WHAT'S WORKING?

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

SUMMARY OF KEY FINDINGS

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SECTION 1 OVERVIEW

Family, friend, and neighbor (FFN) child care—also referred to as kith and kin care, relative care, informal care, home-based care, and license-exempt care—is one of the oldest and most common forms of child care. This type of care is defined as any regular, non-parental, non-custodial child care arrangement other than a licensed center, program, or family child care (FCC) home; thus, this form of child care usually includes relatives, friends, neighbors, and other adults caring for children in their homes (Brandon et al., 2002). In home-based settings, FCC is registered, licensed, or regulated while FFN child care is often exempt from licensing or regulations (Tonyan, Paulsell & Shivers, 2017). The distinction between FCC and FFN care can be blurry since varying state or county regulations may mean care that is regulated in one state may not be regulated in another state (Susman-Stillman & Banghart, 2008). Despite its prevalence—up to 60% or almost six million children are 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 child care providers.

In this study, with funding from the Robert Wood Johnson Foundation, we endeavored to understand more about the FFN child care landscape to help determine which services and supports, and in particular mental health related services and supports, are most requested and needed by FFN child care providers to build their knowledge, skills, and self-efficacy. By contextualizing the FFN child care landscape, we hoped to ground the work of programs committed to strengthening protective factors, such as culture, community, and social connections, and supporting FFN providers and families to positively influence child and caregiver well-being.

We wanted to learn about the mental health and other needs of FFN providers to understand the effects of home-based caregiving on the mental and physical health of providers and family dynamics, and explore access to and utilization of services and supports to alleviate stressors and build capacity and resilience. 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.

While there appears to be both substantial need and potential demand for services and supports for FFN caregivers, there is no robust evaluation literature documenting either the conditions under which FFN child care providers will actually participate, the role of early childhood network providers (ECNPs) in facilitating enhancements in quality, or the degree to which various training or educational activities can improve the quality of their interactions with children (Brandon, 2005; Porter et al., 2010). Gathering more data about this group of providers as well as the organizations delivering the professional development

What is family, friend, and neighbor child care?

"Family, friend, and neighbor child care—also referred to as informal care, home-based care, kith and kin care, kin care, relative care, legally unlicensed, and license-exempt care—is more and more commonly recognized as home-based care—in the caregiver's or child's home—provided by caregivers who are relatives, friends, neighbors, or babysitters/nannies."

— SUSMAN-STILLMAN & BANGHART, 2008

"Infants and toddlers, regardless of family income or household structure, are predominantly cared for by family, friends, and neighbors."

— SUSMAN-STILLMAN & BANGHART, 2011

strategies is therefore a critical priority for the early childhood policy agenda throughout the country (Chase, 2008; Thomas et al., 2015; Weber, 2013). With this study, we wanted to learn more about outreach, recruitment, and engagement of FFN child care providers in program offerings, understand the role of staff in facilitating change, and the impact training and support can have at the provider, child, and family levels.

What is Infant and Early Childhood Mental Health Consultation (IECMHC)?

IECMHC is prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, and their home. The aim is to build adults' capacity to strengthen and support the healthy social and emotional development of children—early and before intervention is needed.

— CENTER FOR INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION, 2018[1]

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 child and community 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). With few systemic efforts to improve and enhance FFN child care, this study aimed to understand the potential role that IECMHC, as an evidence-based approach, could play in meeting the needs of FFN child care providers, children and their families. With no previous studies about how IECMHC is being used by FFN child care, we wanted to determine the extent to which IECMHC is available to FFN child care providers, and whether mental health consultation is a viable and helpful approach for FFN settings in supporting young children's social and emotional development, if and when available. To this end, we 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. After outreach and discussions with our Expert Workgroup, the four participating sites were chosen: Arizona, Colorado, Michigan, and San Francisco, California.

Despite the evidence for impacts at the child, teacher, and classroom level from evaluations of IECMHC in formal, center-based child care settings (Brennan, Bradley, Allen, & Perry, 2008; Hepburn, Perry, Shivers, & Gilliam, 2013; Perry, Allen, Brennan, & Bradley, 2010), little is known about the potential benefits of IECMHC for providers, children and their families in FFN child care arrangements. There are notable distinct features of FFN child care arrangements and the profiles of FFN providers themselves that provide a compelling case for why IEMCHC might be beneficial for caregiver well-being and children's social and emotional development, as well as program staff who work directly with FFN providers, such as ECNPs. These factors led us to study the intersection between FFN child care and IECMHC to understand if mental health consultation could be beneficial for FFN providers and the staff supporting them, if and when available, and better understand the congruous work of IECMHC programs and early childhood networks of support on behalf of FFN providers, children and their families.

[1] https://www.samhsa.gov/iecmhc

SECTION 2

STUDY DESIGN

Objectives

The principal objectives of this project were:

1. To understand the needs of FFN child care providers in supporting young children's social and emotional development through a mental health lens;
2. To determine the extent to which FFN child care providers have access to supportive services, such as IECMHC, or professional development through quality improvement initiatives offered by early childhood networks of support; and
3. To describe a continuum of services and supports available to FFN child care providers to address mental wellness that may include IECMHC.

Methodology

The major study components included:

- Site visits with key informant interviews and focus groups to learn about the FFN child care landscape and services and supports for FFN child care providers, including IECMHC, if and when available;
- An on-site FFN survey handed out during the FFN child care provider focus groups to learn more about FFN provider and child characteristics and child care arrangements; and
- A national scan to gain a broad understanding of how states and jurisdictions are providing mental health services, including IECMHC, to FFN child care providers.

During the four site visits, key informant interviews and focus groups were conducted with unlicensed FFN providers, licensed FCC providers, program directors, organizational leaders, mental health consultants (MHCs), ECNPs, state and county administrators and other state leaders, and funders. Forty-one interviews and focus groups were conducted across the four sites. We spoke to a total of 147 participants. For the national scan, twenty-five responses were received from the child care side and twenty-one responses from the mental health side. Eleven states completed both sections of the scan.

In order to address the aforementioned research questions, the study team utilized a mixed methods approach to synthesize extant data with new data collection and analysis. This summary of the findings will focus on the results from the qualitative analyses of the site visit data.

SECTION 3

CROSS-SITE ANALYSIS

Contextualizing the Family, Friend, and Neighbor Child Care Landscape

Characteristics and Considerations

The four study sites confirmed that, similar to national trends, FFN child care arrangements are most often used by families who tend to be low-income, communities of color, and communities that tend to be marginalized, such as immigrant and undocumented families where English is the secondary language. Our findings affirm research indicating that trust, safety, parent flexibility, accessibility, cost, a desire to maintain and strengthen family connections, and a belief that children receive more personal attention in FFN care (Anderson, et al., 2005; Brandon, et al., 2002; Bromer, 2006; Brown-Lyons, et al., 2001; Li-Grining & Coley, 2006; Paulsell, et al., 2006; Porter, et al., 2010; Porter, 1998) are some of the primary reasons why families choose FFN care. Family members, such as grandparents or aunts, who are the most typical related providers, or close friends or neighbors from similar racial and ethnic backgrounds, give parents the feeling that their children are in the best hands possible so they can focus on financially providing for their families.

We found that the cultural and linguistic match is pivotal with both parties better able to understand culturally steeped and normative child rearing practices, communicate with one another in the same language, and honor important traditions and customs. Additionally, we learned that families who use FFN care are most often dealing with many life stressors and tend to work nontraditional or multiple jobs with off-shift hours (second or third shifts) or rotating shifts or are in school. These circumstances require flexible child care arrangements that include evening, overnight, weekend, and/or sick care as well as long hours. In sum, 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.

> *"A lot of families that we work with choose FFN providers for lots of reasons. Having providers that speak your language, having providers that understand your family and your culture and will give your children affection in a way that doesn't happen in licensed care."* — CO, ECNP

Family, Friend, and Neighbor Experts and Quality of Care

In seeking to understand the FFN child care landscape, it became clear that there is a tension around the professionalization of FFN care. There is a subset of FFN child care providers who want to become more "professional" by getting licensed, becoming a home-based business, and engaging in more professional development in order to become a teacher at a local early care and education center. Many FFN providers though simply want to help their families and perhaps add some money to the household income. Increased professionalism can also include accessing networks of support, attending trainings to enhance knowledge and capacity, and gathering advice for how to handle concerns involving children. There is a need to conceptualize and support a continuum of services and supports

that would be available to FFN providers, including, but not limited to, moving them along the professional development continuum.

> *"There are some that are just not interested in becoming licensed. They just want to watch their relative children, but even in watching their relative children, they can get access to resources and needs."* — CO, STATE ADMINISTRATOR

A key finding is that FFN providers are able to develop a sense of self as a child care/development expert without being licensed. It is important to balance the need for regulations to ensure the safety of children and what is feasible and realistic for FFN providers to accomplish with support. Intentionality, or how a child care provider views their role in children's lives, their motivations for providing care, how they organize their day, and so on are important factors in determining a high quality child setting, and could be a factor in whether or not they pursue additional training and support—including technical assistance for licensing/regulations (Kontos, Howes, Shinn, & Galinsky, 1995).

When FFN child care providers see a shift acknowledging that what they are doing really matters for the children beyond simply providing care while the parents work, it can be a pivotal moment. Further, when FFN providers feel a sense of greater self-efficacy or belief in their ability to complete tasks and reach goals, this self-affirming, can-do attitude can propel them to more fully engage in services and supports. Each of the sites studied supported provider intentionality and self-efficacy by increasing capacity, providing tools for greater self-reflection, helping providers take pride in their work, see the value of their work, and see themselves as experts, and assisting with the formulation of goals and action steps.

Mistrust of Systems and the Need for Cultural Brokers

Another key finding involved an exploration of providers' interactions with larger systems and the implications for enhancing human and cultural capital (Shivers, Yang, & Farago, 2016b; Vesely, Ewaida, & Kearney, 2012). Complicating FFN child care provider outreach, recruitment, and engagement are multiple fears that are important to acknowledge and allay. These fears include concerns that utilizing program services and supports may bring families to the attention of child-serving systems, such as Child Welfare. Providers and parents worry that child rearing practices, which may be historically rooted and culturally normative, may place them in vulnerable positions in the United States where they may not be viewed as acceptable. Programs designed to support FFN providers may be seen as part of the "system" and providers and families are afraid of being tracked, monitored, or reported. There are also deep-seated fears for some around legal status, increasing hesitance to engage in services and supports.

> *"The whole concept of cultural broker really helped a lot…because if you have a person that looks like you and talks like you, etc., it's easier to bring people to the table."*
> — CO, MIXED FOCUS GROUP OF PROGRAM LEADERS AND TIAS

Given these fears, 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 child care providers and families in their particular communities. In the sites we visited, the FFN support networks were well-established community-based organizations that provide effective outreach via cultural brokers to settings where young children are cared for by FFN providers. Due to the mistrust and fear inherent and present in communities that have been marginalized, collaboration with trusted programs that have been vetted by the community is essential. Participants spoke about the grassroots approach taken by FFN support programs and how program offerings grew due to personalized outreach at strategic locations, word of mouth, going door-to-door, and being visible

throughout the community. Utilizing a community-centric approach acknowledges and values the protective factors of community and social connections, and leverages them to promote health and well-being and minimize risk factors.

Barriers Experienced by Providers

Our findings spotlight barriers specific to FFN child care that make it especially difficult to be an FFN child care provider. These challenges run the gamut from complex family dynamics to financial hardships and low payment systems to stigma and an unfavorable view of mental health and use of services. There is also a lack of access to services and supports specifically for FFN providers, including IECMHC, which is often seen as more of a center-based intervention and less of a home-based strategy. As well, IECMHC is mostly only sanctioned for licensed providers, excluding FFN providers who are unlicensed. Policy and funding restrictions need to be addressed to broaden access and availability. With FFN providers already feeling alone and unsupported, lack of access to needed individualized services, most especially mental health related supports, can impact the provision and quality of child care for some of the most vulnerable children.

Mental Health Concerns of Providers

By understanding the distinct needs of FFN child care providers, program leaders can better target their offerings, materials, and resources to create focused professional development opportunities to meet these needs. During the site visits, we learned that 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. Though this list is not exhaustive of all the stressors experienced by FFN providers, it provides insight into the extenuating and complicated needs of many FFN providers.

Additionally, the child development concerns and mental health needs for children in FFN care include delayed developmental milestones, language delays, speech concerns, trauma-related behaviors, witnessing violence, withdrawing and isolating behaviors, self-regulation difficulties, aggressive behaviors, early signs of mental health and developmental disorders, and expulsion from day care centers. Creative approaches are often used to present social-emotional or child development concerns to parents and families. As a way to avoid exacerbating family tensions, FFN providers often will ask ECNPs to bring any concerns to the family's attention or act as their ally in joint conversations.

Lessons Learned

The Importance of Early Childhood Network Providers and Peers

In hearing about the transformative work of ECNPs, it became clear that they are uniquely situated to support FFN child care providers. With programming designed to leverage cultural and linguistic similarities, FFN support programs are tailor-made to address the needs of their FFN provider communities. While IECMHC programs may not be able to serve FFN providers due to funding or other stipulations, early childhood network programs were created to serve this singular goal. The protective factors of community, social connections, and culture are exemplified by early childhood networks of support with professionally trained coaches and mentors that can help mitigate risk factors that can negatively impact health and well-being. In the study sites, ECNPs are largely culturally and linguistically matched to the FFN provider communities they served and acted as natural cultural

brokers linking providers to culturally relevant services and supports. Calling ECNPs *tias*, *promotoras*, and *comadres* suggests more familial relationships. These relationships exist within programming specifically developed to increase knowledge and understanding of early childhood development and child care to improve quality of care.

Peer relationships are one of the most prevalent support resources FFN community members seek out. The availability of and access to peer supports, and mutually beneficial peer relationships, is critical to the health and mental wellness of home-based child care providers and staff at the frontlines supporting them. Across the sites, culturally mediated training support groups for FFN and FCC providers, often facilitated by ECNPs, MHCs, or other specialized support staff, provide a much welcome opportunity for providers to get away, vent, share their stresses and concerns, hear what other providers are grappling with, hear about strategies that have worked for others that may be promising for them, and feel connected to their respective cultural communities. These training support groups, consisting mostly of providers from the same or similar racial, ethnic, and linguistic backgrounds, and facilitated by staff who are culturally matched or embody a stance of cultural humility and/or curiosity, provide a safe and compassionate space for providers to receive the empathy and support they truly need and may not be able to get elsewhere.

The Role of Mental Health Consultants

The role MHCs play in improving quality of care in early childhood settings is evident in the work they perform. MHCs tend to provide group consultation, case consultation, or support to administrators, and work in all settings where young children learn and grow, such as home visiting, child care, and preschool. Within FFN settings, for direct IECMHC, MHCs work with providers and families to build their capacity to support children's social and emotional development so they can promote its healthy growth. Activities include facilitating support groups, providing individualized consultation, and/or facilitating child/family and group consultation to help mediate any problems that are hindering a child's development. With indirect IECMHC, MHCs work with ECNPs to support them and their work with FFN providers. This support can take the form of weekly check-in calls, co-leading training support groups, and/or facilitating opportunities to engage in reflective supervision.

> *"Consultation is really the gracious exchange of expertise...Let's learn together."* — AZ, PROGRAM LEADER

Although we visited sites with the greatest potential for an intersection between FFN child care and IECMHC, there was little to no access to IECMHC for most FFN providers. This may be largely because IECMHC is used more for center-based child care and primarily sanctioned for licensed providers. Given that FFN providers are mostly isolated and stay at home all day with the infants and children in their care, they may lack consistent opportunities to learn and stretch, connect with other adults, and feel validated and supported. IECMHC has the potential to enhance caregiver well-being and children's social and emotional health, if available. We learned that MHCs who were able to successfully deliver consultative supports to licensed FCC providers focused on growing the relationship organically and gradually over time, building trust and comradery, showing compassion and empathy, meeting the providers where they are to provide them with what they need when they need it, and cultivating the evolving relationship. The most effective consultants seem to take a listen-and-learn approach and individualize support as much as possible for each provider based on need and circumstance. MHCs also make the most of informal opportunities—outside of formal program offerings—to connect and offer additional support. It is critical to determine whether these practices, which have been successful with licensed FCC providers, also apply to FFN providers.

In addition to providing supports at the child care provider level, there are opportunities for MHCs to provide support at the ECNP level through indirect mental health consultation. For this supportive relationship to be successful, we learned it is most helpful when the partnership between MHCs and ECNPs is the focal point, and each works to understand the other's perspective and goals. As with other relationships, the building of trust is essential to cultivate a strong relationship between MHCs and ECNPs, and maintaining consistency and continuity is also necessary for the relationship to grow and flourish. It is vital that MHCs learn more about the culture and reality of FFN care to provide the best support and for ECNPs to understand how consultation can help improve their work with providers to fully engage in the partnership. We found that an openness and willingness to engage are necessary for the collaboration to take shape and be impactful. It is also critical that MHCs understand the approach of ECNPs with regard to how they structure their support groups, how they work to empower the voices of FFN providers, and how they prefer to communicate, and for ECNPs to understand the MHC's frame and approach to shift any power dynamics that may be at play.

It is also important to acknowledge that ECNPs have received extensive education and specialized training in early childhood development and hold a tremendous amount of knowledge and insight about child care, child development, as well as the FFN provider community. In addition to this education and training, ECNPs could benefit from the integration of a mental health lens into their work, an important role played by MHCs. Further, given the secondary trauma ECNPs may be carrying from their intense and exhaustive work with FFN providers, MHCs can serve as a safe space for ECNPs to process and reflect on what is happening with their providers and in their training support groups, to help mitigate stress and burnout. Indirect IECMHC can also benefit ECNPs by exploring resources and referrals that ECNPs might be able to pass on to FFN providers.

Despite these many potential benefits, given the heavy workload on both sides, we learned it is often difficult for MHCs and ECNPs to find times to connect and/or consistently connect in meaningful ways. Prioritizing the time and connection is paramount. Moreover, participants reported that ECNPs informally provide support to one another and act as their own peer group; therefore, adding in mental health consultation can sometimes be cumbersome. ECNPs as a cohesive affinity group naturally support one another and their personal connections should be encouraged. Organizational supports for ECNPs can include an open door policy, reflective supervision, monthly team meetings, trainings, and staff retreats giving ECNPs other opportunities to reflect, debrief, and elicit feedback within their home institutions. Until organizations can grow their internal capacity to fully support their own ECNPs, MHCs can play a pivotal support role to enhance mental well-being. We also learned about the importance of acknowledging cultural and linguistic mismatches between MHCs and ECNPs, and how this may affect interactions. To optimize the MHC-ECNP dynamic, it is important to be culturally humble and culturally curious and employ a racial equity lens to inform and strengthen the connection.

Components of Successful Models Working with Family, Friend, and Neighbor Child Care Providers

In this study, we found that successful early childhood programs across the four sites working with FFN child care providers tend to:

- Use a cultural and community-informed frame to guide their approach,
  - When programs optimize the protective factors of culture and community in their services and supports, the program offerings are more rich, tailored, and impactful.

  - Cultural considerations with regard to staffing are critical. Bilingual and bicultural staff seem better able to create rapport and trust with FFN providers. ECNPs model the importance of cultural matching or cultural mirroring whenever possible and the effect it can have on provider engagement.
  - With insufficient bilingual and bicultural staff, it is important for staff from different backgrounds to be culturally humble, respectful, and curious to establish a connection with providers.
  - Facilitating an atmosphere that views mental health consultation as a "gracious exchange of expertise" and that acknowledges both parties involved are experts in their own right, sets up greater opportunities for mutual learning and shared understanding. This entails not only teaching FFN providers about IECMHC, but also teaching MHCs about FFN child care—shared learning is critical. This also extends to MHCs and ECNPs reciprocally sharing their expertise and perspectives.

- Use cultural brokers to help build relationships,
  - Since recruitment of FFN providers is one of the most challenging aspects of serving this population, community-based organizations with cultural brokers, or trusted individuals in the community who are involved in or deliver services to the community, may be helpful and effective in reaching out to and engaging with hesitant providers in need of support.
  - ECNPs are uniquely situated to act as cultural brokers and support staff for FFN providers.

- Reach out with intention to FFN providers in innovative ways,
  - Cultural brokers act as natural entrees to link providers to programs.
  - By framing services as educational and support opportunities, programs turn the focus away from "professionalizing" to building capacity and enhancing well-being.
  - Greater acceptance of FFN providers who chose not to or cannot become licensed will allow for more inclusive recruitment of FFN providers and a more supportive environment overall for a range of provider goals.
  - There is a tremendous need for a continuum of services and supports including, but not limited to, moving providers along the professional development continuum.

- Acknowledge Maslow's hierarchy of needs, historical practices in communities, trauma in communities, and other influencing factors,
  - By acknowledging the impact of these contextual factors on FFN providers, children and their families, programs can work to mitigate some of the negative impacts and offer knowledge, tools, and strategies to build capacity, self-efficacy, and intentionality.

- Build strong relationships, especially peer relationships,
  - As the foundation for change, it is critical to build relationships at all levels (e.g., ECNP to FFN provider, FFN provider to FFN provider, ECNP to MHC, MHC to FCC/FFN provider, FFN provider to family, ECNP to family, MHC to family).
  - Peer relationships are an invaluable source of support for FFN providers and can strengthen their resiliency and resolve, be a source of inspiration, and an impetus for change.
  - Culturally mediated peer support models foster the protective factors of culture, community, and social connections, and can enhance caregiver well-being, especially when IECMHC is unavailable to FFN providers.

- Build on effective current approaches to working with FFN providers, especially training support groups,
  - Many of the social-emotional consultation trainings are based on the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) model.
  - Trainings also include sharing resources and experiences and learning about child development (e.g., brain development, ages and stages, continuous and discontinuous developmental milestones, language and literacy).

  - Offering consistent training support groups for FFN providers allows relationships to form and strengthen.
  - Although programs may adopt training approaches and develop curricula, by remaining open to adjustments and perhaps adopting a "grow, develop, evolve" philosophy, they are better able to meet the needs of FFN providers in a timely manner.
  - Training support groups, facilitated by ECNPs and/or MHCs, offer opportunities to build the knowledge and capacity of FFN providers, facilitate dialogue and sharing amongst the provider peer group, and provide individualized support as needed.

- Engage with FFN providers to determine their unique needs,
  - The most successful training support groups are flexible and adaptable to the urgent and ever-changing needs of FFN providers.
  - When ECNPs play a facilitative role offering opportunities for FFN providers to share their pressing issues, ask probing questions, and receive peer support from their fellow providers, the training support groups are much more effective.
  - By supplementing training content with real life experiences, the training support groups become much more relevant and germane for FFN providers.
  - Understand that FFN providers are oftentimes navigating complex family dynamics as family, friends, or neighbors of the children in their care, and need strategies to deal effectively with family-related stress and/or difficult interactions with parents around child development concerns, challenging behaviors, financial issues, and so on.

- Offer individualized consultation, as needed, and
  - Having MHCs present in training support groups as co-facilitators and "familiar faces" to build relationships and rapport may be a promising approach worth implementing and evaluating. Ideally, as a consistent presence, MHCs would learn how to better "match the right entry point" and provide more appropriate and effective support to providers and the children in their care as well as ECNPs working on the frontlines with providers to support quality improvement.
  - Making sure MHCs are available to ECNPs and/or providers, as needed, through ongoing face-to-face opportunities or by telephone, is imperative.
  - MHCs should be mindful of their technical skills. If they are overusing reflections and other clinical approaches with providers, they may be viewed as disconnected by ECNPs and/or home-based providers.
  - In addition, maintaining a relaxed organic conversation with a non-inquisitive approach will increase rapport and trust in the relationship, leading to a more successful and informed consultation experience.

- Provide administrative and monetary support.
  - In order to increase attendance, programs that offer instrumental incentives, such as transportation or gas cards, child care, and food, and are cognizant of scheduling, may increase attendance by making it easier for FFN providers to attend and encouraging their active participation.
  - Programs that offer material incentives, such as carbon monoxide detectors, fire extinguishers, baby gates, cribs, pack 'n' plays, high chairs, car seats, art supplies, and so on are helping to improve the structural quality of FFN care settings.
  - By hosting sponsored activities for providers and families to unwind and have fun together, such as trips to parks, museums, or libraries, programs are offering more opportunities for self-care and stress release.

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

We hypothesized that as we explored various professional development opportunities and quality initiatives for FFN child care providers across the four sites, we might discover a continuum of services and supports for children's social and emotional learning that might include examples of IECMHC as well as more general supports that are congruent with what is important for supporting young children's mental and behavioral health outcomes (e.g., training on attachment relationships, supporting the well-being of the FFN providers, community resources and referrals). Although this study focused on the intersection between IECMHC and FFN child care settings, the services and supports offered by the four sites include a wide array of activities and strategies beyond formal mental health consultation, which tended to be available only to FCC providers.

Our analysis highlights the significance of access to training and selected social-emotional resources provided by ECNPs to bolster the knowledge and skills of FFN child care 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 support models are needed and important to attend to caregiver well-being and children's social and emotional health in FFN child care settings.

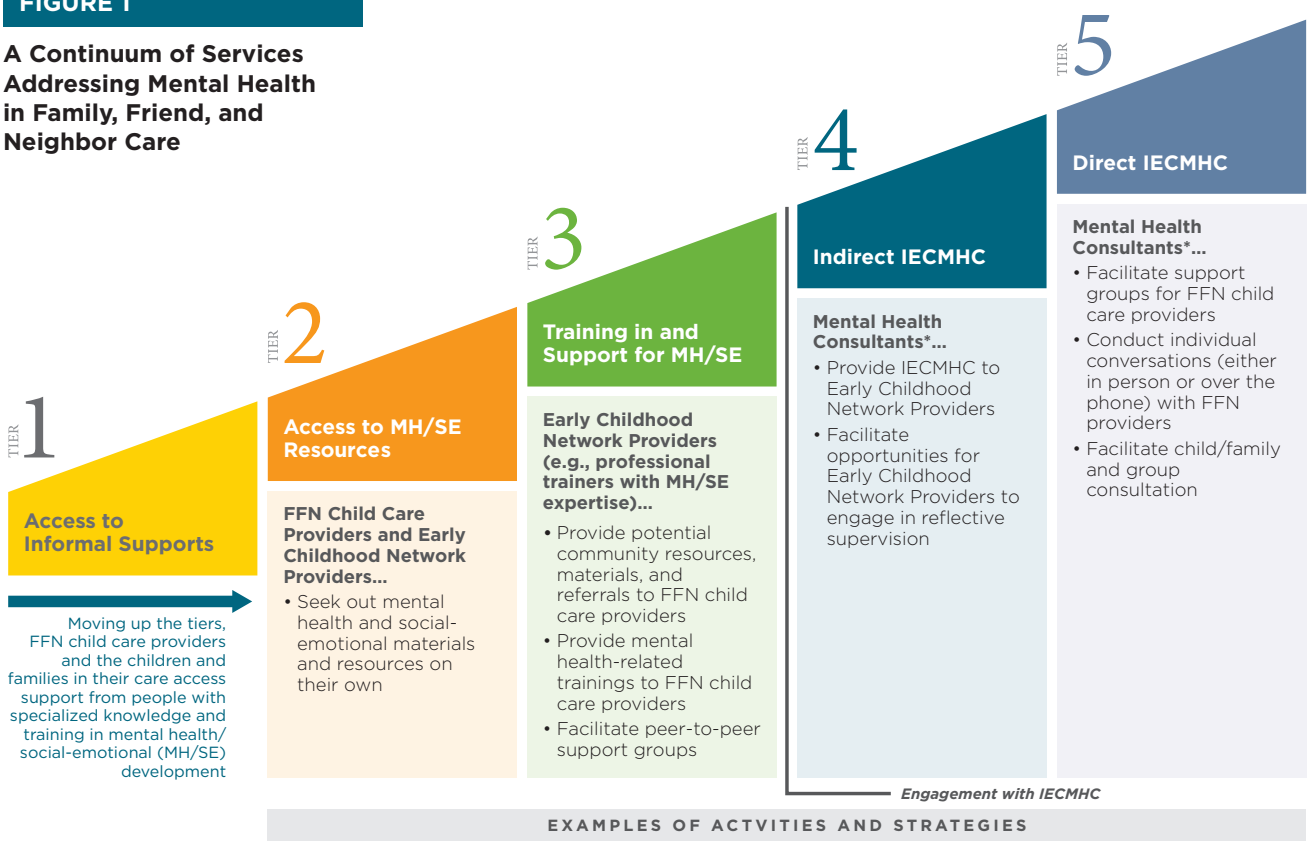
Figure 1: A Continuum of Services Addressing Mental Health in FFN Care lays out a tiered structure for thinking about the mental health related service array for FFN child care providers. Moving up the tiers, FFN providers and the children and families in their care access support from individuals with 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 child care providers' personal social networks about issues and stressors.
- In **Tier 2**, FFN child care 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 child care providers. They also provide mental health-related trainings to FFN providers and facilitate peer-to-peer support groups.
- **Tier 4** is indirect IECMHC where MHCs provide IECMHC to ECNPs, who are working directly with FFN child care 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 child care 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.gove/iecmhc).

Programs visited across the four sites fell into tiers 3-5. The following are short program descriptions and our assessment of where each program falls along the continuum of services addressing mental health in FFN child care:

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

- In Arizona, the mission of the **Arizona Kith and Kin Project**, housed within the **Association for Supportive Child Care**, is to improve the quality of care for "kith and kin" FFN child care providers through training support groups. The early childhood training and support is focused on increasing knowledge of the elements of quality of care and understanding of ways to challenge and stimulate young children.
  - Early childhood specialists provide training and support to the FFN providers through a fourteen-week long training-support group that meets once a week for a minimum of two hours.

- The **Colorado Statewide Parent Coalition (CSPC)** developed the **Providers Advancing School Outcomes (PASO)** training program with professional development to Latino FFN providers to promote school readiness for children birth to five years old. The PASO program follows a community-based model aimed at closing the achievement gap between Latino and non-Latino children before they enter kindergarten.
  - Trained early childhood education coaches, known as tias, engage FFN providers in an intensive, early childhood education program, aligning their curriculum with Child Development Associate credentialing.
- In Colorado, **Cultivando** is a leadership, advocacy, and capacity-building organization that works in collaboration with community leaders and partners. The organization practices a promotora model that emphasizes the need for community leaders of color to be engaged in initiatives to increase health equity in their communities.
  - Promotoras are building the educational capacity of Spanish-speaking FFN providers in Adams County and Denver to reach the majority of low-income children who do not have access to licensed preschool with high quality educational opportunities.
- In Colorado, **Mile High United Way** seeks to build the capacity of communities through professional development, service provision, and partnerships with other community organizations and programs. The networks of support provided by ECNPs from programs and institutions such as Denver Public Schools, Early Childhood Councils from different counties in Colorado, and local family resource centers, are using a community-driven model with reflective supervision and peer supports.
  - These ECNPs provide varying levels of service to FFN providers.
- 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. Alongside IECMHC, Family Connects implements four other primary evidence-based programs in their wraparound services with participants: Home Instruction for Parents of Preschool Youngsters (HIPPY), Incredible Years®, Parents as Teachers (PAT)® home visiting, and the SafeCare® parent-training and case management.
  - Expert staff work with families, FFN providers, other caregivers, and professionals to offer these evidence-based programs.
- In Colorado, **United Way of Weld County** in Greeley, Colorado, brings together the community to solve health and human problems and improve the lives of people in the community. Within the Early Education program, they offer the **PASO Institute**, as developed by CSPC, to address the achievement gap between Latino and non-Latino children by helping providers create high quality care environments and exposing providers and parents to the need for quality early childhood care and education.
  - For the PASO Institute, tias are working with FFN providers and families.
- In Colorado, **Valley Settlement** started out as a project under the Manaus Fund to understand the experiences of immigrant families in Roaring Fork Valley. With no organization in the community that was systematically reaching out to welcome and engage immigrant families with young children, Valley Settlement became a standalone 501c3 nonprofit organization continuing to engage immigrant families in their local schools and community.
  - Their early childhood specialists use the PAT® FFN curriculum to engage with FFN providers, and also conduct two home visits a month with each FFN provider.

- Michigan's **Race to the Top-Early Learning Challenge (RTT-ELC)** funding was seen as an opportunity to revitalize the Child Care Expulsion Prevention (CCEP) work and 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 programs and supports for young children. For RTT-ELC, the populations prioritized are providers within the Quality Rating Improvement System and family/group home providers.
  - Specifically, for FFN providers, quality improvement consultants, who act as ECNPs, are focused on increasing the number of home-based providers participating in the program and work with the FFN providers in the cohort.
- In San Francisco, **Casa Corazon** offers family programs within **Instituto Familiar de la Raza (IFR)** to ensure that families receive a continuum of services and supports to enhance resilience. The Family Resource Center staff provide case management, parent education, and early intervention services.
  - Family resource specialists facilitate parenting classes, parent leadership and education workshops, parent support groups, parent-child activities, and additional family support services such as individual consultation, information and referrals, case management and family advocacy, and mental health services to families as well as FCC and FFN child care providers.

Tier 4: Indirect IECMHC

- Arizona's **Smart Support Program**, housed within the large Phoenix-based nonprofit, **Southwest Human Development**, provides IECMHC to child care providers with two goals in mind. The first is to improve the overall quality of early care and education settings so that they are better able to support the social and emotional development of all children in their care. The second goal is to increase the capacity of early care providers to address the mental health needs and challenging behaviors that place individual children at risk for negative outcomes in the early years of life and beyond.
  - Smart Support MHCs provided 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 program 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.
  - MHCs work with FFN providers, other caregivers, and families.
- In Michigan, the **CCEP** operated though community mental health organizations providing a model of IECMHC for parents and child care providers caring for children ages 0-5 who were experiencing behavioral or emotional challenges putting them at risk for expulsion from child care. Although the funding ended in 2010, CCEP provided the foundational framework for Project LAUNCH and RTT-ELC. In the IECMHC model, the consultant was a master's-prepared, infant-mental-health-endorsed mental health clinician through the local community mental health agency, and would connect directly to providers and families requesting services.
  - MHCs supported providers in center-based and family and group home settings, including relative providers and daycare aides.

- In San Francisco, the **Early Intervention and School-Based Program at IFR** provides mental health consultation services to child care providers of children ages 0-14 years. Focused on promotion, early intervention, and building community resiliency, the Early Intervention team offers services that address the unique developmental, behavioral, and social-emotional needs of children and their families by enhancing supportive relationships, embracing the families' world view, and fostering positive learning environments.
  - 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 United School District schools, and services for Latino FCC providers including a support group that is open to FFN providers.
  - FFN providers can also gain access to IECMHC through the Family Resource Center at IFR with Family Resource Center specialists providing a warm handoff of FFN providers to MHCs.
- In San Francisco, the **Fu Yau Project** provides prevention and early intervention health services to the family resource centers and child care community that cares for children ages 0-5 years. Services include on-site program and child observation, clinical consultation with child care staff and families, on-site intervention with individual and groups of children, parenting classes and support groups, and in-service training for the child care staff relating to child development and mental health related issues.
  - MHCs also facilitate a support group for FCC providers twice a month. The support group reaches out to providers who do not get monthly home visits. It provides an opportunity for the providers to still get mental health support and have greater connections with other providers in the community.

As communities, states, and jurisdictions continue to build out a continuum of services to address mental health in FFN care, attention should be paid to each tier and how services and supports can build upon one another to provide coordinated and comprehensive networks of support to attend to the mental health and other needs of FFN providers, children and their families.

SECTION 4

DISCUSSION

Multilevel Implications

Findings from the cross-site analysis of early childhood networks of support and IECMHC programs has led to the formulation of implications at the program, policy, and systems levels. These implications represent areas ripe for improvement to advance the work of programs dedicated to serving FFN provider communities and areas in need of further research to grow understanding about how best to impact quality of care in FFN settings.

Implications for Infant and Early Childhood Mental Health Consultation Program Design and Implementation

Based on the study results, the major implications for IECMHC programs with regard to FFN child care are:

1. Invest more time and energy in exploring and understanding the nature of FFN child care, including who uses it, who provides it, and who supports it.
2. Be prepared to support the mental health and other needs of FFN child care providers as well as the ECNPs who serve them.
3. Enhance the ability of the current mental health consultation workforce to authentically integrate a socio-cultural and equity lens into their work with FFN child care providers, families, and ECNPs.
4. Increase IECMHC workforce diversity, so that there are more cultural, ethnic, and linguistic matches among MHCs and the communities they serve.
5. Develop authentic partnerships with the organizations that house ECNPs to collectively meet the needs of FFN child care providers, and create comprehensive early childhood networks of support for FFN caregivers.
6. Conduct research and evaluation to explore what works in terms of IECMHC models to best support FFN child care settings. For example:
    a. Which IECMHC models (e.g., direct vs. indirect) are most effective with which types of early childhood networks of support?
    b. Do the Theories of Change differ when MHCs work with FFN child care providers?
    c. Do the core constructs and core components commonly found in IECMHC programs still stand (Duran et al., 2009)?

Implications for Family, Friend, and Neighbor Support Program Design and Implementation

The study findings informed the following implications for FFN support programs within early childhood networks of support to enhance the mental well-being of FFN child care providers and the children and families with whom they work:

1. Focus on the importance of referring FFN child care providers to mental health resources for themselves and the children and families in their care.
2. Enhance ECNPs' understanding of trauma, attachment, early intervention, and other mental health-related topics.
3. Design FFN training support programs to intentionally explore ways they can attend to and be more attuned to the well-being of FFN child care providers in a culturally responsive way.
4. Cultivate relationships with other local mental health focused programs in addition to IECMHC programs, and move to strategically leverage these services and supports.
5. Increase the organizational capacity of community-based early childhood networks of support who serve FFN child care providers to integrate more opportunities for reflective supervision for their ECNPs who might experience secondary trauma as the result of working with FFN providers who often experience acute trauma as well as the impact of intergenerational, historical trauma.
    a. This might include additional training and/or education for supervisors and leadership at these agencies that will enable them to integrate an infant mental health lens and trauma-informed care into their respective programs.

Implications at the Policy and Systems Levels

Implications at the policy and systems levels related to FFN child care and a continuum of services to support the mental health of FFN child care providers include:

1. Embrace the reality of FFN child care and allocate resources to enhancing quality of care.
2. Acknowledge the importance of FFN child care and the influence of caregiver well-being on the social and emotional development of children in FFN care settings.
3. Identify, examine, and reduce structural barriers that can adversely impact FFN child care providers offering care and/or connecting to formal systems of support.
4. Expand availability of IECMHC for FFN child care providers by changing stipulations that limit use of IECMHC to licensed child care providers.
5. Fund increased research into innovative strategies with the potential to better serve the FFN provider community, including IECMHC.

A Call to Action

By integrating equity and mental health lenses with FFN child care, we can ensure that all young children, most especially children of color, children in poverty, children who have experienced trauma, children from immigrant families, and other vulnerable groups, are receiving the best opportunities to learn, thrive, and succeed. To accomplish this feat, we need to attend to caregiver well-being for all child care providers to help ensure healthy social and emotional development, early learning, and school readiness for all children, and positive family dynamics and meaningful child and family outcomes for all families. This includes thinking through ways to reach FFN child care providers who remain in the shadows unconnected to formal systems. As we learned from the study sites, use of trusted cultural brokers as the first point of contact for FFN providers who may be hesitant to connect is a winning outreach and recruitment strategy. Given the limited availability of IECMHC, early childhood networks of support and culturally mediated peer support models are needed and important to attend to caregiver well-being and children's social and emotional health in FFN settings.

FFN child care tends to fall through the cracks of the silos that represent early care and education and family support with neither taking the lead to provide a continuum of services and supports for FFN providers. FFN child care, as the point of intersection between these silos, presents an opportunity to expand our systems thinking in both directions 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 multifaceted needs of FFN providers as family members dedicated to supporting the healthy development of children in their care and child care providers committed to providing high quality care to ensure success in life. IECMHC, an effective strategy utilized by both systems, could help bridge the gap between these systems and connect these silos. Enhanced partnerships between IECMHC programs and early childhood networks of support to offer an array of services and supports 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.

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