



The Association for Supportive Child Care
Play & Learn Pilot Program
Evaluation Report

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As of July 1, 2021, the Association for Supportive Child Care is Candelen.

THE PLAY & LEARN PROGRAM



DESCRIPTION OF PLAY & LEARN PROGRAM

The Play & Learn program was born out of the recognition that caregivers and their children may sometimes learn best together (Jacobs, 2004). As a result, the Association for Supportive Child Care (ASCC) developed and launched a pilot that includes the delivery of a series of 10 weekly sessions held in community setting where parents, caregivers and families can learn side by side with their children. Each session consists of 2 hours of preschool-like activities, story time, yoga, family style snack time, music, circle time, activity centers focused on brain science and early learning activities. Weekly sessions include themes around Brain Development, Nutrition, Language and Literacy, Ages and Stages of Development and related topics. Play & Learn sessions also incorporated strategies from the Vroom program. Vroom is a global initiative that empowers parents and caregivers, including early care and education professionals, to boost children's early learning and development through science-based tips and activities. Through technology including an app and collaborations with brand, media, and nonprofit partners, Vroom encourages families and caregivers to use routine interactions, like during bath time and grocery shopping, to engage with children, strengthening their brain architecture. Vroom Tips help caregivers turn everyday routines into Brain Building Moments® with their children which promote brain development, language, early literacy and numeracy, and executive function skills.

Pilot locations include Glendale HUB, Eastmark Community in Mesa, and MIHS Maryvale Family Resource Center. The Play & Learn program was well-attended by caregivers with approximately 80% of participants completing the full series.

EVALUATION RATIONALE

Play & Learn initiatives aim to prepare young children for school by helping caregivers understand how children learn through play. Children use activity centers that are designed to provide opportunities for their cognitive, language, and physical development, and enhance their social-emotional development through interactions with their caregivers. Program staff facilitate caregivers' learning about children's development by modeling activities, describing the domains that the activities are intended to support, and explaining how the activities in the center support development.

The current Play & Learn model developed and implemented by the Association for Supportive Child Care is an exploration of bridging the gap that is often seen in programs that either focus on professional development strategies using an early care and education framework or family support strategies.

Frameworks for supporting Family, Friend and Neighbor (FFN) child care providers (and community caregivers in general) increasingly call for integrating the dual frames of family support (grounded in principles of family strengths, voluntary relationships, and respect for cultural differences) and professional development investment (Shivers et al., 2016). This current Play & Learn model has the potential to serve children's families in a more holistic way by inviting parents and child care providers – who are often relatives – to learn and grow side by side.

The evidence on the effectiveness of Play & Learn approaches is limited, and to date there are no rigorous evaluations of Play & Learn initiatives (Paulsell et al., 2010). The few evaluations that do exist point to the potential of the Play & Learn groups as a strategy for improving quality and caregiver knowledge (Paulsell et al., 2010). This evaluation is the Association for Supportive Child Care's first attempt to explore the potential of Play & Learn groups to impact those caregiver outcomes which are closely linked to children's well-being and school readiness. In addition, no other Play & Learn evaluations have explored the experiences of child care providers and parents (as well as other family members) learning side by side.

Our aim in conducting this small, pilot evaluation is not only to inform and improve future delivery at the Association for Supportive Child Care, but to inform the larger evaluation agenda for the agency as a whole.

METHODS

For the current evaluation, data were collected through surveys and two focus groups. Caregivers who participated in one of two Play & Learn (10 week) series participated in focus groups following their participation. We used focus groups to examine participants' experiences in Play & Learn and the effect of Play & Learn on providers' caregiving practices at home with the children in their care. We chose this methodology because we were interested in providers' perspectives and reflections. Focus group interviews have proven an effective methodology for this purpose as they are best used in situations where the concept or area that researchers are interested in is relatively less known, and the evaluation is expected to gain much from involvement of the interested community (Edmunds, 1999). Indeed, FFN researchers suggest that evaluations of new FFN-related initiatives should focus on gathering exploratory data that will, in turn, shape the design of more outcome-driven quantitative designs (Toni Porter, personal correspondence, 2009).



Results from focus groups can also produce new data and insights that might not occur through individual interviews alone, and result in research findings that can stand alone or be combined with other sources of data as part of a comprehensive evaluation (Morgan, 1998). Focus groups have been used with FFN providers in particular as an effective way to gather nuanced perspectives on FFN care (Drake, Unti, Greenspoon, & Fawcett, 2004; Porter & Vuong, 2008).

Additionally, caregivers in three Play & Learn sessions completed questionnaires during the second session (pre-test) and final session (post-test) of the program. These Child Development Pre and Post Tests were successfully utilized in previous large-scale evaluations with the Arizona Kith & Kin Project, and the findings nationally disseminated through webinars and research briefs (Shivers, Farago, & Goubeaux, 2015). The questionnaires included 19 items that capture key knowledge of early child development and best practices for caring for young children. These facets of caregiver knowledge are related to quality of child care provided and to positive developmental outcomes for children in early child care settings. Participants were asked whether they agree, disagree, or don't know if they agree or disagree with a series of 19 items. Some example items include, "it is possible to spoil an infant one year or younger" and "servings of fruits and vegetables are an important part of child's daily diet" (see Appendix A for full list of items). Responses were scored as either correct (1) or incorrect (0) based on mainstream child development research and heavily endorsed caregiving practices across cultures. For example, if a participant said that they agree that it is possible to spoil an infant one year or younger, their response received a 0. Response scores were averaged across items to yield a percentage of items correct. Post-test surveys also included open ended questions about changes in caregiving practices implemented as a result of participation in Play & Learn.

PROCEDURES

SURVEYS

Child development Pre- and Post-Test surveys were administered by the program facilitator (trained ASCC staff). The facilitator distributed the survey out to the group and read the instructions and items out loud, pausing to give participants time to respond to each item. This procedure maximizes the quality of responses in a population with variability in literacy ability. Once surveys are completed, participants placed their complete surveys directly into an envelope which was submitted to the research team without the program facilitator viewing the answers, to ensure confidentiality.

FOCUS GROUPS

The two focus groups each lasted approximately one hour. We held the focus group at a time and location that was convenient and familiar to participants. The focus groups were held at the same location and during the same time as their normally scheduled Play & Learn activities. Prior to beginning the focus groups, we informed participants that although we would be recording the session, their responses would be confidential.



The session was conducted by ASCC facilitators. The moderator described the purpose of the evaluation and explained how the interview would be conducted. She guided the discussion through the use of the open-ended questions that invited participants to comment on their insights, experiences, and opinions. Follow-up questions and prompts were used to clarify questions or to expand discussions around an issue (e.g., "What aspects of the activities were most useful to your child care practice at home?" and "In what ways did you share experiences, information, and resources with other adults?"). As a way of letting the participants pace the conversation and to ensure that all group members had the opportunity to speak, the moderator asked if participants had anything more to say before moving from one question to the next. Each focus group was recorded and transcribed for analysis.

PARTICIPANTS

Total Number of Participants in Survey Sample: 17

Age	Frequency	Percent
20-29	3	18%
30-39	11	65%
40-49	3	17%
Gender	Frequency	Percent
Female	15	88
Male	2	12%
Race/Ethnicity	Frequency	Percent
Hispanic/Latino	11	65%
White/Caucasian	6	35%
Primary Language	Frequency	Percent
Spanish	11	35%
English	6	65%

	Minimum	Maximum	Mean	St. Deviation
Number of years providing care	0	20	6.00	6.04
Number of children in care	1	5	2.29	1.21
Number of Adults in Household	2	3	2.12	.33
Number of Children in Household	0	3	1.88	.86

RESULTS

Quantitative analyses

Participants' average scores on the pre- and post-test surveys were compared using paired samples t-tests which indicated that participants significantly increased in their child development and early caregiving knowledge between pre- and post-test. See table below for means.

59% of participants' child development and early caregiving knowledge increased following the Play & Learn sessions.

	Mean Pre-test	Mean Post-test
Child Development & Early Caregiving Knowledge Score (Percent of Test Correct)	80%	90%***

***Note: The level of significance of the difference between means is $p=.02$

Open-ended responses from Child Development Post-Test

91% of participants made changes in their interactions and to the activities they do with the children in their care as a result of their involvement in Play & Learn.

Based on their open-ended responses on the survey, examples of changes included:

- Incorporating yoga and other exercises to provide exercise and promote emotion regulation
- Allowing the children to practice more independence through chores and self-help activities
- More reading and interactive games

76% of participants incorporated more healthy meal and snack choices into their child care as a result of their involvement in Play & Learn.

Qualitative analyses

Content coding was used to identify common themes from the focus group transcripts. Themes and exemplifying quotes are reported below.

1. Participants see Play & Learn as an opportunity to interact with other caregivers and to support, encourage, inspire, and learn from each other.

"I felt almost like a type of consolation. Like I am not the only one. We are in the same situation, she also has two children...I felt it like it was a "consuelo" to talk with other women that are in the same situation I am in with young children."

"I heard about these classes from [another participant] and I came because I like getting out with other moms and learn new things"

2. Participants value Play & Learn as opportunities for their children to socialize with others and to increase their readiness for school environments.

"One of the reasons that I am here is that my daughter did not engage with other kids. Since I started coming over to the classes, she is more independent and she is even talking more. Before she didn't even talk. My family would ask me if she talked, we didn't even know her voice."

"My kids haven't been to preschool before so I thought it was kind of a good way to introduce them and still be with them and so they didn't get too nervous about it."

"He hasn't been to preschool yet so I thought it was a good opportunity to have some social engagement"

3. Participants find it easy to take many aspects of their learning home:

"Many things they learn here they do them at home and it helps me a lot"

"I liked the activities we did with the kids because they are things you know exist but you may not know how to start doing them with them."

"I also like that parents participate with the children so they're listening to the teachers and then they were themselves doing it with their children. And how they have said, they are doing these things at home. From the beginning of the first class to the last class you could see the difference."

3a) Taking learning home sub-theme: Practicing strategies to increase patience and calm

"Now I find I am a bit more patient and calm and I see the result with the kids"

"Peace begins with me. Sometimes I am frustrated and I am like okay, I am focused and I go back to my paperwork...so with the kids I get overwhelmed and then I'm like ok-I take my time and I do it with the kids (demonstrates with fingers the use of "peace begins with me")"

3b) Taking learning home sub-theme: Incorporating routines and structure

"In addition it has helped me at home for example with cleaning up the toys and doing or learning activities that keeps them busy at home."

"Another thing with the children that I loved was how in such simple things they can embed discipline, like as simple as washing your hands before you sit down for snack or pick up your toys if you are finished"

"Now at home we have a schedule, and now it is time to sleep, you can't play outside anymore because we're going to sleep for a bit and now he listens, he gets up in bed and this structure has a lot to do with it."

3c) Taking learning home sub-theme: Creating child-centered play environments and allowing for child-directed play

"I just kind of go with the flow and what they do follow with that if they want to learn playing with the toy in their own way."

"Having the little tables and chairs and having an area where she can sit and focus because she has a lot of puzzles and once they took out the magnets and they can make a lot of shapes and having this space where we can turn off the TV and sometimes I turn music for kids on and she sits and does her things on her own."

3d) Taking learning home sub-theme: Increasing book reading

"I also now read them books."

4. Participants are able to share what they have learned with other adults in their lives

"I've shared it with like my sister and just friends. We have been doing great."

"[I've shared] most of it my husband. How the kids are interacting with other kids."

"I say to [child] tell dad what you learned at school. [Child] does what he learned and tells my husband that he was doing yoga so then my husband puts a video on Youtube on the TV, they put a blanket on the floor and they get to do yoga together. It is nice to see that my husband is getting involved in activities with us."

CONCLUSION

The Association for Supportive Child Care's newly developed Play & Learn program was well received by the community caregivers and parents who attended. Participants attended the program regularly and expressed enthusiasm about the content and structure of the program. Quantitative findings suggest that program participation yielded expected positive outcomes in participants' increases knowledge of child development and best practices for caring for young children. In addition, participants reported utilizing the information they learned during the Play & Learn session at home with their children and even sharing information with the other adults and caregivers in the children's lives.

Additionally, participants reported how much they valued being with other caregivers and supporting and inspiring one another. From past research on family support and caregiver support, we know that caregiver resiliency is greatly enhanced by spending time with other caregivers in a supportive environment, which in turn, enhances responsive relationships with children back at home (Porter et al., 2010). A hallmark feature of ASCC's Arizona Kith & Kin Project includes their process for integrating training with support in a culturally-tailored way. Project Specialists are always trained to facilitate caregiver discussions in a non-didactic manner that values and builds on caregivers' experiences. In addition, the Arizona Kith & Kin Project model is intentionally designed and implemented in a way that is flexible and responsive to the needs and desires of the caregivers who participate in any given group. Research demonstrates that agencies are successful at engaging participation from marginalized cultural communities when approaches for caregiver training and support are flexible, voluntary, customized, and demonstrate respect for the inherent strengths of families, the cultural differences, and the essential personal relationships of community caregivers (Chase, 2008; Kruse, 2012; Powell, 2008).

In summary, both qualitative and quantitative results from this pilot evaluation suggest that the Play & Learn program is an effective model for supporting caregivers of young children and for improving children's readiness for preschool or Kindergarten.

A key feature of the Play & Learn program is bringing FFN caregivers together with parents to learn in a group setting, and to prepare young children for school by helping caregivers understand how children learn through play. Future evaluations should more closely investigate the unique aspects of this dynamic in order to understand the strengths as well as the supports needed to ensure success of these types of programs.



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APPENDIX A

Items in pre- and post-survey with “correct” answers in parentheses

1. Punishing a child is the only way to get him or her to behave (**Disagree**)
2. A good parent/caregiver does not need to ask anyone else for help in caring for children (**Disagree**)
3. Children should be served smaller portions of food than adults (**Agree**)
4. Before a child is old enough to talk, it is not necessary for a child care provider to talk to the child (**Disagree**)
5. It is possible to spoil an infant one year of age or younger (**Disagree**)
6. Snacks are an important part of a child’s daily intake of food and nutrition (**Agree**)
7. A 2 and 3-year old child should be able to sit quietly and not interrupt during story time (**Disagree**)
8. Children learn from helping with cooking and household chores (**Agree**)
9. It is important to recognize young children for positive behavior (**Agree**)
10. It is good for children to know their numbers and letters by the time they enter Kindergarten. (**Agree**)
11. All children should be potty trained by 18 months of age (**Disagree**)
12. Children should finish everything on their plate before being allowed to leave the table (**Disagree**)
13. Children learn best by doing things themselves rather than listening to others (**Agree**)
14. It is okay for me to have my TV shows on in the background as long as the child is engaged in their own play (**Disagree**)
15. It is not important to focus on babies’ and toddlers’ learning before the age of 3 because they will do their most important learning once they start going to school (**Disagree**)
16. Fruits and vegetables are an important part of a child’s diet (**Agree**)
17. It is important to read to children every day (**Agree**)
18. Most of my materials for children are put away so children do not damage them (**Disagree**)
19. It is important to have a planned daily schedule for the children in my care (**Disagree**)