



INDIGO
CULTURAL CENTER

**The Arizona Kith and Kin
Project Evaluation**

***Brief #1:
Improving Quality in Family,
Friend, and Neighbor (FFN)
Child Care Settings***

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Executive Summary

Despite the prevalence of family, friend, and neighbor (FFN) child care (NSECE, 2015), relatively little is known about the characteristics of this type of care, the quality of care, and the features of effective quality improvement initiatives for FFN care providers. In general, the early childhood field has remained relatively silent about FFN child care in policy and research discourses surrounding child well-being and quality initiatives (Shivers, 2012; Whitebook et al., 2004).

The overall goal for the study described in this brief was to discover whether family, friend, and neighbor child care providers enhanced the quality of care they provided young children after completing a 14-week training and support group intervention known as the *Arizona Kith and Kin Project*.

The *Arizona Kith and Kin Project* is implemented under the auspices of the Association for Supportive Child Care (ASCC), a nonprofit child care agency that was founded in 1976 to improve the quality of care for Arizona children. The *Arizona Kith and Kin Project* was established in 1999 to provide ongoing early childhood training and support to family, friend, and neighbor caregivers. The goals of the program are to (1) improve the quality of child care through training; (2) increase caregivers' knowledge and understanding of early child development; and (3) increase caregivers' knowledge and understanding of health and safety issues to provide a safer child care environment.

The *Arizona Kith and Kin Project* provides a 14-week, two-hour support group training series for Spanish- and English-speaking, and refugee caregivers, with most training sessions offered only in Spanish. The training sessions are held at various community partner locations that are embedded in the daily lives and neighborhoods where FFN providers live and work.

The overall evaluation for the Arizona Kith and Kin Project was an extensive 4-year evaluation conducted by the *Indigo Cultural Center* and included data and measures not necessarily included in the present brief.¹ The research questions explored in 'Brief #1: Improving Quality in Family, Friend, and Neighbor (FFN) Child Care Settings' are outlined below:

Research Question #1: Was there an increase in child development knowledge after completing the *Arizona Kith and Kin Project*? (Sample size = 3,540 providers)

Research Question #2: Were there observable increases in child care quality and effective teaching practices after completing the *Arizona Kith and Kin Project*? (Sample size = 275 providers and children)

Research Question #3: What were child care providers' experiences in the *Arizona Kith and Kin Project*? (Sample size = 2,527 providers)

Data were collected through questionnaires, standardized observations, and surveys.

Results

FFN providers demonstrated statistically significant increases on all of the key quality indicators after

¹ This brief is one of four that highlights major findings from the *Arizona Kith and Kin Project* evaluation. For copies of the other three briefs, please contact Dr. Eva Marie Shivers: Eshivers@IndigoCulturalCenter.org.

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completing the *Arizona Kith and Kin Project*. All, but the last indicator, were observed by trained data collectors using standardized instruments in providers' homes (e.g., Caregiver Interaction Scale – Arnett; Child Care Assessment Tool for Relatives – CCAT-R, Porter et al.). Key quality indicators included:

Statistically Significant Increases on all Key Outcomes

- Health and safety (environment and practices);
- Materials in the physical environment;
- Provider-child communication patterns;
- Provider-child engagement;
- Provider sensitivity;
- Engagement in learning activities; and
- Providers' basic knowledge about child development (pre- and post-test).

Based on a feedback survey (n = 2,527) administered at the end of the project, 93% (n = 2,350) of participants reported a change in their **interactions with children** as a result of participating in the *Arizona Kith and Kin Project*. Based on the 2,350 providers (93%) who reported a change in their interactions with children, here are the most common themes that described these changes (coded from open-ended feedback):

1. I provide more **learning activities**.
2. I have improved my **health and safety** practices.
3. I have **better relationships** with the children in my care.
4. I have feel **more confident and competent** in my role as a provider.

These qualitative findings are consistent with the type of change we observed in providers' homes as they interacted with young children in their care.

Feedback from participants was overwhelmingly positive. The vast majority (98%) of FFN providers reported that they kept coming back to the trainings week after week because of a "desire for more knowledge." In fact, 80% reported that it was "very likely" that they would pursue additional child development training once the project ended. About 67% of the providers reported a desire to be connected to more formal systems such as licensing, the food program, or the child care subsidy program.

The biggest policy implication of these findings is that there is an urgent need for more systemic investment for this group of child care providers – as recent national research demonstrates, the number of children in these settings is much greater than previously estimated (NSECE, 2015). Continued support for culturally responsive, effective interventions like the *Arizona Kith and Kin Project* should not only continue, but should undergo feasibility studies for more scaling across the state and across the country.

Introduction

Family, Friend, and Neighbor Care (FFN) and Its Importance in the Child Care Continuum



“Kith and kin”, “informal”, or “family, friend, and neighbor (FFN)” child care is one of the oldest and most common forms of child care (for a comprehensive review see Susman-Stillman & Banghart, 2008). This type of care is usually defined as any regular, non-parental child care arrangement other than a licensed center, program, or family child care home; thus, this unregulated care usually includes relatives, friends, neighbors, and other adults caring for children in their homes (Brandon et al., 2002). The prevalence of informal child care has been well documented by researchers over the past decade (e.g., Cappizzano et al., 2003). Scholars estimate that from a third to one half of all children under five in the U.S. are in FFN child care arrangements, rendering this form of care as the most common non-parental child care arrangement for young children in the country (Boushey & Wright, 2004; Johnson, 2005; Maher & Joesch, 2005; NSECE, 2015; Porter et al., 2003; Snyder & Adelman, 2004; Snyder et al., 2005; Sonenstein et al., 2002). Results from a recent national survey (National Survey of Early Care and Education) suggest that the numbers of young children in FFN settings may be even higher than earlier estimations (NSECE, 2015).

Family, friend, and neighbor care is especially prevalent among low-income families and families of color (Brandon, 2005; Porter et al., 2010a). Low-income families often choose FFN care because it is inexpensive, easy to access, and enables providers to also hold other part-time jobs (see Susman-Stillman & Banghart, 2008). Some studies have found that FFN child care is most frequent among Latino and Black families (Capizzano et al., 2003; Layzer & Goodson, 2006; Snyder & Adelman, 2004) and is particularly prevalent among immigrant groups, perhaps due to their reliance on extended family for support (Brown-Lyons et al., 2001; Casper, 1996; Porter et al., 2003; Shivers, 2012; Zinsser, 2001).

Cost considerations aside, families of color may choose FFN care because they prefer that providers caring for their children share their culture, values, and language (Porter, 2006). In fact, research shows that FFN providers often match the ethnicity of the children in their care (Layzer & Goodson, 2006; Shivers, 2004; Shivers, 2006). Some parents and providers consider a provider-child ethnic match as particularly important for the transmission of cultural knowledge, values, and practices (Anderson et al., 2005; Drake et al., 2004; Guzman, 1999; Howes & Shivers, 2006; Shivers et al., 2010; Shivers et al., 2004; Wishard et al., 2003).

Despite the prevalence of FFN care, relatively little is known about the characteristics of this type of care, the quality of care, and the features of effective quality improvement initiatives for FFN care providers. In general, the early childhood field has remained relatively silent about FFN child care in policy and research discourses surrounding child well-being and quality initiatives (Shivers, 2012; Whitebook et al., 2004). Over the past decade, a small group of researchers have struggled to understand the nature of FFN care: they have observed and noted that many of the features of this type of child care more closely resemble parental care than center-based child care (Porter et al., 2010a). Yet, many child care researchers continue to apply paradigms and frameworks to FFN care that have been developed for center-based care. As a result, FFN child care is frequently rated as providing the lowest quality child care (in comparative studies using global assessments of quality) (e.g., Fuller et al., 2004). Some studies have documented that the uneven and low quality child care present in FFN care settings may adversely impact children’s and families’ development (Fuller et al. 2004; Maher, 2007; Polakow 2007; Porter et al., 2010a; Susman-Stillman & Banghart 2011).

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Rather than viewing these concerns as an argument *against* greater support for FFN care, increasing numbers of child and community advocates – as well as some policy makers – argue that there is a need to examine and advance strategies that can improve it – particularly considering that FFN care will continue to play a significant role in the lives of children most marginalized and at risk for not being ready for school (Annie E. Casey Foundation, 2006; Chase, 2008; Emarita, 2006; Kreader & Lawrence, 2006; NSECE, 2015). In the current paradigm of scaling up Quality Rating and Improvement Systems (QRIS), while it is critical to expand financial support for formal quality child care programs and improve access for low-income families, it is equally important to recognize that much can be gained by going to where the children are and increasing training and support for FFN child care providers (Adams et al., 2006; Brandon, 2005; Chase, 2008; Michigan’s Early Childhood Investment Corporation, 2015; Thomas et al., 2015; Weber, 2013).

Likewise, it is important that researchers, advocates, and policymakers gain a better understanding of the characteristics and quality of care provided by FFN providers across diverse contexts, as well as the consequences of FFN care for children’s well-being. The current study of the *Arizona Kith and Kin Project* was designed to enhance the limited body of research on these issues and stimulate research questions that can be explored to push the field toward a deeper understanding of FFN professional development models, provider outcomes, and ultimately, incorporating FFN initiatives into states’ larger professional development systems.

The *Arizona Kith and Kin Project* Evaluation Brief Series

This brief is the first in a series of four that highlight major themes from a four-year study designed to assess the effectiveness of the *Arizona Kith and Kin Project* – a 15 year-old community-based, grass-roots child development support and training intervention program. Each of the four briefs will explore a salient theme that emerged from the study findings, including:

- Improving quality of care in FFN child care settings (Brief #1);
- Latina provider characteristics and features of the care they provide (Brief #2);
- Professional development with FFN care: Implications for dual language learner child outcomes (Brief #3);
- Increasing cultural and social capital by linking FFN providers to other resources in the early childhood system (Brief #4).



Introduction

Theoretical Framework for Evaluation

The prominent conceptual framework informing the research design and interpretation of findings for all four briefs is *Howes' developmental framework*, which places children's development within ethnic, cultural, historical, and social contexts of communities, as well as within relationships with others (Howes, 2000; Howes et al., 2003; Rogoff, 2003). Howes posits that providers' beliefs about child care and practices with children reflect the impact of their community's adaptive culture – a group of goals, values, attitudes, and behaviors that set families and children of color apart from the dominant culture (predominantly White, middle-class). Pervasive racism, prejudice, and discrimination in the U.S. have resulted in families of color developing an adaptive culture (Garcia Coll et al., 1996). According to Garcia Coll (1996), expression of adaptive culture emerges in socialization practices or “ways of doing things” with children – including selection of child care arrangements that reflect families' goals, values, attitudes, and align with urgent realities such as cost and convenience. Selection and usage of FFN child care, arguably an adaptive response of many marginalized families to their experiences with racism, prejudice, and wide disparities regarding access to resources, have led to the creation of a ‘system’ outside of the dominant culture (i.e., White, middle-class).

The Project Logic Model is displayed in Appendix A, and the conceptual model for the theory of change is displayed in Appendix B. Both of these documents are considered to be works in progress, and will likely be revisited at the end of each project year as findings from the evaluation prompt a deeper understanding of processes and outcomes.

Focus of Brief #1: Improving Quality in FFN Child Care Settings

Brief #1 in this series of briefs explores the following research questions*:

Research Question 1: Was there an increase in child development knowledge after completing the *Arizona Kith and Kin Project*?

Research Question 2: Were there observable increases in child care quality and effective practices after completing the *Arizona Kith and Kin Project*?

Research Question 3: What were child care providers' experiences in the *Arizona Kith and Kin Project*?

* *Additional research questions (including child outcomes) are explored in subsequent briefs. See previous page side-bar for description.*

Description of the Arizona Kith and Kin Project

The *Arizona Kith and Kin Project* is implemented under the auspices of the Association for Supportive Child Care (ASCC), a nonprofit child care agency that was founded in 1976 to improve the quality of care for Arizona children. ASCC oversees and coordinates the *Arizona Kith and Kin Project* as well as 10 other

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programs. The program was established in 1999 to provide ongoing early childhood training and support to family, friend, and neighbor caregivers. The goals of the program are to (1) improve the quality of child care through training; (2) increase caregivers' knowledge and understanding of early child development; and (3) increase caregivers' knowledge and understanding of health and safety issues to provide a safer child care environment.

The *Arizona Kith and Kin Project* provides a 14-week, two-hour support group training series for Spanish- and English-speaking and refugee caregivers, with most training sessions offered only in Spanish. The training sessions are held at various community partner locations such as: Head Start centers, faith-based organizations, public libraries, elementary schools, and local community centers that have an adjoining space for child care. The program is funded to provide transportation for caregivers who are located within a five-mile radius of the training location and on-site child care by trained child care providers during each training session. Most training sessions are offered during the day and sometimes in the evening. The *Arizona Kith and Kin Project* has offered over 300 sessions, including sessions in Coconino, La Paz, Maricopa, Mohave, Pima, Yavapai, and Yuma counties, and has served more than 5,000 FFN child care providers.

The *Arizona Kith and Kin Project's* approach to participant recruitment is based on a history of developing strong partnerships with other community-based entities that are trusted by residents of those neighborhoods and communities. Examples of such partners include: local Head Start sites; elementary schools; faith-based organizations; children's museums; public libraries; and other community agencies. Another important strategy for recruitment is involving an individual community partner as a co-facilitator during the training (A more in-depth description of the *Arizona Kith and Kin Project* can be found at <http://www.asccaz.org/kithandkin.html>).



The *Arizona Kith and Kin Project* has garnered national focus and attention for its collaborative partnerships with communities and neighborhoods across the state, and for its high rates of successful recruitment and retention of Mexican heritage FFN providers (Ocampo-Schlesinger & McCarty, 2005; Porter, 2007; Porter et al., 2010a; Porter et al., 2010b; Shivers, Ocampo-Schlesinger, & Wilkins, 2010). In fact, the program is often touted as one of the largest quality improvement initiatives for FFN providers in the United States (Porter, 2013).

In 2010, a four-year study was commissioned to assess the effectiveness of the *Arizona Kith and Kin Project*. The overall goals of the evaluation were to: (1) assess whether there would be a change in observed child care practices and quality after providers completed the *Kith and Kin* training sessions, and (2) provide descriptive information about FFN child care providers' observed child care practices and quality of care. The data

presented in this brief was collected over the course of four years, from 2010-2014. The evaluation had two main components – general data collection with all participants and more intense data collection with a smaller, targeted sample of participants. Details about the methodology are presented in the Research Approach section.

Research Approach and Methodology

Evaluation Design

The evaluation was designed to provide summative and formative data for the project developers. Performance measures were based on the project developers' theory of change and child care research on effective professional development for early care and education caregivers. The purpose of the evaluation was three-fold: first and foremost, it was intended to determine whether the *Arizona Kith and Kin Project* met its stated objectives and outcomes. Second, the evaluation was designed to provide insights and feedback to the program developers as they move forward to bring the program to scale across the state of Arizona. Third, findings from this evaluation were expected to point to further research questions that researchers and future evaluations can explore, to push the field toward a deeper understanding of FFN professional development models, provider outcomes, and ultimately, incorporating FFN initiatives into states' larger professional development systems.

Evaluation Procedures

This evaluation consisted of two main components – data collection with all participants and data collection with a smaller, targeted sample of participants. All participants were asked to complete: a background questionnaire at the beginning of the project, pre- and post-tests about knowledge of child development, and feedback surveys at the end of the project. Recruitment efforts for our smaller, targeted sample, which involved observations in providers' homes, were more challenging. As researchers, practitioners, and policy makers are well aware, there are a myriad of challenges involved with recruiting FFN providers to participate in research and evaluation (Paulsell et al., 2010; Powell, 2008; Susman -Stillman, 2008; Whitebook et al., 2004).

For this targeted sub-sample, we recruited providers to participate on the first day of their session. Kith and Kin Specialists explained the study and offered incentives. Specialists then followed up by calling each provider who expressed interest in participating in this aspect of the evaluation, and scheduled an appointment to conduct a 2-3 hour observation in the provider's home. Upon arriving at the home of the provider, the Specialist asked the provider to read and complete a consent form.

Our aim was to recruit 10% of the larger sample, and we accomplished our goal by initially recruiting 400 providers. However, our retention rate fell to 92% at Time 1 observations and to 61% by Time 2 observations, which resulted in 275 providers in the targeted sample at Time 1 and 168 in the sample at Time 2. We suspect that reasons for sample attrition included: scheduling difficulties; providers' fear and distrust during heated community debates on immigration; and children and providers leaving town for the summer.

The baseline data (Time 1 data) was collected within three weeks of enrollment into the *Arizona Kith and Kin Project*. After the project ended, providers were once again contacted by their Specialist who informed them that a different observer would be completing the second observation (Time 2). These post-observations were conducted 3-4 weeks after the project ended. In some instances, providers would not provide consent for the follow-up observation unless their original Specialist conducted it. In order to prevent attrition, researchers complied with their request. Incentives for participation included: a \$20 gift certificate for a local grocery store, a bag of toys and materials for the children. Toys and materials were from Lakeshore Learning

Research Approach and Methodology

Materials. These incentives were given only at the second data collection visit².

Data Collection and Instrumentation

Data were collected through questionnaires, observations, and surveys. A summary of the instruments used and the information collected is included below in Table 1. Only those instruments germane to the current analysis are displayed.

Table 1: Overview of Evaluation Measures³

Instrument	Citation	Constructs Measured	Respondent	When Collected
<i>Child Care Assessment for Relatives (CCAT-R) Caregiver Interview</i>	(Porter et al., Institute for Child Care Continuum, 2003)	Demographics Conditions of care Motivation for providing care Beliefs about parents (Structured questions)	Full Sample (n = 4,121)	Baseline
<i>Child Development Pre- and Post-Test</i>	(Ocampo & Ortiz, 1999)	Knowledge about basic elements of child development. Items correspond to content covered in workshops.	Full Sample (n = 3,540)	Baseline; Completion of program
<i>Feedback Survey</i>	(Shivers, 2010)	Providers' perceptions of effectiveness of training (Likert rating). Open-ended responses probe for feedback on what providers learned and how the project can improve.	Full Sample (n = 2,527)	Completion of program
Measures used with sub-sample during data collection in providers' homes				
<i>CCAT-R Action and Communication Snapshot</i>	(Porter et al., Institute for Child Care Continuum, 2003)	Time sampling methodology captures caregiver communication with focus child; caregiver action; child language; child interactions with children and adults (Observation completed in provider's home)	Sub-Sample (n = 275)	Baseline; Completion of program
<i>CCAT-R Behavior Checklist</i>	(Porter et al., Institute for Child Care Continuum, 2003)	Checklist completed after each snapshot page. Categories include: Location; caregiver tone; child tone; child learning activities; toileting/diapering; caregiver interaction with child; behavior management; child safety (Observation conducted in provider's home)	Sub-Sample (n = 275)	Baseline; Completion of program
<i>CCAT-R Health and Safety Checklist</i>	(Porter et al., Institute for Child Care Continuum, 2003)	Checklist identifies the health and safety features of the home. Main categories are: food preparation; environment; routines; outdoor play (Observation completed in provider's home)	Sub-Sample (n = 275)	Baseline; Completion of program
<i>CCAT-R Materials Checklist</i>	(Porter et al., Institute for Child Care Continuum, 2003)	Checklist identifies play and learning materials/equipment present in caregiving environment. Does not measure quantity.	Sub-Sample (n = 275)	Baseline; Completion of program
<i>Caregiver Interaction Scale (CIS/Arnett)</i>	(Arnett, 1987)	Widely used observational tool capturing provider's global relationships with children in care (26 items – 3 subscales: sensitive; harsh; detached) (Observation in provider's home)	Sub-Sample (n = 275)	Baseline; Completion of program

² Funding for gift certificates was provided by Valley of the Sun United Way, and funding for the Lakeshore goodie bags was provided by First Things First.

³ For more information about any of the instruments listed in the table, please contact the corresponding author, Dr. Eva Marie Shivers: eshivers@indigoculturalcenter.org.

Data Analysis

Items in each of the data sets were initially examined for accuracy and consistency. Problematic data in the electronic files were assessed against the original hardcopy forms. Summary scales were created for the standardized instruments (e.g., CCAT-R; CIS/Arnett). Where applicable, measures were merged across data sets (e.g., Provider background characteristics; Feedback Surveys; Pre- and Post-Tests).

Analyses followed standard methods in applied social research. Item and scale frequencies were generated along with relevant summary statistics (counts, percentiles, means, medians, and dispersion indexes). Bivariate procedures were selected based on levels of measurement. For example, t -tests were used with two-category predictors and interval-level dependent variables. Where relevant, coded themes from open-ended, qualitative responses gleaned from surveys were integrated throughout the results section to highlight quantitative findings.

Training and Reliability

In the summer of 2009, Toni Porter from the Institute for a Child Care Continuum at Bank Street College of Education trained ASCC Specialists and the principal investigator to use the Child Care Assessment Tool for Relatives (CCAT-R). The CCAT-R is a well-known assessment tool that measures various elements of child care quality, and was specifically developed for Family, Friend, and Neighbor child care providers. Like other well-known time sampling measures, it measures the frequency of interactions between the caregiver and the focal child with time sampling. These interactions include talk within the caregiver-child dyad, as well as among the child, the caregiver, and other children and adults; the caregiver's engagement with the child; and the child's engagement with materials and other children or adults in the setting. In addition, the CCAT-R includes items related to affect of the caregiver and the child; the types of caregiver and child activities that occur; and disciplinary practices.



Data Analysis

The CCAT-R training consisted of one day of classroom work as well as practice on three videotaped observations. On the second day, two teams of trained observers and three project members conducted reliability observations on home-based child care providers. Additional practice sessions on the videotaped observations were held in the afternoons. At the conclusion of the training, all but two of the staff had achieved the CCAT-R standard of reliability of .80 exact agreement on individual items. During the next two weeks, the program evaluator trained the other two staff with the practice videos and on-site observations to help them become reliable. The principal investigator conducted the same reliability training for all new staff that subsequently joined the *Arizona Kith and Kin Project*. Every six months after initial reliability training, the principal investigator for the evaluation conducted reliability checks consisting of live visits with a caregiver and a young child. Reliability observations were repeated until all program staff achieved .80 exact agreement on individual items.

Limitations of the Study

While findings showed statistically significant gains on nearly all items studied, it is not possible to state, with ultimate confidence, that the observed changes are a direct result of the *Arizona Kith and Kin Project*. Major limitations to the study include:

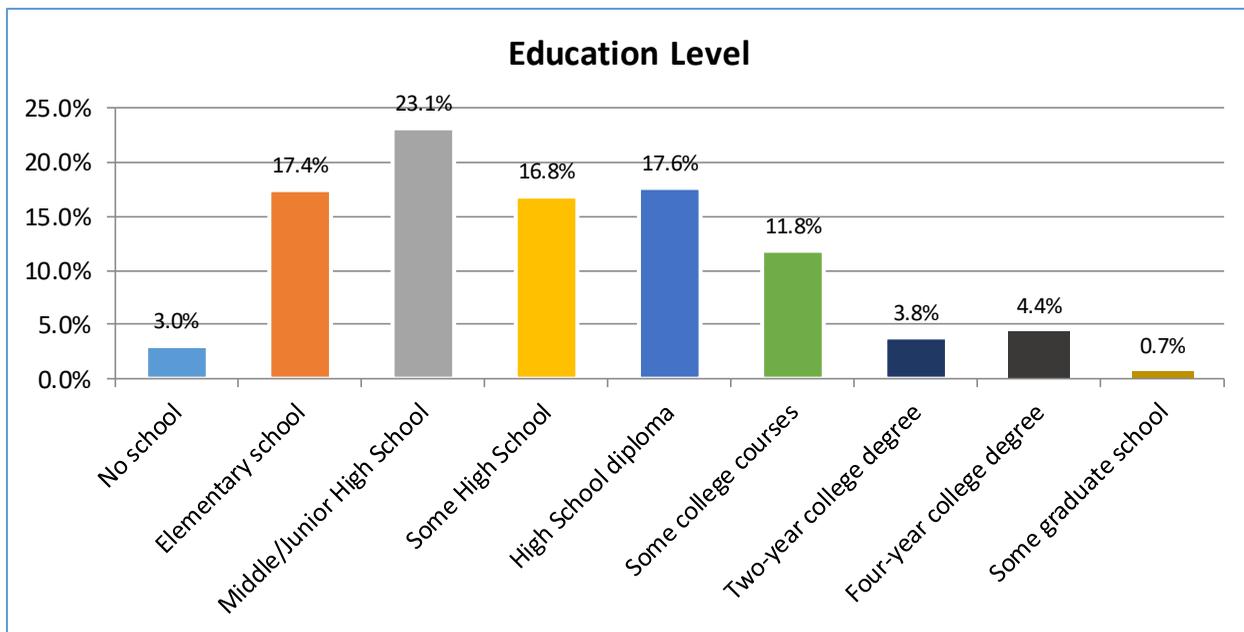
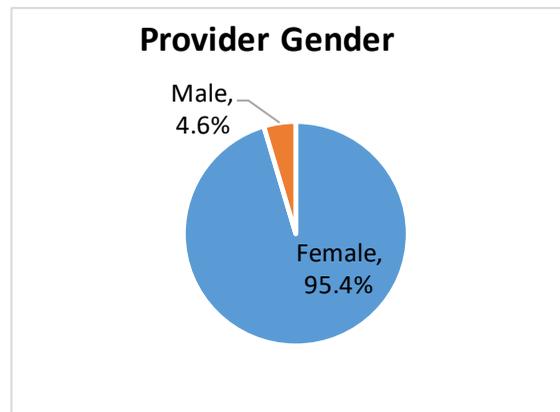
1. There is a self-selection bias insofar as the *Arizona Kith and Kin Project* is a service for which FFN providers volunteer. It may be that seeking out this type of experience is a characteristic of providers who are more inclined to pursue growth opportunities and ready to learn, or already offering a higher quality experience for children and families.
2. The evaluation was based on a pre-post non-experimental design, with the same group of providers serving as their own comparison group. There is no randomized control group, and participants were not randomly recruited, which makes causal and generalizable statements harder to ascertain than when using randomized recruitment and an experimental design.
3. The same Specialists who facilitated the training sessions collected observational data in providers' homes. Gaining trust and entry into FFN providers' homes is one of the most challenging aspects of conducting research and evaluation with them (Porter et al., 2010a). To successfully recruit a sample of providers who would allow us into their homes, we had to use data collectors whom they already knew and trusted. As a result, providers' training facilitators collected all of the Time 1 observational data. As a rule, a different Specialist collected Time 2 observations. In some instances providers would only allow their own training facilitator into the home at Time 2. Although this potential bias was controlled for in the analysis (M. Burchinal, personal communication, 2010), there is a possibility that the results were impacted by this limitation in the study implementation.
4. The sessions provided by the *Arizona Kith and Kin Project* Specialists were designed to be adapted according to the ebb, flow, and interests of the providers present at each session. The hallmark of effective adult learning strategies, and indeed one of the unique features of the *Arizona Kith and Kin Project's* design, is tailoring the mix and intensity of activities and discussion to the unique needs of the providers present in each session (Kruse, 2012). Consequently, there was variability in program implementation at all sites⁴.

⁴ At the time of the drafting of this report, the *Arizona Kith and Kin Project* started the process for a fidelity study.

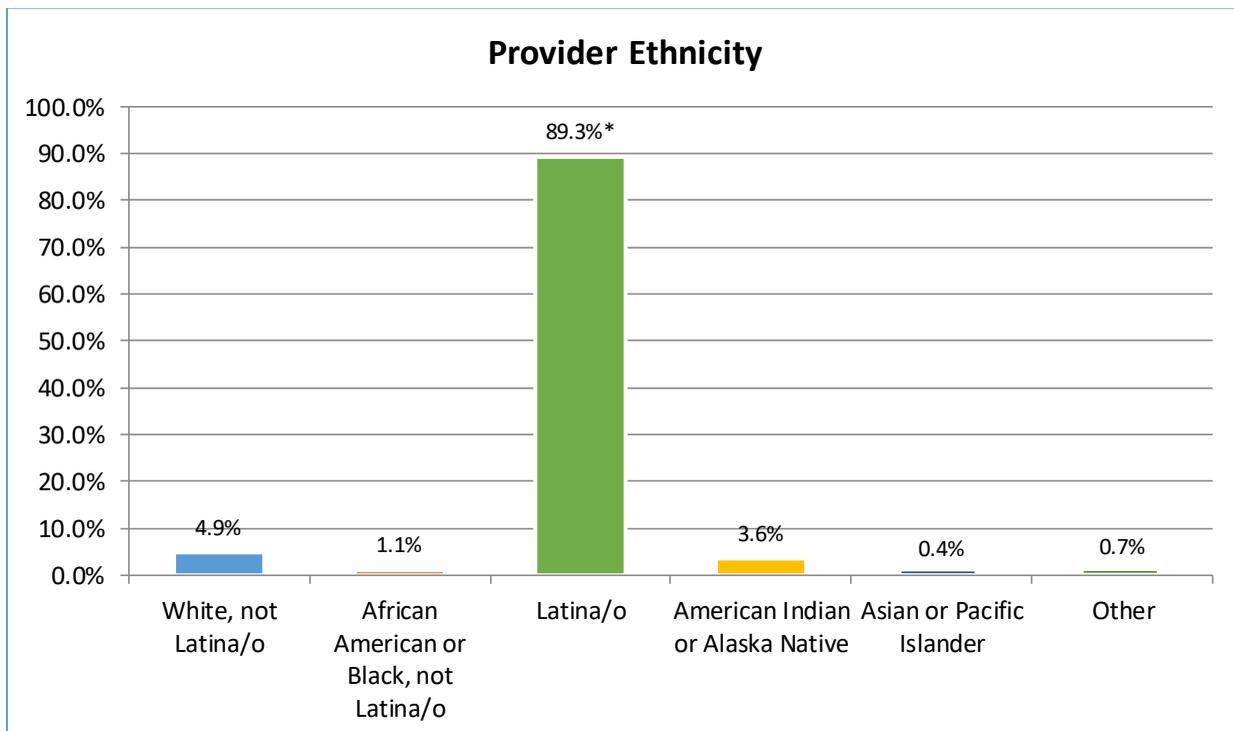
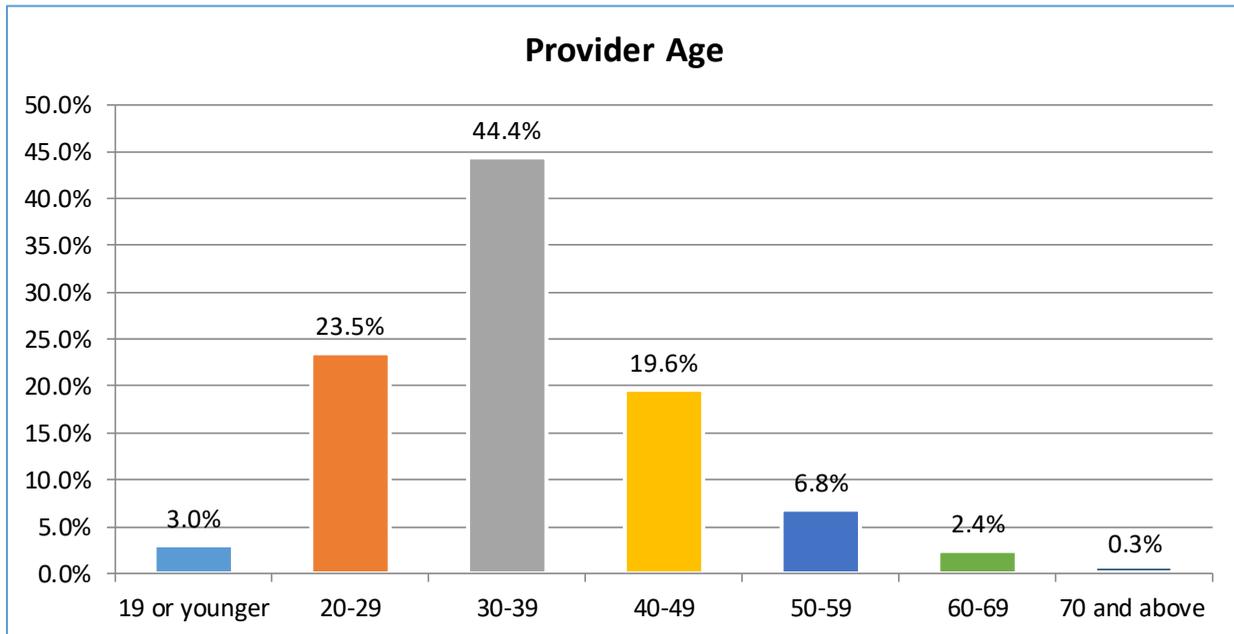
Description of Participants

A total of 4,121 providers completed the questionnaire asking about background characteristics (Child Care Assessment for Relatives (CCAT-R) Caregiver Interview). A more in-depth description of provider characteristics and motivations is provided in *Brief #2: Latina FFN Provider Characteristics and Features of the Care they Provide*.

Sample (FFN Provider) Characteristics (n = 4,121)



Description of Participants



***94% of Latina/o Providers were of Mexican heritage**

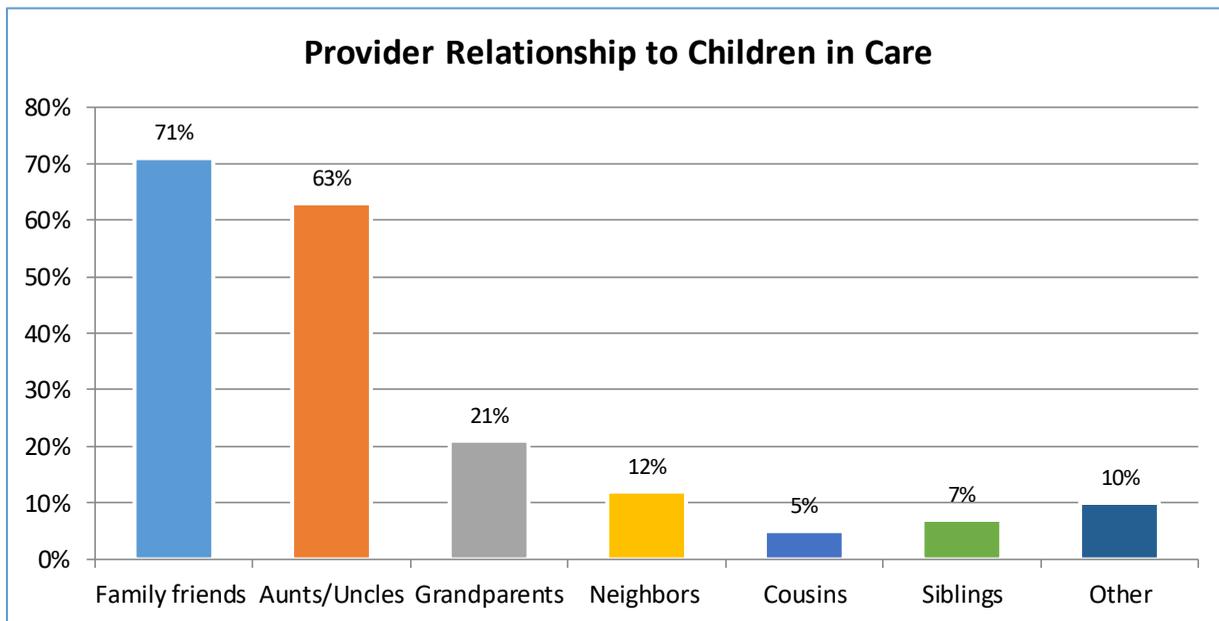
Years in the U.S.: Average stay in the U.S.: 14.8 years ($SD = 8.85$); Range: 0-68 years

Description of Participants

Features of Child Care

Table 2	Minimum	Maximum	Mean	SD
Years providing child care	Less than 1 year	60.00	7.02	7.84
Number of children in care*	1.00	15.00	2.40	1.86

*Note: 93% of providers have their own children in care along with others' children



Results

Research Question 1: Was there an increase in child development knowledge after completing the *Arizona Kith and Kin Project*? (Sample size = 3,540 providers)

At the beginning of each 14-week session, providers were given a child development and child safety “Pre-Test” in order to gauge knowledge about basic aspects of child development and safety (e.g., “A 2 and 3 year-old should be able to sit quietly during story-time;” “All children should be potty-trained by 18 months;” “Harness straps on a child car-seat should be loose enough to slide your hand underneath.”)⁵ Providers were then given a “Post-Test” with the same questions on the last day of their session.

We discovered that there was an increase in participants’ child development knowledge after completing the training sessions. We compared scores on the Pre- and Post-Tests and found that, on the whole, providers’ scores significantly increased from Time 1 to Time 2 [$t(2, 5288) = -4.87, p < .001$]. We also found that on average, English-speaking providers had higher scores than Spanish-speaking providers. Table 3 lists Pre-Test and Post-Test mean scores.

Table 3: Independent sample t-tests: Change in *Provider Child Development Pre- and Post-Test* scores

	Sample size	Average Scores	Change in scores
Pre-Test	3,540	70.01	+ 1.69***
Post-Test	3,084	71.70	

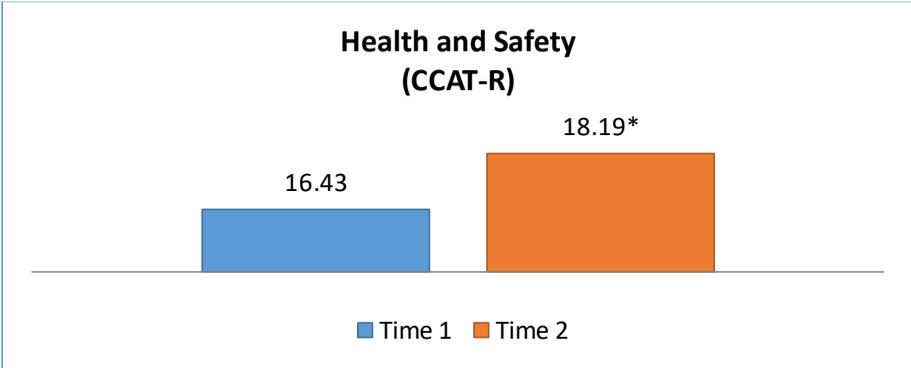
Note: * = $p < .05$; ** = $p < .01$; *** = $p < .001$

Research Question 2: Were there observed increases in child care quality and effective teaching practices after completing the *Arizona Kith and Kin Project*? (Sample size = 275 providers)

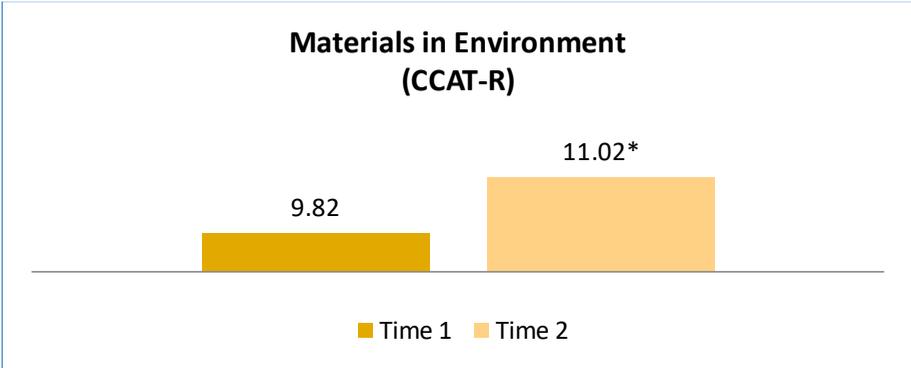
A priority goal of the evaluation was to determine if providers demonstrated observable increases in quality and effective teaching practices after completing the training program. The main quality domains we explored were: environment; health and safety; materials; learning activities; language interactions; and emotional climate. We conducted paired-sample t-tests, and found statistically significant increases (i.e. probability scores ranging from .10 to .001) on all observed key quality indicators (see charts on the following pages). Also, there were statistically significant decreases in harshness over time. In addition, those providers who scored lowest on key indicators at the beginning of the training demonstrated the largest gain in scores at completion.

⁵ For more information about this or any other instrument used in this study, please contact the lead author on this report: Dr. Eva Marie Shivers – Eshivers@indigoculturalcenter.org.

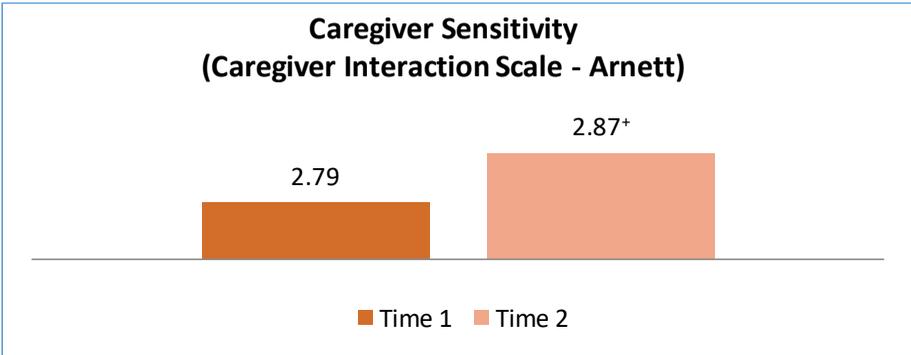
Results



* p < .05

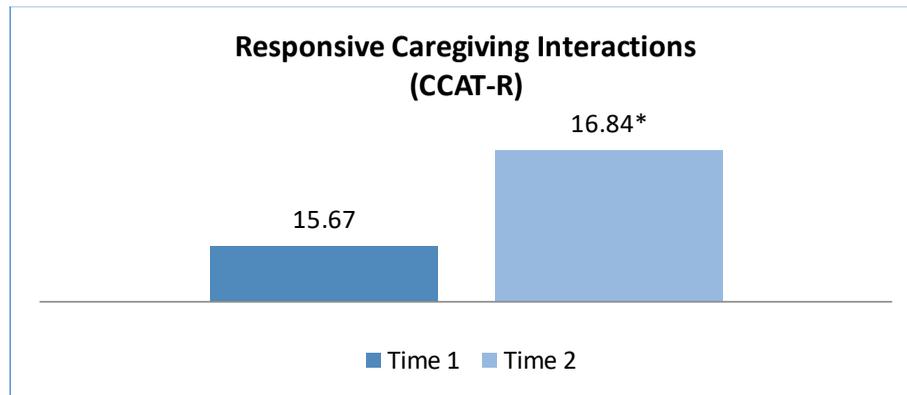


* p < .05



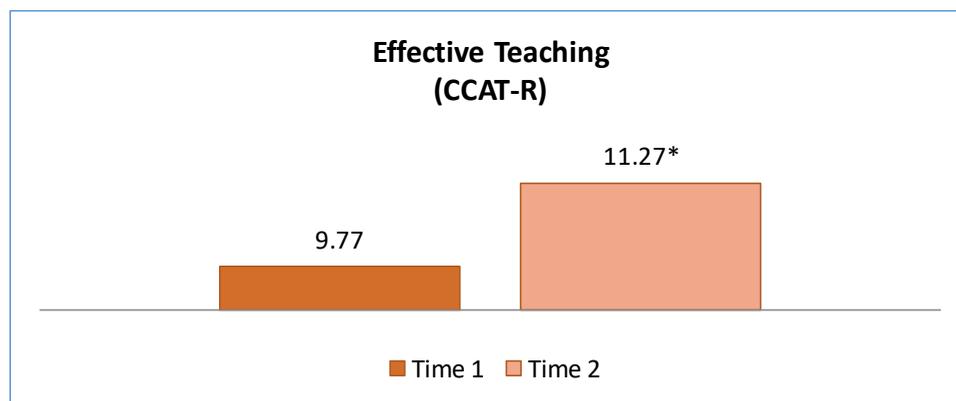
+ p < .10

Results



* $p < .05$

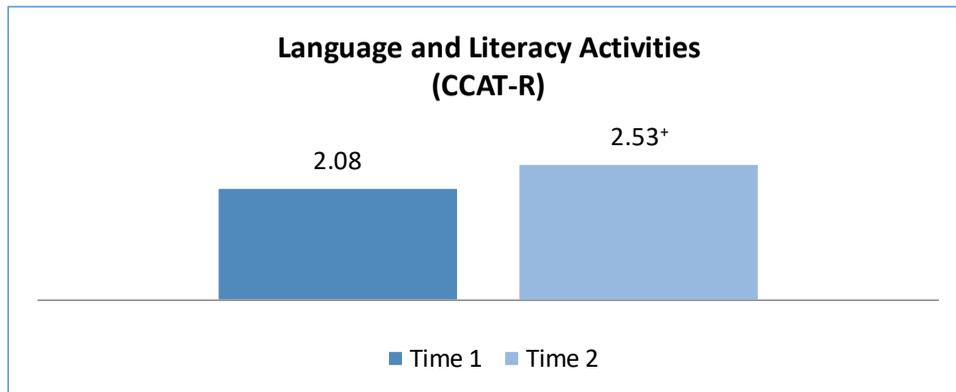
Responsive Caregiving subscale was comprised of items from the *CCAT-R Snapshot* and *CCAT-R Behavior Checklist* and included the following items: smiling; kisses/hugs; calm during toileting/diapering; holds/pats; comforts; responds to child's distress; redirects behavior; explains consequences of behavior.



* $p < .05$

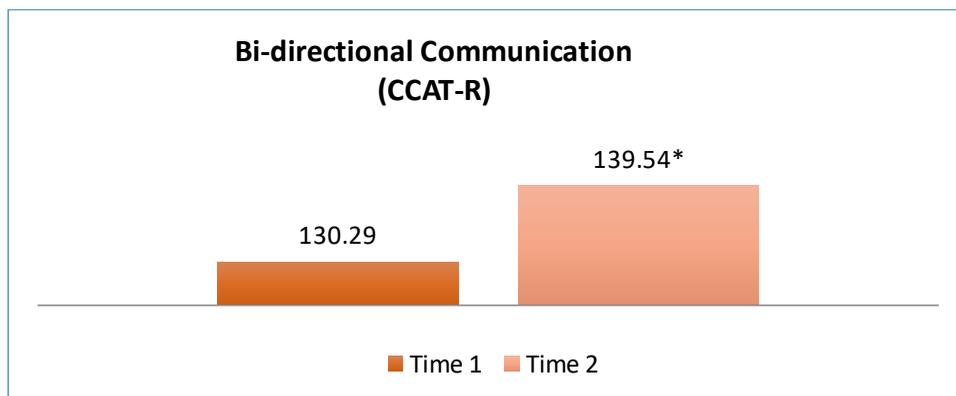
Effective Teaching subscale was comprised of items that came from the *CCAT-R Behavior Checklist* and included: encourages concept learning; encouraging experimentation with object; encouraging independence/autonomy; demonstrates; uses routines as learning opportunities; imitates infant's gestures and sounds.

Results



+ $p < .10$

Language and Literacy Activities subscale was comprised of items that came from the *CCAT-R Behavior Checklist* and included: tells stories; rhymes; sings; interacts with books and other print materials; musical/rhythm activity.



* $p < .05$

The Bi-directional Communication subscale was comprised of items from the Action/Communication Snapshot and included the following items: provider responds; provider repeats; provider engaged with child; child talks with caregiver; child interacts with caregiver.

Research Question 3: What were child care providers' experiences in the *Arizona Kith and Kin Project*? (Sample size = 2,527)

At the end of the session, during the last class, participants were asked to complete a "Feedback Survey." The ASCC Specialist / facilitator asked for a participant to volunteer to collect all the surveys and mail them back to the agency (pre-addressed and pre-paid envelope provided). The Specialist then left the room, and providers were free to fill out the confidential surveys.

Results

The Feedback Survey is comprised of a combination of rating scales and open-ended questions. Items were grouped under two dimensions: 1) Knowledge and Skills, and 2) Interpersonal Style. Ratings ranged from Strongly Disagree (score of 1) to Strongly Agree (score of 4). Specialists' mean score for Knowledge and Skills was 3.78. Specialists' mean score for Interpersonal Style was also 3.80. These are very high ratings and are consistent with the project's high participation rates, and positive outcomes regarding changes in provider practice.

We also wanted feedback on other features of providers' involvement with the *Arizona Kith and Kin Project* such as recruitment, retention, level of difficulty, and the likelihood of continuing to seek training.

Table 4: Which workshop was most useful for you?	Percentage
CPR & First Aid	91.7
Health & Safety	79.5
Nutrition	79.3
Child passenger safety	77.9
Ages & Stages	74.0
Brain development	73.9
Guidance and discipline	73.3
Daily schedule planning	61.0
Language and literacy	59.8
Parents and business practices	58.2
Arranging the environment	49.7
Community resources	45.9

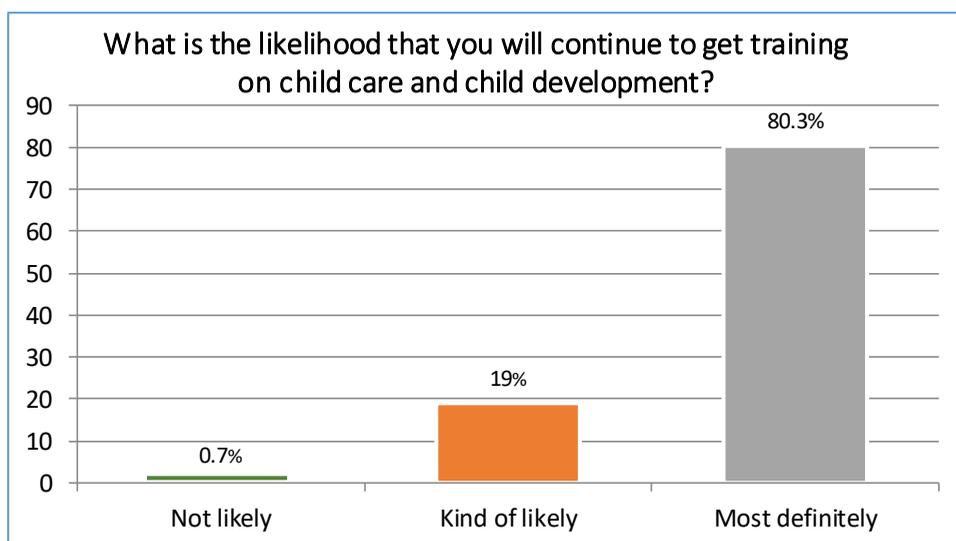
Table 5: How did you hear about the program?	Percentage
I saw a flyer or heard through someone at local elementary school	44.0
Invited by friend or family member	38.0
Word of mouth	28.0
Other	9.1

Results

Table 6: What kept you coming back week after week?	Percentage
Desire for knowledge and training	97.6
Relationship with trainers	26.4
Contact with other providers	20.7
Prizes and materials	18.5

Table 7: What made it possible for you to attend?	Percentage
On-site child care	71.7
Transportation	31.3

Table 8: If there was one thing you could do to enhance the quality of the care you provide, what would it be?	Percentage
Get more training	67.4
Learn Spanish or Learn English	63.2
Get licensed or certified	47.5
Go back to school	40.7
Obtain more materials for my child care	27.9
Create more space in my home for child care	23.1



Results

Nearly ninety-three percent (92.7%; n = 2,350) of participants reported a change in their interactions with children as a result of participating in the *Arizona Kith and Kin Project*. In our Feedback Survey, we solicited open-ended responses prompting providers to describe what changed as a result of participating in the project. We transcribed verbatim each response, and then coded the responses according to themes. Based on the 2,350 providers (93%) who reported a change in their interactions with children, here are the four most salient themes that emerged from the ways providers described these changes in their own words (coded from open-ended feedback).

(In order of most salient response)

1. I provide more **learning activities**
2. I have improved my **health and safety** practices
3. I have **better relationships** with the children in my care
4. I feel **more confident and competent** in my role as a provider

These qualitative findings help validate the increases in quality outcomes we observed in providers' homes.



Discussion

Summary of Findings

The *Arizona Kith and Kin Project* was a success as measured by high participation rates and statistically significant increases on key quality indicators. A large part of the project's success can be attributed to the culturally responsive strategies in its design. For example, the project's hiring strategies include an explicit and serious attempt to hire bi-lingual and bi-cultural Specialists and staff that share the same cultural heritage as the majority of participants. In addition, FFN caregivers were not expected to come to project offices, but rather, outreach was built on natural connections, and going where FFN caregivers already congregate – schools, faith-based organizations, libraries, and community centers. Research demonstrates that agencies are successful at engaging participation from marginalized cultural communities when approaches for FFN training and support are flexible, voluntary, customized, and demonstrate respect for: the inherent strengths of FFN care, the cultural differences, and the essential personal relationships of FFN care (Chase, 2008; Kruse, 2012; Powell, 2008). Increasing accessibility by providing transportation and high quality on-site child care during trainings also contributed to the success of the project.

Next Steps for Research and Evaluation

The results from this evaluation have critical implications for decisions regarding the investment of public dollars in quality enhancement initiatives for Family, Friend, and Neighbor (FFN) providers. There is a need for more research that examines the factors that predict higher quality care in FFN settings and the intervention program factors that lead to an increase in quality for FFN providers. Applying the findings of studies that assess variability and correlates of FFN care to policy and funding decisions is one important way we can begin to ensure more equitable quality for those families selecting FFN care. A growing base of evidence supports the importance of examining the *variability* in the quality of care by FFN child care providers. FFN providers are not a homogenous category. Therefore, in a social and political climate in which large numbers of children spend considerable portions of their early years in FFN settings, it is no longer sufficient to group FFN providers together in a homogenous category in order to make comparisons across child care type.

A particular challenge for the policy community is that while there appears to be both substantial need and potential demand for training and support for FFN caregivers, there is no robust evaluation literature documenting either the conditions under which FFN caregivers will actually participate, or the degree to which various training or support activities can improve the quality of their interaction with children (Brandon, 2005; Porter et al., 2010). Gathering more data about this group of providers is therefore a critical priority for the early childhood policy agenda throughout the country (Chase, 2008; Thomas et al., 2015; Weber 2013).

The findings also underscore the need for researchers and policy makers to take into account the specific cultural communities and diverse contexts in which children and providers are embedded. Not doing so can further marginalize low-income communities of color, which already struggle with the myriad consequences of historic institutional and systemic racism (Suarez-Orozco, Yoshikawa, & Tseng, 2015). Currently, one in every five children in the U.S. has a foreign-born parent, with the majority of immigrant families experiencing high levels of poverty and restricted access to public benefits (Golden & Fortuny, 2010). As the fastest growing segment of the nation's young child population, low-income immigrant children are far less likely to

Discussion

gain access to quality child care, and are underrepresented in public Pre-k and Head Start programs (Polakow, 2007; Suarez-Orozco et al., 2015; Yoshikawa, 2011).

Policy Implications

The following themes outlined in this section center around this report's main contention that there is an urgent need for more systemic investment for this group of child care providers – as recent national research demonstrates, there are even greater numbers of children in these settings than previously estimated (NSECE, 2015).



- Statewide and national quality improvement initiatives: Who is 'responsible' and 'accountable' for the hundreds and thousands of children in FFN child care settings? How can states begin to design quality improvement and professional development systems that benefit each and every child – regardless of where they spend their days?
- How can we design policy frameworks that count key features of FFN care as assets rather than as liabilities? (E.g., trend towards low provider-child ratios; emotional investment in the child; authentic parent engagement; family support; cultural and linguistic match and responsiveness).
- Is there a way we can implement best practice for FFN interventions (e.g., culturally-tailored programs – Powell, 2008) and still increase scale across states and communities?

Finally, many FFN child care providers are serving children who are learning and speaking two languages – Dual Language Learners (DLLs). Likewise, the providers in the *Arizona Kith and Kin Project* represent a crucial population of providers who are serving DLLs in this state. There is an increasing concern that there is still a wide achievement gap for these children compared with their mono-lingual English-speaking peers. Early care and learning environments for children from linguistically and culturally diverse families should be a major concern of all human service systems serving this population. Extending and leveraging professional development resources to FFN providers – in particular to the *Arizona Kith and Kin Project* – has the potential to fill an important gap in opportunity for many young DLLs.



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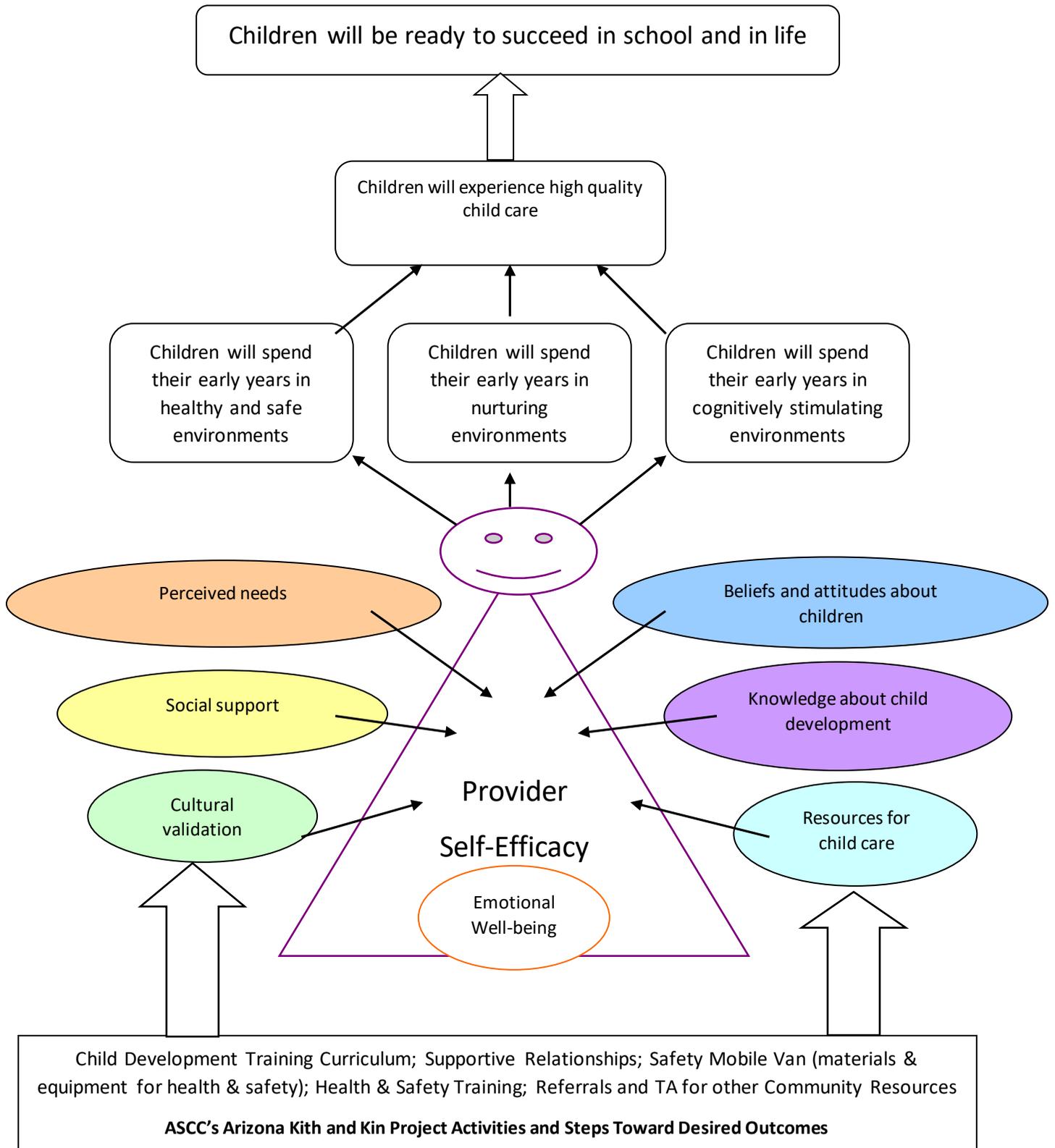
Appendix A

Logic Model

Needs/Assets	Goals and Key Measures	Strategies	Implementation	Evaluation
<p>Needs</p> <ul style="list-style-type: none"> • There is a gap between resources, support/training to Kith and Kin (Family, Friend, and Neighbor) child care providers. • There are vacant slots in formal child care settings and a high population of children ages 0-5. The majority of this population is not in formal child care settings. • The number of registered, certified, licensed homes and centers are low in rural communities. Families in those communities have little to no access to regulated care. • This population of providers are not eligible for TEACH or QIRS which results in a gap in service for this population of providers – unregulated child care providers. <p>Assets</p> <ul style="list-style-type: none"> • Funders show support to provide services to this population of providers. • The Arizona Kith and Kin Project is an established national model, specialized in providing support and training to this population of child care providers. • Strong community support by community partners that help the program leverage its expertise in enhancing the quality of care for children. 	<p>Goal Area/Goals/Key Measures: Quality and Access To improve the access to quality early care and education programs and settings.</p> <p>Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of the total population birth to age five.</p> <p>Professional Development To build a skilled and well prepared early childhood education and development workforce that will address the strengths and needs of the whole child, including cognitive, language, social-emotional, motor development, creativity and physical health.</p> <p>Family Support To coordinate and integrate with existing education and information systems to expand families’ access to high quality, diverse, and relevant information and resources to support their child’s optimal development.</p> <p>Percentage of families who report they are competent and confident in their ability to support their child’s safety, health and well being; maintain language and literacy rich homes; report reading to their children daily in their primary language.</p>	<p>Reaching kith and kin providers in both rural and urban community settings:</p> <ul style="list-style-type: none"> • 14-week support trainings <i>Strategy</i> Implement 14-week support training sessions covering the 7 program core curriculum topics, delivering Injury Prevention component, health and safety conferences and utilize online connection. • Conferences <i>Strategy</i> Implement regional health and safety conferences for program participants to attend locally and receive additional health and safety related topics and materials. • Safety Mobile Van <i>Strategy</i> A traveling van that brings Injury Prevention trainings and materials to providers who cannot access them. The van will travel into rural communities where transportation is an issue, delivering the needed training and equipment to enhance the safety of the program participants child care environment. 	<p>14-week support trainings Establish collaborations with community partners.</p> <p>Deliver a 14-week support training session with a program specialist as lead facilitator and community partner co-facilitator.</p> <p>Offer transportation, on-site child care and needed program materials.</p> <p>Support and training for child care providers (14-week session).</p> <ul style="list-style-type: none"> • Conferences Identify location for regional conference. <p>Partner with local community service providers.</p> <p>Provide additional health and safety related topics and materials to providers through conference.</p> <ul style="list-style-type: none"> • Safety Mobile Van The van travels throughout the state delivering the Injury Prevention trainings and safety materials to providers who cannot travel to access them. The van will travel into rural communities where transportation is an issue. 	<p>An electronic evaluation database will be created to track the data from the following evaluation tools.</p> <p>14-week support trainings</p> <p><i>Conference</i></p> <ul style="list-style-type: none"> • Conference Evaluations/Surveys. <p><i>Safety Mobile</i></p> <ul style="list-style-type: none"> • All Injury Prevention trainings have their own tailored pre- and post-tests. • Home environment assessment portion of the CCAT-R.

Appendix B

Theory of Change Conceptual Map





The photos used in this report are of actual participants and providers of the *Arizona Kith and Kin Project*. Special thanks to Jen Wilbur with Blue Stitch Photography.

