

SCHOOL READINESS FOR ALL

THE CONTRIBUTION OF FAMILY, FRIEND, AND NEIGHBOR CARE IN COLORADO

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About the FFN Learning Community: In 2010, a group of individuals and organizations committed to ensuring quality early experiences for all children came together to explore how to best support informal care providers, who data suggest play a pivotal role in caring for Colorado’s young children. While these informal settings, known as Family, Friend, and Neighbor (FFN) care, are not “new,” concerted efforts to learn about them and improve their quality represent somewhat-uncharted territory. As detailed in this report, the experiences of the FFN Learning Community over the past several years exemplify the attitudes and processes that will be necessary for success as the conversation about connecting with and supporting FFN providers broadens in scale and deepens in scope.

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Efforts in Washington, Minnesota, and Maine; as well as the work of the Families and Work Institute, the National Center for Children in Poverty, and ZERO TO THREE contributed greatly to both our understanding of FFN issues and our approach to the activities described in this report.

Nathan Davis of Mile High United Way served as the primary author of the report, writing on behalf of and giving voice to the FFN Learning Community. Editing and design by Colorado Children’s Campaign.

Executive Summary

Family, Friend, and Neighbor (FFN) care refers to the network of relatives, close friends, and neighbors who are involved with parents in the care and education of young children. As detailed in this report, FFN care is a significant, but poorly understood, part of the early child care landscape in Colorado. This report attempts to build and frame a conversation about intentionally including FFN providers in Colorado's efforts to maximize the enrichment of early interactions for all of its children. Central to this conversation is respect for the choices of families of all incomes, backgrounds, races, and ethnicities who choose FFN care, often in spite of other options, for reasons that include trust, flexibility, and shared values.

There is much we don't know about the contours of FFN care in Colorado. We do know that the need for and prevalence of FFN care in Colorado are substantial. We also know that FFN care is unique. Accordingly, the community- and relationship-centric supports its practitioners need to deliver the best quality of care to children might have less in common with the quality improvement processes in place for formal settings, and more in common with family support initiatives. Moreover, there is no "typical" FFN provider. The community of FFN providers is incredibly heterogeneous, with different needs and interests and divergent mechanisms for and comfort levels with connecting to the state's formal child care system.



To better understand both the possibilities and the challenges, the FFN Learning Community convened eight community conversations with FFN providers in locations across Colorado, beginning in the fall of 2012. These conversations were supplemented by a limited sample of written surveys completed by FFN providers, primarily in the host communities. These community conversations were not designed or intended to be exhaustive. Rather, they provide an initial snapshot of the FFN landscape in Colorado based on an intentional effort to uncover, talk to, and understand the caregivers whose work often goes unacknowledged in national, state, and local discussions about child care and family support.

This report captures those conversations and sets out recommendations for additional study and activity. It is organized in three parts.

Section I makes the case for why quality early childhood education matters and broadly places FFN care within the early childhood landscape. It may be especially helpful to those without a great deal of background knowledge about early childhood issues, and cites a number of sources that are indispensable reading for a deeper understanding of this issue.

Section II describes the process and results of the eight community conversations, identifying general themes and lessons to build upon, including:

- FFN providers do not see the care they provide as a “job,” but rather as a privilege and a responsibility to the parents, children and to the community. In each conversation, caregivers’ passion for “their” children was palpable.
- Providers in communities across the state reported an interest in accessing resources and support as well as information about how to do so.
- FFN caregiver relationships are almost uniformly initiated at the personal request of the parent(s). These are not “babysitters” advertising their services, but rather trusted partners whom parents seek out via organic networks to care for their children.
- The motivations and characteristics of people who provide informal care and of people who provide care in formal, licensed settings are far more similar than they are different. People who go into this field in any capacity are generally not doing it for the money, but rather because they genuinely love children and are committed to their healthy development.

Section III sets out recommendations about guiding principles to frame further conversation about this issue, as well as proposed next steps. These include:

- Having further conversations in a more targeted, representative way, and including the parents who choose FFN care for their children;
- Identifying key natural leaders in communities across the state and helping those leaders integrate with and utilize the existing systems and resources, so that they can better support FFN providers in their communities in a grassroots way;
- Identifying policies and practices across the early childhood spectrum that can be strengthened to be more inclusive and supportive of FFN providers; and
- Establishing FFN providers as a crucial part of the early childhood landscape in order to ensure that all relevant quality improvement initiatives are available to them.

The Appendices include more in-depth descriptions of each community conversation, revealing the local idiosyncrasies and community-specific observations; as well as county-level data relevant to the issues described in this report.

This report is just the first step in a multi-phase process. Much remains to be defined and discovered. What is certain, however, is that a rich opportunity exists to connect with and support FFN providers and parents to ensure that children in FFN care experience the stable, caring, and interactive relationships with adults that support healthy brain development and prepare children to enter school eager to learn and ready to succeed.



Section I: Why This Work Matters

Providing the Context

Colorado is serious about providing high-quality early care and education for all of its young children. In the past 16 months, the Early Childhood Leadership Commission completed a state-wide needs assessment, Governor John Hickenlooper and Reggie Bicha, Executive Director of the Colorado Department of Human Services, announced the creation of an Office of Early Childhood, and the State applied for and was awarded \$29.9 million in federal Race to the Top funds to support its efforts to see each and every child in Colorado—regardless of geography, ethnicity, family income, or child care setting—enter kindergarten ready to learn and on the path to success in school and in life.

“Colorado’s future depends on our shared commitment to create opportunities for every child to succeed. Our goal is to provide a path toward success for all Colorado families and children, including those who face challenges as a result of environment, economics, health, language or other circumstances.”

- Lieutenant Governor Joe Garcia, announcing creation of Office of Early Childhood

These efforts reflect the recognition that high-quality early care and education are vital to the state’s economic future. In recent years, Colorado has found itself in an unenviable situation known as the “Colorado Paradox.” Put simply, Colorado has one of the country’s most highly educated workforces as measured by percentage of the over-25 population with a Bachelor’s degree or higher,¹ and has been successful in attracting the well-paying jobs commensurate with the skills of that workforce, with a per capita income well above the national average.² Colorado has been less successful, however, in preparing its own children—especially its growing number of children of color—to graduate from high school, complete post-secondary credentials, and compete for the skilled jobs that constitute the backbone of its economy.^{3,4} The result is that Colorado must import its talent from elsewhere. Given Colorado’s shifting demographics, and for reasons of fairness as well as economics, efforts to resolve the “Colorado Paradox” must necessarily yield a dramatic reduction in the stark gap in high school graduation and post-secondary completion between subgroups of students based on race, ethnicity and socioeconomic circumstance.

The research is unambiguous: the completion gap manifests years earlier as a school readiness gap.⁵ Students who start school behind usually do not catch up.⁶ We can predict, with a high degree of reliability, which students will drop out of high school based on their reading scores in third grade.⁷ And we can predict which third graders will struggle to read based on their skills when they enter kindergarten.⁸ Early childhood education is a key intervention point to improve educational outcomes. More than 700 new neural connections form every second in the early years of life, laying the foundation on which all later learning, behavior, and health depend.⁹ During this period of rapid brain development, every interaction a child has with a caregiver makes an impression. Considered in this context, the oft-cited statistic that low-income children hear an average of 30 million fewer words by age 3 than do their more affluent peers points to the beginning of the achievement gap and becomes a call to action.¹⁰

¹ Colorado ranks third in the nation in this measure, behind only Massachusetts and Maryland, with 36.3% of the over-25 population holding at least a Bachelor’s degree, based on 2007–2011 data (source cited in 2, *infra*).

² U.S. Census Bureau. (2013, January 10). *State and County QuickFacts*. Retrieved from <http://quickfacts.census.gov/qfd/states/08000.html>.

³ National Information Center for Higher Education Policymaking and Analysis. (n.d.). *Six-Year Graduation Rates of Bachelor’s Students*. Retrieved February 11, 2013, from <http://www.higheredinfo.org>.

⁴ National Information Center for Higher Education Policymaking and Analysis. (n.d.). *Percent of 18 to 24 Year Olds Enrolled in College*. Retrieved from <http://www.higheredinfo.org>.

⁵ Isaacs, J.B. (2012). Starting school at a disadvantage: The school readiness of poor children. *The Brookings Institute*. Retrieved from <http://www.brookings.edu>.

⁶ *Ibid.*

⁷ Hernandez, D.J. (2012). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation; Center for Demographic Analysis, University at Albany, State of New York; Foundation for Child Development*. Retrieved from <http://www.aecf.org>.

⁸ Duncan, G.J., Dowsett, C.J., Claessens, A., Magnuson, K., Huston, A.C., Klebanov, P., Pagani, L.S., Feinstein, L., Engel, M., Brooks-Gunn, J., Sexton, H., & Duckworth, K. (2007). School readiness and later achievement. *Developmental Psychology*, 43(6), 1428-1446. Retrieved from http://www.policyforchildren.org/pdf/school_readiness_study.pdf.

⁹ Harvard University Center on the Developing Child. (n.d.). InBrief: the science of early childhood development. Retrieved from <http://developingchild.harvard.edu>.

¹⁰ Hart, B., & Risley, T.R. (2003). The early catastrophe: The 30 million word gap by age 3. Retrieved from http://www.gsa.gov/graphics/pbs/The_Early_Catastrophe_30_Million_Word_Gap_by_Age_3.pdf

Moreover, landmark longitudinal studies (including the Carolina Abecedarian Project and the HighScope Perry Preschool Project) and the more recent work of Dr. James Heckman and others conclude that providing high-quality early education dramatically improves educational and life outcomes such as increased levels of schooling completed and employment in skilled professions, and a reduction in out-of-wedlock births, teen parenting rates, and involvement with the criminal justice system. In fact, some national studies have estimated that a dollar invested in high-quality early care and education, especially for low-income children, returns as much as \$8 to \$17 in social benefit in the long term.¹¹

The fruits of Colorado's focus on improving the quality and accessibility of early educational opportunities in recent years have been impressive. These include a redesign of the state's quality rating and improvement program, policies that extend the length of time a family is eligible for the Colorado Child Care Assistance Program (CCCAP), and efforts to enhance the skills and development of the early childhood workforce. Thirty-one Early Childhood Councils across Colorado bring together early childhood services to increase the availability and quality of the educational, health, and social-emotional opportunities available to all young children and their families.

Quality Rating and Improvement System (QRIS). Colorado is in the process of re-designing the current voluntary QRIS system administered by Qualistar Colorado. A QRIS is a way to assess, improve, and communicate the quality of early care and education programs. Parents use QRIS data to make decisions about high-quality care for their children, policymakers use QRIS data to improve program and system effectiveness, and providers use QRIS data as a roadmap to quality improvement.

The Colorado Child Care Assistance Program (CCCAP). This service provides child care assistance to low-income families in which parents are working, searching for employment, or are in training, and need child care services to support their progress toward self-sufficiency. In line with the Learning Community's emphasis on choice, these county-administered programs make available to many families child care options that would otherwise be inaccessible to them due to cost.

Early Childhood Professional Development. In the spring of 2006, the Colorado Department of Education formed an Office of Early Childhood Professional Development responsible for improving the quality of services, supports and education for young children and their families by enhancing the knowledge, skills and professional advancement of early childhood professionals. A better-educated early childhood workforce will result in more intentional care and better outcomes for children.

While we celebrate these achievements, we recognize that most of the efforts in Colorado to date have centered on formal, licensed child care settings. What's more, these efforts often reflect explicit and implicit premises about what kinds of child care settings do and do not represent high-quality, enriching environments for the state's youngest children. Licensed settings, while critically important for the families who choose to use them, represent only a portion of Colorado's early childhood landscape. The other portion, described as informal care; unlicensed care; or Family, Friend, and Neighbor (FFN) care; has not been a focus of study or intervention, despite the central role it plays in preparing children from every community in Colorado to enter school eager to learn and ready to succeed.

What Is Family, Friend, and Neighbor Care? Who Uses It?

Exploration of FFN care's interaction with more formalized systems is emerging as a vanguard issue in early childhood. However, FFN care itself is decidedly not new. It is the oldest form of child care there is and the basis of the truism "it takes a village to raise a child." Many families with access to trusted family, friends, or neighbors choose to tap into that network to help provide care for their children even when other, more formal options are available to them.

The need for and prevalence of FFN care in Colorado are enormous, even if not conducive to precise measurement at the present time. We know that Colorado is home to approximately 411,000 children under age 6, and 251,000 of these children live in families in which all available parents work. Colorado's licensed child care centers and family child care homes have capacity for only 108,900 children—or about 43 percent of the total population with working parents. Many of the remaining 57 percent are surely in need of regular non-parental child care.¹²

A 2009 national study completed for ZERO TO THREE found that one in four parents experienced care-related hardships (e.g. not being able to afford child care or having to cut back on child care hours) they attributed to the economic downturn. Half of the parents surveyed who had a regular caregiver for their child, other than themselves or their spouse/partner, relied on a family member to provide child care.¹³

Based on the statistics above and the fact that even children enrolled in formal settings may also need regular non-parental care, we can deduce that the great majority of children in Colorado are likely to experience some form of Family, Friend, and Neighbor care at some point before entering school. Such care may be delivered in lieu of formal care (during the parents' workday), or in addition to formal care. A child might be in FFN care as an infant and transition into formal care as a toddler, when slots become more readily available and more affordable.

While we have a general sense of the demand for FFN care, we know very little about those who are providing it and the supports they might need to contribute to the healthy development of the children in their care. This is due, in part, to practitioners' isolation. As Nina Sazer O'Donnell, et al., wrote in *Sparkling Connections*, a multi-state study of FFN providers, "FFN caregivers rarely identify themselves as such and are often grandparents and parents who have no formal relationships with known 'systems,' such as schools, child care subsidy programs or other public services."¹⁴ We *do* know they are a heterogeneous group. FFN providers come from every racial, ethnic and economic group. Some have sophisticated knowledge of child development; others do not. Some are caring for children to whom they are related; others link to families in different ways. Some are filling a short-term or temporary need for families; others are in it for the long haul or may even have an interest in turning child care into a career.

National studies reach divergent conclusions about whether certain racial and ethnic groups or socioeconomic groups use FFN care more frequently than do others. In their review of demographics-related FFN literature, Amy Susman-Stillman and Patti Banghart find many such discrepancies in academic investigations of FFN, which speaks to the difficulty of defining, locating, and studying representative samples of FFN caregivers and users.¹⁵ What is clear is that every racial, ethnic, and socioeconomic group relies on FFN care to some significant degree.

¹² Colorado Children's Campaign. (2012). *KIDS COUNT in Colorado!* Retrieved from <http://www.coloradokids.org>.

¹³ ZERO to THREE National Center for Infants, Toddlers and Families. (2009). Key Findings from a 2009 national Parent Survey: Implications for Infant-Toddler Policy Agenda. Washington, DC.

¹⁴ Sazer O'Donnell, N., Cochran, M., Lekies, K., Diehl, D., Woods-Morrissey, T., Ashley, N., Steinke, P. (2006). *Sparkling connections phase II: A multi-site evaluation of community-based strategies to support Family, Friend and Neighbor caregivers of children*. New York: Families and Work Institute. Retrieved from <http://www.familiesandwork.org/site/research/reports/sparking.pdf>.

¹⁵ Susman-Stillman, A., & Banghart, P. (2008). Demographics of family, friend, and neighbor child care in the United States. *Child care and early education research connections*. Retrieved from http://www.nccp.org/publications/pdf/text_835.pdf.

Family, Friend, and Neighbor Care Is Unique

FFN care differs from licensed care settings in a number of ways, some of which are advantages, and others of which are challenges. Informal settings tend to be smaller than formal settings and to have lower child-to-adult ratios, allowing more time for quality interactions and individualized care. The close personal relationships FFN providers often have with the children and their families allow their care to reflect a sense of connection and intimacy that is not always practical or appropriate in a larger setting. In most cases, the providers will be involved in the child's life long after they cease providing child care. Strengthening the child's bonds with loved ones, including FFN providers, contributes to social-emotional development and resiliency as the child grows.

On the other hand, informal care providers might feel overstressed, disconnected, and in need of resources, including educational materials, activities to engage in with children, and opportunities to improve their understanding of child development.

Studies conflict on whether children cared for in FFN settings achieve as highly as do their peers in child care centers. In their review of the FFN literature, Susman-Stillman and Banghart note one study in which *quality* emerges as the key contributor to social-emotional development and reading achievement, regardless of setting. Another study suggests that children in center-based care have significantly higher cognitive and school readiness skills than do their FFN peers. While further study is clearly needed, the fact remains that many parents will continue to choose FFN care for a variety of reasons, and it is incumbent upon us to investigate how to support those providers for the benefit of the children in their care. Susman-Stillman and Banghart also explore the crucial intersection of FFN care with poverty, noting:

Centers may look most advantageous...but all families do not choose centers, and children's development may also be well-supported in home-based settings with sufficient resources. The reality, however, is that FFN settings where low income children are spending their time have fewer resources, and a resource-poor environment may be problematic over the long-term for children living in poverty or at-risk for developmental problems.¹⁶

Understanding the benefits and challenges of informal care is crucial to developing the networks and supports that will enable all Colorado children to receive the nurturing and responsive developmental experiences they need in early childhood. In addition, lessons learned about the strengths of FFN care hold the potential to inform quality improvements in the early childhood sector as a whole. As Erin Maher, former research scientist at the Human Services Policy Center at the University of Washington, says, "I'm coming to believe we might have a lot to learn about what this type of care does right, especially in supporting social and emotional development, and how to apply these lessons to professional development in other settings."¹⁷



¹⁶ Susman-Stillman, A., & Banghart, P. (2011). Quality in Family, Friend, and Neighbor care settings. *Child care and early education research connections*. Retrieved from http://www.nccp.org/publications/pdf/text_1010.pdf.

¹⁷ Maher, E.J. (2007)., cited in King County Family, Friends and Neighbor Leaders Group. (2007). Strengths and Benefits of Family, Friend and Neighbor Care. Retrieved from <http://www.childcarenet.org>.

A strengths-based approach to FFN care is especially important given common misconceptions about FFN among child care professionals and policymakers. Chief among these is the notion that center-based care is of inherently higher quality than is informal care, and should therefore be the default option for providing care for children. These claims are supported by some studies that have found low quality in FFN settings based on the application of structure- and process-based tools like the Family Child Care Environment Rating Scale (FCCERS). In fact, such tools seek to compare FFN settings with licensed settings using a framework and criteria that do not account for the distinctive attributes of informal settings.¹⁸

Assumptions about the quality of FFN care lead in turn to mistaken perceptions about motivations for placing a child in FFN care. Conversation about FFN care frequently centers around a lack of openings in formal settings, or the prohibitive cost of those spaces that are available. Financial considerations are important for many families, and quality formal care should certainly be an affordable option for those families wishing to avail themselves of it. However, research suggests that the primary driver in families' decisions to use FFN care is not always the cost and availability of more formal settings.

For example, a 2005 Illinois study found that nine out of 10 parents utilizing FFN care would not change providers even if cost were not a factor.¹⁹ As Maher, the University of Washington researcher, says:

I continue to hear from people, even people within the early learning world, that if licensed care were just made more accessible, children wouldn't be in Family, Friend, and Neighbor care. And, while this may be true for a small proportion of families, it is also equally true, if not more true, that many families would prefer to use Family, Friend, and Neighbor care if a relative were nearby and willing. Most families who choose this care, choose it because they want it.²⁰

Similarly, a five-state study found that the single most influential factor in parents' decisions to use FFN care is their desire to place their children in a known, trusted environment.²¹



¹⁸ Susman-Stillman, A., & Banghart, P. (2011), *supra*.

¹⁹ Ramsburg, D. (2005), cited in King County Family, Friends and Neighbor Leaders Group. (2007), *supra*.

²⁰ Maher, E.J. (2007), *supra*.

²¹ Brandon, R.N. (2005). Enhancing Family Friend and Neighbor caregiving quality: The research case for public engagement. Retrieved from <http://www.aphsa.org>.

Section II: FFN in Colorado

Why and How: Community Conversations

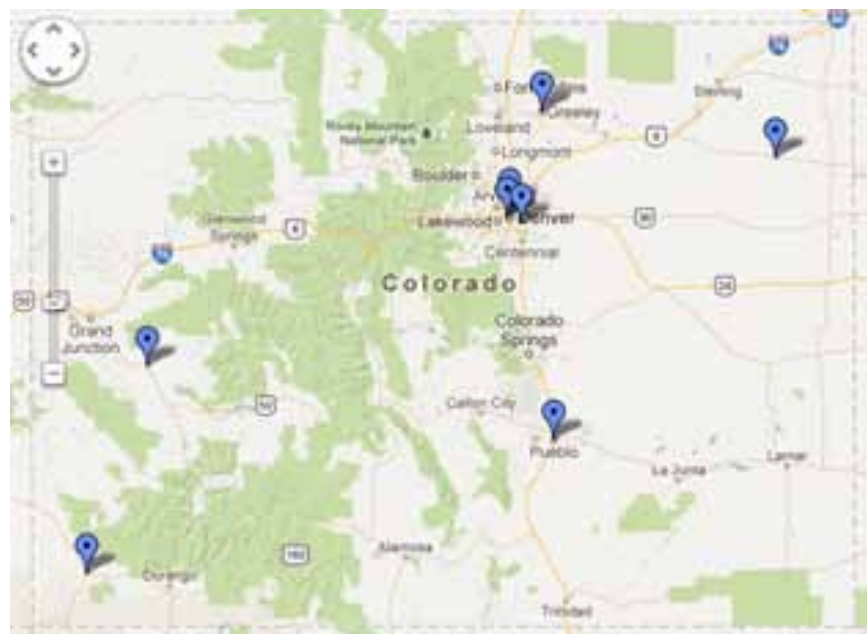
To begin to deepen our understanding of FFN—who is providing informal care in Colorado, their levels of experience, the resources they access, and the resources they perceive as lacking—the FFN Learning Community convened community conversations with FFN providers in eight Colorado communities. Recognizing Colorado’s geographic, racial/ethnic, and cultural diversity, we set out to conduct these conversations in communities across the state in rural and urban areas, in English and in Spanish.

As noted earlier in this report, FFN providers are a heterogeneous and widely dispersed group. As is well documented in FFN literature, the hardest part of convening and talking to FFN providers is finding them in the first place. In *Sparkling Connections*, Nina Sazer O’Donnell and colleagues report that:

Many *Sparkling Connections* sites found that working with *natural leaders* in their communities was the most effective strategy for finding, communicating with and building relationships with FFN caregivers. Sometimes called *trusted advocates* or *community brokers*, natural leaders exist in every community. They are individuals who understand the dynamics, assets, challenges and dreams of members of their community. *Natural leaders* can be parents, caregivers, teachers, service providers, faith leaders, case workers, doctors, doulas, public health paraprofessionals, local business owners or other “go to” people in a neighborhood.²²

Adopting this “natural leaders” approach, the FFN Learning Community selected eight communities for community conversations based on ability to convene providers as well as the desire to reflect Colorado’s substantial geographic, economic, and ethnic diversity. The eight communities, listed in the order in which conversations were held, were:

- Delta,
- Pueblo,
- Cortez,
- Yuma,
- Greeley,
- Arapahoe County,
- Denver (Somali Bantu refugees), and
- Denver (Clínica Tepeyac).



²² Sazer O’Donnell, N., et al., *supra*.

The group also engaged with natural leaders in Alamosa and in Summit County, believing that the San Luis Valley and the mountain communities should be represented in this process. However, while substantial progress was made, we were unable to convene conversations given time and scheduling constraints. These communities are a priority moving forward.

The FFN Learning Community worked through its collective network to engage natural leaders in the eight communities who could both locate FFN providers and create a space for conversation in which the providers were willing to share their experiences and opinions. In identifying these natural leaders, FFN Learning Community members often worked outside of the traditional early childhood systems, as represented by Early Childhood Councils, Child Care Resource and Referral agencies, and government agencies. While these entities expressed awareness of FFN care's importance, willingness to make introductions, and desire to expand their reach to support children in informal settings, many were simply not at a point in their engagement with FFN providers to be able to serve as the natural leaders or community brokers for this project.

In the end, the natural leaders identified included an early childhood development educator at a community college, a matron figure in a mobile home community, an Early Childhood Council, a family resource center, a Spanish-language early development education program, a library employee, a city employee specializing in immigrant and refugee issues, the president of a local refugee community group, and a health clinic. The scheduling process in each community was almost entirely relationship-based, emphasizing the key role of trusted community leaders from within the FFN sphere in efforts to improve quality and increase engagement. In general, we expect that the FFN providers we reached through this process are likely to be somewhat more connected and less isolated than is the average provider.

The conversations were just that: opportunities for FFN caregivers to share their experiences, triumphs, and frustrations. We used a common set of questions to guide each conversation, in addition to skilled bilingual facilitation by an individual with longstanding engagement and credibility in FFN quality improvement. The questions included the following:

- How many children do you care for? What are their ages? Are they related to you? Do any have special needs?
- How much experience do you have in caring for young children?
- Where do you care for these children?
- Why do you care for children? Are you compensated monetarily? Do you exchange child care for other services?
- Have you had training in early child development? Would you like some/additional training? If so, what kind(s)?
- What activities do you do with children in your care? What kind of learning do you think is happening in a typical day?
- Do you feel as though you are doing a good job? Why or why not?
- What should we know about your community, pertaining to your ability to provide high-quality child care?

Participants in community conversations were compensated for their time and honesty with a meal and/or snacks during the discussion, and with \$20 gift cards to grocery or discount department stores. Additionally, each participant in a community conversation left with at least one children's book in Spanish or English. In order to remove a potential barrier to participation, child care was made available on-site whenever possible; we provided child care in Cortez, Yuma, Greeley, and at the Somali Bantu conversation in Denver.

These community conversations were not designed or intended to be exhaustive. Rather, we wanted to provide an initial snapshot of the FFN landscape in Colorado based on an intentional effort to uncover, talk to, and understand the grandparents, aunts, uncles, cousins, friends and neighbors whose work often goes unsupported and unacknowledged as fundamental to our state's efforts to prepare its children for success in school and in life.

To gather additional data, we also distributed surveys to FFN providers, mostly from the eight communities where conversations were held. A total of 111 surveys were returned; 81 of the 111 were completed in Spanish.

General Trends

The results of our efforts were eight extraordinarily rich conversations with people who care deeply about the children in their care and about providing environments and interactions that support their healthy development. The conversations and the completed surveys affirm much of what studies in other states have found, and underscore the need for further study specific to Colorado.

Perhaps the greatest value of the conversations was that they required members of the FFN Learning Community to ask difficult questions about whether we as early childhood leaders are doing enough to support FFN providers and parents to ensure that children in FFN care thrive and enter school ready to succeed.

Appendix A contains a more detailed summary of each community conversation. The content in Appendix A could be accurately described as the heart of this report and should not be considered ancillary. Major themes that emerged across the eight conversations included the following:

Scope and Scale of FFN Care: The conversations affirmed the immense scope and scale of Family, Friend, and Neighbor care in our state. Recognizing that these conversations only scratch the surface, it is evident that if we fail to connect FFN providers with resources designed to maximize the intentionality of the care they provide, we are missing an opportunity to influence the healthy development of Colorado children, in order to prepare them for success in school and in life.

Desire to Be Heard: Interestingly, and in line with Sazer O'Donnell and her colleagues' observations, FFN providers in community conversations almost never identified themselves as such. In other words, they were unaware that there was even a name for what they were doing. Once providers realized that they were in fact FFN providers, that they were in a room with similarly situated people, and that we cared about their experiences and thought their work was important, conversations opened up considerably. It was clear from conversations that providers valued these opportunities to have their voices heard, and that they were well aware that their work is of primary importance for the children in their care.

Motivations for Using FFN Care: While talking directly to parents who use FFN care was not within the scope of this early work, we asked providers about parent motivations for choosing FFN care. Interestingly, the data collected seemed in accord with Erin Maher's assertion above—that families who choose FFN care tend to want FFN care. Only seven out of the 70 providers who answered the applicable survey item rated a lack of openings in child care centers as a "strong factor" in parents' decisions to use FFN care. An additional 10 cited insufficient formal slots a moderate factor, meaning that more than three-quarters of the respondents said that insufficiency of slots was not a factor at all. Moreover, 47 of 71 respondents (66 percent) who answered the relevant item reported that parents' lack of trust in centers was either a "strong" or "moderate" factor in their decision to place their children in FFN care. The picture is clearly more complicated than a simple supply-demand curve.

The considerations most frequently identified by survey responses as a “strong” factor in parents’ decision-making processes were convenience and flexibility afforded by FFN care. Though the sample of providers responding to the survey was not in any sense representative, that a substantial majority of survey completers indicated that cost was a strong consideration in parents’ choice of FFN care, to an extent not evident in the eight community conversations. This does not necessarily imply that the parents would make a different choice in the absence of a cost barrier, but it does warrant further investigation.

In the vast majority of cases FFN caregiving arrangements were initiated by parents and arose organically out of pre-existing relationships between parents and providers. In other words, FFN providers were not babysitters advertising the service in order to gain income. Whether or not they were compensated monetarily, providers reported viewing child care not as a job, but rather as privilege and a responsibility to the children, their parents, and the community.

Desire for Support and Information to Improve Care: The strongest message across conversations was the near-uniform interest on the part of FFN providers in receiving information and training resources. Equally resonant were providers’ claims of feeling disconnected: they often do not know where to go for resources and support. Their reasons for wanting additional training related to their motivations for providing care and education in the first place: love for the children they care for and a vested interest in guiding their healthy development. Though some of the caregivers reported receiving compensation—in the form of money or barter—for the care they provide, very few identified compensation as their primary motivator. Rather, their statements were to the effect that they “just want to help” the parents, that they “miss the children when they’re not around,” or that they could not conceive of sending the children to be cared for elsewhere where the love and connection might not be as strong. These statements suggest strong intrinsic motivators for quality improvement, if the opportunities exist and are known to providers.

Across geographic, language, culture, and economic differences, providers voiced a desire for access to the same types of trainings and resources. Among the common suggestions were trainings in child brain development, behavior management, health/first-aid, appropriate developmental milestones/red flags, enriching activities, stress management/patience for the adults, and techniques to bolster early literacy. One participant in Delta, clearly aware of the important role language plays in early development, even expressed interest in improving her own vocabulary so that she might pass along gains to the children she cares for. A woman in Cortez said more simply that she would take advantage of any available opportunity.

Promising Models for Engagement of FFN Providers

The community- and relationship-centric supports FFN providers need to deliver the best quality of care to children might have less in common with the quality improvement processes in place for formal settings and more in common with family support initiatives. In fact, best practices and research in improving the quality of Family, Friend, and Neighbor care suggest that making resources available is not sufficient. The *how* of the service delivery is also of paramount importance. As Sazer O’Donnell and colleagues explain in *Sparkling Connections*:

When asked, family, friend and neighbor caregivers have said that—although they want help and resources—they want to learn in social and comfortable situations rather than in classes or workshops in school-like settings. Likewise, these caregivers see themselves as part of the children’s extended family, not running a business that should be regulated. Efforts to improve quality are more likely to be effective when they offer support and resources rather than focusing on inspection or regulation. Especially for caregivers who have a home language and culture other than the dominant culture, regulatory approaches may cause anxiety, fear of attending community agencies or reluctance to serve as a caregiver.²³

²³ Sazer O’Donnell, N. (2006), *supra*.

This report argues for making more supports and resources available to FFN providers. However, it is important to recognize that we are not starting from zero. A number of programs are in place that, while currently limited in scope, embody the approach recommended in *Sparking Connections*. The list that follows is not exhaustive, but rather an attempt to highlight the efforts of dedicated people working across the state to support the development of children who are not in the formal care system.

Play and Learns: Clayton Early Learning’s Play and Learn groups provide parents and caregivers of children ages birth to 3 with opportunities to hone their understanding of child development and of play as a child’s “work,” while gaining practical ideas for enriching activities and spending time with the children in their care and with a community of similarly situated caregivers.

Currently operating in three high-need Denver neighborhoods, Play and Learn groups hold two adult-child play sessions each week, during which parents and caregivers receive coaching in play activities that support children’s learning and development. Activities include reading, singing and writing with children, pretend play and activities that encourage muscle development. Adults also learn what kinds of interactions with children promote social-emotional development.

Additionally, the groups hold monthly parent/caregiver meetings that focus more intently on child development, parenting topics, and community resources for children and families. Families enrolled in the program also receive assistance in navigating community resources that are relevant to their specific needs (e.g. ESL classes, health services) and encouragement and assistance in enrolling in preschool when the child is old enough.

Providers Advancing School Outcomes (PASO): In general, FFN providers are not interested in “professionalizing” or in making a career out of child care. Some caregivers do, however, have an interest in improving their skills through intensive training, whether to provide better care for the children they already serve or with the goal of turning their passion for children into a meaningful career. This segment of the FFN provider population is the target audience of the Colorado Statewide Parent Coalition’s PASO program.

PASO is intended for “Latina Spanish-speaking child care providers who care for Latino children, birth to 5 years old, in their home and who have had little or no training in early childhood education.” The women enrolled in the PASO program complete 130 hours of hands-on, experiential training over the course of 15 months—completing all the requirements of a Child Development Associate (CDA) credential. The program’s curriculum includes content related to child development principles (cognitive, language/literacy, social-emotional, physical/motor), school readiness, first aid, child safety, nutrition, learning environment and other aspects of delivering a high-quality early care experience to children. Each participant also receives in-home mentoring from a PASO “Tía.” This unique program is successful at engaging a generally disconnected population, and functions as both quality improvement for early care and education and, in some cases, economic/workforce development for the caregivers.

Both Play and Learns and PASO are part of Mile High United Way’s Early Literacy Social Innovation Fund and currently are participating in research to study their impact as early literacy programs.

Make and Takes: Similar in spirit to the Play and Learns described above, Make and Takes provide a setting in which parents and caregivers can bring their young children, find a sense of community, and gain creative ideas about activities to participate in with young children, while learning about how those activities relate to child development. The community conversation in Arapahoe County was arranged through the Arapahoe County Early Childhood Council's partnership with an existing library-based Make and Take program, and the women present at the conversation raved about the program: not only about its practical applications in improving their skills as care providers, but further as a support group for them as they grappled with the stress and doubts inherent in caring for young children.

Backpack Program: Delta County School District 50J operates the Backpack Program, a free, home-based preschool program that helps support parents in their role as their child's first and most important teacher. Parents (who may already be or may become FFN providers) are given a backpack box every month to use at home with their child(ren), which can be exchanged every three to five weeks. Each backpack box has a distinct theme and is filled with books, materials, and educational toys. Suggestions of what to do with the materials are included for parents. Activities included in the backpack boxes are related to language development, reading, writing, math, general knowledge, fine motor, gross motor, memory skills, and creativity. Parents are additionally offered parenting sessions, a box talk explaining how to use the backpack box, and a monthly newsletter.

Every participant in our Delta community conversation had previously participated in the Backpack Program, and the facilitator reported that this conversation was marked by a notable improvement in knowledge of early childhood development, when compared with many others. While there is clearly not sufficient support to draw a direct causal link between these two facts, it is worth noting.

In addition to these innovative grassroots programs, help is coming soon from a higher level. Colorado's Race to the Top Early Learning Challenge Application, approved for \$29.9 million in funding by the federal government in 2012, includes a commitment of resources to implement strategies to encourage and incentivize participation in Colorado's Tiered Quality Rating and Improvement system by non-licensed programs, with an emphasis on Family, Friend and Neighbor providers. The intent is to build on and provide leadership to extend best practices in the field for all providers who provide care for children.



Lessons Learned by the FFN Learning Community

The experience of the FFN Learning Community over the past several years serves as a microcosm illustrating the elements that are critical to success as we broaden the conversation around connecting with and supporting FFN providers.

- First, the group responsible for this report came together organically, the same way that efforts must come together in communities across the state to be most effective.
- Second, while members of the group shared common goals for the work, they brought different assumptions about the quality of FFN care, the capacities of FFN caregivers, and the motivations of parents who choose FFN care. The process of moving the conversation to a place where specific strategies could be discussed was slow and often messy. It required mutual respect among participants of the conversation, a willingness to suspend judgment and approach the conversation with an open mind, a respect for family choice, and especially, time for conversations to take place and for attitudes to shift. Success in broadening this conversation at the state level, as well as in igniting similar conversations in communities across Colorado, will likely entail similar requirements and growing pains.
- Third, recognizing that this initial phase of the work raises more questions than it answers, the ongoing work should continue to be approached in the spirit of a learning community. Such a community accepts the limits of its own knowledge, exhibits a sense of humility about the complexity of the issues involved, and commits to staying with the work over the long term.



Section III: Moving Forward

Recognizing that we are in the early stages of this process and the type of work that lies ahead, our recommendations take two forms:

- Guiding Principles
- Recommendations for Next Steps

Guiding Principles for Continuing the Conversation and Framing Future Work

- By better understanding the motivations, challenges, and realities of FFN care in Colorado, and responding to the needs and interests of FFN providers to support the healthy development of the children in their care, we can enhance the reach and impact of ongoing state efforts to ensure that all children are ready for school.
- FFN care is not a product of limited access to formal child care, in most cases. Many families choose FFN care among other available options for reasons related to trust, shared values, and flexibility. However, where accessibility and affordability represent barriers to formal care for families who desire it, those barriers should be addressed in service of fundamental respect for parental choice.
- Supporting FFN care is a family support issue as well as a child care and education issue. These are not separate issues for families and a holistic approach is likely to be most effective.
- Efforts to connect with and support FFN care are not equivalent to saying that any kind of care is acceptable. Rather, the idea is to suspend judgment, build on the desires of the great majority of FFN providers to provide the best care they can, treat challenges as teachable moments, and then work to improve the quality of care for all. As is the mantra in the formal early childhood community, and in the words of Maya Angelou, “When you know better you do better.”
- FFN care is not grounded in a hierarchical or linear system, but in a web of relationships. The process of identifying the appropriate and relevant voices in communities and respecting their wisdom about their local circumstances will be critical as efforts to connect with and support FFN providers move to the next phase.
- In a state as geographically and culturally diverse as Colorado, it is not reasonable to expect the need for, use of, and delivery of FFN care to be uniform across the state. The challenges families and providers in Denver face might have little in common with the challenges in Delta. Efforts will likely need to respond to this reality, adjust, and take a variety of forms.
- Communities can learn from one another about effective strategies for connecting with and supporting FFN providers.
- As a state, we must think holistically about children in care and put this work in the context of a continuum starting at birth, but continuing for many years afterward. Though the early years have been our primary focus, we recognize that FFN is not just an early childhood issue.

Recommendations for Next Steps

- Identify the natural leaders in communities across the state, and connect those leaders to existing resources so they can support FFN providers. Identify allies working within the formal early childhood community who understand FFN's importance and can bridge the connection to the benefit of both systems of care.
- Work with natural leaders to expand knowledge of promising practices (PASO, Play and Learns, backpack programs, etc.) and implement or adapt these practices in new communities as appropriate.
- Encourage local leaders to devise new grassroots-driven and culturally appropriate approaches to engage FFN caregivers in various communities, in addition to replicating pre-existing promising practices.
- Engage with Colorado's statewide network of 31 Early Childhood Councils to incentivize and support outreach to FFN providers. Support the Councils in working with natural leaders, connecting the dots between available community resources and creating local responses for FFN providers.
- Explore how FFN care can be supported through existing early childhood quality efforts such as Qualistar Colorado, QRIS development, and Colorado's Child Care Resource & Referral (CCR&R) network.
- Adapt new materials, programming, education and information-sharing opportunities now under development at the state level to be useful to and address the needs of FFN providers. FFN providers are mentioned in the state's ongoing efforts to improve the early childhood education system, specifically Colorado's Race to the Top—Early Learning Challenge Grant.
- Improve knowledge on the part of state and local policymakers about the role of FFN in meeting the needs of Colorado's children and families.
- Identify policies and practices across the early childhood spectrum that can be strengthened to be more inclusive and supportive of FFN providers.
- Begin to identify or develop mechanisms for regular communication with FFN caregivers and families who use FFN care.
- Make intentional connection with programs supporting immigrant and refugee families to ensure access to early childhood supports and services for FFN care providers.
- Make available resources that support safe and healthy care for all children in FFN environments. For example, help families understand that knowing the backgrounds of all adults who care for their children is important to their child's safety.
- Create forums for sharing what works and lessons learned, as well as for celebrating successes and innovation.
- Expand the conversation to include families who use FFN care to gaining a deeper understanding of their motivations for choosing FFN care.
- Expand the discussion going forward to include care provided by nannies.
- Explore efforts in other states to address the interests and needs of FFN providers, children, and parents in their state early childhood systems.

Final Thoughts

Participating in this process to this point has been invigorating, informative, at times frustrating, and always humbling. True to the spirit of a Learning Community, we acknowledge that there is much we have yet to learn about Family, Friend, and Neighbor care in Colorado, and about how we might best serve these unsung caregivers of young children across the state. During our travels throughout Colorado, we have been continually struck by the fact that all of us who work in early childhood—whether in formal settings, in informal settings, or at the policy- and systems-level—are far more similar than we are different. We have much in common: love for children; community-mindedness; a penchant for self-appraisal; and a passion for quality improvement driven by the knowledge that none of us gets a second chance to enrich a child’s earliest years. These commonalities are the reason that we will succeed in these efforts, and they are the basis of the exciting work of which this report is only a first step.



Appendix A: Community-by-Community Conversation Recaps

September 13, 2012: Delta

Community Profile: Delta is a Western Slope town of approximately 9,000 people, located some 40 miles southeast of Grand Junction. Delta County is the second-most rural community we visited, and as of 2003 was classified a 6 on the U.S. Department of Agriculture's Rural-Urban Continuum, where 1 is the most urban and 9 is the most rural. Like many rural counties, Delta County has a small number of licensed infant slots, meaning that the vast majority of children under age three are cared for primarily by parents or informal care providers.²⁴ In November 2011, the Early Childhood Leadership Commission classified Delta County as "moderate risk" in terms of critical factors relating to early childhood development.²⁵

Notes About Convening Process and Description of Participants: Like all of the conversations, we gained access to the participants in Delta due to the efforts of a natural leader, in this case a teacher of early childhood education at the local community college. She was able to assemble eight women to discuss FFN care in this community using her connections through the college, the Backpack Program (described above), and the local family resource center. The eight women present all had young children of their own, and reported caring for the children of family, friends and neighbors in addition. In all, they regularly cared for 42 children, including three with special needs. The conversation was conducted in English.

Highlights: Most participants were native Deltans with multigenerational roots in the area. The activities engaged in with the children in their care reflected the character of the local community: outdoor activities predominated. Camping and interacting with animals (including goat and chicken-roping) were memorable examples. All of the women had previously participated in the Backpack Program described above, and all displayed a relatively sophisticated knowledge of child development. Participants reported avoiding television in favor of reading and playing outside. The women were also eager to share that the men in their lives, though not present at the conversation, played a major role in caring for children.



²⁴ Colorado Children's Campaign. (2012)., *supra*.

²⁵ Colorado Early Childhood Leadership Commission. (2011). *Colorado early childhood needs assessment*. Retrieved from <http://earlychildhoodcolorado.org/inc/uploads/ECLCNeedsAssessment2011.pdf>.

September 18, 2012: Pueblo

Community Profile: Pueblo is a Front Range city of approximately 107,000 people, located on the I-25 corridor some 40 miles south of Colorado Springs. The county's child poverty rate is significantly higher than the state average, with more than a quarter of the under-18 population below the poverty line.²⁶ This and other risk factors led the Early Childhood Leadership Commission to deem Pueblo County as "high risk" in terms of early childhood development in its 2011 Needs Assessment.²⁷



Notes About Convening Process and Description of Participants: Through a connection at the Colorado Statewide Parent Coalition, we were put in touch with a third grade teacher at a public elementary school. Pueblo was unique in this process in that we were able to make a trip in person to investigate and coordinate the conversation. On the first trip, the third grade teacher took us to meet a woman who was a matriarchal figure in a local mobile home community. Because we were brought to her by the teacher, a natural leader who was a trusted, respected "maestra," this matron agreed to convene a group of Spanish-speaking women who cared for other children in the community. On the day of the conversation, 14 women and one man were present, and reported caring for a total of 50 children, including their own, on a regular basis. Most reported providing care at least five days per week. Three of the women present represented three distinct and non-consecutive generations of caregivers from the same family: a great-grandmother, her great-granddaughter, and the younger woman's mother. This conversation was conducted in Spanish.

Highlights: This tight-knit community was struggling economically, and FFN care was both a way to foster a sense of community and belonging as well as an economic necessity. One woman reported that the women in the community do not work the kinds of jobs that grant time off after childbirth; it is not uncommon for mothers to return to work one week after giving birth. Thus, child care is a critical need that these women step up to fill knowing that they might be the one needing help next. Many of the women present had children of their own, and used caring for others' children as a source of extra income, or else traded services as caregivers for gas money or favors. The women reported no training in child development or nutrition and no support network outside of one another. All, however, expressed a desire to access trainings on topics including child development, discipline, nutrition, health and safety, etc. Despite a lack of formal training, the experience in the room was substantial: a total of 346 years of experience caring for children.



²⁶ Colorado Children's Campaign. (2012)., *supra*.

²⁷ Colorado Early Childhood Leadership Commission. (2011)., *supra*.

September 27, 2012: Cortez

Community Profile: Cortez is a town of approximately 8,500 people located in Montezuma County in the southwest corner of Colorado, 40 miles northeast of Four Corners National Monument where Colorado, New Mexico, Arizona, and Utah meet. Like Delta County, and in fact like a plurality of counties nationally (6 is the modal value on the continuum), Cortez scores a 6 on the USDA's Rural-Urban Continuum. In its 2011 Needs Assessment, Colorado's Early Childhood Leadership Commission identified Montezuma County as "moderate risk" pertaining to early childhood development.

Notes About Convening Process and Description of Participants: The Montelores Early Childhood Council, despite not knowing precisely how to identify and convene FFN providers, was committed to supporting this work and made it happen. After strategizing with the Learning Community and receiving some written copy, the Early Childhood Council leader succeeded in having a notice about the community conversation placed in the local newspaper. In response, 12 people—nine women and three men—came to the church where the conversation was held. This conversation was conducted in English.

Highlights: Like the other conversations, most participants did not identify compensation as the most significant factor motivating their decision to provide child care. One participant did exchange care for transportation. The facilitators reported afterward that this was a highly emotional group. Participants in the conversation felt frustrated, tired, confused, and concerned about the care they were providing and their lack of support in doing so. Warmth and love were also expressed. Participants said they enjoyed caring for children, that caring for children made them feel young, and that they wanted to provide stability for the children. Interestingly, there was some discussion of marital tension arising from providing FFN care. It was not that one partner was more willing to provide care than the other, but rather that the added responsibility, stress, and disorder of with having young children around was taking a toll. It is worth remembering that the families providing FFN care often make sacrifices to do so. While conversation participants came together as strangers responding to a newspaper article, there was a powerful sense of shared struggle and community in the room: "What's next? Where do we go from here? How do we make sure that this doesn't stop here?" There was even desire to meet again, though we do not know at this point whether that happened. At the end of this conversation, every single participant headed straight for the table set up with books and carefully looked through them to pick the best one to take home.

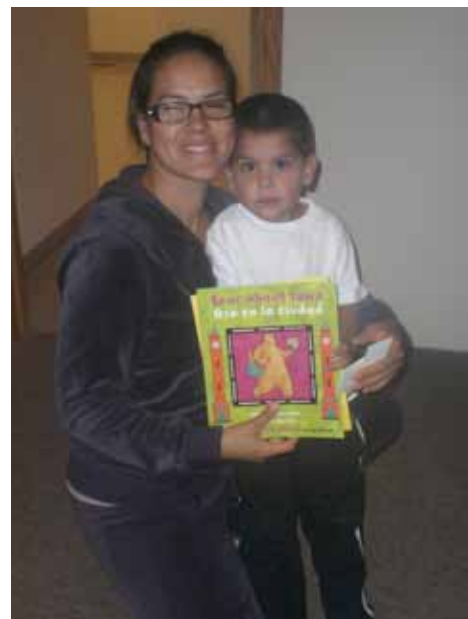


October 9, 2012: Yuma

Community Profile: Yuma is a town of approximately 3,500 on Colorado's Eastern Plains. It is located in northeast Colorado, roughly 115 miles east of Greeley and 30 miles west of the Nebraska and Kansas borders. Yuma was the most rural community we visited: the county is classified a 7 on the USDA's Rural-Urban Continuum. Like many rural counties, Yuma County has a small number of licensed infant slots, meaning that the vast majority of children under age 3 are either cared for primarily by parents, or else by informal care providers.²⁸ The Colorado Early Childhood Leadership Commission's 2011 Needs Assessment identified Yuma County as "moderate risk" from an early childhood development standpoint.²⁹

Notes About Convening Process and Description of Participants: Through the Learning Community's collective network, we identified a natural leader affiliated with the local Family Resource Center who had the trust of enough FFN providers to convene a conversation. The participants were nine Spanish-speaking women who reported caring for a total of 38 children.

Highlights: The women in Yuma were extremely excited to have the opportunity to connect and be heard. More so than in many other communities, they reported feeling truly isolated—not only in terms of child development activities, but also undersocialized and disconnected in their own personal lives. The participants reported that there was simply not enough to do in Yuma, especially with very young children. There was a general consensus that they did not feel welcome at the library with children under four, so that vital community resource was not perceived as an option. This group more explicitly than any other cited preschool costs, in addition to a lack of infant slots, as an important reason for their providing FFN care. One woman said that child care for her own child would be too expensive to allow her to work, so she watches her nieces and nephews, too. All participants perceived training opportunities as nonexistent in the community. They would like to receive resources pertaining to low-cost activities using things they already had around the house, stress management for their own well-being, health and nutrition, and social-emotional development. The women reported going to parks, practicing Spanish, painting, singing along to YouTube videos, and showing educational videos as some of the activities they participate in with the children. One reported that she is trying to help the children in her care learn English, but worries because her own English fluency is low. One common sentiment was that adult learning classes would ultimately help the children in their care.



²⁸ Colorado Children's Campaign. (2012)., *supra*.

²⁹ Colorado Early Childhood Leadership Commission. (2011)., *supra*.

October 30, 2012: Greeley

Community Profile: Greeley, located in Weld County, is a city of nearly 100,000 people located in Weld County in Northern Colorado, approximately 50 miles northeast of Denver. In 2011, the Colorado Early Childhood Leadership Commission identified Weld County as a “moderate risk” community in terms of early childhood development.³⁰

Notes About Convening Process and Description of Participants: The facilitator of these conversations was invited to observe a conference at which the most recently graduated PASO cohort presented PASO program content to the parents of the children in their care. After the conference, 23 women remained for a community conversation. They reported caring for approximately 30 to 40 children in addition to their own.



Highlights: All the participants had completed 135 hours of early childhood training, and their mastery of child development practices was impressive. They all reported receiving no prior child development training and credited the PASO program with laying the foundation for them as they move forward in caring for children. The participants had a firm grasp of the importance of parent engagement—hence the conference to pass their knowledge along so that the quality of care children receive might improve in both their FFN setting and at home. They were able to talk in depth about the children in their care with special needs, and to link certain exhibited behaviors to those special needs (e.g. autism). Interestingly, many of the key activities these providers report doing with children are the same activities reported in other conversations. The difference observed was in intentionality; the PASO graduates were able to link the activities back to best developmental practice and structure play and activities in a way that supports learning. “Practice makes perfect,” one said. “Children need to practice their skills every day.” In this conversation more than any other, the participants answered the question “do you think you’re doing a good job?” with a resounding and confident “yes.”



November 26, 2012: Arapahoe County

Community Profile: Arapahoe County is located immediately to Denver’s east and southeast, extending eastward to encompass rural as well as urban and suburban areas. The Early Childhood Leadership Commission identified Arapahoe County as a “moderate risk” county for early childhood development.³¹

Notes About Convening Process and Description of Participants: This conversation resulted from the networks of Learning Community members. Mile High United Way is a funder, through the Arapahoe Early Childhood Council, of “Make and Take” programs at a couple of Arapahoe Library District libraries. The natural leader in this case was the facilitator of one of those library-based programs. She convened 10 women prior to the usual Make and Take time, so that they could tell us about their experiences as FFN providers. This group had the highest socioeconomic status of any that we met with. Participants were already actively seeking out and taking advantage of available resources. This conversation was conducted in English.

Highlights: For the first five or so minutes of this conversation, the facilitators feared that they did not actually have a group of FFN providers. Each woman talked about her own child or children, but did not make reference to any others. It took a few layers of probing questions to get answers like “Oh, well, the neighbor’s kid comes over for play dates three times per week,” or “my nephew is at my house a lot.” In other words, as we have seen elsewhere, they were FFN providers—they just did not know it. The women in the group included a grandma who promised her children that she’d care for any and all of their kids for the first six months after birth and a young mother with a Master’s degree in Special Education and training in speech and language development. The grandmother reported that she thought it important to provide constant attention and affection to the very young child in a way that typically does not happen in a center. She also bemoaned the influence of smart phones and technology in general upon parents’ ability to provide this degree of attention. All of the participants, again, expressed interest in trainings and resources. They acknowledged the resources they already had access to as valuable—the Make and Take giving them creative activities and connecting those ideas to developmental practice, for instance—but wanted more: potty training, literacy support, behavioral modification, knowledge about developmental milestones (i.e. “at six months, a child should be able to...”). Speaking from experience, they observed that to connect to services in Arapahoe County, one has to actively seek them out. Toward the end of the conversation, the natural leader asked an interesting question: who among the assembled group felt as though she had a child care “mentor?” It drove home an important point: supports come not just from the organizational, programmatic, or systems level. Supports also come from peers who can diminish one another’s isolation, offer a sounding board, and provide experience-based responses to questions and doubts.



³¹ Colorado Early Childhood Leadership Commission. (2011), *supra*.

December 1, 2012: Denver, Somali Bantu Refugees

Community Profile: This conversation took place at a public recreation center adjacent to a public housing community that has a substantial population of Somali Bantu refugees. The Somali Bantu, owing in part to their historical victimization by the Arab slave trade, are a historically persecuted minority population in Somalia; they are ethnically, linguistically and culturally distinct from mainstream Somalis. Starting around the turn of the 21st century, the U.S. State Department made resettlement of Somali Bantu refugees a priority, and several thousand immigrated, with Denver one of several destination cities. The refugees began to arrive in 2003, and were clustered into public housing communities.

Notes about Convening Process and Description of Participants: Several of the Learning Community members reached out to the Director of the Office of Community Support in Denver's Agency for Human Rights and Community Relations, who in turn connected us with the president of the local Somali Bantu community organization. This natural leader volunteered to both convene the conversation and serve as translator; none of the participants spoke English. Eleven women and one man participated in the conversation on a Saturday morning. The community conversation was conducted in English and in the group's Bantu dialect.

Highlights: This conversation came late in the process, by which point the Learning Community had already heard many moving stories and learned a great deal about providers' struggles with isolation and a lack of resources and support. We were excited to add the feedback of this unique and culturally rich group to our understanding of informal care settings in Colorado. What we found was fascinating and inspiring. First, the 12 participants brought with them to the conversation approximately 60 children. Not including their own children—whose numbers ranged between three and 12 per participant—the 12 participants reported caring for a total of 84 children on a regular basis. When asked what they would like to share about their community, the matron in the room stated that the Somali Bantu live here like they do in their villages in Somalia: they will take care of one another and the children. They noted that despite living in Central Denver, there were no external resources that they could take advantage of given their particular dialect. Their internal resources, in terms of a tight-knit community that does whatever is necessary to wrap its arms around and provide care for its children, are substantial. The participants seemed to view all of the community's children as their own. We can build on these resources with external supplements to help ease the transition to life in Denver for these refugees and their children.



We must be conscious, however, of how these efforts to ease transition can be perceived as forced assimilation. The matriarch figure in the room, to whom the younger women deferred, expressed concerns that their children would integrate into American society to the extent that they would lose their culture—especially worrisome given cultural expectations that children should grow up and care for their parents and older relatives in their old age. The group was very aware of the importance of retaining one’s language and culture, and expressed concerns that the older children in particular may be losing their sense of these cultural assets due to a lack of culturally sensitive resources available to the community. For instance, the man present said that when he talks to his high school-age relatives enrolled in public schools, it is clear that they are losing their ability to speak the Bantu dialect. Parents cannot communicate with teachers, and cannot help with school assignments due to the language barrier. When asked about what resources they would like, they said they would like a pre-school especially for their children, with adults who speak the native dialect and are able to help the children learn within their culture. Participants’ knowledge of healthy child development, necessarily based in large part on physical health guidance received during the refugee and resettlement processes, can be supplemented with ways to be more intentional about cognitive development.



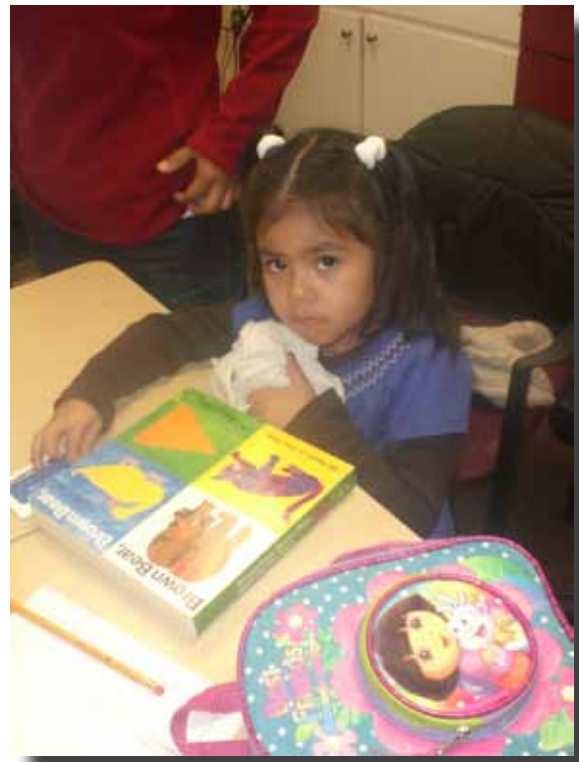
Many of the women said they would be interested in developing child-rearing skills/ECE credentials as a career path, but all of the participants were preliterate, which would present a challenge in this regard. None of the participants worked, as the language barrier prevented them from doing so. They had other requests not specifically related to child care, but eye-opening nonetheless. The entire community celebrates their “birthdays” on January 1 of each year. They do not keep track of birthdays in Somalia, so they were all assigned a birthday of January 1, with a best guess as to the year, by immigration officials. They asked for help to buy cake and celebratory items. Here was an isolated, tight-knit enclave thousands of miles from their homeland, simply trying to do the best they can to sustain their culture and care for their children in the manner they know. Also fascinating were the reactions of the community members we encountered on the fringes of this conversation: the recreation center employees were thrilled that we were convening the parents, and reported that they always see the kids around and have tried to engage them in center activities. We learned that the children frequently take part in outdoor activities in the community, soccer being the most notable example. The recreation center art teacher approached us afterward and asked if we could share anything we had learned so that he could better serve the children. In short, there is no shortage of community members who are eager to engage Somali Bantu families in culturally sensitive activities.

January 15, 2013: Denver, Clínica Tepeyac

Community Profile: Clínica Tepeyac is located in Denver’s Globeville neighborhood, at 51st Avenue and Lincoln Street. Its mission is to provide culturally competent health care and preventive health services for the medically underserved. According to the Piton Foundation’s neighborhood profile, culled from census data, Globeville’s population is nearly 68 percent Latino—more than twice the citywide rate—with nearly 40 percent of the population having been born outside the United States. Only 36 percent of the population has a high school diploma or better level of educational attainment. The poverty rate is nearly double the citywide average, at 19.8 percent. Nearly 30 percent of children in Globeville live in poverty.³²

Notes about Convening Process and Description of Participants: The facilitator of these conversations had previously provided two courses—one on brain development and one on language acquisition—to women the clinic had recruited to provide child care during its health education classes. The clinic’s goal was to improve participation in its classes by providing better-credentialed individuals to watch participants’ children. Of the group of women trained for this purpose, six participated in this conversation and reported caring for 23 children. Of the six women, five reported being compensated monetarily for the care they provide. This conversation was conducted in Spanish.

Highlights: Participants identified love and attachment as powerful motivators for their work, and for their desire to improve their skills. The women reported that they sometimes feel guilty because the children they watch are so bonded to them: the children are asleep when they come in the morning, so the FFN providers are the first adults they see when they wake up. The children sometimes cry when their parents come to get them in the evening. The facilitator reported that in all her years working with FFN providers, this group was perhaps the first to report no challenges whatsoever in regard to their relationships with the parents of the children for whom they care; in her experience, complaints about parents taking providers for granted, being too demanding, etc., are far more common than are complaints about the children; however, those struggles with parents were not present at all in this case. All the women in attendance expressed interest in further trainings, which echoed the major themes observed elsewhere: child development, language development, how to use books most effectively, activity ideas. One provider in this group expressed interest in learning about gender differences in terms of processing and learning styles, behavior management, etc. Another said that she watches some older children, ages 8 to 11, who are always bored. She wanted ideas about how to better engage with this age group. One interesting distinction was raised: these providers felt somewhat less responsible for academic development and that their role was more aligned with promoting social development. The distinction between the Spanish verbs *educar* and *preparar* was discussed. Children who were *educado* were well mannered, honest, respectful, quiet, attentive, etc., whereas *preparado* refers to academic and cognitive achievements. These providers expressed more concern with the former than with the latter, saying it was up to the parents to support success in academic pursuits. Like the PASO providers who had also received training on brain development and language acquisition, these providers answered confidently that yes, they were doing a good job with the children in their care.



Appendix B:

County-Level Data³³

Arapahoe County	
Number of children under 6 (2011)	48,736
Number of children ages 6 to 13 (2011)	66,224
Percentage of children under 6 in poverty (2009-2011)	20.4%
Number of children under 6 needing care (2009-2011)	31,362
Number of licensed child care spaces	
<i>Children Under 2</i>	3,247
<i>Children Ages 2-5</i>	6,520
<i>School-Age Children</i>	4,758

Delta County	
Number of children under 6 (2011)	2,031
Number of children ages 6 to 13 (2011)	2,942
Percentage of children under 6 in poverty (2009-2011)	30.5%
Number of children under 6 needing care (2009-2011)	901
Number of licensed child care spaces	
<i>Children Under 2</i>	53
<i>Children Ages 2-5</i>	149
<i>School-Age Children</i>	63

Denver County	
Number of children under 6 (2011)	53,954
Number of children ages 6 to 13 (2011)	57,416
Percentage of children under 6 in poverty (2009-2011)	33.1%
Number of children under 6 needing care (2009-2011)	30,882
Number of licensed child care spaces	
<i>Children Under 2</i>	3,579
<i>Children Ages 2-5</i>	6,461
<i>School-Age Children</i>	3,880

³³ Data provided by the Colorado Children's Campaign KIDS COUNT Data Center.

Montezuma County	
Number of children under 6 (2011)	1,911
Number of children ages 6 to 13 (2011)	2,637
Percentage of children under 6 in poverty (2009-2011)	26.9%
Number of children under 6 needing care (2009-2011)	1,228
Number of licensed child care spaces	
<i>Children Under 2</i>	68
<i>Children Ages 2-5</i>	419
<i>School-Age Children</i>	48

Pueblo County	
Number of children under 6 (2011)	12,450
Number of children ages 6 to 13 (2011)	17,437
Percentage of children under 6 in poverty (2009-2011)	31.3%
Number of children under 6 needing care (2009-2011)	7,765
Number of licensed child care spaces	
<i>Children Under 2</i>	528
<i>Children Ages 2-5</i>	985
<i>School-Age Children</i>	644

Weld County	
Number of children under 6 (2011)	23,862
Number of children ages 6 to 13 (2011)	32,620
Percentage of children under 6 in poverty (2009-2011)	25.7%
Number of children under 6 needing care (2009-2011)	13,933
Number of licensed child care spaces	
<i>Children Under 2</i>	883
<i>Children Ages 2-5</i>	2,488
<i>School-Age Children</i>	921

Yuma County	
Number of children under 6 (2011)	928
Number of children ages 6 to 13 (2011)	1,132
Percentage of children under 6 in poverty (2009-2011)	8.3%
Number of children under 6 needing care (2009-2011)	499
Number of licensed child care spaces	
<i>Children Under 2</i>	77
<i>Children Ages 2-5</i>	126
<i>School-Age Children</i>	56

For more information, contact the Colorado Family, Friend, and Neighbor
Community at ffn@claytonearlylearning.org