

Family, Friend, and Neighbor Child Care Provider Networks

A community-based solution to early childhood
health and education inequity



INTRODUCTION

With over 40% of Minnesota children in the care of Family, Friend and Neighbor care, new models of supporting these child care providers must be supported and integrated into the formal child care system of support and education. This document provides the background and lessons learned from two successful local Family, Friend and Neighbor Networks.

This toolkit was created as an example of a community-based approach to address early childhood health and education inequities. The content is based on a foundation of best practices in community engagement. Many details are based on the partner experiences of the City of Bloomington, Division of Public Health in partnership with the Family, Friend and Neighbor Child Care Provider Network, *La Red Latina de Educación Temprana*, and Dakota County Public Health in partnership with *Proveedores Latinos FFN en Dakota County*. The toolkit is not representative of all cultures, rather Local Public Health's collective experience in partnership with the Latino community. We hope you will find this information helpful as you engage with Family, Friend and Neighbor Providers in your community recognizing every partnership is valuable and unique.

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CHILD CARE INEQUITIES IN MINNESOTA

The importance of investing in early childhood learning and development has received much attention in recent years in Minnesota. The benefits of high quality child care and education are many:

- Generates billions of dollars in economic benefits
- Reduces future crime
- Improves early language, literacy and math development

There is a growing body of research demonstrating the value of establishing a strong foundation in the early years of life. High quality care and education produce the most positive outcomes in

- Behavior and emotion (e.g., social skills, internalizing behaviors)
- Cognitive achievement (e.g., literacy, self-regulation)
- Child health (e.g., birth outcomes, access to health care, nutrition)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6075808/>

Understanding this important stage in development is especially important in Minnesota. While the state's population is ranked among the top ten states for educational attainment, there are striking disparities between white students and Black, Indigenous, People of Color (BIPOC) students. For example, in 2019 Minnesota high schools had a graduation rate of 83.2 percent, but graduation rates for minority students were markedly lower at 51 to 67 percent, according to the [Minnesota Department of Education](#).

School success begins with high quality care in the first five years of life. Unfortunately, a number of problems plague the early childhood care and education system in Minnesota:

- Complexity in the child care system
- Loss of licensed care especially in rural Minnesota

Of households that use child care, 70 percent use some form of FFN care on a regular basis; 20 percent use FFN care exclusively. Finding quality, affordable and culturally competent care for children especially infants is getting more difficult. (See Appendix 1)

Certain groups are hit harder by the shortage and unaffordability of child care:

- Low-income households
- Children with special needs
- Minority households
- Non-English-speaking and immigrant households
- Single-parent families
- Parents working non-traditional hours

Parents have several choices when looking for child care: licensed child care centers, licensed family child care or unlicensed Family, Friend or Neighbor providers (FFNs). With the high cost and/or unavailability of child care slots in a locality, it is often FFN providers who are filling the gap.

Finding culturally appropriate licensed child care in Bloomington and Richfield for Latino children is a challenge. For example, there are approximately 1,600 Latino children under the age of five in Bloomington and Richfield. Latino parents are looking for child care providers that speak Spanish, understand the culture, and they can afford. Currently, there are no Latinos listed among licensed family providers. Without the financial resources to attend the few Spanish Immersion child care centers in the area, which are very expensive, Spanish-speaking parents are left no choice other than family, friends or neighbors to fill the void. It is within this environment that Bloomington Public Health first understood that this was a problem for the local Latino population.

Concern about disparity in kindergarten readiness is driving the push for high quality early childhood care/education at the Minnesota State Legislature. Increase in financial support for early education programs, child care quality improvement and an increase in child care subsidies are directed toward licensed providers and schools. As important as this support for quality improvement and access is, it neglects the large proportion of parents that are seeking and choosing culturally competent child care that is only available through FFN providers. Furthermore, some parents are compelled by cost or availability constraints to choose FFN care. For example, low income, Latino children are the least ready for kindergarten (66% white children vs. 44% Latino) and the most likely unable to find or afford licensed child care.

Who is a Family, Friend or Neighbor provider?

In Minnesota, a Family, Friend or Neighbor Provider or Legal Non-Licensed (FFN) must be at least 18 years of age, provide child care only to related children and/or provide child care to children from a single unrelated family at one time (related means the provider is the child's sibling, grandparent, great-grandparent, aunt, or uncle of the child). See Appendix 1 for more information.



Understanding and navigating the child care system in Minnesota

The child care system in Minnesota is very complex and confusing. Local Public Health (LPH) staff trying to help communities navigate the system must first have a good understanding of how the system views FFN providers and what support FFN providers currently get from the state or county. Prior to the advent of Parent Aware, Minnesota's Quality Rating and Improvement System, there was training support at the state level for FFN providers.

Through the federal Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA; December 2020) and American Rescue Plan Act (ARPA; March 2021) funds, Minnesota has invested an approximate \$5.5 million to provide support for FFN. This includes grants to support FFN caregivers, an outreach campaign and environmental scan to support FFN activities into state fiscal year 2023.

Minnesota is funding grantees that primarily work with communities of color to provide direct support for FFN caregivers. This includes training, material supports and outreach to increase FFN's awareness of existing resources that they could benefit from. The FFN grantees have recruited over 500 FFN's and work with them to enhance supports to children.

In addition, a communication and outreach campaign was launched to raise community awareness of the role of FFN providers in the early childhood care and education landscape. The campaign aims to increase awareness of resources and assist FFN providers in registering as a legal nonlicensed provider.

Another component of this funding is to conduct a comprehensive evaluation assessment or survey of Family, Friend and Neighbor and legal nonlicensed child care providers in Minnesota. The survey results will help DHS better understand the demographics and needs of its unregistered providers to create sustainable policies, practices, and programs to best support them.

The success of La Red's model and the advocacy of La Red and other community partners assisted in helping to move the support for FFN providers forward.

SHIP staff working in the child care strategy have knowledge of the child care system, can find culturally competent trainers who can work with community members, and establish authentic relationships with FFN providers in communities to connect the system and FFN providers.

Child Care Assistance Program for legal, nonlicensed child care providers

A FFN caregiver can register as a legal nonlicensed provider with the Minnesota Child Care Assistance Program. If a legal nonlicensed provider provides care for a family using the Child Care Assistance Program, the legal nonlicensed provider can be paid by the Child Care Assistance Program. To start the legal nonlicensed provider registration process, contact family's local county or tribal social service agency and request a provider registration packet:

<https://mn.gov/dhs/people-we-serve/children-and-families/economic-assistance/child-care/contact-us/contact-us-a-to-z.jsp>

This document describes the training requirements for legal nonlicensed providers: [DHS-6419-ENG \(What are the training requirements for legal nonlicensed providers?\) 2-23 \(state.mn.us\)](#)

All legal nonlicensed providers must take pediatric CPR and pediatric first aid. This training typically costs money.

Other training requirements depend on whether the legal nonlicensed is related to the child they care for, and how old the child is. Those trainings are available for free on www.developoolmn.org.

Visit this website to learn more about becoming a legal nonlicensed provider: <https://mn.gov/dhs/ffn-minnesota/become-a-provider/>

Licensing of child care providers

FFNs may request help in becoming licensed child care providers which can open avenues of support from the child care system. LPH can connect an FFN with partner organizations like Child Care Aware which serve different parts of the state. Before referring FFN providers to start this process, it is important to check if it is reasonable for them to pursue licensing. The process can be arduous and expensive for FFN caregivers with low incomes. Following are some of the basic requirements which may be barriers for some FFNs to become licensed:

- The vast array of regulations needed to start a child care business are difficult to find, read through and understand, and there is little help available.
- County and state agencies may ask for Social Security numbers which may be a barrier to some FFNs.
- There may be an ID requirement. Many FFN providers do not feel comfortable providing documentation to government entities.
- Background checks are required for the provider and any other people living in the household that are 13 years or older.
- A fire inspection is required for mixed commercial and residential buildings or multi-unit residences that will

To participate in approved training the FFN must engage with the formal child care system by registering through Develop, the state system to provide and monitor training hours. If the FFN is not going to accept or is not eligible to accept child care assistance, then there is no requirement to get approved training. However, all child care providers should have access to child health and safety training that are culturally appropriate and in their home language.

be used for a child care establishment. If an FFN is living in an apartment, landlords may be unwilling to agree to a fire inspection since the entire property is subject to the results of the inspections. If the FFN is living in their own home and the County perceives the space is not safe they may order a fire inspection. Any deficits that are found by the fire inspector must be fixed before becoming licensed. This could involve very expensive repairs.

- A minimum of 35 square feet of usable indoor space is required for each child. And there must be an outdoor play space of at least 50 square feet per child, adjacent to the residence for regular use, or a park or playground within 1,500 feet of the residence.
- Many licensing orientation sessions are in English, disadvantaging applicants that are not proficient in English.
- To make it economically reasonable to become licensed, Latino community members who use the FFN provider would need to pay more money to the provider for care. Many Latinos are struggling economically, have barriers to being eligible or applying for child care assistance, or live in a community that has a long waiting list for child care subsidies.

CONNECTING FFN PROVIDERS WITH COMMUNITY RESOURCES

For many FFNs in immigrant communities, one or more of these barriers makes becoming a licensed child care provider unattainable or economically unrealistic.

Statewide Health Improvement Partnership (SHIP) local public health staff will invariably be asked for resources or assistance that are not within their grant guidelines or funding stream. Before beginning work with an FFN group, think carefully about community resources that might be needed and have relationships already established with these community organizations/institutions if available.

Local Public Health can provide trainings of interest to child care providers such as child development, language development, recognizing developmental concerns, and identifying community resources for which providers and families may be eligible. Below are examples of other community partners that can provide training and resources:

- **Early Learning Services/Early Childhood Family Education through local school districts** – Early Learning Services are interested in healthy, school-ready kindergartners. Providing training or support to FFN providers is in their interest. Trainings on preparing children for kindergarten, reading to children, etc., may be provided.
- **Early childhood screening** – Screening all children by age three is the goal of early childhood screening but reaching low-income, non-English speaking parents is difficult. Providing training on what screening is and how it can benefit the child and family is useful.
- **Libraries** – Libraries are typically very interested in offering programming to non-English speaking and low-income populations. Books in other languages, training in how to read to young children, and assistance to understand how to use the library are all possible supports provided by a local library. Some immigrants do not use the library because they do not have a driver's license and do not understand that they can get a library card using other proof of residence such as their address on a utility bill.
- **Disability services** – Information about identifying early signs of disability and the benefit of receiving early intervention is important in many communities. Many cultures react to disability in their children with denial and need to get the information from someone they trust. ([Minnesota Leadership Education in Neurodevelopmental and Related Disabilities \(MN LEND\)](#)).
- **Center for Inclusive Child Care** – Offers free training and coaching for child care providers to improve quality of care and inclusion of children with special needs.
- **Emergency preparedness** – Fire departments can offer training about fire safety, infant and child CPR, and weather safety.
- **Parks and recreation departments/community centers** – Many recreation departments are seeing declines in participation by youth and

BIPOC youth. Recreation professionals are often interested in informing community members about programs, giving information about scholarships and helping with registration.

- **FFN navigators** – Through partnerships with organizations throughout Minnesota, FFN Minnesota and the FFN navigators are here to help by providing resources and support services for all FFN caregivers. FFN navigators work with the Minnesota Department of Human Services to provide support to FFN child caregivers so that they can offer quality care, early learning opportunities, and healthy development. For more information: <https://mn.gov/dhs/ffn-minnesota/>

Health System Foundations (such as Allina, UCare, M Health Fairview, and BlueCross BlueShield) may be willing to fund classes on CPR/First Aid, health screenings or other health-related trainings.

Immigration lawyers/advocacy groups such as the Immigrant Law Center may be needed to allay fears around immigration status or enrolling children in government programs.

University of Minnesota Extension can offer many trainings that might interest FFN providers such as healthy cooking, budgeting, and other topics.

Minnesota Department of Transportation can provide car seat training. This may be available through other city/county organizations as well.

Childcare Aware MN partner agencies will provide information and may provide some free trainings.



“ When BPH first started working with La Red, the biggest issue for us was how to fund training that did not fall under the SHIP funding guidelines. FFN providers wanted First Aid/CPR, Child Development and other non-nutrition and physical activity topics. Initially we secured a small grant from another source, but to be sustainable we needed to enlist community partners that understood the benefit of connecting with immigrant child care providers early in a child’s life to maximize health and education outcomes. We found many willing partners in the community that provided free training on a wide variety of topics requested by La Red. Initially this process took time to establish relationships between these community organizations and La Red, but once established La Red was able to connect directly to the organizations for future training requests. ”

– BPH STAFF

AUTHENTIC COMMUNITY ENGAGEMENT WITH FFN PROVIDERS

Challenges and opportunities

Public Health will experience systemic and individual challenges working with FFN providers and can work to overcome those challenges.

Working with FFN providers can have a major positive impact on the health and development of young children. This important work is not always easy. Below are some common challenges Local Public Health may experience and how to overcome them.

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CHALLENGE:
Finding FFNs in the community

Since there is no obligation to register with any government entity, FFN providers often operate out of sight.

Overcoming this challenge:
Engage with community groups that are likely to have a high number of FFNs.

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CHALLENGE:
Building trusting relationships

Overcoming this challenge:
Use authentic community engagement. Once relationships are developed, the community can locate FFN providers through their own channels of communication.

Developing those initial relationships, especially with

communities experiencing inequities can feel daunting for LPH. It may lead to work that is unfamiliar, where staff do not feel like experts, and is often tempting to put off the work rather than step into the unknown. Once started, it can be messy, riddled with mistakes and feelings of inadequacy, but the results can be beyond your expectations, leading to new relationships, new insights, creative solutions and sustainable results.

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CHALLENGE:
Language

Overcoming this challenge:
Engage community members anyway.

If your agency has a bilingual/bicultural staff person that speaks the language and shares a cultural perspective, it can be invaluable; and, it may be advantageous to assign that person as the lead on a project.

The other option that has been used is sharing staff that is funded in a different program of the LPH agency such as a bilingual WIC or Family Health staff member.

But even a bilingual/bicultural person may not be the right person for the community if they don't understand authentic community engagement or are unwilling to share power/decision-making with the community.

If the best or only person to lead the effort is not bilingual, there are often members of the community who are bilingual and can bridge the language barrier. The most important qualities in a lead staff person are being willing to move forward in the face of discomfort, willing to honor the wisdom and experience of the community and share power, willing to be flexible with institutional norms, to listen, be interested and respectful of the community's culture and be invested for the longterm.



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Understanding, accepting and then acting on the belief that communities have within them the wisdom to solve their own problems and the strengths to be successful is essential.

Truly believing and consistently acting on this “truth” can be difficult for LPH. Many public health professionals are trained in a system that tells them they are the experts and they can solve the problems in the community. Systems within bureaucracies such as grant requirements, timelines, funding mechanisms, contracting mechanisms, and implicit bias all conspire against doing authentic engagement. Moving against this tide is not easy and requires hard work, constant adjustment of attitude and sometimes creative framing. Authentic community engagement does not just entail using focus groups at the beginning of a project, it requires deep continual interactions that build the relationships, practice power-sharing, and give credit to the community for its success.

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Sustaining relationships

Relationship-centered community partnerships cannot be based on grant timelines. LPH staff cannot “leave” the partnership when the project is over. Continued interaction, support and relationship-sustaining activities need to be practiced. The ability of staff and LPH departments to authentically engage with communities is the future of public health and a key to health equity. It’s critical to be consistent, present, proactive but not pushy, and willing to start changing yourself and the system.



Cultural differences

There may be the differences in cultural ways of interacting, for example, in the concepts of time or direct communication. Many other cultures do not share the strict Western concept of being on time. Time can be much more fluid. Arriving at a later time than specified is completely acceptable in other cultures and can be a cause of much stress for LPH.

Depending on your own style of communication, the communication style of individuals in a community you are interacting with may be challenging. For example, some cultures use more indirect communication and are not comfortable challenging a person with more perceived power or education. This can result in a person agreeing with a LPH staff only out of deference or gratitude, not agreement. It is important to understand the cultural communication style and make allowances for that style when interacting with community.

“ For me personally, time differences were the biggest challenge. It took a long time to build trust and hardest for me was to set aside my own cultural norms of time and begin to operate outside of the usual transactional nature of working on community projects. Not only is personal change hard but working in the public health system that is set up for institutions to have control makes true community engagement difficult. Latino culture prioritizes relationship above transaction. The upfront

relationship-building takes much more time than is typically allowed for in grant-funded projects. I had to set aside my worries that “nothing was getting done” and trust the community-led process. In looking back, it was this time that seemed “wasteful” that was in reality the glue that held the women together and eventually bound me to them in a deep relationship of mutuality and trust. In fact, they knew and profoundly understood how important this relationship building was to their own success. ”

-JOAN BULFER
CITY OF BLOOMINGTON, DIVISION OF
PUBLIC HEALTH

FOUNDATIONAL ELEMENTS OF BUILDING A FFN NETWORK

There are many things to consider in offering child care training to FFN providers. Understanding the needs of the specific community must be front and center to ensure the trainings are effective and culturally appropriate. The following are examples from groups with different years of existence, leaders, and some variation in goals. (La Red Latina de Educación Temprana began in 2013 and the Proveedores Latinos FFN en Dakota County in 2018 (see *Partnerships in Action*).

The following are among the considerations:

Recruitment

Unless there is already an FFN provider group in your community, identifying and recruiting FFNs will be necessary. The best avenue is to let the community members you have built relationships with find and recruit FFN providers. In many communities, word of mouth and being invited by another trusted member of the community may be necessary to get people to attend a training. In some immigrant communities, fear of government agencies must be overcome, and this is best accomplished through authentic engagement and building trusting relationships.

Meeting space

The chosen meeting location is important to the success of the initiative. It needs to be a familiar and safe place for the community. The community often knows of places or can help identify places that will be welcoming. Minimally, a space needs a room to conduct the training and child care space as well as being available after hours or on the weekend.

Training decisions

Training decisions should come from the network leaders/participants. LPH can provide options for what is available and let the group decide if it is a training they are interested in attending.

Trainers

Trainers should be culturally sensitive and attuned to the specific FFN group. Trainers need to understand the culture, education level and experience level of the participants. Trainers who speak the language are preferred. When language is an issue, the use of an interpreter is essential. The trainer also needs to be comfortable and familiar with how to work with an interpreter. Engaging, hands-on trainings are better for all adult audiences, but especially important for audiences with mixed education and experience levels. Train the trainer opportunities are beneficial if there is a community leader or public health staff able and willing to provide trainings locally.

Communication

Understanding the best way to communicate with the FFN providers is something LPH needs to explore. LPH tends to use email communications extensively and try to use this in communication with FFNs. In communities where relationships matter deeply, face-to-face communication is often the best. When in-person communication is not practical, some community leaders may be comfortable and willing to use email, but another form of communication may be more effective. For some communities, having a home computer and internet service is not common. Cell phones may be their only communication tool. Text messages or other social media may be more commonly used.

Training format

It is important to work with community members to identify a good time to schedule a training. Since the participants are taking care of children this is most likely going to be outside of normal work hours such as evenings and Saturdays. The timing and agenda of the trainings also need to be decided by the community and fit the culturally accepted way of carrying out a meeting.

Registration

Although government agencies often require a mechanism to show participation rates/ demographics to show funders the scope of work accomplished, this is not necessarily important to the community. Information requirements should be discussed with the community to ensure that it is not a barrier to participation.

Child care

Child care is important to offer to the participants. FFN providers are often caring for their own children or are accommodating non-traditional hours of their families and may have children with them on evenings and weekends. Although some funding sources may cover child care, working towards a sustainable solution is important. For La Red, sustainable child care came in the form of volunteer youth with one adult in charge of child care. For others, utilizing the YMCA's free child care provided an avenue for child care. When that YMCA site was no longer available, children were kept in the same large room with parent/caregivers with an adult to play with them.

Food

Sharing food together is important culturally. Many grants do not allow for food costs, so figuring out how to provide food is an issue that needs to be addressed.

Training certificates

Training certificates are important to provide to FFN providers. Even though FFN providers do not need certificates, it is an empowering tool and provides a sense of pride in the women who may never have received recognition for their accomplishments. Some FFN providers have used the certificates to obtain paid employment in child care centers.

Leadership

Providing leadership training to the "natural" leaders of a group can help the group understand and get proficient at working with the systems that control rules and regulation around child care and money.

Capacity building

Providing support/training on financial management, grant writing, strategic planning is important to ensure sustainability of the FFN network. Providing consultation to the group can help them realize their power and give them tools, which are important to sustain the group.

Evaluation

Ongoing evaluation of an FFN network is important to understand the needs of the network members but also to evaluate the effectiveness of the trainings that are offered. La Red began by collecting demographic data from its participants such as name, city of residence, and the number of children in their care. As the network matured and the need for more information to access grant money became apparent the network collected more information such as income and education level. Short, simple training evaluations were conducted at the end of each training. Periodically, more comprehensive evaluations were conducted with members to evaluate the effect of training on child care practices and their level of confidence in providing quality care. World Café and focus group methods were used versus written surveys to overcome the wide range of educational backgrounds of the network participants.

Suggested training topics for FFNs:

- CPR/First aid
- Supervising for safety
- SUID/AHT
- Nutrition and physical activity (sessions that integrate school readiness skills)
- Childhood development
- Identifying and caring for children with disabilities
- Incorporating math, science, reading and language into everyday activities.
- Mental health and wellbeing



SUSTAINING THE RELATIONSHIP AND THE FFN NETWORK

The most important factor in a community-based network becoming sustainable is how LPH views the network participants. If LPH believes that the community is capable of leading themselves and then provides support and leadership training then there is a high likelihood that the group will succeed. Leadership training provides the necessary skills and knowledge base to engage with the institutions that control the child care system and control the distribution of money. In addition there are a number of ongoing costs that must be factored into the potential for an FFN group to become sustainable. These include space for meetings, child care, sometimes speakers' fees, and food for participants.

There are ongoing costs that are necessary to continue the group. The network has found ways to provide these very important factors to ensure overall sustainability of the group. Finding free space can be difficult, but looking for an organization that shares the mission of the FFN groups like churches and schools can solve this issue. It took four years for La Red to become sustainable—having an established board, fiscal sponsor, and their own grant money. FFN leaders can create community based networks that serve the needs of their community, are sustainable, and benefits the future of their children.

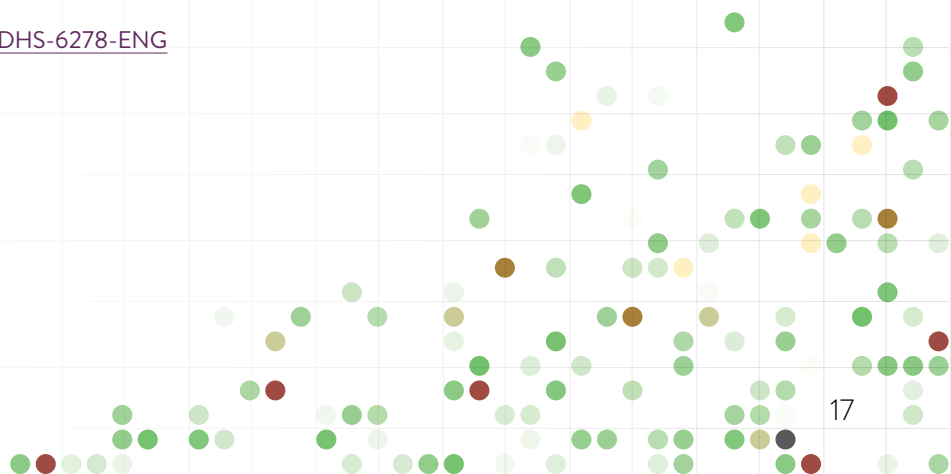
“ In the end, public health is most effective when LPH professionals approach the community with the firm belief that community members are experts in identifying their issues and creating solutions that fit the community. The other very important lesson is that when the specific project or grant is over, LPH needs to stay connected and continue to support the community. Nothing is more damaging to a relationship than when the community feels “used” by an institution. Continuing to foster the relationships built during a project doesn’t have to take a lot of time, but it does need to be intentional and thoughtful. LPH can be most effective when we prioritize relationship-building and connecting community to other organizations and institutions in a way that uses our institutional expertise to smooth the way for communities to benefit. ”

– JOAN BULFER
CITY OF BLOOMINGTON, DIVISION OF PUBLIC HEALTH



Of households that use child care, 70 percent use some form of FFN care on a regular basis; 20 percent use FFN care exclusively.

SOURCE: <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6278-ENG>



PARTNERSHIPS IN ACTION

The Bloomington Public Health and La Red Partnership

Background

In 2011 as part of SHIP, BPH was working with a faith community that served Latino families. The faith community members identified child care issues as a major problem for the Latino community. At the time, SHIP guidance only allowed working with licensed child care providers. BPH sought and received a small grant from UCare to support a pilot project to provide some basic child care training for Latino FFN providers.

After discussions with the Latino leaders, BPH made a commitment to support the emerging network structure not direct it.

- Maintaining the power of the community to make decisions and support the development of the Network can be difficult in our current system. Allowing community groups this power, while keeping in mind the demands of funding organizations is possible

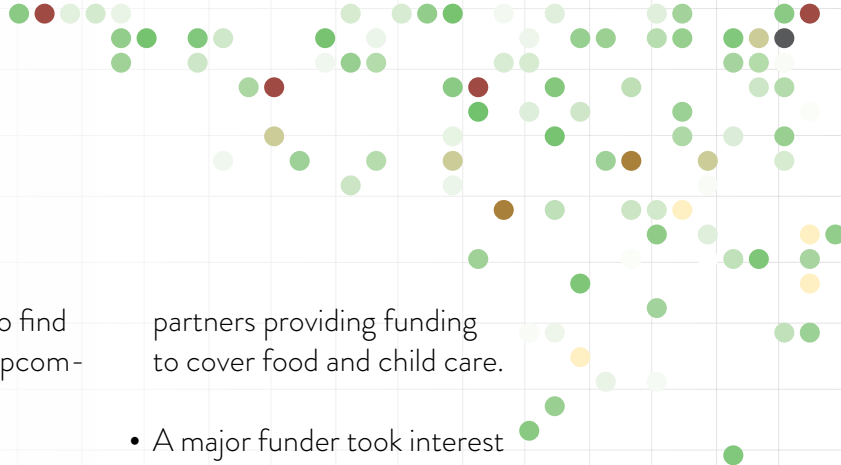
when there is a trusted relationship and flexibility on the part of Public Health.

- The Latino leaders developed their own guidelines to working with outside agencies and BPH adopted these guidelines to direct their interactions with La Red. For example, BPH has often been approached to give contact information for La Red or asked for permission to work with “our” group. Following one of La Red’s guidelines: Collaborating agencies will follow the leadership of La Red staff; BPH does not make decisions for La Red. Requests from outside agencies were always passed on to La Red for consideration.

Over the time period of late 2012 through 2015, BPH worked with the women to provide training in a culturally appropriate manner as determined by the women. Starting with only 17 women at the first training, more women

came to trainings and started to feel part of this network of FFN providers who wanted to learn to be better providers and support each other.

- Initially BPH helped find child care trainers for the monthly training events. Funding for training was difficult since SHIP funds can only be used with certain training topics. Initially other trainings requested by the women were funded through the UCare grant.
- BPH also worked to establish connections with other community organizations and institutions that had expertise in areas of interest to the FFN providers (e.g., area health system, Early Childhood programs, libraries, U of M Extension). Although the speakers may not have been approved child care trainers they provided valuable information.
- BPH learned that not all trainers, even if they speak



the language, are the right trainers for the group. For example, a Spanish-speaking trainer who was highly educated and came from a higher socio-economic class did not always relate well to many of the FFN participants. As the leaders of La Red gained confidence and took on the role of finding their own trainers they worked with prospective trainers to help them understand the group and interact in a culturally sensitive way.

- BPH also helped with the promotion of the training events. BPH designed a flyer template to create promotional flyers to share with community organizations that serve Latinos such as school partners, clinics, etc., and by setting up automatic text messages to La Red participants through a communication platform that is used by BPH Emergency Preparedness colleagues to send out emergency alerts (EverBridge). This proved to be an easy tool to send automatic reminder texts to the participants. La Red also eventually created a Facebook page that many

participants access to find the information on upcoming trainings.

- Difficult issues in supporting a Child Care Network include providing child care which is absolutely necessary for trainings; and providing food which is culturally valued and also provides a meal to families that are experiencing food insecurity.
- Paying for child care was often a complicated proposition. It was not always an allowable expense and as a government entity, liability issues were also difficult to resolve. Although SHIP-approved trainings would cover food and child care, other trainings needed to be covered. BPH struggled with these issues, but ultimately the women of La Red came up with the best solutions to both issues.
- Through this time period BPH staff advocated with community partners and funders to support the Network.
- This advocacy resulted in a number of free trainings being provided and some

partners providing funding to cover food and child care.

- A major funder took interest in the project and provided leadership training for the women, additional funding and technical assistance to develop their mission, vision, and structure; and assisted the leaders to develop their own advocacy skills.
- As the women take on most of the organizational leadership tasks of running their very successful Network, BPH's role has changed to focus more on assisting La Red in procuring other funding sources, opening doors to institutions that have power to change the child care system, push for more support for FFN providers in general; and recognition of the major impact trained, high quality Latino child care providers can play in the health and future success of Latino children.
- Through countless hours of discussions with the women of the community, BPH staff deepened their understanding of and respect for the

wisdom within the La Red community and has earned their trust. BPH made an intentional decision to give the women the lead and let them decide how to move forward. This took much more time than if BPH would have taken charge and just delivered some child care trainings. However, the amazing sustained success of La Red is positive proof that investing the time upfront and approaching the community with humility is by far the best approach in the long run. This success has resulted in other communities working to replicate La Red's success, more funders providing monetary resources, and the greater attention of state institutions and legislators to La Red's model.

Wisdom from La Red leaders

Using an asset-based approach, we believe the experience, solutions and ability to create real systems change comes from within our community. Our community has used its wisdom to care for children for generations, so the leaders of La Red are Latina child care providers, who are

primarily FFN providers. By having our own FFN child care providers lead the work of La Red, the organization is in direct contact with the values, practices and needs of our community whom they serve.

When we started working on the issue of child care, we discovered that some women were afraid that they needed a license to care for children in this country and might get in trouble if they let others know they were caring for children. They didn't know about the category of FFN providers. Our leaders met with a group of women and asked questions in general: How many take care of kids in your home? How many want to learn about getting kids ready for school? What do you want to learn about? This is how the group that eventually became La Red started.

Community solutions to issues facing La Red

Relationships with Community Partners

Latino leaders are often approached by community organizations that want to include Latinos in a project or grant. These organizations

come to the group, deliver their program, survey etc., and then disappear. The community feels used. We sought help from our longtime partner, BPH. We had many conversations with BPH staff to help them understand that our community is able to make the decisions in the best interest of the Latino community members. Our leaders decided to develop guidelines that set ground rules for how the community expected to be treated. These guidelines were provided to all outside organizations that approached the leaders about a project and then held accountable. BPH helped us with this endeavor and agreed that they would abide by those guidelines as well.

Recruiting FFNs and building trust

BPH helped us locate child care trainers and initially provided funding for the trainings. To recruit participants for the child care trainings, we used word of mouth and relationships to a great extent in the beginning. There is some fear in the Latino community when asked to share names and addresses with a government agency like BPH. We explain very carefully that

registration is necessary for funding agencies to be able to get money to support the community. We stress that confidentiality is very important and names and addresses will not be shared with anyone outside of La Red and BPH. If a participant is uncomfortable, they were not required to share anything beyond a first name and city of residence. Communicating with participants took many forms. Many in the community were comfortable with a call or text message, but not email. “Friends inviting friends” approach or word of mouth strategy is still the best approach to increasing the number of FFNs coming to classes and events.

Child care for trainings

Since BPH funding could not always pay for child care during trainings, we use volunteer youth at the church or youth looking for service hours through high school. We explained to parents of youth that the experience/volunteerism is good to get scholarships for college. Over the past several years, several youth who participated have used the experience to apply for college scholarships. One adult supervises the youth

during trainings. We found that this solution has worked well. Not only do the children enjoy playing with the older youth, but the youth have grown with the responsibility and have gained self-confidence. We have also grown to understand that there is a need to offer training to the youth, if possible, to deal with children who are experiencing trauma (for example, parent in jail, deported, drug use, etc.). Also, youth need to understand common child care issues such as allergies.

Food for trainings

To try to provide healthy food during trainings, we decided that no sugar-sweetened beverages will be served, only water. At first we asked for potluck donations, but the food that participants could afford to bring was inexpensive and not particularly healthy. When funds were available, there is always a fruit and vegetable served. Children are fed a snack while they are in child care. Many come hungry. When we secured a grant that paid for food, one of our La Red members received a Food Safe certificate and prepared healthy food for the lunch. For many participants

it may be the only “complete” meal they have during the week. Although La Red serves both a light breakfast and lunch at each training, the meal that is most important to try to include is lunch. Lunch provides time for women to socialize, relax, be cared for, and receive training certificates.

Culturally-appropriate trainers

The child care system makes it very difficult for FFNs from cultural communities to become trainers for their own community. Several La Red leaders expressed interest in becoming approved trainers. These FFN providers had attended many trainings and had experience in caring for children. However, becoming an approved trainer in the Minnesota Child Care System is very difficult and time consuming. Two FFNs became approved trainers but were not renewed because of a rule change that mandated they have a college education. Our partners BPH and BCBS advocated for our trainers with the Department of Human Services, and one was eventually grandfathered into the system.

Building leadership

La Red's leadership or steering committee was created in late 2016. The committee is comprised of 13 women who care for their own children, grandchildren, nephews and nieces or friends or neighbors' children. They are primarily residents of Richfield and Bloomington and from the same socio-economic and cultural background of the child care providers who make up La Red, as well as the children and families they care for. The steering committee serves as the core group of child care leaders that guide, make decisions and advocate for La Red's work. Over the last eight years, our network has grown in numbers and leadership skills. We have trusted partnerships with BPH, BCBS Foundation and Center for Prevention, University of Minnesota LEND program and others who have provided support and have respected our ability to make our own decisions that are in the best interest of our Network members.

Promoting equity

At the heart of La Red's work is the advancement of equity for Latino(x) children and families and for other

communities who are often ignored by mainstream systems and face barriers to a healthy start. By focusing on building power and agency from within one of the most disenfranchised groups in the country, we are building a model led by those most impacted that advances equity at the individual, community and systems levels. We believe that it is this approach to leading with equity that has made the network so successful. We know that our communities are supported with the tools and resources we need to solve the barriers we face on a daily basis and advance promising outcomes effective in creating lasting change.

Evaluation success

We know what we are doing is working. In 2019, we trained over 190 FFN providers.

- 97% of providers we have supported tell us they have made changes in the nutrition, physical activity and school readiness work they do with the children in their care.
- 94% agree that since coming to La Red, the quality of the care they offer has increased.

- 92% say they have made positive changes with their own children and family.

Our work is expanding the definition of what "quality care" means, and we are providing the highest quality, most welcoming and most inclusive trainings for Latino families and child care providers. We do not just provide quality child care trainings to child care providers, we have created an inclusive, multi-generational community infrastructure grounded in cultural values to provide strengths-based supports that enhance early developmental experiences while lifting community wisdom up. We know that when people have opportunities to make decisions about what happens in their life, and feel supported in their community, they are healthier and more successful.



“ We believe the experience, solutions, and ability to create real systems change comes from within our community. ”

- RUTH EVANGELISTA
COFOUNDER, LA RED LATINA DE
EDUCACIÓN TEMPRANA

Dakota County's Partnership with FFN Providers

Background

Dakota County Public Health (DCPH) had partnered with licensed child care providers for several years to improve health through increasing physical activity and healthy eating. In 2017 they convened a series of four listening sessions with 44 Latino child care providers (licensed and unlicensed) as part of their SHIP Health Equity Data Analysis Project. At the final listening session DCPH worked with a Latina staff person from MDH to share the information from the previous listening sessions and to facilitate a discussion about what the community wanted to do next. From this discussion two Latino FFN group leaders emerged and expressed interest in partnering with the county to offer monthly educational trainings on a variety of health, safety and child development topics. In early 2018 the county held planning meetings with the two leaders and two additional FFN providers. The county contracted with one of the original Latino FFN leaders and held the first training in July 2018.

DCPH's primary role during the first year of working with

the FFN group was to support them in meeting their goals of bringing community together for trainings, professional development and social support. Many of the challenges we experienced were due to the business practices and system expectations within the county and public health, such as contracting and paying community leaders for their work, using evidence-based training methods, evaluation expectations, and reimagining what success looks like. Below are some examples of areas where we had to reset our approach and expectations. Some challenges were overcome, some we are still working on, and the key to all of them is listening to community leaders and truly letting them lead.

- Shifted from using evidence-based trainings to more promising practices or theory-based methods within the Latino community
- Used culturally specific, Spanish speaking trainers when possible
- Communicated in Spanish and used methods that are common in the community, such as texting, Facebook Messenger, WhatsApp,

but did not rely on email to community with leaders and group.

The group has grown from 25 participants at the first training in July 2018 to a metro network that regularly reaches about 20-30 providers through its professional development offerings. In summer 2019 they named themselves Proveedores Latinos FFN en Dakota County.

Wisdom from Dakota County FFN group leaders

History of how we got started:

The Asociacion Latina de Proveedores de Cuidado Infantil de Minnesota was a non-profit organization that existed from 1996 to 2008. We were a group of child care providers from Mexico and different countries in Central and South America who gathered and recognized the value of our work and the need to support each other as professionals. For over 10 years we supported the professional development of Latino child care providers, promoted the well-being of the Latino community, collaborated

with other agencies, involved Latino child care providers in decision-making roles, and supported their natural role as leaders in the Latino community. The Latino Association had chapters in Willmar, Worthington, and other cities in Greater Minnesota, and people from the metro chapter visited the other rural chapters.

Partnership between public health and FFN providers

The purpose of Public Health is to work with communities to improve health outcomes. Latino FFN providers are directly connected to a lot of children and families, and they can connect families with public health resources. The public health and child care systems need to start recognizing FFN providers without licenses as essential child care workers in the community. We need people and systems to support our work and the way we care for children at home. As FFN providers, we are responding to the needs in our community, especially the needs of children and families and those who care for them. We know that people struggle with health problems such as obesity and depression,

and our response has been to organize child care providers and offer them information and support. Public Health has supported us with getting important health and safety information to FFN providers.

FFN child care providers play an important role in the Latino community and can be a vehicle to partner on other public health services in the community. When a Public Health department builds relationships with FFN child care providers, the providers develop trust and open communication with the staff and the system, and they may be interested in other services. This interaction provides public health an opportunity to work directly with families and communities, not only with children. FFN providers can be a personal reference for other County services. Families trust their FFN providers and might be more likely to trust county services if referred by their FFN provider.

FFN providers have rich knowledge, experience, cultural wisdom and history within the Latino community. What we need from the

Local Public Health system is sustained funding, connections to professional technical assistance, and support to offer classes and trainings.

Value of FFN child care in the Latino community

Many families in the Latino community choose not to send their children to child care centers. They prefer the cultural and family values of FFN providers and have more confidence in the provider's care. There are also structural barriers for parents to use centers, such as high costs or their not having legal status for themselves or their children. Some parents prefer FFN care because they believe family, friends and neighbors are able to give better attention, higher quality of care, and a lower provider-to-child ratio.

Identifying FFNs in the community

The first step is to identify key community leaders who are FFN providers themselves or know FFN providers. This could be done through listening sessions, attending community celebrations,

going to churches, libraries, schools and community gathering places in person. In Dakota County, the Public Health Department held listening sessions in Spanish, and we attended. It's important that whomever is trying to identify FFNs speak some basic Spanish greetings and phrases. The most important factor for identifying and recruiting FFN providers is doing it in person. Personal outreach is key—people need to know you or get to know you in person. Also, the partnership that forms between Public Health staff and the FFN leaders is foundational and builds trust within the broader provider network and community. Public Health needs to take the time to build relationships and win the trust of the leaders. It takes between one to two years with consistent, intentional, and ongoing personal contact and shared work to develop these relationships.

Community resources and supports

FFN provider groups need coaching, technical assistance and advice on how to orient

member providers on running a quality day care. Topics for provider groups include how to contract, how to charge people for your services, how to organize yourself and set up your space. There are people from the community who have this wisdom and experience—it is critical to use the wisdom from the community first. We need experienced providers and advisers who visit providers in their homes, help them set up their daycare, and teach them about science, art, reading, and how to structure the day.

Public health can help us encourage the community to participate. The community has a lot—the experience, the wisdom. Let us focus on the group—we have the experience working with the community. We know the needs in the community and the best way to get to where we want to go. For example, José Ricardo Estrada, an FFN provider, sees the need for young children to learn about science and math, and how this is related to our daily lives; “I fight for my science and math classes. Even with little children I focus on

learning mathematics. I want children from a very young age to know science and math.”

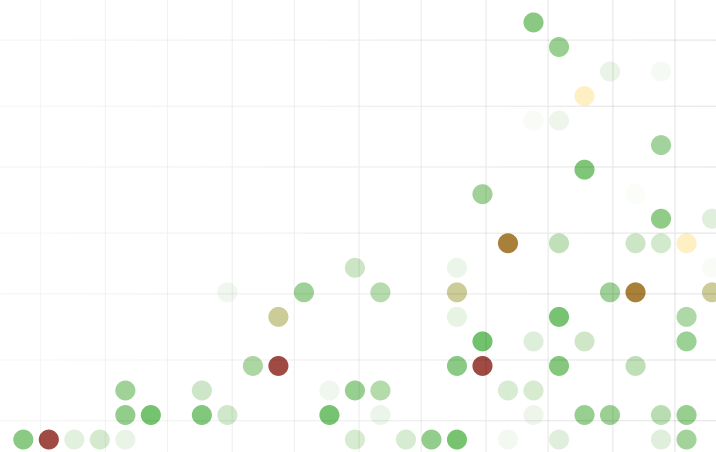
Like any other group of professionals, FFN leaders need professional connections to support each other and grow in their work.

José Ricardo Estrada, “Conectarse, ser parte de la Sociedad, conocer otros grupos. FFNs have the experience to bring people from the community who are wise, but may be isolated or reluctant to join the group. We need community partnerships to provide a gathering place to socialize and share advice with each other. Success for us is to let the culture lead the work; let the relationship lead the work.”



“ We need community partnerships to provide a gathering place to socialize and share advice with each other. ”

- JOSÉ RICARDO ESTRADA
COFOUNDER, PROVEEDORES LATINOS
FFN EN DAKOTA COUNTY



Appendix 1: Background of Minnesota's FFN Child Care Issue

In Fiscal Year 2018, the Department of Human Services directly licensed and monitored more than 1,700 child care centers and provided oversight of the county-delegated licensure of more than 8,100 family child care programs.

Minnesota experienced a gradual increase in the number of licensed child care centers between fiscal years 2014 and 2018. In Fiscal Year 2014, 1,624 child care centers had licenses compared with 1,761 in Fiscal Year 2018. Overall, there was a net gain of 137 centers or 8 percent over the last five fiscal years. Since Fiscal Year 2014, Minnesota has experienced a steady decrease in the number of family child care programs. In Fiscal Year 2014, Minnesota had 10,135 licensed family child care providers compared with 8,119 in Fiscal Year 2018. Overall there was a net loss of 2,016 licensed providers or 20 percent over the last five fiscal years. <https://www.leg.state.mn.us/docs/2019/mandated/190314.pdf>

In rural Minnesota there is a growing gap between the number of children under 6 years old with both parents working and the number of available licensed child care spots. The gap varies between a 26 percent and 56 percent shortfall in rural regions.

The cost of services is out of reach for many working families, including those who earn middle class wages. (See chart below)

<https://www.childcareawaremn.org/community/cost-of-care/>

Family, Friends and Neighbor care is used by many Minnesotans especially the groups indicated above.

Relatives are the primary caregivers used overall.

- Of households that use child care, 70 percent use some form of FFN care on a regular basis; 20 percent use FFN care exclusively.

- The FFN caregivers are mainly grandparents (52 percent) and non relatives (32 percent), followed by other relatives (22 percent), and older siblings (20 percent).
- For children under age 6, FFN care is more commonly provided by grandparents. For children 6 to 12, FFN care more often is provided by older siblings.
- Of those using FFN care, 38 percent pay for it. Family, friend and neighbor (FFN) care is still the most common type of primary arrangement.
- Overall, 43 percent use FFN care as their primary arrangement: in their own home (29 percent) or in someone else's home (14 percent).
- Households with low incomes without a child care subsidy are more likely than those with a subsidy to use FFN care as their primary arrangement (60 percent versus 31 percent), compared with 37 percent for households with higher incomes.
- Among all parents, BIPOC parents are more likely than white parents to report feeling they had to take whatever arrangement they could get (44 percent versus 27 percent), and so are those whose primary language is not English (48 percent versus 29 percent).

(MN Dept. of Human Services, 2009 Statewide Household Child Care Survey <https://edocs.dhs.state.mn.us/lf-server/Public/DHS-6278-ENG>)

Average cost of care per week in Minnesota with higher costs in the Metro area

	Centers (outstate vs. metro)	Family Child Care (outstate vs. metro)
Infant	\$216 – \$342	\$189 – \$1142
Toddler	\$196 – \$295	\$156 – \$180
Preschool	\$182 – \$258	\$149 – \$170
School-age	\$156 – \$208	\$133 – \$150

This document is funded by the Division of Nutrition, Physical Activity and Obesity/National Center for Chronic Disease Prevention and Health Promotion/CDC/HHS as part of cooperative agreement number 1 NU58DP006500-01-00. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, DNPAO/NCCDPHP/CDC/HHS, or the U.S. Government.