

Early Childhood ICCD-Quality

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Supporting Informal Child Care Providers in Detroit

Why informal child care?

Informal child care—defined as unlicensed care provided by family, friends, and neighbors—is an attractive option to some families. Families might feel that informal providers are more trustworthy than other child care providers, provide more culturally consistent care, and offer more affordable and convenient care.¹ Others choose informal child care because they lack access to licensed child care, turning instead to care provided by family members, neighbors, and friends.

Transforming children’s early care and education (ECE) into a high quality learning experience is central to making the city of Detroit a world-class city for its children and their families. To further this effort, the W.K. Kellogg Foundation (WKKF) partnered with the Kresge Foundation in 2017 to launch [Hope Starts Here](#): Detroit’s Early Childhood Partnership. Hope Starts Here is a community-focused, citywide initiative. Hope Starts Here’s vision is that by 2027, Detroit will be a city that puts its children and families first.

Increasing access to quality ECE in Detroit is a particular challenge. The number of children who need ECE vastly exceeds the available, licensed slots.² Specifically, the 10 neighborhoods most in need of licensed ECE slots are primarily concentrated in northeast and southwest Detroit.³ Compared with all of Detroit, residents in southwest Detroit are younger and more likely to be Hispanic, be Spanish speaking, and earn an income that is below the poverty line.⁴

In part because of the lack of licensed ECE, informal child care—defined as unlicensed care provided by family, friends, and neighbors—is an attractive option

to some families. Families might feel that informal providers are more trustworthy than other child care providers, provide more culturally consistent care, and offer more affordable and convenient care.⁵

Enhancing informal child care is a promising strategy for improving outcomes for children experiencing vulnerability by providing them with access to high quality ECE in home-based settings.⁶ However, there is limited research available about the quality of informal child care. Little research has focused on the aspects of quality valued by parents and informal providers living with low incomes or those marginalized due to race, language, ethnicity, or immigration. Attending to the children and providers in the informal care system helps build equitable practice in ECE. Enhancing the quality of informal child care is an opportunity to reach children who are not engaged in formal settings and give informal providers the supports and resources they need to care for and educate young children during a critical stage of development.

This issue brief highlights learnings from a formative evaluation of a collaborative effort by a funder,

a research organization, and three community partners that set out to shed light on the strengths, limitations, and needs of informal child care providers in southwest Detroit. The collaborative also sought to strengthen the resources and supports available to informal child care providers. We hope this information is useful to community organizations and funders hoping to support and enhance the quality of informal child care.

Defining a learning collaborative

A learning collaborative is a systematic approach to process improvement based on the Institute for Healthcare Improvement Breakthrough Series Collaborative model. During the collaborative, organizations test and implement system changes and measure their impact. They share their experiences to accelerate learning and broaden implementation of best practices.⁷

Testing a community-based strategy to enhance informal child care

Mathematica (a mission-driven, employee-owned research organization), with financial support from WKKF worked to implement promising strategies

to enhance the quality of informal child care and child and family well-being. This project, Testing a Community-Based Strategy to Enhance the Quality of Informal Child Care in Detroit (ICCD-Quality), had three main components.

- 1. Forming a learning collaborative.** Three community partners in southwest Detroit, WKKF, and Mathematica formed a learning collaborative—the Southwest Detroit Collaborative to Support Community Caregivers and Children—to develop, test, and implement strategies to meet the needs of informal providers and enhance informal child care in southwest Detroit. [see graphic]
- 2. Applying a framework to drive the work of the collaborative.** The collaborative used a framework called Learn, Innovate, Improve to guide the program. We used this framework to learn about challenges facing informal providers in southwest Detroit (*Learn* phase), develop strategies to address the challenges (*Innovate* phase), and test the effectiveness of the strategies (*Improve* phase)⁸
- 3. Capturing lessons learned through a formative evaluation.** To capture learnings from the collaborative, Mathematica led a formative evaluation. Formative evaluations occur before or during a

ICCD-Quality’s Three Community Partners



	Congress of Communities	Detroit Hispanic Development Corporation	Living Arts
Mission (paraphrased)	Through leadership development, increase resident voices and impact by furthering their education and awareness of the community and their rights	Create a stable and safe community where youth and families have life-changing, quality opportunities for self-empowerment, education, and personal wealth (mostly focusing on employment, education, and health)	Provide high quality arts education programs that engage and inspire youth, families, and teachers in early care and education settings, K–12 classrooms, and the out-of-school arts location
Population served	Community members in southwest Detroit	Latino community, primarily in southwest Detroit	Youth across Detroit

ICCD-Quality = Testing a Community-Based Strategy to Enhance the Quality of Informal Child Care in Detroit.

project’s implementation to inform the project. Stakeholders are at the center of a formative evaluation and enable researchers to understand the process of change, and reflect on what works and what doesn’t and why. The goals of the evaluation were to (1) measure outcomes important to the learning collaborative; (2) support the learning collaborative to improve its work; and (3) identify strategies that can be applied to other community organizations that work, or want to work, with informal providers.

Mathematica staff analyzed data from various sources to develop a complete picture of the implementation of the ICCD-Quality project (see Table 1).⁹

The remainder of this brief presents findings from the formative evaluation, including the extent to which informal providers engaged in the services offered by the collaborative and broadened their knowledge of child development. It also describes the collaborative’s efforts to provide resources and supports to informal providers, and the community partners’ capacity to support the strengths and meet the needs of informal providers.

Informal providers enhanced their knowledge of child development

During focus groups, informal providers shared that the lessons they learned through programming offered by the three community partners build

upon their existing caregiving strengths. Informal providers reported deepening their knowledge and skills related to disciplining, communicating, and interacting with young children. Informal providers surfaced the following related insights.

/ **There are many ways to communicate with a child.** Informal providers described the ways they learned to get a child’s attention and how best to communicate with the children in their care. Many caregivers shared that they learned to communicate with children so that children would understand.

/ **Setting age-appropriate limits for children is important.** Ideas about child behavior and how to set and communicate limits have changed from when some of the informal providers were growing up. In focus groups, informal providers noted that through community partner activities, they learned strategies to redirect children’s attention away from less desirable behaviors.

/ **Informal providers are teachers.** Caregivers discussed the fact that, as caregivers, they are teachers. They can teach children a lot just by describing what they are doing during housework, or what they observe while on a walk, when traveling in the car, or in the community. In addition, by speaking to children while going about their daily activities, caregivers can impart information and teach the children they care for.

Table 1.

Data source	Length or frequency	Number of respondents	Strategy
Interviews with community partner staff	60 minutes in length, twice during the project	Time 1: 6 Time 2: 6	Experiences implementing or overseeing the implementation of the strategies at their organizations; challenges, successes, and lessons learned
Focus groups with informal providers	90 minutes in length, twice during the project	Time 1: 20 Time 2: 35	Experiences receiving services and accessing resources; successes, challenges, and what they learned from their participation
Caregiver experience survey	15-minute survey, twice during the project	Time 1: 20 Time 2: 25	Provide basic information about their informal child care arrangements, items to gauge caregivers’ knowledge of child development, and items about caregivers’ social support networks and their feelings of isolation.

One caregiver noted, “You can teach kids all the time. Everywhere you go, you can discuss it with them. Talk about the tree, about seeing a bee.”

/ **Children need structure.** A few informal providers emphasized the ways they have modified their schedules because of participating in community partner activities, to ensure the children have a more intentional daily schedule. One caregiver noted that she provides opportunities to go outside more often as a result of participating in the caregiver activities. Another noted that creating a routine for the children in her care creates a calm environment because she can focus on them, which reduces her stress.

/ **Spending time with children is the biggest gift informal providers can offer.** Informal providers noted in focus groups that having dedicated time with children was a key lesson. Although many knew this, information and messages from the community partners about the importance of listening, talking, and spending time with children reinforced this lesson.

Community partner staff highlighted several key successes of engaging with, supporting, and validating experiences of informal providers.

/ **The collaborative succeeded in identifying informal providers and reduced barriers to participation.** By summer 2020, the collaborative had engaged more than 70 informal providers through in-person and virtual events. Incentives such as food, gift cards, and child care supported informal providers’ engagement by removing barriers to participation. Offering providers food fostered a sense of community as they shared reflections over a meal. Providing high quality child care to their children and/or the children in their care enabled the providers to attend. In addition, providing child care and minimizing distractions from children enabled informal providers to immerse themselves in the workshops and learn important skills and techniques that could help them support the development of the children in their care.

/ **The programming was collaborative by design.**

One of the community partners, Living Arts, bolstered the work of Detroit Hispanic Development Corporation and Congress of Communities by supporting the programming they offered to informal providers. Earlier in the collaborative, artists from Living Arts led a few workshops and activity groups offered by the other two partners.

/ **“I have a desire to see some good come out of the area for working parents who struggle to go to work each day, who don’t have resources. [We need to] ensure that [children]...learn at their own ability level. That their milestones are met in a loving and adequate way. Our children deserve that.”**

—Informal provider

/ **Community partners celebrated and validated the experiences of informal providers.**

Before engaging in programs and services, informal providers did not necessarily identify themselves as child care providers. The community partners validated their lived experiences and elevated their role as providers. Anecdotes from the staff and focus group participants suggest providers learned that they play an important role in young children’s lives and began to view themselves as teachers and professionals.

/ **Community partners’ programming was culturally responsive.**

Workshops were offered in Spanish and English, with most of the programming offered in Spanish to reflect the language preference of those in attendance. Reminders of future events were advertised in both languages. In addition, community partners worked to ensure that staff and presenters who offered workshops mirrored the cultural identities of informal providers.

/ **Community partners’ programming facilitated connection among informal providers.**

Providing informal child care can be an isolating experience, especially in areas lacking safe outdoor space and public transportation options.^{10, 11} One way programs can improve informal providers’

well-being is to provide social supports, such as opportunities to interact with other informal providers. Although the primary goal of the community partners was to enhance informal providers' knowledge of child development, the programs also offered opportunities for providers to interact with one another.

Community partners improved their capacity to understand the strengths of informal providers and meet their needs.

Community partner staff shared that through their work on the collaborative, they better understood who in their community provided informal care, and the unique challenges and opportunities of partnering with informal providers. They also reported increasing their capacity to create programs that serve informal providers. They learned three key lessons about informal providers through their experiences.

“We talk to each other and discuss what we learn. We give each other opinions. And sometimes we talk to each other about how we are going to take care of the child because of how they taught us.”

—Informal provider

/ **Who provides informal care?** The collaborative served about 70 female informal providers who ranged in age from 21 to 68. About 80 percent of the informal providers were Hispanic, Latinx, or of Spanish origin. These 70 women cared for about 250 children.

/ **What types of formal training did informal providers have in child development?** Informal providers had various levels of formal education. Although a few informal providers had experience as trained ECE providers and were formally trained in child development, the majority had not been trained in child development. Community partners leveraged the diversity of experiences among providers to encourage them to learn from one another.

/ **What types of community resources existed for informal providers?** Community partner staff expressed surprise and frustration upon realizing how few resources were available in southwest Detroit for informal providers. In addition, any supports that did exist were not necessarily culturally responsive or available in multiple languages. This group of caregivers is outside any formal structure or oversight and lacks community resources or networks.

Community partners faced challenges to engaging informal providers

Any collaborative effort encounters successes and challenges. Community partner staff noted three main challenges related to recruiting participants and retaining consistent participation from informal providers. Staff also acknowledged their limited capacity as organizations.

/ **Recruiting informal providers took a lot of time and trust building.** Staff from all three organizations found recruiting informal providers in the early months to be challenging. The assumption of the project from the outset was that informal



providers, though prevalent in the community, would not be easy to find. By definition, they are informal; they are not in a directory or searchable using online search engines, and often, they are friends and family members who help with child care, so identifying them can be difficult. Staff from community partner organizations said identifying and engaging informal providers required time for building trust. Partners needed to hold a series of conversations with people to first determine if they were informal providers, as many people did not identify themselves as providers. This took time. In addition, staff reflected that they were most effective at establishing rapport when they leaned on prior relationships with people in the community—especially those who viewed them as trusted messengers.

/ **Retaining informal providers was an ongoing challenge.** Although two community partners were able to establish a cohort of informal providers that regularly attended community partner events, one community partner had trouble retaining provider participation. This community partner reached out to the other partners in the collaborative for advice and support. It also experimented with ways to reach out to informal providers by changing the time the group met, the days the activities were offered, and the ways they were reminded about upcoming events so that providers would return consistently, but this community partner ultimately was unable to address this ongoing challenge. This partner later experimented with hosting sessions via Zoom because they had a small amount of project funds available after the formal part of evaluation concluded. Anecdotally, they shared that Zoom was helping maintain consistent attendance.

/ **Community partners were limited by staff capacity.** Although grant funding enabled community partners to hire staff to implement project activities, staff at the community partner organizations noted that they were still short-staffed. All three community partners are active leaders in southwest Detroit. Although all three partners maintained engagement throughout the project, with many

projects, efforts, and initiatives underway, staff noted that it was challenging to balance the additional responsibilities associated with the collaborative.

Future efforts to engage informal providers

After the collaborative concluded, we reflected on what we learned and identified possible next steps for supporting informal providers.

/ **Informal providers are essential stakeholders in the ECE ecosystem but are often overlooked by policymakers and other stakeholders.** They provide care that is valued by parents and fill gaps for care in locations with limited licensed ECE programs. However, this group of providers is largely invisible and, as a result, often ignored by policymakers and other stakeholders. That said, locally, we are aware of efforts in Detroit led by Hope Starts Here to bring attention and awareness to the needs of informal providers. Hope Starts Here is focused on both formal and informal providers' efforts to foster high quality ECE offerings for the city's young children. The City of Detroit, together with other partners in Michigan, is working to advocate for equitable distribution of funding available to support the formal and informal ECE sector under the American Rescue Plan Act of 2021.

/ **The collaborative described in this brief brought informal providers' unmet needs to the forefront and implemented strategies for supporting these caregivers.** Community partners, some of which were unaware of the unique needs of informal providers at the start of the collaborative, were surprised to learn about the prevalence of this type of care and how few efforts existed to support them.

/ **The solutions to the identified challenges came from the community and were informed by community members' needs.** In designing and implementing services for informal providers, the collaborative used the Learn, Innovate, Improve framework to flexibly and continuously improve its services; foster partnership among partners; and create opportunities to support providers by focus-

ing on a place-based, strengths-based, culturally relevant approach. Partners supported each other in their efforts to reach and serve providers.

/ **Our research suggests that participating in the collaborative resulted in a shift in the behavior of the three community partners as well as the informal providers.**

Community partners increased their capacity to deliver tailored programming to informal providers. Through this programming, informal providers reported a shift in their understanding of child development. Other organizations and foundations that seek to advance and promote attention to informal providers might consider supporting and sustaining resources for informal child care providers and the families they serve.

/ **Any future efforts to serve informal providers should be collaborative, tailored to the needs of the community, and community led.**

By bolstering informal providers' ability to offer high quality ECE, these efforts might positively affect children's readiness for kindergarten and later education.

Endnotes

¹ Thomas, J., M. Hossain, C. Jacobs Johnson, N. Siddiqui, A. Osuoha, and P. Balke. "Informal Child Care in Detroit." Issue Brief. Princeton, NJ: Mathematica Policy Research, 2017.

² IFF. "The System We Need: A Neighborhood Snapshot of Early Education in Detroit." Detroit, MI: IFF, 2015.

³ IFF. "The System We Need: A Neighborhood Snapshot of Early Education in Detroit." Detroit, MI: IFF, 2015.

⁴ U.S. Census Bureau. "American Community Survey 1-Year Estimates, Census Reporter Profile Page for Detroit, MI." 2019. Available at <http://censusreporter.org/profiles/16000US2622000-detroit-mi/>. Accessed June 11, 2021; U.S. Census Bureau. "American Community Survey 5-Year Estimates, Census Reporter Profile Page for Detroit, MI." 2019. Available at <http://censusreporter.org/profiles/16000US2622000-detroit-mi/>. Accessed June 11, 2021; U.S. Census Bureau. "American Community Survey 1-Year Estimates, Census Reporter Profile Page for Detroit City (Southwest) PUMA, MI." 2019. Available at

<http://censusreporter.org/profiles/79500US2603212-detroit-city-southwest-puma-mi/>. Accessed June 11, 2021; U.S. Census Bureau. "American Community Survey 5-Year Estimates, Census Reporter Profile Page for Detroit City (Southwest) PUMA, MI." Available at <http://censusreporter.org/profiles/79500US2603212-detroit-city-southwest-puma-mi/>. Accessed June 11, 2021.

⁵ Thomas, J., M. Hossain, C. Jacobs Johnson, N. Siddiqui, A. Osuoha, and P. Balke. "Informal Child Care in Detroit." Issue Brief. Princeton, NJ: Mathematica Policy Research, 2017.

⁶ For the project (called Testing a Community-Based Strategy to Enhance the Quality of Informal Child Care in Detroit), we defined informal child care as care provided by someone other than a child's parent or guardian outside a licensed child care center or family child care home. The provider might be a family member, a friend, or a neighbor; the care might be regular or occasional; and it might take place in the home of the caregiver or the child. Other terms for informal child care are family, friend, or neighbor care; relative care; kith-and-kin care; and unlicensed, unlisted, or license-exempt care.

⁷ Institute for Healthcare Improvement. "The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement." IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement, 2003.

⁸ For more information about the Learn, Innovate, Improve approach, please see <https://www.mathematica.org/tool-kits/li-squared>.

⁹ Data sources listed in Table 1 were supplemented by the following: progress reports submitted to Mathematica and learning collaborative meeting summaries, which summarized meeting content, tools, and resources developed by community partners and Mathematica throughout the project

¹⁰ Drake, P.M., B. Greenspoon, L. Unti, L.K. Fawcett, and S. Neville-Morgan. "Family, Friend, and Neighbor Child Caregivers: Results of a Statewide Study to Determine Needs and Desires for Support." *Early Childhood Education Journal*, vol. 33, no. 4, 2006, pp. 239–244.

¹¹ Thomas, J., C. Jacobs Johnson, M. Young, K. Boller, M. Hu, and D. Gonzalez. "Moving Forward Together: How Programs Can Support Informal Caregivers and Parents." Princeton, NJ: Mathematica Policy Research, 2015.