



WHAT'S WORKING?

A Study of the Intersection of Family, Friend, and Neighbor Networks and Early Childhood Mental Health Consultation

Overview of Family, Friend, and Neighbor Child Care

- Family, friend, and neighbor (FFN) child care is one of the oldest and most common forms of child care. Other terms often used for this type of arrangement are “kith and kin,” “informal,” or “license-exempt” child care.
- This type of care is usually defined as any regular, non-parental, non-custodial child care arrangement in the provider’s home other than licensed family child care (FCC); thus, this form of child care usually includes relatives, friends, neighbors, and other adults caring for children in their homes (Brandon et al., 2002).

Rationale

Despite the prevalence—with up to 60% or almost 6 million children in FFN child care (NSECE, 2015)—little is known about the characteristics, quality, and evidence of successful programs offering training, education, and support to FFN providers. In this study, with funding from the Robert Wood Johnson Foundation, we wanted to understand more about the FFN landscape to help determine which services and supports, particularly mental health related, are most requested and needed by FFN providers to build their knowledge, skills, and self-efficacy and support the social and emotional development of children in their care. Since the mental health of young children is intimately and inextricably linked to the well-being of their caregivers (National Research

Council and Institute of Medicine, 2000; Center on the Developing Child, 2013), the impact of unmet provider needs can have detrimental effects on children’s long-term achievement and success.

To ensure that all children receive high quality care in whatever setting their family has chosen for them, especially in FFN child care settings, increasing numbers of advocates and policymakers argue that there is a need to examine and advance innovative strategies, such as Infant and Early Childhood Mental Health Consultation (IECMHC), that can potentially improve children’s social and emotional outcomes as well as the overall quality of care (Annie E. Casey Foundation, 2006; Chase, 2008; Emarita, 2006; Kreader & Lawrence, 2006; Shivers, Farago, & Goubeaux, 2016). IECMHC is a strategy proven to reduce expulsion from preschool and promote healthy social emotional development, particularly for children with or at risk for challenging behaviors. Despite the solid evidence for IECMHC in formal childcare settings such as Head Start and Early Head Start, little is known about the potential benefits for children in FFN care.

In consultation with an expert workgroup, the study team selected four sites where there was or is a potential intersection between FFN child care and IECMHC to begin to learn about its availability and applicability for FFN providers. These sites were Arizona, Colorado, Michigan, and San Francisco, California. Key informant interviews and focus groups were conducted during

multi-day site visits. Select findings from the cross-site analysis are summarized below.

Major Takeaways

- The study sites described FFN care as an “authentic” child care system that grew naturally, organically, and exponentially especially in communities with lower socio-economic status and communities of color in need of a culturally responsive, trustworthy, flexible, and cost-effective way to care for their children.
- The mental health related needs of FFN providers include family-related stress, financial burdens, immigration related stress, lack of stress management skills, poor self-care, burnout, primary and secondary trauma, limited developmental knowledge and child rearing strategies, low self-efficacy, depression, anxiety, and social isolation.
- There is a tension around the professionalization of FFN care. Increased professionalism can also include accessing networks of support, attending trainings to enhance knowledge and capacity, and gathering advice for how to handle concerns with children.
- Early childhood networks of support are uniquely situated to reach out, engage, and provide culturally and linguistically appropriate services and supports that are tailor made to address the needs of FFN providers and families in their particular communities.
- Peer supports and mutually beneficial peer relationships are critical to the health and mental wellness of home-based child care providers and staff at the frontlines supporting them.
- Given the success with licensed FCC providers, IECMHC has the potential to enhance caregiver well-being and children’s social and emotional health in FFN care, if available.

A Continuum of Services Addressing Mental Health in Family, Friend, and Neighbor Child Care

Although this study focused on the intersection between IECMHC and FFN care settings, the services and supports offered by the sites include a wider array of activities and strategies beyond formal mental health consultation, which tended to be available only to licensed FCC providers. Our analysis highlighted the significance

of access to training and social-emotional resources provided by community-based early childhood network providers (ECNPs) to bolster the knowledge and skills of FFN providers, attend to their emotional well-being, and improve practice and behaviors, especially when access to IECMHC is limited. The programs confirmed that ECNPs are an essential source of support along with peers of similar cultural and linguistic backgrounds and lived experience. Given the limited availability of IECMHC, early childhood networks of support and culturally mediated peer supports are needed to attend to caregiver well-being and children’s social and emotional health in FFN settings.

Figure 1: A Continuum of Services Addressing Mental Health in FFN Care lays out a tiered structure for thinking about the mental health related service array for FFN child care providers. Moving up the tiers, FFN providers and the children and families in their care access support from individuals with specialized knowledge and training in mental health and social-emotional development. Tiers 1-3 are focused on building knowledge and awareness while tiers 4-5 have a greater focus on skills-building given the engagement with IECMHC.

More specifically:

- **Tier 1** is the most general with access to informal supports, such as talking to family, friends, or other confidants from FFN providers’ personal social networks about issues and stressors.
- In **Tier 2**, FFN providers and ECNPs seek out mental health and social-emotional materials and resources on their own.
- In **Tier 3**, ECNPs provide potential community resources, materials, and referrals to FFN providers. They also provide mental health-related trainings to FFN providers and facilitate peer-to-peer support groups.
- **Tier 4** is indirect IECMHC where mental health consultants (MHCs) provide IECMHC to ECNPs, who are working directly with FFN providers. MHCs also facilitate opportunities for ECNPs to engage in reflective supervision and receive support.
- **Tier 5** is direct IECMHC where MHCs facilitate support groups for FFN providers, conduct individual conversations with FFN providers either in person or over the telephone, and facilitate child/family and group consultation, as needed.

FIGURE 1

A Continuum of Services Addressing Mental Health in Family, Friend, and Neighbor Care



*An infant and early childhood mental health consultant is a licensed or certified mental health professional who is working towards or has the skills and knowledge outlined in the IECMHC competencies (<http://www.samhsa.gov/iecmhc>).

Programs visited across the four sites fell into tiers 3-5. The following are examples from each of the sites and our assessment of where each program falls along the continuum of services:

Tier 3: Training in and Support for Mental Health and Social-Emotional Development

- The **Colorado Statewide Parent Coalition** developed the **Providers Advancing School Outcomes (PASO)** training program with professional development to Latino FFN providers to promote school readiness for children birth to 5 years old. Trained early childhood education coaches, known as “tias,” engage FFN providers in an intensive, early childhood education program, aligning their curriculum with the Child Development Associate credentialing.
- In **Michigan**, the **Race to the Top-Early Learning Challenge** grant is working to ensure that greater numbers of children with high needs are able to access high quality early learning and development programs and that these programs are embedded within an integrated state system of supports for young children. Quality Improvement Consultants, who act as ECNPs, focus on increasing the number of home-based providers participating in the program and work directly with FFN providers.

Tier 4: Indirect IECMHC

- In **Arizona**, the **Smart Support Program**, housed within **Southwest Human Development**, provides IECMHC to child care providers to improve the overall quality of early care and education settings so they are better able to support the social and emotional development of all children in their care and to increase the capacity of providers to address the mental health needs and challenging behaviors that place children at risk for negative outcomes. Smart Support MHCs provide support to the Arizona Kith and Kin Project early childhood specialists who support FFN providers.

Tier 5: Direct IECMHC

- In **Colorado**, **North Range Behavioral Health** in Weld County offers early childhood prevention programs that provide a strong start for children and nurture emotional and mental well-being. Expert staff in the Family Connects programs use early childhood social-emotional development consultation to increase the capacity of families, caregivers, and professionals to support the developmental, behavioral, wellness, learning, and literacy needs of young children to enhance school readiness and build healthy relationships.

- In **San Francisco**, the **Early Intervention and School-Based Program** at **Instituto Familiar de la Raza** provides mental health consultation services to child care providers of children ages 0-14 years. MHCs provide mental health consultation infant/preschool services, school-based mental health consultation to elementary and middle schools in the Mission and Outer Mission Districts, and San Francisco Unified School District schools, and services for Latino FCC providers including a support group that is open to FFN providers.

A Call to Action

With the vast majority of children in FFN settings, if we want to affect quality of care and reduce and eliminate inequities, then FFN providers, as a crucial but neglected segment of the child care workforce, need access to relationship-based, culturally and linguistically relevant services to attend to their mental well-being and the social and emotional health of children in their care. FFN care, as the point of intersection between early care and education and family support, presents an opportunity to expand our systems thinking to jointly figure out how to best support the greatest number of FFN providers and families. A broader array of program offerings may better attend to the multi-faceted needs of FFN providers as family members dedicated to supporting the healthy development of children and caregivers committed to providing high quality care to ensure success in life. IECMHC, an effective strategy utilized by both systems, could help bridge the gap and connect these silos. Enhanced partnerships between IECMHC programs and early childhood networks of support to offer an array of services to meet the mental health and other needs of FFN providers seems to be a promising way of maximizing capacity and resources to better serve a larger number of FFN providers. Without significant commitment to and

funding of an enhanced portfolio of training and support opportunities, informed by best practices across systems, which includes use of IECMHC in early childhood settings, we cannot expect to enhance outcomes for the millions of children in FFN care settings.

References

- Annie E. Casey Foundation. (2006). *KIDS COUNT data book*. Baltimore, MD: Annie E. Casey Foundation.
- Brandon, R., Maher, E., Joesch, J., & Doyle, S. (2002). *Understanding family, friend and neighbor care in Washington state: Developing appropriate training and support* (Full Report). Retrieved from https://www.childcare.org/ckfinder/userfiles/files/HSPC_FFN_report_2002.pdf.
- Center on the Developing Child at Harvard University. (2013). *InBrief: Early childhood mental health*. Retrieved from <https://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health>.
- Chase, R. (2008). *State policies for supporting family, friend and neighbor care: BUILD initiative policy brief*. St. Paul, MN: Wilder Research. Retrieved from http://www.familyfriendandneighbor.org/pdf/BUILD_FFN_and_Systems.pdf.
- Emarita, B. (2006). *Family, friend, and neighbor care best practices: A report to Ready 4 K*. St. Paul, MN: Ready 4 K.
- Kreader, J. L., & Lawrence, S. (2006). *Toward a national strategy to improve family, friend, and neighbor child care*. Report of a symposium hosted by the National Center for Children in Poverty, Baltimore, MD.
- National Research Council and Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early child development*. Committee on Integrating the Science of Early Childhood Development. Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families. Commission on Behavioral and Social Sciences and Education. Washington, DC: National Academy Press.
- National Survey of Early Care and Education Project Team. (2015). *Fact sheet: Who is providing home-based early care and education?* (OPRE Report No. 2015-43). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Available at <https://www.acf.hhs.gov/opre/resource/fact-sheet-who-is-providing-home-based-early-care-and-education>.
- Shivers, E. M., Farago, F., & Goubeaux, P. (2016). *Arizona Kith and Kin Project Evaluation Brief #1: Improving quality in family, friend and neighbor child care settings*. Prepared for the Association for Supportive Child Care, with support from First Things First and Valley of the Sun United Way.

For a copy of the brief and full reports, please visit: <https://gucchd.georgetown.edu>

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