

Lessons Learned: Strategies for Working with Kith & Kin Caregivers

Toni Porter
and
Rena Rice

Institute for a Child Care Continuum
Division of Continuing Education
Bank Street College of Education
610 West 112th Street
New York, NY 10025

Funded by Pritzker Cousins Foundation

©Bank Street College of Education, March 2000

Table of Contents

ACKNOWLEDGMENTS

INTRODUCTION

Background	1
-------------------	----------

STRATEGIES FOR PRACTICE

Introduction	4
Outreach/Recruitment/Retention	4
Program Design	8
Collaboration	15
Parent/Caregiver Relationships	17
Quality	21

SUMMARY	25
----------------	-----------

REFERENCES	26
-------------------	-----------

APPENDIXES

A. Meeting Agenda	28
B. Practitioners Meeting	29
C. Program Matrix	32
D. The National Kith and Kin Child Care Initiative	39
E. The Child Care Continuum	41

Acknowledgments

Many people participated in the creation of this paper. Two groups deserve special mention.

One is the staff of the kith and kin child care programs, who enthusiastically and willingly shared their experiences and knowledge. They are: Diana Perez and Ester Lopez, Whedco; Daisy Colon and Margie Fuentes, Aquinas Housing Corporation; Susan Wilkins and Vicky McCarty, the Association for Supportive Child Care and Lisa MacGregor-Mirghani, their consultant; Ana Lange and America Rios, the San Mateo Child Care Coordinating Council; Janice Simak and Nikki Rojas, the YWCA of Greater Pittsburgh; Nancy Morgan and Jo Shepard, the Daytona Beach Child Care Resource Network; Jasmine Ellis-Carless, CAB; Susan Hicks and Sally Jo Crozier, Cornell Cooperative Extension; Evelyn Keating and Sara Gordon, The Family Workplace Connection; Lisa Berry, Greater Minneapolis Day Care Association; Nancy Johnson, Minnesota Child Care Resource and Referral Network; Carol Singeley and Bessie Pierce, Salinas Adult School; and Jan Brown, Pacific Oaks Research Center. Other program staff who contributed but did not attend the conference were Kathy Bauer and Maria Ramirez of the Salinas Adult School.

The other group is the National Kith and Kin Child Care Initiative Advisory Committee, who advised us on the agenda for the Kith and Kin Child Care Practitioners Meeting, reviewed the draft of the report, and made thoughtful and insightful comments. They are: Nilofer Ahsan, Helen Blank, Ann Collins, Jerlain Daniel, Ruth Anne Foote, Michelle Piel, and Joan Lombardi.

Thanks are also due to Sulaifa Habeeb, the Institute for a Child Care Continuum's Program Associate, who painstakingly worked on preparing this report. She synthesized the Advisory Committee members' comments, reviewed the program data, and contributed a fresh perspective to the issue.

We are grateful to Iris Krieg of the Pritzker Cousins Foundation. Her support for the National Kith and Kin Child Care Initiative's work made this report possible; her commitment to good practice kept us focused; and her unfailing common sense helped us move forward.

Introduction

Background

Across the country, family members, friends and neighbors provide most of the child care for young children whose parents are working. Grandmothers, aunts, fathers, mothers or other relatives account for nearly one in two child care arrangements for children under five (Casper, 1996). While many middle class families rely on relatives for care, these arrangements are more common among poverty-level families, families with incomes between \$14,000 and \$25,000, and families of color.

Families use kith (friends or neighbors who serve as surrogate family) and kin (relatives) for a variety of reasons. Some parents turn to their relatives, neighbors and friends because they want someone they know and trust to provide child care for their children, especially when they are very young and have not begun to talk. Other families, especially newcomers to the United States, want to use kith or kin because they share the same language and culture. Still other families may use kith and kin because they cannot find or afford child care in a center or a licensed family child care home in their neighborhood, or a program that fits their work hours (Larner, 1994; Mitchell, Cooperstein, & Larner, 1992; Porter, 1991; Siegal & Loman, 1991; Zinsser, 1991).

Several small studies have provided some insights into kith and kin care (Porter, 1998; Porter, 1999). Focus group discussions with ninety-nine caregivers in New York and California indicated that the majority care for one or two children. Close to a third of the children were under two, and a quarter were school-age. Most of the child care was provided during the day, but a significant proportion--25%--was odd-hour care in the evenings, at night, during the weekend, or for parents who worked on shift work schedules.

Nearly four in ten caregivers were relatives--aunts or grandmothers--of the children for whom they provided child care. Caregivers who defined themselves as "neighbors" ranked second, followed by those who identified themselves as "friends." Child care arrangements with relatives or friends often began with an offer to help or a request for assistance. Arrangements with neighbors frequently came from referrals or recommendations to the parent who was looking for child

care. Neighbors tended to expect and receive payment for their services more commonly than relatives or friends, although most of the caregivers--between one third and one half--were paid in cash.

Most of the caregivers expressed a strong interest in the well-being of the children in their care. They wanted to learn more about how to keep children safe, healthy and well fed; how to support their emotional and social growth; and how to prepare children for school, especially if they were caring for preschoolers. Some were also interested in learning more about professional opportunities in child care, such as how to become licensed family child care providers or early childhood teachers.

Caregivers wanted materials to support children's cognitive development. They were interested in books, toys, puzzles and games. In addition, they wanted to learn more about activities they could use with children to stimulate their intellect and keep them engaged.

Kith and kin child care first began to receive attention from policy makers with the passage of the Family Support Act of 1988 and the Child Care and Development Block Grant in 1990. These laws stipulate that parents receiving publicly subsidized child care assistance must have access to all legal forms of child care. This includes kith and kin.

Depending upon the state and its policies, the definition of kith and kin care varies. Sometimes it is described as "informal" child care because family, friends and neighbors are not part of the "formal" professional child care system that includes licensed centers and regulated family child care. Kith and kin is also referred to as "license-exempt" child care because relatives, in-home providers and some family child care homes (depending on state licensing laws) do not have to comply with regulatory requirements if they do not receive subsidies. Regardless of individual state laws, non-relative caregivers who provide child care in their own homes must comply with regulatory standards as a condition of receiving subsidies; states can apply these standards to relative and in-home providers as well.

Kith and kin caregivers may be subject to two forms of regulation: state regulatory standards, which apply to all caregivers, and state subsidy standards, which apply only to those receiving subsidies. The *subsidy* standards for care that

is exempt from licensing requirements vary from state to state but federal requirements for subsidies paid through the Child Care and Development Fund--which accounts for the vast majority of child care assistance--stipulate that non-relatives must provide safe premises as well as protection from infectious diseases. In addition, the standards can include criminal or child abuse record checks, requirements for additional health and safety training, and child development training.

The focus on kith and kin care sharpened in 1996 with the passage of welfare reform. There was a concern that large numbers of welfare recipients, like other low-income families, would turn to these child care arrangements. Evidence has borne out these assumptions in several, but not all, states and localities. For example, large numbers of families in Michigan and Illinois use subsidies for in-home child care and care by relatives. License-exempt care is also common in New York City: it accounts for 85% of the TANF voucher subsidies. Close to 70% of the TANF families in Los Angeles also turn to kith and kin care as they move from welfare to work. In other states--New Jersey, Tennessee, Alabama, North Carolina, and Texas, however--the use of subsidies for kith and kin care is low.

The increasing recognition of the role that kith and kin care plays in the child care system has generated a burgeoning interest in efforts to address health, safety and quality issues in these settings. In response, a growing number of states have developed initiatives for license-exempt kith and kin caregivers who are paid with child care subsidies. New York State provides funds for two programs: development and distribution of newsletters with a wide range of information about caring for children, and distribution of health and safety kits to caregivers. Delaware and Florida have funded programs that provide toys and equipment through home visits. Minnesota and California provided funds for the training of caregivers; Maine plans to launch a similar program in Spring, 2000.

Kith and kin child care has attracted the attention of the private sector as well. Several philanthropic foundations have provided funding for local efforts to support the broader population of kith and kin caregivers, including those who do not receive subsidies. Among the programs that are supported with private funds, several are in New York, Arizona and California.

Strategies For Practice

Introduction

Designing and implementing programs for kith and kin caregivers presents challenges because experience with this population of child care providers is limited. Policy makers and agencies face serious questions for which there have been few answers. Whom should programs serve? Should programs be limited to license-exempt caregivers who are paid with public subsidies, or open to the broad group of family, friends and neighbors who care for other people's children? How can programs reach out to caregivers? What goals should programs aim to achieve? Should they focus on creating safe and healthy environments, educating caregivers about child development, enhancing the collaboration among parents, caregivers and the community? What kinds of strategies can programs use to accomplish these objectives?

To answer these questions, in November 1999 the Institute for a Child Care Continuum at Bank Street College of Education convened a national meeting of practitioners who work with kith and kin caregivers. (Please see Appendix A.) The programs they represented varied in many ways, including their goals, approaches, scale and duration. (Please see Appendix B.) Although the primary focus was practice issues, there was also discussion about how to measure program effectiveness and its impact on kith and kin care.

This paper reflects the collective thinking of the meeting participants. It draws on the challenges they have faced, the strategies they have developed to overcome them, and their successes. The lessons learned from their experiences with kith and kin caregivers are presented in terms of program development,

starting with outreach, followed by program design, collaboration, and parent-caregiver relationships. The final topic addresses issues related to quality.

Outreach/Recruitment/Retention

One of the biggest challenges for agencies working with kith and kin caregivers is outreach and recruitment. Where are the caregivers? The choice of strategies for recruitment depends, in large part, on the population that programs intend to reach, whether it is subsidized, license-exempt caregivers or the general pool of family, friends, and neighbors who care for other people's children. Programs that aim to serve the former can use lists of caregivers who are paid with public subsidies. Programs that aim to reach the latter can rely on approaches that draw from community organizing or family support.

Once the decision about whom to serve is made, other questions arise. How can programs reach out to caregivers? The focus group findings provide some guidance here. Most caregivers indicated that they prefer opportunities to share information and learn from each other rather than formal training. Many want to learn more about how to support the children in their care. Some also want to learn about regulated family child care. These observations point to some strategies for "marketing" programs to caregivers.

What can programs do to reach culturally and linguistically diverse populations? Clearly, it is important to use materials in the caregivers' language, but care must be taken to use correct vocabulary and idioms. Because caregivers may be cautious about outreach by "official" organizations, it is equally important to recruit through organizations that are known and trusted in the community.

Another question is related to continued participation. How can programs maintain caregivers' interest? What strategies keep them engaged? Adult learning theory provides some answers. Adults want information that is relevant and meets their needs. They want to be able to draw on their own experience and have immediate opportunities to use their new knowledge. This points to the value of using interactive and experiential strategies to keep caregivers engaged. Other practical supports are effective as well. These can include incentives for participation as well as child care and refreshments that make it easier for caregivers to attend.

All of the agencies involved in this work have faced, and continue to face, these issues. Following are some strategies for successful recruitment and retention.

- ***Establish a working, collaborative partnership with other community agencies.***

Many of the agencies working with kith and kin caregivers established a relationship with partner agencies to identify potential participants. The San Mateo Child Care Coordinating Council worked with the Child Care Initiative Program, a collaboration of child care resource and referral agencies that maintains lists of licensed and exempt caregivers. Some agencies partnered with other programs that offer part-day services on the assumption that kith and kin are providing care for the remainder of the day. Salinas Adult School worked with Children's Services International, a large day care program in Monterey County. The Relative and Neighbor Care Program in Pittsburgh collaborated with the Allegheny County Intermediate Unit, which funds and operates Head Start and family support centers. As Janice Simak from Pittsburgh observed, "The most successful strategy is tapping into services that are already there."

- ***Look to your own agency!***

Many kith and kin caregivers were already participating in other programs that the agencies offered. For example, Whedco recruited participants from monthly orientation meetings for people interested in becoming licensed providers. Some attendees learned that their homes did not meet the standards for regulated family child care, or decided that they did not want to operate a child care business. These caregivers were invited to join the kith and kin support groups. San Mateo recruited for their support groups from their own Exempt Provider Training Program, a course consisting of four four-hour sessions for caregivers who are legally exempt from regulation. Salinas recruited from its own parenting education classes.

- ***Provide information about your program to not-for-profit and governmental agencies, as well as commercial enterprises in the community, through flyers, mailings, and personal contacts.***

Agencies have distributed information about their programs to child care resource and referral agencies, WIC centers, family resource centers, schools, Head Start programs, churches, volunteer fire departments, adult education classes, libraries, housing authorities, and American Legion posts. Program staff have also distributed flyers in local stores and fast-food restaurants, malls, and laundromats. Public service announcements in local media (radio, TV, newspapers) are another strategy for reaching out to caregivers. Typically, flyers or public service announcements included an invitation to an open house that offered a meal, child care, giveaways, and information about the program.

- ***Use lists of caregivers receiving child care subsidies.***

The Florida Child Care Resource Network's main outreach strategy was to send letters describing program options and services to subsidized license-exempt caregivers. The Cornell Cooperative Extension, The Delaware Family and Workplace Connection, and the Greater Minneapolis Day Care Association (GMDCA) also used this method. They, like the Council in San Mateo, obtained caregivers' names and addresses through agreements with state or local agencies that administer child care subsidies for license-exempt providers. Circles of Caring, a collaboration of community development agencies, resource and referral agencies, and Pacific Oaks College, relied on the lists it received directly from its partner resource and referral agencies which administer voucher subsidy funding.

- ***Establish personal contact with potential participants. Sustain the initial relationship with continuing personal contact.***

A key element in successful recruitment and retention is establishing personal contact with the participant by a staff member who is familiar with and knowledgeable about the program offerings. Immediate follow-up is crucial after the initial contact, expression of interest or request for information.

In San Mateo, the trainers in the initial sessions of the Exempt Provider Training Program spoke to participants about support groups and licensing programs, although licensing is not a programmatic goal. The staff made follow-up calls to those who expressed interest in the support groups. When Whedco began their program, staff members distributed flyers on the sidewalk, and described the program to interested passersby. A street-level strategy like this requires sufficient staffing. The Salinas program would like to have a staff member present at the site

where caregivers pick up their subsidy checks, but it does not have enough funding for staff to be present on a regular basis.

Diana Perez of Whedco stated, "Outreach is more successful if there is a face attached to the flyer and they know [about your agency]. One-to-one relationships, follow-up phone calls, and someone to connect with on an ongoing basis are all necessary. This is very labor-intensive, and a program needs the staff and resources to be able to provide this personal approach."

- ***Provide incentives.***

Some programs use incentives for recruitment and retention. San Mateo offers a monetary stipend of \$80.00 and a book or videotape for successful completion of their Exempt Provider Training Program. Salinas conducted a raffle at each session of its support groups. Florida provides caregivers with books and educational materials. Many of the programs offered assistance in becoming licensed family child care providers. Other incentives are first aid kits, transportation (van service or mileage reimbursement), child care during program hours, and snacks.

Programs that succeeded in recruiting and retaining caregivers used supportive approaches, rather than monitoring, to help caregivers provide a safe and healthy environments. In response to caregivers requests, many programs offered health, safety, and nutrition as support group or workshop topics. Some programs also provided health and safety equipment. As raffle prizes, for example, Salinas distributed electrical outlet covers and first aid kits as well as toys and other materials. The grants that were a component of the GDMCA program could be used for fire extinguishers, smoke detectors, and safety gates. Delaware offered car seats. In the Daytona Beach program, trainers gave grandmothers and their grandchildren toothbrushing lessons during home visits and then left toothbrushes and toothpaste for the children.

Program Design

Programs for kith and kin caregivers, like family support or other early childhood programs, should have clear goals that inform program design. These can include enhancing the quality of care by providing information, resources, and supports. Another goal can be encouraging professional development in child

care. Strategies to achieve these goals can include support groups, newsletters, home visits, toys and equipment, and workshops. The choice of a particular design should be based on caregivers' needs and interests, the role that kith and kin child care plays in the community, and the specific goals that programs aim to achieve. In designing programs, agencies should draw on their experience and their knowledge of approaches that have worked with other child care providers, including parents. They should also consider how existing program components can be expanded to include kith and kin. Collaborations with other organizations that have connections with kith and kin or that can provide resources should be considered. (See section on collaboration, p.15.) The following suggestions for designing programs emerged from the meeting.

- ***Learn about kith and kin child care in your community. Ask kith and kin caregivers what they want and need.***

One of the first steps in designing a program should be to collect some information about kith and kin child care. Who are the kith and kin caregivers in the community? Where do they live? When do they provide child care and to whom? What are their strengths? What do they want and need? To answer these questions, organizations can analyze existing data on child care supply and collect new information from kith and kin caregivers through surveys, interviews or focus groups.

The impetus for the Arizona kith and kin project was a concern about barriers to workforce participation. Research undertaken by the City of Phoenix Enterprise Zone Child Care Committee indicated that many families did not seek employment because they lacked child care. The data also indicated that there were many openings in regulated child care programs in the Enterprise communities. A survey of parents explained the gap: families were using kith and kin care.

Susan Wilkins from the Association for Supportive Child Care (ASCC) recognized that it was important to provide services to this population of child care providers. ASCC conducted a series of focus groups with caregivers to design its program. The results indicated a strong interest in support groups, which ASCC used as its basic strategy.

Circles of Caring used focus groups as both a research and an outreach strategy. The Highland Park collaborative, one of the four collaboratives of resource and referral agencies and community development organizations in the program, found that caregivers wanted materials and equipment. The collaborative partners joined forces to submit a grant proposal to Proposition 10, the Tobacco Tax Fund, for a van to deliver equipment on loan, and a mini-grant program for caregivers to purchase equipment.

The Family and Workplace Connection (TFWC) Relative Caregiver Support Project received funding from the State of Delaware to provide home visits and group training for legal-exempt caregivers. According to Evelyn Keating, the state used as a model TFWC's successful Creative Grandparenting Program, which provided support and respite services for relative caregivers who had full-time custody of their grandchildren.

After the grant was approved, TFWC distributed a mail survey to 168 relatives who received child care subsidies to learn about their interests. It followed the survey with phone interviews with 106 caregivers. (Thirty-five caregivers had moved and 20 were no longer caring for children.) Four in ten caregivers indicated that they wanted training outside of the home on specific topics, while one quarter wanted home visits to receive toys and equipment. Only five women wanted to join a group. None wanted home visits that focused on activities. TFWC used these results to design its program: training sessions and home visits that included toys and equipment.

- ***Pay attention to cultural and language differences. Take these factors into account in the program design.***

Some research indicates that families choose kith and kin child care because caregivers share their cultural values and practices (Fuller & Holloway, 1996). Practitioners suggest that the program design should take several factors into account. Among them are caregivers' language and other cultural differences, the

availability of staff who can speak the language and are familiar with the cultural background of the participants, and resources or services that are available in the caregivers' language.

The objective of the GMDCA kith and kin care program was to train legal-exempt caregivers as family child care providers. In its second year, the program aimed to reach out to caregivers in the Latino, Hmong and Somali communities. To meet the needs of the Latino caregivers, GMDCA collaborated with Chicanos Latinos en Servicios and three other organizations that had experience in the community. A staff member who was bilingual in English and Spanish offered the training and translated the materials into Spanish.

GMDCA used a similar model to reach out to the Somali community. It developed a collaboration with Summit Academy, which had a strong relationship with community residents. The training was conducted in Somali. Because the caregivers' literacy levels were low, Lisa Berry says, the staff increased the length of the training sessions to two and a half or three hours to provide more opportunities for caregivers to assimilate the information.

When Whedco began its kith and kin child care program, which offered weekly support groups for caregivers, it intended to alternate English and Spanish groups. After the first several weeks, Diana Perez and Ester Lopez recognized that the caregivers who spoke both English and Spanish wanted to speak in Spanish, because they felt more comfortable talking about difficult issues in their first language. Whedco eliminated the English support groups to meet its participants' needs.

One of Circles of Caring's collaboratives relied on local residents to work with caregivers. These "promotoras," who are trained to make home visits, linked the caregivers to other services in the community.

- ***Consider how to build on or extend current services and resources.***

In designing their programs, practitioners have drawn from existing materials or service delivery strategies. Because kith and kin caregivers are interested in many of the same topics that are used for parenting education and family child care training, programs can modify that content for kith and kin care programs. It is also possible to extend existing strategies to kith and kin caregivers. These can include distributing basic materials on safety and health, offering

workshops on CPR and First Aid, and providing home visiting programs that are designed for parent education or intended for family child care providers. Providing toys and equipment accompanied by consultations and including kith and kin caregivers in family child care training workshops that focus on child development and related issues are other examples of extending existing services to kith and kin.

The Cornell Cooperative Extension program, which is funded by New York State, consists of a series of newsletters to provide information to kith and kin caregivers. According to Susan Hicks, the choice of this program strategy was based on two factors. One was Cornell's long experience in developing written materials on child development and parent education topics. The other was the State's interest in building on existing literacy initiatives.

Cornell used the results of focus groups with caregivers to identify topics for the six newsletters. They included caring for infants and toddlers, positive discipline, safety and health, helping children to love reading, parent-provider communication, and caring for relatives. Cornell drew on existing materials for the content and distributed the draft newsletters to the focus group participants to evaluate them. It used their suggestions for the final versions.

The year before the Salinas Adult School began its kith and kin child care program, it had offered home visits through the Parents as Teachers (PAT) program to families with children under three. Although support groups were the primary service delivery strategy for the kith and kin care program, Salinas supplemented the weekly sessions with home visits based on the PAT materials. Bessie Pierce and Carol Singley say that home visits provided opportunities to enrich the information caregivers received in the support groups, strengthen relationships with the caregivers, and address specific needs that were not met in the group sessions.

One of the objectives of the Greater Minneapolis Day Care Association's program was to provide grants ranging from \$800 to \$1000 for equipment and toys to legal-exempt caregivers as well as new and experienced family child care providers. The grants were offered because kith and kin caregivers indicated that they did not have the "out of pocket finances" to purchase equipment;

experienced family child care providers indicated that they could not afford to buy new equipment or to expand their programs.

• ***Develop positive approaches to address regulatory and safety issues.***

Programs that intend to work with kith and kin caregivers must determine what actions they will take if they encounter unsafe or illegal child care situations. This can present a difficult problem. On the one hand, staff need to establish trusting relationships with caregivers to build a successful program; on the other, staff need to place the welfare of children at the forefront of their work. The challenge is how to balance these competing needs. This can be particularly hard for organizations that have regarded their role, in part, as monitoring or enforcing regulations.

Situations in which children may be at risk of abuse or neglect represent one issue. Whedco staff were concerned about what they would do if they encountered such a problem, because they were mandated reporters. They made a decision to inform caregivers about their responsibility to report abuse or neglect during the support group discussion about the issue. This strategy allowed staff to be straightforward about their roles without abusing the caregivers' trust.

Caregivers who have more than the legal number of children in care at the same time present a different problem. Program staff report that many caregivers are not even aware that such regulations exist. The San Mateo Child Care Coordinating Council developed a simple strategy for addressing this kind of situation. They explained the regulatory requirements to caregivers. If caregivers wanted to continue to care for the same number of children, the staff proposed the option of regulated family child care and helped the caregivers through the licensing process.

Many programs addressed the issue of unsafe or unhealthy settings preemptively. They discussed safety and health in support groups or workshops and talked about how caregivers could make appropriate changes at home. When its support groups discussed these issues, Aquinas Housing Corporation asked caregivers to draw maps of the rooms they use for children. As homework, the caregivers were expected to view the rooms at the child's eye-level. Other programs provide safety equipment or offer caregivers information about where they can obtain it.

- ***Be flexible.***

Flexibility is an important aspect of program design. It can take many forms. Among them are adapting schedules and locations to meet caregivers' needs; adding topics or extending discussions in response to caregivers' interests; and gathering information about unanticipated issues.

When the San Mateo Child Care Coordinating Council began its Exempt Provider Training Program, it planned to offer four two-hour training sessions on weekdays. The initial response to the sessions was uneven, and Ana Lange asked the caregivers about changes that would make the program more attractive. Four-hour Saturday morning sessions, with child care and refreshments, were the result.

The Council drew on this experience when it designed its kith and kin child care program. In response to caregivers' requests, it offered weekly support groups in the evenings. Transportation was also an issue for many caregivers, who did not have their own cars. To accommodate caregivers, meetings alternated between San Mateo and Redwood City, where a number of participants live.

The Citizens Advice Bureau (CAB) experience was similar to the Council's. It intended to offer its weekly support groups for English-speaking and Spanish-speaking caregivers at one of its offices in the South Bronx. Participation of English-speakers was low, because the surrounding neighborhood is predominately Latino. To reach English-speaking caregivers, Jasmine Ellis-Carless moved the location for the support group to the community room in a building in another neighborhood.

Most of the programs that use support groups or workshops as their primary program strategy turned to the caregivers to identify the list of topics for the agenda. The participants in one of Whedco's support groups expressed a strong interest in talking about values in raising children several weeks after the original set of topics had been determined. Ester Lopez adjusted the schedule to respond to the caregivers' needs.

Maria Ramirez of the Salinas Adult School had a similar situation. Like most of the caregivers in other programs, the Salinas participants were very interested in the subject of discipline. Although the topic was scheduled for only one discussion, the caregivers wanted to continue to talk about it. Maria continued the discussion for a second session the next week.

- ***Start small.***

With the exception of the San Mateo Child Care Coordinating Council and the Greater Minneapolis Day Care Association, the programs at the meeting represented initial efforts to work with kith and kin caregivers. Some programs such as Whedco, CAB, and Aquinas Housing Corporation had operated for almost two years. Others, like the YMCA Child Care Partnership and GMDCA had offered services for a year. Still others, like ASCC and the Florida program had been working with caregivers for less than a year. (Please see Appendix C.) Participants underscored the need to start small. In terms of program design, this entails setting realistic goals for participation levels, focusing on a small number of services or sites, and establishing collaborations with a small number of partners.

Aquinas Housing Corporation's kith and kin child care program, which offered weekly support groups, had a slow start. It had difficulty meeting its goals because participation rates were low. To remedy the situation, Daisy Colon moved the location of the support groups to a community room in one of the buildings Aquinas manages in another neighborhood. It also hired Margie Fuentes, who lives in the community, as a new staff member. She used invitations to an open house as a strategy to reach out to caregivers.

In the second stage of the project, Aquinas aimed to provide support groups for 15 kith and kin caregivers and to train another 35 caregivers as family child care providers during a twelve-month period. By drawing on the experience gained in the first year, Aquinas surpassed the goal for the expanded program in the first six months of activity, with 52 caregivers actively participating in support groups and family child care training.

Circles of Caring's initial program plan called for four collaborative resource and referral and community development organization projects to begin at the same time in different Los Angeles communities. Grounded in California's Child Care Initiative, the objective was to bring legal-exempt caregivers and family child care providers together in a minimum of four training sessions at each site, and to develop support groups or other services based on caregivers' interests.

Developing four collaborations in four sites proved far more challenging and complex than had been anticipated, according to Jan Brown. Two of the collaborations have overcome turf issues and developed strong joint plans. One

site held focus groups and offered training workshops, while the other has offered seven training sessions. The other two sites have experienced difficulties in developing relationships with collaborative partners. One site has moved forward to offer a series of training sessions, and is still working to develop a true partnership. In retrospect, Jan recognized that the project should have focused on assisting two sites rather than four in the first year of this new effort.

Collaboration

The participants in the Practitioners Meeting identified the need for two types of collaboration. One is internal, that is, work within the organization that offers services. The other is external, or work with other organizations in the community. Both kinds of collaboration, according to the participants, consist of several steps, which are described below.

- ***Develop a clear commitment to working with kith and kin caregivers before reaching out to them.***

Work with license-exempt child care providers can be new and foreign to many organizations, especially those that have devoted their resources to expanding the supply and improving the quality of regulated child care. In some cases, organizations have had to confront internal resistance to extending their services to kith and kin caregivers.

As a director of a child care resource and referral agency, Susan Wilkins had initial concerns about its involvement with unregulated providers. ASCC saw its role as helping parents find regulated child care as well as supporting regulated child care providers. After much discussion within the organization, the agency concluded that work with kith and kin represented a logical extension of its mission because such a large number of Phoenix families relied on them.

The San Mateo Child Care Coordinating Council's initial focus on kith and kin began as a small effort to train license-exempt providers. Over time, according to Ana Lange, the agency began to view kith and kin caregivers as an integral part of the community child care fabric. As a result, it integrated kith and kin into the full range of agency services. In addition to providing supports that are specifically designed for kith and kin caregivers, the Council offered them the complete array of services that are available for licensed providers.

- ***Identify partners who bring different strengths to the project.***

When the Salinas Adult School began its work with kith and kin caregivers, it recognized that it needed a partner that could reach out to subsidized license-exempt child care providers. It turned to Children's Services International (CSI), a large child care program which also managed child care subsidies. Each brought different strengths to the project: SAS, its work with parents and its experience in home visiting; CSI, its familiarity with child care issues and its capacity to reach out to caregivers.

The ASCC looked to partners for other reasons. It recognized that the kith and kin project needed organizations with strong connections to the community to reach out to caregivers who were not familiar with ASCC. ASCC brought its understanding of the child care system to the project; Phoenix Day, Wilson Head Start, and Southwest Human Development Head Start brought their capacity to reach out to families.

In its collaboratives, Circles of Caring brought together resource and referral agencies that have knowledge and expertise in child care with community development organizations that have a vested interest in ensuring that their residents have access to child care. Pacific Oaks College, the coordinator of the initiative, provided the staff training and the technical assistance for the four sites.

- ***Develop a consensus about the goals of the project and the roles of the project partners.***

One significant challenge for organizations that aim to work with kith and kin caregivers is wariness about roles and turf. Circles of Caring faced this situation in one of its collaborative sites. The family child care association, which was growing and vocal, expressed resistance to the kith and kin project, because the providers were concerned that they would lose enrollment. The collaborative resolved the issue by convening a meeting of family child care providers and kith and kin caregivers. Each group identified a set of priorities. A common priority for both groups was access to toys and materials and workshops on how to use them. The result was a plan for a series of workshops for both groups of caregivers, sponsored by the three partners. What had begun as a group characterized by mistrust evolved into a true collaboration where members see how they can share responsibility for working with caregivers and reap the benefits.

- ***Make a long-term commitment to maintaining collaboration.***

Whedco, Aquinas and CAB began their kith and kin care programs as part of a collaboration with Bank Street College of Education and Child Care, Inc. One component of the program design was monthly meetings of program staff from all of the partners. Staff from the five organizations worked together on all aspects of program development and implementation, including the focus groups that were used to determine the program design, outreach strategies, program structure, and data collection. The meetings provided opportunities for staff to share concerns about particular issues as well as how to address problems.

Parent/Caregiver Relationships

Parents often choose kith and kin care because they trust their friends or relatives more than a stranger; and, especially in the case of relatives, they feel secure in the knowledge that their child is with someone who loves him or her, and shares the parent's culture and values.

Research indicates that caregivers enjoy taking care of children and helping them learn and grow (Porter, 1998; Porter, 1999.) Relatives, especially, want to provide a warm, loving, personal environment for children who are special to them. Many kith and kin caregivers also want to be able to "help out," to enable the child's parents to work or go to school.

However, as with any human relationship, conflicts frequently arise. If the conflict is not dealt with, it may escalate into an insurmountable problem and threaten the very existence of the caregiving arrangement. Therefore, it is important to provide a safe, confidential environment for caregivers to express their discontents; to explore their own feelings; to understand the perspectives of the parent and the child; and to learn problem-solving strategies that will lead to a resolution of the problem and the continuation of the caregiving situation to the mutual satisfaction of all involved. We need to look at disagreements as creative conflicts, whose resolutions will lead to stronger relationships.

It is a cruel paradox that the close bonds between kith and kin caregivers and parents may actually be the cause of conflict. This is because role boundaries are blurred: the grandmother is also her daughter's employee; the parent's friend is also the child's disciplinarian. If these conflicting roles have not been openly

acknowledged and worked out prior to entering into the caregiving arrangement, and the expectations that parents and caregivers have of one another have not been mutually negotiated and clearly articulated, confusion and resentment occur. Following are some strategies from practitioners for enhancing parent/caregiver relationships and communication.

- ***Provide caregivers with assistance and support in negotiating the terms of care.***

In most situations, because the caregiver-parent relationship in kith and kin care is closer than in licensed family child care and center-based care, the terms of the caregiving arrangement are not negotiated and made explicit. As Esther Lopez of Whedco in New York and Maria Ramirez of the Salinas Adult School state, "It's usually just, 'I'll pay you X amount of money. Can you take care of my child?' " Many of the agency staff reported disagreements and conflicts that resulted from this lack of clarity, which threatened the stability of the child care arrangements.

Most often, problems arose over hours of care and payment. In one instance, a woman caring for her neighbor's child saw the mother returning home at 3 p.m., but she did not come to get her child until 6 p.m. The caregiver was being paid only until 3 p.m. In another case, the caregiver was being paid to take care of her neighbor's child after school until 6 p.m., when the caregiver went to church each day. Often, the mother did not pick the child up on time, so the caregiver brought the child to church with her for no additional payment.

Relatives often feel awkward about establishing ground rules and limits because they believe that they should "help out" as much as possible, but then feel resentful that their daughter or sister is "taking advantage" of them.

Janice Simak stated that the trainers in her Pittsburgh program advised the caregivers to begin by explaining the importance of a medical release form, and asking parents to sign one. Then, rather than use the term "contract," which can be intimidating and uncomfortable, the trainer suggests that the caregiver say to the parent, "Let's write down that you'll pick up your child by 6, so we don't fight about it." She also recommends clarifying which meals the caregiver will provide.

- ***Help caregivers recognize the value of their own work.***

Many of the agencies reported that a significant factor in the lack of clarity around the terms of the child care arrangement stems from the caregivers' lack of self-esteem. These are often low-income women who do not realize that the job they are doing is important: they consider themselves "just babysitters."

The caregiver who was caring for the child an additional three hours without compensation is an example. When she saw one of the parents arrive she would pack up the child's belongings and send him home next door rather than confront the parents and negotiate extra pay. Finally, she stopped caring for the child. Maria Ramirez, the staff member, believes that low self-esteem prevented this caregiver from addressing her own needs.

Low self-image and fear of alienating friends or relatives prevent many caregivers from asserting themselves. Esther Lopez, the group facilitator in the case of the caregiver who brought the child to church with her, also believes that low self-esteem played a role in her predicament. The caregiver rationalized that she had no right to ask for additional payment since she was going to church anyway.

Janice Simak reports that the training, in itself, boosted the caregivers' self-image. In her evaluation of the program, one caregiver wrote, "I learned a lot about child development, and the knowledge increased my confidence, and that increased my confidence in talking to the parent."

Most often, caregivers have not realized that they provide such a valuable service.

Ana Lange of the San Mateo Child Care Coordinating Council stresses the important role that informal caregivers play in their community. She lets them know that people would not be able to find or afford child care, and would not be able to work or study without them.

- ***Encourage regular communication and problem-solving***

Agency staff who work directly with caregivers need to provide them with strategies to work out problems as they arise. Bessie Pierce of Salinas described a situation in which the caregiver did not feel comfortable talking about changes she observed in the child when the parent came to pick him up. He became whiny, refused to get his coat, and resisted leaving.

Interpreting this behavior for the caregiver (i.e., that many young children have difficulty with transitions) helps the caregiver interpret it for the parent.

Another factor is the fuzzy role boundaries during pick-up time; often, both the parent and caregiver are uncertain about their responsibilities and authority vis-a-vis the child at that time. Bessie suggested to the caregiver that she direct the conversation to the child as a model for the parent, e.g., "You need to get your coat now."

In this case, the parent and caregiver had a good relationship, and were able to work things out. The next time the parent picked the child up, she used language that the caregiver had modeled, and the departure went more smoothly. In general, it is important for workers to encourage caregivers to talk with the parent about "who will do what" at pick-up time. Workers can also suggest that caregivers prepare the child beforehand for the parent's arrival, and validate the child's feelings about not wanting to stop playing, while being firm about having to leave.

• Provide staff with training in facilitating parent/caregiver partnerships through empathy-building exercises.

Role boundaries are very permeable in kith and kin care, and agency staff who work with caregivers need to help surface these tensions and assist the caregivers in resolving conflicts with parents. Very often, caregivers are critical of parents' practices of discipline, toilet training, feeding, and other child rearing issues. It is important that program staff who work directly with caregivers avoid taking the caregivers' side against parents, but instead help them understand the parents' point of view, so that they can arrive at a productive solution to the problem. To this end, Bank Street College of Education offers training that includes role-plays of conflictual situations, so that facilitators can themselves experience the various points of view, and practice the role of mediator.

• Organize social and educational events for parents, caregivers, and children.

Social gatherings provide an "upbeat," relaxed atmosphere for parent/caregiver/ child interaction. CAB offered a Thanksgiving luncheon for families and caregivers. The staff prepared the food, which was served at a lavishly decorated table. Each participant--caregivers, parents, and children--gave thanks for something in their lives. According to Noemi Rivera, the group facilitator, the

participants “enjoyed a delicious luncheon with all the Thanksgiving trimmings while getting to know one another.”

Fourteen caregivers, eleven parents, and ten children attended a luncheon organized by Aquinas. The adults shared their experiences caring for children, and discussed issues of interest, such as New York’s welfare reform initiative. A report on the event concluded, “The activity gave the caregivers the opportunity to bond with the parents, who were impressed with what the caregivers had learned from participating in the support groups.”

Other attempts to organize programs for parents and caregivers together were not as successful. Whedco offered a workshop entitled “Celebration of Cultural Diversity,” which drew only six participants, all of them caregivers. Another event was scheduled during the Christmas week, and had to be cancelled. The agency staff later realized that many of the program’s participants, who are from the Dominican Republic, had gone home for the holidays.

Programs must also keep in mind that parents who make use of kith and kin child care are balancing work and/or school, child care, shopping, and housework, and often cannot find the time or the energy to participate in additional activities, even when they recognize their importance. A similar situation faces schools, which often have a turnout of less than ten percent of the parent population for meetings and other organized events. One strategy for reaching out to parents is to ask the caregivers for permission to contact the parents directly. If this is not possible, programs can give caregivers materials about their activities to take home and pass on to the parents.

Quality

While most of the participants at the meeting articulated “enhancing quality” in kith and kin child care as their primary goal, defining quality represented a challenge for the participants. Their definition of quality care was broad and similar to those that apply to child care in general: it is sensitive to parents’ choice in the context of their community, provides a healthy and safe environment, is conducive to child development, and is provided by caregivers who are intentional, committed and knowledgeable.

Consistent with this definition, the participants agreed that programs should aim to help caregivers provide a healthy and safe environment, educate caregivers about child development, and develop a collaboration among parents, caregivers and the community. To support healthy and safe environments for children, they recommended an array of strategies that reflected their own program approaches. These included distribution of health and safety materials such as equipment, kits and newsletters as well as home visits. Their recommendations for educating caregivers also drew on their own experiences. The list included training, especially in Infant and Child CPR, first aid, health and safety, emergency preparedness, and social, physical, intellectual, emotional and socio-contextual development; support groups; mentoring; visits to regulated caregivers; and opportunities for professional development.

The two primary correlates of quality in kith and kin care, like those in regulated family child care or center-based care, are the environment and caregiver-child interactions. The challenge is how to design standards and measures that reflect the distinctive nature of kith and kin care. A safe environment is an example. Some aspects of safety--electrical outlet covers, poisons out of reach, locked medicine cabinets and locked guns--apply to all settings for children. Others are less clear. Should grandmothers, friends and neighbors who care for other people's children be expected to conduct fire drills as regulated family child care providers or centers do? Should this requirement apply to all kith and kin caregivers, those who care for more than two children, non-relative caregivers, or those caregivers who receive public subsidies to provide child care?

Similar questions arise about evaluating caregivers and their interaction with children. What kinds of standards should be used to assess these aspects of quality when the caregivers do not have a professional interest in child care and may only intend to care for children with whom they have a special connection? Should these standards apply equally to relatives and non-relatives, and if so, how? How should standards take into account parents' expectations for the kind of care that kith and kin provide, especially if they have deliberately chosen them to care for their children?

The increasing awareness of the number of families who use kith and kin care and the growing interest in improving its quality has escalated the need for answers to these questions. Practitioners want to know if their programs are effective. Policy makers want to know if their investment in these programs is well-spent. Researchers want to know how kith and kin child care compares to regulated child care.

The meeting participants agreed that families, caregivers, and the professional child care community may hold different views about "quality." The dilemma for the child care and early education communities, therefore, is, "What constitutes quality care in informal (kith and kin) settings?" On a continuum of child care ranging from parents on one end to center-based teachers on the other, kith and kin caregivers fall between parents and licensed family child care providers. (Please see Appendix E.) Applying either of the quality standards of those contexts directly to informal caregivers would be the equivalent of applying, say, center-based standards to family child care providers. Each setting is unique, and children experience different *qualities* in each.

The uniqueness of kith and kin care stems from its cultural congruence with the child's home environment. This can create a tension between a caregiver's cultural practices and what is considered "developmentally appropriate practice" (DAP). For example, in the focus group research conducted by Bank Street College, feeding was a central concern of caregivers: when the child ate, what foods the child ate, and whether the child ate enough. Caregivers saw their role as ensuring that children ate enough of the foods they considered nutritious. Indeed, because they were *not* the child's parents, they took this responsibility even more seriously. An emphasis on food, and the act of an adult feeding children of a certain age, is contrary to the emphasis on developing autonomy in "developmentally appropriate practice." Should this work against the caregiver when quality is assessed?

Another example concerns the issue of "school readiness." On the one hand, a grandmother or aunt may not view her role as preparing the child for school, or she may be unable to read and write and therefore unable to provide a "cognitively stimulating" environment. On the other hand, a relative or neighbor may feel a responsibility to prepare the child for school, and engage in

"developmentally inappropriate" activities such as rote learning of the alphabet. How do we reconcile these differences and reach the "third space" (Barrera & Kramer, 1997) of blending normative standards with cultural and familial beliefs and practices?

Clearly, kith and kin caregivers are close to parents on the child care continuum. The principles, criteria, goals and standards of "quality" parenting espouse autonomy, equality, and verbal expression (Ames, 1992; Baumrind, 1968; Brazelton, 1994; Dembo, Sweitzer, & Lauritzen, 1985; Faber & Mazlish, 1999; Samalin, 1998). They seem instinctively true, and are consistent with DAP. And yet, these standards arise from and reflect the dominant discourse of parenting in American society. They are mainstream societal norms which may conflict, in some ways, with the values and practices of certain subcultures of that society whose voices are not part of the dominant discourse.

The work that needs to be done is to examine the existing standards for the variety of child care contexts on the continuum, in order to explore their relevance and appropriateness to informal child care settings. We need also to include the voices of all the participants in this unique setting--caregivers, parents, the children themselves--in determining what constitutes "quality" informal care.

Summary

We wish to highlight what we believe are some of the most important “lessons learned” that emerged from the practitioners meeting.

- Organizations beginning to work with kith and kin caregivers should realize that

some of them may not want to become professional child care providers. This should be kept in mind when conducting outreach, designing programs, forming collaborations, and training staff to support caregivers in working with parents. While providing information and training for family child care licensing is a vital service for those who seek it, it is also important to provide appropriate programs for the population of caregivers (usually relatives) who choose to remain license-exempt.

- Kith and kin care is part of the community’s child care fabric. Therefore, caregivers may be more trusting of established organizations that provide a broad range of services to the community-at-large than of professional child care organizations.

- Programs for kith and kin caregivers should be integrated into the organizations’

current work in child care, rather than treated as an isolated entity. Many existing materials for parenting education and family child care training may be relevant and appropriate for kith and kin caregivers.

- Since the primary distinguishing feature of kith and kin care is the relationship of the parents to the caregivers, agencies should devote much thought and staff development to this important area.
- Organizations need to work on raising awareness and reframing negative attitudes and perceptions about kith and kin care if they intend to reach out to and provide services for this population of caregivers.
- To expand the knowledge base of kith and kin care, organizations should document their efforts. At a minimum, they should collect data on the characteristics of caregivers, the nature of child care arrangements, and involvement in the program. To assess program effects, particularly on child care quality, programs should work with the child care community to develop appropriate measures for kith and kin care.

References

- Ames, L. B. (1992). Raising good kids: A developmental approach to discipline. Rosemount, NJ: Modern Learning Press.
- Barrera, I., & Kramer, L. (1997). From monologues to skilled dialogues: Teaching the process of crafting culturally competent early childhood environments. In P. J. Winton, J. A. McCollum, & C. Catlett (Eds.), Rethinking personnel preparation in early intervention: Issues, models, and strategies for faculty and trainers (pp. 217-252). Baltimore, MD: Brookes.
- Baumrind, D. (1968). Authoritarian vs. authoritative parental control. Adolescence, 3(11), 255-272.
- Brazelton, T. B. (1994). Touchpoints: Your child's emotional and behavioral development. Reading, MA: Addison-Wesley.
- Casper, M.L. (1996). Current Population Reports: Who's minding our preschoolers? Washington, DC: US Department of Commerce: Bureau of the Census.

- Dembo, M., Sweitzer, M., & Lauritzen, P. (1985). An evaluation of group parent education: Behavioral, PET and Adlerian programs. Review of Educational Research, 55, 155-200.
- Faber, A., & Mazlish, E. (1999). How to talk so kids will listen & listen so kids will talk. New York: Avon.
- Fuller, B., Holloway, S. D., & Liang, X. (1996). Family selection of child care centers:
The Influence of household Support, Ethnicity, and Parental Practice. Child Development, 67(6), 3320-3337.
- Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). The study of children in family child care and relative care: Highlights of findings. New York: Families and Work Institute.
- Mitchell, A., Cooperstein, E., & Lerner, M. (1992). Child care choices, consumer education, and low-income families. New York: National Center for Children in Poverty.
- Porter, T. (1991). Just like any parent: The child care choices of welfare mothers in New Jersey. New York: Bank Street College of Education.
- Porter, T. (1998). Neighborhood child care: Family, friends, and neighbors talk about caring for other people's children. New York: Bank Street College of Education.
- Porter, T. (1999). Infants and toddlers in kith and kin care: Findings from the Informal Care Project. Zero to Three, 19(6), 27-35.
- Samalin, N. (1998). Loving your child is not enough: Positive discipline that works. New York: Penguin.
- Siegel, G. L., & Loman, L. A. (1991, September). Child care and AFDC recipients in Illinois: Patterns, problems and needs. St. Louis, MO: Institute of Applied Research.
- Zinsser, C. (1991). Raised in East Urban: Child care changes in a working class community. New York: Teachers College Press.

Appendix A

KITH AND KIN CHILD CARE PRACTITIONERS MEETING November 9, 1999

AGENDA

9:30-10:30: Welcome
Introductions

10:30-12:30: Issues for Practice: Small Group Discussions
Reporting Out

12:30-1:30: Lunch

1:30-2:30: Issues for Practice (Continued)

2:30-3:00: The Aspect of Your Work that Surprised You the Most

3:00-3:30: Policy Issues related to Kith and Kin Child Care

3:30-4:00: Research Questions: What Do We Want to Know

4:00-4:30: Next Steps

Appendix B

The Practitioners Meeting

The Participants

The 13 programs that participated in the Practitioners Meeting were located in seven states: New York, Delaware, Pennsylvania, Florida, Minnesota, Arizona and California. The four programs in New York included the Cornell Cooperative Extension's kith and kin child care project in Ithaca and the three

partners from the Child Care and Family Support Partnership--Whedco, Aquinas Housing and Citizens Advice Bureau (CAB)--in New York City. There were three programs from California: the Salinas Adult School and the San Mateo Child Care Coordinating Council, partners in the California Kith and Kin Project, and the California Child Care Resource and Referral(CCCRR) Network's Circles of Caring, from Los Angeles. Other participants included the Association for Supportive Child Care, which coordinates the Arizona Kith and Kin project; the Pittsburgh YWCA Child Care Partnerships Relative/Neighbor Care Program; the Daytona Beach Child Care Resource Network Caring for Kids program; and Delaware's Family and Workplace Connection Relative Caregiver Support Project. Two programs--the Greater Minneapolis Day Care Association(GMDCA) and the Minnesota Child Care Resource and Referral Network--are based in Minneapolis. (Please see Appendix B: Program Matrix.)

Program auspices ranged widely. The largest group were child care resource and referral agencies. They included the Association for Supportive Child Care, the California Child Care Resource and Referral Network, the Daytona Beach Child Care Resource Network, The Family and Workplace Connection, the Greater Minneapolis Day Care Association, the Minnesota Child Care Resource and Referral Network and the San Mateo Child Care Coordinating Council. There were three community development organizations, Aquinas Housing Corporation, CAB and Whedco. The other programs were offered by an institution of higher education, a YWCA, and an adult school.

Five programs--Cornell's, Pittsburgh's, Daytona Beach's, Delaware and GMDC--were part of state initiatives. Their primary target population was license-exempt kith and kin caregivers who were paid with public subsidies. The other programs that were funded by private foundations aimed to serve kith and kin caregivers, irrespective of their subsidy status.

The programs articulated different goals. Ten defined their goal as enhancing the quality of kith and kin child care; five indicated that they aimed to provide kith and kin caregivers with access to resources. Three programs intended to provide information to kith and kin caregivers. Two aimed to create kith and kin care networks, and another two to provide information about economic opportunities.

Strategies to achieve these goals varied. Half of the programs used training or support groups, and three offered technical assistance, health and safety kits, or newsletters. Two programs used home visits as a primary service delivery strategy; one used them to supplement support groups. One program provided business workshops as the primary support for caregivers, while another made a range of services, such as exempt-provider training, CPR, and family child care training available to kith and kin caregivers.

The range of program budgets and sizes was wide. Program budgets varied from \$23,000 to \$300,000. The number of staff ranged from 2 to 30.

Program accomplishments varied depending on the nature of the services and the age of the program. The number of caregivers who participated in support groups, for example, reflected the structure of the program and the number of support groups offered as well as enrollment. The numbers of participants who completed the series extended from 11 participants to 57. Likewise, the number of participants who attended training varied, extending from a low of 100 to a high of 500. One of the two programs that used home visiting reported a total of 200 visits, but it did not identify the number of caregivers who had received these visits. The other home visiting program reported that it had mentored eight caregivers since recruitment began in May.

The Agenda

The day-long meeting was designed to gain an understanding of lessons learned from work with kith and kin caregivers. Prior to convening, the Institute for a Child Care Continuum distributed a questionnaire to the participants to identify the most important practice issues from their perspective. The meeting agenda was based on the results of this survey (please see Appendix C: Meeting Agenda.).

Five small group discussions about practice formed the centerpiece of the day. The issues were outreach, program design, community collaboration, parent-caregiver relationships and quality. Each small group was charged with defining its terms, identifying objectives, describing program strategies to achieve these objectives, explaining the rationale for the choice of these strategies, listing the challenges related to this aspect of the work, and identifying how the work was

documented. Each group reported its results, which stimulated further discussion on each issue.

Two sessions in the afternoon focused on policy and research issues to learn the practitioners' perspectives on these topics. The session on research consisted of an exercise that enabled participants to rank data that would be useful for policy makers, researchers, and practitioners. The policy session was designed to elicit recommendations on such policy issues as regulation, public supports, and allocation of resources.

Appendix C

Practitioners Meeting, November 9, 1999

Participating Program Matrix

Program	Start Date	Program Goals	Program Objectives	Program Strategies	Outreach	Data Collected	# of Staff	Budget	# to Date
Aquinas Home based Resource and Training Center, New York	1/97	Address child care needs Develop informal & registered network Build linkages to inform family and children's policy	Enhance quality Support services to providers Provide economic opportunity, child development, health, safety, nutrition information Access to resources	Bilingual training Support groups Business training Access to services	Fliers Newsletter Local presentations Word of mouth Agency referral	<i>Caregiver Characteristics:</i> Education Experience Relationship w/ parent Arrangements <i>Referral Source</i> <i>Enrollment</i> <i>Support Group Sessions</i>	2	\$46K	173

Program	Start Date	Program Goals	Program Objectives	Program Strategies	Outreach	Data Collected	# of Staff	Budget	# to Date
Association for Supportive Child Care, Arizona	3/99	Strengthen reliability & quality Connect providers to resources Increase providers' satisfaction with services they provide	3 pilot sites in Central & South Phoenix	Focus groups Support groups Training Community collaborations	Fliers Word of mouth Head Start Family advocates Telephone	<i>Caregiver Characteristics:</i> Household Education Income Residential history	1/2	\$25K	37
Child Care Coordinating Council of San Mateo County, California	4/99	Increase capacity & intentionality Provide economic opportunity information Increase number of quality child care settings	15 exempt providers per six-month cycle	Research/data Staff orientation Support groups Home visits Integration of services	Fliers Community presentations Telephone Word of mouth	<i>Caregiver <u>Characteristi</u></i> <u>cs:</u> Education Experience Relationship w/ parent Arrangements <i>Referral Source</i> <i>Enrollment</i> <i>Support Group Sessions</i>	2	\$30k	11

Program	Start Date	Program Goals	Program Objectives	Program Strategies	Outreach	Data Collected	# of Staff	Budget	# to Date
Child Care Partnerships: YWCA of Greater Pittsburgh, <i>Pennsylvania</i>	5/98	Provide information to neighbor & relative caregivers	Recruit & train 150 neighbor & relative caregivers in five county region	Trainings on child development, scheduling management, health & safety, working with families, CPR & First Aid Community collaborations Accessible training locations	RNCs Fliers Signs Cable calendars Website	Track participants' registration	1.25	\$46K	163
Child Care Resource Network, <i>Florida</i>	1/97	Increase quality Increase number of providers Provide support to providers	Statewide objective to increase by 80 family childcare settings	State Cert. & business training Resource van Mentoring Technical assistance Toolkit	On-site visits Technical assistance Training via van	Maintain database of visits & technical assistance provided	3	\$100K covering services to all types of providers including kith & kin	App 200

Program	Start Date	Program Goals	Program Objectives	Program Strategies	Outreach	Data Collected	# of Staff	Budget	# to Date
Citizens Advice Bureau, New York	1998	Increase quality	Support providers with educational information in order to improve quality child care	Bilingual support groups Information on child development, health & safety, discipline	Fliers Telephone Open house Word of mouth	<i>Caregiver Characteristics:</i> Education Experience Relationship w/ parent Arrangements <i>Referral Source</i> <i>Enrollment</i> <i>Support Group Sessions</i>	2	\$23.5K	31
Cornell Cooperative Extension, New York	1/97	Support quality through exploratory research & education study	Five focus groups from six sites	Newsletters specific to issues raised by providers	Focus Groups	Needs of Caregivers	7	\$100K	6K
Family Workplace Connections, Delaware	9/98	Increase quality of care in relative care		Technical assistance Mentoring Support groups Health & safety kits	Telephone Mailings survey State P.O.C. Career training	48 surveys completed with summaries	1	\$50K	8

Program	Start Date	Program Goals	Program Objectives	Program Strategies	Outreach	Data Collected	# of Staff	Budget	# to Date
Greater Minneapolis Day Care Association, <i>Minnesota</i>	1994	Support safety & quality Ensure equal access to resources for all providers Licensing assistance Changing perceptions of kith & kin	Mini-Grants to providers from State & McKnight Foundation	Tailored training Business & professional development CPR & first aid, child development Neighborhood groups	Mass mailings Word of mouth Diverse training locations	<i>Database on logistical information for training participants:</i> Arrangements Experience Identification of barriers	12	McKnight Foundation Minnesota State	App 500
Minnesota Child Care Resource and Referral Network, <i>Minnesota</i>	1994	Overall Support Advocacy Identify barriers for future policy	Assist providers with registration process	Bilingual training Community collaborations Program development training	Fliers Newspapers EFCE links Word of mouth Via parent's Subsidy programs	Presently conducting door-to-door study to assess potential for capacity building in child care	30	McKnight Foundation & Minnesota State	100-

Program	Start Date	Program Goals	Program Objectives	Program Strategies	Outreach	Data Collected	# of Staff	Budget	# to Date
Parent Center: Salinas Adult School, <i>California</i>	4/99	<p>Improve quality</p> <p>Provide education & employment information</p> <p>Support community organizations capacity to meet children's needs</p>	45 kith and kin caregivers served	<p>Recruit</p> <p>Staff training</p> <p>Activity kits</p> <p>Support groups</p> <p>Research</p> <p>Special events</p>	<p>Fliers</p> <p>Community presentations</p> <p>Telephone</p> <p>Staff referrals</p> <p>Raffles</p>	<p><i>Caregiver Characteristics:</i></p> <p>Education</p> <p>Experience</p> <p>Relationship w/ parent</p> <p>Arrangements</p> <p><i>Referral Source</i></p> <p><i>Enrollment</i></p> <p><i>Support Group Sessions</i></p>	4-5	\$30k	22
Pacific Oaks, <i>California</i>		<p>Create multifaceted community-based support system to stabilize & improve quality of existing child care</p> <p>Assist providers to start high quality, sustainable business</p>	Four child care demonstration projects in Los Angeles communities	Local partnerships between community development organizations and R&R agencies to provide workshops, training, & resources	<p>Focus groups</p> <p>Assisting parents with subsidies</p> <p>Local technical assistance</p>	Document project activities & collect statistical data on numbers of recruits & trainees	5.5	\$300K	N/A

Program	Start Date	Program Goals	Program Objectives	Program Strategies	Outreach	Data Collected	# of Staff	Budget	# to Date
Women's Housing and Economic Development Corporation, New York	7/97	Combat caregiver isolation Provide information on child development, health, safety, career options	Support services for 34 nonregulated caregivers	Bilingual training Support groups Business training Access to services	Fliers Word of mouth Staff referrals DOH orientations Community partners	<i>Caregiver Characteristics:</i> Education Experience Relationship w/ parent Arrangements <i>Referral Source</i> <i>Enrollment</i> <i>Support Group Sessions</i>	4	\$45K	57

Appendix D

The National Kith and Kin Child Care Initiative

In 1997, Bank Street's Institute for A Child Care Continuum (formerly the Center for Family Support) began The Child Care and Family Support Partnership, a collaboration with three community-based organizations to work with kith and kin caregivers in New York City. (Child Care, Inc., a child care resource and referral agency, was also a partner.) In 1998, we extended the work to two sites in California, forming the California Kith and Kin Project, and in 1999, began to work with two additional community organizations in the Enterprise New York's Home-Based Child Care Program. The programs shared three objectives: to improve the quality of child care that children receive from family, friends, and neighbors; to provide information about economic opportunities in child care to these caregivers; and to enhance organizations' capacity to meet community child care needs.

Our work with kith and kin care is grounded in our view of child care as a continuum that extends from parents on one end to professional child care providers--early childhood teachers--on the other, with kith and kin caregivers falling between parents and family child care providers. This perspective places children, rather than caregivers, at the center. It assumes that children should be in a safe and healthy environment wherever they are--with their parents, their grandmothers, aunts, friends or neighbors, in family child care homes or center-based early childhood programs. It also assumes that anyone who provides child care for children--parents, other relatives, friends, neighbors, family child care providers, or early childhood teachers--should have some knowledge of child development and skills to support the healthy growth of children.

The Institute's involvement with kith and kin child care projects attracted attention of policy makers and organizations across the country who were interested in creating their own programs to serve this population of child care providers. To respond to this interest, we created the National Kith and Kin Child Care Initiative to encourage acceptance of kith and kin care as an integral part of the child care system. The Initiative has three objectives: to contribute to the

knowledge base about family, friends, and neighbors who provide child care for other people's children; to promote good practice for working with kith and kin caregivers; and to inform policy directions for kith and kin care.

To enhance the understanding of kith and kin child care, we conduct research on several questions. One is caregivers' interests and needs, which we have examined in a series of focus groups with kith and kin caregivers. Another is the characteristics of kith and kin caregivers, the nature of these child care arrangements, and some initial program effects, for which we gather data through documentation of seven programs with which we work. A third is work with kith and kin caregivers from the practitioners' perspective.

To encourage the exchange of information about kith and kin child care, we use a variety of approaches. We have launched a web site (<http://www.bankstreet.edu/childcare>) that includes information about related program, policy, and research. We make presentations at national conferences and collaborate with national organizations such as the National Center for Children in Poverty. We support the development of networks of kith and kin programs across the country.

Appendix E
Child Care Continuum

<INFORMAL CARE>

