



The Center for Family and Community Data, Knowledge, and Well-being

Richard Chase, Wilder Research
Betty Emarita, Development and Training, Inc.

A P R I L 2 0 1 7



**Wilder
Research**
Information. Insight. Impact.

Vision

Well-being depends upon and nourishes strong families and communities.

Research has identified asset-based, empowerment, protective factors, and strength-based approaches to child and family development for over 40 years.¹ Most of these protective factors and strengths are rooted in strong positive relationships within families, communities, and social networks. This information, however, is far too often overshadowed by deficit models that focus on problems and what is broken or needs to be fixed within families and communities. Moreover, data on child and family well-being available from the Census and state agencies mostly measure and highlight those deficits and problems.



The Center for Family and Community Data, Knowledge, and Well-being within Wilder Research fills that gap by measuring and promoting healthy child and family development through an asset-based lens. It identifies the essential roles of intergenerational family and community knowledge systems. The Center will be an open source resource of credible and useful information, elevating family and community knowledge systems in public discourse and decision making.

The Center builds upon recent applied research projects and research capacities within Wilder Research and its research partners centered on:

- Family and community engagement
- Indicators of potential risks to the healthy development of young children in Minnesota
- Community-led solutions for universal healthy child development
- Family, friend, and neighbor (FFN) child care
- The economic value or return on investments (ROI) in education and other human capital programs

The Center is grounded in the belief that families and communities have the wisdom, knowledge, strengths, and determination to take charge of their own healing and development. For the most part, however, organizations that are rooted in and serve communities of color have been underfunded and lack the resources to document and determine their needs, strengths, and paths to well-being. Accordingly, the Center will work with communities -- particularly communities of color and low-income and rural communities -- to provide objective data for measuring and promoting their strengths and knowledge so that all children in Minnesota have the opportunity to thrive in healthy, strong, resilient, and economically secure families and communities of all types.

¹ Examples include the Minnesota Longitudinal Study of Risk and Resilience and Project Competence, University of Minnesota; Risk and Protective Factors in Children's Development at the Erikson Institute; and Strengthening Families, national initiative, led by the Center for the Study of Social Policy.



Components of the Center for Family and Community Data, Knowledge, and Well-being

Measuring and promoting family and community engagement for healthy child development

Family and community knowledge systems are the informal and formal intergenerational ways in which children learn in their home and community environments. They are the glue that holds family and community together and contributes to their resiliency and effectiveness.

The Family and Community Engagement project, led by Wilder Research in conjunction with Betty Emarita, Development and Training, Inc., builds upon family and community knowledge systems through community-based action research. The project has employed self-reported data and facilitated dialogues so far with 20 child care programs consisting of 541 parents and 314 staff in greater Minnesota, the Twin Cities, and in the St. Paul Promise Neighborhood. The key purposes of the project are to expand how we define and support healthy child development and program quality and to explore how to strengthen family and community engagement with formal systems to improve early education programs, policies, and practices. Our particular focus is on low-income children and children of color.

A 14-item tool completed by parents provides a vehicle for discussing extended family support and connections, family and community transmission of moral and

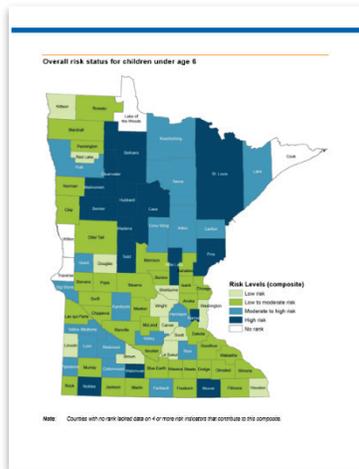
cultural values and respect for self and others, and the extent to which families' experiences with institutions, programs, and agencies are responsive and supportive. A 15-item tool completed by providers and program staff provides a means for reflecting upon and discussing new dimensions of quality, including building character and integrity in children, helping children develop a sense of self, and understanding and valuing all types of families within a community context.

The Family and Community Engagement Tools (FaCET) and automated reports of results are available online through Wilder Research.

Together, the tools measure and promote engagement within programs that goes beyond logistics and language. The tools focus on engagement that values, respects, and taps into family and community wisdom and the role of families as an integral part of program design and decisions. The data also become part of an aggregate data set useful for informing policy development and for promoting systemic change by recognizing the expertise and wisdom found in families and community-based knowledge systems and, ultimately, considering family and community values and cultural practices integral to actions taken on the behalf of children and families.

Enhancing indicators of healthy development and well-being

The 2015 *Minnesota Early Childhood Risk & Reach* report was produced by Wilder Research in partnership with the University of Minnesota (Harris Training Programs in the Center for Early Education and Development) and the Minnesota Departments of Education (MDE), Health (MDH), and Human Services (DHS). The report describes 12 indicators of potential economic, family stability, and health risks to the healthy development of young children and the extent of coverage of publicly-funded services to meet their early learning, health, and basic needs. A web-based version is on the Minnesota Compass website.



families supported by safe and stable housing and helpful social networks.

Through the Center, future reports will have additional and new indicators to better inform policy and practice in Minnesota counties. In addition to adding indicators of family strengths and community assets, possible enhancements include, for example, improved data on child mobility, the social and mental health needs of parents and families, the

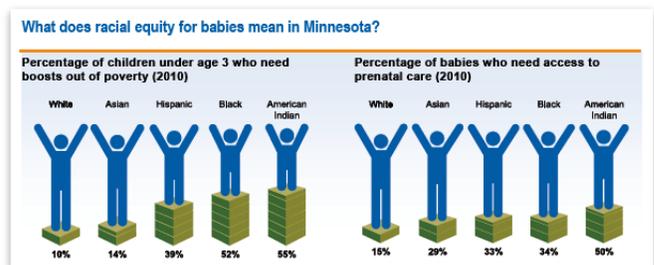
impacts of frayed social networks, the extent of access to social and economic supports and combinations of services, and father involvement in child well-being. Future reports will also examine, at a more granular level, what and how disparities affect different racial/ethnic groups, including low-income, rural white Minnesotans. We also will highlight school district boundaries or sub-regions within counties, and focus on prenatal to age 3 experiences that provide the foundation for development.

Risk and Reach is an initial attempt to present indicators of early childhood development at the county level. One limitation noted in the report and in presentations is that data are not routinely collected or available at the county level regarding protective factors for children, such as the extent to which they have secure attachment and nurturing relationships within their

Building an evidence base of effective community-led solutions that achieve healthy child development

A recent report by Wilder Research, the University of Minnesota, and Development and Training, Inc., *Prenatal to Age 3: A Comprehensive, Racially-Equitable Policy Plan for Universal Healthy Child Development*, pulls together ideas for achieving universal healthy child development generated by more than 400 professionals, parents, and community members in 12 listening sessions around the state. The report identifies family and community strengths to build on; program gaps and barriers and how to fix or

eliminate them, and community-led solutions for improving and supporting young children's early positive relationships, and social and economic security.



The varied community-identified solutions to ensuring healthy development for all children expressed by diverse urban and rural community members imply that no single or standardized approach offers a universal remedy or opportunity. A cookie-cutter approach cannot produce universally healthy outcomes or racial equity. Rather, the multiple and tailored potential approaches to healthy development imply that flexible funding for opportunities that best fit particular contexts offers the best approach. This local and community-centered approach would encourage and support delivery of services based on family and community strengths and needs, shared experiences, and relationships as much as on standardized evidenced-based service models and materials. It would support local community-based and culture-

specific partnerships and organizations, trusting them to decide what will work best for them and what programs and service providers do *with*, not *to*, them for reaching the common expected goal of healthy child development.

The Center, working with communities to validate community wisdom and knowledge, would ensure communities have the capacity and access to use disaggregated data to build an evidence base of quantitative and qualitative data for effective community-led solutions and to hold themselves and public systems accountable for agreed-upon results. The Center will draw upon data and effective models from local, state, national, and international sources.

Family, friend, and neighbor (FFN) child care

Family, friend, and neighbor (FFN) care is child care provided on a regular basis to children primarily from birth through age 2 by unlicensed, noncustodial caregivers, mostly grandmothers. It exemplifies the key role performed by extended families and their social networks in caring for children.

Most state supports for FFN caregivers come as a by-product of their investments in formal child care. In 2007, grounded in a statewide survey of FFN caregivers by Wilder Research, Minnesota expanded services and supports specifically for FFN caregivers throughout the state to promote children's healthy development. In recent years, however, lacking new data on FFN care, public support for FFN caregivers has waned as public policies have increasingly focused on child care quality ratings and access to preschool early learning opportunities. In fact, some FFN providers and advocates are concerned that FFN care, particularly in communities of color and immigrant communities, is viewed with suspicion as substandard or as avoiding health and safety monitoring. By 2016, the percentage of child care subsidies (CCAP) in Minnesota going to serve children in FFN care was 4 percent, down from 13 percent in 2012.



Moreover, at present, only licensed child care settings with Parent Aware quality ratings of 3 or 4 are eligible to receive early learning public scholarships. FFN caregivers are completely left out.

FFN care, however, is a preferred choice for many families, especially families of color, families from immigrant groups, low-income households, and families whose children have special needs. They choose FFN care for the familiarity, trust, flexibility, and affordability. Nevertheless, some families have no other option. Last year, for example, Minnesota lost 1,000 licensed child care slots for infant care. Likely, many of those families by necessity ended up using FFN caregivers.

Therefore, understanding the uses of FFN care and defining quality and needed resources and supports on its own terms², rather than relative to regulated care, are important policy issues that this Center can address through updated FFN research, data, and our

community-based partnerships. A renewed research focus on FFN care also has strong potential for supporting social networks and community building within communities of color and immigrant communities with the deepest early childhood inequities.

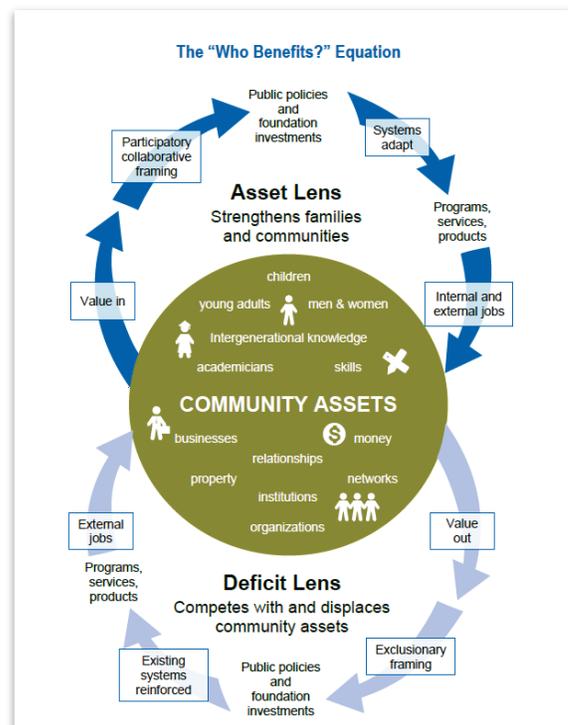
The economic value or return on asset-based investments

An asset lens strengthens families and community institutions by engaging community members in participatory decision making. Systems adapt to their environment rather than the other way around. Investments and policies strengthen relationships and advance community self-determination so that wages and transactions stay longer within a community and generate economic benefits for community members.

In contrast, a deficit lens competes with and displaces community assets. It expects the community to fit within existing structures of systems. It extracts value from community members and institutions. Solutions support social services that perpetuate inequality and treat families as service recipients and societal burdens.

Wilder Research, through its Return on Investment (ROI) research, provides Minnesota a non-partisan, common understanding of the economic value of building on community strengths and of investing in early childhood education, housing, and other human capital programs. Our practical studies provide unbiased, credible economic information relevant to major policy decisions and to public and private expenditures for improving the lives of individuals, families, and communities.

The Center for Family and Community Data, Knowledge, and Well-being within Wilder Research will use this ROI capacity to clarify where the savings and benefits accrue with an asset-based approach to community well-being. The Center will engage selected communities to in documenting and calculating their “Who Benefits?” Equation and then use the economic information for promoting an asset-based narrative for interacting with communities. It will also provide a platform for shared learning among communities, government policy makers and agencies, philanthropic organizations, and practitioners.



² A definition of FFN quality on its own terms, would, for example, be grounded in factors associated with healthy brain and child development, such as caregiver-child emotional responsivity and attachment and social-emotional support of other adults, in addition to cultural and linguistic responsiveness and match, and simple strengths of stories, singing, and other everyday activities. It would also make them eligible for appropriate resources without formally connecting to the regulated child care system.

Sources

Center for the Study of Social Policy. (2016). *About Strengthening Families* [Website]. Retrieved from <http://www.cssp.org/reform/strengtheningfamilies/about>

Center on the Developing Child, Harvard University. (2016). *Brain architecture* [Website]. Retrieved from http://developingchild.harvard.edu/key_concepts/brain_architecture/

Chase, R., Arnold, J., Schauben, L., & Shardlow, B. (2005). *Child care use in Minnesota: 2004 Statewide household child care survey*. Retrieved from Wilder Research website: <http://www.wilder.org/redirects/ChildCareUseinMinnesota2004.html>

Chase, R., Arnold, J., Schauben, L., & Shardlow, B. (2005). *Family, friend, and neighbor caregivers: Results of the 2004 Minnesota statewide household child care survey*. Retrieved from Wilder Research website: <http://www.wilder.org/redirects/ChildCareUseinMinnesota2004.html>

Chase, R., & Valorose, J. (2009). *Babies in Minnesota: The well-being and vulnerabilities of our youngest children*. Retrieved from Wilder Research website: <http://bit.ly/2duCqb7>

Chase, R., & Valorose, J. (2010). *Child care use in Minnesota 2009*. Retrieved from Wilder Research website: <http://www.wilder.org/redirects/ChildCareUseinMinnesota2009.html>

Chase, R., Mai, E., Mathison, P., Carlson, E., & Giovanelli, A. (2015). Minnesota early childhood risk and reach report: Key indicators of early childhood development in Minnesota, county by county. Retrieved from Wilder Research website: <http://bit.ly/1UEOrYD>

Emarita, B. (2015). *Voices and choices for children: Recommendations for the wellbeing of families of color and American Indian families in Minnesota*. Retrieved from the Start Early Funders website: <http://startearlyfundersmn.org/wp-content/uploads/2015/12/2015-Voices-and-Choices-Literature-Review.pdf>

Erikson Institute. (2016). *Children at risk: Research and community initiatives* [Website]. Retrieved from <http://www.erikson.edu/research-areas/children-at-risk/>

King, C., Chase-Lansdale, P. L., & Small, M. (Eds). (2015). *Two generations. One future. An anthology from The Ascend Fellowship*. Retrieved from the Aspen Institute website: <http://ascend.aspeninstitute.org/pages/ascend-fellowship-anthology>

Masten, A. (2014). *Ordinary magic: Resilience in development*. New York: Guilford Press.

Sroufe, L.A., Egeland, B., Carlson, E.A., & Collins, W.A. (2005). *The development of the person: Minnesota Longitudinal Study of Risk and Adaptation*. New York, NY: Guilford Press.

The Center for Family and Community Data, Knowledge, and Well-being



Deliverables

The growth and integration of these applied research components will contribute to family and community well-being through these deliverables over the next 5 years:

Communication and operations

The Center will:

- Build on the Minnesota Compass web site as a platform that provides opportunities for new voices, new narratives, and digital access to family and community data for well-being.
- Convene workshops, working groups, and community discussions involving diverse stakeholders to explore issues and examine community-driven solutions.
- Produce, distribute, and discuss implications of regional reports drawn from existing and new data.

Community engagement in action research design and data collection

The Center will recruit, train, and support a cadre of diverse facilitators throughout the state who will:

- Carry out an inclusive process to identify indicators of family and community protective factors and strengths and to define FFN quality on its own terms.
- Identify sources of new data, develop new measures and data collection methods, and facilitate the collection of new indicators of protective factors and strengths.
- Expand the use of FaCET throughout the state.

Data gathering and reporting

The Center will update **the 2009 child care use survey and FFN survey** with representative Minnesota households as well as with oversamples within communities of color.

Building an evidence base of effective community-led solutions

Broadening our understanding of what constitutes evidence in a way that recognizes and respects the expertise found in local and diverse communities and families, the Center will work with communities to:

- Implement community led solutions for chronic challenges to healthy child development.
- Evaluate those community-led solutions for replication and lessons and to provide clear, hard evidence that community-led solutions increase child, family, and community well-being.
- Calculate return on investment using an asset-based approach with communities, following the Center's "Who Benefits Equation."

For more information, please contact:

Richard Chase, Wilder Research
651-280-2706, richard.chase@wilder.org

Betty Emarita, Development and Training, Inc.
612-823-5193, bemarita@gmail.com