



Arizona Kith and Kin Project
The Invisible Child Care Provider:
Executive Summary Arizona's Kith and Kin Project 2010



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Executive Summary

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. This is a common child care arrangement for many young children in the U.S., especially those from low-income families, families of color, and infants and toddlers (Brandon, 2005; Porter, Paulsell, Del Grosso, Avellar, Hass, Vuong, 2010a).

The Arizona Kith and Kin Project was established in 1999 to provide ongoing early childhood training and support to exempt family, friend, and neighbor caregivers. The goals of the Arizona Kith and Kin Project are to (1) improve the quality of child care through training; (2) increase caregiver’s knowledge and understanding of early child development; and (3) increase caregiver’s knowledge and understanding of health and safety issues to provide a safer child care environment¹.

The Arizona Kith and Kin Project provides 14-week, two-hour support group training series for Spanish and English-speaking caregivers. Most training sessions are offered only in Spanish. The initiative provides transportation for caregivers who are located within a 5-mile radius of the training location and on-site child care by trained child care providers during each training session. All training sessions are offered during the day and sometimes the evening. In the 2010 funding year, The Arizona Kith and Kin Project offered training at 55 locations, including four sites in Coconino County and six sites in Yuma County.

The following subjects are covered during the 14-week support group training series; some topics span multiple weeks:

- Child Development / Ages and Stages
- Daily Schedule Planning
- Nutrition
- Parent/Caregiver Relationships
- Arranging the Environment
- Language and Literacy (including a Reading Is Fundamental (RIF) book event and distribution)
- Brain Development
- Health and Safety
- First Aid
- CPR
- Child Passenger Safety
- Guidance and Positive Discipline

¹In addition to First Things first, other funders include: Valley of the Sun United Way; Bank of America; the City of Tempe; Arizona Republic; Channel 12 Season of Sharing; and JP Morgan Chase.

Purpose of Evaluation

The purpose of this evaluation was to discover whether the Arizona Kith and Kin Project was successful in reaching its desired outcomes – that is, whether there were demonstrable changes in participants’ beliefs, practices with children, and environmental quality.

Methods

This evaluation had two main components – data collection with all participants (n = 827) and data collection with a smaller, targeted sample of participants (n = 55). Instrumentation included:

Background questionnaires

- Provider surveys
 - » Beliefs about caregiving
 - » Social, emotional, material well-being
- Observational instruments (Baseline 2-hour visit in provider’s home; Second 2-hour visit after project completion)
 - » Provider-child communication
 - » Learning activities with children
 - » Provider interactions with children
 - » Materials and equipment
 - » Health and safety
- Pre and post tests
 - » Knowledge about child development
 - » Knowledge about health and safety
- Feedback about project

Results

In 2010, the Arizona Kith and Kin Project served more than 900 Family, Friend and Neighbor (FFN) child care providers. This is one of the largest quality improvement initiatives for FFN providers in the country (Porter et al., 2010).

By and large, the Arizona Kith and Kin Project was a success as measured by high participation rates, statistically significant increases on key quality indicators, and overwhelming positive feedback from providers. Key findings are summarized below.

Conditions of Caregiving

We found that providers in this sample (n = 827) care for an average of 2.02 children, and adult:child ratios were on average 2:1. These findings are consistent with other literature (Layzer & Goodson, 2003; Maxwell & Kraus, 2002; Porter, Rice, & Mabon, 2003). Contrary to most of the literature on FFN child care, the providers in this sample were mostly aunts and not the child’s grandparent (Brown-Lyons et al. 2001; Shivers & Wills, 2001; Susman-Stillman & Banghart, 2008). While the majority of providers were related to the children in their care, 20% of the providers were not. Providers’ motivations for providing care are largely based on wanting to help the child’s family be self-sufficient

and feeling a sense of emotional investment in the child. This finding is also consistent with the literature (Anderson et al., Brandon et al., 2002; Bromer, 2005; Porter et al., 2010; Shivers, 2003). We also found that a provider's relationship to the children in her care was significantly associated with her motivation for providing child care. For example, aunts were more likely to report providing care in order to help the family. Grandparents were more likely to report providing care because of their emotional investment in the child, and non-relatives were more likely to provide care because they viewed providing child care as a source of income. Community-based efforts to enhance the quality of FFN child care will be successful if they can build upon these unique features of FFN caregiving arrangements such as low group sizes, low ratios, and personal investment in children (Brandon, 2005).

This group of child care providers demonstrated flexibility in both scheduling and payment arrangements. About half of the providers in this sample provided child care during "traditional" child care hours. About a quarter provided care during evenings and weekends. The remaining quarter had care arrangements that included both traditional and non-traditional hours. While almost 60% of providers in this sample do not get paid for the care they provide, the majority of these providers reported having arrangements that included providing child care in exchange for other services, such as groceries, getting other household bills paid, child care exchange with their own children, etc. These findings are consistent with other literature (Brandon, 2005; Shivers, 2003). It is also noteworthy that an overwhelming 98.5% of providers in this sample do not receive child care subsidy reimbursement. This finding is consistent with other research on child care providers from immigrant communities (Chase, 2008; Yoshikawa, 2011).

Findings from demographic surveys (n = 827) revealed that 90% of the providers identify as Latino and of those, 96% report having Mexican-heritage. While we did not collect data on immigration or citizenship status, we know that the average amount of time providers have lived in the U.S. is 13 years, which indicates that this project has successfully recruited and served a largely immigrant population. In addition, the project included three sites, which were aligned with Somali, Nepali, and Bhutanese refugee communities.

Obtaining high recruitment and participations rates for marginalized FFN providers is traditionally a concern with which many community agencies struggle (Powell, 2008). However the large numbers of providers who participated in this year's program (more than 900) and the existence of waiting-lists at several sites in the South Phoenix Region indicate that this project has been successful at reaching a hard-to-reach population of child care providers.

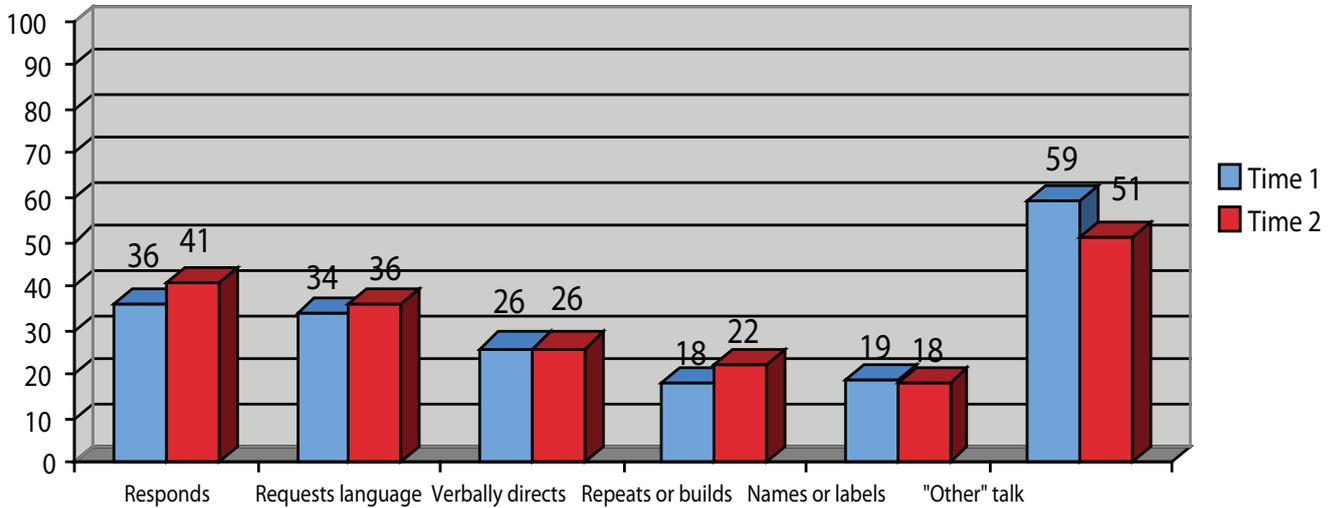
Increases in Key Quality Outcomes

We found statistically significant increases on almost all of our key quality indicators:

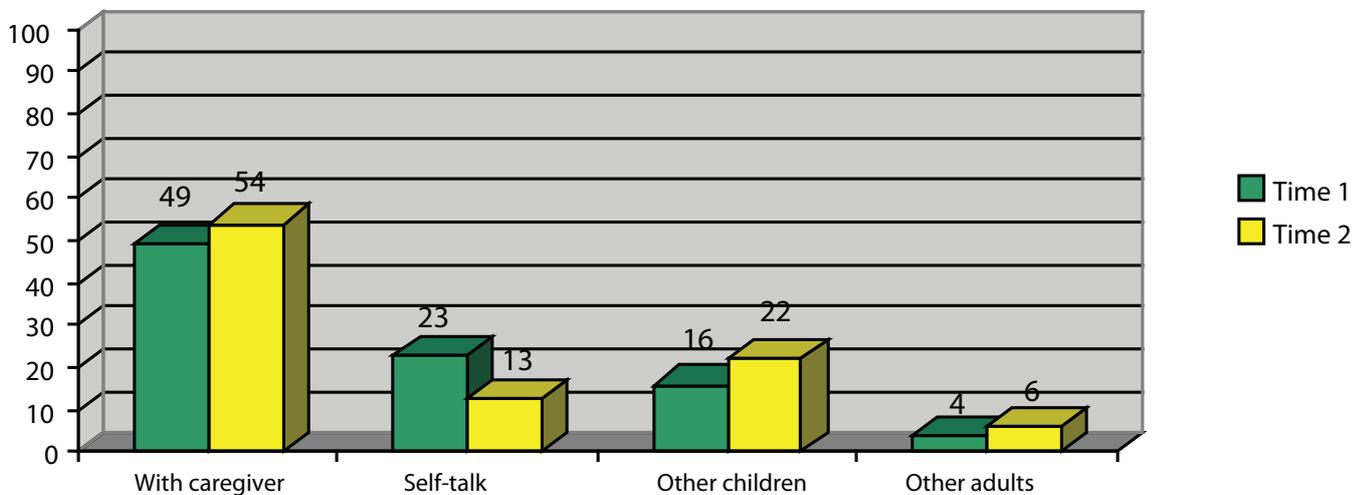
- Health and safety scores
- Materials in the physical environment
- Provider-child communication patterns
- Provider engagement
- Learning activities (see tables below)
- Providers' basic knowledge about child development.

In addition, we found that those providers who started out with the lowest scores made the largest increases. We also found that providers who were younger and relatively new to the U.S. made most gains.

Caregiver communication to child



Focus-child communication



Participant Feedback

Feedback from participants was overwhelmingly positive. The most influential workshops were related to issues of health and safety. This finding is consistent with findings from observations of providers' homes using the Health and Safety Checklist, where health and safety scores significantly increased. Providers reported many changes in their interactions with children. The most commonly reported changes were in the areas of positive discipline and more reading activities. 95% of providers reported that they kept coming back to the trainings week after week because of a desire for more knowledge. In fact, 65% reported that it was "very likely" that they would pursue additional training once the project ended. About half 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.

Discussion

For the past 15 years, the Arizona Kith and Kin Project through the Association for Supportive Child Care (ASCC) has been providing training and outreach to Family, Friend and Neighbor (FFN) child care providers. Not only is this project well noted among early childhood professionals in Maricopa County and the state of Arizona, but this project has also garnered national attention for the work they do. For the past ten years, project leadership staff at ASSC has worked with others across the country to raise awareness of FFN child care issues. In addition, the work of the Arizona Kith and Kin Project has been featured in nationally disseminated publications and national conference presentations.

Despite this list of accolades, this is the first in-depth evaluation of the Arizona Kith and Kin Project that included pre and post observations as well as extensive data collection on the demographics, beliefs and motivations of its participants.

Positive findings from this evaluation suggest that the Arizona Kith and Kin Project is an effective strategy for reaching Family, Friend and Neighbor providers and increasing their quality of care.

As Arizona moves toward building a system where ALL children have access to high-quality, culturally responsive early care and education that promotes their development, many are considering whether providing support and training for Family, Friend and Neighbor– or Kith and Kin child care providers – fits into this vision. It is clear from this data and other data throughout the country that children are spending a considerable amount of time in these arrangements while parents work. In addition, we know that providers are paid, and receipt of payment makes this a serious employment activity. From a public policy, workforce, and social justice perspective it is imperative that we view this substantial portion of caregivers as part of our early care and education workforce and worthy of our investments in quality improvement (Brandon, 2005).

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