Exploring the Training Needs of Family, Friend and Neighbor Child Care Providers

Prepared for

Zero to Three: National Center for Infants, Toddlers and Families

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Acknowledgements

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Introduction

The prevalence of child care provided by informal caregivers – also increasingly referred to as "Family, Friend and Neighbors" (FFN) – has been well documented by researchers over the past six years (Brandon & Matinez-Beck, 2006; Cappizzano & Adams, 2003; Sussman-Stillman, 2008). In addition to the sheer numbers of informal child care providers who are now a integral part of the early education system, FFN providers are the largest nonparental source of child care for infants and toddlers (Powell, 2008; Sussman-Stillman, 2008).

As a result of this growing awareness of the prevalence of FFN child care use for infants and toddlers – especially among lower income parents – many states and communities around the country have responded by providing funding for professional development programs that are designed to enhance the quality of care by providing outreach, training and support to Family, Friend and Neighbor child care providers. There are numerous challenges involved with designing and implementing outreach and training, including a thorough understanding of how to create training materials that are culturally and professionally relevant to a broad audience of FFN providers (Powell, 2008).

The purpose of this study was to examine the training needs and interests of a diverse group of Family, Friend and Neighbor child care providers. Specifically, we wanted to explore how FFN providers reacted to training materials that focused on the content-specific domain of social and emotional development for infants and toddlers. **Zero To Three: National Center for Infants and Toddlers** conceived this study – with funding from the **Annie E. Casey Foundation and the Federal Child Care Bureau**. The idea sprung forth from an on-going commitment to promoting social and emotional development as the foundation for optimal development, from a recognition and appreciation for the contributions of FFN providers to the growth and development of infants and toddlers, and from a recognition that providing content-based material that addresses infant and toddlers' social-emotional developmental needs to FFN providers would be an effective way to enhance early development for many, many young children in this country.

Zero to Three is nationally recognized for their high-quality training material developed for parents and professionals. The organization is now aiming to expand its reach to include training material for FFN providers. In order to create material that was both culturally and professionally relevant, it was important to conduct an exploratory study that was predicated on the belief that materials are more impactful when they represent both the developmental needs of young children as well as the lived experiences of caregivers. Indeed, research on FFN providers' training needs and interests demonstrates that learning about the interests of a prospective FFN audience is a core element of outreach to FFN providers (Powell, 2008).

Our conceptual model for exploring training needs and interests of FFN providers involved the following considerations:

- Recognition of FFN providers' unique features of care – relationships with children; relationships with parents; outside of formal regulatory systems
- Balancing tension between conceptualizing training needs and interests through a Community-Based methodology (where providers are the key informants) vs. conventional approach (determined by other early childhood professionals).
- Training needs and interests arise from providers' day-to-day experiences.
- For the FFN provider, there may be many things about their lived experience that are important, but unnamed. In the heat of practice, there may not be enough time to engage in the reflective process that allows for thoughtful naming. The process of exploring responses from several focus groups allows us to move beyond our preconceived notions of what we think is important to FFN providers.

As a result of these considerations, we developed the following research questions:

1. How do providers' day-to-day experiences impact their training needs and interests?
2. What content areas related to social and emotional development are most useful?
3. What other content areas are most relevant?
4. What format is most relevant?
5. How do cultural learning and communication styles impact reaction to content and format? [Also talk about class (SES) restrictions on using internet to access materials]
6. How do providers respond to existing ZTT material originally designed for parents? What are their suggestions for change?
7. What are providers' preferences for dissemination of materials? What are their reflections on the utility of web-based material dissemination?

Methods

This study employed focus groups to examine family, friend and neighbor (FFN) child care providers' views about training needs and specifically prompt providers to reflect on training materials that covered content relevant to children's social and emotional development. We chose this methodology because we were interested in providers' perspectives and reflections on different modalities of training material. 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). 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, 1998; Porter 1999; Porter et al., 2003).

Participants

The participants were 30 Family, Friend and Neighbor (FFN) child care providers from three distinct cultural communities – Central Phoenix, AZ; South Central, Los Angeles; and the Cherokee Nation in Oklahoma. All providers were legally exempt from being licensed or certified by their respective states. They all served children birth through 5 years. The vast majority of participants were grandparents (80%). Thirteen percent were friends of the family, and 6% were aunts.

Almost all the participants were women – there was only one man. Overall, 37% of the participants were Latina, 23% were African American, 20% were Cherokee, and 13% were White. The Phoenix focus group was predominantly Latina, the Los Angeles group was predominantly African American, and the Cherokee Nation group was predominantly Cherokee.

Nearly all of the providers who participated in these focus groups were connected to a child care training and support group in their community. The training and support groups each utilized distinct models ranging from weekly workshops to home visiting support to community play & learn groups. Notably, the Los Angeles group and the Cherokee Nation group represented participation in a combination of all three models.

An additional focus group was conducted in Los Angeles, and included a group of seven FFN trainers and FFN training coordinators. This group was 70% Latina and 30% African American. The communities the trainers and coordinators represented were Latino, African American and Asian.

Procedures

We recruited participants by contacting Child Care Resource & Referral agencies that conducted FFN training programs in the respective communities. The coordinators of each training program then recruited 10 FFN providers to attend the focus groups. As incentives, we offered $20 for participation and provided refreshments. In the case of the Cherokee Nation, we offered higher incentive amounts ($50) due to participants' long travel times and very high fuel prices.

We held each focus group at a time and location that was convenient and familiar to participants. In all three cases the focus groups were held at the same location as their normally scheduled trainings. Group size ranged from 10 to 12 members. Prior to beginning the focus groups, we informed participants that although we would be tape recording the session, their responses would be completely confidential. We began the questioning during the sessions by exploring broad topics about their experiences caring for children – this was done to engage all participants in a comfortable, open dialogue. See Appendix for sample guiding questions.

Sessions lasted approximately two hours and were conducted by an African American female researcher who is an experienced focus group moderator and who also has extensive experience conducting trainings, home visits, and research with FFN providers. Also present was a representative from Zero to Three who has expertise in developing a notable number of training materials for Zero to Three. In the Phoenix focus group, since most of the providers spoke Spanish as their primary language, an interpreter was present. The moderator described the purpose of the study 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 training needs, desires and preferences. Follow-up questions and prompts were used to clarify questions or to expand discussions around an issue (e.g., "What aspects of the emotion regulation materials were most useful to you?" and "Under which circumstances are you most successful in sharing your training material with parents?"). 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. During each focus group discussion, extensive notes were taken and the discussion was audiotaped.

Content Analysis

We based our analysis on aspects of grounded theory methodology (LaRossa, 2005; Strauss & Corbin, 1998). Using open coding, we first conducted a constant comparative analysis of the content of the participants' responses (Strauss & Corbin, 1998). Responses were first clustered into chunks of text that could be assigned a single category, and then we developed a final set of more general categories by collapsing multiple categories based on theme similarities (e.g., format, dissemination, sharing material with parents). Second, axial coding was conducted by exploring the relationship between and among categories. Finally, we used selective coding whereby we selected a core variable(s) (category) that had enough analytic power to pull together all other categories and form the focal point for telling a coherent "story" with the data (Glaser, 1992; Strauss & Corbin, 1998). In this case, the core variable we selected was consistent with our theoretical framework in using a community-based approach to exploring professional needs and interests of FFN caregivers.

Findings

1. How do providers' day-to-day experiences impact their training needs and interests?

Several big themes emerged from this line of questioning. First, providers across all three focus groups discussed how their daily work with children is closely tied to their relationships with the children's parents. This finding is further confirmation of what several researchers have noted as one of the unique features of FFN care. That is, FFN care arrangements are embedded in the caregiver's extended family and friendship network (Powell, 2001; Sussman-Stillman, 2008). The focus group participants contextualized most of their comments by describing their history and their future of relationships with the child and the child's family. They also described their relationships with the child's family in terms of strengths and challenges. On the positive side, they discussed how it is beneficial for the child when they and the child's parents are able to get on the "same page" in terms of child rearing strategies – most notably, discipline and routines. Providers' relationships with the child's parents presented many opportunities for open communication about the child's development. However, providers also indicated that there were unique challenges because of their close relationships with the child's parents – including setting boundaries, resolving conflicts and disagreements about discipline strategies.

> "There's an interesting dynamic when you're taking care of your grown children's children."

Providers talked a lot about sharing information and communicating with parents. Below are examples of issues and sub-themes that were raised in regards to relationships with the child's parents:

- What we share – issues around discipline and social sharing among children

- How we share – we model behavior for parents; share materials we received from training; bring parents to training; casually bring up topics in conversation

- Inconsistent discipline – what happens at home vs. what happens in child care – parents spoil the children and give-in to them too easily

- Inconsistent routines at home (e.g., TV viewing, bed-time schedules)

- They [parents] often ask us for support with discipline

- If the child has a challenging behavior, we often make plans with mom about how we will work together to be consistent (e.g., biting, bath-time routines)

- We need to establish better limits with our grown children

> **"We have lots of open communication – conversations about what's going on with the children are already a natural part of what we talk about."**

These findings are consistent with other research on FFN child care, which finds that provider-parent relationships are a salient feature of providers' daily caregiving experience. These relationships are complex and not without stress or rewards (Anderson, Ramsburg, & Scott, 2005; Porter et al., 2003; Powell, 1997). In regards to developing training materials for FFN caregivers, it is important to note that the cultural continuity and interpersonal connectedness of providers and parents can provide a strong foundation for close collaborations and sharing of information that ultimately places the well-being of the child in the center.

2. What content areas related to social and emotional development are most useful?

There is congruence in the research literature on one essential element to a quality child care setting: the presence of a sensitive, nurturing provider who can build positive and trusting relationships with children (Howes, 1999; Lamb, 1998; NICHD ECCRN, 1996; Shonkoff & Phillips, 2000; Wishard et al., 2003). Indeed, most FFN caregivers communicate deep attachment and emotional investment in the children in their care (Porter et al., 2003). The caregivers who participated in these focus groups were no exception. When asked about areas in which they would like more information to help facilitate positive relationships with children, there were several consistent themes among all three groups:

> **"I get so much joy from being able to experience my grandchildren in a way that I couldn't when I was a parent."**

Positive discipline:

> - How can we motivate children with love and affection?

Social and emotional development:
- How do children's temperaments impact the way in which we interact with them?
- How can we help children regulate their emotions to help get them ready for kindergarten or group child care?
- How can we help children with special needs socialize with other children?

These themes indicate a rather sophisticated view of the multi-dimensional nature of young children's social and emotional world. This base of understanding coupled with caregivers' motivation to develop close relationships with the children in their care provides a good rationale for including social emotional development as a central theme for material development.

3. What other content areas are most relevant?

Providers were eager to suggest other areas where they would like more information. Interestingly, most of these topics are easily related to children's social-emotional development. They include:

- Enhanced communication with parents of children
    - How can we communicate to parents about children's development?
    - How can communicate to parents about positive parent-child communication strategies? (e.g., using simple sentences with young children; don't shout – speak, show & help)
    - How can we learn to set boundaries together?

- How can we enhance young children's brain development?

- Understanding the stages of development – how can we know if our grandchild is on track developmentally?

- Children with special needs
    - How can we improve a child's self-esteem – esp. if they're going through difficulties at home (e.g., parents' divorce; alcoholic/drug-abusing parents)
    - How do we know if our young grandchild needs more mental health support?
    - Autism (recognizing the signs, getting support, getting parents on-board)

- How can we prevent childhood obesity?

- TV/Media use: how much exposure is okay; we need more guidance about what kinds of shows are appropriate for which ages.

- Activities
    - Prenatal singing and talking

> o   How can we use materials we already have at home for learning and
>   playing with children?
> o   How can we enhance social/emotional development through activities
>   for infants and toddlers?

Providers' interest in these topics is consistent with other studies that have found that FFN providers have strong interests in topics related to activities, child development, positive discipline, and health (including mental health) (Anderson et al., 2005; Shivers & Wills, 2001). Not surprisingly, these topics are also consistent with the distinctive tasks faced by FFN providers and the unique features of this type of child care arrangement (Powell, 2008).

4. What format is most relevant?

While there are many types of support that are relevant to the needs and interests of FFN providers, we asked the providers in this study to respond to print-based material provided by ZTT. First and foremost, they all responded positively to material that was "easy to read" and "easy to digest." This meant that they preferred the material that had bullet points, colorful pictures, and graphics that separated one construct from another. Contrary to what some of the participants in our "trainer/coordinator" focus group thought, adult-literacy levels were not an issue for the providers in this study.

The second major theme that emerged was related to digesting the training material in a social context. While several studies concluded that newsletters, booklets and tip-sheets are very convenient modes of training delivery (Anderson et al., 2005; Brandon et al., 2002), the providers in this study indicated that while the written material was useful, it would be even more effective if the written material could be used in the following ways: 1) shared with parents; 2) as the topic of discussion with a group of providers; and 3) content facilitated with an expert (e.g., trainer at a workshop or home-visitor). This finding is supported by reports of practices by community agencies across the country that use a community-based approach to developing culturally relevant programs for FFN providers (O'Donnell et al., 2006; Powell, 2008).

> **"The vignettes are helpful because it's easier to read and apply to your own situation."**

5. How do cultural learning and communication styles impact reaction to content and format?

Contrary to our initial hypotheses about different cultural responses to the material, one of our biggest findings in this study was that the content in the ZTT material that was presented to the providers was widely appealing and relevant despite distinct differences in participants' ethnicity, region and language. Specifically, they believed that the focus on social and emotional development was culturally relevant. The diverse images of children and families in the materials were also very appealing. This finding highlights the universality and importance of positive caregiver-child relationships across cultures, which is also supported by other cross-cultural research findings (Howes, 2003; Rogoff, 2003).

There were, however, several other issues related to culture that are important to note. First, the providers who spoke Spanish indicated that some of the material was not translated in an authentic way. What they meant was that they could tell that there was a direct word-for-word translation from English into Spanish. They felt it resulted in language that was "bulky" and "awkward" for native Spanish speakers. They suggested that ZTT hire bi-lingual translators who have expertise in the subject matter and could write the material directly in Spanish.

Next, in regards to dissemination, it was clear that cultural communication styles are implicated in how the material can be optimally used by agencies. For example, the Phoenix-based focus group with Spanish-speaking Latina providers preferred to use this material in the context of discussing the topics in a support-group format – while the African American providers in the South Central Los Angeles focus group preferred a more didactic context for learning about these topics. Indeed, we know from research on successful FFN training initiatives that there is not one "best way," nor is there a "silver bullet" of delivery. Those strategies that are most successful are those that deliver training and support to FFN providers in a culturally responsive manner.

6. How do providers respond to existing ZTT material originally designed for parents? What are their suggestions for change?

The providers' responses to the ZTT material were overwhelmingly positive on all domains – content, graphics and pictures, format, and vocabulary. The only suggestion for improvement was on the publication, *"Getting Ready for School Starts at Birth."* They felt that there was a little too much jargon in the *Language & Literacy* section.

> **"The pictures tell the story – they make you want to know more!"**

"Magic Moments" was the favorite of the Latina group from Arizona and was also favored by the African American group in Los Angeles. The Cherokee Nation group did not have a favorite – they really liked different aspects of all three publications. For more information on detailed responses, please see Appendix B.

7. What are providers' preferences for dissemination of materials? What are their reflections on the utility of web-based material dissemination?

Overall, participants in this study indicated that even though they loved the ZTT material and found the content very relevant and useful, they would not likely go to the Internet to search for these materials or even down-load the materials. The biggest barriers were access to a computer and access to the Internet. Even for those providers who had Internet access at home, they did not feel they had enough computer-literacy to find and download the material. The exception to this sentiment were several providers in the African American focus group who were younger than their peers and several White providers in the Cherokee group.

However, the participants in the "trainer/coordinator" focus group were excited about the web-based availability of these materials for use in their training and outreach programs. They brainstormed numerous ways these materials could be disseminated to other trainers and coordinators as well as to FFN providers:

- Monthly newsletters
- Distribute to providers via email
- Distributed through list-serves
- Posted on Resource & Referral websites
- Posted on professional organizations' websites
- Include on resource tables during training and outreach events
- Parent resource centers at elementary schools
- Public libraries
- West-Ed; PITC
- Community colleges that have an infant/toddler curriculum
- Child advocacy groups
- Present information at conferences like NAFFNCC

Summary

The unique features of Family, Friend and Neighbor child care like the centrality of provider-parent relationships, the emotional investment in the children, and the prevalence of infants and toddlers highlight the importance of developing training material that is specifically tailored for this group. The major objectives for this study were to explore FFN providers' training needs and interests, and to specifically gauge reactions to several ZTT publications that were previously developed for parents of young children. There were several big findings. First, in regards to providers' daily reality involving communicating with parents, we found that providers wanted easily digestible material that they could share with the parents of children in their care. They also wanted more information about how to engage parents and communicate about children's development, consistency between home and child care, and boundaries.

The second big finding is in regards to children's social and emotional development. Providers value the strong emotional bond they have with the children in their care, and are looking for strategies to strengthen that bond. They also know that healthy emotional development is the foundation for success in school and life, and they want information about how to promote health emotional development. Additionally, the issues related to emotional and social development are relevant to all the providers in this study – regardless of cultural background.

Finally, in regards to the format, providers felt the format of the materials was effective and easy to digest. The vocabulary was easy to understand, the pictures were lively and inviting, and the organization of the information made sense. However, even though they benefited from the materials, they did not think it was very likely that they or other FFN providers would seek out these materials if they had to go to the Internet. They expressed a desire and interest in utilizing the materials in a social context (e.g., during a training or home-visit). In contrast, the trainers and coordinators we spoke with were the most excited about the possibility of accessing the web-based materials and provided a list of ideas for disseminating the materials to other FFN coordinators and trainers.

Conclusion

Researchers, policy makers and community agencies are still grappling with how to best outreach to Family, Friend and Neighbor child care providers as we attempt to provide effective, culturally relevant training and support. A core element of outreach to FFN providers involves learning about the needs and interests of prospective participants. This study used a community-based approach by asking caregivers themselves – how can we best support you in the important job you are doing with children? By including FFN caregivers as the key informants, Zero to Three is striving to learn and refine new ways of providing information and support. Future efforts to strengthen the capacity of the early childhood field to support FFN caregivers must involve an on-going commitment to address dimensions of infant and toddler care that are unique to informal arrangements – particularly the complexities inherent in relations with extended family members (Powell, 2008). When we provide resources that meet FFN caregivers on their own terms, we are moving closer to enhancing the quality of care for the many, many young children who spend their most formative years in these arrangements.

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APPENDIX A

Focus Group Guide
Material Development for FFN Child Care Providers
June 23, 2008
Los Angeles (Crystal Stairs, Inc.)

Opening:

1. **Welcome** and thank you for coming. Emphasize important work they do and how much we appreciate their feedback and input.
2. **Purpose**: to understand what kinds of materials and support would help FFN providers in their work caring for young children.
3. **Introductions**—ask how many children they care for and their ages.
4. **Ground rules**. Reassure participants that:
   - the information they share today is confidential;
   - no names will be associated with any feedback;
   - explain that our job is to get them to share exactly what they think and report that back to the writers.
   - Remind them about it being a short period of time to cover a lot of material so you apologize in advance for moving people along—not meaning to cut people off.
   - We are recording the meeting so people should not talk over each other or have side conversations or it will be hard to hear what people are saying.

Sharing experiences about caregiving

   - What do you find most joyful about being a care provider?

   - What are your greatest challenges?

   - What would help you be the best provider you can be?
     (Probe for the following)
       o Talking with other providers about their experiences caring for children
       o Learning new information about children's development. If so, what areas/topics would be most helpful?
       o Finding ways to maintain good health and safety
       o Building strong, positive relationships with children.
           ▪ Talking about their play and introducing new activities
           ▪ Limiting TV viewing
           ▪ Promoting social-emotional development

       o Reflecting on your own parenting style or your own experiences being cared for

- Building good relationships with the parents
  - Dealing with multiple roles ie grandmother, mother, daughter, giver of advice, loaner of money
  - Communicating about the child's daily activities
  - Resolving conflicts, especially around differences in dealing with children's behaviors

<u>Seeking out information</u>

- Do you seek out information to help you in your work? If so, where do you go to for information? (Other providers, websites, print publications, family members?)

- Do you have easy and regular access to the internet? How many have the internet in your homes? Where are other places you can access the internet?

- How likely are you to use the internet to seek out information to help you in your work?

<u>Current Use of Materials and Information</u>

- What content that you've received though this project has been most useful? Least useful? Why? (Probe for what topics were most and least useful)

- What topics would you have liked to learn more about?

- In what format do you get this information and which do you find most useful? Least useful? Why

- Did any of the information offered conflict with deeply held beliefs? If yes, how did you deal with this?

- How have you used the materials/information you have received as part of this project?

- Have you shared the materials with others? (Child's parents; other caregivers) What info have you shared?

<u>Reactions to sample materials</u>

- What do you think of the content? Is it helpful? Is it new to you? Is it easy or hard to understand? Why?

- How about the format? What do you like/dislike about it? How would you design it to make it more user-friendly?

- How would you see yourselves and other providers using this kind of information?
  - In a workshop for discussion by group
  - Discussing with a mentor
  - Would use it for their own learning
  - Would share it with parents

- How could we adapt this material to make it more useful?
  - Content
  - Format

- Does the information conflict with your or the child's parents' values/culture? How would you adapt it to make it useful/relevant for you and the families you work with?

- If you knew this kind of information was available, do you think you would seek it out? Why or why not? What are the barriers or challenges that would make it less likely for you to seek this material on your own?

- How could ZERO TO THREE make these resources available to other providers who aren't connected to a project?
  Prompts:
  - Other community agencies?
  - Subsidy system?
  - Public library?

APPENDIX B

FFN Focus Group Major Themes

Experiences caring for children
Challenges:
- Discipline
- Overly sensitive children – internalizing
- Keeping children from destroying your home – balancing with freedom for children to explore, play and learn

HUGE ISSUE AMONG ALL 3 GROUPS – Relationships with parents:
- Interesting dynamic with your grown children when you're taking care of their children
- Lots of open communication – conversations about what's going on with the children is already a natural part of what we talk about.
- What to share (discipline, social sharing among children
- How to share (model, share materials, bring to training, informally – casually bring it up in conversation)
- Inconsistent discipline what happens at home what happens in child care – providers think parents spoil the children and give-in to them too easily.
- Inconsistent routines (e.g., TV viewing, bed-time schedules
- Parents often ask provider for support with discipline
- It's important for there to be consistency between provider and mom
- If the child has a challenging behavior make plans with mom about how they both will work together to be consistent (e.g., biting, bath-time routines)
- Need to establish better limits with grown children

What can help you be the best provider you can be? (Ideas for content)
- Enhanced communication with parents of children
    - How to communicate to parents about children's development
    - How to communicate to parents about positive parent-child communication strategies (using simple sentences with young children; don't shout – speak, show & help)
    - How to set boundaries together

- More information on
    - Activities
        - Prenatal singing and talking
        - How to use materials you already have at home for learning and playing with children
        - How to enhance social/emotional development through activities for infants and toddlers

    - Positive discipline

4

✄ How to motivate children with love and affection

   o Social Emotional development
      ✄ How do children's temperaments impact the way in which you interact with them?
      ✄ How can we help children regulate their emotions to help get them ready for kindergarten or group child care?
      ✄ Ideas for how to help children with special needs socialize with other children.

   o Brain development

   o Understanding the stages of development – how do you know if your grandchild is on track developmentally?

   o Children with special needs
      ✄ Improving a child's self-esteem – esp. if they're going through difficulties at home (e.g., parents' divorce; alcoholic parents)
      ✄ How do you know if your young grandchild needs more mental health support? (e.g., extremely introverted)
      ✄ Autism (recognizing the signs, getting support, getting parents on-board)

   o Preventing childhood obesity
   o TV/Media use: how much exposure is okay; more guidance about what kinds of shows are appropriate for which ages.

Reflections on ideal format of material
   ✄ Vignettes helpful for some people because it's easier to read and apply to your own situation.
   ✄ Video vignettes would be helpful too
   ✄ Make format simple and practical.
   ✄ Material that's easy to share with parents or other child care providers

Providers' Reflections on ZTT Material

One-page sheet (Early Learning 2-sided handout – English and Spanish)
   Format
      ✄ Format of table is easy to read
      ✄ Bilingual is good
      ✄ Concise and quick
      ✄ Using color and bullets to organize ideas a big visual aide.

   Content
      ✄ Information is clear – everyone can understand it

⚜ Content is culturally sensitive in a "universal" way (e.g., parenting styles – authoritative good reminders); although material that encourages independence can be in conflict with our culture (from AZ Latina group).

⚜ Quick and easy ideas in each section

Getting Ready for School Begins at Birth
Format
⚜ Really like how it's separated by age – don't have to read through the whole thing

Content
⚜ Pictures tell the story! They make you want to know more
⚜ Really like the "to think about section" – especially TV viewing and how children are learning their world by watching what adults do. This section provided new information to most of the participants in all 3 groups
⚜ Some of the vocabulary in this publication was too "jargony" (e.g., "language & literacy"

The Magic of Everyday Moments (6-9 Months)
Format
⚜ Visually appealing – just like food – you're not going to eat something that's not visually appealing!
⚜ Like the larger print
⚜ Colors are great
⚜ Like the pictures of men/fathers with children
⚜ Colors make the tables easy to understand – easy to follow (e.g., "what to expect"; "what you can do")
⚜ Pictures are really great – could even see the one-pagers in this publication blown up to poster size (e.g., bath-time; saying good-night)

Content
⚜ Vocabulary easy to understand
⚜ Good to share with first-time parents or providers of infants
⚜ Loved "what to expect" and "what to do" sections
⚜ Really liked the text that explained things from the baby's perspective – very thoughtful – it validates both baby's and provider's feelings
⚜ Transition ideas are good (e.g., using music to soothe)
⚜ Easy to understand – but adult literacy levels may be an issue with the older generations – where they are likely to be Cherokee-language-only speakers
⚜ Culturally consistent with Cherokee child rearing

Magic Moments was the favorite of the Latina group from AZ and favored by the African American group in Los Angeles. Cherokee Nation group didn't have a favorite – they really liked different aspects of all 3 publications.

New developmental handout (only tested with AZ Latina group)
Format
- ✼ The chart helps keep track of ages and milestones

Content
- ✼ Chart helps connect with what's happening at home
- ✼ Can relate to the story – it's realistic – helps us know what to do
- ✼ Q&A is useful
- ✼ Tips are useful
- ✼ If forced to only keep 2 features of this handout, it would be the chart and the story – but really wouldn't take anything out.

Coordinators' and Trainers' Reactions to ZTT materials

Interestingly, while all 3 provider-groups said that the ZTT material was easy to understand, the group of trainers and coordinators thought that the material was slightly "too wordy" and "a lot to read" considering the education level of most FFN child care providers.

One-page sheet (Early Learning 2-sided handout – English and Spanish)
- ✼ Overall, they liked the simplicity of this handout. They would definitely disseminate it in trainings.
- ✼ In regards to the Spanish interpretation, they noticed the tell-tale complicated sentences that result from direct translation. Better to create initially from Spanish – not an English translation. For future assistance with Spanish translation you can contact:
  - o Vivianna Esteves vivianam@westsidechildrens.org
  - o Patty Franco patty.franco@ccafs.org
  - o Dr. Patricia Lakatos plakatos@altrionet.com

Getting Ready for School Begins at Birth
- ✼ They like the "ages and stages" approach
- ✼ They felt that some providers would respond better to this publication if it were modified into a one-pager – others would appreciate the whole booklet – maybe have both options?
- ✼ They would use this in conjunction with a training workshop in the following ways:
  - o It could be used by trainers to develop their presentations
  - o It could be broken down and incorporated into discussions at workshops
  - o They might hand it out to providers after the workshop to reinforce the concepts they just learned.
- ✼ They worried that the term "self control" might give providers the wrong idea. How would providers interpret the word "control"?

The Magic of Everyday Moments (6-9 Months)
Format
- ✣ Pictures are colorful and inviting
- ✣ "What to expect" format with dots, easy to follow – language easy to understand
- ✣ They also felt that some of these pages could stand alone as posters
- ✣ Not very printer-friendly

Content
- ✣ They liked the way early learning is framed
- ✣ Loved "what's happening with baby" and "what you can do." It helps teach these providers how to be "parent educators." Can help them communicate to parents what's important.
- ✣ If they were using this publication in their training, they would probably break it down into different modules and expand. Or they would give the publication to providers in smaller pieces. Not the whole thing all at once.
- ✣ Instead of using "parent" use the word "caregiver" so it can truly appeal to everyone.
- ✣ They liked the stories about children's behavior told from the child's point of view