

Family, Friend
and Neighbor Care in
Early Head Start:

Strengthening Relationships and Enhancing Quality



U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

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Grandmas have probably always cared for their grandbabies — a few hours while the parents are out, days or nights while the parents are working, or even longer, more permanent periods of time. Other family members and friends also care for each other’s children, through play dates, helping out, or in arrangements where small fees are paid for the hours of care. These types of child care arrangements are known as “kith and kin” care and contrast with more formal child care settings, such as center-based child care, in a number of important ways. Parents rely on family, friends, or neighbors for child care because of their deep trust in these relationships, for their convenience, flexibility, and low to no cost.

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The quality of care that children receive in all child care arrangements has come under increased scrutiny as scientists and educators are gaining a better understanding of the impact of all early experiences on the developing brain. Early Head Start programs always work with families and child care partners to assure that infants and toddlers have the learning experiences, emotional grounding, and safe and healthy environments that promote optimal

development throughout their days. However, program staff members have not traditionally worked with the extended family or friends who are providing child care for the children of families enrolled in EHS.

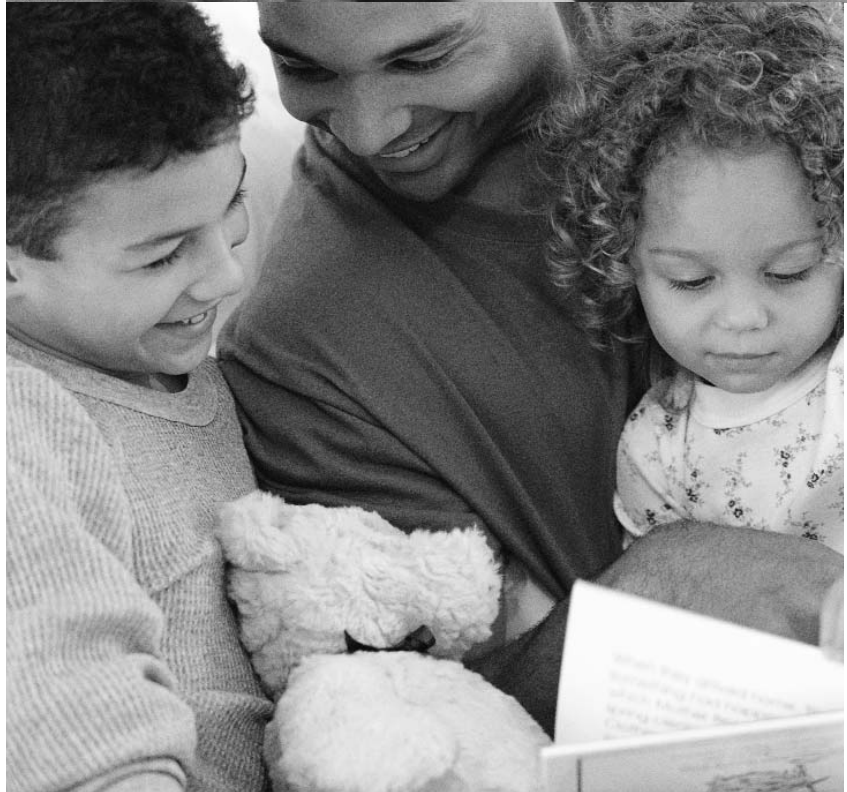


Thus, in 2003, the Head Start Bureau launched the Enhanced Home Visiting Pilot Project (EHVPP) to offer opportunities for EHS programs to work with family, friend, and neighbor care. Participants in the EHVPP have discovered ways to broaden their contributions to families by working across generations and they have boosted the self-esteem of these caregivers by acknowledging the important role they play in supporting the children's healthy development.

Why We Care About Family, Friend, and Neighbor Caregiving

Infants are more likely to be cared for by other family members, friends, and neighbors (FFN) than in more formal settings, when they are not with their parents. Family, friends, and neighbors may or may not be licensed or registered and the childcare may be in the form of formal or casual arrangements. Formal arrangements may be scheduled, regular child care on a consistent schedule. More casual arrangements might include, for example, a last minute call to a neighbor to provide child care when an unexpected need arises. Parents have many reasons for using this type of care:

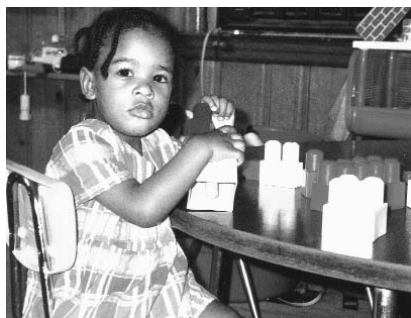
- their own feelings of trust in family members,
- the caregiver has a natural, familial investment in the child,
- the caregivers are flexible about hours and rarely charge fees,
- there are low ratios, and
- cultural messages are consistent with those of the parents.



However, many of the aspects of quality care associated with good outcomes in children are often missing in these informal care arrangements: specially trained caregivers, safe and healthy environments for young children, and developmentally appropriate learning activities. There are both strengths and drawbacks to family, friend, and neighbor care. Early Head Start is developing strategies designed to build on the strengths of FFN care, while providing support to increase quality.

DEMOGRAPHICS

In America, about 45% of infants in care are with relatives other than their parents; another 10% are with friends or neighbors (R. N. Brandon *et al.*, 2002; Smith, 2002). The national evaluation of EHS found that 42% of families enrolled in the home-based option used this form of care (Love, 2003). The caregiver is most often a grandmother or an aunt of the child (R. N. Brandon *et al.*, 2002; Ramsburg, 2005). As family members, they reflect the culture and ethnicity of the child and family. Most are Latino, African American, or Asian with about 35% being European Americans.



Immigrant women often provide informal child care for family or friends and most often rely on FFN care for their own children. The age range of the FFN caregivers is from the teens to the 70's or 80's with relatives tending to be older

caregivers, in their forties or early fifties. Many have other employment (Porter & Kearns, 2005). Caregivers tend to have little formal education and have incomes under the poverty level, similar to the families they serve (Ramsburg, 2005).



The Caregivers in the Enhanced Home Visiting Pilot Project

- 54% of the caregivers are grandparents, 21 % are other relatives, and 25 % are not related to the child.
- 12 % are licensed or registered family child care providers.
- 29% of caregivers had not graduated from high school; 39 % had a high school diploma or GED. and 18% had some college, with 5% earning a 4 year college degree.
- 75% of the caregivers are White, 13% Latino, 7 % African-American, and 4% Native American.
- 12 % speak a primary language other than English.

(Mathematica Policy Research, 2005)

The Unique Issues of Family, Friend, and Neighbor Care for Early Head Start Children

Informal child care arrangements are a complex issue for Early Head Start for several reasons. For example, although there are likely benefits to any child in spending time with a loving grandmother, the same risks that pose challenges to EHS families are likely to be present in the FFN caregiver's life as well—poverty, low education level, poor health care, poor nutrition, low literacy skills, and little specific knowledge of child development. These risks in the child's life circumstances may have a negative impact on optimal development. Early Head Start is a comprehensive child development program designed to address all of these elements and provide the foundation needed for healthy development. The challenge to the EHS programs participating in the EHVP pilot project is to use the inherent benefits of FFN care while addressing the areas of concern.

UNAPPRECIATED BENEFITS

Early studies of FFN care relied on measures of quality traditionally used in more formal center and home-based care, such as environmental rating scales and the level of the teacher's education, and by comparison it appeared that the quality of FFN care was sub-par. Nonetheless, FFN care is frequently used by many parents. A study in Illinois reported 70% of the mothers as saying they did not consider using any other type of care (Ramsburg, 2005). Both Early Head Start parents and those in the general population say they use FFN care because they know and trust the caregiver, the situation is stable and flexible, and there is comfort in the cultural continuity. Some of the benefits are described below:



Knowing and Trusting the Caregiver

Most babies in relative care are being cared for by their grandmother. Oftentimes, the three generations live in the same household and the childcare arrangement derives from a mutual sense of responsibility among the family members in the home. One

The Enhanced Home Visiting Child Care Arrangements

- 79% of the family, friend, and neighbor arrangements are provided during the day on weekdays; 16% are in the evenings.
- 64 % of the care arrangements are provided only in the caregivers' home, and 16 % in the child's home. 15% of the child care was provided in households where the caregiver and child lived together.
- 46% of the children are in FFN care at least 20 hours a week; 30% are in FFN care for over 40 hours a week.

(Mathematica Research Institute, 2005)

EHS mother, living in a four-generational home, described her daughter's caregiving arrangement with her own grandmother this way:

My grandma has always taken care of kids. She's had my baby since birth. They have their little jokes between the two of them, their own language. They have their routines; she naps in grandma's bed. I've read about the importance of relationships, well, she doesn't lack for relationships. Gramma is one of the better people to keep an eye on her.

Most relatives who provide care for babies and toddlers do it out of a personal commitment to the child's well-being. The Early Head Start programs describe the relatives providing care as being happy to participate in the EHV project because they already value the EHS experience and want to participate

more directly. They feel they could learn how to provide additional enrichment and contribute to the child's future success by using the ideas and activities they learn from the home visitors. One grandmother said, "I'll do anything for my grandchild ... if it benefits Head Start, I'll do anything!"

Many Early Head Start mothers are young and still relatively dependent on the advice and support of their own mothers. A study of relative caregivers in Chicago reported that they considered caring for a grandchild or other relative as a natural role within the family. One woman said, "Quite naturally, I would be the one to watch them" (Bromer, 2005). Bromer described the grandmothers as providing much more than caregiving: They gave childrearing advice to parents,

encouraged them to spend time with their children, urged them to take the child's perspective (explaining what you want rather than using physical punishment), and helped the mother understand the child's developmental stage.

Relative caregivers also have the advantage of caring for very few children at one time—oftentimes only one child—and being able to provide more focused attention to that child. They don't consider caregiving a job; indeed, they rarely get paid for the service. They are doing it because they want to help the young family become established and because they enjoy time with the child.

Stability and Flexibility

EHS programs report that the relative caregiver lives in the same home as the parent and child in 15% of the families. For many parents and caregivers, this means that the grandparents can care for the child during non-traditional work hours without real disruptions in their own routines. The ongoing familial relationship provides an inherent stability. Issues of staff turnover or a home family provider moving or closing her business do not exist.

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Cultural continuity

The desire for cultural continuity may be explicit or implicit in FFN care. Women who are recent immigrants often choose and/or provide FFN care specifically because of the comfort of the familiar language and customs

RECOGNIZED CONCERNS

The areas of concern related to FFN care for EHS children generally cluster in two categories: socio-economic risk factors and the absence of specialized activities and environments that promote early learning. These concerns have been evident in the EHVP pilots and numerous studies of FFN care.

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Socioeconomic Issues

Despite the best of intentions, there are a variety of challenges to FFN care in providing quality learning experiences for infants and toddlers. The caregiver's own poverty and low educational skills may equate to having few resources to share with the child. These factors then tend to be associated with less enriched language and literacy experiences for the child, extensive use of television, and sometimes, limited parenting skills. In fact, many of the older FFN caregivers described the information provided by EHS as "new ways of doing things now."

Very few of the FFN homes were "baby-proofed." Perhaps given the informal nature of the caregiving relationships, simple tasks such as

Supporting Literacy Skills

One EHS enhanced home visitor described a grandmother who had no books in her home and who would not use the ones brought by the home visitor. As time passed, the visitor came to understand that the grandmother had German measles as a child and had word recall problems and very low literacy skills. All of her experiences with reading had been filled with shame and embarrassment. Because the two women had established a warm relationship, the visitor was able to support the grandmother in simply trying to look at the pictures in a book with her grandchild. After several visits of modeling "reading" the pictures, the grandmother tried it, reading the words she knew and talking about the pictures. For the grandmother, the child, and the visitor, this was an enormous success.





covering outlets, removing dangerous materials from reach, or keeping a first aid kit on hand either hadn't occurred to FFN caregivers or they did not have the money to purchase the necessary items. Many EHVP programs have provided the materials, information, and assistance needed to make the homes safer for the babies and toddlers. Some aspects of safety that are commonly regulated in center or home-family care were not recognized as dangerous within FFN homes. One recurring issue that EHVP staff has had to address is the issue of caregivers or other adults smoking cigarettes in the presence of the babies.

A widespread concern related to socioeconomic issues in FFN care is the extent of health related problems experienced by the caregivers (Guzman, 2004). Some grandmothers are unable to attend group meetings because of their poor health. Some research reports that grandmothers in poorer health are more likely to provide care—possibly because they are unable to work. However, other reports describe employed grandmothers as providing care more often—possibly because of

their more robust health (Guzman, 2004). Because of related issues of poverty, even younger grandmothers are more likely to be coping with significant health issues.

Quality Issues

Some of the benefits accrued by infants and toddlers through participation in Early Head Start include better performance in cognitive and language development, higher emotional engagement of the parent, more sustained attention with play objects, and less aggressive behavior. The Early Head Start research indicates EHS parents are more emotionally supportive, provide more language and learning stimulation, read to their children more, and spank them less than the control group. The strongest and most numerous impacts were for programs that offered a mix of home-visiting and center-based services and that fully implemented the performance standards early (John M. Love *et al.*, 2005).

The Early Head Start research draws a direct connection between the quality of services offered and the outcomes for the children. The National Institute of Child Health and Human Development (NICHD) longitudinal study of child care echoes the findings that quality matters. NICHD found that relative care was neither helpful nor detrimental to children's development, possibly because the



experiences with close relatives are very similar to those with parents. However, in non-relative care, caregivers with higher educations and fewer children per adult had more stimulating and well organized environments, which resulted in children with better vocabularies, more advanced attention and memory skills, and better peer relationships. On the other hand, children who watched more TV had more behavior problems, smaller vocabularies, and poorer math skills (Todd, 2001).

The lack of the FFN caregiver's specialized education in child development may be most important in serving those infants and toddlers with special needs. In the EHVP sample, 16% of children have an identified or suspected disability or delay, placing even greater demands on the caregivers to provide specialized care.

Enhanced Home Visiting as an EHS Response

Although FFN care has been an area of increasing attention for the entire early childhood field in recent years, the Head Start Bureau took particular interest in its potential impacts on infants and toddlers being served by Early Head Start. If quality is of concern, as suggested by early studies, the high percentage of EHS children being served in FFN care could be spending significant hours of their days and weeks in situations that are not promoting optimal development. On the other hand, even if traditional measures of quality were not describing the strengths of FFN care adequately, it was still likely that EHS was not fully utilizing the potential of the close relationships inherent in FFN care to promote early learning and support families. So, in 2003 the Head Start Bureau introduced the Enhanced Home Visiting Pilot Project.

Expected Outcomes of the Enhanced Home Visiting Pilot Project

- Infants and toddlers will receive enhanced quality care as a result of the support, training, resources, and home visiting activities that their caregivers receive.
- Positive experiences during the early years in enhanced caregiving settings will lay a strong foundation for early learning, improve child outcomes, and ensure that infants and toddlers will be better prepared for school.
- The Head Start Bureau will learn about the needs of non-parental kith and kin providers, and what support systems are needed to help them provide quality care.
- Relationships, communication, and understanding between parents and caregivers will be enhanced, to the benefit of children.
- Head Start community collaborations with local home visiting agencies will be developed, thereby integrating and coordinating local community resources.
- Caregivers will be trained and qualified in infant/toddler caregiving, increasing the number of quality caregivers in the field.

(Hill, 2003)

Early Head Start programs were invited to develop models for providing services that would offer FFN caregivers “support and training to promote the early language, literacy, and learning of children in their care” (Hill, 2003). Early Head Start programs serving children in a home-based option where the child's parents are working and the child is

in the keeping of another caregiver were invited to apply for funding to develop a model that would provide training, resources, and services to these caregivers. The participating EHS programs were instructed that the models they designed were to offer home visits to FFN caregivers *in addition to, not in lieu of*, the regular home visits with the EHS child and family.

The outcomes of the proposed pilots are described in the box on the side. The approach to the project was designed by each program and each had unique experiences.





ENHANCED HOME VISITING PROGRAM MODELS

Each participating Early Head Start program created its own design for finding, recruiting, and serving family, friend, and neighbor caregivers.

Generally, the parents introduced the program to the caregivers and requested their participation. Most programs used some combination of home visits and socializations, similar to regular home-based services, although the frequency of visits — once or twice a month — was much lower. Some provided visits by the same staff member to the parents and the caregiver; some used two different visitors.

True to the spirit of EHS, the visitors to the caregivers' homes spent the first months of the project developing relationships with the caregivers. Programs often utilized more experienced home visitors for this work and they were able to communicate their respect for the importance of the consistent, loving role of the caregiver in the child's life. Home visitors kept the focus of the

visits on the child's development, using the child's learning goals as a source of consistency between the parents and caregivers. Although there were many aspects of the caregiving they wished to see changed, home visitors concentrated on the child's developmental goals and suggested activities for supporting development. Some specific health and safety concerns were addressed, including hand washing and diapering procedures. Changes in caregiving occurred over time. Home visitors supported caregivers by bringing into the home books and literacy materials, toys, art materials, and safety equipment such as first aid kits, outlet covers, cabinet locks, door handle covers, and curtain cord winders.

According to interviews with some program sites, although only a small percentage of caregivers attended the group socializations, those caregivers attended very regularly and expressed their enjoyment of the opportunity to get together with other caregivers, most

of whom were women. Group activities included discussion groups, and sharing information on topics such as language development, literacy, and nutrition. One site provided sewing and cooking activities. A couple of programs offered activities either individually or as a group involving visits to parks, libraries, and museums, opportunities that were unknown to many of the relatively isolated caregivers.

One caregiver, who is monolingual Spanish-speaking, had lived in the community for 4 years without ever visiting any of these interesting places. The home visitor took her to the art center, a nature center and several parks, and now the woman takes her grandchildren to these places. One program encouraged the caregivers to attend a class designed for infant/toddler caregivers adapted to their own small group. The caregivers, many of them grandmothers, were amazed to discover so much new information



on development — and at their ability to master the material. By providing incentives for caregivers, EHVP programs were able to increase participation at first, but after a while the groups themselves had an inherent value for the participants.

In focus groups conducted for the pilot evaluation, caregivers expressed their appreciation for the individualized approach and regular adult company, and reported that their particular needs and interests were being met (Paulsell *et al.* 2006).

UNEXPECTED ISSUES

The EHVP programs based their new venture on the tried and true models of their home-based programs, drew on their deep knowledge of child development, and utilized their well-practiced relationship building skills. Still, despite all their experience working with children and families, enhanced home visiting held numerous surprises for programs. Some FFN caregivers were similar to the families with whom they work in EHS. These caregivers had considerable social service needs, their recruitment and retention were challenging, and the age differences between caregivers and home visitors were problematic. Each service model carried its own complications.

Opportune Moments

Enhanced Home visitors described some dramatic encounters in which their access to the extended family had very beneficial effects. For example, a home visitor invited an uncle who provided care to a child in EHS to participate in a “Father Involvement Conference.” Sitting next to him at the conference, she noted his anguished emotional state and asked if he was alright. He explained that he had shaken his own child and his wife took the children and went to a women’s refuge. He was distraught but wanted to continue his participation at the conference. During an activity in which the men drew pictures of their own fathers, he broke down in tears, telling the home visitor that he realized he was being just like his own father — and he desperately wanted to change. With the help of the home visitor he pursued therapy and anger management and the family was gratefully re-united. The home visitor’s ability to be present and trusted created vital turning points for families that were experiencing hidden crises.



Social Service Needs

Early Head Start is a comprehensive child development program and provides numerous services to EHS families. As a rule, the EHS program would not provide comprehensive services to child care providers in

center-based or home-family care, but FFN care presented a gray area for how the program could work with the caregiver or use program resources. When FFN caregivers were members of the extended family, these individuals sometimes

lived in the same household as the EHS child. Home visitors were directed to support improvements in the learning environment, but it was not unusual for other problems to intrude. Some models held firmly to providing only child development services. Others provided information and referrals for FFN caregivers but were very concerned about being overwhelmed by the caregiver's needs. Still other programs recognized relative caregivers as family members and responded to this opportunity to provide inter-generational services to families that maintained close inter-generational relationships.

Recruitment and Retention

While the majority of the participants were accepting of the EHS program's services, some of the grantees had difficulty recruiting and maintaining the number of FFN caregivers for which they had been funded. The biggest challenge was the limited pool of families/caregivers from which programs could recruit. Some caregivers were reluctant to enroll and may have been uncomfortable with the idea of having unfamiliar visitors in their homes.

It also turns out that FFN caregiving can be quite fluid. As the parents' work situation changes, if disagreements flare up, or if other, more traditional options for care become available, the caregiving arrangement can change. However,

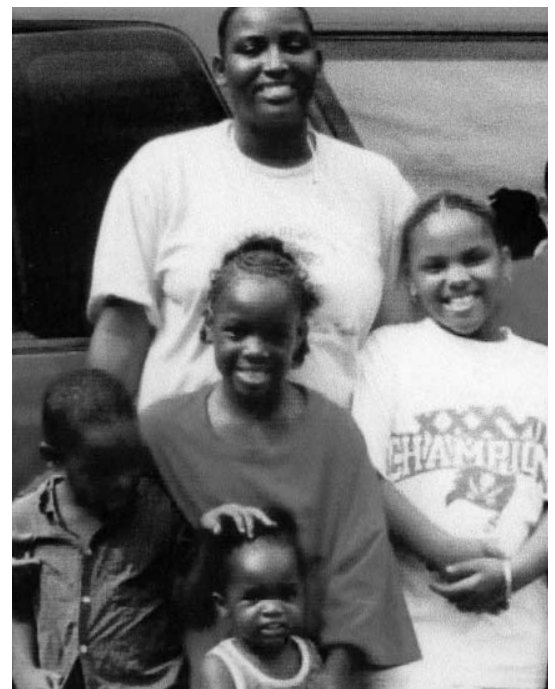


several FFN caregivers participating in the program wanted to recruit new EHS children to care for so that they could continue with the training and the visits.

Age Differences and Similarities

Some of the EHVP program home visitors were older women, often grandmothers themselves. Some of these home visitors also had adult children and grandchildren living with them. Though there were often large differences in educational and economic status between these home visitors and the FFN caregivers, the similarity of the life experience created a bond between them. The programs report that it was easier for the older caregivers to accept older home visitors. Initially, there was some distrust of young, college educated home visitors. Some FFN caregivers spoke with scorn of how

“things keep changing in how you raise kids. The experts can't make up their minds.” However, patient, respectful relationship-building on the part of the home visitor generally paid off. Caregivers became more accepting of new information, saying things like, “They know so much more about babies and learning today than when I raised my kids.”



1 or 2 Home Visitors?

Some of the EHS programs used the same home visitor to work with the parents and the caregiver, and some chose to hire a separate visitor just for the caregivers. Each model had its strengths and its drawbacks.

Programs found they were better able to ensure consistency of messages when one home visitor was assigned to both the family and the FFN caregiver. The visitor could direct everyone's focus to the same developmental goals and provide

materials and activities that created a series of coherent learning experiences and expectations. Parents and caregivers would receive the same developmental information and advice. The drawbacks to having one home visitor included the large amount of record-keeping and paperwork for one child and the difficulty in resolving conflicts between caregivers and parents when each expected the home visitor's allegiance in the matter.

When programs used different home visitors, communication between them was sometimes problematic. In order to minimize the possibility of parents and caregivers hearing conflicting messages, it was important that the information and advice given by the two visitors were consistent. Programs that had regularly scheduled meetings and other systems for continuously sharing information were able to improve the communication between caregivers and parents. One of the greatest benefits of having two visitors, however, was their ability to model and sustain conflict resolution, enabling the parent and caregiver to each feel supported by an ally.

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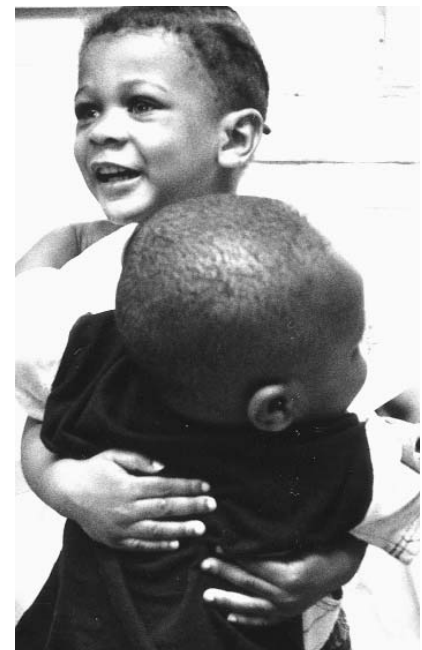
ACROSS THE GENERATIONS

Perhaps the most startling realization for many programs was how closely involved many Early Head Start children and parents are with their extended families. Some programs describe doing home visits in the past and having the grandmother, who lives in the same home, leave the room because of a misunderstanding that the home visit was only for the benefit of the parents. While the Head Start Program Performance Standards specify that the home visit must be with the parent and not an alternative caregiver, they do not exclude additional caregivers. Even pilot models using two visitors sometimes held joint visits with the parents and caregiver because they found them so beneficial.

Many of the caregivers reported increased self-esteem as they came to appreciate their ability to contribute to a child's development and well-being. The parents developed higher regard for the caregiver's contribution, as well, leading to a greater sense of cooperation among them.

Whether it is an issue of generational differences or other long-lived conflicts, parents and grandparents sharing the care of a young child can have numerous disagreements. Home visitors who establish caring relationships with both the parents and grandparents are able to help negotiate these issues. Sometimes it is a matter of providing accurate developmental information. One program provided an in-home, mini-training on temperament and challenging behavior that brought the mother and grandmother together in a new, mutual understanding of the child.

Another program offered some formal communication training and helped the extended family establish family meetings as a way of maintaining on-going communication and solving problems as they arise. Many programs identified additional training needs for the home visitors who work with multiple generations in a family.



The children in Early Head Start often have deep and meaningful relationships with grandparents, aunts, and uncles. The participating EHVP programs discovered that working within the larger family group added a new level of depth and effectiveness to their work. Most programs have indicated a desire to continue this level of involvement with families. Programs hope to continue to include caregivers in some of the regularly scheduled home visits, socializations, and family events, and to encourage EHS parents to share the child development information they receive with extended family members, friends, and neighbors who are deeply involved in their lives.



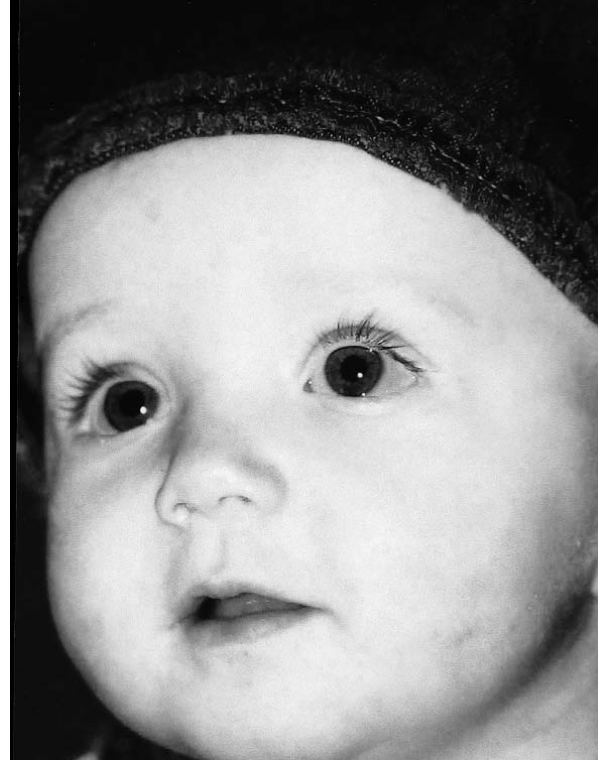
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IMPROVING QUALITY

One of the most unique aspects of FFN care is that the caregiver so often has a genuine, personal investment in the child's well-being. Staff from a few of the enhanced home visiting programs reported some success with encouraging caregivers to reduce detrimental behaviors, such as their use of the television and cigarette smoking in the presence of the children, when caregivers understood the potential harm that each might cause this child. Over time, the caregivers also embraced the health and safety, literacy, language, and learning activities introduced by the home visitors and the group experiences. They became more thoughtful and

intentional in their activities with the children and often greeted the home visitor at the door with reports of recent activities or the child's newest accomplishments. When the caregiver had additional children in her charge, they all benefited from her new skills and knowledge.

Another benefit impacting improved quality was the reduction in social isolation for caregivers. Through participation in group socializations, family events, or classes, they developed new friendships with caregivers in similar situations. These positive outcomes could be incorporated in traditional home-visiting programs by being more inclusive of FFN caregivers. By inviting the caregivers to attend



socializations with the families (or additional socializations), distributing information to caregivers, opening lending libraries to their participation, and inviting them to parent education events, a home-based program could greatly increase its effectiveness without any major increase in costs.

Community Connections

A third area of impact for the EHVP programs is the development of new community partnerships. New partnerships were established between Early Head Start programs and other home visiting programs such as *Parents as Teachers*. In one pilot, the two programs co-existed within the same agency for years without really developing a partnership. Now, they recognize their similarities and a potential for ongoing, mutual contribution.

An increase in referrals to early intervention and children's

protective services resulted from the additional relationship developed with the FFN caregiver. Sometimes, having an additional home visitor getting to know the child alerted the program to more subtle issues.

In some cases, the EHS program became aware of additional services in their own community. Resource and Referral agencies had programs and services for family, friend, and neighbor caregivers that had been unknown to EHS programs. Various social service agencies serving the elderly became resources for EHS programs that had not previously had reasons to access them. Such new partnerships will continue to enrich the EHS programs, well beyond the funding of the EHVP initiative.

Conclusion

Family, friend and neighbor care is an important sector of child care for infants and toddlers, especially for Early Head Start families. The impact of early experiences on brain development, the hours spent in FFN care, and the concerns about the quality of caregiving motivated the Head Start Bureau to engage Early Head Start home-based programs in an initiative to find and support their children's FFN caregivers. EHS staff discovered unique strengths in these caregivers including their commitment to the children, their trusting relationship within the family, and their flexibility. Perhaps the most significant result was the EHS program staff's own deeper understanding of the importance of extended family relationships for Early Head Start families.



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