Improving the Quality of Family, Friend, & Neighbor Care

A Review of the Research Literature

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Notes

Some portions of this report are taken directly from Weber's 2012 report, in particular the summaries of evaluations included in the 2012 literature review. Other portions of the work may contain phrases that are also a part of her original work when discussing the evaluations from the 2012 report.

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A Review of the Research Literature

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 & Hartman, 2015). In Oregon, FFN is the major form of nonparental care for children under 13 years of age (Weber & Hartman, 2015). This type of informal care is most prevalent for children birth to three (38%), 5-8 years of age (31%) and 9-12 years of age (30%). Children 3-4 years of age are more likely to be enrolled in organized care (44%). Nationally the use of nonparental care is similar to Oregon (Laughlin, 2013). However, the actual use of these providers may be higher than reported. A recent review from the National Survey of Early Care and Education (NSECE) suggests that formal numbers of listed home-based providers that receive payment from families are lower than the population's use of FFN care, suggesting that much of FFN care is unregulated and on their own without resources (NSECE Project Team, 2016). In fact, providers in California report they were unaware that children could pay with subsidy for the care they provide (Thomas, Johnson, Young, Boller, Hu, & Gonzalez, 2015).

Decades of research indicate that the early years of a child's life are critical to their later social and academic success. These findings have shifted attention to understanding how the quality of early care and education programs best supports children's development, and correlation and experimental research indicates quality matters for children (Burchinal, Zaslow, & Tarullo, 2016). Family, Friend, and Neighbor care may be the only type of nonparental care that some children, in particular children birth to three, receive prior to kindergarten entry. For low-income working families, informal care often best serves their needs largely due to the flexibility and low-cost, culturally appropriate practices, and the need for caregivers that are trustworthy (Thomas, Boller, Johnson, Young, & Hu, 2015). To best serve families, children, and FFN providers, identifying ways to increase quality in programs are essential as it is only then we can support children's development of key school readiness skills. The section below describes characteristics of FFN providers and the quality of FFN programs.

Characteristics of FFN providers

A recent report from the NSECE Project Team (2016) described characteristics of nearly four million home-based providers caring for children not yet in kindergarten. There are many definitions of home-based providers; this study focuses on listed, unlisted paid, and unlisted unpaid—all of which may include FFN care. Listed providers include licensed, regulated, or registered family child care homes and license-exempt providers; these providers are paid for their services. Unlisted (unpaid and paid) providers do not appear on any national or state list of providers, but surveyed households reported that someone, other than the parents, regularly cared for their child(ren) for at least 5 hours a week. Listed providers are more likely to provide care for more than four children in their own home for more than 20 hours a week, and care for a child that they did not have a prior relationship with compared to unlisted providers. Some key differences in listed versus unlisted providers are described below and suggest substantial variation by category (e.g., listed) of home-based care.

Listed providers are most likely (51%) between 40-59 years of age, unlisted paid providers are most likely (58%) to be 49 or younger, and unlisted unpaid providers are most likely (60%) to be 50 years of age or older. About a third of providers that are listed have a high school diploma or less, compared to about half of unpaid or paid unlisted providers. Listed home-based providers have the most years of experience caring for children; over half (61%) have been caring for children other than their own for over 10 years, compared to unlisted paid (36%) and unlisted unpaid (27%). Listed providers cited their primary reason for looking after children as, "It's my personal calling or career", while unlisted providers listed, "to help children's parents" as their primary reason. The perception of their main responsibility as a provider was somewhat similar by type of care. Listed providers were more likely to report that their primary responsibilities were to, "keep them safe/out of trouble" (27%) or provide children's basic needs," (30%). Unlisted paid (61%) and unpaid (53%) providers cited, ""keep them safe/out of trouble" as their primary responsibility. Interestingly, less than 10% all types of home-based providers listed helping children's development as a low priority. Finally, regarding professional development, data indicate that most listed, paid providers (75%) report attending at least one workshop within the year, compared to only 23% of unlisted, paid providers (data not available for unlisted, unpaid providers).

Older reports from statewide surveys suggest that the landscape of home-based and FFN providers have remained stable. For example, Chase, Arnold, Schaubenm, and Shardlow (2006) and Brandon, Maher, Joesch, and Doyle (2002) indicate that the majority of FFN caregivers do not charge parents, and that numerous studies have found FFN caregivers interested in training and support. Additionally, the results from NSECE largely mirror the report from Sussman-Stillman and Banghart (2011) indicating that FFN providers have:

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

Quality of FFN

A decade of research suggests that the quality of FFN care is variable (Layzer & Goodson, 2006) and is dependent on the context or the measure used. The most cited difference is related to stimulating children's development. For example a study utilizing the Child Care Assessment Tool for Relatives (CCAT-R; Porter, Rice, & Rivera, 2006), an instrument designed specifically to assess the quality of FFN relative care, reveal concerns in provider behaviors that are likely to prepare children for school such as lower levels of interaction with books (Paulsell, Mekos, Del Grosso, Rowand, & Banghar, 2006). Although providers are likely to provide children with materials, they are less likely to make the most out of these experiences by playing with the child and asking questions to promote learning (e.g., math concepts; Layzer & Goodson, 2006). These lower levels of cognitive stimulation seem to transfer to child outcomes. There is some evidence that children who attend home-based care (e.g., family child care homes, relative care), show lower math and readings scores compared to children who experience center based care or a combination of center- and home-based care (Gordon, Colaner, Usdansky, & Melgar, 2013). However, while FFN care may score lower on quality related to cognitive stimulation (Paulsell, Porter, & Kirby, 2010), they often excel in two other aspects of quality: adult-child ratios and sensitive caregiving.

FFN providers often have low adult-child ratios, suggesting that these providers are able to spend more individual, quality time with each child. Bassok, Fitzpatrick, Greenberg, and Loeb (2016) compared quality indicators (e.g., teacher:child ratio, professional development training, years of schooling) between sectors of child care (e.g., center care, informal/FFN care) using a large national sample. Results indicate that informal FFN providers have a lower teacher-child ratio (two children per one adult) compared to all other sectors (e.g., center-based care had seven children per one adult). However, Bassok et al. (2016) also reports that FFN informal care providers have lower years of schooling, (M = 11 years) and only 4% were currently engaged in professional development training (compared to 32% of providers in family child care homes). These findings regarding professional development are in tandem with reports from the NSECE Research Team described above.

Beyond structural metrics of quality (e.g., ratio, education, training), process- and global quality are often deemed to be insufficient or inadequate for FFN providers. Raikes and colleagues

(2013) examined quality of licensed and licensed exempt/registered home-based providers in four states: Iowa, Kansas, Missouri, and Nebraska. Five hundred fourteen home-based providers (30.5% license-exempt/registered) participated in this study and observations in the home were conducted to measure quality of the environment. Three measures were utilized: the Family Day Care Rating Scale (FDCRS; Harms & Clifford, 1989), Caregiver Interaction Scale (CIS; Arnett 1985), and the Quality Instrument for Informal Child Care (QIC). Results indicate that compared to licensed home-based providers, license-exempt/registered homes were of lower quality (M_{FDCRS} = 3.67 [minimal to good quality]) on the FDCRS, scoring nearly a point behind licensed homes (M_{FDCRS} = 4.46 [minimal to good quality]). Similar results were found with the QIC in favor of licensed homes. These results are similar to other studies using the FDCRS that also find the overall quality of FFN to be inadequate (Fuller, Kagan, Loeb, & Chang, 2004; McCabe & Cochran, 2008).

Optimistically the CIS, a measure of the quality of teacher-child interactions, did not differ between licensed and licensed-exempt registered homes in Raikes et al. (2013). Both types of care displayed mid-high levels of observed sensitivity (e.g., warmth) in teacher-child interactions. The non significant difference between type of care and sensitivity of caregivers is mirrored in other studies (Shivers, 2006), and in at least one study, the levels of warmth and positive caregiving were higher than in regulated care (Sussman-Stillman & Banghart, 2011). These sensitive, warm interactions are especially important for very young children as they are related to school readiness (e.g., Hamre, 2014) and health outcomes (e.g., Hatfield, Hestenes, Kintner-Duffy, & O'Brien, 2013)

The above research suggests that overall, the quality of FFN care is suboptimal and targeted, intentional efforts should be pursued to improve the quality of FFN care. Encouragingly, FFN providers report that they would participate in professional development if it was targeted to their needs, and new models of implementation illustrate how to best support home-based providers to leverage benefits for children, providers, and families. There are also successful programs aimed toward FFN providers that have demonstrated promise in improving quality. The intention of the next section is to describe the state of supports available to FFN providers and then summarize evaluations of FFN professional development programs.

Improving the Quality of FFN Care

Strategies for Improving the Quality of FFN Care

A recent report from First5 L.A. county (2012) indicates that more than 80% of FFN providers are interested in becoming licensed; other evidence suggests that FFN providers are willing to engage in professional development opportunities that are crafted for their needs (Brandon et

al., 2002; Chase et al., 2006; Clark, 2007). Across two reports (First5 L.A., 2012; Thomas, Johnson, et al., 2015) FFN providers indicate interest in training focused on health and safety practices (e.g., health and nutrition) and in activities and materials to support child development (e.g., child discipline, school readiness materials). Unsurprisingly, the top three online-professional development modules that FFN providers completed were focused on (1) children's social and emotional development, (2) children's physical and intellectual development, and (3) creating a safe, healthy environment (Durden, Mincemoyer, Crandall, Alviz, & Garcia, 2016).

Providers identify isolation, role-burden, limited access to resources, and caring for mixed age groups of children as barriers to improving quality (Bromer & Korfmacher, 2016). In order to address these barriers (and others), Bromer and Korfmacher (2016) outline a model for measuring high-quality support for FFN providers. They identify three high-quality supports: services (e.g., home visits, materials, training), relationship-based service delivery (active conversations between service provider and FFN provider), and implementation practices (e.g., reasonable caseloads, peer support). To date, many provider support programs are aimed at services, and a few home-visiting programs practice some form of relationship- based service delivery (e.g., *Parents as Teachers Supporting Care Providers through Personal Visit*). Bromer and Korfmacher (2016) also indicate that changes in provider, quality, and child are dependent on implementation (e.g., level of provider engagement) as well as the type of service provided. For example, if a FFN provider was very engaged in a 6-week peer-support group (e.g., attended weekly, active participator in discussion), the provider may report feeling reduced isolation and higher efficacy. However, participation in 6-week peer-support group, intentional in-person training, and a relationship-based home-visiting model is more likely to demonstrate changes in the provider, child, and family engagement. Essentially, intensive, intentional intervention built from the providers needs is necessary to change provider practice which results in supporting children's development.

Descriptions of Programs to Support and Improve the Quality of FFN Care

Numerous evidence-based strategies to support and improve the quality of FFN care have emerged across the country, within increased attention in the last five years. Most of the supports are service-based (e.g., play and learn, home-based technical assistance), with little representation from the other two support categories (relationship-based service delivery and implementation practices) presented by Bromer and Korfmacher (2016). In line with other reports (e.g., NWLC, 2016; Paulsell, Porter, & Kirby, 2010) we have organized programs into four major groupings:

- Home Visiting
- Collaborations with Other Early Childhood Programs

- Play and Learn Groups
- Education and Training

It is common to combine multiple strategies in the same program. For example, some home visiting programs offer training and peer support groups. The distribution of resources is common 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. For a full description of types of resources to support FFN providers see the report from National Women's Law Center (2016).

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.

Each program description captures evaluation methods used and a summary of evidence of program impact. Things to watch for when reading the evaluation sections are: a) the evaluation design—e.g., assignment of caregivers to treatment and control groups, b) what was evaluated—e.g., impact on the child, provider, or the quality of the FFN environment, and c) the methods used—e.g., observations by a trained observer using a validated instrument, self-report. A pre-post design in which measures are taken prior to the delivery of services (baseline) as well as at program end produces stronger findings than administering measures only at the end. The use of retrospective pre-post designs is preferable to measures taken only after services are delivered. Observation of caregiver behavior provides stronger evidence than does self-report (e.g., survey, interviews) of behavior. Use of validated tools provides stronger evidence than findings from evaluator-developed instruments. Finally, it is important to know whether findings are representative of all who received the intervention. Were study participants randomly selected or if all participants were studied, did results come from at least a half to two- thirds of them? Also remember that the characteristics of the sample inform to whom the findings may be generalized. Finally, although all programs included in this review had an outside evaluation, there is a range in the strength of the evidence of impact from those evaluations.

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, Avellar, Sama Martin, & Del

Grosso, 2010) has fueled efforts to use this research-based method to increase quality in FFN care. Trust and relationship building between the home visitor and the provider is one of the many key factors necessary for home-visiting success (Johnson-Staub & Schmit, 2012). In fact, as seen in the descriptions that follow, the curricula created for parent home visiting are being adapted for FFN home visiting programs that are relationship-based. 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.

Only *First Steps Family, Friend, and Neighbor Program* has assessed the direct impact of its program on children. *First Steps* has also rated the quality of the FFN home both before and after the intervention, as did *Caring for Quality. Promoting First Relationships* has used a pre-post design and they focus on adult/child relationship and level of depression in the caregiver. Both *Cherokee Connections* and *Arizona Kith and Kin Project* 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 techniques such as observations and focus groups.

Arizona Kith and Kin Project

This FFN Professional development program has two evaluations that are of interest. The second evaluation is focused on play and learn groups and is listed in that section.

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) 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 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: 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.

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 for Child Care). The Cherokee Nation has taken over funding and uses both tribal and Child Care and Development (CCDF funds).

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 teaching Cherokee language and culture to the children.

Evaluation: The program was evaluated as part of Sparking Connections, Phase II, a two- year demonstration and evaluation project involving national partners 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 has 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 have demonstrated higher levels of the following in those who received home visits: 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 ½ 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

Components: PFR was offered in either a group or home vision 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: 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, 2007; 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 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 is 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 delivers CFQ services.

Year Began: 2005

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 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: 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, 2008). 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 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 and FFN providers. 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/early-learning-communities.

Year Began: Piloted July 2009 through June 2010

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: SRA International conducted an evaluation in 2010 (Klein, 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 Child/Home Environmental Language and Literacy Observation (CHELLO; Neuman, Koh, & Dwyer, 2007) was used to assess the availability of resources and organization of the home environment as well as literacy instructional 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 (Dunn & Dunn, 2007). 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.

Collaborations with Other Early Childhood Programs

The three programs below include other services (e.g., home visits), but they are distinguished by having a unique purpose, which is aimed at linking FFN providers to other state or federal programs. For each, eligibility is limited to those participating in the publicly funded center in each program. *The Early Head Start Home Visiting Program* is only open to FFN caregivers of children enrolled in Early Head Start (EHS) and *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 in early learning and FFN care. *EarlyLearn NYC* is only open to Family Child Care Providers in New York City that are providing subsidized care and to support quality improvement due to increase access to trainings.

Substantial evaluations have been conducted for *The Early Head Start Home Visiting Program* and *Community Connections'*. Despite the emphasis on implementation, evaluators measured the quality of the environment and of caregiver-child interactions in at least some of the FFN homes. Measures were taken at the end of the program. For *EarlyLearn NYC*, the purpose was to integrate FFN providers into the city's subsidized child care system and key players were interviewed at the end of the three-year policy change.

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 23 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: 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., 2006) 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 programs 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: 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., 2006). 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.

EarlyLearn NYC

Purpose: To investigate the effects of efforts of *EarlyLearn NYC*'s shift in focus to include placement of children into more home-based family child care programs and increase the quality of these programs. In 2012, *EarlyLearn NYC* made substantial overhaul to the city's subsidized child care system to better incorporate family child care homes. The City's Administration for Children's Services (ACS) runs *EarlyLearn NYC*.

Responsible Organizations: Center for New York City Affairs executed the study.

Target Audience: Family Child Care Providers in New York City that are providing subsidized care, which includes informal providers (also called unregulated, informal or family, friend and neighbor) and family child care programs.

Year Begun: 2012

Components:

Home-visits: At least six annual site visits from the staff of affiliated network organizations and health and safety monitoring to support compliance with the State's Child and Adult Care Food program.

Incentives: *EarlyLearn* providers receive six professional development days a year. Currently unlicensed FFN providers receive no additional training.

Evaluation: The purpose was to examine lessons learned after three years of implementation of *EarlyLearn.* Data was collected via interviews with family child care providers, staff the 31 network organizations, and others. A report was prepared by Hurley and Shen (2016).

Evidence of Impact: The positive findings indicate that providers felt more like educators and some reported an increase in knowledge about child development. They also enjoyed the community provided through the six annual trainings and the visits from affiliate staff. There were also areas in which EarlyLearn identified as areas for improvement. Providers found the paperwork process to be a burden and it took time away from the children. Providers struggled with other requirements such as the mandatory use of Teaching Strategies Gold and a curriculum (written in English). Many providers dropped out of *EarlyLearn* due to language barriers (all materials were in English). Another key message was that the home visitors needed more guidance and support.

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 programs described in this section. Traditionally, Play and Learn groups focus on bringing

together the provider and the children they care for to facilitated meetings that includes play time between the provider and child(ren). Play and Learn groups are sometimes created to target FFN providers, but are open to others as well (e.g., parents, grandparents). These programs are easy to access in an area that is often in the targeted population's vicinity.

Tutu 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. The evaluation of the *Seattle Play and Learn Network* and *Kaleidoscope Play & Learn* relied primarily on surveys to measure changes in participant's knowledge and behavior. The TA program for *First 5 Monterey County* conducted interviews and focus groups with facilitators and providers to assess changes in knowledge as well as barriers to program implementation. *Community Pre-K* also conducted focus groups with providers and assessed changed in provider knowledge and reaction to the program.

Tutu and Me Play and Learn Groups in Hawaii

Purpose: *Tutu 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 *Tutu 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.
Year Began: 2001
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: *Tutu 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 seminars (*Tutu Talks*) are provided 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.
Evaluation: Ongoing evaluation includes tracking children's progress and assessment of impact on adults. Assessment specialists administer the Peabody Picture Vocabulary Test (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 *Tutu and Me* was provided by Bank Street College of Education (Porter & Vuong, 2008). The evaluation design consisted of a participant survey and pre/post observed provider-child interactions for a sub-sample of participants with the CCAT-R. The study began with a survey of participants in 16 sites. This was followed by pretest 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 time points 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

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.*
Year Began: 2006
Target Group: Sessions are open to all caregivers and parents make up the largest group 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: CCR contracted with Organizational Research Services (ORS) to evaluate the Network (Organizational Research Services, 2008). 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 *Seattle 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 lower isolation. 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.

Community Pre-K

Purpose: *Community Pre-K* (CPK) is a play and learn experience. The objective is to provide children with a quality early learning experience and build providers' caregiving skills and knowledge of child development. The purpose of the evaluation was to improve future delivery of the program and to add to the literature base on FFN care.

Responsible Organizations: Crystal Stairs, Inc. The License Exempt Assistance Project (LEAP).

Target Audience: Licensed exempt caregivers who care for children 3-4 years of age, but CPK was open to other caregivers.

Year Begun: Year 2, 2008-2009

Components:

Networking: Play and Learn groups were three hours session and the provider remained with the child(ren) for the entire session. The sessions focus on the staff modeling developmentally appropriate activities and interactions, informed by the constructivist framework (e.g., importance of child-led activities for learning).

Home visits, field trips, and other supports were optional for providers with preschool-aged children.

Evaluation: Evaluation was conducted by the Indigo Cultural Center (Shivers, 2009) and included participants in the 2008 and 2009 *CPK* cohorts. The evaluation was exploratory and used focus groups to examine participants' experiences and the effect on their caregiving practices. The focus group lasted approximately two hours. Focus group dialogue was audio-taped was led by an African American female researcher who has experience with focus groups

as FFN providers. An interpreter was also present for the two Spanish-speaking participants. Questions included, "What differences have you noticed in your child(ren) since you've started attending *CPK*?", "What aspects of *CPK* activities were most useful to your child care practice at home?" and, "In what ways did you share *CPK* experiences, information, and resources with parents?" A qualitative analysis of the focus group response was guided by grounded theory methodology.

Sample Characteristics: 15 FFN child care providers, licensed family child care providers and parents from the Crystal Stairs service area (located in South Central LA). 47% of the participants were grandparents, 34% were parents, and 20% were licensed providers. 73% were African Americans, and 27% were Latina. Three spoke Spanish as their primary language.

Evidence of Impact: Major findings from the focus group indicate that *CPK* has helped providers (1) learn new ways of interacting with children and incorporate play and creativity (e.g., "I've incorporated more playing centers at my home" and "Now we talk more."), (2) feel supported in the work that they do, and (3) share the experiences and new information with families. They also report that they most liked the journaling and field trip components of *CPK* as well as the convenient location. Limitations included an absence of a pre-assessment, or baseline, of characteristics of children and providers. Also, all of the data is self-report, and no observational data was collected in the providers' homes.

First 5 Monterey County

Purpose: First 5 Monterey County (F5MC) seeks to enhance the quality of early childhood care to Monterey County families. The goal of the technical assistance to FFN providers is to help childcare providers capitalize on learning opportunities that already exist in the childcare environment.

Responsible Organizations: First 5 Monterey County

Target Audience: FFN childcare providers (also provided TA for center-based care; not reviewed in this document)

Year Begun: Technical assistance to FFN childcare providers is an F5MC pilot project started in 2010.

Components:

Networking: Learn & Play groups. The goal of FFN Caregiver TA is to help caregivers capitalize on learning opportunities that already exist in their child care environment. Through playgroups, FFN caregivers learn how to support child development through everyday activities. The TA was provided by GoKids and Choices for Children

Evaluation: F5MC commissioned Harder + Company Community Research (Harder + Company, 2011) to conduct an evaluation of the current (vision II) strategies which includes FFN Caregiver Technical Assistance primarily through Play and Learn groups. The main questions that were examined focused on (1) adherence to the intended content of F5MC (e.g.,

guides in child development), (2) alignment with goals of F5MC (e.g., culturally and linguistically appropriate), and (3) identification of factors that promote or restrain implementation of the FFN Caregiver Technical Assistance. Evaluation included (1) interviews with playgroup coordinators, (2) a focus group with playgroup facilitators, (3) focus groups with FFN caregivers, and (4) a detailed interview with Senior Program Officer of F5MC. Limitations to the study included possible selection bias and social desirability with self-reported data obtained from focus groups.

Sample Characteristics: Unknown

Evidence of Impact: Qualitative analyses of the FFN focus groups revealed seven major themes. First, many of the FFN caregivers described the play and learn groups as a great learning experience. Second, the FFN caregivers indicated that they were successful in adding activities that were developmentally appropriate. Another theme that emerged was that providers were better able to make links between activities and certain developmental domains. Providers also states that they developed stronger relationships with children and better understood the importance of social interaction with peers. Finally, the providers felt they were more connected with resources for children with special needs and with other FFN providers.

The interviews with playgroup coordinators and facilitators also revealed important lessons concerning the success of FFN TA: (1) relationships with providers are key, (2) important to have a variety of activities for children, particularly 0-3, (3) more frequent Play and Learn group meetings, (4) schools are a successful form of advertising for the Play and Learn Groups, and (5) protected time for the facilitators to meet and discuss.

Kaleidoscope Play & Learn *(in King County, WA)**

Purpose: *Kaleidoscope Play & Learn*© groups help families prepare their young children (birth to age 5) for success in school and life.

Responsible Organizations: Washington Childcare Resources; program receives funding from the King County Veterans and Human Services Levy.

Target Audience: Open to all caregivers, including parents and child care providers.

Year Begun: unknown. Current evaluation focuses on services provided in 2015 in King County. Evaluations for other years but are not currently publically available.

Components:

Networking: Weekly play & learn groups

Tool-Kit: Materials, such as the *Kaleidoscope Play & Learn*© Planning Handbook and Tool Kit and the Kaleidoscope Play & Learn Caregiver Lesson Guides

Evaluation: Evaluation was conducted by ORS IMPACT (2015). Participants completed a caregiver feedback form. Limitations include lack of observational data assessment of pre knowledge and beliefs.

Sample Characteristics: Only 22% of the survey participants were FFN caregivers, and of the FFN participants 44% were grandparents. FFN providers were more likely to be white, line in a household below the poverty line, and speak a language other than English compared to parent participants. Characteristics that follow concern all participants (e.g., parents, FFN providers). Fifty-four percent self-identified as Asian, followed by 30% Hispanic or Latino. Sixty-eight of the respondents indicated another language other than English spoken in the home, and 11% of total respondents indicated they spoke two or more languages equally. Additionally, nearly half of the participants lived in poverty (below 200% of the federal poverty line). At the time of the survey 49% of the respondents had attended *Kaleidoscope Play & Learn*© more than 12 times and there were no differences in attendance for FFN compared to other participants.

Evidence of Impact: Participants who attended at least three Kaleidoscope sessions reported that they increasingly understood ways to provide high quality child care, interactions that best support child development, and the importance of a social support network. Participants also reported an increase in positive interactions with the children in their care. For example, they talk to children about numbers, shapes, and sizes a lot more often that before attending the Kaleidoscope groups. Participants that attended 37 or more sessions reported more substantial increases in some areas (e.g., understanding developmental milestones). There were no differences in reported outcomes between parents and FFN providers.

*Kaleidoscope offers Play and Learn groups in other counties (e.g., Whatcom county, WA), but currently only the program in King County provides an evaluation report.

Training and Distribution of Resources

Training is one of the most commonly used strategies for supporting FFN caregivers (Porter, 2007). Typically, programs use a workshop or facilitated support group approach (conducted without children present). 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 (e.g., higher subsidy reimbursement rate). Training and incentives are often components of more comprehensive approaches, as is evident in the program descriptions included in this review. Many programs described in this section limit eligibility to FFN caregivers receiving payment from the subsidy program.

The *All our Kin* project utilized an experimental design, which is considered the gold standard in evaluation research, to assess change in providers' beliefs, knowledge, and quality (observed) of the environment. The *Arizona Kith and Kin Project* also conducted observations of the provider's child care environment and gathered provider report of knowledge at baseline and after completion of the program (pre-post design). The *Oregon Family, Friend and Neighbor Training and Toolkit* evaluation also conducted a pre-post design and focused on providers change in knowledge and practices after participation. The remaining evaluations focus on

measuring provider's change in knowledge and/or behavior as a result of participating in the support, but utilize less rigorous methodologies to assess the program's impact (e.g., data collection only after completion). The *Washington SEIU 925 Family, Friend and Neighbor Training* and *Great Beginnings Quality Child Care Project* relied on retrospective pre-post designs in which at the end of the program participants rated where they were before and after the training. Finally, only the Minnesota (*Great Beginnings Quality Child Care Project*) evaluation is the only program that includes child outcomes and the associations with quality of FFN care.

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 take 10 hours of training provided by SEIU annually. Providers also receive payment as an incentive to take training.

Evaluation: 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 had 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: 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, the point at which 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 with the evaluation covering January 1 to June 30, 2007.
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: 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 community 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: 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 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.

Arizona Kith and Kin Project

Purpose: The *Arizona Kith and Kin Project* aims to improve the quality of care provided by friends and relative child care providers.
Responsible Organization(s): The Association for Supportive Child Care (ASCC), a non-profit organization in Arizona. (For more detail on the program and partners go to http://www.asccaz.org/kithandkin.html).
Year Begun: 1999 (Evaluation 2010-2014)
Target Group: Spanish- and English- speaking caregivers as well as refugee caregivers, with most trainings offered only in Spanish. The program is funded to provide transportation and child care to caregivers within a five-mile radius of trainings. Trainings have been offered in Coconino, La Paz, Maricopa, Mohave, Pima, Yavapai, and Yuma counties in Arizona.
Components:
Support/Training groups: Groups meet for 14 weeks using a two hour support group training series for Spanish- and English-speaking caregivers. The trainings include topics to support learning and protect children's health.
Evaluation: In 2010 a four year study was commissioned to assess the effectiveness of the *Arizona Kith and Kin Project* (Shivers, Fargo, & Goubeaux, 2016). Three research questions were directly related to FFN providers: (1) knowledge of child development, (2) description of participant experience in the project, and a (3) examine changes in child care quality for a subsample. Data was collected via surveys, observations, and questionnaires and included baseline data (pre) and data after completion of the program (post). Instruments included Child Development Pre- and Post-Test (Ocamo & Ortiz, 1999), CCAT-R Behavior Checklist (Porter et

al., 2006), and the Caregiver Interaction Scale (Arnett, 1985). A sub-sample agreed to observations. The observations were 2-3 hours in the provider's home.

Sample Characteristics: The full sample included 4,121 FFN providers that participated survey and questionnaire data collection methods. In the full sample, most providers were female (95%), and most identified as Latina (89%; 94% were of Mexican heritage). Most providers (89%) held high school diploma or less. Most of the FFN providers were family friends, aunts/uncles, or grandparents. Additionally, 275 FFN providers represent a sub sample that was subject to additional data collection (i.e., observation of the caregiving environment).

Evidence of Impact: Research Question #1: knowledge of child development. Providers reported increases in knowledge of child development from pre to post. Data related to research question #2 revealed that participants generally had a positive experience with the project. Providers rated CPR and First Aid, Health and Safety, Nutrition, and Child passenger safety as the most useful workshop topics. Providers indicated that child-care during trainings made it possible for them to attend, and they returned each week because of a "desire for knowledge and training." Nearly 93% of participants reported a change in their interactions with children as a result of the participating in the *Arizona Kith and Kin Project*. Qualitative analyses from the surveys also revealed that providers reported providing more learning opportunities and that they have better relationships with the children in their care. Finally, research question #3 examined changes in quality of care with a subsample of providers that consented to in-home observations. Results indicate significant changes in all observed aspects of interactions and quality including decrease in harshness and increases in positive climate and use of language with children.

All Our Kin

Purpose: *All Our Kin* (*AOK*) is a nonprofit organization that offers training, support, and resources to family child care providers in four Connecticut metro areas.

Responsible Organizations: *All Our Kin* Nonprofit provided services; research funded by Grossman Family Foundation

Target Audience: Licensed family child care providers who cared for at least three children.

Year Begun: 2012

Components:

Home visits: Providers in the experimental group had to participate in at least seven home visits/educational consulting visits

Trainings: Providers in the experimental group had to participate in a minimum of 15 AOK Family Child Care Network programs (e.g., 10-session business series, Child Development Associate credential [CDA] preparation) between October 2012 to October 2014.

Evaluation: Used a quasi-experimental design with 48 providers (Nelson, Porter, & Reiman, 2016). Twenty providers were selected for the control group and had no prior experience with

AOK. Twenty-eight providers participating in *AOK* were randomly selected. Providers in both groups had to be licensed and caring for at least three children. Observations were conducted to measure quality of the child care environment. The tools included the FDCERS-R, a measure of global quality, and the PICCOLO, a measure of process quality. Providers also completed surveys.

Sample characteristics: 52% self-reported Latinas ethnicity, and there were approximately equal distribution of college educated providers vs. no college. There was no statistically significant difference in the demographic characteristics of the two experimental groups.

Evidence of Impact: Providers in the experimental group demonstrated "good" quality as measured by the FCCERS-R (64%), compared to the "minimal" quality of programs in the experimental group. Only 5% of the control group met the FCCERS-R standard for "good" quality. *AOK* participants also scored higher on quality interactions with children. For example, they were more likely to be observed engaging in responsive interactions. Survey results indicate that *AOK* providers are more likely to be planning to serve children for a longer period of time. They are also more likely to have completed a CDA. Surprisingly, *AOK* providers reported lower access to social support than non AOK providers, which is in contrast to hypothesized.

Conclusion

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 and those who are not. Additionally, many of these programs are conducted in partnership with schools, organizations, and other resource agencies. 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 of home visiting and family, friend, and neighbor caregivers.

Integration of services for FFN into a broader agenda focused on child development and school readiness skills is another theme that emerges. Broad targeting of programs to support FFN care makes sense for a school readiness agenda given that FFN care is the largest type of nonparental care and is used by families in all income groups, but especially by families with low incomes (Kreader & Lawrence, 2006). Since the quality of FFN care is likely to be of low to moderate

quality, targeted supports aimed at enhancing child development are necessary. To date, no rigorous, large sample size study has been conducted on the effectiveness of an FFN program that includes observation of the home care environment and direst assessments of child outcomes.

The programs evaluated in the study were categorized into four types of supports: Home Visiting, Collaborations with Other Early Childhood Programs, Play and Learn Groups, and Education and Training. Overall many of these programs demonstrate positive results, and a number of recent initiatives (e.g., the 2010-2014 *Arizona Kith and Kin Project*) aimed improve the quality of FFN care have demonstrate remarkably positive results with a large diverse samples of providers, indicating that investments can change quality to better support young children. Many programs also offer recommendations for future programs to consider including offering materials in a variety of languages, more frequent play and learn groups, and that the relationship with the facilitator is important. Encouragingly, most of the providers report a positive experience and appreciate the multiple avenues support that some of the programs offered.

Notably, most of the supports reviewed are service-based (e.g., play and learn, home-based technical assistance), with little representation from relationship-based service delivery or implementation practices. For licensed child care providers, relationship-based service delivery models, such as My Teaching Partner™ demonstrate power in changing teaching practices and subsequent child outcomes (e.g., Pianta, Mashburn, Downer, Hamre, & Justice 2008). As suggested by Bromer and Korfmacher (2016) and implementation and fidelity of the support also plays a role changes in providers, and for licensed child care providers, perceived quality of the support plays a role in the impact of a professional development support (LoCasale-Crouch et al., 2016).

Overall, these reports suggest that quality of FFN care is malleable and that targeted supports show improvements in provider beliefs, attitudes, practices, and interactions with children. These support must continue to be unique, that is different from traditional supports provided to licensed child care providers, if we are to best serve FFN providers. Continuing to provide services to these providers, who care for a third of children under 13 in Oregon, is essential to support young children and their future success.

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