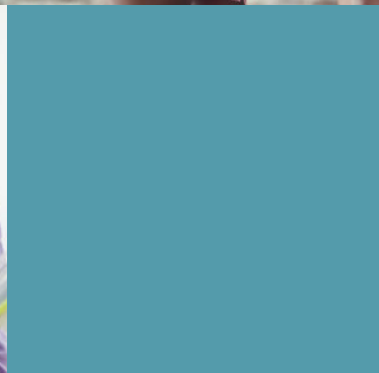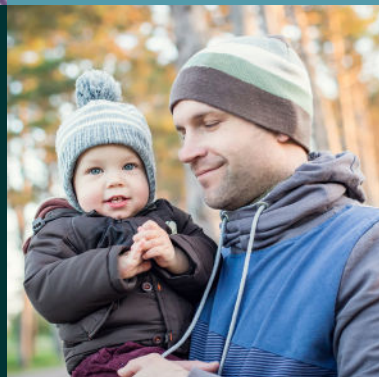INFORMAL CHILD CARE IN CALIFORNIA:

Current Arrangements and Future Needs

the David & Lucile Packard FOUNDATION

INFORMAL CHILD CARE IN CALIFORNIA: CURRENT ARRANGEMENTS AND FUTURE NEEDS

By India Alarcon and Bernadette Sangalang

The David and Lucile Packard Foundation recognizes that the foundations for a lifetime of health and learning are built in the first five years of a child's life.

To that end, we are working to give every young child a strong start by providing adults with the support they need to help children stay healthy and start learning in the crucial early years of their lives.

We know that in a typical day, a child spends time with a diverse range of adults, and each adult needs to know how to provide high quality care. This is especially important for our infants and toddlers who are more likely to spend time being cared for by parents, extended family members, friends, neighbors, and other informal caregivers. In California, roughly 80 percent of young children ages birth to two and 40 percent of children ages birth to five are cared for by informal caregivers.

While there is existing research detailing the state of informal care in California and across the nation[1], our commitment to exploring informal care is intended to: 1) contribute to the field by building on current research and expanding the breadth and depth of information about informal care providers; and 2) inform our understanding of informal care to better craft our strategy for how we might support this important caregiver group.

About this Report

We engaged three teams — Mathematica Policy Research, Concept Hatchery, and FURTHER By Design — each with their unique expertise and varying styles of inquiry, to learn more about informal care settings as well as potential strategies to provide informal caregivers with the skills and support they need to create healthy, engaging environments for children to grow and succeed. This report is a compilation of the findings from the three research projects. The following sections are brief synopses of their methods, key insights, recommendations, and links to their full reports.

WHAT DO WE HOPE TO ACHIEVE?
Parents, extended family, and other informal caregivers know how to provide the kind of nurturing and enrichment children need early in life in order to reach their full potential.

WHAT DO WE MEAN BY INFORMAL CAREGIVERS?
We define informal caregivers as anyone who cares for a child but is not a licensed provider. This group includes parents, extended family members, friends, and neighbors (FFNs), and other adults that might receive pay for providing care (or barter for other services of equal value). Informal caregivers are often referred to as "kith and kin care" or FFN providers.

1   Porter, T., Paulsell, D., Del Grosso, P., Avellar, S., Hass, R., & Vuong, L. (2010). A review of the literature on home-based child care: Implications for future directions. Princeton, NJ: Mathematica Policy Research.

Laughlin, L. "Who's Minding the Kids? Child Care Arrangements: Spring 2011." Washington, DC: U.S. Department of Commerce, Bureau of the Census, 2013.

Susman-Stillman, A., and P. Banghart. "Quality in Family, Friend, and Neighbor Child Care Settings." Child Care & Early Education Research Connections, National Center for Children in Poverty, 2011.

Research Methods & Objectives

Driving our exploration was a desire to not only learn about what informal child care looks like in California and who is providing care, but also begin to add definition around a space that is often described as loose, fragmented, and complex. To achieve these goals, the three projects were guided by the following set of questions:

- Who are informal caregivers?
- What motivates informal caregivers?
- What do informal caregivers' typical days entail?
- What types of caregiving resources do informal caregivers want and need?

The three projects aimed to address these questions from substantially different vantage points. The varying research perspectives helped to ensure our learning would be grounded in real-time research and our grantmaking would be tailored to the needs of California's informal care community. By design, we approached the work from three angles:

Overarching: Mathematica provides a bird's eye view of the state of informal care settings, the adults who are providing informal care, and the networks that exist to support them.

In-Depth: Concept Hatchery offers a more ethnographic-style approach to better understand the attitudes, beliefs, relationships, and interactions that affect how and why parents and caregivers make the early childhood caregiving decisions they do.

Community-Driven: FURTHER by Design shares lessons learned from two California communities (Los Angeles and Oakland) engaged in participatory reflection about informal caregiver and parent needs, as well as potential solutions that align with each community's aspirations for its youngest children.

Over the course of the research process, collaboration across research teams was not only encouraged but ultimately adopted and shepherded by the researchers themselves. With limited informal care data available in the early childhood field, the research teams found value in sharing their designs, sources, data, and insights. Through their collaboration they were able to achieve efficiencies in the research process and ultimately build a richer set of collective findings about informal caregivers.

Key Insights

Findings from these three research projects not only confirm what we currently know about informal caregivers, but the data also broaden our understanding of caregivers' motivations and experiences. Through this work we have a more nuanced depiction of the adults who are caring for our youngest children.

California's Informal Caregivers: Across the state, the vast majority of informal caregivers are women between the ages of 30 and 50, many experience low levels of income and education, and many are Spanish speakers. Child care is provided by either a family member or non-family member, but a trusted family member is the most common type of care, with grandmothers being the most prevalent relative. Compensation varies greatly among informal caregivers and not all receive payment, particularly family members. For the caregivers who do receive compensation for their services, payment can take a variety of forms including exchange for other services.

The Child Care Journey vs. Occupational Track: Informal caregivers cluster into two primary types of providers—family members and non-family members—but the dichotomy often leads to different motivations for providing care. Family members know that they will be with the child for a lifetime and view themselves as helping the family unit from their role as a grandparent, aunt, cousin, etc. They are essentially on a *journey* with the child that evolves with time and this allows them to adjust to the idiosyncrasies of the child and her family. While on this journey with the child, family members also tend to experience relaxed parental permissions that enable them to connect and bond with the child.

In comparison, non-family caregivers view child care as an occupation that is developed and defined with experience and repeated with each child in their care. Few have formal early childhood education training, but many are parents themselves and have been taking care of children for years. Consequently, their child care expertise is formed from a pattern of care that is established over the course of their work with different families. These caregivers have the experience of being on a continuous *track* because the cycle of care repeats with each new child. Unlike family members, non-family caregivers may face parental permissions or perceived expectations that can limit their ability to bond with the children in their care.

Awareness of and Access to Information and Resources: Few informal caregivers have formal early childhood training but they often have years of experience caring for children. While they might not have formal training, those caregivers who view child care as an occupation are more motivated to seek information and sources of support, but often experience barriers to access support which can include cost, time, and

language. Another significant barrier is awareness — many informal care providers are not aware of the information, resources, and supports that are available to them. For example, a number of providers participating in this research did not know about the availability of child care subsidies.

Parents' Roles as Gatekeepers: Regardless of the caregiver type — family member or non-family member — parents ultimately set the tempo and rules that informal caregivers follow. Parental expectations of care can directly affect whether providers are more open, proactive, and experimental in seeking information and creating activities for children, or more conservative and repetitive with their care. Accordingly, informal caregivers look to parents to provide information and guidance since they cannot act without the parent's consent.

Despite their role as gatekeepers, parents who receive care from family members often experience challenges communicating their preferred care practices because of generational and cultural differences in their methods of child care. This is a challenge that many parents face when receiving child care support from relatives, especially when the family member is a grandparent.

Importance of Trusted Relationships: For parents and informal caregivers alike, trusted messengers have powerful influence over the type of resources and information that parents and caregivers seek and use. Through credible relationships, caregivers and parents can filter the information that is available and follow the guidance of their peers. Strengthening and leveraging existing networks and trusted relationships can go a long way toward infusing quality across all early learning settings.

A more comprehensive overview of the findings and recommendations from the three projects can be found in subsequent sections as well as the individual research reports.

Looking Ahead

We recognize that this research does not fully capture the complex nature of informal care, but it begins to highlight the important role informal caregivers play and improves our understanding of their characteristics, motivations, and needs. This work builds on existing research by adding more context about informal caregivers, including how to best work with and engage informal caregivers. With this report, we hope to spark new thinking and discussion about how to best support informal caregivers and we anticipate these findings will maintain the momentum behind the informal care conversations that are emerging across the early childhood field. Finally, we will use this research to help guide our initial investments as we partner with community leaders to further refine how to best support informal caregivers to enhance the quality of children's experiences in informal care settings. You can learn more about our strategy and stay up to date on our informal care work here.

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With this report, we hope to spark new thinking and discussion about how to best support caregivers …

KEY FEATURES OF INFORMAL CHILD CARE IN CALIFORNIA

By Jaime Thomas, Kimberly Boller, Cleo Jacobs Johnson, Madeline Young, Mindy Hu, and Daisy Gonzalez

MATHEMATICA
Policy Research

Mathematica Policy Research is dedicated to improving public well-being by bringing the highest standards of quality, objectivity, and excellence to bear on information collection and analysis for their partners and clients.

Full report here.

Contact: Jaime L. Thomas, Ph.D.
www.mathematica-mpr.com

If young children are to reach their full potential and succeed in school and life, they must have loving adults to provide safe and stimulating environments.[2]

Most of the national policy discussions about improving children's school readiness focus on enhancing the quality of instruction and behavioral support in formal settings such as child care centers and licensed family child care homes. Mathematica's work focuses on California and highlights the pressing need for attention to the quality of informal settings many low-income children experience every day, guided by three research questions:

• Who are informal caregivers in California?

• What are their existing networks and needs for support?

• What are promising outreach methods and approaches to meet their needs?

Mathematica is presenting findings from the study in three issue briefs. The first, "Setting the Stage: The Importance of Informal Child Care in California," highlights the importance of informal child care in California and sets the stage for the next two briefs. The second brief, "A Closer Look: Informal Child Care Arrangements and Support in California," describes informal caregiver and parent networks, focusing on child care arrangements and sources of support and information related to caregiving. The third brief, "Moving Forward Together: How Programs Can Support Informal Caregivers and Parents" discusses the varied roles of parents and informal caregivers; their strengths in caring for children; their needs for information and support; and barriers they face in accessing caregiving resources. It also provides recommendations for outreach methods, programs, and policies to address their needs.

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2 Center on the Developing Child at Harvard University. "The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain: Working Paper 12." Cambridge, MA: Center on the Developing Child at Harvard University, 2012. Available at www.developingchild.harvard.edu. Dozier, M. "Interventions that Work: Attachment and Biobehavioral Catch-Up." Presentation at the National Summit on Quality in Home Visiting Programs, Washington, DC, January 29, 2014.

Research Methods & Objectives

Mathematica's study included several key research and data collection activities:

1. **Literature Scan:** A literature scan of recent national and California-specific research on informal caregiving.

2. **Interviews & Discussions:** Interviews and discussions with "key informants" (representatives from organizations such as the California Department of Education and county First 5s and child care resource and referral agencies) to obtain high-level perspectives on the status of informal child care in California and learn about California's voucher-based child care subsidy system.

3. **Site Visits:** Site visits to five community organizations in Alameda and Santa Clara counties to provide an in-depth view of the actual experiences and needs of informal caregivers and parents and a snapshot of programs offered by local early care and education organizations.

4. **Graphic Representations:** Graphic representations of social systems and supports, called "ecomaps," to identify the range of caregiving arrangements informal caregivers and parents have, and to gain an understanding of the existing networks they use for support related to child care.
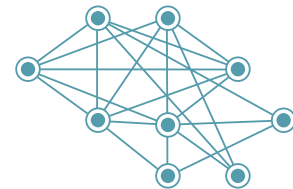
> **The goals of the ecomaps were to identify the range of caregiving arrangements informal caregivers and parents have, and to gain an understanding of the existing networks they use for support related to child care.**

KEY INSIGHTS, FINDINGS, RECOMMENDATIONS

The literature scan provided high-level information on characteristics of informal child care nationally and in California. Key findings include:

1 Informal child care is the most common form of nonparental child care in the United States.

2 Infants and toddlers are the most likely age groups to receive care in informal settings.

3 Relative care is more common than non-relative care, with grandmothers the most likely relative to provide care.

4 Informal caregivers tend to be women over 40 with generally low levels of income and education; in California, informal caregivers tend to be Spanish speakers.

5 Findings on quality are mixed: levels of cognitive stimulation in informal settings have been found to be low. Informal settings feature low child-to-adult ratios and warm, supportive caregiver-child interactions.

Findings from our key informant interviews, ecomaps, and program visits, corroborate these basic facts about informal care.

Moving beyond basic facts, interviews with key informants and Bay Area parents who use informal care showed how informal care meets the needs of low-income, working parents. Informal care offers flexibility, low cost, and accessibility and enables parents to choose a trusted caregiver with a desired cultural background. It is an essential part of the caregiving landscape, but parents, organization staff, and caregivers themselves have concerns about the quality of informal care. All agree that informal caregivers need resources and support.

Delving deeper into the informal care landscape in California, we sought to understand more about parent and caregiver networks, including their care arrangements and sources of information and support related to child care. We learned that arranging and providing informal care is a complex process. To fill families' needs for regular and ad hoc child care, parents tend to rely on more than one caregiver, and caregivers tend to provide care for children from more than one family. Remuneration—financial or exchange of services—varied greatly, and only about half of the

" **...informal care meets the needs of low-income, working parents.**

caregiving relationships we learned about involved remuneration, suggesting that motivations for caregivers were generally altruistic. We categorized sources of information and support as personal (for example, friends or family members) or institutional (for example, a social service or community agency). Parents and caregivers relied mainly on personal supports, and these relationships were reliable, consistent, and involved a two-way exchange of information. As expected, information from institutional supports — caregivers mentioned several, including First 5 programs, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices, and child care resource and referral agencies — tended to flow in one direction: from the institution to the caregiver.

Drawing upon the literature scan, discussions with representatives from state- and county-level organizations, ecomaps, and interviews of parents and informal caregivers conducted during program visits, we sought to uncover promising outreach methods and approaches to help parents and caregivers promote children's school readiness.

The parents and caregivers we encountered were providing children with enriching activities and positive experiences and sought to do more.

- Programs should **honor these strengths**, perhaps by emphasizing that simple, everyday activities parents and caregivers already engage in, such as reading and singing, promote children's school readiness.

We found that existing networks tend to be personal and involve unplanned interactions.

- Programs can **leverage these networks** by reaching out to parents and caregivers in the locations where they already spend time.

Parents and caregivers can benefit from connections to the formal subsidy and licensing system but might be reluctant to engage with the formal system due to immigration status, for example.

- Programs should be sensitive to these concerns but **continue to reach out to parents and caregivers** who could benefit from their resources.

Some, but not all caregivers reported using the Internet, social media, and YouTube to access information.

- Programs should keep in mind that Internet access and high levels of literacy are not ubiquitous, and **craft outreach methods accordingly.**

With a deeper understanding of the characteristics of informal caregivers and parents, their existing networks, and their needs for support, funders and their partner organizations can target outreach and develop programs to more effectively serve this important sector of the caregiving community.

Click here to access the full report.

Caregiver Profile

A nanny by profession, this 42-year old African immigrant and mother provided informal child care to the children of four of her friends.

These children ranged in age from 6 months to 11 years old. For some of them, she was a regular caregiver; for others, she helped out when needed. She did not receive payment for any of the care she provided and was unaware of subsidies for informal child care. She described other nannies and members of her church as strong sources of mutual social support and information related to child care. She shared that she regularly meets with a group of nannies at a local park and they engage in shared activities (such as birthday celebrations). She also mentioned that she received strong support from BANANAS, a local child care resource and referral agency.

This caregiver's story is consistent with our findings that informal caregivers fill different roles; typically provide care for more than one family, often without any form of compensation; and tend to rely on a strong personal support network for information related to child care. It also highlights the potential importance of local institutions as additional sources of information and support for caregivers of young children.

CAREGIVING THROUGH THE EYES OF PROVIDERS

By Ana Chang and Velma Velazquez

concept
Hatchery

Concept Hatchery is an innovation consultancy that helps companies plan product and marketing strategy through the insightful, empathic understanding of their customers and stakeholders. They work where traditional market research fails by taking an inductive approach to understanding people, building knowledge through observation and empathy.

Full report here.

Contact: Ana Chang
www.concepthatchery.com

Concept Hatchery conducted qualitative, ethnographic-style research to understand stakeholder perspectives and interactions, needs and challenges for informal care providers, and information and support systems used in informal care.
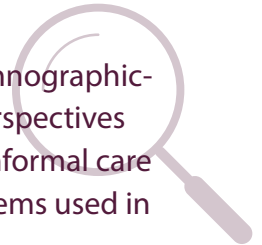
Through qualitative research with six families and their informal care providers in California, the research team identified the mindsets and motivations of various categories of parents and the adults that provide informal care for their children, the delicate balance of interactions between adults that drive care, and a hierarchy of needs that should be considered to enable high-quality informal child care. The full report provides details on the different mindsets of being on a "road trip" for family members and friends who are temporarily providing care or a "track" for long-term informal care providers, as well as descriptions of the four stages of development: stabilize, connect, empower, and grow.
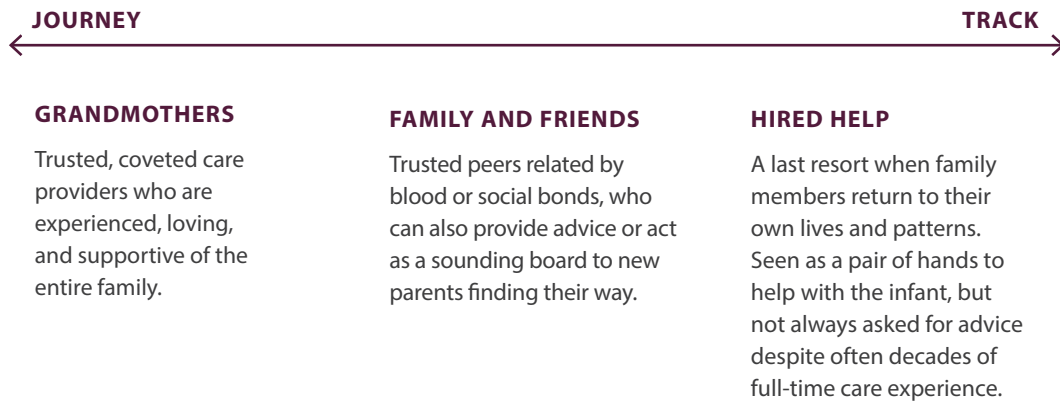
Research Methods & Objectives

The objective of the research was to develop an understanding of the experiences of informal care providers in order to uncover needs and opportunities that would inform and inspire positive change in the quality of informal child care in California. Specifically, we sought to understand stakeholder perspectives, interactions, needs, and challenges, as well as information and support systems.

Qualitative research seeks to understand a few people in greater depth rather than many people in passing. Building empathy for their lives, fears, aspirations, and challenges helps us understand how people make decisions and trade-offs in their busy lives. Our methodology included in-context observations, individual and separate interviews with mothers and care providers, and five days of journaling for each participant. Rather than conducting highly structured interviews, our meetings were framed as conversations to allow participants to share freely. Conversations were subtly guided to specific topics such as trusted information sources, interactions with children and other adults that influence care, challenges, and hopes. Our research focused on the mothers and informal care providers of six young children in California. Children ranged from 4 months to 4 years old, mothers from 21 to 42 years old, and informal care providers from 22 to 63 years old. Informal care providers were all unlicensed, and none were receiving government support for child care. With one exception, families were low to middle income.

KEY INSIGHTS, FINDINGS, RECOMMENDATIONS

Differences in the motivations, permissions, and needs within the informal care provider experience drive the way providers see their role with the child and family, what they believe they can do for the child, and how willing they are to make changes and sacrifices for the child's well-being. We identified three categories of care providers on a spectrum of experiences.

JOURNEY ←——————————————————————————————————→ TRACK

GRANDMOTHERS

Trusted, coveted care providers who are experienced, loving, and supportive of the entire family.

FAMILY AND FRIENDS

Trusted peers related by blood or social bonds, who can also provide advice or act as a sounding board to new parents finding their way.

HIRED HELP

A last resort when family members return to their own lives and patterns. Seen as a pair of hands to help with the infant, but not always asked for advice despite often decades of full-time care experience.

Particularly in the early months, trust is the key issue since both the mother and baby are vulnerable. In most cases, parents prefer their first non-parental adult help to be a grandmother, or at least family or family friends, who can be trusted to have the infant and family's interests in mind. As the new baby settles in, families seek longer-term care providers.

Care providers run a spectrum of two modes. Family members and friends are on a "journey" with the baby. They are sharing experiences and supporting the family but are not invested in long-term career development. Non-related permanent informal care providers are on a "track." Despite being merely seen as help rather than as experts, they are motivated to develop a professional reputation for safety and reliability, and to connect with other care providers for support. Parents do not see providers as experts despite years of experience, so providers often do not seek information about child development. However, if they believe there can be long-term career benefits to becoming educated in child development, they can be highly motivated to learn. When trying to reach care providers, understanding these modes can provide guidance on how best to reach them.

We discovered a distinct hierarchy of needs for all care providers. This framework of needs helps identify critical pathways for care providers to reach their potential. The four levels are:

GROW
EMPOWER
CONNECT
STABILIZE
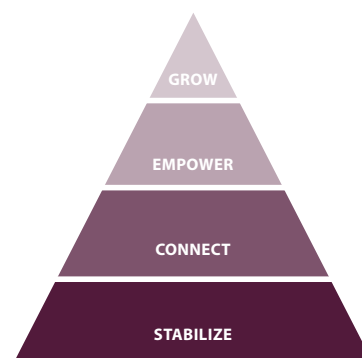
STABILIZE

Shelter, food, safety. Without basic needs met, parents and care providers are not able to think about a child's development.

CONNECT

Language, peer networks, mobility, information access. Having tools to connect with resources opens people to new possibilities. A strong peer network provides impetus for people who are stuck on a track to try new approaches.

EMPOWER

Support, identity, choices, permissions. Even connected to new ideas and tools to foster children's development, care providers need to be empowered to act. They need to learn to see themselves as teachers with valuable experience and a role in the child's development. Likewise, parents need to see informal care providers as providers of not just safety and love, but of experiences and growth before providers have permission to act.

GROW

Change and give back. The final stage in care provider growth happens when they develop a perspective on their role and change the actions they take with young children. A few people have personality traits that drive them to give back to their community, become mentors, and lead new people to information and resources.

By recognizing the unique motivations of different types of informal care providers, the interactions that limit care providers from acting, and the needs hierarchy that must be met before behavior change can happen, funders and resource centers can more directly address the needs of this complex target community.

Click here to access the full report.

Caregiver Profile

Antonia is the Spanish-speaking 21-year-old mother of an energetic one-year-old boy.

She works long, 12-hour shifts doing food preparation for airlines. She would like to learn English to improve their living situation, but between work and making dinner, the classes would take away the only quality time she could really spend with her son. With her mother far away in Honduras, Antonia is struggling with knowing what she needs to do as a mother.

Antonia met Carmen at a laundromat. Since Carmen looked friendly, Antonia asked her to watch her son. Carmen takes care of several children in the small apartment that she shares with her partner and two sons. She makes $15 per day per child, and although she loves the children, she wishes she could find a job with benefits. However, she does not know English or how to drive. She also does not have a network of other providers and feels alone and unsupported during her long working days.

COMMUNITY SOLUTIONS, FROM THE COMMUNITY

By Jeremy Kamo, Jeff Hamaoui, and Roxann Stafford

FURTHER™

FURTHER by Design is a collaboration and innovation company working with governments, companies, non-profits, and investors to accelerate the development of effective partnerships to address systemic design challenges.

Full report here.

Contact: Jeremy Kamo
www.furtherbydesign.com

FURTHER by Design's community design project focused on engaging parents, providers, and community leaders in Oakland and Los Angeles, to help early childhood education (ECE) communities build a better understanding of how to help informal care providers offer high quality care for young children.

To host these discussions, we worked with three community organizations: Magnolia Place and the Office of Child Care in Los Angeles, and Lotus Bloom in Oakland. All three organizations focus on providing high-quality support to children, parents, providers, and the communities they work in, and will continue to host discussions and pilot the ideas that emerged from the design project.

Research Methods & Objectives

The community engagement process incorporated principles of design thinking which merges what is desirable from a human perspective, with what is technically and economically viable. By integrating design thinking approaches, the project brought an ethnically, socially and experientially diverse group of parents, providers, and community leaders together, to understand community needs, identify community interest in specific ideas, develop plans for select ideas, and test the activities with the most community support through a three step process:

1. **Research & Interviews:** Understand which stakeholders to include in the participatory research process and conduct informal interviews to learn from stakeholder experiences.

2. **Community Design Meeting:** Bring together informal care providers and non-traditional community leaders to discuss goals, identify challenges, and think about potential solutions.

3. **Support The Best Ideas:** Work with local community partners to identify the ideas with the most community interest and test those ideas to determine if they are valuable solutions.

KEY INSIGHTS, FINDINGS, RECOMMENDATIONS

Community Ideas:

The community design processes resulted in over 250 ideas from parents, providers, and community leaders that can help the ECE community understand how to best support young children.

In **Oakland**, the most popular interest areas were how to: 1) build community and increase information-sharing; 2) increase activities that encourage health and wellness for children, parents, and providers; and 3) develop more and higher quality educational activities for children.

In **Los Angeles**, similar themes emerged, including how to: 1) increase activities that encourage healthy eating and exercise; 2) provide information and educational activities for children and parents; and 3) develop community and career pathways for providers.

Integrating Design Principles

Design principles are guidelines that ensure a program or product are designed for an intended user. For this project, the 'design principles' represent common characteristics that communities recommend practitioners think about as they support young children, parents and providers. While these design principles serve many purposes, we hope they provide practitioners with a set of guidelines to consider as they create new programs or improve existing programs. The design principles include:

COMMUNITIES

Build trust by working with trusted people and organizations from the community. Consider:

1. **Cadence and Commitment:** Predictable rhythms and long-term commitments build trust.

2. **Community Assets:** Investments should strengthen existing community assets, including people, places, or events.

3. **Meet People Where They Are:** Reach people, through their language, their social networks, respecting their culture, and recognizing the context in which they are seeking support.

PEOPLE

Invest in a community's resilience and ability to provide high quality care by investing in parents and providers. Consider:

1. **Parents, Providers & Children:** Bring parents, providers and children together for aligned understanding on goals and methods, more communication, and deeper relationships.

2. **Resource Literacy:** Help providers find the information, people and programs they need by making existing resources more accessible.

3. **Community Champions:** Engage, give permissions and support community members with the knowledge and time to lead and promote activities.

PROGRAMS

Design people-centric programs that meet the unique needs of the community, parents, and providers by "meeting them where they are." Consider:

1. **Fundamentals:** Parents and providers need basic support, such as language classes, transportation, and computer programs. While programs already exist, the community needs more of them conveniently located and better timed to meet providers' needs.

2. **Specialization:** Programs need to be designed for specific populations, reflecting key provider characteristics like age, language ability, culture, and level of sophistication.

3. **Technology Only Amplifies What Exists:** Technology doesn't create community, but can be used to amplify the reach of existing communities and the impact of existing programs.

To learn more about the communities' ideas, the select activities being piloted, and key themes that emerged from across the activities please see the project's Community Design Report.

Click here to access the full report.

Community Profile

Mini-Grants – Investing in Reading Groups

Magnolia Place responded to interest in expanded reading and literacy activities with a mini-grant program, funding three groups of informal care providers, with the goal of "making daily reading a routine like brushing your teeth."

- **Group 1** hosted reading meet-ups with children and parents at parks, where they shared library resources and information about other reading programs with parents.

- **Group 2** hosted two reading workshops introducing the importance of literacy, where to find resources, and example reading activities.

- **Group 3** hosted a literacy workshop, highlighting the importance of literacy at each stage of a child's development, and how to find resources at the library.

The experiment concluded with presentations from each group, sharing what they learned with other participants, the Magnolia Place team, and community parents. Participating parents were inspired by daily requests from their children to read to them, and providers felt a huge sense of accomplishment and pride, particularly from their own children and spouses. They appreciated the responsibility they had been given, enjoyed working together as groups and with parents, and gained a greater awareness of the support children and parents need.

ABOUT THE CHILDREN, FAMILIES, AND COMMUNITIES PROGRAM

The Children, Families, and Communities (CFC) Program strives to ensure that all children have the opportunity to reach their full potential. Our grantmaking strategies address two interrelated and fundamental needs that must be met for children to thrive: health and education.

EARLY LEARNING STRATEGY

Improve the quality of early learning and developmental experiences in both formal and informal settings, for children (birth through age five) in California.

For more information, email:
communications@packard.org
or visit www.packard.org

The Change We Seek

To ensure every child gets a strong start in life, we focus on meeting the needs of the adults caring for our children. We want all parents, family, and friends to provide young children with healthy and engaging environments for growth, and professional caregivers, educators, and health care providers to be knowledgeable and skilled to assess and meet the needs of each child.

Our Strategy

In early 2014, the CFC team launched its 10-year Early Learning strategy which aims to improve the lives of children birth through age five by significantly improving the quality of adult-child interactions across all settings where children learn and grow in early life. Through this strategy, we expect that all children will have access to health care and quality early learning opportunities so they can be healthy, ready for school by age five, and on track to reach their full potential. As we think about what it will take to achieve these goals, we recognize the need to:

- Improve professional development and training for early childhood educators and caregivers in order to improve the quality of care they provide; and

- Provide parents, family, and friends that care for children with the skills and support they need to deliver quality, nurturing environments for children to grow and ensure they are on track and ready for the classroom by age five.

Our best chance for making progress is to work together across settings to identify approaches that successfully and significantly improve adult-child interactions and the quality of the learning experiences for our youngest children. This will require developing and sharing knowledge, collaborating, innovating, measuring, improving, and scaling what works.