



Extending Home Visiting to Kinship Caregivers and Family, Friend, and Neighbor Caregivers

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By Elizabeth Hoffmann and Tiffany Conway Perrin

Executive Summary

Many children experience challenges that put their health and development at risk. For example, economic hardship, child abuse and neglect, and parental substance abuse can all negatively impact a child's well-being. Home visiting may be an important support for children and families that can improve outcomes, including healthy and safe development, family functioning, and school readiness.

CLASP undertook this project to explore how home visiting can be responsive to the realities of children's daily lives when they spend significant time in the care of someone other than a parent. Specifically, our project focused on two populations of caregivers: kinship caregivers (i.e. grandparents and other relatives) who are raising related children when the child's parents are unable to do so; and family, friend, and neighbor (FFN) caregivers who provide child care for children, in order for parents to work, go to school, or pursue other educational and training opportunities. Both kinship caregivers and FFN caregivers play crucial roles in children's development, although there are important distinctions between the groups. Home visiting, by promoting healthy development and connecting children and caregivers to resources, is a promising model for serving vulnerable children who are in kinship care and those with FFN caregivers.

CLASP interviewed representatives from major national home visiting models, as well as stakeholders and experts in the field at the local, state, and national levels. Interview questions focused on whether home visiting models served or had considered serving kinship

caregivers and FFN caregivers. The project focused on programs serving young children and families between the prenatal period and kindergarten entry. CLASP found that all of the home visiting models interviewed serve children and their kinship caregivers (either by initiating services or continuing services when a child served by the program entered kinship care). The models also include FFN caregivers to varying extents, ranging from providing formal curricula for caregivers to allowing home visitors to include FFN caregivers at the family's request.

This report synthesizes our interview findings and presents detailed considerations for implementing home visiting with kinship caregivers and FFN caregivers, including matters of curriculum, staffing, and service referral. It also discusses several opportunities that home visiting models identified that have resulted or could result from serving kinship caregivers and FFN caregivers, including serving more vulnerable children, promoting continuity for children, and expanding research and evaluation. This synthesis draws on descriptions of program models and practices where appropriate; additionally, four promising initiatives are profiled. Based on these findings, CLASP developed a set of recommendations for states and the federal government.

Recommendations for States

As state leaders and policymakers seek to enhance existing home visiting programs or establish new ones, we recommend that they consider the following in order to best meet the needs of vulnerable children.

- Review whether children in home visiting programs or target populations are in kinship care or FFN care; adjust programs accordingly.
- Ensure that state investments in home visiting incorporate key elements and embody inclusive practices.
- Coordinate home visiting programs with other services for children and families that work with kinship caregivers and FFN caregivers.
- Expand investments in home visiting programs in order to reach more vulnerable children with kinship caregivers or FFN caregivers.

- Build in sufficient and appropriate training, technical assistance, and monitoring, specific to home visiting with kinship caregivers and FFN caregivers.
- Promote opportunities for building on existing research through data collection and evaluation in order to understand the benefits of home visiting programs for these populations.

Recommendations for the Federal Government

Many of the recommendations for states should be considered as policymakers explore options for a federal program of evidence-based home visitation. Additionally, other opportunities exist at the federal level to enhance services for all children served by home visiting.

- Facilitate information-sharing and the development of best practices across models to enhance service delivery to all children.
- Provide federal guidance and technical assistance to programs serving children and families through home visiting that intentionally addresses how to best meet the needs of the range of populations served by home visiting.
- Ensure federal funds are available to a variety of research-based home visiting models.

Introduction

Many children experience challenges that put their health and development at risk. For example, economic hardship, child abuse and neglect, and parental substance abuse can all negatively impact a child's well-being. The well-being of children is also affected by their relationships with important adults in their lives. Particularly for very young children, the quality of the relationships between a child and all of his or her caregivers affects developmental outcomes across all domains.¹

Home visiting may be an important support for children and families that can improve outcomes, including healthy and safe development, family functioning, and school readiness. A crucial component of home visiting involves building on the relationship between child and adult, often the child's parent. Yet, many vulnerable young children spend significant time cared for by someone other than a parent, because they either reside with and are raised by relatives in kinship care families or are cared for by family, friend, and neighbor caregivers for extended periods of time. These children and the caregivers who are critical to their development and well-being can benefit from home visiting.

CLASP undertook this project to explore how home visiting can be responsive to the realities of children's daily lives when they spend significant time in the care of someone other than a parent. Specifically, our project focused on two populations of caregivers: kinship caregivers and family, friend and neighbor (FFN) caregivers.

Both kinship caregivers and FFN caregivers play crucial roles in children's development, although there are important distinctions between the groups. When children are being raised by grandparents or other relatives, the child's parents are not typically present or are a part of the child's life only sporadically—the kinship caregiver is the child's primary parental/guardian figure. Though a grandmother raising her grandchild may still be "Grandma" to the child, she also fills the roles of mother and father and interacts with the child as such. With FFN

caregivers, parents are present in and a part of the child's life but may work one or more full-time jobs, go to school, or pursue other education and training opportunities, and entrust their children to the care of family, friends, and neighbors (FFN) for most or all of a child's waking hours. The FFN caregiver often has a close relationship with the child and contributes to nurturing the child and promoting his or her education and development. In vulnerable families, there may be fluidity between these two caregiving roles—a relative may be a kinship caregiver raising a child while the parent is absent from the child's life due to incarceration or while dealing with substance abuse or mental health challenges, but the relative may take on more of an FFN caregiver role when the parent is present. In a number of cultures, child-rearing is often thought to be the responsibility of the entire extended family. Home visiting, by promoting healthy development and connecting children and caregivers to resources, is a promising model for serving vulnerable children in kinship care and those with FFN caregivers.

This paper presents findings from interviews CLASP conducted with representatives from national home visiting models, explores considerations and opportunities for using home visiting to serve children in kinship care or with FFN caregivers, highlights promising models for serving these populations, and offers recommendations for state and federal policymakers. It is important to keep in mind that the approaches taken by home visiting models to serve the two populations are different, and some recommendations are specific to one group, whereas other recommendations may apply to both but have different implications for implementation.

Background

Home Visiting Models

Home visiting promotes healthy development for young children by delivering services to families in the children's homes. Several home visiting programs target families who are vulnerable because they are experiencing challenges that put children at risk for

Definitions of Caregivers

For the purposes of this paper, the following definitions apply.

Kinship caregivers—Relatives raising related children when the children’s parents are unable to do so.

- ***Kinship care or kinship families:*** All families where a child is being raised by a grandparent or other relative.²
- ***Outside [of the child welfare system]:*** Those kinship families that are not involved with the child welfare system.
- ***Inside or within [the child welfare system]:*** Families in which the kinship arrangement results from the involvement of the child welfare system following a child protective services investigation.
- ***Kinship/relative foster parents:*** Kinship caregivers involved with the child welfare system who are caring for children who are in the legal custody of the state—that is, they are in foster care.

Some kinship caregivers within the child welfare system are caring for children who have not been legally removed from the custody of their parents (they are not in foster care) but with whom the child welfare agency remains involved through on-going supervision and provision of services. It is important to note that in each of these situations, the child’s parent or parents may be present in the child’s life in varying degrees and with varying regularity.

Family, friend, and neighbor (FFN) caregivers—A caregiver providing regular child care who is legally exempt from state child care licensing requirements. Substantial variation exists among state licensing requirements, however, in terms of how many children can be cared for in a home before the caregiver must become licensed, and what requirements or training are associated with licensure.³ This paper focuses on caregivers who provide care for young children for significant amounts of time and are not licensed. Other terms often used to describe this population, or subgroups of this population, include kith and kin care, relative child care, informal care, license-exempt care, legally unlicensed care, or legally unregulated care.

Note: In working across the fields of child welfare and child care, we discovered that several terms are commonly used in both fields but have different interpretations. For example, the term “relative caregiver” is often synonymous with “kinship caregiver” in the child welfare field, but in the child care field, it indicates a subgroup of FFN caregivers who are family members of the child. Throughout this paper, we have tried to avoid using terms with dual definitions.

unhealthy development, such as economic hardship, child abuse and neglect, and parental depression. The specific goals of home visiting programs vary with the model used, but typically home visiting programs seek to improve family outcomes for both adults and children by strengthening the parent-child relationship for some or all of the years between the prenatal period and kindergarten entry. Research has shown that some voluntary home visitation models have successfully promoted opportunities for children to grow up healthy, safe, ready to learn, and able to become productive members of society.⁴

Home visiting works in two distinct, but related, ways. First, home visiting itself is a service and a support. Home visitors use a family support model to create a trusting relationship and deliver services to parents and children in the family’s home—from parent education to screenings and assessments of children. In addition to the services and supports home visitors provide directly, home visitors and home visiting programs also operate as a link between families and other community services, ranging from health and mental health services to basic needs to early care and education. Thus, home visitation is both a service in itself and a mechanism for connecting families with other services—not just through referrals but by helping parents understand the value of the services and how to access them.⁵ All the national models interviewed have national offices that provide varied levels of training, technical assistance, and support to local home visiting programs. See box on pages 5-6 for a brief description of the national program models interviewed.

Several states also administer, manage, or coordinate home visiting programs. Current data suggests that at least 40 states have one or more state-based home visiting programs that implement national models or state-designed models.⁶ These state-based home visiting programs are funded by a variety of sources, including federal funding (for example, the Maternal and Child Health Services Block Grant, Temporary Assistance for Needy Families, Child Care and Development Block Grant and Medicaid Federal Financial Participation), state general revenue, tobacco settlement funds, local public funds, foundations, and private donations. States may work to improve linkages among multiple home visiting

National Providers of Home Visiting Interviewed for this Project

National Home Visiting Models

Healthy Families America (HFA)

HFA cultivates the growth of nurturing, responsive, parent-child relationships, promotes healthy childhood growth and development, and builds the foundations for strong family functioning, thereby, preventing child abuse and neglect. HFA is specifically designed to focus on the parent-child relationship in order to impact bonding and attachment. The program model builds on the philosophy that responsive relationships help build positive attachments that, in turn, support healthy social-emotional development; these relationships form the foundation of mental health for infants, toddlers and preschoolers. A standardized assessment tool is used to identify families most in need of services and enroll them prenatally or at the birth of the baby. Upon enrollment, families receive visits at least once a week. HFA serves families for three to five years, over which time home visitors use established criteria to determine each family's needed level of service. www.healthyfamiliesamerica.org

Home Instruction for Parents of Preschool Youngsters (HIPPIY)

HIPPIY supports parents in their critical role as the first and most influential teacher of their 3-, 4-, and 5-year-old children. Home visitors are trained by professional coordinators to use role modeling to introduce developmentally appropriate books and other educational materials that are retained in the home. Home visits alternate with group meetings to provide enrichment activities such as how to access school and/or community resources. Home visitors are recruited from the target population/community and conduct visits in the language of the parent, whenever possible. HIPPIY is designed to help families overcome barriers to education and can be used to complement other early childhood preschool experiences by engaging parents at home. www.hippy.org.il

Nurse-Family Partnership (NFP)

NFP serves first-time, low-income mothers who are recruited early in their pregnancy. Program goals include improving pregnancy outcomes, child health and development, and family economic self-sufficiency. Registered nurses provide weekly home visits during critical periods and then visits every two weeks until a child is 21 months old, with monthly visits until the child is 2 years old. Nurse home visitors work to coach families on building social support networks and fostering relationships with community services, as well as promoting parent-child attachment, healthy child development—including social-emotional and cognitive development, prenatal and family health and safety, and family economic self-sufficiency.

www.nursefamilypartnership.org

Parent as Teachers (PAT)

PAT aims to support parents as their children's first teachers by increasing knowledge of early childhood development and improving parenting practices. Some PAT sites offer universal access; others target certain vulnerable populations. Home visitors are trained and certified as PAT Parent Educators and provide monthly home visits to families, with the ability to visit families who have greater needs every two weeks. Families also participate in group meetings. Children receive comprehensive screenings and referrals for needed services, and families are linked to community resources as needed through a resource network. A little over half of PAT programs serve children from the prenatal period to 5 years old, with the majority of the remainder serving children from the prenatal period to 3 years old. www.parentsasteachers.org

The Parent-Child Home Program (PCHP)

PCHP focuses on strengthening parent-child interaction, building language and literacy-rich home environments, and preparing children for school readiness and school success. The model is designed to promote positive parenting skills and build positive parent-child interaction; enhance the child's cognitive and social-emotional development; and develop pre-literacy skills that are essential for school readiness. Using books and educational toys, which are given to the families to keep, as curricular materials, home visitors model reading, play, and conversation activities. They use a "light touch" approach that is non-didactic and empowers parents to play an ongoing role in their children's education. Visits occur twice weekly for half an hour, over a two-year time period, typically when a child is ages 2 and 3. PCHP is a targeted program serving families challenged by significant obstacles to school readiness and academic success, including: poverty, limited access to center-based services, language and cultural barriers, limited parental education, low literacy levels, and geographic isolation. Local site coordinators also serve as social service referral contacts for families, linking them to other needed services. www.parent-child.org

National Providers of Home Visiting Interviewed for this Project (cont.)

Early Head Start (EHS)

Early Head Start is not a national home visiting model like those described above, but it is included in this project because its home-based model uses home visiting as the primary method of service delivery. EHS is a federally-funded program that provides comprehensive, high-quality early care and education and support services to vulnerable young children under age 3, pregnant women, and their families. Support services include access to health screenings, referrals, and follow-up support; parenting resources; and social services. Early Head Start may be delivered through different program models, the most common being center-based (about 50 percent) and home-based (about 41 percent).⁷ The federal Head Start Program Performance Standards specify that the EHS home-based model consist of weekly home visits and bi-monthly group socialization activities, while ensuring that comprehensive services and referrals are provided.⁸ Local Early Head Start grantees may choose and/or adapt models and curricula for their home visitors that meet the Program Performance Standards.

<http://www.acf.hhs.gov/programs/ohs/>

programs that may operate in a state and between home visiting and other child and family support services. States may also support and expand home visiting by offering training and professional development, supervision, monitoring, data collection, or evaluation.⁹

The specific goals of a program vary with the home visiting model used. Typical goals include:

- Increasing positive parenting practices and improving parent-child relationships
- Reducing child abuse, neglect, and injury
- Improving child health and development
- Increasing school readiness and academic success
- Improving children's emergent language and literacy skills
- Enhancing parents' self-sufficiency

A model's goals may dictate when the home visiting intervention begins. Some home visiting models include a focus on improving prenatal health and birth outcomes and thus recruit mothers during pregnancy. A home visiting model focused on school readiness may be more likely to serve preschool-age children.

Kinship Care

Approximately 2.5 million children under age 18 are being raised by grandparents and other relatives because their parents are unable—for a variety of reasons—to care for them.¹⁰ These families are quite heterogeneous—comprised of a variety of members and forming for a

range of reasons—yet they often face similar challenges and have similar needs. While some kinship care families result from formal involvement of the child welfare system, most do not. The best available data suggests that somewhere between 120,000 and 200,000¹¹ children in foster care are living with relatives. Therefore, the vast majority of children in kinship care are being raised by their relatives outside of the context of the child welfare system.

Although kinship care is not new, the context in which kinship caregivers are raising children and the needs of the children have changed, and the events that necessitate the formation of a kinship care arrangement have changed considerably over the years. Today, the predominant precursors of kinship care include parental substance abuse, mental health issues, and incarceration.

Thus, in addition to confronting the emotional and behavioral challenges associated with a child being separated from his or her parents, kinship caregivers increasingly must manage challenges associated with exposure to a parent's drug use, mental health struggles, or criminal behavior. Children who have experienced maltreatment, as a number of those in kinship care have, are at increased risk for worse outcomes and greater incidence of behavioral and emotional problems, than their peers in the general population.¹² Unfortunately, kinship caregivers often have limited resources to draw on when helping children confront these challenges.¹³

Kinship care families, particularly outside of the child welfare system, often have very limited access to services and supports. Kinship caregivers tend to be of lower socio-economic status and may be living on limited or, particularly if they are older, fixed incomes. Though a number of resources exist that could assist some kinship caregivers in caring for the children they are raising—for example, Temporary Assistance for Needy Families (TANF) and foster care maintenance payments—there are a number of general challenges, as well as some that are specific to the particular programs, that prevent these services and supports from adequately addressing the needs of children being raised by relatives. For example, kinship caregivers are often unfamiliar with the multiple programs that offer assistance and may not know where they can access information. Kinship caregivers may also fear that if they seek services that it will be assumed that they are unable to appropriately care for the child and, consequently, the child will be taken from their care. Furthermore, a number of the resources are only available to the limited number of kinship care families that are formally involved with the child welfare system.¹⁴

Nevertheless, research suggests that when children cannot be raised by their parents, relatives are often the best option. Although the bulk of children being raised by kin are not formally involved with the child welfare system, there is very little data on these children. Instead, most of what we know about children in kinship care comes from studies comparing children in kinship foster care to children in non-relative foster care. Children in kinship foster care, as compared to those in non-relative foster care, experience greater stability, report more positive perceptions of their placements, have fewer behavioral problems, and are no more likely—in fact, some studies suggest they are less likely—to experience maltreatment.¹⁵

In terms of stability, children in kinship foster care experience fewer placement changes,¹⁶ are more likely to be placed with their siblings,¹⁷ and less likely to report changing schools.¹⁸ Children living with relatives are more likely to report that they “always felt loved”¹⁹ and like who they live with,²⁰ and they are less likely to report having tried to leave or run away.²¹ Teachers and caregivers tend to rate children in kinship foster care as

having fewer behavioral problems,²² and recent research indicates that children in kinship care are less likely to have behavioral problems even when controlling for the extent of such problems at placement.²³ In terms of scores in physical, cognitive, emotional, and skill-based domains, children in kinship care score more like children who are able to remain at home following a child abuse and neglect investigation than do children in foster or group care.²⁴

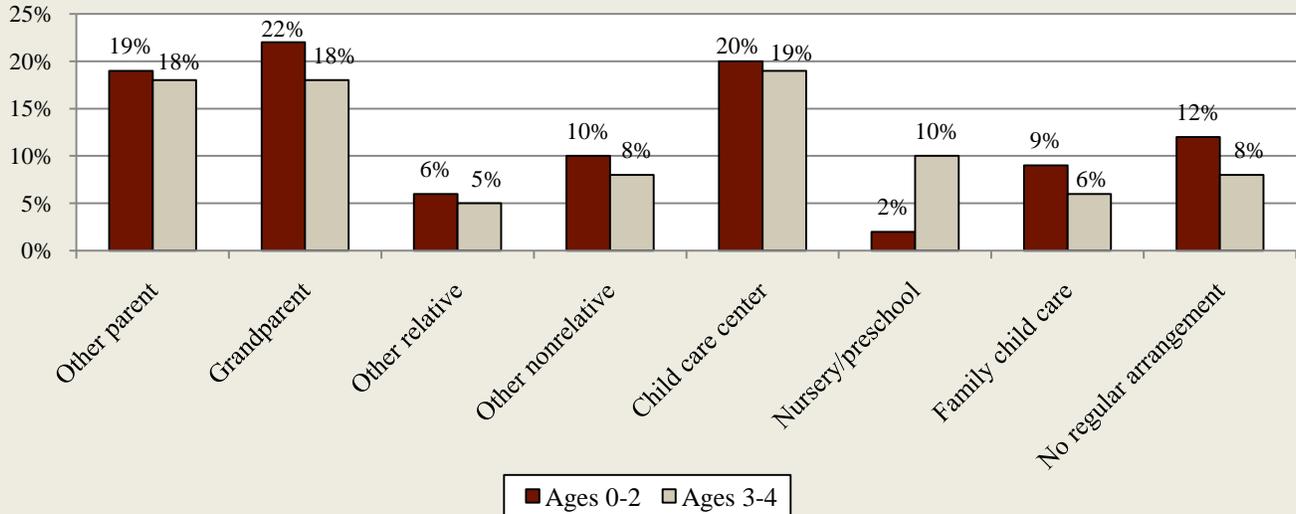
Kinship caregivers occupy the primary role of parent/guardian in a child’s life. Many social services designed to support children and their parents serve a child’s primary guardian if the parent is not present. Home visiting programs largely operate in this way and serve children being raised by kin.²⁵ This practice is consistent with the goals of several home visiting models that seek to improve children’s development by impacting the primary relationship that a child has throughout his or her life.

Family, Friend, and Neighbor Care

Over 12 million children under age 5 are in at least one weekly non-parental child care arrangement.²⁶ Data specifically on FFN care is not uniform across sources because definitions vary. Some studies on FFN care focus solely on relatives who provide child care; other data may include home-based care regardless of whether the caregiver is licensed or license-exempt. Estimates of the number of children under age 5 with employed parents using regular FFN care range from 33 percent to 53 percent across a series of studies.²⁷

Census Bureau data on regular and primary child care arrangements for children under age 5 living with employed mothers suggest that many children are regularly in FFN care while their mothers work. Grandparent care is the most reported primary child care arrangement for infants and toddlers (22 percent) and the second most reported for preschool-age children (18 percent). For all children under age 5, another relative is the primary care arrangement for 5 percent of children, and 9 percent are primarily in the care of a non-relative. See Figure 1.

Figure 1: Primary Child Care Arrangements of Children Under 5 Years Old Living with Employed Mothers



Source: U.S. Census Bureau, SIPP Data, Who's Minding the Kids? Child Care Arrangements, Spring 2005 Data. Note: Families were asked to report on child care arrangements used regularly, defined as at least once in a week in the past month. More than one primary arrangement could be reported if a child was in different settings, each for the same number of hours per week. Thus, percentages do not add to 100%.

While families of all socioeconomic groups and all races and ethnicities use FFN care, research indicates that some groups are more likely to be in FFN care, including certain vulnerable populations. Another national dataset, the National Survey of America's Families (NSAF), also asked parents to report their primary child care arrangements. NSAF data found differences in primary child care arrangements between low-income families (living below 200 percent of the federal poverty level) and non-low-income families. For children under age 5 with employed mothers, about 30 percent of low-income children and 24 percent of higher-income children had relative care as their primary child care arrangement. See Figure 2.

Children of immigrants are also more likely to be in FFN care than children of native-born parents.²⁸ Nearly all of these children (93 percent) are United States citizens.²⁹ Recent immigrants may be unaware of resources and services available in their communities. A child whose

native language is not English may face difficulties at kindergarten entry. Further, immigrant families face barriers to participating in early childhood programs—quality programs are insufficiently available in immigrant communities; many families lack transportation; and strict eligibility criteria, paperwork requirements, and complex systems serve as further barriers, particularly when language access is inadequately addressed.³⁰

Some low-income families are eligible for assistance paying for child care through the Child Care and Development Block Grant (CCDBG) program. Nationally, over one-fifth (21 percent) of children of all ages (birth to age 13) receiving CCDBG subsidies are in legally unregulated care in home-based settings, although the percentage varies greatly by state.³¹

Much variation exists among states in the standards and regulations governing home-based child care. In ten states, an adult providing regular child care in her home

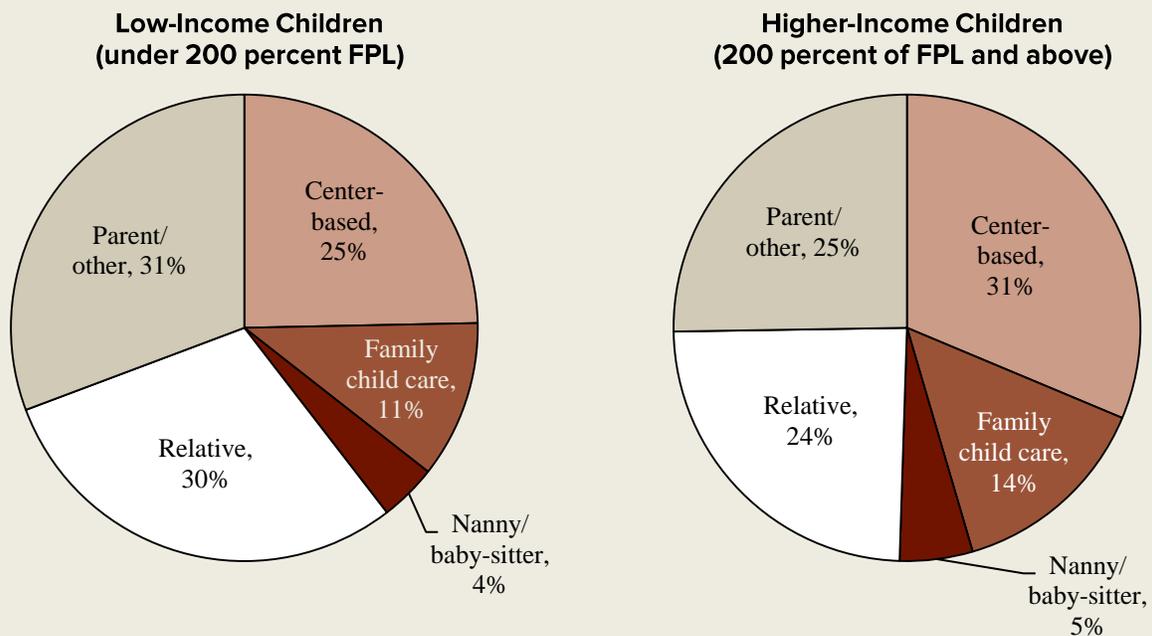
for one or more unrelated child(ren) must be licensed by the state. In other states, adults may provide home-based child care for between two and 13 unrelated children before they are required to be licensed or regulated.³² Family, friend, and neighbor (FFN) caregivers comprise the population that provides license-exempt child care largely without state oversight. In all states, relatives may provide child care for related children without becoming licensed. However, some states require FFN caregivers to meet certain requirements as a condition of receiving child care subsidy payments, such as undergoing background checks, completing self-certifications of health and safety issues in their homes, or participating in orientation or training sessions.³³

Parents may choose FFN care for a variety of reasons, which are impacted by family structure, children's ages, and parental work statuses and schedules. Parents may prefer to have their child, particularly a baby or a toddler, in the care of a known and trusted family member, friend, or neighbor.³⁴ A parent may also use FFN care due to a desire for an ethnic match between their child and the person who provides care for their child, a factor which

some studies suggest parents view as important for sharing cultural knowledge, values, and practices.³⁵ FFN caregivers are often able to offer flexible and non-traditional hours of child care, making them a good fit for parents with changing and non-traditional work schedules. Some parents may use FFN care because there is a lack of licensed family child care or center-based care options to choose from in their community.

Studies on FFN caregivers have synthesized characteristics of this population.³⁶ The majority of FFN caregivers are relatives, usually grandmothers. Often, FFN caregivers are from the same income bracket as the family for whom they provide child care. FFN caregivers caring for low-income children and/or FFN caregivers receiving child care subsidies are often low-income themselves and may be receiving other means-tested benefits. FFN caregivers may or may not receive payment for the child care they provide. Non-relative caregivers are more likely to receive payment than relative caregivers. Some parents may provide services rather than monetary reimbursement.

Figure 2: Primary Child Care Arrangements of Children Under 5 Years Old With Employed Mothers



Source: National Survey of America's Families 2002 Data. Jeffrey Capizzano and Gina Adams, *Children in Low-Income Families are Less Likely to be in Center-Based Child Care*, Urban Institute, 2003.

Family, friends, and neighbors often do not identify with professional child care providers and are more likely to consider themselves as assisting a child and family with whom they have a personal relationship. A qualitative study of FFN caregivers who were relatives found that relatives' motivations for providing child care were often related to their beliefs in the importance of supporting family; many caregivers supported parents with other resources and services beyond providing child care.³⁷ Often this relationship is a grandmother supporting her daughter and grandchildren. Because of the close relationships that many parents have with the family, friends, and neighbors to whom they entrust the care of their young children, FFN caregivers are likely to remain a significant part of a child's life as he or she grows. Improving the quality of interactions between FFN caregivers and children early in a child's life, for example through home visiting, can help build lifelong positive and nurturing relationships.

Family, friend, and neighbor caregivers may be interested in information and support systems that recognize their roles in helping parents raise their children³⁸ and which are delivered through trusted community resources.³⁹ Research has found that FFN caregivers are interested in obtaining information that will help the children in their care grow and thrive, such as information on child development, age-appropriate activities, discipline and limit-setting, health, safety, and nutrition. Caregivers also want to learn how to communicate with the parents of the children in their care and navigate these often close relationships.⁴⁰

Family support strategies, rather than formal training and education programs, can be a more successful and appropriate strategy for reaching FFN caregivers. Many of these caregivers experience isolation; providing informal support in a social setting with other caregivers is one promising approach, as long as barriers such as transportation are also addressed. Several states and communities are undertaking initiatives to support FFN caregivers, ranging from mobile outreach vans to meetings at local libraries to groups that meet weekly to cover a more comprehensive set of support topics. A few states are also experimenting with offering home visiting

to FFN caregivers, including through adaptations of national models profiled in this paper.⁴¹

Project Methods and Notes

CLASP's goal for this project was to explore how home visiting can be used with vulnerable children in kinship care families and FFN care. This project focused on programs serving young children and families between the prenatal period and kindergarten entry. CLASP interviewed representatives from major national models of home visiting, as well as stakeholders and experts in the field at the local, state, and national levels. Interview questions initially focused on whether home visiting models were serving or had considered serving kinship caregivers and FFN caregivers, as well as what opportunities and challenges had or might come from working with these caregivers. The interview questions are included in the Appendix.

Interviewees noted that in some vulnerable families, a parent may be present at some times in their child's life and absent at other times, such as when parents are struggling with substance abuse or are incarcerated. In these families, a relative may be a kinship caregiver raising a child while the parent is absent but take on more of an FFN caregiver role when the parent is present. Most programs interviewed indicated their policy is to "follow the child" and continue to provide services when there is a change in primary caregiver, or provide services to multiple caregivers where appropriate.

Most programs interviewed indicated their policy is to "follow the child" and continue to provide services when there is a change in primary caregiver, or provide services to multiple caregivers as appropriate.

Some of the interviewed programs also served licensed family child care (FCC) providers, in addition to FFN

caregivers, through home visiting. Since child care licensing requirements and regulations vary by state, the populations that fall into the groups of licensed FCC providers and license-exempt FFN caregivers differ by state. For example, a caregiver providing care in the home for one unrelated child is required to obtain a child care license in ten states,⁴² but would be a license-exempt FFN caregiver in other states. As discussed above, FFN caregivers often do not identify with professional child care providers and are more likely to consider themselves to be assisting a child and family with whom they have a personal relationship. In some states, a caregiver may in fact be licensed by the state to provide child care, but share many characteristics with license-exempt family, friend, and neighbors; this subgroup may benefit from the kinds of home visiting we explore with FFN. Although we have included some information related to FCC providers in specific program profiles, a thorough examination of home visiting with family child care providers was beyond the scope of this paper.⁴³

Visiting with Kinship Caregivers

All of the national models indicated that when a grandparent or other relative is raising a child, the home visitor provides services to the kinship caregiver and child using the same model and methods used to provide services to parents and children. While some models would not initiate home visiting services with a kinship care family, most reported that they would, and the models appear to universally “follow the child,” so the child and caregiver continue to receive services, regardless of changes in custody or care of the child whenever possible. Models report serving kinship care families for varying lengths of time—some since inception of their programs and others beginning more recently.

In general, models indicate they serve kinship care families in much the same way as non-kinship families, although the focus of the services and the issues that arise tend to differ somewhat. One model talked about the “parent-child” relationship in reference to kinship care families, reflecting a perspective shared by most of the

models—that kinship caregivers assume a parental role and should be served as such.

Kinship care families can vary considerably in terms of the frequency with which and degree to which the child’s parent or parents are involved. A number of models noted that, to the extent possible, home visitors would attempt to include parents when working with kinship care families where a parent or parents are involved with any regularity. One model described a program that uses video conferencing as an innovative way to include incarcerated parents in their home visits with children and kinship caregivers. In addition to video conferencing about once a month, program materials are provided to both the incarcerated parent and the caregiver, and in-person visits with the incarcerated parent occur approximately every six months. Another program, Kin as Teachers, serves only kinship caregivers through home visiting in Hillsborough County, Florida. For a detailed description, see page 14.

In its program delivery, PCHP has historically served the child and primary caregiver, regardless of whether that caregiver is the parent or not. PCHP has served kinship caregivers with the same model as parents since its inception.

Visiting with Family, Friend, and Neighbor Caregivers

All but one of the national home visiting models interviewed reported that their program staff members involve FFN caregivers in some capacity, ranging from providing formal curricula for caregivers to allowing home visitors to include FFN caregivers at a family’s request.⁴⁴ In discussing serving FFN caregivers, the models talked about the importance of impacting the parent-child relationship and its effect on whether and how models are including FFN caregivers. For families

with a regular child care arrangement, several home visiting models stated during interviews that their ideal would be to visit both the parent and caregiver for every child, but that funding constraints precluded it.

Another program noted that because of limited resources, it focuses on serving children and those raising them, although it recognizes that when parents work long hours, children spend considerable lengths of time in the care of FFN caregivers. Often the inclusion of an FFN caregiver in the home visiting program is dictated by a family's needs and situation. The two main approaches are to include the caregiver, parent, and child together in a joint visit, or to visit with just the caregiver and child. Additionally, some models have developed new curricula or pilot programs to better respond to the needs and unique circumstances of children and families with FFN caregivers.

Joint Visits with Parent, Child, and Caregiver: Some national home visiting models visit not only parent and child, but include others chosen by the parent to routinely participate in the visits because of their important roles in the child's life—such as family members, friends, or neighbors providing child care. One surveyed model indicated that when working with multi-generational families—such as a grandmother, teen mother, and her child—home visitors are particularly encouraged to include both the grandmother and mother in the home visits, to work on consistency for the child and address different ideas on parenting.

HFA reported that in its model, joint visits with a parent, child, and FFN caregiver were more likely to occur if the child had an identified early intervention need or was receiving therapeutic services, so that all caregivers of the child and the home visitor could work together on appropriate strategies for the family.

Visiting with Just the Caregiver and Child: One national model stated that their national office began

receiving feedback around ten years ago that its home visitors were using the standard parent curriculum with FFN caregivers and children, because the parents of children in their target population were working full-time and unable to participate in home visits. Another model stated that visits with just the caregiver and child were most commonly used in their programs when working with families consisting of a single parent who was attending school. One model reported that visiting with just caregivers and children was particularly appropriate for some of the population groups served – for example, among many Asian families in its target population in the Seattle area, children live with their grandparents during the week while parents work several hours away; thus the program serves these children through visits with their grandparent caregivers.

If a child is in full-time FFN child care, for example an aunt is providing care during traditional work hours, PCHP will visit with the aunt and child. If possible, PCHP will conduct the second of its two weekly visits on nights/weekends with the parent.

Models also reported that if visiting with just caregiver and child, home visitors make efforts to keep the parents involved. For example, one model encourages programs working with caregivers to have enough books and materials so that each child can take copies home to keep for use with their parents. Programs may also prepare parent newsletters to engage families at home, encourage caregivers to share practices with parents directly, or arrange for home visitors to meet with parents in-person or call parents to discuss the program.

New Curricula or Pilot Programs: Some national models have taken the next step to develop specific supports, pilot programs, and additional models for home visitors working with family, friend, and neighbor caregivers or family child care providers. Parents as Teachers has developed two curricula for use with child care, entitled “Supporting Care Providers with Personal

Visits” and “Supporting Infant/Toddler Care Providers,” which have pathways for both FFN caregivers and FCC providers. Curriculum activities are focused around specific topics, such as attachment or socio-emotional development.

The Parent-Child Home Program has also developed a new curriculum entitled “The Parent-Child Home Program for Family Child Care Providers.” The Early Head Start Enhanced Home Visiting pilot added home visits to the FFN caregivers of children participating in the home-based Early Head Start model. These initiatives are profiled in subsequent pages of this report. Some of these models and pilots have participated in research and evaluation studies, including pre- and post-test designs and randomized controlled trials, with promising initial results. Further research and evaluation is needed to better understand how to design home visiting with FFN caregivers to most effectively meet program goals and participant needs.

Considerations for Implementation

All home visiting models serve children and their kinship caregivers (either by beginning with them directly or continuing services when a child served by the program entered kinship care). National models also include FFN caregivers to varying extents. Although different in their specific services and approaches, the national models identified some common considerations for implementing home visiting with children in kinship care and those with FFN caregivers.

In general, the curricula and foci of home visiting models are readily applied to kinship care families, although some components of the model may require minor changes to better address specific needs of children in kinship care.

As one model noted, although their materials had been developed for parents and children, the curriculum was easily used with kinship caregivers who were raising children and fulfilling the parental role, because the same principles of impacting the primary relationship that a child has throughout his or her life applied. That said, several models noted that kinship caregivers had specific

needs apart from the typical needs of parents. For example, grandparents and other older relatives may experience physical limitations. Some kinship caregivers reported concerns to their home visitors about raising children today, in times that seem quite different from when they raised their own children. One model reported that its programs have seen an increase in grandparents raising children who have a history of maltreatment, which the grandparents may need additional supports to address. Another model asks on its application about social service needs of the child and adult and sees a somewhat greater need among kinship families. This model includes a component that brings together small groups of caregivers to meet on topics of interest generated by the participants. Programs implementing this model are encouraged to group participants with similar needs together, such as grandparents raising children, so they can benefit from specialized group topics addressing their specific concerns.

Home visiting models may require more adaptations when used with FFN caregivers, who may have different needs than parents or additional ones.

One model reported that modifications would need to be made to its curriculum to make it appropriate for use in child care settings, although its national office received feedback that some local programs had implemented the curriculum in family child care homes. National models also noted that family, friend, and neighbor caregivers might have their own social service needs apart from those of the target child and parent. Addressing FFN caregiver needs may be a less deliberate part of a home visitor’s job. One model reported that its home visitors provided safety kits to FFN caregivers, and in states that allow license-exempt caregivers to participate in the Child and Adult Care Food Program (CACFP), home visitors helped link caregivers to this program. Another model reported that FFN caregivers in their target populations were experiencing isolation, so the model organized social groups to help these caregivers connect with each other. Models visiting with just the caregiver and child have also developed practices to involve and engage parents, such as sending books and materials home, preparing parent newsletters, or having parent meetings with the home visitor.

Service referral is an essential component of many home visiting programs, but caregivers without legal custody may not be able to authorize services for children.

One model that conducts home visits with kinship caregivers noted that certain types of services, such as early intervention services for children identified with disabilities or developmental delays, typically require

authorization. A kinship caregiver without legal custody or an FFN caregiver may not be able to authorize these types of services for a child. A model that visits with FFN caregivers reported that if a child in care was identified as needing early intervention service referrals, then the home visitor would encourage the caregiver to raise these concerns with the child's parents.

Kin as Teachers

The Florida Kinship Center has “always been about kin.” Seeking to serve kinship families living in Hillsborough County, Florida, the Center's first program was a “warm line” for kinship caregivers (an emotional support telephone line) followed by the Kinship Care Connection (a school-based program for kinship care families). Based on this work, the Center recognized a need for supports to kinship families starting before kindergarten and introduced its third program, Kin as Teachers.

Using an adaptation of the Parents as Teachers' Born to Learn curriculum, Kin as Teachers provides support and information on raising children to kinship caregivers caring for children from birth through entry into kindergarten. Equipping caregivers with ways to promote learning and address challenging behavior in practical ways, the program aims to support strong caregiver-child relationships; to enhance child development, school readiness and achievement; and to increase early detection of developmental delays. Like PAT, the Kin as Teachers program includes not only home visits but also screening and group meetings. Additionally, Kin as Teachers incorporates an intensive case management component to provide information to relatives on where to go for information and services.

Kin as Teachers has had success in responding to some of the challenges noted by national models associated with recruiting kinship caregivers. They find that some kinship caregivers, who have often already raised their own children and are comfortable with parenting, have concerns that home visitors will “tell them what to do.” Others may be uncomfortable with having someone unknown to them in their homes. Kin as Teachers has found, however, that these concerns quickly dissipate when trust is built, and that kinship caregivers embrace the program. In addition to building trust through visits and recruiting efforts, Kin as Teachers also hosts community events several times a year and encourages the families they serve to bring friends, relatives, and others.

Kin as Teachers, like other home visiting programs, helps link families to resources. The programs and services available to kinship caregivers may vary somewhat from those available to parents. For example, unlike their counterparts being raised by parents, the vast majority of children being raised by relatives are eligible for the Temporary Assistance for Needy Families (TANF) child-only grant. Yet research indicates that very few kinship caregivers access any public assistance.⁴⁵ Kin as Teachers finds that this holds true for the families they encounter—when they come into the program, kinship caregivers are generally not receiving assistance. Kin as Teachers works hard to make sure that relatives access any child welfare, TANF, or other assistance that they are eligible for, in order to help them better meet the needs of the children they are raising. As a result, the majority of kinship caregivers participating in Kin as Teachers are receiving some sort of assistance.

Although demand is high—Kin as Teachers has had a waiting list since its inception—adequate funding has been a challenge. The program would like to expand, as current funding limits its reach to 40 families served by two home visitors. The scope of the program has also been impacted by funding. The program originally served children through the child's entry into kindergarten. While this full age range was considered optimal, because of subsequent funding restrictions, Kin as Teachers is now only able to offer services to families for two years.

Kin as Teachers has been evaluating its program from the beginning and plans to publish findings in 2009. The evaluation has focused on two outcome measures: a pre- and post-test measure of caregiver knowledge and a home inventory that provides information on the physical home environment as well as interactions and relationships within the home. Findings suggest that kinship caregivers who participated in the Kin as Teachers program improved their knowledge; statistically significant positive differences existed between their pre-test and post-test scores.⁴⁶

Home visiting staff may need different knowledge, skills, and characteristics to effectively visit with children in kinship care and those with FFN caregivers.

Several models expressed that working with kinship families or FFN caregivers requires different skills or knowledge of different systems and supports. A few models reported that when working with FFN caregivers, the home visitor also needed skills to help mediate the relationship between the caregiver and the parent. One model further stated that home visitors working with FFN caregivers have an extra layer of service delivery, which consists of communicating information about the visits to the parents.

Another model working with kinship caregivers and FFN caregivers was exploring whether home visitors with certain characteristics were more effective with some

populations. For example, some program sites working with older kinship caregivers found that hiring older home visitors created more of a peer relationship between the kinship caregiver and the home visitor, lessening the potential for caregivers to dismiss a younger home visitor as too young or inexperienced. Another program found that grandmothers raising grandsons felt they benefitted from having a male home visitor, who could act as a positive male role model.

Recruitment strategies may need to be tailored to best identify and reach kinship and FFN caregivers.

National models reported that they used many of the same recruitment and outreach strategies with kinship and FFN caregivers as they do with parents. Primary strategies reported to engage parents included going door-to-door, sending outreach workers to or placing ads at places that families frequent (including hospitals, health clinics,

The Parent-Child Home Program (PCHP): From Pilot with Caregivers to Program

Some years ago, PCHP discovered that parents who enrolled in the program with their own children were also often providing care to the children of their families, friends, and neighbors. In addition, other parents in the program who used FFN and family child care (FCC) arrangements expressed interest in having their child's caregiver provided with the same knowledge and skills to promote language and literacy that they themselves were receiving through PCHP. With these considerations in mind, PCHP launched a pilot program during 2005-2006 to serve FFN/FCC caregivers in Massachusetts. Additional sites were later added in Massachusetts as well as in New York, Pennsylvania, and South Carolina, with approximately 40 FFN/FCC participants across all pilot sites.

Based on findings from these pilots, PCHP has formalized a new program model entitled "The Parent-Child Home Program for Family Child Care Providers," which has two pathways: one serving licensed family child care providers and one serving family, friends, and neighbors who provide regular child care.⁴⁷ FFN caregivers and FCC providers receive visits twice weekly from home visitors who utilize PCHP's approach of modeling interactions around reading, play and conversation activities. As with the "traditional" home visiting model, visits are provided, if at all possible, in the primary language of the provider and the children in the child care setting. Materials for this approach have been altered somewhat to be appropriate for multiple age groups and group play, reflecting the fact that these caregivers often have multiple children in care. Visits are organized in 12-week sessions, offered in fall and spring. While most caregivers are encouraged and elect to participate in two sessions, this format allows flexibility both in terms of the number of sessions caregivers need or want as well as timing. Caregivers often provide care year-round, and PCHP wanted caregivers to be able to start visiting sessions in the spring if recruited at that time, rather than waiting until a traditional fall start coinciding with the beginning of the school year.

While the project is focused on skill development for the FFN caregivers and FCC providers, family involvement and parent communication is essential and required. For example, all local sites must send home curricular guide sheets with the children when new books or educational toys are introduced in the child care setting, so that families can continue learning at home. Programs are also encouraged to send the curricular picture books home with the children, prepare parent newsletters with assistance from the Parent-Child Home Program staff, and have the home visitor conduct parent meetings or make phone calls to parents so they can ask questions about the program. Based on preliminary findings from the pilot sites, skills and activities introduced in child care settings are translating into home environments. For example, parents report that children asked to be read to at home more often because of the increased reading time they experienced while in care. PCHP is currently in the process of formalizing an implementation evaluation for the pilot project and plans to put it in place in the near future.

churches, local beauty shops, laundromats, and large retail stores), connecting with other community agencies serving young children, and advertising in local papers and on public access television.

Although programs use many of these same recruitment strategies for reaching both kinship and FFN caregivers, unique challenges may exist in recruiting each type of caregiver. For example, one model reported challenges to recruiting kinship caregivers who had already raised children, finding these caregivers are sometimes set in their parenting styles and not as interested in a home visiting program. Models working with FFN reported challenges to finding these caregivers because they are not part of a formal system. Another model reported it was able to recruit FFN caregivers through the Child and Adult Care Food Program (CACFP).

Word-of-mouth is also an important recruitment strategy with kinship caregivers and FFN caregivers. National models stated that when home visiting programs can communicate that they are family support programs with information that will help children develop healthily, caregivers are more eager to participate.

Building trusting relationships is essential.

Several national models stated it is important for home visiting programs to have a good reputation in their communities and build trusting relationships. The success of home visiting relies on a trusting relationship between the home visitor and the family served. Families and caregivers need to feel safe welcoming visitors into their homes. They need to feel comfortable expressing their concerns, strengths, weaknesses, and problems, in order for the home visitor to assist families with building skills and accessing resources and supports.

One model stated that the key factor in fostering trust is that home visitors devote significant time to building relationships with families and children. Another model discussed the importance of recruiting home visitors from the communities where their programs are located, in order to promote respect for family cultures and help home visitors identify with families and avoid common mistakes made by outsiders to a community, which can inhibit trusting relationships. One model specified that

when the national office is working with local community agencies interested in replicating their model, a key factor is whether that agency is established in and trusted by its community; programs need to have a reputation of serving children and families.

For home visitors working with kinship care families, particularly those that do not have legal custody of the children they are raising, families' fear and distrust of the child welfare system may be a hurdle to building trusting relationships. Because custody is often directly related to child welfare system involvement, a relative may be uncomfortable sharing information about the custodial arrangement. Relatives may fear that if they seek services it will be assumed that they are unable to appropriately care for the child and, consequently, the child will be taken from their care.

A model serving kinship caregivers reported that their home visitors do not ask about custody directly—as relationships develop and the home visitor works to build trust and communicates the importance of including all adults involved in the child's life, kinship caregivers are more likely to offer information about custody. Another program indicated that serving kinship families in their homes can sometimes exacerbate relatives' fear if a visitor is perceived as someone connected to the system that could remove the child. For others, visits at home help ease discomfort associated with receiving services, as home visiting may feel more comfortable than pursuing services outside of the home. In either case, this program found that once trust is established, kinship caregivers embrace the program.

Some caregivers will not allow home visiting programs into their homes, but can benefit if the activities and curriculum are provided in a neutral space.

One national model stated that in some populations, parents and caregivers do not want home visitors in their homes, for a variety of reasons. One model that has adapted its parent visiting curriculum for use with FFN caregivers refers to its new program as "personal visits," rather than "home visits," reflecting the view that a visit with a caregiver can take place in a neutral space such as

the library, local fast food restaurant, or a park, rather than the home.

Program resources and funding may be insufficient to extend home visiting to FFN caregivers.

Several models expressed that while their ideal would be to visit the parent and person providing primary child care for every child, programs usually do not have enough funding to do so. One model working with FFN caregivers reported pressure to “get more bang for the buck” by serving caregivers in groups, but noted that the positive outcomes they were seeing from home visiting with caregivers were unlikely to happen in large group settings without the individual attention of a home visitor.

Opportunities

Most home visiting models believed that including kinship caregivers allows them to serve more vulnerable

children and that kinship caregivers benefit from the information and skills provided by home visitors.⁴⁸

National models also felt that FFN caregivers would benefit from the information and skills provided by home visits, but they had varied thoughts on other opportunities that have resulted or could result from extending visits to FFN caregivers.

More vulnerable children can be served.

Data show that vulnerable children who could benefit from home visiting are being raised by kinship caregivers and/or are in the care of FFN caregivers. As noted previously, children in kinship care often struggle with the challenges from whatever circumstances necessitated their placement in kinship care and, particularly those children who experienced maltreatment, may be at increased risk for poor outcomes. Further, regardless of what necessitated the kinship arrangement, being separated from one’s parents can be traumatic, although living with a loving and known grandparent or other

Caring for Quality: Implementing Parents as Teachers’ “Supporting Care Providers through Personal Visits” Curriculum

Family Child Care Satellites of Greater Rochester works to support local caregivers providing care in their homes, whether they are licensed family child care providers or license-exempt FFN caregivers. In New York, license-exempt FFN caregivers who participate in 10 hours of in-service training receive a higher subsidy payment rate if caring for children served by the Child Care and Development Block Grant (CCDBG). Family Child Care Satellites has been described as a trusted community partner operating innovative programs to help support FCC and FFN. In 2005, they began the Caring for Quality project in collaboration with Family Resources Centers of Crestwood and Cornell University’s Early Childhood Program (now part of the Family Life Development Center at Cornell University).

Caring for Quality (CFQ) was designed and implemented as a random evaluation study, with some caregivers assigned to the program group and some assigned to the control group. The program group consisted of 38 licensed FCC providers and 36 license-exempt FFN caregivers who received home visits twice monthly for 9-12 months, plus group networking meetings. CFQ home visitors used the curriculum adapted by Parents as Teachers specifically for caregivers, entitled “Supporting Care Providers through Personal Visits,” as well as parts of Family Development Credential.

In the evaluation study conducted by Cornell, observers visited program and control participants both before and after the intervention and recorded information about the quality of care using the Family Day Care Environmental Rating Scale (FDCRS). Results showed that FFN caregivers and FCC providers who received home visits increased their scores on the FDCRS, while the control group scores actually decreased.⁴⁹ Further, participants who were rated by their home visitors as being most engaged in CFQ were more likely to show quality improvements. The program model also delivered group networking meetings, which were found to be not as helpful in improving the quality of child care as the home visiting services.

Parents as Teachers is working on a revision to the Supporting Care Providers through Personal Visits curriculum, which will include more best practices, quality indicators, and evaluation. Further, Parents as Teachers has developed a second curriculum titled “Supporting Infant/Toddler Care Providers” to focus specifically on this age group. Curriculum activities are focused around specific topics, for example attachment or socio-emotional development.

relative may help mitigate such trauma. However, kinship caregivers report that they often lack information about the resources available to help address the needs of the children they are raising and that they do not know where to find help. Thus, home visiting may be a particularly useful approach to addressing the needs of kinship care families and, indeed, home visiting models already serve kinship care families with the same program that parents receive. Research and evaluation studies of home visiting could document evidence of proven best practices when serving children being raised by kinship caregivers.

Vulnerable children are also in FFN care. For example, low-income children, who may be experiencing risk factors associated with economic hardship, are more likely to be in FFN care. Many children of immigrants are also in FFN care and could benefit from culturally competent home visitors who can support their families and link them to services; several national models work explicitly to promote cultural competency among their home visitors. One model noted its funders supported

serving children in FFN care as a means of reaching children in their target populations whose parents were unavailable. Some FFN caregivers reported experiencing isolation; home visiting models are particularly promising for reaching families in their homes who may not be connected to other community resources or social service agencies. Research and evaluation studies of programs conducting home visiting with FFN caregivers could provide further data on these models' efficacy and document evidence of proven best practices for serving children in child care.

An intentional inclusion of kinship families can better meet children's needs.

A few models noted that their programs have seen an increase in the number of children being raised by kin. One national model estimated that about 10 percent of the children it served are being raised by relatives; a different model estimated its kinship population at one-third of all children served. A more intentional focus on this population could improve service delivery. Program data,

Early Head Start Enhanced Home Visiting Pilot: Adding Home Visits to FFN Caregivers

Early Head Start (EHS) provides comprehensive, high-quality early care and education and support services to vulnerable young children under age 3, pregnant women, and their families. Programs may deliver EHS services in center-based or home-based settings. About 41 percent of EHS slots are delivered through the home-based program option. For more information on EHS, see box on page 6.

Parents receiving home-based EHS services with their children had reported wanting to include FFN caregivers in the program. In 2004, 24 EHS grantees across the country participated in the Enhanced Home Visiting Pilot Project funded through the federal Office of Head Start.⁵⁰ In addition to the regular home-based services with parents, children in home-based EHS also received home visits with their FFN caregiver. The project's goals included identifying caregivers' needs (including information, equipment, age-appropriate activities, and social connections), providing training and support to improve the quality of FFN care, increasing consistency of care, and improving parents' and caregivers' communication.

Mathematica Policy Research, Inc. and the Urban Institute evaluated the Enhanced Home Visiting Pilot Project through site visits, interviews, focus groups, and observations of children's interactions with caregivers as well as the care environment.⁵¹ The evaluation found that most pilot sites used the same model to serve FFN caregivers as parents, and that the home visits, services, and materials met the needs and interests of caregivers. The FFN caregivers liked the individualization of services provided by their home visitors, as well as the books, educational toys, and home safety items that were provided.

Early implementation successes included increasing consistency between home and child care settings for participating children and reducing FFN caregivers' isolation. Home visitors also reported that the quality of care children received increased, not only from the provision of additional educational and safety materials, but through improved interactions between FFN caregivers and children. Further, the evaluation noted that FFN caregivers are often caring for multiple children, some of whom are receiving Early Head Start and others who are not. Improving the quality of care thus extended the reach of the EHS services to benefit all children receiving care in the FFN home.

research, and evaluation studies of home visiting programs could ensure that data reflect when children are part of kinship care families and help collect additional data on specific needs and measures relevant to kinship care.

Recent legislation provides opportunities to better serve children in kinship care.

The Fostering Connections to Success and Increasing Adoptions Act of 2008, enacted in October of 2008, will help hundreds of thousands of children in foster care and those at risk of entering foster care. Notably, it offers new support to many children who are being raised by their grandparents and other relatives because their parents cannot care for them.⁵² Of particular interest in the context of home visiting, the new law requires that relatives be notified when a child is about to enter foster care and provides grants for kinship navigator programs and other activities to engage family members. Kinship navigator programs help link kinship caregivers, both in and out of foster care, to a broad range of services and supports for the children and themselves. Home visiting programs working with kinship care families could link these families to kinship navigator programs as a particularly tailored and helpful resource.

Serving FFN caregivers can generate “ripple effects” that extend the reach of home visiting.

Multiple models reflected that when home visitors serve FFN caregivers, the reach of the services is often extended. For example, FFN caregivers often provide care for multiple children, so improving the quality of FFN care extends the reach of the home visiting program beyond the target child and potentially benefits all the children receiving care in the FFN home. One model reported that its approach has home visitors model behavior to FFN caregivers, who then model behavior to parents, so more parents are reached. A national model reported that when children’s caregivers received home visiting services and read more to children in care, the children then asked their parents to read to them at home.

Serving both parents and FFN caregivers can increase the positive connections between these critical figures in children’s lives and the consistency of care that children experience.

Several models expressed that conducting home visits with both the parent and the FFN caregiver (either jointly or separately) would be their ideal model, because then all key adults in a child’s life would receive the same information and could use consistent care and development practices.

Especially for very young children, consistency in care supports healthy development. A national model reported that parents who receive home visits felt that they were able to significantly increase the amount of language and literacy interaction they had with their children, which made the parents want those whom they relied on to care for their children to have the same skills. Some home visiting models do already include FFN caregivers in joint home visits with the parent and the child, if the parent wishes.

Improving FFN care is likely to positively affect the development of children whose parents have difficulty participating in a home visiting program while juggling the demands of work or school.

Several models noted that many parents in their target communities did not have time to participate in home visiting services due to the demands of work, school, and providing for their families. All models agreed that the information and skills provided by home visitors would benefit FFN caregivers. One model noted the importance of high-quality child care and reported that if home visitors could support FFN caregivers in emphasizing language, through talking to children more, or improving health and safety in their home, then it would benefit the children in care. Another model working with FFN caregivers noted that the books and educational toys provided by home visitors were a great benefit to FFN caregivers in their target population, who had few such resources.

Recommendations for Serving Children in Kinship Care and FFN Care through Home Visiting

Recommendations for States

As state leaders and policymakers seek to enhance existing programs of home visiting or to establish new ones, we recommend that they consider the following in order to best meet the needs of vulnerable children.

Review whether children in home visiting programs or target populations are in kinship care or FFN care; adjust programs accordingly.

States should assess whom the children and families are that are targeted and served by home visiting initiatives. In order to be responsive to the needs of their communities, home visiting programs need to acknowledge that vulnerable children they are trying to reach may be being raised by kinship caregivers or in the care of FFN caregivers and may have unique needs. Programs should review their practices—for example, examining what curricula they use, how they find and recruit families, how they train home visitors, what resources and services they connect families to, and how they make those connections—and make adjustments as necessary based on the considerations for implementation with these caregivers reported above. States should also examine current program data collection practices, ongoing quality improvement efforts, and research/evaluation initiatives to ensure that specific questions and measures are included that are relevant for home visiting with kinship caregivers and FFN caregivers.

Ensure that state investments in home visiting incorporate key elements and embody inclusive practices.

States should ensure that new and existing investments in home visiting incorporate several key elements. Home visiting should be delivered by nurses, social workers, child development specialists, or other well-trained and competent staff who have specific ongoing training and supervision. Models of home visiting should be research-

based and demonstrate ongoing positive outcomes for children and families that enhance child health and development. Home visiting models should also engage in processes of continual quality improvement and evaluation. Programs should serve pregnant women, parents and primary caregivers, and their children, who are low-income, at risk of poor outcomes, or at risk of unhealthy development.

States should also ensure that new and existing investments embody inclusive practices. For example, by allowing flexibility in the location of a visit, programs can reach families who might not allow home visitors into their homes, but who would benefit from participating in activities and curricula in a neutral space, such as a local library, park, or fast food restaurant. States should also ensure that home visiting programs have a “follow the child” approach. If there is a change in the child’s primary caregiver—for example, when a parent becomes unable to raise a child and a kinship caregiver becomes the child’s primary caregiver—the home visiting program should continue providing services to that child and his or her new primary caregiver to the extent possible, or try to provide the family with referrals to another program (for example, if a child moves to the home of an out-of-state relative). In other situations, a parent may have a change in work shift or take on an additional job and thus become unable to continue participating in home visiting services. Programs could provide continuity for the child in that case by serving that child while he or she is in the care of an FFN caregiver and keeping the parent informed and involved, as models working with FFN caregivers already do.

Coordinate home visiting programs with other services for children and families that work with kinship caregivers and FFN caregivers.

Home visitation should not be viewed as an isolated program but rather as part of a continuum of services that states offer to support children and families. Inter-agency working groups could be convened to develop plans for better coordination of services. Similarly, states should ensure that relevant planning bodies include home visiting. For example, the State Early Childhood Advisory Councils (authorized by the 2007 reauthorization of Head Start and funded by the American Reinvestment and

Recovery Act of 2009) are tasked with strengthening coordination and collaboration of early childhood programs throughout the state. These councils should include a broad array of systems that affect children and families, explicitly include existing home visiting programs in the state, and also explore how home visiting with parents and caregivers could support other state activities to enhance the healthy development of young children.

It is recommended that intentional links be facilitated between home visiting and other child-serving state systems, such as early intervention, child welfare, child care and early education, child health, substance abuse and mental health, Temporary Assistance for Needy Families (TANF), the Child and Adult Care Food Program (CACFP), and other programs the state uses to address the needs of young children and their families. Coordination of such programs will help develop the infrastructure and state capacity to better provide a range of services for children and families, which, in turn, will strengthen the ability of home visitation programs to link families with appropriate community services and supports. Coordination of services could present a number of important opportunities for better serving children in kinship care families or FFN care. For example, a number of states have kinship navigator or other supportive programs for kinship care families. The number of kinship navigator programs is poised to grow in response to funding made available through the Fostering Connections to Success and Increasing Adoptions Act of 2008 (see page 19). Coordination with these programs could provide opportunities to recruit more families via referral and to share information on the changing needs of kinship care families.

Expand investments in home visiting programs in order to reach more vulnerable children with kinship caregivers or FFN caregivers.

Adequate funding is crucial to ensuring that home visiting programs are able to maintain program quality, support a well-trained staff, and respond to the needs of the children and families they serve. In order to maximize their ability to reach vulnerable children who could benefit from home visiting, states should ensure that existing funding streams for and any new investments in home visiting allow for

children to be served with whoever is raising them—be it a parent, kinship caregiver, or foster parent. States should require home visiting programs to have a plan for reaching and serving these families. States should also examine existing funding streams and new investments for opportunities to support and build on promising programs that are using home visiting to serve children in FFN care. Depending on the population served and purposes of a particular program, there may be different opportunities to access federal funding streams. For example:

- Title IV-E of the Social Security Act provides federal support (which must be matched with state dollars) for the short-term training for some individuals caring for and working with children in the child welfare system, including current and prospective foster and adoptive parents and, since enactment of the Fostering Connections to Success and Increasing Adoptions Act, current or prospective relative guardians. States with programs serving kinship caregivers, whether they are foster parents or relative guardians, could be encouraged to enlist home visiting programs in offering special training for relative caregivers about the developmental needs of children and how best to address them. Evaluation of such initiatives could inform future efforts.

Additionally, states should explore existing programs and funding streams supporting young children and consider funding the addition of home visiting components to these programs. For example:

- State-funded pre-kindergarten programs could implement a home visiting program appropriate for preschoolers and their caregivers. Likewise, a state-funded Early Head Start program⁵³ could add home visits to FFN caregivers of infants and toddlers participating in the home-based program option, following the federal EHS Enhanced Home Visiting Pilot Project. Such investments should contain dedicated funding for research and evaluation from inception.

Build in sufficient and appropriate training, technical assistance, and monitoring specific to home visiting with kinship caregivers and FFN caregivers.

Sufficient and appropriate training, technical assistance, and monitoring are essential in order to ensure program quality and the ability of home visiting programs to respond to the needs of children and families. Particularly in the case of children in kinship care or children with FFN caregivers, home visiting programs could benefit from technical assistance specific to the unique circumstances of these populations. Similarly, training, supervision, and professional development should be designed to incorporate issues relevant to serving children with kinship or FFN caregivers. Additionally, it is important that home visiting programs demonstrate and are supported in developing the organizational capacity to ensure continuous quality improvement and adherence to the comprehensive standards of the model being implemented.

States should also explore joint training or cross-training activities for home visitors and other state agency workers serving vulnerable children and families. For example, because children in kinship care have had the often traumatic experience of being separated from their parents, home visitors may need training on how to best address the challenges associated with that trauma. Similarly, because some kinship care families are within the context of the child welfare system, it may be beneficial for home visitors to receive training on the child welfare system and related issues. States can allow other child and family programs to access training for home visitors or ensure that any state-funded training for child welfare workers or child care providers includes a home visiting component.

Promote opportunities for building on existing research through data collection and evaluation in order to better understand the benefits of home visiting with kinship caregivers and FFN caregivers.

Considerable evidence suggests that home visiting for young children and their families can yield positive outcomes. Initial studies also provide evidence of the value of home visiting for children and their FFN caregivers. Support for further research and evaluation of

home visiting is important, especially in order to learn how home visiting can be used most effectively in serving children with kinship caregivers and FFN caregivers. Opportunities exist for additional and ongoing research to address important questions. States could partner with institutions of higher education to evaluate home visiting programs in order to explore program effectiveness as related to serving children with kinship caregivers and FFN caregivers. States could also provide funding to support ongoing data collection and reporting requirements, as well as facilitate data and information sharing across programs, in order to inform research and help identify best practices in serving children with kinship caregivers and FFN caregivers.

Recommendations for the Federal Government

Many of the recommendations for states should be considered as policymakers explore options for a federal program of evidence-based home visitation. Additionally, other opportunities exist at the federal level to enhance services for all children served by home visiting.

Facilitate information-sharing and the development of best practices across models to enhance service delivery to all children.

National home visiting models have articulated and evaluated the tenets of their service delivery, and a number of states and organizations have outlined best practices for home visiting, including how to serve populations such as kinship caregivers and FFN caregivers. However, there is not currently a mechanism for sharing these practices at the national level. A national resource center, supported by relevant federal agencies, would provide the opportunity for sharing information, building on lessons learned, and developing a cohesive set of best practices. A national resource center could also help inform ongoing evaluation of state efforts, provide current information on research activity underway, and help identify gaps in the research and knowledge base.

Provide federal guidance and technical assistance to programs serving children and families through home visiting that intentionally addresses how to

best meet the needs of the range of populations served by home visiting.

A variety of federal funding streams are currently used to support home visiting; in addition, other federal programs and mechanisms could be used. Federal agencies that administer these funds can support states in best addressing the needs of the diverse populations of children and families they are serving by writing guidance or offering technical assistance on working with these populations, working with state administrators, and reaching out directly to program grantees to highlight the opportunities in working with kinship caregivers and FFN caregivers. A cross-agency working group could also form, including, for example, representatives from the Children's Bureau, the Child Care Bureau, the Office of Head Start, Maternal and Child Health, the Centers on Medicare and Medicaid Services, and the Office of Family Assistance. This cross-agency working group could provide leadership and demonstrate effective collaboration around home visiting by identifying strategies for best serving children and families through home visiting and assisting federal and state agencies in implementing these strategies.

Ensure federal funds are available to a variety of research-based home visiting models.

Currently, there is no dedicated federal funding for home visiting, resulting in limited and sometimes unpredictable funding. There has been significant attention to quality, evidence-based home visitation from President Obama, others in the Administration, the Congress, and advocates. As leaders and policymakers explore options for supporting home visiting at the federal level, they should ensure that funds are directed toward supporting the establishment and expansion of a variety of quality, evidence-based models of voluntary home visitation, in order to best meet the diverse needs of all populations served by home visiting.

Appendix

Interview Questions on Reaching Non-Parental Caregivers through Home Visiting

Current Practices

1. We'd like to review our understanding of your current practices regarding:
 - Target population/family eligibility criteria
 - Program reach
 - Program design/intensity of services
 - Program goals/target outcomes
 - Home visitor qualifications
 - Approach to linking families to other services
 - Outreach/recruitment strategies
 - Funding sources
2. What are your current practices in serving children and families who are culturally and linguistically diverse?
3. What are your current practices in serving families of varying literacy levels?

Non-Parental Caregivers

Large populations of children are being cared for by non-parental caregivers – either part time as with family, friend, and neighbor (FFN) caregivers used by families in order for parents to work, or full time in the case of children who are being raised by grandparents or other relatives when their parents are unable to do so, often referred to as kinship care families.

4. To what extent is your organization including FFN caregivers and kinship caregivers in your home visiting model?
5. If you are not currently serving these caregivers, has your organization considered including FFN caregivers and kinship caregivers in the home visiting model? Why or why not?

Barriers and Challenges

6. Are there programmatic barriers (curriculum, training, staffing, etc.) that would pose challenges to your organization in expanding the home visiting model to FFN caregivers and kinship caregivers?
7. Would there be legal constraints in serving children and non-parental caregivers?
8. Would you anticipate any challenges unique to linking FFN caregivers and kinship caregivers to other needed community services? How would your organization respond to such challenges?
9. Are there any other barriers to service delivery with FFN caregivers and kinship caregivers?

Opportunities

10. Would the information and skills provided by your home visiting program benefit FFN caregivers and kinship caregivers in your community?
11. Would including FFN caregivers and kinship caregivers allow your program to reach more children in your target population?
12. Are there other opportunities that would be opened to your program by including FFN caregivers and kinship caregivers? What are the potential benefits of expanding your home visiting model to these caregivers?

Endnotes

¹ Ross A. Thompson, “Early Attachment and Later Development,” in *Handbook of Attachment: Theory, Research, and Clinical Applications*, ed. Jude Cassidy and Phillip R. Shaver, 1999, 265-286; Carollee Howes, “Attachment Relationships in the Context of Multiple Caregivers,” in *Handbook of Attachment: Theory, Research, and Clinical Applications*, ed. Jude Cassidy and Phillip R. Shaver, 1999, 671-687; Julia Henly and Juliet Bromer, “Qualitative Research with FFN Providers,” presentation, National Alliance for Family, Friend, and Neighbor Child Care Conference, Chicago, November 6, 2007.

² It should be noted that “kinship care” is sometimes used to describe only subsets of families in which a child is being raised by a relative—for example, only those families resulting from child welfare system involvement or only those in which a grandparent is the caregiver.

³ For more information on specific state requirements for licensed family child care homes, see The 2007 Child Care Licensing Study, National Association for Regulatory Administration (NARA) and National Child Care Information and Technical Assistance Center (NCCIC), 2009, <http://www.naralicensing.org/displaycommon.cfm?an=1&subarticlenbr=160>.

⁴ For information on the research behind home visitation, see, for example, “Research Findings,” Healthy Families America, <http://www.healthyfamiliesamerica.org/research/index.shtml>; *HIPPY Research Summary*, Home Instruction for Parents of Preschool Youngsters, 2009, <http://www.hippyusa.org/refId,28036/refDownload.pml>; “Research Evidence,” Nurse-Family Partnership, 2009, <http://www.nursefamilypartnership.org/content/index.cfm?fuseaction=showContent&contentID=4&navID=4>; “Recent Research,” Parent-Child Home Program, <http://parent-child.org/research/index.html>; *Parents as Teachers, Research and Program Quality*, Parents as Teachers National Center, 2008, http://www.parentsasteachers.org/atf/cf/%7B00812ECA-A71B-4C2C-8FF3-8F16A5742EEA%7D/Research_Quality_Booklet.pdf.

⁵ For more information about home visiting and national program models, see, for example, Heather Weiss and Lisa G. Klein, *Changing the Conversation About Home Visiting: Scaling Up with Quality*, Harvard Family Research Project, Harvard Graduate School of Education, 2006, <http://www.hfrp.org/publications-resources/browse-our-publications/changing-the-conversation-about-home-visiting-scaling-up-with-quality>; Deborah Daro, *Home Visitation: Assessing Progress, Managing Expectations*, Chapin Hall Center for Children at the University of Chicago, 2006, <http://www.chapinhall.org/research/report/home-visitation>.

⁶ Kay Johnson, *State-based Home Visiting: Strengthening Programs through State Leadership*, National Center for Children in Poverty, 2009, http://www.nccp.org/publications/pdf/text_862.pdf.

⁷ Head Start Program Information Report (PIR) 2008 Data. In addition, 4 percent of participants were served through combination programs, 3 percent in family child care, and 1 percent in locally-designed programs in 2008.

⁸ Head Start Regulations, 45 C.F.R. §1306.33.

⁹ Johnson, *State-based Home Visiting*.

¹⁰ Calculations by Children’s Defense Fund of the number of children living in relative-headed households without either parent present, using 2000 Census American Fact Finder Advanced Query tool from the U.S. Census Bureau.

¹¹ *Kinship Care: Making the Most of a Valuable Resource*, ed. Rob Geen, 2003, <http://www.urban.org/pubs/KinshipCare/index.html>.

¹² It is difficult to identify whether poor outcomes experienced by children who have spent time in foster care are due to the maltreatment that brought them into foster care or their experiences in foster care. There is good reason to believe that maltreatment itself contributes to poor outcomes, that foster care—particularly when characterized by instability and inadequate services—can exacerbate those challenges, and that outcomes for those youth who age out of care are particularly poor. See, for example, *Adverse Childhood Experiences Study, Major Findings*, Centers for Disease Control and Prevention, 2008, <http://www.cdc.gov/nccdphp/ace/findings.htm>; Mark E. Courtney, Amy Dworsky, Gretchen Ruth Cusick, Judy Havlicek, Alfred Perez, and Tom Keller, *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21*, Chapin Hall Center for Children at the University of Chicago, 2007,

http://www.chapinhall.org/sites/default/files/ChapinHallDocument_2.pdf; Peter J. Pecora, Ronald C. Kessler, Jason Williams, et al., *Improving Family Foster Care, Findings from the Northwest Foster Care Alumni Study*, Casey Family Programs, 2005, <http://www.casey.org/Resources/Publications/ImprovingFamilyFosterCare.htm>.

¹³ See, for example, Rob Geen, “Kinship Foster Care: An Ongoing, Yet Largely Uninformed Debate,” in *Kinship Care: Making the Most of a Valuable Resource*, ed. Rob Geen, 2003, 1-23, <http://www.urban.org/pubs/KinshipCare/chapter1.html>; Jennifer Ehrle and Rob Geen, *Children Cared for by Relatives: What Services Do They Need?* The Urban Institute, 2002, http://www.urban.org/UploadedPDF/310511_B47.pdf.

¹⁴ For a discussion of the barriers specific to particular programs see Tiffany Conway and Rutledge Q. Hutson, *Submission in Response to Senator Gordon Smith’s July 26,*

2007 *Call for Papers to Examine the Needs of Grandparent and Other Relative Caregivers*, CLASP, 2007,

<http://www.clasp.org/admin/site/publications/files/0376.pdf>.

¹⁵ See Tiffany Conway and Rutledge Q. Hutson, *Is Kinship Care Good for Kids?* CLASP, 2007,

<http://www.clasp.org/admin/site/publications/files/0347.pdf>.

¹⁶ Marc A. Winokur, Graig A. Crawford, Ralph C. Longobardi, and Deborah P. Valentine, "Matched Comparison of Children in Kinship Care and Foster Care on Child Welfare Outcomes," *Families in Society: The Journal of Contemporary Social Sciences* 89, no. 3 (2008): 338-346,

<http://www.familiesinsociety.org/New/Teleconf/081007Winokur/89-3Winokur.pdf>;

Mark Testa, "Kinship Care and Permanency," *Journal of Social Service Research* 28, no. 1 (2001): 25-43; Patricia Chamberlain, Joe M. Price, John B.

Reid, John Landsverk, Phillip A. Fisher, and Mike Stoolmiller, "Who Disrupts from Placement in Foster and Kinship Care?" *Child Abuse & Neglect* 30, no. 4 (2006) 409-424.

¹⁷ Aron Shlonsky, Daniel Webster, and Barbara Needell, "The Ties that Bind: A Cross-Sectional Analysis of Siblings in Foster Care," *Journal of Social Service Research* 29, no. 3 (2003): 27-52; Fred Wulczyn and Emily Zimmerman, "Sibling Placements in Longitudinal Perspective," *Children and Youth Services Review* 27, no. 7 (2005): 741-763.

¹⁸ *National Survey of Child and Adolescent Well-Being (NSCAW) CPS Sample Component Wave 1 Data Analysis Report*, U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, & Evaluation, 2005,

http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/reports/cps_sample/cps_title.html.

¹⁹ Leslie Wilson and James Conroy, *Satisfaction of 1,100 Children in Out-of-Home Care, Primarily Family Foster Care, in Illinois' Child Welfare System*, 1996,

<http://www.outcomeanalysis.com/DL/pubs/SatisfactionInIllinoisChildWelfare.PDF>.

²⁰ *National Survey of Child and Adolescent Well-Being*, U.S. Department of Health and Human Services.

²¹ Ibid.

²² Ibid.

²³ David M. Rubin, Kevin J. Downes, Amanda L.R. O'Reilly, Robin Mekonnen, Xianqun Luan, and Russell Localio, "Impact of Kinship Care on Behavioral Well-Being for Children in Out-of-Home Care," *Archives of Pediatric and Adolescent Medicine* 162, no. 6 (2008): 550-556.

²⁴ *National Survey of Child and Adolescent Well-Being*, U.S. Department of Health and Human Services.

²⁵ In our interviews, national home visiting models indicated they serve children being raised by kin when parents are not present, or continue serving children in their program if there is a change in custody.

²⁶ *Initial Results from the 2005 NHES Early Childhood Program Participation Survey*, National Household Education Surveys Program, National Center for Education Statistics, U.S. Department of Education, 2006,

<http://nces.ed.gov/pubs2006/2006075.pdf>.

²⁷ Amy Susman-Stillman and Patti Banghart, *Demographics of Family, Friend, and Neighbor Child Care in the United States: Research Brief*, Child Care and Early Education Research Connections, 2008, p. 4,

<http://www.childcareresearch.org/SendPdf?resourceId=14338>.

²⁸ Randy Capps, Michael Fix, Everett Henderson, and Jane Reardon-Anderson, *A Profile of Low-Income Working Immigrant Families*, The Urban Institute, 2005,

http://www.urban.org/UploadedPDF/311206_B-67.pdf.

²⁹ Randy Capps, Michael Fix, Jason Ost, Jane Reardon-Anderson, and Jeffrey S. Passel, *The Health and Well-Being of Young Children of Immigrants*, The Urban Institute, 2005,

http://www.urban.org/UploadedPDF/311139_ChildrenImmigrants.pdf.

³⁰ Hannah Matthews and Deanna Jang, *The Challenges of Change: Learning from the Child Care and Early Education Experiences of Immigrant Families*, CLASP, 2007,

http://www.clasp.org/resources_and_publications/publication?id=0356&list=publications.

³¹ Child Care Bureau, FFY2007 CCDF Data Tables (Preliminary Estimates) Table 6, 2008,

<http://www.acf.hhs.gov/programs/ccb/data/index.htm>.

³² "Threshold of Licensed Family Child Care in 2007," National Child Care Information and Technical Assistance Center (NCCIC), 2009,

<http://nccic.acf.hhs.gov/pubs/cclicensingreq/threshold.html>.

³³ See Toni Porter and Shannon M. Kearns, *Supporting Family, Friend, and Neighbor Caregivers: Findings from a Survey of State Policies*, Institute for a Child Care Continuum, Bank Street College of Education, 2005,

<http://www.bankstreet.edu/gems/ICCC/surveypaperfinal.pdf>.

³⁴ For more information on infants and toddlers in FFN care, see Douglas R. Powell, *Who's Watching the Babies? Improving the Quality of Family, Friend, and Neighbor Care*, 2008.

³⁵ Amy Susman-Stillman and Patti Banghart, *Demographics of Family, Friend, and Neighbor Child Care in the United States: Literature Review*, Child Care and Early Education Research Connections, 2008, p. 11,

<http://www.childcareresearch.org/SendPdf?resourceId=14337>.

³⁶ Ibid., 10-12.

³⁷ Juliet Bromer, "Ways of Caring: How Relative Caregivers Support Children and Parents," in *Perspectives on Family, Friend, and Neighbor Child Care: Research, Programs, and Policy*, ed. Rena Rice, 2005, p. 14-21,

<http://www.bankstreet.edu/gems/ICCC/OPS15.pdf>.

³⁸ Steven G. Anderson, Dawn M. Ramsburg, and Jeff Scott, *Illinois Study of License-Exempt Child Care: Final Report*, prepared for the Illinois Department of Human Services, 2005, <http://www.researchconnections.org/SendPdf?resourceId=7350>; Richard N. Brandon, Erin J. Maher, Jutta M. Joesch, and Sharon Doyle, *Understanding Family, Friend, and Neighbor Care in Washington State: Developing Appropriate Training and Support*, Human Services Policy Center, University of Washington, 2002,

http://www.hspc.org/publications/pdf/FFN_report_2002.pdf; Richard Chase, Laura Schauben, and Ben Shardlow, *Family, Friend, and Neighbor Caregivers: Results of the 2004 Minnesota Statewide Household Child Care Survey*, Wilder Research, 2006,

<http://www.wilder.org/download.0.html?report=1893>; Toni Porter, *Neighborhood Child Care: Family, Friends, and Neighbors Talk about Caring for Other People's Children*, Bank Street College of Education, 1998, <http://www.bankstreet.edu/kithandkin/neighborhood.pdf>.

³⁹ Nina Sazer-O'Donnell, Moncrieff Cochran, Kristi Lekies, et al., *Sparking Connections, Phase II: A Multi-Site Evaluation of Community-Based Strategies to Support Family, Friend and Neighbor Caregivers of Children, Part 1: Lessons Learned and Recommendations*, Families and Work Institute, 2006, <http://familiesandwork.org/site/research/reports/sparking.pdf>.

⁴⁰ Toni Porter and Shannon Kearns, "Family, Friend, and Neighbor Care: Crib Notes on a Complex Issue," in *Perspectives on Family, Friend, and Neighbor Child Care: Research, Programs, and Policy*, ed. Rena Rice, 2005, p. 5-13, <http://www.bankstreet.edu/gems/ICCC/OPS15.pdf>.

⁴¹ See Karen Schulman and Helen Blank, *Close to Home: State Strategies to Strengthen and Support Family, Friend, and Neighbor Care*, National Women's Law Center, 2007, <http://www.nwlc.org/pdf/CloseToHome2007.pdf>; Deborah Stahl, Nina Sazer O'Donnell, Peg Sprague, and Marta López, *Sparking Connections: Community-Based Strategies for Helping Family, Friend and Neighbor Caregivers Meet the Needs of Employees, Their Children and Employers*, Families and Work Institute, 2003.

⁴² "Threshold of Licensed Family Child Care in 2007," NCCIC.

⁴³ Preliminary information indicates that some states are using home visiting as a professional development approach for licensed family child care providers through existing state systems of professional development and training, or through family child care networks and satellites. Additional research and synthesis is needed.

⁴⁴ One national model that did not report including FFN caregivers noted that individual local sites may do so, but the practice is not part of the national model. Also, this same model reported that some local sites had used their curriculum with family child care providers in the past.

⁴⁵ In 1999, over 70 percent of children in kinship care were not receiving a foster care maintenance or TANF child-only payment. Ehrle and Geen, *Children Cared for by Relatives*.

⁴⁶ Unpublished draft findings and data received via email from Kerry Littlewood on August 21, 2009.

⁴⁷ Unpublished document, "The Parent-Child Home Program for Family Child Care Providers," *The Parent-Child Home Program*, 2009, received via email from Sarah Walzer on July 8, 2009.

⁴⁸ One model that indicated its curriculum is generally not appropriate for kinship caregivers, but noted that its programs try to provide referrals for families they do not take into their program, including referrals to other home visiting programs that serve kinship caregivers.

⁴⁹ Lisa A. McCabe and Moncrieff Cochran, *Can Home Visiting Increase the Quality of Home-based Child Care? Findings from the Caring for Quality Project*, Cornell Early Childhood Program, 2008, <http://www.human.cornell.edu/che/HD/CECP/Resources/upload/CECP-CFQ-Research-Brief5-3.pdf>. The researchers note that the decrease in control group scores could be due to a variety of factors; for example, these providers may have been particularly in need of training and support, and when they were assigned to the control group and did not receive support, their program quality suffered—or perhaps they were less motivated to engage in best practices of quality care during their year-end assessments.

⁵⁰ Note that one site relinquished its Early Head Start grant, and thus the findings are based on 23 participating sites.

⁵¹ Diane Paulsell, Debra Mekos, Patricia Del Grosso, Patti Banghart, and Renee Nogales, *The Enhanced Home Visiting Pilot Project: How Early Head Start Programs are Reaching Out to Kith and Kin Caregivers: Final Interim Report*, prepared for U.S. Department of Health and Human Services, Mathematica Policy Research Inc., 2006, <http://www.mathematica-mpr.com/publications/PDFs/homevisitrpt.pdf>.

⁵² CLASP's resources and materials on the Fostering Connections to Success and Increasing Adoptions Act of 2008 are available at http://www.clasp.org/issues/pages?type=child_welfare&id=0001.

⁵³ For more information on state Early Head Start programs, see Rachel Schumacher and Elizabeth DiLauro, *Building on the Promise: State Initiatives to Expand Access to Early Head Start for Young Children and Their Families*, CLASP and ZERO TO THREE, 2008, <http://www.clasp.org/admin/site/publications/files/0409.pdf>.