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## The Arizona Kith and Kin Project Evaluation, Brief #4

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**INDIGO**  
CULTURAL CENTER

*The Arizona Kith and Kin  
Project Evaluation*

**Brief #4:**  
*Increasing Cultural and Social  
Capital by Linking Family, Friend,  
and Neighbor Providers to  
Resources in the Early Childhood  
System*

**Prepared by**  
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Institute for Child Development  
Research & Social Change  
Indigo Cultural Center, Inc.

Report Released October 2016

Report prepared for:





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## **Report prepared for:**



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# Executive Summary

Despite the prevalence of family, friend, and neighbor (FFN) child care (NSECE, 2015), relatively little is known about the characteristics of this type of care, quality of care, and the features of effective quality improvement initiatives for FFN care providers. In general, the early childhood field has remained relatively silent about FFN child care in policy and research discourses surrounding child well-being and quality initiatives (Shivers, 2012; Whitebook et al., 2004).

The overall goal of the analyses described in this brief, Brief #4 in a series of four, was to explore and analyze FFN providers' awareness and use of community resources. This sample was obtained by collecting data from providers involved in a 14-week training-support group intervention known as the *Arizona Kith and Kin Project*. The providers in the *Arizona Kith and Kin Project* represent a critical population of providers who are serving young children in Arizona.

The *Arizona Kith and Kin Project* is a program of the Association for Supportive Child Care (ASCC), a nonprofit child care agency that was founded in 1976 to improve the quality of care for Arizona's children. The program was established in 1999 to provide ongoing early childhood training and support to family, friend, and neighbor caregivers. The goals of the program are to (1) improve the quality of child care through training; (2) increase caregivers' knowledge and understanding of early child development; and (3) increase caregivers' knowledge and understanding of health and safety issues to provide safe child care environments. The *Arizona Kith and Kin Project* provides a 14-week, two-hour support group training series for Spanish and English speaking and refugee caregivers, with most training-support sessions offered in Spanish.

The evaluation for the *Arizona Kith and Kin Project* is ongoing and most notably involved an extensive four (4) year data collection process conducted by the *Indigo Cultural Center*, which included a larger set of data and measures not represented in the present brief.<sup>1</sup> The research questions explored in '*Brief #4: Increasing Cultural and Social Capital by Linking Family, Friend, and Neighbor Providers to Resources in the Early Childhood System*' are the following:

**Research Question #1:** To what extent did FFN providers increase their awareness and knowledge of community resources as a result of participating in the *Arizona Kith and Kin Project*?

**Research Question #2:** What were the most common types of resources and referrals shared with and requested by FFN providers who participated in the *Arizona Kith and Kin Project*?

**Research Question #3:** What were the common perceived strengths, barriers, and challenges to accessing community resources by FFN providers who participated in the *Arizona Kith and Kin Project*?

The data collection protocol for the findings presented in this brief consisted of three distinct forms and phases of data collection with project participants: 1) tracking resources and referrals that were offered to project participants during the course of the 14-week project; 2) provider feedback data collected at the end of the project via a pen and paper survey; and 3) focus groups with a select group of providers.

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<sup>1</sup> This brief is the final of four that highlights major findings from the *Arizona Kith and Kin Project* evaluation. For copies of the other three briefs, please contact Dr. Eva Marie Shivers: Eshivers@IndigoCulturalCenter.org.

# Executive Summary

## Results

A majority (74%) of providers self-reported that they increased their awareness of community resources during the course of the *Arizona Kith and Kin Project*. 64% requested a resource or referral during the project, and of those that requested a resource, almost half (45%) of the participants reported receiving or accessing the service. This self-reported number of received services aligns closely to the findings from the independently tracked data in the project's database (46%).

A total of almost 4,000 referrals were given over a three-year period (n=3,968 referrals). Referrals requested were a combination of traditional 'professional development' resources (e.g., additional training in child development; assistance with licensing and certification) and 'family support' resources (e.g., access to G.E.D. programs; English as Second Language – ESL – classes; help enrolling for health insurance for children). The top 5 requested resources were:

1. Adult education: GED/Literacy/Financial Literacy/ESL (990 referrals)
2. Help with child care regulation status (e.g., certification; licensing; register with CCR&R) (616 referrals)
3. Food program for child care (583 referrals)
4. Child care training & professional development (527 referrals)
5. Health insurance/health care (511 referrals).

The rate of follow-through to receipt of services was 46%.

In the final part of our analysis, we conducted qualitative analysis from four focus groups with graduates of the *Arizona Kith and Kin Project*. We discovered that the majority of the feedback were positive comments related to how proactive the staff was with referrals. We also thought it was important to explore and understand barriers and challenges in the referral process. So we also explored commonly perceived barriers and challenges to accessing community resources perceived by FFN providers who participated in the *Arizona Kith and Kin Project*. The top perceived barrier themes that emerged from an analysis of four focus group transcripts were: timing of receipt of referral; and no on-site child care provided for other community professional development activities.

## Discussion

We found that most of the resources and referrals requested were a mix of 'family support' services and professional development variables. These findings are highly illustrative of the nature of FFN child care, which several researchers have argued falls in between these two siloed systems (Wilder & Bruner, 2011; O'Donnell et al., 2006). Based on the findings presented in this brief, we argue that integrating a family support lens (or human capital lens) into emerging professional development frameworks might be a promising strategy (Garcia Coll et al., 1996; Howes, Wishard Guerra, & Zucker, 2007; Suarez-Orozco, Yoshikawa, & Tseng, 2015).



# Introduction

## Family, Friend, and Neighbor (FFN) Care and Its Importance in the Child Care Continuum

“Kith and kin”, “informal”, or “family, friend, and neighbor (FFN)” child care is one of the oldest and most common forms of child care (for a comprehensive review see Susman-Stillman & Banghart, 2008). This type of care is usually defined as any regular, non-parental child care arrangement other than a licensed center, program, or family child care home; thus, this unregulated care usually includes relatives, friends, neighbors, and other adults caring for children in their homes (Brandon, Maher, Joesch, & Doyle, 2002). The prevalence of informal child care has been well documented by researchers over the past decade (e.g., Capizzano & Adams, 2003). Scholars estimate that from a third to one half of all children under five are in FFN child care arrangements, rendering this form of care as the most common non-parental child care arrangement for young children in the United States. (Boushey & Wright, 2004; Johnson, 2005; Maher & Joesch, 2005; NSECE, 2015; Porter, Rice, & Mabon, 2003; Snyder & Adelman, 2004; Snyder, Dore, & Adelman, 2005; Sonenstein, Gates, Schmidt, & Bolshun, 2002). Results from a recent national survey (National Survey of Early Care and Education) suggest that the numbers of young children in FFN settings may be even higher than earlier estimations (e.g., up to 70% of children reported to be in child care settings where the provider is “unlisted/unpaid.”) (NSECE, 2015).

## The *Arizona Kith and Kin Project* Evaluation Brief Series

This brief is the fourth in a series of four that highlights major themes from a four (4) year study designed to assess the effectiveness of the *Arizona Kith and Kin Project* – a 17 year-old community-based, grass-roots child development support and training intervention program. Each of the four briefs explores a salient theme that emerged from the study, including:

- Improving quality of care in family, friend, and neighbor (FFN) child care settings (Brief #1);
- Latina FFN provider characteristics and features of the care they provide (Brief #2);
- Professional development with FFN providers: Implications for dual language learners (Brief #3);
- Increasing cultural and social capital by linking Family, Friend, and Neighbor providers to resources in the early childhood system (Brief #4).



# Introduction

Scholars and policy makers are becoming more aware of how issues related to child care selection and enrollment in early care and education programs can help gain deeper understanding into the experiences and perceptions of marginalized families (Mendez, Crosby, Helms, Johnson, & Rodriguez, 2016; Vesely, Ewaida, & Kearney, 2012). Research also shows that some families, particularly those who are newcomers to the United States, want to use family members for care because of the shared culture, home language, values, and childrearing practices (Brandon, 2002; Espinosa & Calderon, 2015; Shivers, 2006; Yoshikawa, 2011).



The selection of specific child care arrangements can represent family and cultural community-held notions about their host community as well as families' human, social, and navigational capital (e.g., social support, access to resources; experiences with social institutions; access to information about child care and other social programs) (Vesely, et al., 2012). Since research tell us that the socio-economic and cultural backgrounds of FFN providers often match those of the children's families (Anderson et al., 2005; Porter & Kearns, 2005; Shivers, 2006; Susman-Stillman & Banghart, 2008), it is also important to explore how training and support programs address providers' access to resources. Intentionally including access to community resources is one way a program can increase FFN providers' human, social, and navigational capital<sup>2</sup>, which in turn can simultaneously move providers along the professional development continuum as well as improve developmental outcomes for young children (Chase & Bruner, 2011; Vesely, Ewaida, & Kearney, 2012; Vesely & Ginsberg, 2011). Indeed, frameworks for supporting FFN child care providers increasingly call for integrating the dual frames of family support (grounded in principles of family strengths,

voluntary relationships, and respect for cultural differences) and professional development investment (Chase & Bruner, 2011; O'Donnell, Cochran, Lekies, Diehl, Morrissey, Ashley, & Steinke, 2006; Shivers, 2008).

The broader evaluation strategy for the *Arizona Kith and Kin Project* was designed to enhance the limited body of research on expanding opportunities for supporting FFN child care providers. Our hope is that these findings will stimulate future research and policy discussions that can be leveraged to push the field toward an evolution of professional development models that authentically include FFN providers, and ultimately, toward incorporating FFN initiatives into states' larger quality improvement and early childhood systems.



<sup>2</sup> See section on Theoretical Framework for definitions and examples of human, social, and navigational capital (adapted from Vesely et al., 2012).



# Description of the *Arizona Kith and Kin Project*

The *Arizona Kith and Kin Project* is a program of the Association for Supportive Child Care (ASCC), a nonprofit child care agency that was founded in 1976 to improve the quality of care for Arizona's children. ASCC oversees and coordinates the *Arizona Kith and Kin Project* as well as other early childhood programs. The program was established in 1999 to provide ongoing early childhood training and support to family, friend, and neighbor caregivers. The goals of the program are to (1) improve the quality of child care through training; (2) increase caregivers' knowledge and understanding of early child development; and (3) increase caregivers' knowledge and understanding of health and safety issues to provide safe child care environments.

The *Arizona Kith and Kin Project* provides a 14-week, two-hour support group training-support series for Spanish and English speaking and refugee caregivers, with most training-support sessions offered in Spanish. The training-support sessions are held at various community partner locations such as: Head Start centers, faith-based organizations, public libraries, elementary schools, and local community centers that have an adjoining space for child care. The program provides transportation for caregivers who are located within a five-mile radius of the training location and on-site child care by experienced and trained child care providers during each training-support session. Most training-support sessions are offered during the day and sometimes in the evenings or weekends. During the time period of the present evaluation, from 2010 to 2015, the *Arizona Kith and Kin Project* has offered over 300 sessions, including sessions in Coconino, La Paz, Maricopa, Mohave, Pima, Yavapai, and Yuma counties, and serves a total of 1,670 providers each year.

Over the past 17 years, the *Arizona Kith and Kin Project* has developed a statewide and national reputation for their successful recruitment and retention of Latina providers (Porter et al., 2010; Ocampo-Schlesinger & McCarty, 2005). The *Arizona Kith and Kin Project's* approach to participant recruitment is based on a history of developing strong partnerships with other community-based entities that are trusted by the residents of those neighborhoods and communities. Another important strategy for recruitment is involving an individual community partner as a co-facilitator during the training (a more in-depth description of the *Arizona Kith and Kin Project* can be found at <http://www.asccaz.org/kithandkin.html>).

## Theoretical Framework for Evaluation and Present Analyses



Family, friend, and neighbor care has typically been viewed as an informal type of child care, as a family social support system, or as both. Some researchers argue that FFN care often falls through the cracks because its placement on the child care continuum highlights the unfortunate 'silos' in the early childhood system. FFN care is located at the nexus of the parental/family support field and the early care and education field (O'Donnell et al., 2006; Hoffman & Conway Perrin, 2009; Wilder & Bruner, 2012). Consequently, improvement strategies commonly involve opening access to materials, training, and/or technical assistance to improve the quality of FFN care opening access to family support services to enhance overall family health and child development. There are few intervention approaches with FFN care that truly embrace models from both fields of family support and early care and education.

# Description of the *Arizona Kith and Kin Project*

We believe that understanding and exploring FFN providers' awareness and use of community resources provides valuable insights that can shape current and future services that align with broader early childhood professional development goals. Colleen Vesely and colleagues (2012) use findings from a qualitative study with immigrant mothers to posit that high quality early childhood programs can build various types of 'capital' necessary for parenting in a new host community. The various types of capital they describe are: 1) *human capital* (e.g., personal characteristics, skills, and capabilities that influence financial well-being such as, education, language skills, documentation status, etc.); 2) *social capital* (e.g., benefits and resources caregivers receive through social relationships such as, informational support, logistical support, emotional support; and 3) *navigational capital* (e.g., abilities and strategies needed to maneuver systems and institutions that are generally less accessible to marginalized communities such as early intervention services, enrolling in preschool programs and kindergarten, health care enrollment, counseling and mental health services, etc.). Based on our reading of the literature and deep knowledge of FFN providers, we argue that providing thoughtful, well organized and supported community resources to FFN providers increases their human, social, and navigational capital and paves a path toward professional development (O'Donnell et al., 2006; Vesely et al., 2012; Vesely & Ginsberg, 2011).

Viewing FFN providers' access to community resources through this integrated early learning framework could provide insight into how early childhood policies can truly address the entire continuum of child care (from informal to formal child care settings) in ways that best nurture and fit the needs and situations of the children in every type of care setting. With this in mind, we present our research questions in the box below.

## **Focus of Brief #4: Increasing Cultural and Social Capital by Linking Family, Friend, and Neighbor (FFN) Providers to Resources in the Early Childhood System**

**Research Question #1:** To what extent did FFN providers increase their awareness and knowledge of community resources as a result of participating in the *Arizona Kith and Kin Project*?

**Research Question #2:** What were the most common types of resources and referrals shared with and requested by FFN providers who participated in the *Arizona Kith and Kin Project*?

**Research Question #3:** What were the common perceived strengths, barriers, and challenges to accessing community resources by FFN providers who participated in the *Arizona Kith and Kin Project*?

While many state systems are spending significant time and resources on developing the infrastructure of their professional development systems (Annie E. Casey Foundation, n.d.; Institute of Medicine (IOM) and National Research Council (NRC), 2015), there is limited attention, strategies, and policy recommendations that incorporate an authentic understanding of the unique needs of Family, Friend, and Neighbor child care providers. As we have noted in previous briefs, there is a shortage of evaluation studies that provide insight into how to integrate FFN providers into quality improvement initiatives generally, and into professional development systems in particular. We hypothesized that exploring FFN providers' awareness and use of community resources (in the context of increasing human, social, and navigational capital) can provide valuable insights that can help shape current and future services that align with broader early childhood professional development goals.



# Research Approach and Methodology

## Overall Evaluation Design<sup>3</sup>

The findings of the present brief are part of a much larger four (4) year evaluation agenda. The evaluation was designed to provide summative and formative data for the project developers. Performance measures were based on the project developers' theory of change and on child care research on effective professional development for early care and education caregivers. The purpose of the overall evaluation was three-fold: first and foremost, it was intended to determine whether the *Arizona Kith and Kin Project* met its stated objectives and outcomes. Second, the evaluation was designed to provide insight and feedback to the program's developers as they move forward to bring the program to scale across the state of Arizona. Third, findings from this evaluation were expected to point to other research questions that researchers and future evaluations can explore, to push the field toward a deeper understanding of FFN professional development models, provider outcomes, and ultimately, toward incorporating FFN initiatives within states' larger professional development systems.

## Evaluation Procedures: Brief #4

The data collection protocols for the findings presented in this brief consisted of three distinct forms and phases of data collection with project participants: 1) tracking resources and referrals that were offered to project participants; 2) collecting provider feedback data at the end of the project via a pen and paper survey; and 3) conducting focus groups with a select group of providers. Detailed descriptions of each phase of data collection are provided in the results section.



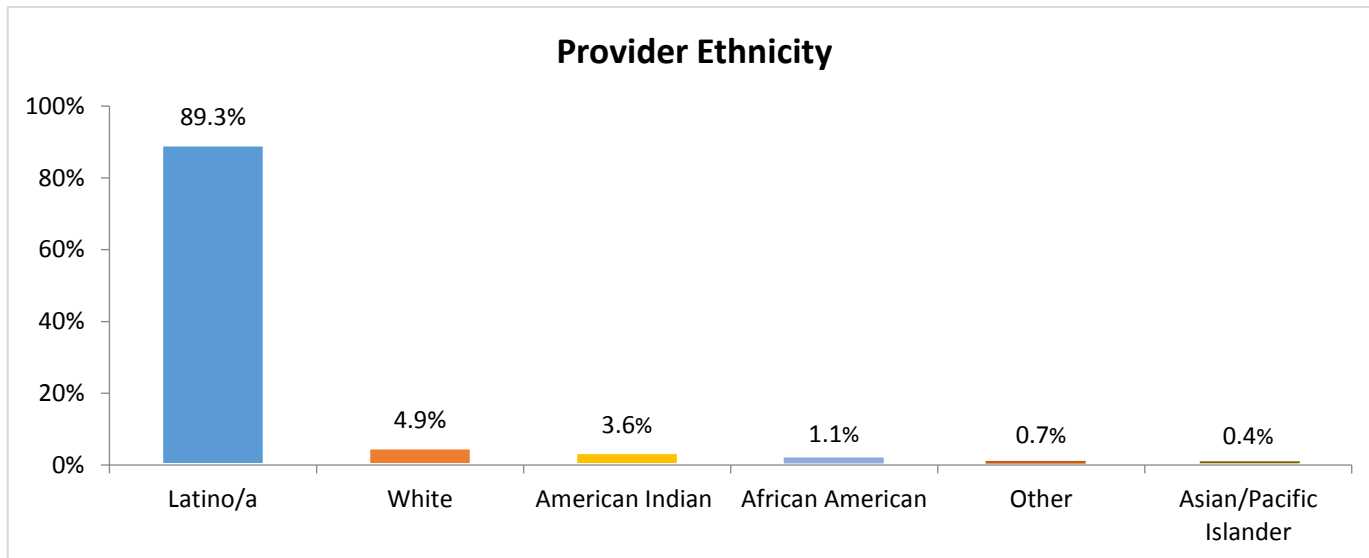
<sup>3</sup> For a more in-depth description of the overall evaluation methodology – including the logic model and theory of change, please refer to Brief #1 in this series (Shivers, Farago, & Goubeaux, 2016).

# Research Approach and Methodology

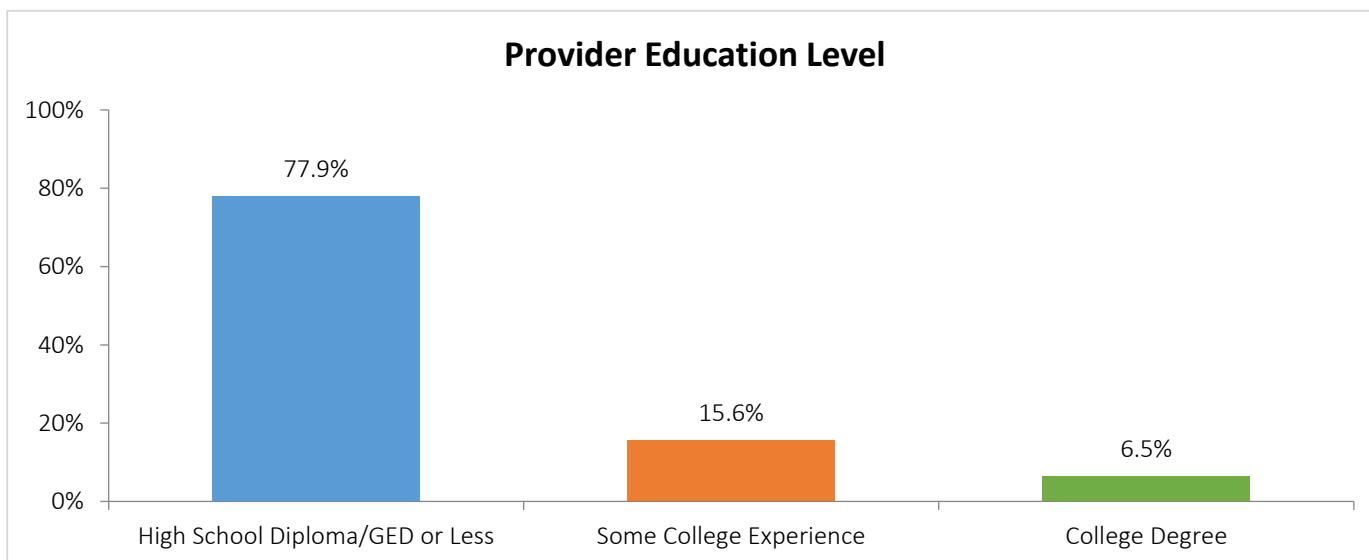
## Description of Participants: Brief #4

The charts below describe general characteristics among our larger sample that was represented in the project's referral database<sup>4</sup>.

### Background Characteristics of Providers (n = 4,121)



**\*94% of Latino/a providers were of Mexican heritage**



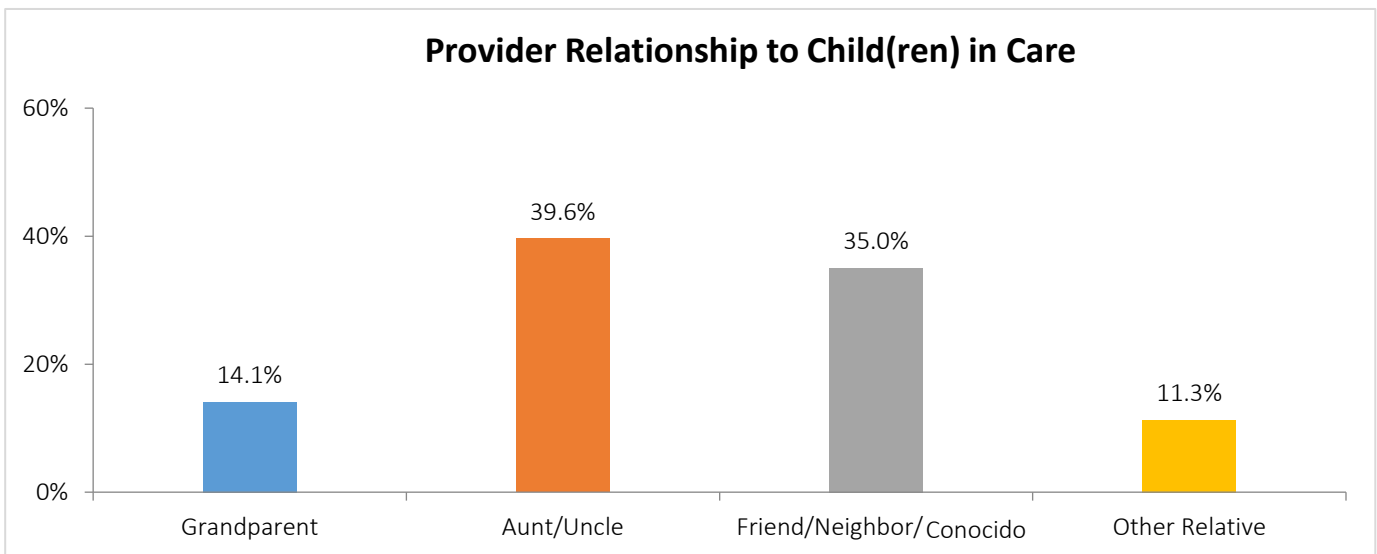
<sup>4</sup> For a more in-depth description of the *Arizona Kith and Kin Project's* participants, please refer to Brief #2 in this series (Shivers, Yang, & Farago, 2016).



# Research Approach and Methodology

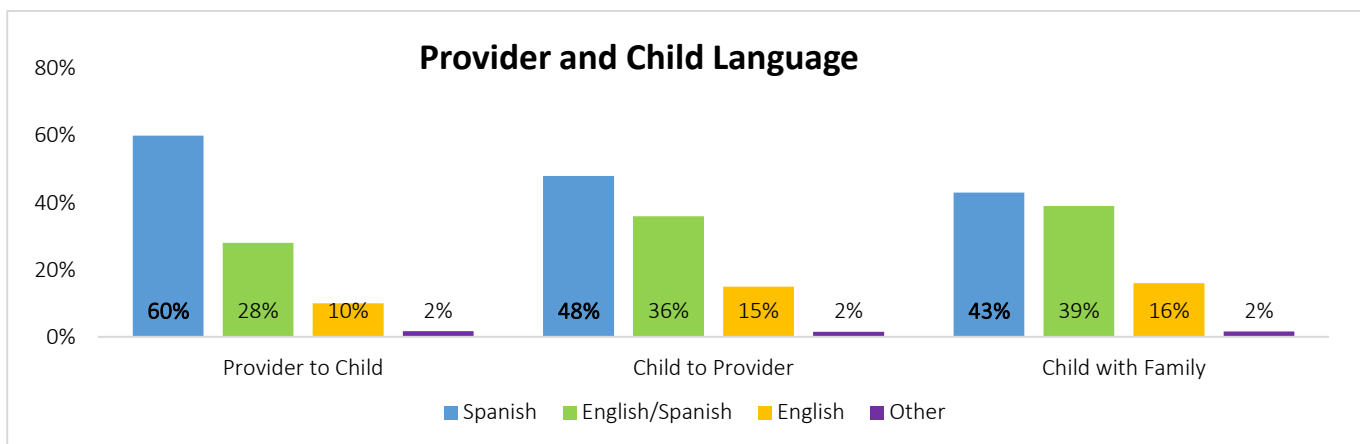
## Provider Household Income<sup>5</sup>

	Frequency	Percentage	
100% U.S. Federal Poverty Level \$24,300*	Less than \$10,000	975	26.9%
	\$10,000-\$14,999	642	17.7%
	\$15,000-19,999	454	12.5%
	\$20,000-24,999	394	10.9%
	\$25,000-29,999	223	6.1%
	\$30,000-34,999	159	4.4%
	\$35,000-39,999	103	2.8%
200% U.S. Federal Poverty Level \$48,600*	\$40,000-44,999	59	1.6%
	\$45,000-49,999	31	.9%
	\$50,000-59,999	25	.7%
	\$60,000-74,999	22	.6%
	\$75,000-99,999	8	.2%
	\$100,000 or more	4	.1%
	Decline to answer	532	14.7%
<b>Total</b>	<b>3,631</b>	<b>100.0%</b>	



<sup>5</sup> 86% of providers reported 2-4 adults living in the household ( $M = 2.59$ ;  $SD = 1.26$ ). 79% of providers reported living with a partner. U.S. Federal Poverty Levels notated above are based off of a four-person household.

# Research Approach and Methodology



## Other Background Characteristics of Providers

Ninety-five percent (95%) of providers were female, and 91% of providers were younger than 49 years-old. Sixty-eight percent (68%) were between the ages of 20-40. The average number of adults in the home was 2.56 ( $SD = 1.13$ ), and the average number of children living in the home with the provider was 2.64 ( $SD = 1.43$ ). The average number of years providers reported living in the United States was 14.8 years ( $SD = 8.85$ ).

## Conditions of Child Care

On average, providers have cared for other people's children for approximately 7 years ( $M = 7.02$ ,  $SD = 7.84$ ). On average, the largest number of children in care who were under the age of 6, was 2.40 ( $SD = 1.87$ ). Sixty-seven percent (67%) of providers reported taking care of children during traditional child care hours (i.e., weekdays between 7 am - 6 pm), and an additional 20% reported providing care during both traditional and non-traditional hours (e.g., weekends, late evenings).

## Limitations of the Study: Brief #4

1. A major limitation to the study includes the possibility of a self-selection bias insofar as the *Arizona Kith and Kin Project* was a service for which FFN providers volunteered. It may be that seeking out this type of experience is a characteristic of providers who are more inclined to pursue growth opportunities and are ready to learn, and are not necessarily a representative demographic of Latina providers and dual language learners in FFN settings in Arizona.
2. The sessions provided by the *Arizona Kith and Kin Project* Specialists were designed to be adapted according to the ebb, flow, and interests of the providers present at each session. The hallmark of effective adult learning strategies, and indeed one of the unique features and strengths of the *Arizona Kith and Kin Project's* design, is tailoring the mix and intensity of activities and discussions to the unique needs of the providers present in each session (Kruse, 2012). Consequently, there was variability in program implementation at all sites<sup>6</sup>.

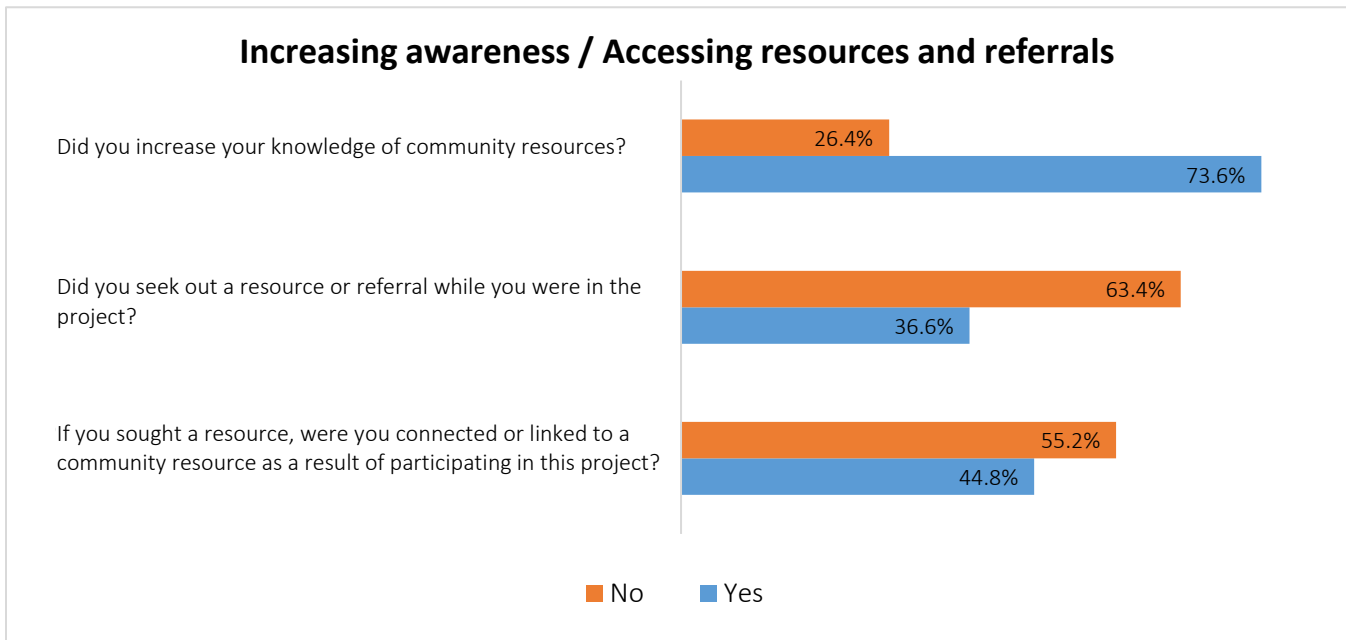
<sup>6</sup> At the time of the drafting of this report, the *Arizona Kith and Kin Project* was engaged in a fidelity study to address whether the flexibility in programming can be conducted with fidelity.



# Results

**Research Question #1:** To what extent did FFN providers increase their awareness and knowledge of community resources as a result of participating in the *Arizona Kith and Kin Project*? (n = 1,461 providers)

At the end of the project, providers were asked to fill out a survey ('Post-Test') that asked questions related to their knowledge about child development; demographic information; and questions related to access to and knowledge of community resources. The following data was analyzed from 'Post-Test' data collected from 2015-2016.



# Results

**Research Question #2:** What were the most common types of resources and referrals shared with and requested by FFN providers who participated in the *Arizona Kith and Kin Project*? (n = 3,968)

Referrals were tracked by the Career Development Specialist in the *Arizona Kith and Kin Project*. This full-time position was created in 2013 in response to increasing awareness that program specialists were in a unique position to increase providers' capacity (on many levels) by providing community resources and referrals. The Career Development Specialist started conducting specialized training with the specialists who facilitate and conduct the training support groups to help them stay up-to-date on important community resources; attending sessions at sites throughout the state and talking individually to FFN providers; and always being available over the phone to answer questions and facilitate the application and receipt of services when needed. The Career Development Specialist tracked all referrals given and services received. The evaluation team provided database support and conducted quality assurance data checks once a quarter to make sure the database stayed up-to-date and that data was being entered accurately. The table below presents an analysis of the most common referrals offered. The data presented spans three years (2013-2016).

Referral Type*	Frequency of referral	Percent
Adult education: GED/Literacy/Financial Literacy/ESL	990	25.0
Movement towards regulation (e.g., certification; licensing; register with CCR&R)	616	15.5
Food program for child care	583	14.7
Child care training & professional development	527	13.3
Health insurance/health care	511	12.9
Head Start / Early Head Start	221	5.6
Food banks	216	5.4
Mental health/counseling	125	3.2
Domestic violence	56	1.4
Information about behavioral challenges and child development	46	1.2
Higher education scholarships / TEACH	17	.4
Legal services	17	.4
Substance abuse	15	.4
Early intervention (e.g., speech therapy)	11	.3
Apply for public assistance / help finding a job	10	.3
<b>Total</b>	<b>3,968</b>	<b>100.0</b>

\*1,831 of the referrals resulted in services received (approximately 46%).

# Results

**Research Question #3:** What were the common perceived strengths, barriers, and challenges to accessing community resources by FFN providers who participated in the *Arizona Kith and Kin Project*?

We chose this methodology because we were interested in providers' perspectives and reflections on different modalities of training material. Focus group interviews have proven to be an effective methodology for this purpose as they are best used in situations where the research topic is relatively less known, and the evaluation is expected to gain much from involvement of the interested community (Edmunds, 1999). Results from focus groups can also produce new data and insights that might not occur through individual interviews alone, and result in research findings that can stand alone or be combined with other sources of data as part of a comprehensive evaluation (Morgan, 1998). Focus groups have been used with FFN providers in particular as an effective way to gather nuanced perspectives on FFN care (Drake, Unti, Greenspoon, & Fawcett, 2004; Porter, 1998; Porter 1999; Porter et al., 2003).

Four separate focus groups were conducted with 10 former FFN project participants in each group (3 groups in Spanish; 1 group in English; 40 FFN providers total). Focus groups were audio recorded, transcribed and translated into English. Using open coding, we conducted a constant comparative analysis of the content of the participants' responses (Strauss & Corbin, 1998). By and large, the focus group transcripts revealed many, many positive statements about participants' experiences with the *Kith and Kin Project* and going through the referral process. It should be noted that for purposes of this brief, we only present the most salient condensed themes that emerged during our analysis. We offer these insights as a way to understand the data trends uncovered through the quantitative surveys and large database, and as a way to keep moving the conversation forward in terms of how we can improve programs and systems for FFN providers.

The most salient theme about successes that emerged from providers' conversations during the focus groups included the following:

## **1. Staff were very proactive in helping with referrals.**

*"They are always willing to give you the information and if they don't have it, they find out and they provide it to you."*

*"They have followed up with us and have been asking if we have gone to the classes, if we need additional information, if the information is enough, or if we need more."*

*"It has been a big support because they helped me step by step to reach my goal. They don't leave you, they are always there or checking on you to see if you have reached your goal or if you are stuck, they tell you, "Come on, I will help you with that." They are always willing."*

*"Even after the Kith and Kin classes are over, she said to contact her in case we need to find out about something or if we have a concern, and she gave us her contact information."*

*"I did not have to wait for weeks to get the information, she was calling me and told me, "[Carmen], it is a little expensive but I am going to find out another option that is less expensive so you don't have to keep waiting to save all the money for it." She did it fast— like if it was her own personal case!"*



# Results

The salient themes about barriers and challenges that emerged from providers' conversations during the focus groups include the following:

- 2. Timing of referrals** – Some FFN providers reported that they were so overwhelmed with new information and content from the classes, that they did not have the time to pursue additional referrals. They would have liked more follow-up after the session ended. That is when the realization and need surfaces.

*"If you're not gonna be using it [the community resource] right away, you're not going to invest in that, so it's timing also. And then also I think that there needs to be follow up with us to see if we are now at a point where we might want to do that."*

*"I also think that after we finish the program, would be important that they call us back to ask how we are doing, what new ideas or resources we have, so that can be integrated."*

*"Having the facilitator – maybe several times throughout the training, kind of let people know that these are areas I have additional resources for you on, but that not all of you may need these resources right now, and I'm always available after class if you'd like to stay. And I can provide those to you if you come and talk with me about it – even at another time."*

- 3. On-site child care** – In regards to accessing other training and professional development opportunities in the community (including pursuing higher education), many providers expressed a need for on-site child care.

*"Child care is an obstacle to obtaining more training."*

*"I would like to take it [child development training series], but I think the Specialist said they did not have child care. I have a 3 year-old girl, and I do not have family here, and I think it is a little complicated for me."*

*"The training sometimes is outside of the town where you live, for instance, I had to go to Coolidge. I have my mother in law that can take care of my kids, but there is people that don't have family to watch their kids."*



As stated earlier, it should be noted that the findings from the focus groups revealed overwhelming satisfaction and praise for the effectiveness of the *Arizona Kith and Kin Project* and gratitude for the additional referrals and services received. However, for purposes of this brief, we only present the most salient condensed themes that emerged during our qualitative analysis. We offer these insights as a way to understand the data trends uncovered through the quantitative surveys and large database, and as a way to keep moving the conversation forward in terms of how we can improve programs and systems for FFN providers.

# Discussion

In this fourth and final research brief – in a series of four – we focused on family, friend, and neighbor providers' experiences (e.g., awareness, desire, types, success, and barriers) with various community resources as result of participation in the *Arizona Kith and Kin Project* intervention. We highlight the major trends in our data analyses below.

A majority (74%) of providers self-reported that they increased their awareness of community resources during the course of the *Arizona Kith and Kin Project*. 64% requested a resource or referral during the project, and of those that requested a resource, almost half (45%) of the participants reported receiving or accessing the service. This self-reported number of received services aligns closely to the findings from the independently tracked data in the project's database (46%).

A total of almost 4,000 referrals were given over a three-year period (n=3,968 referrals). Referrals requested were a combination of traditional 'professional development' resources (e.g., additional training in child development; assistance with licensing and certification) and 'family support' resources (e.g., access to G.E.D. programs; English as Second Language – ESL – classes; help enrolling for health insurance for children). The top 5 requested resources were:

1. Adult education: GED/Literacy/Financial Literacy/ESL (990 referrals)
2. Help with child care regulation status (e.g., certification; licensing; register with CCR&R) (616 referrals)
3. Food program for child care (583 referrals)
4. Child care training & professional development (527 referrals)
5. Health insurance/health care (511 referrals).



As a result of qualitative analysis from four focus groups with graduates of the *Arizona Kith and Kin Project*, we discovered a majority of positive comments related to how proactive the staff was with referrals. We also thought it was important to explore and understand barriers and challenges in the referral process. In the final part of our analysis, we explored commonly perceived barriers and challenges to accessing community resources perceived by FFN providers who participated in the *Arizona Kith and Kin Project*. The top perceived barrier themes that emerged from an analysis of four focus group transcripts were: timing of receipt of referral; and no on-site child care provided for other community professional development activities.

## Discussion

A large part of the project's success can be attributed to the culturally responsive strategies in its design<sup>7</sup>. For example, the project's hiring strategies include an explicit and serious attempt to hire bilingual and bicultural Specialists and staff that share the same cultural heritage as the majority of participants. Specialists are also trained to facilitate discussions in a non-didactic manner that values and builds on providers' experiences. In addition, the *Arizona Kith and Kin Project* model is intentionally designed and implemented in a way that is flexible and responsive to the needs and desires of the providers who participate in any given group. Research demonstrates that agencies are successful at engaging participation from marginalized cultural communities when approaches for FFN training and support are flexible, voluntary, customized, and demonstrate respect for the inherent strengths of FFN care, the cultural differences, and the essential personal relationships of FFN providers (Chase, 2008; Kruse, 2012; Powell, 2008).



The data presented in this brief represent another important example of culturally tailoring programs to the communities served. Part of creating a culturally responsive program involves tailoring design and services to the population served. It has been highlighted in every brief in this series that the overwhelming majority of FFN providers served in the *Arizona Kith and Kin Project* identify as Mexican or Mexican American (Latina)—many of whom also immigrated to the United States. As a result of working closely with this population over the past 17 years, the *Arizona Kith and Kin Project* recognized a growing need and desire of FFN providers to access various community resources. In 2013, the *Arizona Kith and Kin Project* created a new position, the

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<sup>7</sup> Previous briefs in this series (Brief #1 and Brief #3) highlight successful outcomes for the *Arizona Kith and Kin Project* (e.g., provider-child communication; learning activities; health and safety; literacy environment; etc.)



## Discussion

Career Development Specialist, in response to increasing awareness that Program Specialists were in a unique position to increase providers' human, social and navigational capital by intentionally expanding the provision of and technical assistance with community resources and referrals. The Career Development Specialist started conducting specialized training with the specialists who deliver and facilitate the training support groups to help them stay up-to-date on important community resources; the Career Development Specialist attended sessions at sites throughout the state to talk with *Arizona Kith and Kin Project* groups about local resources, and talked individually to FFN providers who needed resources; and the Career Development Specialist was always available over the phone or email to answer questions and facilitate the application and receipt of services when needed.

How is our system currently able to meet the needs of the most marginalized child care providers? Understanding the current findings about community resource referrals in the context of an expanded professional development continuum lens, can open up important implications for creating an equitable early childhood system for the most marginalized child care providers and families. Currently, several other states and communities are looking for ways to bridge FFN child care providers to the larger quality improvement system and move them along the professional development continuum in part by opening up the same access to resources as regulated child care providers. What will it take for these states and communities to be successful at incorporating FFN providers into their early childhood systems – especially for providers who are outside of the mainstream, dominant cultural norm, and might have limited human, social and navigational capital? Based on the findings presented in this brief, we argue that integrating a family support lens (or human capital lens) might be a promising strategy (Garcia Coll et al., 1996; Howes, Wishard Guerra, & Zucker, 2007; Suarez-Orozco, Yoshikawa, & Tseng, 2015).



We found that most of the resources and referrals requested were a mix of 'family support' services and professional development variables. These findings are highly illustrative of the nature of FFN child care, which several researchers have argued falls in between these two siloed systems (Wilder & Bruner, 2011; O'Donnell et al., 2006). If we could truly create a framework of professional development that integrates a family support lens (or a human capital lens), could we be more effective at integrating FFN providers into our quality improvement system? Or alternatively, could we finally create a quality improvement and workforce development system that is truly reflective of and effective for the majority of child care providers in our country?

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