed, for caregivers who show an interest

***NOTE: Additional references for Chapter III can be found on the last page, following the Endnotes.***

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## IV. LESSONS AND RECOMMENDATIONS FOR STATES AND COMMUNITIES

The following lessons and recommendations build on the overarching lessons introduced earlier and are organized in two parts, beginning with advice for state and community leaders who want to create, expand and improve supports for FFN caregivers, followed by ideas for those who are ready to expand or improve efforts already underway.

### GETTING STARTED

#### ***Lesson 1: Understanding family and caregiver needs and preferences is essential.***

Families choose to use FFN care for many reasons. Most of us would prefer that our babies be cared for by family, regardless of our social, educational, economic or cultural background. In our increasingly global economy, many parents work during non-traditional hours when other child care options are simply not available. In addition, many parents want their children cared for in settings that reflect their language, culture or religious values.

While the majority of FFN caregivers are grandparents and other relatives, they are, by no means, a homogenous group. Their needs for support and information vary, as do their preferences for how they would like to connect with resources and other FFN caregivers. Some caregivers are comfortable leaving their homes to meet in groups while others may prefer home visits. Most prefer learning with peers in social settings in their own language and are most likely to participate in group activities if invited by someone they trust. Some caregivers may prefer to learn online, while others—especially those for whom English is not their first language—may rely on radio, television or newspapers for information in their own language.

*Sparking Connections* site leaders consistently found that caregivers are most likely to attend activities and events that are offered where they *work, pay, pray and play*, including stores, malls, churches and temples, workplaces, parks, libraries, apartment building common rooms and other comfortable local settings.

*Some participants in Martinsville, Virginia’s faith community-based child development courses told leaders that they would rather meet in the mall than in a church, so classes are now offered in multiple settings, from churches and malls to workplaces.*

### Recommendations

- a) Include parents and FFN caregivers in designing outreach and service delivery strategies. Use focus groups, informal interviews and reports by trusted advisors to inform planning efforts.
- b) Work with other organizations or initiatives serving families and children when creating systems, programs and services that support FFN caregivers.
- c) Find out what media caregivers regularly use and work with, and include strategies that use those media as part of programs and services for FFN caregivers.

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## ***Lesson 2: Local needs and resource assessments are also an essential first step.***

Several sites began with surveys to:

- identify how many children are in FFN care for some or all of their days and/or nights;
- where young children and caregivers are located within their state or community; and
- who their caregivers are, including their culture(s), primary language, socio-economic and employment status, their relationship(s) to the children they care for and their motivations for providing care.

This advance work is important for many reasons. Not only does it assure that programs and services can be effectively targeted to the caregivers, neighborhoods and communities that need them, but it also often increases the understanding and awareness of service providers, state and community leaders, policy makers and funders about state and local FFN needs, which can lead to greater support for efforts to help FFN caregivers.

*The University of Washington Human Services Policy Center and the St. Paul, Minnesota-based Wilder Foundation have both conducted these kinds of surveys and have developed methodologies that can be used in other states and communities<sup>20</sup> to identify where children are, where caregivers are, who caregivers are, their relationships to the children they serve and what types of supports they want and need. These data have led to pioneering efforts to include supports for FFN care as part of statewide early learning systems.*

*The State of Minnesota also gathered data from local child care resource and referral agencies about what support strategies work best and what they cost in terms of staff, transportation and supplies. These were valuable planning tools as the State moves forward to support FFN caregivers.*

Yet some of this information can be difficult and expensive to obtain, especially at the neighborhood level, while other information is more readily available. For example, a state or community might know where FFN caregivers receiving public subsidies reside (because providers must provide contact information to receive their subsidy payment), but may not know much about non-subsidized caregivers, who represent a much larger proportion of FFN providers. And, because the most effective FFN support resources are needed at a neighborhood level, it may be challenging to identify caregivers, their cultures, their needs and preferences and which organizations or networks they belong to and trust. Some local data are available from CCR&Rs, United Ways, community foundations and other funders, county or municipal government, schools, libraries, civic groups or other local service and planning organizations. In many cases, however, new data must be collected, which may involve consultation with other organizations serving families and seniors, interviews and focus groups using trusted peers or other information gathering activities. Some communities have even done door-to-door canvassing to find caregivers.

It is equally important to identify and map community resources, including existing services, organizations, facilities and other assets that can be tapped to support FFN caregivers.

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These data about community needs and resources can be used to identify:

- potential lead or coordinating organizations;
- potential allies and/or partners;
- potential funding sources;
- where and how to offer FFN supports; and
- how to design effective programs and begin to support FFN caregivers.

These are not simple or easy tasks and require funding, knowledge and time to do well. States and communities must understand that taking the time and making the effort to gather and use good data will make all of the work that follows more effective; and they may find that strategic partnerships with universities, research organizations and/or funders may offer feasible ways to find needed information.

*In Greenville, South Carolina, Sparking Connections site leaders wanted to find FFN caregivers living in public housing to invite them to gatherings where they could learn more about helping young children learn. When they asked the city's housing department for help, housing department staff offered to conduct a door-to-door survey and flyer distribution effort to find and connect with FFN caregivers. They told site leaders that they knew and were trusted by residents and would probably be able to reach more caregivers. As a result of this effort, caregivers who reside in the housing project have begun to participate in community-sponsored trainings.*

## **Recommendations**

a) Find and obtain existing state and local data, such as:

- how many children live in various neighborhoods;
- where the children's parents work;
- what kind of child care the parents use;
- at what times of the day or night is the care needed;
- how many children in FFN care also attend Head Start or public school Pre-K programs;
- the ages of the children in FFN care;
- the income levels of parents and caregivers;
- the transportation needs of parents and caregivers; and
- other information.

In addition, gather anecdotal data to supplement local data, from CCR&Rs, United Ways, community foundations and other funders, county or municipal government, schools,

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Head Start and child care centers, libraries, civic groups, local service and planning organizations and other knowledgeable local sources.

- b) Partner with other neighborhood-based organizations to gather data about local needs on the items listed above and including community resources from many sources, including parents, providers, children and youth, retailers, small business owners and other employers, policy makers, community leaders, elected officials and their staff, educators (Pre-K – higher education), community organizations, faith leaders, health care providers, civic leaders, park, library and museum directors and others. Use trusted peers—providers or colleagues—and translators to assist in this process whenever possible.
- c) Build on current programs offered by CCR&Rs, family child care associations, family support programs and multi-service groups such as YWCAs and YMCAs, settlement houses, maternal and child health providers, and cultural institutions, such as libraries and museums to serve family, friend and neighbor caregivers.

### ***Lesson 3: Planning for evaluating and documenting progress and results from the beginning increases success.***

Effective planning includes thinking through what goals and outcomes are desired and how planned activities will lead to achieving them. All sites found that the initial evaluation planning begun at the first national *Sparking Connections* meeting set the stage for success and for knowing what worked and why.

Sites at our first meeting were encouraged to create a theory of change or logic model<sup>21</sup> which had a positive effect on overall project design, from making individual program decisions to creating advocacy strategies for including FFN care in state policy. The process of determining what they hoped to achieve with their project led them to assess how and where support for FFN caregivers fit into various community systems, such as education, health, family support, recreation, cultural, child care, etc. This process can be both illuminating and overwhelming, yet it also enables communities to know where they are headed and how to get there.

*When Seattle/King County site leaders identified the many systems (education, health, community development, recreation, cultural—libraries and museums—early childhood, family support and others) that could support early childhood development in FFN care, they realized the wealth of existing information and resources they could tap. At the same time, they faced limited organizational resources, particularly in terms of staff time. As a result, they restructured project funding to support staff to take the time necessary to engage potential allies and partners, educating them about FFN care and launching collaborative projects, such as helping programs serving seniors and immigrants to offer educational and social gatherings to FFN caregivers.*

This time-consuming groundwork is essential to developing interest and capacity among community organizations to serve FFN caregivers, yet is not typically seen as a funding or service priority. And it can occur at any point in the development of supports for FFN caregivers. Even if programs are already up and running, it is never too late to assess needs, resources and possibilities.

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In many sites, when decisions were made to adapt or enhance existing programs, a second round of labor-intensive work then began to create culturally sensitive outreach and programs. This means that staff initially spent many hours in the beginning stages of the work before significant numbers of caregivers were served. Site leaders learned that project work plans must allow for this kind of development and planning time.

Sites also found that logic models—knowing and mapping out what they want to accomplish at the outset of their work—helped them convince other community-based organizations to serve FFN caregivers.

*In Seattle/King County, a theory of change map helped convince partner organizations to include support for FFN caregivers into their strategic plans, including committing funds to this effort. This expansion of community allies and champions enabled services to FFN caregivers to become more fully integrated into family support and parent education programs.*

Site leaders used a variety of strategies for documenting their progress and results and for using what they learned to improve FFN care supports and services. These strategies included written surveys, pre- and post- tests, observation by coaches and staff, focus groups and caregiver journals. While each of these strategies has advantages and disadvantages, all site leaders recommend using approaches that:

- include participation of all involved;
- focus on useful findings;
- focus on opportunities for all of the participants to become engaged in learning;
- focus on assets and growth;
- are tailored to the audience;
- are not overly burdensome; and
- respect diverse perspectives.

## **Recommendations**

- a) FFN care support programs should begin with logic models that map goals, outcomes and how they will be achieved and should include FFN caregivers in designing them.<sup>22</sup>
- b) Funders and policy makers should assure that adequate support is provided to enable service organizations and collaborations to plan, evaluate and adjust FFN care support strategies as important ongoing work. State and community leaders and service providers can use the communications frames (on page 36) to help make the case for these funding priorities.
- c) Evaluation and documentation processes should incorporate the approaches detailed on the previous page and be used to discern what is working, what isn't working and what will increase program and service effectiveness. These efforts should also include families and FFN caregivers in all aspects of the process—from design to analysis, as part of an ongoing learning process for program staff and participants.

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## EXPANDING AND IMPROVING PROGRAMS AND SERVICES

### ***Lesson 1: Public awareness helps diverse audiences understand and support FFN care.***

The need for community awareness about FFN care was encountered in a variety of ways in all *Sparking Connections* sites. Sites found that different messages were needed to effectively communicate with different audiences, including parents, caregivers, community partners, civic leaders, stake holders in related systems, funders and policy makers.

Defining FFN care is also a challenge. Some caregivers consider themselves *babysitters*, rather than FFN care providers, which may be appropriate in some communities. Funders and public agencies may use other language to describe caregivers, such as *kith and kin*, *license-exempt or unregulated*. Some may include regulated family child care in their definition of FFN care, and some argue for teasing out relative care from non-relative care. Although FFN care has increasingly become a more widely-used term, more precise definitions and language are needed that are both understood by diverse families and care providers and that accurately reflect the many different kinds of caregivers currently referred to as FFN care providers. This may ultimately result in different terms being used and understood by different audiences.

Some messages are needed for all audiences, but some need to be tailored. For example, families and caregivers may not consider their care arrangements FFN care and/or may not understand that this care might affect children's learning or school readiness. Policy makers, funders and/or community organizations might not fully realize why families choose and use FFN care or how they can help caregivers. And many audiences may not realize how strengthening families can strengthen communities.

Key messages for some or all of these audiences are:

- Family, friend and neighbor care is currently defined as child care by extended family members, friends, other unrelated adults and, sometimes, even nannies.
- Many young children from different cultures and backgrounds are in family, friend and neighbor care.
- Many families choose to have their children cared for by extended family and friends because of trusted relationships.
- Family, friend and neighbor caregivers can play an important role in healthy child development and school readiness.
- Family- and child-serving organizations and programs are often already connected to FFN caregivers and children in their care and can build on these connections to support learning for families, caregivers and children.
- Intentional support for family, friend and neighbor care can be effectively delivered through many existing systems and initiatives.

- Inter-agency collaboration and leveraging of resources can help reach and serve FFN caregivers, and investing in resources and infrastructure to support FFN caregivers can strengthen families, communities and community economic well-being.

Many working parents and caregivers—especially those who do not speak English as their primary language—can be reached by radio, television, the Internet and newspapers in their own languages to publicize available resources and information for caregivers.

### **Recommendations**

- a) State and community leaders, FFN caregivers, policy makers and funders should continue discussion and development to accurately define FFN care in ways that have meaning for families, caregivers, researchers, policy makers and funders.
- b) FFN caregivers and families should be involved in finding the right language to describe FFN care in their communities.
- c) Efforts to increase awareness among community organizations, policy makers, funders, civic and school leaders and others about the importance of providing support to FFN caregivers and what works should be funded and included as part of all FFN support projects.
- d) Such efforts should also use the media—radio, television, Internet and newspapers—in multiple languages to share messages about FFN care.

### ***Lesson 2: Public-private partnerships and alliances are required to effectively serve FFN caregivers and may involve groups that have not worked together in the past.***

Because FFN caregivers can be touched by so many different systems and arenas, including health, senior services, cooperative extension, libraries, museums, education, early childhood and others and because supports for FFN caregivers are new phenomena, *Sparking Connections* leaders learned that success requires partnerships. In addition, because caregivers are best reached where they work, pay, pray and play, this arena offers opportunities to work with a broad array of public and private partners in new and creative ways.

### **Recommendations**

- a) Identify places where parents and caregivers naturally congregate and where they get information, such as schools, malls, stores, doctors' offices, health clinics, faith communities, media and neighborhood centers to share information, and connect them with other community resources such as libraries, senior centers or museums.
- b) Help established community organizations pool resources, materials and knowledge of what families need and how to reach parents and providers. They can build on this shared knowledge to create new models of parent and family support.
- c) Identify systems and initiatives that serve children and families, inform them about FFN care and partner to expand programs to include caregivers. Such systems may include:

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- *Education:* Early Head Start, Head Start, K-12 school system, family resource centers within schools, cooperative preschool programs, school readiness initiatives, etc.
  - *State and Local Government:* aging and disability services, public health, WIC, early intervention, libraries, Medicare and Medicaid, recreation, housing, transportation, cooperative extension, family support, senior services, etc.
  - *Nonprofit Organizations:* family support centers and programs, YWCA and YMCA, CCR&Rs, parent education programs, senior serving organizations, settlement houses, multi-service agencies, etc.
  - *Early Child Development Initiatives:* School Readiness, Success By 6, BUILD and Smart Start initiatives, Governor’s Summits, etc.
  - *Community Building Initiatives:* Making Connections, United Way Community Impact, etc.
  - *Community Assets:* Mom’s and Dad’s groups, small businesses, malls, etc.
  - *Health Care:* Pre-natal programs, pediatricians, obstetricians, family practice and nurse practitioners, doulas, public health clinics, etc.

Additional ideas for partnerships and the many roles that various partners can play are included on pages 44 through 47 of this report.

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## V. LESSONS AND RECOMMENDATIONS FOR POLICY MAKERS AND FUNDERS

### ***Lesson 1: Policies that include FFN care supports can be created and funded as part of comprehensive early learning systems.***

Creating policies that support FFN care is gaining increasing interest among funders and policy makers. Currently three states—Minnesota, Washington and Colorado—are actively addressing FFN care policy in state early learning system agendas.

*In Minnesota, Ready 4K—a statewide coalition of business and civic leaders promoting school readiness for all Minnesota children—is working with Sparking Connections leaders to craft and build support for a FFN care policy as one of its four planned policy areas to focus on in the next legislative session.*

*In Washington, leaders from the Seattle/King County Sparking Connections site are represented in efforts that created a new Department of Early Learning in Thrive By Five, a statewide public-private partnership that will complement and enhance existing early learning efforts across the State, including those of the new Department. Washington leaders have also defined and assigned costs to proposed state FFN policies. (See pages 42 and 43, State of Washington proposed policy elements and costs.)*

*Colorado is including FFN care support policies in an early learning commission report with recommendations to the state legislature. And Hawaii is seeking legislative support to expand its successful Play and Learn Group, recently re-named Parent Participation Preschool Programs.*

Most of these policy proposals include supports for intermediary organizations, staff to reach out to and serve FFN caregivers, funding for resources and materials to share with FFN caregivers, funding for partnerships among schools, Head Start or center-based early learning programs and FFN caregivers and support for home visiting, family support programs and other neighborhood-based resources.

While these first policy development efforts are new and have not yet been adopted, *Sparking Connections* leaders have identified a series of policy recommendations that can be used to inform this work.

### **Recommendations**

- a) Policy makers, funders and FFN leaders should work together to create statewide networks of local resources and supports for FFN caregivers and the children in their care that:
  - encourage cities, counties and regions to develop customized FFN service planning and that include FFN caregivers in designing services and supports;
  - engage FFN caregivers in ways that are voluntary, helpful and culturally sensitive;
  - understand that FFN care should not be part of the state child care regulatory system;

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and/or understand that, while many states have minimal requirements for FFN providers who receive public subsidies, the majority of FFN caregivers do not receive such subsidies and are not regulated;

- build on existing resources in communities, by encouraging organizations already serving parents, families and children to conduct outreach and provide inclusion to FFN caregivers and the children in their care;
- provide infrastructure and support for community awareness efforts;
- provide funding, training and technical assistance to community organizations to infuse services to FFN caregivers and children in FFN care in their existing activities;
- provide support for information and referral, coordination, evaluation and other activities that support growth and connection of resources and supports;
- support research on how to finance neighborhood-based FFN care supports and services;
- provide resources for staff to facilitate relationships with partners and social networks in neighborhoods and communities;
- support activities and resources designed specifically reach FFN caregivers and their families, such as Play and Learn Groups, informational materials, safety and educational tools, home visits, mentoring and workshops;
- provide incentives for linking among the many national, state and local systems that could contribute expertise and resources to FFN support services; and
- provide a public funding stream for the above components, to complement private investments and community resources.

### ***Lesson 2: Family, friend and neighbor care connects with many systems.***

Although it is to the credit of leaders, researchers and funders working on systems that promote early learning throughout the country that they have been some of the first to address FFN care, many other systems can and should be involved in this work. Yet if supports for FFN caregivers are considered in the context of who caregivers are, what their interests and needs are and how they prefer to receive help and information, it quickly becomes apparent that many other systems have missions, expertise and resources that could and should be applied to this work.

For example, because most caregivers are grandparents, senior serving systems and organizations may have a lot to offer. And because most FFN caregivers are not subsidized, public health and public television are both systems that could address caregiver needs. Since caregivers like to meet and learn in their own neighborhoods, libraries, museums, parks, stores and malls, schools, Head Start and center-based child care programs, family support centers and programs, health care providers, municipal and county governments, early intervention programs, faith communities, civic and service groups and many others could all play a part. And the list goes on.

## FRAMING FAMILY, FRIEND AND NEIGHBOR CARE

FFN care can be framed or described in different ways to make a case for support from different audiences, partners, policy makers and funders:

### Family Support

Because FFN care takes place in the home in a family-like atmosphere and because it is most often provided by family members, family support is a natural approach for serving FFN providers. All agree that helping FFN caregivers is family support and should operate with a set of principles that support children, families and caregivers. In addition, because FFN care enables parents to work, it contributes quite literally to the support of families.

### School Readiness

Framing support for FFN care as a critical component of school readiness—important to school readiness for all—can facilitate talking to parents, grandparents and other caregivers who are eager to help their children do well in school. This frame is also compelling to many policy makers, employers, funders and other leaders who are concerned with increasing school readiness for all children. We must be careful, however, to define school readiness in ways that communicates what research tells us about how children learn best—from adults who are intentional and learners themselves, able to recognize children’s interests, connect with them and who offer experiences that build on young children’s natural interests, integrating social, emotional, physical and intellectual learning.

### Public Education

Because learning begins at birth, some argue that there is a public responsibility to help parents to support their children’s learning and development and to promote early learning and school readiness as a sensible public investment. In addition, many public education leaders understand that positive early childhood development helps schools achieve their goals, such as increasing third grade reading rates or closing the achievement gap. This suggests a need for family-supportive approaches to lifelong learning—helping caregivers and families through community education, family literacy and other public education programs that help adults and children learn.

### Community/Public Health

Some think knowledge of child and human development is a public health issue, similar to smoking, seat belts and nutrition. Because most FFN caregivers are grandparents who do not receive subsidies and are not part of any public services system, child development information becomes something needed by all caregivers for the public good. Public education about human development that begins in elementary school can be an effective long-term strategy. Schools, museums, libraries, parks and public television could all play greater roles in broadly sharing early learning and child development information and changing behavior by all types of caregivers.

### Community and Economic Development

FFN care giving often brings income into low-wage earning families, for parents and, if they are paid, for caregivers. Although most FFN caregivers do not aspire to become child care professionals, there are other paid roles, such as peer mentoring, that could represent a learning and advancement path. In addition, FFN caregivers help support the workforce by providing care while parents work, which can contribute to both family and community economic well-being. When child care is stable, employers can count on more reliable employees. And when children are learning, they are on their way to becoming a productive part of the next generation’s workforce.

### A Commitment to All Children

Another way to frame FFN care is to define it as one part of the comprehensive system of early care and education that is comprised of *all* the settings in which children spend time. If the goal is school readiness or success for all children, then the needs of children in FFN care must be addressed.

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While many sites were able to create effective partnerships with some of these systems, none were able to partner with all of them or engage in system-building efforts that included all of these other systems.

More ground work is needed to tap the expertise and resources found in the many other systems that connect with and/or are responsible for programs and services that affect FFN caregivers—including health care, education (Pre-K through 12 and higher education), libraries, museums, senior services, faith communities, parks and recreation, cooperative extension, housing, transportation and others that they have a stake in FFN care—and to figure out how the expertise and resources of these additional systems can be woven into a web of support for FFN caregivers in every U.S. neighborhood.

There is consensus among *Sparkling Connections* National Consortium members that cross-sector and cross-system thinking and collaboration are the next developmental step for early learning system development. The group recommends a process of engaging with and convening a much broader group of stake holders at the national, state and local levels to address FFN care across systems and sectors.

### **Recommendations**

- a) Convene think-tank meetings with national, state and local cross-sector and cross-system teams to figure out how to reform systems and tap expertise and resources in new ways to support FFN caregivers.
- b) Use various frames to describe and address the needs of FFN caregivers and to identify resources to help them.
- c) Fund and evaluate cross-system and cross-sector efforts to support FFN caregivers.

### ***Lesson 3: New strategies to finance and sustain FFN supports are needed.***

All *Sparkling Connections* sites face financial challenges in continuing or expanding their work. Funding for the national project and for sites was difficult to obtain because the work is relatively new, and few national, state or local funders are making significant investments in this area. (Notable exceptions are all of the *Sparkling Connections* funders listed on page 3 of this report.)

In addition, work in this area has taken place during a time when resources for all early care and education are scarce, when there is real or perceived competition for these resources, and when there is still a general lack of understanding of the importance and nature of FFN care. Most of the *Sparkling Connections* funding at the national, state and local levels was one-time funding or short-term support only.

Several sites are drawing on existing community resources as part of their sustainability strategies. They are working with family support centers, libraries, faith communities and other child- and family-serving organizations to engage and serve FFN caregivers. Some sites have been able to use their initial successes to garner additional funding and resources. For example, Hawaii's Good Beginnings Alliance received funding from a national foundation to serve as a technical assistance resource on its successful Play and Learn Group model.

A Seattle/King County group of private and public funders initiated efforts to provide resources to FFN caregivers and moved from incubator to state policy advocate in five years. The SOAR Opportunity Fund included twenty funders who came together to achieve more impact than each could accomplish on their own.

Over five years, the group provided pooled grants of over \$1.3 million to agencies working on FFN care giving. In addition, the Opportunity Fund contributed over \$.5 million for staff and evaluation, much of which directly supported the FFN investments. The City of Seattle and King County awarded matching grants for FFN work of more than \$100,000, in addition to their contributions to the pooled grants.

Several funders in the Opportunity Fund (led by the Kirilin Foundation) took an active leadership role in obtaining broader community funding and support. Opportunity Fund leaders played a substantial role in obtaining an additional \$600,000 among its individual members as well as other funders. Key funders also served as effective messengers among various groups concerned with school readiness. Despite a 2005 Opportunity Fund transition from a formal structure to an informal partnership, an active FFN Leaders Group with resources and powerful connections has endured.

Opportunity Fund members—who became leaders, messengers and advocates—continue to work together to implement a five-year strategic plan to provide resources and supports for FFN caregivers in King County. The plan has two cornerstones: 1) working with a broad range of community organizations that already serve families and children to integrate FFN caregivers into their existing activities and services; and 2) obtaining a permanent statewide funding stream to support quality FFN care giving. Progress is being made on both fronts, and funders have seen very meaningful results from their shared investment. They believe that their community partners have built such strong momentum that results will only continue to multiply.

Four states (Colorado, Hawaii, Minnesota and Washington) are now working to obtain funding on a state level as part of a new emphasis on early learning and school readiness among policy makers.

*Sparking Connections* sites also made use of the sustainability workbook and training offered by The Finance Project,<sup>23</sup> and each site had an opportunity to complete and receive feedback on this sustainability and self-assessment resource through technical assistance brokered by Families and Work Institute.

*Seattle/King County developed a strategic plan based on this model, which has been a powerful internal and external tool for building momentum and gaining additional resources.*

Still, new funding and incentives to use existing public and private funds for FFN support work, research and public awareness efforts are needed.

## Recommendations

- a) Funders and policy makers should consider devoting more funding to FFN care development efforts, including program design and innovation, provision of services and research on all aspects of this new arena.
- b) Funders and policy makers should support research to explore funding and financing strategies for FFN care supports.
- c) Funders and policy makers should also:
  - create and participate in private/public and collaborative FFN support efforts;
  - provide incentives that encourage early learning system development leaders to include strategies to help family, friend and neighbor caregivers in their efforts; and
  - build bridges with policy makers and funders engaged in work with other related systems.

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## VI. FUTURE NEEDS AND NEXT STEPS

The purpose of *Sparking Connections, Phase II* was to demonstrate that there are effective strategies for supporting FFN care and that these strategies and supports can create a foundation for future development in this arena.

This goal was accomplished and the *Sparking Connections* National Consortium hopes that this Phase II work informs and sparks continued learning among current and future FFN support initiatives.

But this demonstration and action project represents only one step toward figuring out how to weave supports for FFN care into the many systems supporting families and communities in the U.S. Much more thinking, innovation, research and development is needed to keep the promise that so many states and communities have made: that all children—including those in FFN care—begin Kindergarten healthy and ready to succeed in school and in life.

This thinking, innovation and research should focus on how to:

- facilitate and support continued learning about FFN care;
- best serve FFN caregivers;
- measure and support FFN care quality;
- evaluate the effectiveness of strategies to improve the quality of family, friend and neighbor care;
- take effective strategies to scale and to sustain them;
- communicate effectively about FFN care with various audiences, including parents, caregivers, community leaders, potential partners and allies, other system leaders, funders, policy makers and the public;
- understand how FFN care contributes to family, community and state strengths and economic development;
- finance FFN care;
- gather and share better local data about FFN care use, caregiver needs and community assets;
- share learning among families, caregivers, systems, national, state and community leaders and organizations, researchers, funders, policy makers, employers and others about FFN care; and
- encourage collaborative solutions to the many challenges FFN support work poses.

The national learning community launched by Families and Work Institute and the *Sparking Connections* National Consortium will continue to serve through collaboration with existing and future partner organizations and networks, including:

- United Way of America and local United Ways, including Success By 6 and Born Learning initiatives;

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- The Annie E. Casey Foundation-sponsored Making Connections communities;
  - BUILD initiative;
  - North Carolina Smart Start National Technical Assistance Center;
  - National League of Cities;
  - National Child Care Information Center;
  - Zero to Three; and
  - other national, state and local organizations and leaders.

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## VII. A NATIONAL FUTURE VISION

This vision reflects the hopes and dreams of the *Sparking Connections* partners for the future of family, friend and neighbor care and lifelong learning in our country.

*It is 2030, and things have changed dramatically in U.S. states and communities over the past two decades. We used to argue over whether to help young children learn, wherever they were cared for, and people who served them used to have to fight over tiny pots of funding.*

*Now U.S. states and communities support lifelong learning for citizens of all ages, from infants to elders. Our country realized a long time ago that if everyone valued learning and had learning opportunities, we would all have a better quality of life. So our politicians, funders and other leaders worked to create a lifelong learning life campaign that has changed life in the U.S. in big ways.*

*Any working parent who wants it is given time off with pay to take care of young children. Every neighborhood has a team of family support outreach helpers who visit neighborhoods, families and FFN care providers who want help, bringing educational toys, music, books and activity kits to families and caregivers. These helpers also host community events and other activities that foster social networks in which families and FFN caregivers are able to support and learn from each other about helping children learn and grow.*

*We all can go to our libraries, schools, family centers, parks, museums, churches or temples—and even to shopping malls—and find books, support, other people who share our interests and learning materials that we can borrow. All of the organizations in our communities, including colleges and university, work together to make these learning resources easily available to families and FFN care providers. There are lists of fun and educational field trips that we can go on every week at neighborhood grocery store kiosks, where we can also find and print out information about the latest research, and even send our opinions to our elected representatives.*

*As a result of all of these resources and activities, U.S. neighborhoods are stronger than ever before. All of the adults know the children, and children feel safe, known and understood at home, at play and at school. Crime has gone down, and high school and college graduates have been finding good-paying jobs at ever increasing rates. Employers are thrilled that the new hires they are getting have much better reading, working and problem-solving skills and seem to stay in their jobs much longer than in the olden days.*

*This has led to a new prosperity throughout the country, and even the media has gotten in on the learning act. Now, instead of commercials in between TV and radio segments, we see and hear learning tips and helpful hints brought to us by show sponsors.*

## State of Washington Proposed Supports for Family, Friend and Neighbor Providers<sup>24</sup>

This sample policy package is being considered in the State of Washington as part of early learning system supports for all caregivers. The following chart is being used to illustrate potential funding levels for various activities. The chart on the following page shows how these costs were calculated.

The components of the recommendations are:

- local leadership that allows each county/region to develop a customized set of services that fit community strengths and needs;
- cultural responsiveness that provides culturally appropriate resources for a variety of programs to meet different caregiver needs;
- cost effectiveness that builds on existing resources by helping community organizations already serving parents and families to enhance or adapt outreach, programs and services to include family, friend and neighbor caregivers and the children they care for;
- coordination through resources for coordination activities and infrastructure, including community awareness, training and technical assistance, information and referral, and evaluation; and
- parental choice by respecting parents' ability to choose the type of child care they prefer, with assurance that caregivers in all settings will have equitable resources available to increase the quality of care their children receive.

Activity	Description	Annual Cost
Facilitated Play and Learn Groups	two eight-week sessions per year to reach 3,500 children	\$2,374,172
Ready, Set, Go Bags	resources to reach 15% of FFN providers	663,750
Taking Care of Children Booklets	a 24-page resource guide with information about health and safety, child development, play and activities, school readiness and a localized resource list, to reach 45% of FFN providers	153,420
FFN Workshops/Support Groups	12-week facilitated groups at community-based organizations, to reach 5% of FFN caregivers	189,360
System Integration	integrate support and outreach of FFN into current programs and develop new programs	332,517
Infrastructure and Support	staffing for FFN functions and support, which includes awareness, systems integration, coordination, training, technical assistance for community-based organizations wishing to support FFN caregivers	872,857
<b>Total Statewide Cost</b>		<b>\$4,586,077</b>

**Cost and Outreach Assumptions for State-Wide Voluntary Supports for Family, Friend and Neighbor Providers: Budget Submitted by Family, Friend and Neighbor Working Group for Consideration by the ELC in the Access to High Quality Early Learning Study**

Component	Cost Components/ Assumptions	King County Cost	Balance of State Cost <sup>1</sup>	Total Unadjusted State Cost	Total Adjusted State Cost <sup>2</sup>
Play and Learn Groups	525 sessions per year to reach 3,500 children (attending 1 1/2 sessions per year); 10 children per group, \$1,360 per session [King County Model]	714,000	2,006,494	2,720,494	2,374,172
Ready, Set Go Bags	Reach 15% of 295,000 B-5 providers, with bags @ \$15 bag	N/A	N/A	663,750	663,750
Taking Care of Children Booklets	Reach 45% of 295,000 caregivers @ \$1 per booklet + \$530 per county for localizing content	N/A	N/A	153,420	153,420
System Integration Functions	Reach 100 Community-Based Orgs in King County at cost of \$1,000 per CB0 [King County Model]	100,000	281,022	381,022	332,517
Infrastructure Support	Project Coordinators; 3.5 FTE for King County R&R at \$75,000 salaries and benefits and operating expenses [King County Model]	262,500	737,682	1,000,182	872,857
FFN Facilitated Workshops in Community-Based Organizations	12 hour workshop at \$1,600 per workshop, 10 caregivers per workshop. Reach 5% of 295,000 caregivers			236,000	189,360
<b>Total</b>				<b>5,154,868</b>	<b>4,586,077</b>

1 In cases where costs are built on King County model, the balance of State costs are estimated based on the assumption of reaching the same proportion of children/caregivers in the rest of the State as in King County.

2 Adjusted State costs reflect differences in wages for the balance of the State compared to King County in cases where costs are extrapolated from King County and include staff costs.

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## ***Additional Ideas for Partners and Partnerships***

### **Create new services and supports for family, friend and neighbor caregivers and parents where they are needed.**

- Help eliminate isolation by providing places where caregivers can visit with other caregivers, along with play equipment and activities so that children can play and learn while the caregivers visit and learn.
- Provide drop-in or respite care for children, so that caregivers can have some time for themselves.
- Provide transportation for caregivers and children to activities and learning opportunities that exist in their community.
- Bring early literacy programs, materials and other quality resources to neighborhoods.
- Help parents connect with each other and with other supports.
- Create special programs and resources for fathers, grandfathers, uncles and other men who care for children.
- Create quality information and materials, and partner with community organizations to distribute to families and caregivers.

### **Help museums, libraries and other cultural institutions expand their roles in the community.**

- Help museums and libraries serve not only as centers of culture and education, but also as community conveners, connectors and gathering places, such as Family Place libraries.
- Provide resource rooms and activities for children while offering their caregivers information and support.
- Extend the reach of librarians and museum professionals by helping them leave their facilities and take their programs into the community.
- Provide free admission, special performances and other learning opportunities from arts organizations to caregivers and children.

### **Help parks and recreation facilities expand their roles.**

- Work to create neighborhood parks, if none exist.
- Help existing parks and recreation facilities host events for caregivers, parents and children, such as organized games, discussion groups, story hours or drop-in or respite care programs.
- Partner with parks and recreations departments to sponsor Play and Learn Groups.

### **Involve faith-based organizations.**

- Inform clergy and membership about family, friend and neighbor care about how they can help FFN caregivers.

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- Provide information, resources and materials for families and caregivers in congregations.
  - Partner with organizations with existing relationships to caregivers and families to and determine interest and needs and to distribute program information.
  - Encourage organizations to sponsor or host facilitated neighborhood play groups or other activities for families, caregivers and children.
  - Encourage organizations to host grandparent/caregiver support groups.

#### **Involve seniors.**

- Work with senior centers and programs to help grandparents who care for their grandchildren to learn and connect with other caregivers and with community resources.
- Provide accurate information about early childhood development and how to manage inter-generational child-rearing conflicts to seniors.
- Invite grandparents and other elders to participate in family education activities.
- Help seniors who care for young children share their needs with the public and policy makers to inform decision making about FFN care.

#### **Involve youth.**

- Invite youth to read to children at community story hours, collect books for providers or volunteer to spend time with children.
- Help youth participate in efforts to improve early childhood environments such as repairing or making toys, delivering and installing smoke alarms or building and/or painting fences or outdoor play equipment.
- Involve youth in helping non-English speaking FFN caregivers as interpreters, tutors and homework helpers.
- Provide early childhood development and safety training for youth caring for younger siblings.
- Engage youth to advocate for a better early learning system, from designing model programs to talking about what their early learning experiences were in FFN care.

#### **Involve media.**

- Partner with television, radio, newspapers and the media to reach and share information with FFN caregivers.

#### **Help health care providers share information.**

- Start at the very beginning of a child's life by sending all new parents home from the hospital with information on early childhood development, practical information on available community resources (including child care), how to use them and telephone numbers to call if they need help or connections.

- Use immunizations, well-baby visits and other health care interactions to provide information and support to parents and caregivers.
- Help health care providers and other community partners, such as libraries, parks, retailers, malls or community centers offer neighborhood-based health services, such as immunization or well-child clinics.

### **Forge relationships with employers.**

- Convene, support and work in public-private partnerships to enlist broad support for helping family, friend and neighbor caregivers.
- Help employers understand the community resources available to them.
- Recognize and reward employers who contribute to community solutions.

### **Retailers and other employers can**

- Support employees by:
  - ✓ providing information about early childhood development, early learning, child care options and community resources to employees who are parents and/or caregivers;
  - ✓ creating times and places for employee/parent support, learning or discussion groups;
  - ✓ sharing information with employees on how to support their family, friend and neighbor caregivers; and
  - ✓ looking for win/win solutions for the employee and the employer in providing flexibility and when providing leave to take care of sick children or to take kids to medical appointments.
- Participate in community partnerships by:
  - ✓ participating in and contributing to community partnerships to enhance family, friend and neighbor care;
  - ✓ becoming a champion for children's issues in the community;
  - ✓ using company facilities, advertising and activities to support community-based initiatives that help family, friend and neighbor caregivers;
  - ✓ partnering with others to obtain quality child development, early learning, health, parenting and literacy information and materials to share with employees/parents and the public; and
  - ✓ using this information in company advertising.
- Position retail locations and malls as sources of community information by:
  - ✓ making local stores and shopping centers the hub of community information by posting calendars of events, information on programs, services and resources for caregivers with employees and customers;

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- ✓ setting up computer information kiosks in stores and malls where information on parenting and care giving can be accessed and printed out, parents can share their opinions on policy issues that affect them, and resources can be banked or exchanged; and
  - ✓ establishing store or mall-based programs that support early literacy and connect caregivers and families to community events and resources.
  - Develop creative uses for space at stores and facilities by:
    - ✓ providing community meeting space to organizations helping children and families;
    - ✓ creating community resource rooms where books, toys and educational materials are available;
    - ✓ partnering with credible community groups to sponsor playgroups with planned activities for neighborhood children and caregivers;
    - ✓ sponsoring events that demonstrate learning activities;
    - ✓ hosting library story hours and book clubs;
    - ✓ serving as the community “park bench” where caregivers can come to meet with others who are caring for children;
    - ✓ holding immunization clinics and other child health programs in stores or malls;
    - ✓ sponsoring family fun nights and invite families to bring caregivers along;
    - ✓ providing on-site child care for an afternoon to offer respite to parents and caregivers; and
    - ✓ bringing museum activities and mini-exhibits on-site to stores.
  - Fund and distribute quality information and materials by:
    - ✓ distributing learning kits for parents and caregivers and partner with credible community groups on content;
    - ✓ partnering with community groups to create and publicize information hotlines for caregivers; and
    - ✓ donating products and services to caregivers, such as books, toys, art supplies, safety equipment (such as fire extinguishers and First Aid kits), food discounts, healthy snacks, bus passes, admission to museums, theaters and community events, printing, diapers, and more.

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## ENDNOTES

- 1 Galinsky, E. and Hooks, W.H. *The new extended family: Day care that works.* (1977). New York: Houghton Mifflin Company.
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<http://www.familiesandwork.org/index.asp?PageAction=VIEWPROD&ProdID=87>
- 3 Galinsky, E. (2000) *Ask the children: The breakthrough study that reveals how to succeed at work and parenting.* New York: Quill.  
<http://www.familiesandwork.org/index.asp?PageAction=VIEWPROD&ProdID=97>
- 4 Stahl, D., Sazer O'Donnell, N., Sprague, P. and Lopez, M. (2003). *Sparking connections: Community-based strategies for helping family, friend and neighbor caregivers meet the needs of employees, their children and their employers.* New York: Families and Work Institute.  
[http://www.familiesandwork.org/sparking/pdf/sparking\\_connections\\_report.pdf](http://www.familiesandwork.org/sparking/pdf/sparking_connections_report.pdf)
- 5 Started in 1999, *Making Connections* is a ten-year investment by The Annie E. Casey Foundation to improve the outcomes for families and children in tough or isolated neighborhoods. The Casey Foundation's research has shown that children do better when their families are strong, and families do better when they live in communities that help them to succeed. <http://www.aecf.org/initiatives/mc>
- 6 The Build Initiative is a multi-state partnership that helps states construct a coordinated system of programs, policies and services that responds to the needs of young children and their families. It does this by supporting those who set policies, provide services and advocate for children from birth through age five so that our youngest children are safe, healthy, eager to learn and ready to succeed in school. Build serves as a catalyst for change and a national resource on early learning. <http://www.buildinitiative.org>
- 7 The SOAR Opportunity Fund is a public-private partnership among local governments and corporate, private and public foundations. Members invest individually and together in results-oriented, cost-effective early learning and out-of-school learning opportunities for Seattle King County's children and youth. SOAR, with the Seattle Foundation as fiscal sponsor, was formerly called the Project Lift-Off Opportunity Fund. <http://www.philanthropyinw.org/opportunityfund>
- 8 Play and Learn Groups are neighborhood gatherings where typically they are parents, grandparents, and/or FFC providers coming together with their children for informal play activities. Adults and children learn new games, sing songs, meet new friends, share food and develop and grow together. Each group is unique, reflecting the community and organization where it is located. Most groups meet once a week for two hours. Some require advance registration, while some are drop-in. They are led by a facilitator who guides the children and adults through activities focused on developing early learning skills. Children play with other children of the same age while engaged in a variety of activities including arts and crafts, games, physical play and circle time. Caregivers and parents experience how children learn through play, and they learn how to promote early literacy and school readiness through everyday activities at home. Facilitators are resources for the adults who attend the groups; many request information on other topics relating to the joys and challenges of caring for young children. For more information, visit the Child Care Resources website at: <http://www.childcare.org/ffn-care/more-play-learn.htm>
- 9 Drake, P.J., Greenspoon, B. and Neville-Morgan, S. (2005). Licensing family, friend and neighbor caregivers: Paradoxes and possibilities. In R. Rice (Ed.), *Perspectives on family, friend and neighbor child care: Research, programs and policy.* New York: Institute for a Child Care Continuum, Bank Street College of Education. <http://www.bankstreet.edu/gems/ICCC/OPS15.pdf>

- 10 Family Support America (formerly called the Family Resource Coalition) is a national organization that has been the nation's catalyst, clearinghouse and thought leader in family support for over 20 years. They provide materials and assistance, and advocate for policies that change systems and develop parent leadership in communities and states to help parents, child care providers, academics, legislators and program directors, among others, spread the belief that if you want to help families, you need to ask parents what they want. Family Support America's Principles of Family Support Practice [http://www.familysupportamerica.org/content/learning\\_dir/principles.htm](http://www.familysupportamerica.org/content/learning_dir/principles.htm)
- 11 Sareen, H. et al. (2004). The role of state early childhood comprehensive systems in promoting cultural competence and effective cross-cultural communication. In Halfon N, Rice T and Inkelas M, eds. *Building state early childhood comprehensive systems series, No. 8*, National Center for Infant and Early Childhood Health Policy at the University of California, Los Angeles.
- 12 Galinsky, E., Howes, C. and Kontos, S. (1995). *The family child care training study: Highlights of findings*. New York: Families and Work Institute. <http://www.familiesandwork.org/index.asp?PageAction=VIEWPROD&ProdID=88>
- 13 Emarita, B. (2006) *Family, friend and neighbor care best practices report: How families are teaching their children to succeed*. St. Paul: Ready 4 K. [www.ready4k.org](http://www.ready4k.org)
- 14 Porter, T., Rice, R. and Rivera, E. *Assessing quality in family, friend and neighbor care: The child care assessment tool for relatives*. (April 2006). Washington, DC: National Child Care Information Center, Administration of Children and Families, U.S. Department of Health and Human Services. <http://oll.nccic.acf.hhs.gov>
- 15 Chase, R., Arnold, J., Schauben, L. and Shardlow, B. (2006, February). *Family, friend and neighbor caregivers: Results of the 2004 Minnesota statewide household child care survey*. Report of the Minnesota Department of Human Services. <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4516-ENG>
- 16 Brandon, R.N., Maher, E.J., Battelle, J.M.J. and Doyle, S. (2002, February). *Understanding family, friend and neighbor care in Washington State: Developing appropriate training and support*. Seattle: Human Services Policy Center, The Daniel J. Evans School of Public Affairs, University of Washington. [http://hspc.org/publications/pdf/FFN\\_report\\_2002.pdf](http://hspc.org/publications/pdf/FFN_report_2002.pdf)
- 17 Brandon, R.N. (2005, August). *Enhancing family, friend and neighbor care giving quality: The research case for public engagement*. Seattle: Human Services Policy Center, The Daniel J. Evans School of Public Affairs: University of Washington. <http://hspc.org/publications/pdf/APHSApaper05.RRF.pdf#search=%22richard%20brandon%20enhancing%20quality%22>
- 18 Mind in the Making: What is Early Learning? (2006) New York: Families and Work Institute. <http://mindinthemaking.org/pdfs/WhatIsEarlyLearning.pdf>
- 19 Galinsky, E., Sprague, M., Sazer O'Donnell, N. and Dombro, A.L. *Mind in the Making Learning Modules for Early Childhood Teachers*. (2006). New York: Families and Work Institute. The modules synthesize research (classic and recent studies) on how children learn and how teachers/caregivers can encourage engaged learning into a 12-part facilitated learning process for teachers in centers and family child care homes. From Module 5, according to Dr. Jerome Kagan of Harvard University, "Goodness of fit means: does the child's personality match what the parent's [or teacher's] ideal is for the child? If there is a poor fit, then that is the worst possible situation [for the child]. [www.familiesandwork.org](http://www.familiesandwork.org)
- 20 Human Services Policy Center, University of Washington <http://hspc.org>  
Amherst H. Wilder Foundation <http://www.wilder.org>
- 21 A theory of change or logic model is a method for defining desired outcomes (what will result or change as a result of the project), charting the steps that will lead to the desired outcomes and describing how

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success will be measured. Logic models are often depicted as a chart or graphic illustration that makes these elements easy to understand.

- 22 To develop a logic model, use the online service offered by Innovation Network at [www.innonet.org](http://www.innonet.org). This non-profit service offers a step-by-step process for defining goals, outcomes, strategies, evaluation plans and producing a graphic logic model that illustrates and summarizes these elements.
- 23 The Finance Project is a specialized nonprofit research, consulting, technical assistance and training firm for public and private sector leaders nationwide. They help leaders make smart investment decisions, develop sound financing strategies and build solid partnerships that benefit children, families and communities. <http://www.financeproject.org>
- 24 Based on detailed budgetary information collected by the King County Strategic Plan Working Group for Family, Friend and Neighbor Care, detailed costs for these functions were collected. The HSPC (Human Services Policy Center of University of Washington Evans School of Public Affairs) worked with the strategic plan and extrapolated these costs to the state level.

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The Search Institute's 40 Developmental Assets are concrete, common sense, positive experiences and qualities essential to raising successful young people. These assets have the power during critical adolescent years to influence choices young people make and help them become caring, responsible adults. <http://www.search-institute.org/assets>

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