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Making the Match: Culturally Relevant Coaching and Training for Early Childhood Caregivers

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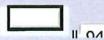
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Abstract

This study explored the mechanisms for culturally relevant training and coaching for early child care providers, especially family, friend, or neighbor (FFN) caregivers. In particular, given the evidence that coaching early care practitioners may have more significant effects than traditional training programs, the main objective of this research effort was to identify practices of those engaged in culturally specific coaching relationships. Interview study findings are reported here and suggest that such practices, while context dependent, do vary among ethnic populations of the early child care providers who responded. This article elaborates on reported differences in approaches and underscores the importance of effective relationships with FFN caregivers, concluding that culturally relevant training and coaching may be valuable to FFN professional development by facilitating recruitment and increased participation for culturally marginalized FFN caregivers.

Introduction

Research has confirmed the importance of high-quality early educational experiences on later child outcomes (Levenstein, Levenstein, Shiminski, & Stolzberg, 1998; Bowman, Donovan, & Burns, 2001; Crosnoe, Leventhal, Wirth, Pierce, & Pianta, 2010), and the effects of well-trained care professionals on positive child outcomes has been well documented (Lamb, 1998; Domitrovich, Gest, Gill, Bierman, Welsh, & Jones, 2009; Mervis, 2011). A related essential area for research is the characteristics of effective preparation of early childhood caregivers. Coaching has been identified as one significant source of such preparation (Neuman & Cunningham, 2009). Shidler (2009) explains:

Adult learning theory holds that adults (teachers) must be allowed to move through the learning process at their own pace; they also need to be allowed time for repeated and guided practice of their new skills. Teachers must unlearn old habits and replace them with new behaviors. This will require reflection on existing practices. Coaches can be employed to assist teachers in moving through this process. Effective professional development suggests that access to someone who can help is imperative. (p. 454)

However, the success of coaching depends on many factors, including a solid relationship between coach and the recipient (Buisse & Wesley, 2005). Cultural and linguistic difference can impede formation of strong relationships if not handled effectively (Buisse & Wesley, 2005).

This study emphasized the sociocultural context of early caregivers' professional development, recognizing that a one-size-fits-all approach to improving the skills of child care providers may be ineffective. Caregivers' professional development needs must be addressed in culturally responsive ways in order to optimally influence caregivers' ability to work with a culturally diverse population of early learners.

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Background

Early Child Care Quality

Much research, especially in the past decade, has highlighted the importance of the quality of early childhood experiences to later outcomes. Social psychologists, neuroscientists, and educators alike agree that the interactions of caregivers with the children in their care have deep and longlasting impacts on a child's well-being (Gunnar & Quevedo, 2007). It is well established that significant social deprivation in the first three years impairs development on multiple fronts: cognitively, social-emotionally, and physically. Even without significant adversity, reduction in exposure to high-quality language interaction affects later school achievement (Hart & Risley, 1995).

The National Association for the Education of Young Children (NAEYC) has developed evidence-based standards for caregiver-child interactions, based on decades of research in child development. A certified child care provider or early education teacher ideally is well versed in, and one hopes effective in, the delivery of child care based on the NAEYC standards. However, many American young children, especially those in low-income communities, participate in child care provided in family, friend, or neighbor (FFN) settings. "FFN child care" is a relatively new term in early child care and education that describes the network of individuals who are involved with parents in the care of young children, sometimes referred to as "kith and kin care." FFN caregivers are defined as individuals over the age of 18 who care for children during the day, in the evenings or overnight, or on the weekends. They may care for either related or unrelated children, but they provide care with some degree of regularity. Such caregivers may receive payment for providing care, but payment is not a necessity to be defined as FFN. Further, FFN care providers may not be registered and are therefore considered unlicensed caregivers (Susman-Stillman & Stout, 2009). FFN care is the most common form of nonparental child care in the United States; an estimated 33-53% of children under age 5 and 48-59% of school-age children with employed parents use FFN (Susman-Stillman & Banghart, 2008). While it is documented that families from diverse socioeconomic strata use FFN care, families with low incomes may be more likely to rely upon FFN care than licensed care "due to low-cost or no cost for this arrangement, or because these families may need flexible arrangements for shift work and non-standard hours, or because of the limited availability of licensed care within their community" (Susman-Stillman & Banghart, 2008, p. 2).

Given that FFN caregivers are often exempt from state regulation (depending on the state), do not have guidance from established professionalization structures, and have inconsistent access to professional development, FFN providers are less likely to be aware of—and thus be less likely to implement—NAEYC standards for effective practice than licensed care providers.

Family, Friend, or Neighbor Child Care Quality

A recent evaluation of FFN care conducted for the state of Minnesota confirms that FFN providers are diverse in their education level, ethnicity, immigrant status, and language (Susman-Stillman & Stout, 2009). This initiative included rich dialogue with six community-based agencies, nonprofit organizations, and Indian tribes who connect with FFN caregivers in a variety of capacities, including professional development for caregivers. The report of this work asserts that (1) the *identity* of FFN lacks clarification (FFN caregivers themselves do not always recognize themselves as "official" and therefore are less likely to seek/accept professional development); (2) the *communication* between the FFN caregivers and their community partnerships (i.e., training agency) is a valuable strategy toward improved child care quality; (3) *access* to advanced education and other training must be improved for FNN caregivers; and (4) *trust* between the agencies, the FFN caregivers, and the families in their care is a large component of the success of many of these organizations. Susman-Stillman and Stout's (2009) findings suggest that "programs made solid progress as they implemented these new, innovative services with caregivers who are not generally offered education and support services" (p. 2) only after achieving a significant level of agency-caregiver trust.

Coaching and Professional Development for FFN

Increased awareness about the prevalence of FFN child care and the importance of early childhood experiences on long-term development has led to a recent increase in funding for professional development programs aimed to enhance the quality of FFN care by providing outreach, training, and support (Shivers, 2008). Powell (2008) points out the key challenges therein, especially in designing and implementing outreach and training that are culturally and professionally relevant to a broad audience of FFN providers. Because research findings suggest the need to reach FFN caregivers "on their own terms" (Shivers, 2008, p. 12), providing individualized training and consultation in the form of "coaching" for care providers is increasingly seen as significant for outcome results. For example, a recent study by Neuman and Cunningham (2009) highlights the impact of "coursework plus coaching"; higher-quality child care practices were identified for caregivers who received coaching embedded in their professional development than for those who received course-based professional development ("training") only. The effects of this combination model in home-based care settings were found to

be significant: "Home providers who received coaching, in fact, demonstrated changes in practice so dramatic as to be essentially on par with quality practices in center-based care" (Neuman & Cunningham, 2009, p. 555).

However, FFN professional development is generally limited, if it exists at all, as "home-based care settings have been traditionally overlooked in professional development" (Neuman & Cunningham, 2009, p. 555). Nonprofit organizations and state agencies often are at the frontline in efforts to reach FFN providers with professional development opportunities. The body of published research on this topic is sparse. More is known from reports of effective practices and "collective wisdom" than empirical studies of best practices (Powell, 2008). Multiple strategies have been documented, though, to serve FFN providers—some based on preestablished curriculum, some based on assessments of the local needs and interests, and so on. Susman-Stillman and Stout's 2009 evaluation of FFN professional development identifies potential impact on quality of child care, given the effective professional development:

...small growth in the quality of the child care setting, some improvements in the quality of interactions between caregiver and child, greater knowledge about play and other aspects of child development—when the program was clearly developed and implemented, when program participation was consistent over time, and when staff were experienced with FFN providers. (p. 14)

Neuman and Cunningham (2009) urge the further study of factors that "contribute to the effectiveness of coaching" (p. 559), including an understanding of the quality of interactions between coaches and care providers.

Cultural Relevance in Coaching

While the term "cultural relevance" can be construed by critics as contributing to essentialism for individuals of a particular cultural group, Ladson-Billings' (1994, 1995) original conception of "culturally relevant pedagogy" aims to "empower students intellectually, socially, emotionally, and politically by using cultural referents to impart knowledge, skills, and attitudes" (1994, p. 21). Though scholarly literature on the theory and practice of cultural relevant pedagogy has not directly addressed child care coaching, the connection is apparent. For example, culturally relevant coaching would, like culturally relevant teaching, (1) express value for diversity across all caregivers' cultural and linguistic backgrounds, (2) recognize the sociocultural context of the coach-caregiver, and (3) build on the individual's cultural background as an asset. The intended outcomes in this scenario are twofold: strengthening the caregiver's opportunities for current and future caregiving roles (e.g., through certification, which may result in higher income) and enhancing the quality of positive child development for the children in the caregiver's charge.

Given the higher likelihood of low-income families using FFN care, and the disproportionate percentages of low-income families who are members of minority ethnic groups in the United States (Macartney, 2011), it seems reasonable to assume that many FFN caregivers are themselves members of minority groups. A culturally relevant approach to professional development—including coaching—may in fact be crucial to supporting the work of these caregivers.

This study examined one agency's self-identified "culturally relevant" approach to FFN professional development, addressing the question, "What specific approaches do these culturally relevant coaches and trainers use with FFN caregivers?" Documenting their strategies may lead to a better understanding of the key elements of effective FFN professional development.

Method

Data Sources

An interview method was used to address the research question, in addition to a brief curricular materials review. Six 1-hour interviews were conducted in person, on site, by the researcher (see the [Appendix](#)). This qualitative approach allowed the researcher to explore the nuances of the staff's reported strategies and experiences.

Setting

The site of the investigation was chosen because of its longstanding reputation of having a strong influence in the local, urban child care community and offering a uniquely culturally relevant approach. Specifically, according to a program flyer, the program aims to "enable people of color who work in early childhood education and who provide in-home child care services an opportunity to earn certification and enhance their skills." The agency receives state, local, and philanthropic funding to conduct its primary services, which consist of providing training toward child care certification and in-depth coaching for FFN providers via home visiting and some site-based group activities. Coaches and trainers are typically "matched" with program participants based on shared ethnic identity. Training workshops employ a curriculum that was prepared by staff, based on established NAEYC materials, and adapted to their immediate context. Central topics include

health and first aid, food and nutrition, language-rich environments for early literacy, child development approaches, and the business of child care. The FFN coaching curriculum is also staff created but has a major component related to using the "Ages and Stages Questionnaire" (ASQ) and ASQ-Social-Emotional (Squires, Bricker, & Twombly, 2002), the assessment that caregivers in the program are asked to use with the children in their care. Topics in the coaching curriculum include early literacy skill development, abuse prevention, and health and safety, though it is less structured than for the training program.

According to agency records for the year of this study, 154 caregivers were registered for multiple-week training sessions, serving FFN, licensed home day care, and center-based caregivers together. Ethnic self-identification of these participants included (categories listed here as used by the agency) Asian, Native American, Somali, Caucasian, African American, Latino, and Nigerian. Proportions of each cultural group were not available. The coaching program registered 88 FFN caregivers: 40 in the Native American group and 48 in the Somali group.

Participants

The interview participants ($n = 6$) comprised 75% of the total staff at the selected site and broadly represented the work of the agency at the time of the study. The staff roles target two types of professional development: trainers of on-site workshops for an early childhood certification program and coaches as home visitors for their school readiness-focused program. These staff members work primarily with caregivers from populations that are considered socially marginalized: recent immigrants (in this location, mainly Somali and Hmong females), urban American Indians, and low-income African Americans. The six participants identify with a diverse set of ethnic identities: two Native American, two Somali immigrants, one Africa-American, and one Hmong American (first generation). All participants were female with an average age of 39.1 years.

Data Analysis

Qualitative analysis of the interview data was based upon an "issue-focused" approach outlined in Weiss (1994). In this approach, analyses "concern[s] itself with what could be learned about specific issues—or events or processes—from any and all respondents. Some respondents might contribute more to the analysis, others less" (p. 154). After an initial coding and sorting of the interview responses, the analysis moved into local integration and inclusive integration of the emergent themes.

Results

The analytic processes resulted in three main issues for reporting: cultural difference by population group, relationship-building strategies, and risks of involvement.

Cultural Differences by Population

Analysis of the interview data indicates that a number of the professional development strategies are consistent across cultural groups and type of professional development. For example, reported value for trusting relationships was quite similar, regardless of cultural group, as described below. However, several other approaches vary by ethnic group membership. One key area of difference seems to be in the language used during coaching sessions. While non-native Spanish-speaking participants preferred Spanish to be spoken during the coaching sessions, a significant number of the Somali and Hmong speakers preferred English to be spoken if the coaching session involved the children in their care (e.g., during a home visit). The comments of one Somali coach highlight her perspective regarding the desire of this caregiver group to find avenues for their children to hear English. She explained that individuals in the program from this population group, as recent immigrants, frequently strategize opportunities for the children to hear and use the dominant language of their new country, which is rarely spoken at home. Simultaneously, however, they appear to prefer when their coaches use familiar terms in their native language with them; a Somali participant commented on the perceived importance of a trainer knowing the Somali greeting and using it during training activities. Finally, the participants reported that when an English-only speaker presents a workshop (such as during Red Cross First Aid training from outside the agency) there is always "a hum in the room" as workshop attendees translate unfamiliar words for one another. While this situation has not resulted in any notable negative outcomes for professional development, according to the interviewee, it does affect the "feeling in the room," a learning environment that shifts from an inclusive climate to one that is linguistically exclusive.

Another finding concerns the difference in perceived role of FFN caregivers regarding academic outcomes for their children in their care. One Somali interviewee reported that her Somali clients often perceive their caregiving purpose as being provision of basic needs only; they leave academic learning (such as school readiness activities) to the families of the children in their care. She indicated that challenging such expectations was a critical first step toward the FFN professional development goals of the agency. She stated that she illustrates for the caregivers how many hours of the week the children are in their care versus their parents'. If school readiness skills are left to the parents to provide, these children will be behind classmates in

the American schools, which will affect "our community," referencing her Somali identity.

Similarly, the Native American coaches participating in the study each spoke extensively about Native caregivers' perceptions of "day care." Their interviews revealed an apparently persistent expectation by the Native caregivers that providing day care should not require professional development. It is considered a humble role that should come naturally to the caregiver. One of the Native coaches also highlighted her frustration with the Native caregivers' inconsistency in completing coaching sessions. Even given ample opportunity, transportation, and personal contact, many of her Native American caregivers either elect not to participate or do so inconsistently. According to her, once they saw that their children participated in and enjoyed the coaching sessions during home visiting, the caregivers would show increased interest, more consistent motivation, and more predictable attendance.

The Hmong coach who participated in the study spoke about the importance among her caregivers from the Hmong community to feel that they were involved in activities with others similar to them. Seeing others at training sessions or in the coaching program seemed to frequently reinforce their commitment to the program and result in more consistent attendance.

Of the interviewees, the African American staff member spoke most directly about cultural differences. She was the only staff member who had frequent contact with participants from the other population groups. She emphasized the importance of cultural "expertise gained through trial and error"; as a coach or trainer, she said, "You have to expect you may sometimes offend a participant" who does not share your cultural identity by "saying the wrong thing or accidentally insulting in some way." The critical element in being effective, she expressed, is that you expect to sometimes make cultural "mistakes," then apologize and move on.

Relationship Building

When asked about the steps they saw as important to building relationships with the FFN caregivers in their programs, all participants talked about the importance of demonstrating a willingness to "offer a hand" (in the words of a Native American coach). Several participants indicate that showing a consistent and meaningful commitment to help FFN caregivers on broad issues can be a tipping point in relationship construction. For example, the Somali coaches emphasized that assisting the caregivers with paperwork related to child care employment or referring clients to translation services was seen as contributing significantly to the effectiveness of their relationships. Similarly, one Native American coach talked about early identification of a child with special needs. She pointed to the importance of referring the family to an appropriate source (medical, educational, or social service); she added that the coach had "better make sure that it's someone who *will* help them." If not, she said, the risk is high that the caregiver will not trust the coach in the future, which may negatively affect other coach-caregiver relationships "when the word gets out." Thus, maintaining knowledge of current, reliable referral contacts is an important part of the coach's job, although it is not identified in the coaches' job descriptions by the funding agencies—a reported source of conflict around how time at work is spent.

Being part of the ethnic communities they work with, the participants identifying themselves as Somali, Hmong, and Native American spoke especially about being recognized as part of the caregivers' communities as an important part of the foundation for building positive relationships. One Native coach talked about her steps to attend several tribal meetings in the area when her program was beginning, to advertise the program opportunity but also to simply be present in the immediate community activities. The Hmong coach/trainer talked about how important home visits have been to building relationships; being present in the neighborhood and welcomed into homes significantly helped her establish trust with caregivers so that they then attend her workshops and continue into FFN coaching.

A Native American coach suggested that showing a "real interest in their kids" has helped her forge trust between the caregivers she coaches. Especially in her work with caregiver grandmothers, who "you may not be able to change, at their age," she indicated that the more she could show her best intentions for the children in the care modeling and suggestions she offers, the more open they seem to learning new approaches and activities.

Finally, the African American staff member, who was the most likely participant to have cross-cultural interactions, spoke of finding that "laughter helps the most to break the ice" and begin positive relationships with the caregivers. She also emphasized how much her work is aimed to "raise people up" by helping them "upgrade their income [if they are working toward certification]" and improve their child care skills. When these intentions are authentically expressed, she said, it helps establish caregivers' trust in and commitment to the program relationships.

Risks of Involvement

A third issue that emerged in some of the interviews was the "risks" inherent in the professional development relationships. The two Somali coaches focused on the positive elements of the close relationships established and gave no clear indication of potential problems. The Hmong coach referred loosely to the risk of missteps that could result in mistrust, but this was not a central theme in her responses. Both of the Native American

coaches, however, talked about the importance of maintaining “boundaries” with the caregivers they worked with, which was an issue because, as one said, “everybody in the Native community knows everybody.” They pointed to their Somali colleagues’ participation in relationships that went far beyond what they see as appropriate, including taking office visits at any time of day and allowing participants to get “too comfortable” (as one Native coach said) within the agency. As an example, she referred to the fact that a Somali coach was frequently called upon to provide unscheduled home visits. Another example involved allowing a Somali caregiver to use the agency kitchen during a visit to the office. This difference in perceptions about the appropriate level of closeness versus professional boundaries was an unexpected theme that may signal still other cultural differences that affect approaches to FFN professional development.

Discussion

The purpose this study was to examine the approaches and perspectives used by self-identified culturally responsive coaches and trainers with FFN caregivers. Interview data suggest that there are aspects to professional development used by all staff regardless of the ethnic identity of their program participants; for example, in the need to establish relationships built on staff-caregiver trust. Trust between professional development staff and caregivers is crucial. The underlying cause of the staff’s unanimous response on this issue may be best understood in light of work on “relational trust.” Bryk and Schneider (2003) explain the mechanisms for establishing relational trust:

As individuals interact with one another ... they are constantly discerning the intentions embedded in the actions of others. They consider how others’ efforts advance their own interests or impinge on their self-esteem. They ask whether others’ behavior reflects appropriately on their moral obligations to educate children well. (p. 42)

Interview participants seemed to acutely perceive the caregivers’ discernment of their intentions as coaches and trainers (e.g., the Native coach’s response regarding not being accepted until her good intentions toward the children were clear).

Second, a cursory review of the agency curricula found little cultural specificity in the topics, suggesting that “general approaches” would be employed at the agency. However, the interview data revealed numerous differences in approach among population groups. For example, all the staff except the African American trainer seemed to see belonging to the same ethnic community as the caregivers as a necessary component of effective practice. “How else would I do what I do with them?” a Somali coach asked. Recruiting FFN caregivers for the program was a key concern for the Native American and Hmong trainers. “There are hundreds of people staying home to watch people’s kids in this area,” said one Native American coach. It was not a concern for the Somali coaches; their interviews and the program enrollment measures indicate that the Somali program is in high demand. While “word of mouth” was the primary recruitment method identified by all staff, only in the Somali community did this seem to mean that hearing about the opportunity from others would be enough to motivate a FFN caregiver to participate in professional development. The researcher also is aware of anecdotal evidence of a high demand for the Somali program to be offered in additional area neighborhoods, including a suburb. Local Somali FFN caregivers appear eager for these opportunities—though this eagerness may be related to the “boundaries” issue identified by some interviewees who were not Somali. Whether the high commitment to the program is cause or effect of the instances of perceived boundary crossing is unknown at this time and warrants further investigation.

The choice of language used in non-native English-speaking communities of FFN providers is another central issue for organizations pursuing this work. While highly context dependent, it should not be assumed that an ethnic group of FFN caregivers would prefer their native language or prefer English to be used. Coaches and trainers would do well to consider the specific, expressed desire of their participants on the topic of language used for all professional development sessions.

Limitations

Several significant limitations exist to the study design, including self-report bias and possible tendency of interviewees to give socially desirable responses. As interviews were conducted in English, non-native English speakers may have experienced limitations to their oral expression of their ideas. Additionally, because the staff interviewed knew the researcher in a professional capacity (as a former agency volunteer), lack of anonymity may have contributed responses that do not accurately represent the actual experiences of the staff with FFN providers. This limitation was combated as much as possible by the assurance that responses would be fully confidential. Finally, a major limitation is the lack of generalizability inherent in the study design; the data are highly context dependent, and care must be taken not to extrapolate beyond the immediate setting and variables.

Future Research

Future research should include a comparison of approaches by staff members who are in similar positions but

who do not use culturally relevant models of training and coaching. This design could provide concrete applications of methods for programming that may remain culturally neutral or that would be better delivered in a culturally relevant way. Further, an experimental design would be ideal to target the question of outcomes for culturally relevant FFN professional development. Longitudinal analysis of effects of such training and coaching could also yield a richer understanding of effective practices in this field.

Conclusion

Many children participate in FFN child care, especially children in low-income communities. The providers of FFN care are often culturally similar to the families who employ them and may have limited, if any, professional development to support high-quality early child care. Training sessions, coaching, and curriculum that are culturally relevant may be valuable in improving the practice of these caregivers, and, by extension, the educational outcomes of the children in their care. Facilitating recruitment, establishing commitment, and maintaining relationships with culturally marginalized FFN caregivers are challenges that can be addressed within professional development programs. This study contributes to the body of scholarly knowledge by providing details regarding some of the mechanisms of effective practitioner preparation for a particular population of practitioners. The significant presence of FFN caregivers is an important piece of the larger picture of a changing early child care field, one challenged with the timely task of better defining itself: "making choices about the early care and education field's purpose, identity and responsibility" (Goffin & Washington, 2007). Culturally responsive early educator and caregiver preparation may be a critical link among the multiple strategies that educational research suggests for progressively impacting the U.S. achievement gap.

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Appendix Interview Questions

Organization

1. Do you think the work of [THE AGENCY] is unique (as in, unlike any other organization in the immediate area)?
 - 1a. If so, how?
2. In your opinion, why might [THE AGENCY]'s approach to coaching/provider training/home visiting be more effective than another organization's?

Individual Role

1. Describe your role at [THE AGENCY].
2. What do you think are the most important aspects of your particular work?
3. What are the challenges you face?
4. How do you get new ideas or learn what to do in your role?
5. How do you build relationships with your program participants?
6. How do you know when you're having an effect?
7. What do you think is the long-term impact of your work?

