A Review of the Research Literature

Improving the Quality of Family, Friend, and Neighbor Care

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Improving the Quality of Family, Friend, and Neighbor Care: A Review of the Literature on Quality Improvement Strategies

What We Know about Family, Friend and Neighbor Care

Family, friend and neighbor (FFN) care typically refers to home-based care that is not regulated. It includes care given in the home of the child or the caregiver and is provided by relatives, friends, neighbors, or nannies.

About 60% of Oregon children under age 13 are in nonparental care (paid and unpaid) (Weber & Vorpagel, 2011). In Oregon as in the nation as a whole, FFN is the most common form of nonparental care for children from birth to age five as well as for those ages birth through age 12 (Weber & Vorpagel, 2011; Laughlin, 2013). Fewer than 5% of Oregon children under age 13 receive care from a FFN caregiver who receives payment from DHS for that care.1

Increased understanding of the importance of the early years to later success has brought attention to FFN care. Its prevalence indicates that it may be the only type of nonparental care a large number of children receive prior to kindergarten entry. Recent studies have used surveys to increase understanding of the characteristics of FFN caregivers. Two major statewide surveys (Brandon, 2002; Chase, 2006) have shown that relative is the most common form of FFN care and that grandparents are the most typical related caregiver. The majority of FFN caregivers do not charge parents, although parents are likely to provide nonmonetary support to the caregiver. Numerous studies have found FFN caregivers interested in training and support (Brandon, 2002; Chase, 2006; Clark & Hiatt-Michael, 2006).

In her summary of findings from numerous studies, Sussman-Stillman (2011) finds that FFN caregivers have:

- Generally lower levels of education than those of licensed providers;
- A range of experience from caring for children of their own to caring for children of others;
- A remarkable degree of stability as the child’s caregiver, ranging to 12 months or more; and
- The desire to help the child’s parent and child as the primary motivation for providing FFN care.

Studies that assess the quality of FFN care find low adult to child ratios, which is especially important for very young children (Shonkoff & Phillips, 2000). Levels of quality found are associated with the instrument used. For example, using the Observation Record of the

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1 Oregon Child Care Research Partnership calculation using usage 2008 child care usage estimates and July 2012 DHS subsidy data.)
Caregiving Environment (ORCE), an instrument designed to measure quality across all types of care, the NICHD Early Child Care Network (1996; 2000) has found a range of quality in all types of care. Studies using the Family Day Care Rating Scale (FDCRS) (Harms & Clifford, 1989) find the overall quality to be inadequate (Fuller et al., 2004; McCabe & Cochran, 2008). Studies using the Quality of Early Childhood Settings: Caregiver Rating Scale (QUEST) (Goodson, Layzer, & Layzer, 2005) show levels of quality to be variable (Layzer & Goodson, 2006). Even when using the Child Care Assessment Tool for Relatives (CCAT-R) (Porter et al., 2005), an instrument designed specifically to assess the quality of FFN relative care, areas of concern appear in areas that are likely to prepare children for school (Paulsell et al., 2006; Porter & Vuong, 2008;). Overall, when using a variety of assessment tools, studies find quality of caregiver-child interactions and levels of warmth at acceptable levels and positive caregiving possibly higher than that found in regulated care in at least one study (Sussman-Stillman, 2011). Studies also find variability in the level of quality and concern about how well children are prepared for school in this type of care.

Strategies for Improving the Quality of FFN Care

Strategies to support and improve the quality of FFN care have emerged across the country, most in the last ten years. In this literature review, these strategies are organized by the four major strategies that have emerged:

- Home Visiting
- Linking FFN Care with Publicly-Funded Center Care
- Play and Learn Groups
- Training and Distribution of Resources.

It is common to combine multiple strategies in the same program. For example, some home visiting programs offer training and support groups. Distributing resources is frequently a part of programs in each category. The mixing of strategies appears to have emerged from experience of what is needed to provide support and improve quality in FFN care. Thus, while initiatives do not fit neatly into the identified groupings, clustering programs into these categories facilitates understanding and comparisons both within and across groupings.

Only programs that have had an independent outside evaluation are included in this review. The information on each reviewed program is organized by a) purpose, b) responsible organization(s), c) year begun, d) target group, e) components, f) evaluation, and g) evidence of impact. Within each grouping, programs are listed in the order in which they were created with the oldest listed first.

Overarching Themes

Several key themes emerge from the review. First, the United States is experiencing a blurring of the lines between what have been seen as separate domains: child care provider training, parent education, and family support. Organizations historically focused
on one domain now target their services more broadly and in many cases are redesigning services. For example, traditional child care provider training organizations now deliver parent education and/or home visiting services. Providers of parent education and home visiting are reaching out to home-based providers, both those who are regulated providers and the FFN caregivers who are not.

Integration of services for FFN into a broader school readiness agenda is another theme that emerges. Examples include Hawaii (Porter & Vuong, 2008), Maine (Maine Department of Human Services, 2009), and Minnesota (Chase, nd; Sussman-Stillman & Stout, 2010). These initiatives focus on all FFN caregivers in a given area. FFN care is the largest type of nonparental care and is used by families in all income groups, especially by families with low incomes (Kreader & Lawrence, 2006). Broad targeting of programs to support FFN care makes sense for a school readiness agenda. The reasoning is that supporting learning of the large number of children who are in FFN care prior to entering kindergarten is key to a state reaching its goal of all children ready for school. Targeting of FFN services tend to fall into one of three categories: a) all FFN in a geographic area, b) all FFN in the area but with a priority for those FFN caring for children in the subsidy program, and c) only FFN who care for children whose care is subsidized.

Another theme is partnerships. The vast majority of state initiatives involve a wide range of state and community organizations in planning, funding, and delivery of services. Partnerships strengthen the state’s ability to address issues related to the size and diversity of FFN care. Partnerships enable resource leveraging as organizations pool resources to reach targeted audiences and achieve a common goal. Two national organizations, CLASP and Zero to Three, suggest that states create partnerships linking home visiting and FFN caregivers. CLASP has developed a toolkit that provides strategies for extending access to state- or federally-funded home visiting programs to FFN caregivers (Johnson-Staub & Schmit, 2012).

Finally, strategies for supporting FFN caregivers are relatively new so it is not surprising that the evidence for their impact is still emerging. Many of the evaluations focus on implementation rather than outcomes. A focus on implementation is appropriate for new programs and it is important to verify that a program is operating as desired before measuring outcomes. One does not expect to document outcomes in an implementation evaluation. At the same time, stakeholders are primarily interested in assessing the extent to which investments in FFN improve the well-being and school readiness of young children. Measuring impact on children is difficult and expensive, so even in established programs evaluators often measure changes in quality of care that can be attributed to the intervention. Measuring the quality of FFN care is a reasonable strategy because of research showing that child outcomes are associated with quality of care. Many of the interventions described below have not measured the impact on children or on quality of care either because of the stage of program development or the higher costs associated with child assessments.
Each program described below captures evaluation design used and a summary of evidence found. Guidance for assessing the strength of the evidence is captured in a text box. Although all programs included in this review were evaluated, the strength of the evidence from those evaluations varies widely.

The following table captures the strength of the evidence for each reviewed program. Programs with the strongest evidence of effectiveness are shaded. As can be seen below, evidence was strongest for one of the home visiting programs and a play and learn group network. Evidence of effectiveness was also substantial for two other home visiting programs.

### Assessing the Strength of the Evidence

Things to watch for when reading the evaluation design sections of the profiles include:
- **What**—changes in behavior provide stronger evidence than do changes in attitudes or knowledge.
- **Who**—changes in children provide stronger evidence than do changes in caregivers since the goal is to support children’s development.
- **When**—testing both before and after program participation provides the strongest evidence of change.
- **How**—use of validated instruments by trained independent observers provides stronger evidence than does use of self-developed instruments or administration by program staff.
- **How representative**—strength of the evidence is linked to how well the subjects represent the population of interest. The evidence is strongest if a target group is randomly assigned to either participate or not participate in the program. Differences between scores of the two groups can be attributed to the program.
# Programs to Support and Improve the Quality of FFN Care: A Summary of the Evidence

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<th>Primary Findings</th>
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<td></td>
<td><strong>Cherokee Connections</strong></td>
<td>Caregivers</td>
<td>What: knowledge and self-reported behavior. When: Post participation. How: Program Staff.</td>
<td>Higher levels of CPR training, literacy activities, knowledge of children and the Cherokee culture.</td>
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<td></td>
<td><strong>Promoting First Relationships</strong></td>
<td>Caregivers</td>
<td>What: Caregiving skills and caregiver depression. When: Pre-post participation How: Independent evaluators using validated tools.</td>
<td>Decrease in depression and improvement in caregiving skills.</td>
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<td><strong>Caring for Quality</strong></td>
<td>Caregivers</td>
<td>What: Supportiveness of environment, health and safety. When: Pre-post participation How: Independent evaluators using validated tools.</td>
<td>Significantly greater improvements in quality and health and safety for program rather than control groups.</td>
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<td></td>
<td><strong>First Steps Family, Friend, and Neighbor Program</strong></td>
<td>Caregivers Parents</td>
<td>What: Quality of care, caregiver engagement, caregiver-child interaction, parent satisfaction, child literacy and social skills. When: Pre-post participation. How: Independent evaluators using validated tools.</td>
<td>Quality of arrangements improved, provider interactions became more positive, level of literacy activities increased, and children’s learning and social skills improved faster than could be accounted for by normal growth.</td>
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<td></td>
<td><strong>Community Connections</strong></td>
<td>Caregivers</td>
<td>What: Quality of caring environment. Communication amongst parents and caregivers. When: Post participation. How: Independent evaluators using a validated instrument. Representativeness: Sample of convenience.</td>
<td>Evaluation focused on implementation. Communication was rated as good. Nurturing was rated as poor. Environments were rated as safe and healthy.</td>
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<td>OR FFN Training &amp; Toolkit</td>
<td>Caregivers</td>
<td>What: Satisfaction, literacy activity, knowledge of community resources. When: Pre-post participation How: Independent evaluator using provider self-report on retrospective pre-post test Representativeness: Thirty-four percent responded to survey.</td>
<td>Receipt of toolkit was associated with increase in literacy activities and knowledge of community resources.</td>
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<tr>
<td>MN FFN Grant Program</td>
<td>Caregivers (Children were screened for disabilities)</td>
<td>What: Age appropriate development. Caregiver behavior and relationship with parents. When: Post participation. How: Independent evaluation using multiple methods and program staff using administrative records. Representativeness: 134 of 1,000 participants responded.</td>
<td>Mainly an implementation study and findings focused on who was served and ongoing evaluation needs.</td>
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Descriptions of Programs to Support and Improve the Quality of FFN Care

Home Visiting

The evidence that home visiting positively impacts parents and their young children (Olds et al., 2004; Parents as Teachers National Center, 2006; Paulsell et al., 2010;) has fueled efforts to use this research-based method to increase quality in FFN care. In fact, as seen in the descriptions that follow, curricula created for parent home visiting are being adapted for FFN home visiting programs. Parents as Teachers has created the Parents as Teachers Supporting Care Providers through Personal Visits (McCabe & Cochran, 2008; O'Donnell et al., 2006). Promoting First Relationships has been adapted for FFN caregivers (Maher, Kelly, & Scarpa, 2012) and Home Instruction for Parents of Preschool Children (HIPPY) is being used in Montgomery Alabama with grandmothers (Johnson-Staub & Schmit, 2012).

All of the reviewed FFN home visiting programs, with the exception of Cherokee Connections, target all FFN in their geographic area. Cherokee Connections home visits are limited to FFN caregivers who participate in the CCDF child care subsidy program.

Both Arizona Kith and Kin Project and Cherokee Connections have collected data at the end of a project with Arizona using an innovative technique of caregivers’ self-recorded interviews in addition to more commonly used techniques such as observations and focus groups. Promoting First Relationships has used a pre-post design and they focus on adult/child relationship and level of depression in the caregiver. Caring for Quality has rated the quality of the FFN home both before and after the intervention, as did First Steps Family, Friend, and Neighbor Program. First Steps has also assessed the direct impact of its program on children. Almost all of the home visiting evaluations have been done by trained outside evaluators using validated tools. The First Steps evaluation shows evidence of positive impact on children.

Arizona Kith and Kin Project

Purpose: The Arizona Kith and Kin Project aims to improve the quality of care provided by friends and family. Responsible Organization(s): The Association for Supportive Child Care (ASCC), a large child care resource and referral agency, leads the project with multiple partners and funders. (For more detail on the program and partners go to http://www.asccaz.org/kithandkin.html).

Year Begun: 1999.

Target Group: Kith and kin providers in Maricopa, Yuma, and Coconino Counties in Arizona.

Components:
Support/training groups: Groups meet for 14 weeks using a self-developed curriculum in Spanish and English that includes topics to support learning and protect children’s health. The majority of groups are facilitated in Spanish.
**Home visiting:** In addition to facilitated groups, home visits are offered in Yuma and Coconino Counties.

**Evaluation Design:** Independent evaluators have collected data through observations, questionnaires, focus groups, interviews and self-recorded interviews kept by participants (Ocampo-Schlesinger & McCarty, 2005).

**Evidence of Impact:** Evaluations have focused on satisfaction of a broad group of stakeholders. Findings show satisfaction and reports of changes in activities with children due to increased understanding of development, effective discipline, and improved communication (Ocampo-Schlesinger & McCarty, 2005).

**Cherokee Connections** an outgrowth of **Sparking Connections: The Oklahoma Tribal Connection Project**

**Purpose:** Cherokee Connections aims to: a) improve health, safety, and nutrition, b) increase school readiness, and c) strengthen Cherokee culture and language in the homes of relative caregivers of children receiving CCDF subsidies.

(For more information go to [http://www.cherokee.org/Services/Human/30874/Information.aspx](http://www.cherokee.org/Services/Human/30874/Information.aspx].)

**Responsible Organization(s):** Cherokee Connections began as a partnership with the Oklahoma Child Care Resource and Referral Association and was funded for 2004-2005 by the federal Child Care Bureau (now the Office of Child Care). The Cherokee Nation has taken over funding and uses both tribal and Child Care and Development (CCDF funds) to maintain the program.

**Year Began:** 2004.

**Target Group:** Relative caregivers of tribal children whose families are receiving CCDF subsidies.

**Components:**

**Home visiting:** Home visitors who are community members use the Parents as Teachers curriculum, **Supporting Caregivers through Personal Visits.**

**Play and Learn Groups:** At multiple sites, providers bring children for planned early learning and Cherokee culture experiences.

**Incentives:** Providers can earn up to $550 for teaching Cherokee culture and language and reaching established goals. Incentives are given for making program improvements, completing 25 hours of training, or, as noted above, teaching Cherokee language and culture to the children.

**Evaluation Design:** The program was evaluated as part of Sparking Connections, Phase II, a two-year demonstration and evaluation project involving national partners and led by the Families and Work Institute (O’Donnell et al., 2006). The evaluation focused on implementation and included a set of recommendations for strengthening FFN care. Over years of operation, program staff have used caregiver surveys, focus groups, and interviews to demonstrate changes in caregiver knowledge and behavior. Staff also review program data to continuously improve the program.

**Evidence of Impact:** Sparking Connections evaluators noted that despite initial reluctance participants found value in the groups as well as in the home visits. Surveys of those who received home visits have demonstrated higher levels of the following: CPR training, literacy activities such as having books in the home and reading to children, realistic
expectations of children, naptime routines, communicating with the children’s parents, and knowledge of Cherokee culture (Johnson-Staub & Schmit, 2012).

**Promoting First Relationships**

**Purpose:** *Promoting First Relationships* (PFR) is a theoretically based program that aims to support caregiver capacity to promote the social and emotional development of young children. A module specifically designed for family, friend, and neighbor caregivers was developed for this project and is available from the University of Washington (For more information go to http://pfrprogram.org/).

**Responsible Organization(s):** The School of Nursing at the University of Washington and the Human Services Policy Center at the University of Washington partnered on the Family, Friend, and Neighbor project.

**Target Audience:** PFR has been developed for parents and other caregivers of very young children. It has been used with highly stressed parents and, as noted above, a module was added that is specifically targeted to FFN caregivers. Criteria for selection of the 20 grandmothers included in the evaluation of the FFN version of PFR included: “(a) provide childcare at least 10 hours a week to an infant or toddler (birth to 3 1/2 years) in a guardian or childcare capacity; (b) household income is under three times the federal poverty line; and (c) fluent in English or Spanish”.

**Year Began:** 2004. Although the module is available, it does not appear that the program continued after the demonstration period.

**Components:** PFR was offered in either a group or home visiting format and participants could select the format. Both versions were offered weekly for 8 weeks with group sessions lasting approximately two and a half hours and home visits approximately one hour. In both formats, highly educated and experienced staff delivered services that included consultation, videotaping, and reflective practice in English and Spanish.

**Evaluation Design:** Trained professionals conducted qualitative interviews and pre-post observations using the Nursing Child Assessment Satellite Training Scale (NCAST) (Barnard, 1994) for infants and toddlers (Maher, 2006; Maher, Kelly, & Scarpa, 2008). They also administered the Center for Epidemiologic Studies Depression Scale (CES-D) (Eaton et al., 2004).

**Evidence of Impact:** Quantitative data showed a significant decrease in caregiver depression and a positive trend in overall caregiving skills with no significant differences for English and Spanish speakers. Grandmothers reported being more aware of their grandchild’s needs, having increased ability to deal with misbehavior, and gave concrete examples of how their behavior changes positively affected the child. There were no apparent differences between home visiting and group session formats.

**Caring for Quality Project**

**Purpose:** The aim of the *Caring for Quality* (CFQ) project was to support and connect with both registered (licensed) and informal (license-exempt) family child care providers in order to increase the quality of care provided to young children.
Responsible Organization(s): A partnership of Rochester Childfirst Network, Family Child Care Satellites of Greater Rochester, and Family Resource Centers of Crestwood Children’s Center delivered CFQ services.

Year Began: 2005. Although the curriculum is available from Parents as Teachers National Center, it does not appear that the program continued after the demonstration period.

Target Group: Regulated and nonregulated home-based caregivers of young children.

Components:

Home visiting: Professional home visitors trained in the Parents as Teachers (PAT) curriculum (Parents as Teachers National Center, 2007) make twice-monthly visits that continue for up to a year. Home visitors have prior experience in home visiting and use “Supporting Care Providers Through Personal Visits”, a version of PAT developed specifically for family child care providers. The curriculum includes visit plans, activities, and resources.

Networking meetings: Home visitors facilitate meetings designed to provide additional support through small gatherings (no more than 7 providers). Meeting content, location, and timing are based on needs and desires of participants.

Evaluation Design: An evaluation designed by Cornell University’s Early Childhood Program employed a pre-post test design with random assignment to a program group that received the full treatment (home visiting and networking meetings) or comparison group (received one home visit focused on health and safety and were offered the opportunity to participate in future waves of the full program) (McCabe & Cochran, 2010). Both program and comparison group homes were observed at the beginning of the project and approximately a year later (at the end of home visits for the program group). Trained observers administered the Family Day Care Environmental Rating Scale (FDCRS) (Harms & Clifford, 1989) and an adapted Health and Safety Checklist from the NAFCC Accreditation instrument (Modigliani & Bromer, 2002). In addition, providers completed surveys that captured data on the provider and her program. Home visitors also completed written surveys capturing their experience with the provider including their assessment of the provider's level of engagement.

Evidence of Impact: Observations at baseline found quality at minimal levels with quality in regulated homes slightly higher than that found in unregulated homes. Increases in the quality of care of providers who participated in CFQ were significantly greater than those of the comparison group. Increases were most significant in areas of language and reasoning, learning activities, social development, and meeting adult needs. Comparison group home providers actually saw a drop in FDCRS scores. CFQ participants also increased quality as measured by the Health and Safety Checklist. Using the checklist, the number of problem areas increased in the comparison group at the time of the second assessment. Increases in quality were observed for both regulated providers and FFN caregivers. Increases were greatest for those most engaged and those who had the least experience in caring for children. Decreases in the quality of care provided in the comparison group homes pointed to the need for ongoing support of caregivers.

First Steps Family, Friend, and Neighbor Program

Purpose: First Steps is designed to improve the quality of early care and education
provided in the homes of family, friends, and neighbors. Goals for the program include a) improved interactions between provider and child, b) increased literacy activities, c) increased support for learning and development of social skills, d) increased access to community resources, and e) increase in early referrals for children with special needs (Klein, 2010).

**Responsible Organization(s):** Grand Rapids, Michigan Public Schools is responsible for First Steps and operates the program using extensive partnerships. To learn more about the program and its partners go to http://www.firststepskent.org/programs/early-learning-communities/.

**Year Began:** Piloted July 2009 through June 2010. Program is ongoing.

**Target Group:** Home-based caregivers in a high-need zip code in Grand Rapids, Michigan.

**Components:**
- **Home visits:** During the pilot year providers received, on average, 7 home visits from four trained coaches whose backgrounds varied.
- **Playgroups:** Sixteen playgroups per month were held in four different locations. Providers averaged 10 playgroups in the year.
- **Incentives:** On average, providers received four incentives (range 1-11). Incentives included learning equipment such as games, puzzles, art supplies and gift cards.

**Evaluation Design:** SRA International conducted an evaluation in 2010. SRA International was responsible for both implementation and impact evaluation studies designed to measure achievement of all five program goals. Evaluation included assessment of impacts on providers and parents as well as children. Evaluators also collected input on both implementation processes and satisfaction levels from parents, coaches, partners and stakeholders. In addition to program data, evaluators used parent surveys (administered at meetings and via providers), interviews, and focus groups. The CHELLO (Child/Home Environmental Language and Literacy Observation) (Neuman, S.B., Koh, S. & Dwyer, 2007) was used to assess the availability of resources and organization of the home environment as well as literacy instruction and social supports. The CHELLO is specially targeted to examine the environmental structure and process language and literacy features in family, friend, and neighbor care. The impact on the children was measured using pre-post assessments with the Peabody Picture Vocabulary Test-IV (PPVT-IV). Tests were administered in December 2009-January 2010 and again in June – July 2011.

**Evidence of Impact:** Seventy-two providers were recruited in the pilot year and over half participated fully. These providers cared for 158 children ages four months to eight years of age. Levels of satisfaction were high across surveyed groups and goal achievement measures were positive. The quality of arrangements improved over the year. Based on coach ratings, provider focus group responses, and CHELLO scores, provider interactions with children became more positive. CHELLO scores increased from 9.3 to 11.4 (on a scale of 1 to 15). At the second observation, over two-thirds of homes rated in the exemplary range, about a third at the basic level, and none were deficient. The level of literacy activities increased. Coaches reported increases in reading, interactive play, and age-appropriate learning activities. CHELLO scores corroborated these reports with an increase from a mean score of 11.1 to 19.8 (scale of 1 to 26). Although one home was rated Poor at both points in time, others that had rated Poor at the beginning had moved to Fair or Excellent.
Children’s learning and social skills improved faster than could be accounted for by normal growth. Both parent and providers reported specific areas of growth. Children showed significant gains in vocabulary as shown by statistically significant changes in PPVT-IV scores. Children in homes whose caregiver worked with coaches trained by staff with early childhood specific backgrounds showed the greatest gains. SRA also analyzed program costs and produced recommendations for program improvements.

**Linking FFN Care with Publicly-Funded Center Care**

The two programs grouped in this section include home visiting and thus could have been included in the above section. They are distinguished by having a unique purpose and tight eligibility requirements. Eligibility is limited to those participating in the publicly funded center in each program. *The Early Head Start Home Visiting Program* is open only to FFN caregivers of children enrolled in Early Head Start (EHS). *Community Connections’* purpose is to get CCDF-enrolled children in FFN care into Illinois’ public prekindergarten program. Both programs aim to improve outcomes for young children by combining high-quality center-based early learning programs and FFN care.

Substantial evaluations have been conducted for both programs although implementation has been the major focus. Evaluators measured the quality of the environment and of caregiver-child interactions in at least some of the FFN homes. Measurement was conducted at the end of the program. Evaluators did not assess program impacts.

**The Early Head Start Enhanced Home Visiting Pilot**

**Purpose:** The *EHS Enhanced Home Visiting Pilot’s* purpose was to support the quality of family, friend, and neighbor caregivers of infants and toddlers enrolled in Early Head Start.

**Responsible Organization(s):** The Office of Head Start, Administration for Children and Families, Health and Human Services funded the pilot program in 23 Early Head Start Programs across the country. After the three-year pilot program, Kennebec Valley Community Action Agency in Maine renamed the program *CareQuilt* and expanded it to include Head Start as well as Early Head Start. Funding constraints have required them to modify the program but they work to provide consistency in care by outreach and linkage with the FFN caregivers of enrolled children (Johnson-Staub & Schmit, 2012).

**Year Began:** 2004.

**Target Group:** Caregivers of EHS-enrolled infants and toddlers in selected pilot programs were targeted for services.

**Components:** Although EHS grantees designed their own FFN project, they all worked under a set of shared goals. All programs aimed to improve quality of care, over half focused on supporting caregiver needs, and smaller percentages focused on increasing consistency of care and improving parent-caregiver relationships.

**Home visits:** All grantees provided home visiting. Almost all programs planned at least monthly visits, most attempted to provide them biweekly.

**Group training:** Programs offered three main types of group trainings: workshops,
socialization events, and caregiver support groups. **Incentives:** Programs offered materials and resources to improve the quality of care. Items included educational materials, toys and books, safety items, and other materials used to enable the home environment to better support learning.

**Evaluation Design:** Mathematica Policy Research and its subcontractor, the Urban Institute, provided the evaluation for the Office of Head Start (Paulsell et al, 2006). The two-year evaluation focused on implementation, specifically documenting what was implemented, the challenges, and lessons learned. Attention was directed to the quality of the FFN settings. Data collection included site visits, telephone interviews with key program staff, quality observations, caregiver interviews, and analyses of administrative records. Observers of the homes used the CCAT-R (Porter et al, 2005) to assess quality in multiple domains and the Arnett *Caregiver Interaction Scale* (Arnett, 1985) to measure caregiver engagement and warmth.

**Evidence of Impact:** The evaluation design did not allow for measurement of program impacts. Rather the evaluation documented progress toward implementing services aimed at improving quality. Evaluators found that the EHS connection increased trust and thus made recruitment easier than in other home visiting programs. As with other programs, they found that EHS grantees could not deliver the number of home visits intended due to scheduling and other conflicts. Providers responded positively to child-focused visits. Providing transportation and child care increased participation in group events. Providers were positive about the receipt of materials and resources. Observations with the CCAT-R were done on a subsample of homes and showed homes to be safe although missing some items such as plug covers. Environments were found to be appropriate. Findings from both the CCAT-R and the Arnett showed providers to be engaged with few instances of harsh or ignoring behavior.

**Community Connections**

**Purpose:** *Community Connections*’ major goal is getting low-income children in home-based care into center-based public prekindergarten. Other goals include extending classroom experiences to home-based settings and supporting infant and toddler development in participating child care homes.

**Responsible Organization(s):** Illinois Action for Children, Illinois State Board of Education, and the Illinois Child Care Assistance Program work together to deliver Community Connections.

**Year Began:** 2005.

**Target Group:** Preschool age children participating in subsidized home-based child care.

**Components:** The model links children in subsidized home-based care with public prekindergarten programs. Children are transported from the child care home to a half-day session four days a week.

**Home visits:** Teacher/provider visits are held on Fridays in the provider’s home. Providers are either licensed or legally exempt.

**Incentives:** State child care assistance payments to providers are not reduced for the hours the child is in the center, thus allowing providers to focus on the needs of infants and toddlers in their care.

**Training:** Staff provide training and support to coordinators, teaching staff, and home-
based providers.

**Evaluation Design:** Illinois Action for Children (IAFC) engaged Child Trends and the National Center for Children in Poverty to conduct an implementation evaluation (Forry et al., 2011). Evaluators used interviews and quality observations of home-based providers in their care settings with each observation focused on a child participating in *Community Connections*. Observations were done at the end of the year and used the CCAT-R (Porter & et al., 2005). Four of the seven participating centers were selected based on the number of home-based providers connected to them. Although the plan was to randomly select 18 home-based providers connected to these centers, additional recruitment was needed to get the 15 providers who participated in the evaluation, all of whom were licensed.

**Evidence of Impact:** At the end of the year, caregiver engagement with children and bidirectional communication was rated as good, unidirectional communication quality was acceptable, and nurturing was rated as poor. Although environments were rated as safe and healthy, some safety concerns were noted. Environments were rich in books and other learning materials. The evaluation provided guidance on implementation for the model. A Phase 2 evaluation in which program impacts are measured was recommended.

**Play and Learn Groups**

Play and Learn groups, sometimes described as family interaction models, are included in other multi-service FFN quality improvement programs, but they are also the major component of the two programs described in this section. Both programs are open to parents as well as FFN caregivers. Targeting is done by locating programs in neighborhoods of high need. Both rely on substantial and far-reaching partnerships.

*Tūtū and Me Play and Learn Groups* has had a substantive outside evaluation and also has a rigorous ongoing evaluation built into its design. All children are screened. Measurement of the program’s impacts on children as well as of the quality of FFN care are included in the program design. Positive impacts on children have been found. The evaluation of the *Seattle Play and Learn Network* relied primarily on a survey to measure changes in knowledge and behavior of caregivers.

*Tūtū and Me Play and Learn Groups in Hawaii*

**Purpose:** *Tūtū and Me* intends to help parents and grandparents prepare children for school. The program aims to meet the developmental needs of these young children and to support the grandparents — as well as parents and other primary caregivers — who are raising them.

**Responsible Organization(s):** The Partners in Development Foundation operates *Tūtū and Me* with funding from the U.S. Department of Education in cooperation with the Association of Hawaiian Evangelical Churches of the United Church of Christ (AHEC), Kamehameha Schools and Hawaii State Department of Human Services. For more information on partners and the program go to http://www.pidfoundation.org/programs/tutu_and_me/about
Target Group: The program targets native Hawaiian children who typically arrive unprepared for school and have low levels of elementary school achievement. Adults formally enroll and commit to attend two-hour sessions twice a week for 11 months. Children are newborn to five years of age.

Components:
Play and Learn Centers: Tūtū and Me uses a traveling preschool approach that was originally developed by Ginger Fink in the early 1990s. The model aims to support learning for adults and children by engaging both generations in early childhood learning environments. Early childhood educators travel to pre-selected communities where they set up, conduct, and facilitate sessions with a planned curriculum. They operate at 16 sites on five islands.

Training sessions: Short presentations (Tūtū Talks) are provided to adults during the twice-weekly sessions. Topics range from child development to health and safety and are accompanied by tip sheets on the topic. Monthly calendars provide ideas for daily activities.

Sharing of resources: Each site has a Caregiver Resource Center from which educational resources are distributed and which also provide linkages with community resources. Resources include book bags and back-pacts with books and other materials for the children to use.

Evaluation Design: Ongoing evaluation includes tracking children's progress and assessment of impact on adults. Assessment specialists administer the PPVT (Dunn & Dunn, 1997) to children between 2.5 and 5 years of age twice a year. Staff screen children with the Ages and Stages Questionnaire (Bricker & Squires, 1980) and observe children using pre-selected areas of the Work Sampling System for children 3 to 5 (Meisels, Liaw, Dorfman, & Nelson, 1995). Prior to 2006, adult assessment included staff observations of skills and a satisfaction survey. Staff also collect data on attendance and participation in take-home activities. In 2006 an outside evaluation of Tūtū and Me was provided by Bank Street College of Education (Porter & Vuong, 2008). The evaluation design consisted of a participant survey and pre/post observations of a sample of participants with the CCAT-R. (Porter et al., 2006). The study began with a survey of participants in 16 sites. This was followed by pre-test observations in September and post-tests observations in the following June. Due to cultural sensitivity, observations were conducted at learning center sites rather than in homes. Children were assessed at multiple points in time using measures of self-control, language, and reasoning.

Evidence of Impact: Survey results showed positive relationships between caregivers and parents. Findings from pre-post observations showed increases in support for school readiness with the strongest findings for parents (rather than grandparents) and for children under age three. Children showed significant improvement in self-control, language, listening ability, and comprehension (For more detail see http://www.pidfoundation.org/images/content/programs/tutu_and_me/about/TTM_poster.jpg)

Seattle Play and Learn Network
Purpose: The Seattle Play and Learn Network aims to reach and support caregivers and prepare the children in their care to thrive as learners.

Responsible Organization(s): Child Care Resources (CCR) of King County along with 28 sponsoring organizations in King County, Washington operates the Seattle Play and Learn Network. (For more information go to http://www.childcare.org/ffn-care/play-and-learn-groups.asp)

Year Began: 2006.

Target Group: Sessions are open to all caregivers and parents make up the largest groups served. The Network hopes that 20% to 25% of those served are FFN.

Components: Although the overall project involves increasing broad support for FFN caregivers through multiple organizations using multiple strategies, the Play and Learn Network is the means for providing the most direct support to them. Caregivers and children participate in activities that support learning of very young children and adults learn about child development and what they can do to support learning. The Network also facilitates social networks and provides access to other resources. Approximately 65 groups meet once or twice a week all over King County in all kinds of settings. Groups are offered in a variety of languages.

Evaluation Design: In 2007 CCR contracted with Organizational Research Services (ORS) to evaluate the Network (Organizational Research Services, 2007). Although ORS evaluated the broad initiative, we focus on what was learned about the direct services for caregivers. ORS used a survey as the primary tool for assessing the impact of the Play and Learn groups. The survey (translated into 15 languages) used close-ended questions to assess changes reported in specific knowledge, skills, and behaviors related to supporting school readiness in children. Participating organizations were asked to survey participants but could use their own form to do so. Fourteen sponsoring organizations participated and collected 856 surveys that ORS estimated to be about 56% percent of participants.

Evidence of Impact: Eighty percent of participants self-reported “a lot of increase” in knowledge in at least one area, significantly greater increases were seen for those who participated in 36 or more sessions and for non-English speaking respondents. Similarly, 88% of participants self-reported that they changed behavior a lot in at least one category and those participating in 36 or more sessions or being non-English speaking reported significantly higher amounts of changed behavior. Fifty-nine percent of participants reported they decreased isolation a lot. The reports of those who participated 36 times or more were significantly higher. Participants with greater participation and who spoke languages other than English reported the most change.

Training and Distribution of Resources

Training is one of the most commonly used strategies for supporting FFN caregivers (Paulsell et al., 2010; Porter, 2007). Typically, programs use a workshop or facilitated support group approach. Distribution of resources such as literacy kits is a strategy used less often but it is sometimes combined with training. Incentives are often used to bring providers into training. Training and incentives are often components of more comprehensive approaches, as is evident in the program descriptions included in this
review. All programs described in this section, with the exception of the Minnesota Family, Friend, and Neighbor Grant Program, limit eligibility to FFN caregivers receiving payment from the subsidy program.

Although the Minnesota evaluation includes screening of some children, none of these evaluations measured child outcomes or the impact on the quality of the FFN care. Each evaluation of the programs described below focused on the caregiver with three measuring change in knowledge and/or behavior associated with participation in the program. Washington SEIU Local 925 Family, Friend, and Neighbor Training and Great Beginnings Quality Child Care Project relied on a retrospective pre-post design in which at the end of the program participants rated where they were before and after the training. The difference between the two provides a measure of change that can be attributed to the intervention. The Oregon Family, Friend and Neighbor Training and Toolkit Project evaluation focused on the evaluation of the toolkit using a pre-post design. The generalizability of both SEIU and Toolkit Project findings is challenged by low survey response rates. The evaluation designs for these studies are weak which may be appropriate given that the programs are new or that the interventions are limited in time and resources spent on caregivers.

**Washington SEIU Local 925 Family, Friend, and Neighbor Training**

**Purpose:** The purpose of SEIU Local 925 training is to increase providers’ knowledge and skill level regarding caring for children.

**Responsible Organization(s):** Training and support funds are included in bargaining agreement between the Washington CCDF agency and SEIU 925. SEIU administers the program.

**Year Begun:** 2006.

**Target Group:** Exempt home-based child care providers who are members of SEIU 925.

**Components:** Legally exempt providers can annually take 10 hours of training provided by SEIU. Providers also receive payment as an incentive to take training.

**Evaluation Design:** With funding from American Rights at Work, the Economic Opportunity Institute conducted a survey of license-exempt providers who had participated in between 10 and 40 hours of SEIU provided training over one to four years (Burris, 2012). They used a retrospective pre-post approach to measure training effects. The survey had eight sections that included questions on provider perceptions in a number of areas. 521 surveys were sent and 82 returned.

**Evidence of Impact:** The evaluation relied on provider self report. Providers who responded reported increases in both knowledge and skill level as measured by an increase of 2 points on a 10-point scale. In addition providers reported having expanded their professional network through training.

**Oregon Family, Friend, and Neighbor Training and Toolkit Project**

**Purpose:** The Oregon FFN Training and Toolkit Project aims to improve child outcomes by providing training and literacy kits to their caregivers.

**Responsible Organization(s):** Oregon Department of Human Services (DHS), The Oregon
Commission on Children and Families, SEIU Local 503, the Oregon Department of Education Child and Adult Food Care Program, and the Child Care Resource and Referral Network and Agencies (CCR&Rs) partner to deliver this service.

**Year Begun:** 2007.

**Target Group:** License-exempt providers who participate in Oregon’ child care subsidy program.

**Components:**

**Training and Incentives:** Since 2007 DHS has contracted with CCR&Rs who partner with SEIU Local 503 and the Child and Adult Care Food Program to provide free Orientation training to license-exempt providers who are receiving payment from DHS for care of a child in the subsidy program. In 2009 this training was made mandatory. In addition to Orientation training, providers can take other trainings and completion of training events results in payments to defray provider costs of participation. Providers who complete a basic eight hours of training receive an enhanced subsidy payment rate.

**Distribution of Literacy Kits:** The Oregon Commission on Children and Families identified literacy toolkits that had been developed by Michigan R.E.A.D.Y and have been tailored for Oregon. Kits in English and Spanish include infant, toddler, and preschool materials that focus on school readiness. They are distributed to providers at the time of Orientation training.

**Evaluation Design:** Pacific Research and Evaluation was hired by Oregon’s Commission on Children and Families in 2008 to evaluate the impact of the Toolkit Project using a pre-post survey design (Rider & Atwater, 2009). Between January 2008 and January 2009 providers completed pre-surveys at the time of Orientation training when Toolkits were distributed. Providers were also alerted that they would receive a post-survey in about three months. A total of 686 providers completed the pre-survey in the evaluation year. Approximately three-months after completion of the pre-survey providers were mailed a post survey that included items designed to assess provider knowledge. Providers also reported on use of community programs, literacy activities, and both the extent of use and satisfaction with the Toolkit. Surveys were distributed in English and Spanish based on the language used in the pre-survey. The response rate was 34%.

**Evidence of Impact:** Based on a comparison of pre- and post survey responses, receipt of the Toolkit was associated with increase in caregiver literacy activities and caregiver knowledge of community resources and support (Rider & Atwater, 2009). Over three-quarters of responding providers agreed or strongly agreed that the Toolkit was useful and almost all (98%) reported being satisfied or very satisfied with it.

**Great Beginnings Quality Child Care Project**

**Purpose:** The overarching goal of the *Great Beginnings Quality Child Care Project* was that “in Marion County every four year old is physically thriving and ready to learn” (Deardorff et al., 2007, p 1). The objective for the FFN component of the project was to strengthen the education of, and support for, legally exempt caregivers.

**Responsible Organization(s):** The project involved the Oregon Department of Human Services (DHS), County Children and Family Commission, Health Department, Head Start, Child Care Information Services (CCIS), Early Intervention, Chemeketa Community College, and a Mental Health Consultant.
Year Begun: 2007. It does not appear that the program continued after the demonstration period.

**Target Group:** The FFN component targeted DHS listed providers.

**Components:**
- **Training:** A series of 10 trainings specifically targeted to FFN caregivers were offered on a range of topics from early brain development to how to do subsidy paperwork.
- **Home visits, ongoing mentoring, and consultation:** A full-time consultant worked intensively with FFN caregivers for the six-month period. The consultant was also accessible by phone and maintained contact with the FFN caregivers.
- **Evaluation Design:** Evaluators from Western Oregon University developed five tools for capturing data: a contact log, consultation retrospective survey, workshops satisfaction survey, workshop retrospective survey, and final retrospective survey (Deardorff et al., 2007).
- **Evidence of Impact:** Fifty-four FFN caregivers received onsite visits and ongoing consultations. Attendance at trainings ranged from 9-14 providers. Goal achievement was high with from 87% to 100% of participants reporting increases in knowledge and changes in behavior. FFN caregivers reported substantial levels of change from before to after training and before and after receipt of home visiting/consultation services.

**Minnesota Family, Friend, and Neighbor Grant Program**

**Purpose:** The Minnesota Legislature created a funding stream to “promote children's early literacy, healthy development, and school readiness and to foster partnerships to promote school readiness” (See Chase, nd for more detail).

**Responsible Organization(s):** In 2007 the Minnesota Legislature created a $750,000 grant program to support FFN caregivers. Through a competitive process grants were awarded to six non-profits, community organizations, and an American Indian Tribe for innovative support to FFN caregivers and sometimes children in their care.

**Year Begun:** 2007.

**Target Group:** Legally exempt providers of care.

**Components:** Each of the six grantees designed a mix of services that included early literacy groups, play and learn groups, classroom-based training, and literacy activities such as a Readmobile and literacy bags.

**Evaluation Design:** The legislation directed the Center for Early Education and Development at the University of Minnesota to evaluate funded programs and to focus the evaluation on school readiness (Sussman-Stillman & Stout, 2010). Delays in implementation led to some evaluation plan revisions. The questions addressed by the evaluation included: a) the extent to which participating children demonstrated age appropriate development, b) the characteristics of participating caregivers, c) knowledge and skills of participating providers, and d) the extent to which programs were delivered as intended. Data sources included parent surveys, interviews with program staff, screening of some children for developmental delays using the Ages and Stages Questionnaire (Bricker et al., 1999), site visits, and field notes from a directors’ meeting.

**Evidence of Impact:** Findings from the first evaluation answered questions about what was delivered and who was served. Almost a thousand children were served and based on screening of stable participants almost all were developing normally. Over 800 FFN
caregivers (with variation in ethnic and language backgrounds, immigrant status, and education) participated at least once. Four in ten caregivers had another job in addition to caring for children. Findings were based on the small number of caregivers (134 of about 1,000 participants) who completed the survey. These providers were engaged in learning activities with children and reported positive relationships with the child’s parent. Challenges to recruitment were common and included an often changing nature of caregiver/child relationship and scheduling. In addition to a set of recommendations for program implementation, evaluators noted the importance of building in pre-post tests of caregivers’ perceptions, knowledge, and attitudes and children’s developmental status.
References


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