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Chapter 2: Where the children are: Exploring quality, community, and support for family, friend and neighbor child care

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Abstract

This chapter describes two studies examining quality of care in Family, Friend, and Neighbor (FFN) child care settings in two separate communities. The findings from two studies are shared and discussed through the use of a socio-cultural theoretical lens that necessitates an exploration of specific communities' histories as well as current political context. We explicitly list and describe implications for designing successful and culturally responsive professional development initiatives and policies that are responsive to this hard-to-reach group of providers and the families they serve.

Keywords: Family, friend, and neighbor (FFN) child care; culturally responsive; home-based child care; child care quality; early childhood education; child care providers; race socialization; adaptive culture; low-income; economic well-being; teacher beliefs

"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 care usually includes relatives, friends, neighbors, and other adults caring for children in their homes (Brandon, Maher, Joesch, Battelle, & Doyle, 2002). The prevalence of informal child care has been well documented by researchers over the past decade (e.g., Cappizzano & Adams, 2003; Susman-Stillman & Banghart, 2008). Scholars estimate that from a third to at least 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 U.S. (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).

Family, friend, and neighbor care is especially prevalent among low-income families and families of color (Brandon, 2005; Porter et al., 2010). Low-income families often choose FFN care as it is inexpensive, easy to access, and enables providers to also hold other part-time jobs (see Susman-Stillman & Banghart, 2008). Some studies have found that FFN child care is most frequent among Latino and Black families (Capizzano, Tout & Adams, 2000; Layzer & Goodson, 2006; Snyder & Adelman, 2004) and is particularly prevalent among immigrant groups, perhaps due to their reliance on extended family for support (Brown-Lyons, Robertson & Layzer, 2001; Casper, 1996; Porter et al., 2003; Shivers, 2012; Zinsser, 2001). Families of color may choose FFN care because they prefer that providers caring for their children share their culture, values, and language (Porter, 2006). In fact, research shows that FFN providers often

match the ethnicity of the children in their care (Layzer & Goodson, 2006; Shivers, 2004; Shivers, 2008). Provider-child ethnic match is considered by some parents and providers as particularly important for the transmission of cultural knowledge, values, and practices (Anderson, Ramsburg, & Scott, 2005; Drake, Unti, Greenspoon, & Fawcett, 2004; Guzman, 1999; Howes & Shivers, 2006; Shivers, Sanders, & Westbrook, 2011; Shivers, Howes, Wishard, & Ritchie, 2004; Wishard, Shivers, Howes, & Ritchie, 2002).

Despite the prevalence of FFN care, relatively little is known about the characteristics of this type of care, due to the long-time invisibility of FFN child care providers in policy and research discourses surrounding child well-being (Whitebook et al., 2004). Over the past couple of years, as researchers have struggled to understand the nature of FFN care, it has been observed and noted that many of the features of this type of child care more closely resemble parental care than center-based child care (Porter et al., 2010). Yet, many child care researchers continue to apply paradigms and frameworks to FFN care that have been developed for center-base care. As a result, FFN child care is frequently rated as providing the lowest quality child care (in comparative studies using global assessments of quality) (e.g., Fuller, Kagan, Loeb, & Chang, 2004). Some studies have argued that the uneven and low quality child care present in FFN care settings may have an adverse impact on children's and families' development (Fuller et al. 2004; Maher, 2007; Polakow, 2007; Porter et al., 2010). Increasingly, a major message in the campaign of quality for each and every child is the recognition that it is of paramount importance to ensure that children can thrive and access high quality care in whatever setting their family has chosen for them (Kreader & Lawrence, 2006; Susman-Stillman & Banghart, 2011). Rather than viewing these concerns as an argument *against* greater support for FFN care, increasing numbers of child and community advocates and policy makers argue that there is a need to examine and advance

strategies that can improve it– particularly considering that FFN care will continue to play a significant role in the lives of children most marginalized and at risk for not being ready for school (Annie E. Casey Foundation, 2006; Chase, 2008; Emarita, 2006; Kreader & Lawrence, 2006).

Increasing numbers of advocates, policy makers, and researchers have argued that in this era of scaling up Quality Rating and Improvement Systems (QRIS), while it is critical to expand financial support for formal quality child care programs and improve access for low-income families, it is also important to recognize that much can be gained by going to where the children are, and increasing training and support for FFN child care providers (Adams, Zaslow, & Tout, 2006; Brandon, 2005; Chase, 2008; Michigan's Early Childhood Investment Corporation, 2015; Thomas, Boller, Jacobs Johnson, Young, & Hu., 2015; Weber, 2013). Therefore, it is important to understand the characteristics and quality of care provided by FFN providers across diverse contexts. However, the scarcity of research on FFN care has made it difficult for researchers, advocates, and policy makers to assess the consequences of FFN care for children's well-being. The goal of this chapter is to describe studies conducted with two distinct populations of FFN providers, with a particular focus on the quality of care, diverse provider characteristics, and the socio-cultural contexts in which these providers and children are embedded. Policy implications, as well as implications for quality improvement and child well-being are discussed.

Centrality of Howes' Theoretical Framework to FFN Care

The prominent conceptual framework that informed the design and interpretation of findings for the two studies outlined in this chapter is Howes' developmental framework, which places children's development within ethnic, cultural, historical, and social contexts of communities, as well as within relationships with others (Howes, 2000; Howes, James, &

Ritchie, 2003; Rogoff, 2003). The cultural communities of FFN child care providers are important in understanding how FFN providers' beliefs and practices with children are influenced by the particular needs and goals of their communities. Howes' framework posits that providers' beliefs about child care and practices with children reflect the impact of a community's adaptive culture. Adaptive culture is a group of goals, values, attitudes, and behaviors that set families and children of color apart from the dominant culture in which White middle class standards are the norm. The pervasive influence of racism, prejudice, and discrimination in American society signifies that families of color have developed an adaptive culture (Garcia Coll et al., 1996). Selection and usage of FFN child care is arguably an adaptive response to many marginalized families' experiences with racism, prejudice, and discrimination that have led to the creation of a 'system' outside of the mainstream system. According to Garcia Coll and colleagues (1996), expressions of adaptive culture can emerge in socialization practices or "ways of doing things" with children – including selection of child care arrangements that reflect families' goals, values, attitudes, as well as urgent realities that align with cost and convenience.

Some researchers have argued that because FFN care providers often share the ethnic heritage of children and families they care for, they may provide care that is more aligned with families' values and practices than care provided by formal caregivers (Bromer, 2001; Emarita, 2006; Shivers, 2012). The potential continuity of care between the home and the care setting, or what has been termed as "cultural congruence" by Shivers and colleagues (2011), may ease transitions for children and promote child competence (Howes & James, 2000; Johnson et al., 2003; Shivers et al., 2011).

However, traditional standards of quality usually fail to take into account the compatibility between the values of the home and the child care environment (Porter & Bromer, 2013). Understanding the socio-cultural contexts of communities is particularly important when developing quality standards. Low-income providers of color have been traditionally evaluated by a white, middle-class standard, which has ignored their "specific ecological circumstances" (Johnson et al., 2003; McLoyd, 1999; Rogoff, 2003; Shivers et al., 2011). Quality child care does not involve a one-size-fits-all way of providing care for children. Rather, individual communities vary significantly in the particular goals that they hold for the children, and tailor their child care practices to nurture these goals (Garcia Coll et al., 1996; Howes, 2000; Rogoff, 2003; Wishard, et al., 2003). Understanding cultural practices in child care arrangements that closely match that of a child's home (i.e., FFN care) can provide valuable insights into ways culturally adaptive caregiving practices might be implemented in more formal settings (Shivers, 2012).

In addition to considering the importance of socio-cultural contexts when researching FFN child care practices and beliefs about child care, Howes' (2000) framework places relationships as the cornerstone of children's development. In particular, children's relationships with their caregivers are viewed as one of the most important factors influencing children's well-being (Howes, 1999). Howes (1999) sets forth three criteria for the identification of child care providers as attachment figures – the caregiver must 1) provide physical and emotional care; 2) contribute to continuity or consistency in the child's life; and 3) have an emotional investment in the child.

FFN caregivers can qualify as attachment figures for children in their care especially in light of the fact that many FFN providers are related to the child in some way (Kontos, Howes, Shinn, & Galinsky, 1995; Shivers, 2008; Susman-Stillman & Banghart, 2011; Weber, 2013).

What sets FFN care providers apart from licensed caregivers is that most FFN providers have an existing relationship with the children and their families before becoming the caregiver, and most will have this relationship after care ends. This unique dynamic between caregiver, parents, and children is a strength (and sometimes a unique challenge) of this form of care. Overall, home-based providers tend to have stronger relationships with parents than center-based providers, and FFN providers may be in a particular position to provide family- and culturally-responsive care (Susman-Stillman & Banghart, 2011).

In addition to the potential for strong family-provider relationships in FFN care, another potential area of strength in this form of child care is the low child:provider ratios. The average number of young children cared for by providers across these two studies was 1.63 (*SD* = 1.1); and 2.37 (*SD* = 1.45) respectively. This is slightly less than findings from several other national studies that examined unregulated care (Layzer & Goodson, 2006; Porter et al., 2003), but slightly larger than findings from some smaller studies (Brandon et al., 2002; Shivers & Wills, 2001).

Research has demonstrated that ratios are consistently lower (usually better) for FFN than for other types of early care settings. For example, an analysis of NHES 1999 data shows that for children between birth and age five, center-based care has an average child:provider ratio of 6.5:1, formal family child care of 3.5:1 and FFN care an average of 1.5:1 (Susman-Stillman & Banghart, 2011). While ratios in centers increase greatly as children go from infant, to toddler, to preschool age, they increase only slightly for children in FFN care (Maher & Joesch, 2005). These consistently low child:provider ratios are a measure of quality that is highly visible and important to many parents. Many have hypothesized that low ratios in FFN care is a strength upon which to build even more positive relationship-building among providers.

Finally, for children living in difficult life circumstances, strong, positive relationships with caregivers may buffer against negative developmental outcomes often associated with poverty and chronic stress (Bowman, Donovan, & Burns, 2001; Gunnar & Donzella, 2002; Howes & Ritchie, 2002; McLoyd, 1990). The two studies summarized in this chapter all include a major emphasis on provider-child relationships, and include attachment or constructs closely related to attachment as key outcomes (e.g., sensitivity; emotional availability). These studies demonstrate how important it is to acknowledge the variability within groups and the need to incorporate accurate measurement of factors connected to the adaptive cultures within child care contexts; particularly for disenfranchised communities of color. In conclusion, the two studies discussed are rooted in a developmental framework that underscores the role of socio-cultural contexts and relationships when examining caregiving.

Study 1: FFN Racial Socialization Study

The first study took place in Pittsburgh, PA, and involved African American grandmothers and aunts (N= 45) providing child care in low-income communities. The main goal of the study was to examine the ways in which FFN providers' racial and ethnic beliefs about childrearing were associated with background characteristics (e.g., mental health, material resources), child rearing beliefs and practices, language and socialization practices, emotional availability, and arrangement of the environment. We report only findings regarding ethnic-racial socialization beliefs to exemplify how traditional models used in child care may fall short without the incorporation of measures that are in-line with the socio-cultural context.

Although there is an increasing awareness of the need to examine the influence of racial and cultural socialization practices on the development of young children, the ethnic-racial socialization research has not focused on factors that may influence children's awareness and

attitudes about race and ethnicity in early care settings, such as messages transmitted from experiences in child care settings, and the racialized experiences in these out-of-home contexts that children encounter (see Farago, Sanders, & Gaias, 2015). Researchers have argued that an adaptive protective factor received by children in FFN child care settings may be the distinct ethnic-racial socialization experiences that more closely match the messages children receive in their families. As such, we believed that an exploration of the ethnic-racial socialization processes and their impact on children's social and emotional development within the FFN child context was warranted.

Highlighted findings from this study are based on the premise that most caregivers engage in ethnic-racial socialization whether they are intentional about it or not. We hypothesized that ethnic-racial socialization would be associated with providers' characteristics (perceived material resources and mental health), emotional availability, and self-reported child rearing beliefs and practices (see Table 1). Providers and children were observed for 3-4 hours using standardized instruments, and providers were interviewed about their beliefs and practices as well as filled out a demographic survey. Most providers were African-American (93%), related to the children (81% grandmothers and few aunts), and all children (100%) were ethnically and linguistically matched with their FFN provider. Over half of the sample (61%) had household incomes that were lower than $25,000 per year, which is at or below the poverty line. About half of the providers had a high school education or less (51%) and the other half reported having some college experience or vocational training (49%). The average number of children (five years old and younger) FFN providers cared for was 1.63 (*SD* = 1.1).

We found three patterns of ethnic-racial socialization, as measured by an adapted version of the *Parent Experience of Racial Socialization* (Caughy, O'Campo, Randolph, & Nickerson,

2002). We named the three factors: "*Black pride/preparation for bias*;" "*Mainstream deficit racial socialization*;" and "*Strength in spirituality*." These aspects of ethnic-racial socialization reflect constructs found in previous studies (e.g., Caughy et al., 2002; see Hughes et al., 2006 for a review; see Lesane-Brown, 2006 for review). However, in this study only scores on the "*Mainstream deficit racial socialization*" factor were significantly, negatively associated with provider characteristics (perceived material resources and mental health), emotional availability, and self-reported, adaptive child rearing beliefs and practices (see Table 1). Sample items in the *"Mainstream deficit racial socialization"* factor include: "Black children will learn more if they go to a White school;" "Too much talk about racism will prevent you from reaching your goals;" "American society is fair toward Black people"; and "Racism isn't as bad as it was before 1960's" (see Table 2). Regression models revealed that lower levels of provider perceived material resources and mental health predicted higher endorsement of "*Mainstream deficit racial socialization*". In related work, *mainstream racial socialization* (Boykin, 1986; Boykin & Toms, 1985) refers to racial socialization messages that orient youth away from their minority culture by emphasizing the importance of personal qualities such as ambition and effort needed for success as well as emphasizing that "we are all the same" (i.e., egalitarianism), meanwhile simultaneously de-emphasizing the importance of race and racism (see Hughes et al., 2006 and Lesane-Brown, 2006).

Although at first glance such negative trends associated with ethnic-racial socialization beliefs widespread in mainstream society may be surprising, the findings make sense considering the racial climate children of color grow up in-- that conflicts with mainstream messages about equality, fairness, and the ability of personal effort to lead to success. It could be that encouraging African American children to assimilate to mainstream, dominant White culture has

negative influences because of the cognitive dissonance that ensues when one tries to assimilate to a mainstream, dominant White culture that harbors racial resentment and biases (e.g., Pew Research Center, 2014). Indeed, reviews on parental racial socialization suggest that children who are socialized in what we termed *"mainstream deficit racial socialization"* may be negatively affected (e.g., low self-esteem), albeit research is scarce on this topic (see Hughes et al., 2006 and Lesane-Brown, 2006 for reviews).

Receiving messages that hard work and effort will get you ahead, and that race and racism are not or should not be important concerns, conflicts with the everyday realities of discrimination that children of color face and leaves them unprepared to process and cope with the racism they inevitably encounter (e.g., Hughes et al., 2006; Lesane-Brown, 2006; Spencer, 1983). Sending messages captured by the *"mainstream deficit racial socialization"* factor in this study, such as messages a) about assimilation into dominant, White culture (e.g., "Black children will learn more if they go to a White school"), b) about the trivialization of racism (e.g., "Too much talk about racism will prevent you from reaching your goals"), and c) about colorblindness (e.g., "American society is fair toward Black people") is negatively related to FFN child care providers' emotional availability and sensitivity, and adaptive child rearing beliefs and practices. It appears that this form of racial socialization has negative implications for providers and children alike, although more research is needed to verify initial findings.

Regarding another aspect of racial socialization, FFN providers with lower material resources were less likely to endorse messages about racial pride and barriers than providers with more material resources. This finding corresponds with evidence that African American parents with higher levels of educational attainment and income report transmitting more racial pride and racial barrier messages than their less educated and poorer counterparts (Caughy et al., 2002;

Hughes & Chen, 1997). Providers living and working in racially segregated, low-income settings may not perceive high levels of discrimination due to low levels of inter-group contact, and hence may be less likely to prepare children in their care for racial bias. Research indicates that parental experiences with discrimination predict preparation for bias (e.g., Hughes, 2003), and there is greater preparation of bias in integrated as compared to racially segregated neighborhoods (e.g., all-Black, all-White) (Hughes et al., 2006).

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If FFN providers have had little experience with integrated work and school settings – due to historical and systemic isolation and segregation in Pittsburg neighborhoods – then their racialized messages to young children in their care might not address racial barriers. As for messages about racial pride, FFN providers living in communities struggling with poverty, violence, and suffering from systemic inequities, all the while embedded in a larger context ripe with negative stereotypes about African Americans, may feel that their surroundings confirm, rather than challenge, racial stereotypes. Hence, these FFN providers may be less likely to emphasize racial pride to children than their more affluent counterparts.

Overall, ethnic-racial socialization has been extensively researched in parents of color and research indicates that it may have beneficial effects on children in domains such as self-esteem and academic achievement (for a review see Hughes et al. 2006). However, as discussed earlier, some forms of racial socialization, such as *mainstream deficit racial socialization*, may explicitly undermine children's development and provider-child relationships. Research on how caregivers' beliefs about ethnic-racial socialization influence their child care practices is scarce. Examining FFN providers' beliefs about families, communities, and race can help us understand

more fully what features of care support versus undermine the formation of positive relationships, a positive orientation towards one's own racialand ethnic group, and positive self-concept (Shivers et al., 2011).

Study 2: Predicting Attachment Relationships in FFN Child Care

The second study took place in South Central Los Angeles, CA and involved informal, unlicensed African American child care providers (N = 50). The main goals of the study were to explore attachment relationships between FFN child care providers and the children in their care. We explored the contribution of children's social context variables (e.g., provider characteristics, beliefs, and behaviors) to provider-child attachment relationships. Providers and children were observed for 3-4 hours using standardized instruments, and providers were interviewed about their caregiving beliefs and practices as well as filled out a demographic survey. Providers were taking care of children whose mothers were eligible for child care subsidies. All of the providers in this study were female, and the majority of providers were related to the target child (85%), although, most providers cared for a mix of related and non-related children (73%). The average number of children (five years old and younger) FFN providers cared for was 2.37 (SD = 1.45).

Findings indicate that children in this sample experienced optimal attachment relationships with their child care providers. Eighty percent of children in this sample were securely attached to their caregivers. Possibly the smaller, more intimate character of FFN care produces greater emotional security, which is a basic requirement for young children's concurrent and future adaptive development (Howes & Hamilton, 1993; Shivers, 2008). These data also indicate that children's emotional development, as reflected in security of attachment, was related to provider characteristics (perceived economic need and depression), provider beliefs, and provider behaviors. Results showed that providers' perceived economic well-being

indirectly predicted child rearing beliefs, which indirectly predicted attachment relationships with children (see Figure 1). The salient role of providers' economic well-being is consistent with other studies which have shown that poverty and income stress affect parenting values, practices, and parent-child relationships (Duncan, Brooks-Gunn, & Klebanov, 1994; McLoyd & Wilson, 1990).

Another important finding in this study is that children who were in the care of providers who espoused a mix of restrictive and nurturing views and practices about child rearing and expectations of children had high security attachment scores. Although this finding may seem counter-intuitive to many developmental psychologists, it is consistent with the findings of a small, but growing body of literature on African American parenting practices and beliefs (Daniel & Daniel, 1999; Lansford et al., 2005; Ispa & Halgunseth, 2004). Providers in this sample were nested in the distinct cultural community of South Central Los Angeles, where violent crime rates are high and opportunities for economic and social advancement are curtailed by a history of personal and institutional racism and oppression. Therefore, a combination of nurturing and restrictive practices displayed by some providers are likely adaptive practices in response to the specific socio-cultural context of South Central Los Angeles (see Table 3).

Caring for and loving children necessarily involves adopting a pattern of "protection," which in the case of these providers may translate into restrictive views and practices (Daniel & Daniel, 1999). Dodge and his colleagues explain this African American caregiving phenomenon in terms of "cultural normativeness" (Lansford et al., 2005). They argue that if a particular practice or belief system practiced in a particular cultural community is perceived as "normal," children do not perceive these practices as abnormally controlling or restrictive. Hence, the effects of these restrictive practices on children's developmental outcomes may not be as

negative as they would be in a cultural community where such controlling beliefs and practices might be experienced as "abnormal" and indicate rejection (Lansford et al., 2005).

Arguably, the finding that restrictive or controlling child rearing beliefs and practices in combination with nurturing beliefs and practices is associated with more optimal emotional availability and greater security of attachment supports the argument that low-income providers of color should not be judged by a white, middle-class standard, but rather, should be judged in the context of their "specific ecological circumstances" (Jackson, 1993; Johnson et al., 2003; McLoyd, 1999; Rogoff, 2003). However, in spite of all the discussion about ethnic differences and adaptive culture, it must be noted that providers who were observed engaging in more sensitive, non-hostile, structured, non-intrusive behaviors with children formed the most secure attachment relationships with children. This key finding holds true across income and ethnicity in other traditional child care studies as well.

Implications

The results from these inquiries have critical implications for decisions regarding the investment of public dollars on quality enhancement initiatives for Family, Friend, and Neighbor (FFN) providers. Implementing the findings of studies that assess variability and correlates of FFN care is one important way we can begin to ensure more equitable quality for families selecting informal care. Findings from these studies add to a growing base of evidence that it is important to examine the *variability* in the quality of care by FFN child care providers. FFN providers are not a homogenous category – determining distinct characteristics of providers that are associated with high quality care, as well as expanding our definition of quality by taking into account community-held values and adaptive responses to socio-cultural contexts of

caregiving, will help us develop support programs and interventions tailored for these providers and the children in their care.

The findings revealed patterns that can provide the impetus for more within-group studies that examine the correlates and associations of FFN provider characteristics, child care quality, and children's concurrent and longitudinal developmental outcomes. In a social and political climate in which large numbers children spend considerable portions of their early years in FFN settings it is no longer sufficient to group FFN providers together in a homogenous category to make comparisons across child care type. The strong tradition of research on formal child care centers, which includes close examination of variability within center care, allows researchers to move past the question of *whether* child care is good or bad for children, and into the more nuanced and comprehensive discussions of child care quality.

Hopefully, this same evolution of sophistication in regards to FFN child care research will occur. Determining distinct characteristics of FFN providers that are associated with higher quality of care and more optimal outcomes for children, and perhaps expanding our definition of child care quality, will help us implement support programs, technical assistance and interventions that make good sense for this unique group of child care providers. The complex interaction of factors that are associated with variations in the quality of care provided by FFN providers can inform policy funding decisions such as FFN child care subsidy reimbursement rates, support for training and outreach, and spending public dollars to strengthen the infrastructure for high quality child care centers in low-income neighborhoods.

A particular challenge for the policy community is that while there appears to be both substantial need and potential demand for training and support for FFN caregivers, there is no robust evaluation literature documenting either the conditions under which FFN caregivers will

actually participate, or the degree to which various training or support activities can improve the quality of their interactions with children (Brandon, 2005; Porter et al., 2010). Gathering more data about this group of providers is therefore a critical priority for the early childhood policy agenda throughout the country (Chase, 2008; Thomas et al., 2015; Weber 2013).

A related policy issue takes into consideration the specific cultural community that is served by and makes up these groups of caregivers. In a socially stratified society, social position variables such as previous experiences with oppression and segregation as well as migration patterns and language acquisition determine access to critical resources (Emarita, 2006; Garcia-Coll et al., 1996; Johnson et al., 2003, Yoshikawa, 2011). Critical resources as they pertain to this sample of providers might include access to formal education and training, materials and resources for children, information about caring for children, and information about how formal institutions and systems work in their states and communities. For instance, low-income immigrant mothers face formidable obstacles in locating good quality care when they have limited cultural and social capital, such as lack of English language proficiency or the resources to pay market costs of high quality child care (Polakow, 2007).

Currently, one in every five children in the U.S. has a foreign-born parent, with the majority of immigrant families experiencing high levels of poverty and restricted access to public benefits (Golden & Fortuny, 2010). As the fastest growing segment of the nation's young child population, low-income immigrant children are far less likely to gain access to quality child care, and are underrepresented in public Pre-k and Head Start programs (Polakow, 2007; Yoshikawa, 2011). Although the current analysis did not include immigrant providers, lack of access to culturally relevant early care and adequate support for FFN providers are pressing issues facing communities of color across the United States.

While dimensions assessed by mainstream quality measures are important for all children (e.g., sensitivity of caregiver), these dimensions should be examined within the particular cultural context of low-income FFN providers of color (Wishard et al., 2003). For example, warm, sensitive, and positive reciprocal interactions are expected to be associated with optimal provider-child relationships in all children. However, as the studies here indicate, there appear to be differences in the characteristics and belief-systems that enable low-income child care providers of color to develop and maintain optimal relationships with young children. When developing universal quality standards, researchers should take into account the diverse contexts in which children and providers are embedded. Not doing so can further marginalize low-income communities of color, which already struggle with the myriad consequences of historic institutional and systemic racism (Cochran-Smith, 2000; Ladson-Billings & Tate, 1995).

Table 1

Study 1: Correlations among Caregiver Experience of Ethnic-Racial Socialization (CERS), Provider Characteristics, Emotional Availability, and Child rearing beliefs & practices

	CERS - Black Pride/Prep for Bias	CERS – Mainstream Deficit Racial Socialization	CERS - Strength in Spirituality
Provider Characteristics			
Perceived Material Resources	-.192	-.439*	-.241
Well Being sub-scale (CESD)	.115	-.377*	.339
Provider Emotional Availability			
Sensitivity sub-scale (EAS)	-.024	-.372	-.129
Child responsiveness sub-scale (EAS)	-.144	-.378*	-.040
Child involvement sub-scale (EAS)	.156	-.409*	-.074
Emotional Availability Scales total score (EAS)	-.020	-.422*	-.204
Child rearing beliefs & practices (self-reported)			
'No Nonsense' interactions	.139	-.445*	-.015

*$p < .05$; **$p < .01$; ***$p < .001$

Table 2
Study 1: Principal Component Analysis: Mainstream Deficit Racial Socialization factor (Caregiver Experience of Ethnic-Racial Socialization scale)

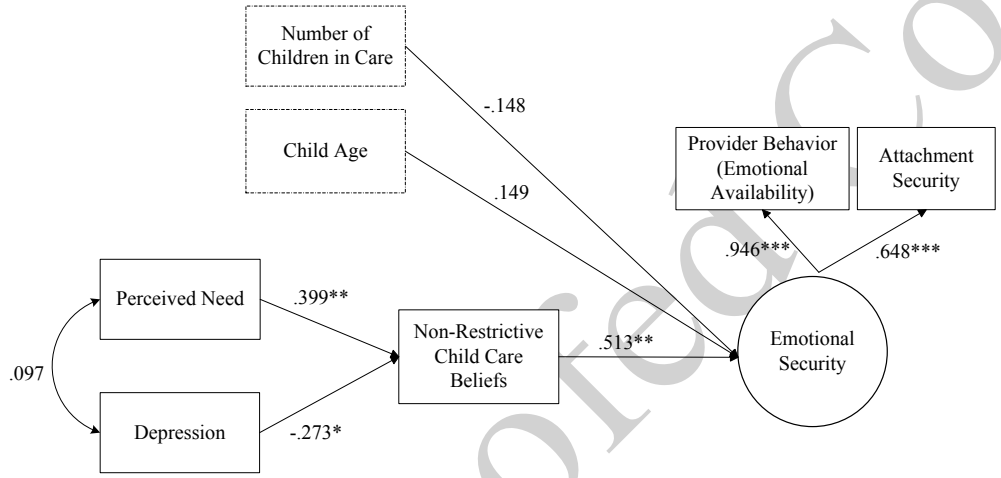
(46% of the variance explained)	Factor loadings
Black children will learn more if they go to a White school	0.67
You have to work twice as hard as Whites to get ahead	0.66
Black children will have improved self-esteem if they go to school with White children	0.57
Too much talk about racism will prevent you from reaching your goals	0.54
Racism isn't as bad as it was before 1960's	0.52
Religion is an important part of life	0.44
American society is fair toward Black people	0.41
Black children don't have to know about Africa to survive	0.41

Table 3
Study 2: Principal Component Analysis: 'No Nonsense' caregiving beliefs factor (Block & Block Child Rearing Scale)

(63% of the variance explained)	Factor loadings
Children know I appreciate their accomplishments	0.89
Children should talk about their troubles	0.83
I share intimate times with the children	0.73
I encourage curiosity and exploration	0.71
I punish the children when they are bad	0.69
I joke and play with children	0.60
I control children by warning them about the bad things that can happen to them	0.52
I expect gratefulness from children	0.52
The children know I'm ashamed when they misbehave	0.51
I reason with the children when they misbehave	0.49
I encourage children to wonder and think about life	0.45
I do not allow to say bad things about adults	0.37

Note: Factor loadings explained 47% of the variance.

Figure 1. *Study 2 – Structural equation model with provider characteristics (perceived material need and depression) predicting emotional security via their associations with non-restrictive child-rearing beliefs. Control variables are enclosed in dashed rectangles. Standardized coefficients presented.*



*$p < .05$; **$p < .01$; ***$p < .001$

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