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THE ARIZONA KITH AND KIN PROJECT

sarah ocampo-schlesinger & vicki mccarty

In early 1999, the Association for Supportive Child Care (ASCC), a leader in the early childhood field in Arizona, was approached by the City of Phoenix to offer services in the low-income South Phoenix community. Federal welfare reform had been recently enacted. People transitioning off welfare and looking for work were at the center of the City's agenda. The City of Phoenix formed a job development committee to help them move from welfare to work and, in keeping with a larger federal focus, to revive the inner city.

In considering job development for the residents of any community, the focus quickly shifts to child care needs: Is good child care available? Will the child care resources be enough? The City of Phoenix commissioned the Morrison Institute of Arizona State University to conduct a study of the area's child care needs. They asked the following questions: "What is the problem?" "How big is the problem?" and "Where are the gaps in child care?" The City thought that the study would show where additional child care programs were needed. Instead, it revealed that there were available slots in the area, but people were not using them. They were using, and more importantly, had chosen to use, "kith and kin" (family, friend and neighbor) care instead.

Our colleague, Susan Wilkins, ASCC's Executive Director, had been part of the job development committee during this process, and took the lead in the development of one of the first kith and kin projects in the United States. Founded in 1976, ASCC is a nonprofit organization dedicated to "enhancing the quality of care for children" in the State of Arizona. It has always worked with the early care and education community to assist child care programs—both family child care and center-based care—in their efforts to meet state certification and licensing requirements or accreditation standards. For many years, ASCC felt confident in its belief that the first step to quality was through regulation. After learning about the large population of kith and kin caregivers, the staff of ASCC realized that these caregivers had to be included on our "radar" if we truly wanted to affect the quality of care for all children. The Phoenix pilot of the Arizona Kith and Kin Project began in March 1999.* We sought to work with at least 25 caregivers in weekly training-support groups at three different sites in South Phoenix: two Head Start programs and an independent child development center.

ASCC has shifted from its original belief that quality in child care settings can improve only through regulation. We are now firmly committed to reaching out to the underserved population of kith and kin caregivers in our communities to provide

* A grant from the Arizona Community Foundation helped launch the project. Shortly after its inception, the Seabury Foundation provided additional funding.

training and support. Through these efforts, ASCC is tapping into an audience of caregivers who, through their willingness to help out friends or family members by caring for their children, have unintentionally entered a field unknown to them as a profession—the field of early care and education. Participating in the project contributes not only to their personal growth and empowerment, but helps them to have a greater understanding and respect for the important work they do.

We recruit participants through Head Start programs, libraries, schools, faith-based organizations, community centers, and outreach to parents, teachers, and social workers. Approximately 99% of the program participants identify themselves as Hispanic and primarily Spanish-speaking. Currently, the program works with approximately 350 kith and kin caregivers annually. Very often, these caregivers live in some of the most economically distressed neighborhoods in the area, with a typical income of between \$10,000 and \$19,000. Most of the time, the child care arrangements enable a family member to hold a job. Participants care for between one to seven children, with an average of four. The children's ages range from one month to 12 years; the typical age group is birth to four.

Ana's Story

Ana, a Mexican American mother of three who had recently moved into an apartment after a period of homelessness, noticed a flyer in the library advertising the Kith and Kin Project. From the address, she saw that it was housed in the same community center where she was taking English as a Second Language classes. Ana had been begun caring for a neighbor's child in her housing complex, and she decided to join the 14-week group. Initially, the snack served at the support group was often her only meal of the day. She soon became a regular member, gaining emotional sustenance and support from the other members. She learned about early brain development, support for language and literacy, health and safety, nutrition, positive discipline techniques, parent-caregiver communication, and more.

Soon, she began caring for other neighbors' children, which increased her income. She found her attitudes and behavior changing: "I used to be real impatient with kids. I didn't realize why you shouldn't do things like hit or scream at the children. My first semester was quite a surprise." At the end of her second 14-week semester, Ana participated in the annual health and safety training day, where she learned CPR, first aid, and home safety tips; she received as gifts a smoke detector, fire extinguisher, first aid kit, and outlet covers for her home, as well as a voucher for a car safety seat.

When the local United Way asked for a caregiver to speak before a group of program managers, we asked Ana to talk about her experience. She told them how she regularly phoned her relatives in Mexico, who were caring for two of her own children, telling them what she had learned in the sessions. "I know they can be impatient and yell at children, too, so I wanted them to treat my children differently." Ana has come full circle and now assists with the Kith and Kin groups by pro-

viding child care on-site for the children of participants while their groups are in session.

Program Assessment

So far, ASCC has conducted three reviews of the Arizona Kith and Kin Project. Independent evaluators collected data through observations of training-support groups, participant questionnaires, focus group discussions with participants and staff, telephone and in-person interviews, journals kept by the program facilitator, and written or recorded journals kept by participants. The last assessment, in 2002, *The Staying Power of Kith and Kin*, reflected the lessons learned across all three evaluations.

The findings show that transportation, on-site child care, scheduling, and follow-up made participation easy for the caregivers. Nearly all expressed satisfaction with the program. They enjoyed learning from others and appreciated being asked for their opinions. Sharing conversations and activities with other caregivers gave them a greater sense of worth. They noted that their care had improved because they had learned to be more patient with and attentive to children. The results indicated that participants most often changed what they had done in their activities with children. Because they now understood how children behaved at different ages and developmental stages, they could discipline them more effectively, communicate with them better, and were able to implement what they had learned about child safety and nutrition.

While the evaluations all reflect program strengths, they are based on self-reported data. Although home visits are not part of the program, fortunately we had the opportunity to observe some of the participants during the field test of the Child Care Assessment Tool for Relatives (CCAT-R), a new assessment instrument for relative caregivers. Sarah, who was one of the observers, could quickly see the impact of the program in some homes—finding homemade toys that the caregivers had learned to make in our groups, seeing behavior management guidelines for the children posted on the wall, finding children’s materials placed at their eye level, and observing caregivers on the floor with kids. At other homes, she felt the need to “step in” or create a teachable moment. She experienced first hand what another staff member had stated: “It is a challenge to know that a caregiver needs guidance and that they are just not quite ready to receive it. I have learned to walk away and let them come to me or encourage other caregivers to share their experiences. They usually come around.” Like her colleague, Sarah found herself hoping that this caregiver would bring it up at the next Kith and Kin meeting.

Challenges and Joys

The staff must manage feelings stirred up by heartbreaking stories. One group facilitator said, “I heard a caregiver talk about her 18-year-old son who is in jail and will be sentenced to 10-30 years. Another participant shared that she cannot

feel half of her body because of an epidural she was given during labor.” The close relationships, however, are also what bring joy and pride to the work.

Funding for the program is an ongoing challenge. As one staff member stated, “The high cost of this program, the little money that we have, and having to eliminate some of the sites, is one of the most challenging tasks.” Inevitably, the staff develops close relationships with the participants. This makes it difficult to let go of the groups when funding is no longer available. Even for a program with positive evaluation results, our Kith and Kin training-support groups are always in jeopardy. In some areas, the Kith and Kin Project is the only source of training and support for this group of child care providers. The elimination of our groups would leave these areas without services. Besides our own grant-seeking activities, we are also collaborating with Head Start centers, housing departments, and other community-based organizations in exploring opportunities to continue and expand the program.

Program assessment is another challenge. We are hoping to use the CCAT-R in the near future to assess changes in behaviors through direct observations rather than through self-report alone. Our findings will enable us to determine what areas of the program need to be revised or enhanced. We are also working on expanding the program to other populations of caregivers. For example, we are participating in a program for incarcerated teen parents who rely on grandparents or other relatives to care for their children while they are in prison. We are developing a program to meet the needs of these caregivers.

The Kith and Kin Project continues to be a model that can be replicated, an experienced source that provides assistance with the challenges faced by this population of caregivers, and a location to visit and see first hand how the training-support groups function.