

# Providing Culturally Responsive and Individualized Infant and Toddler Care

WestEd  conversation series

## The Power of Culturally Consistent Care in Home-Based Settings

**Danny Torres:** Welcome everyone to the first session of our online conversation series, Providing Culturally Responsive and Individualized Infant and Toddler Care. The series will be moderated by WestEd's Program for Infant and Toddler Care. Today's topic, The Power of Culturally Consistent Care in Home-based Settings. Thank you all very much for joining us to speak about this very important topic. My name is Danny Torres. I serve as WestEd's Senior Manager of Publications and Dissemination. With all that, I'd like to introduce Glen Harvey, Chief Executive Officer at WestEd, and she'll be introducing the series today. Thank you very much, Glen, for joining us.

**Glen Harvey:** Thank you, Danny. And good afternoon, everyone. And welcome to the Program for Infant and Toddler Care's Conversations on Culturally Responsive and Individualized Infant and Toddler Care. I'm Glen Harvey, as Danny said, WestEd's CEO, and I'm so pleased that you're joining us today. Time is so precious, and we appreciate that you're sharing some of your time with us. So thank you. I've been an enormous champion of PITC from the moment I came to WestEd over 20 years ago. The developers and trainers knew the importance of culturally responsive care well before many others in the field of education. They embraced equity 35 years ago when PITC was first being formed.

For those of you who do not know WestEd, and there may be some of you, we're a national nonprofit, nonpartisan research, development and service organization. We're focused on equity, excellence, and improved learning, cradle to career, with an emphasis on supporting the needs of marginalized traditionally underserved communities. With our focus on cradle to career, I often think that if more of us in the K-16 world could learn from those of you in early childhood, we might be making significantly more progress. We really need a truly aligned cradle to career approach and system, and I hope you will join with me in supporting that.

Today launches the PITC four part conversation series which focuses on the importance of providing culturally responsive and individualized infant and toddler care. Exploring a really wide range of topics with experts, both practitioners and scholars, who've made significant contributions to the field of early care and education. The conversations are going to focus on a pretty wide range of topics and challenges. For example, creating inclusive infant toddler care settings, promoting early language development and communication for dual language learners, promoting responsive relationships and learning in home- and center-based settings, supporting family care providers and so much more.

Today's conversation, as Danny said, will focus on the power of culturally consistent care in home-based settings. With that, let me thank you again for being here and for sharing your time with us, and thank you for your commitment to high-quality culturally responsive care. And now let me turn the session over to Peter Mangione, who's WestEd's Senior Director of Early Childhood Strategic Initiatives and also the Director of PITC. Peter.

**Peter Mangione:**

Thank you, Glen for that introduction and overview. It's a pleasure to have all of you with us today. We are very excited about having this conversation. As Eva and I have talked about it, we've realized how important this is and how timely it is to focus on family childcare and family, friend, and neighbor care when we think about the care of infants and toddlers. I'm delighted that Eva is with us today. I've had the opportunity to work with her many times and every time I've learned, and it's been very special.

Eva is founder of the Indigo Cultural Center in Phoenix, Arizona and the executive director there. She is a nationally recognized researcher on issues related to early childhood education, culture, community, and provider child relationships. Before relocating to Arizona and founding the Indigo Cultural Center, Eva was a faculty member at the School of Education at the University of Pittsburgh. She's widely published and really well-known, asked to consult nationally throughout the country, and she's previously a ZERO TO THREE leadership fellow and has served as faculty at the Harris Infant and Early Childhood Mental Health Training Institute at Southwest Human Development.

Also, personally what's very important to us, Eva is one of our faculty at the PITC and has on several occasions been one of our lead faculty for the family and culture module. So, Eva, thank you for joining us today.

**Eva Marie Shriver:** I'm really happy to be here, Peter. I mean any chance to spend time with my PITC family is one that I will just grab. I'm so proud to be part of PITC.

**Peter Mangione:** We feel likewise to having you be part of us. So let me begin because there's been a lot of discussion around family, friend, and neighbor care and family childcare and what value it has. And I think we're taking a much more expansive, inclusive look at all the different kinds of care settings that are available to families with infants and toddlers and each one offers strengths, and we probably don't talk enough about the strengths, what's really offered to families with infants and toddlers when they use family childcare or family, friend, and neighbor care as the place where they have their child? So could you talk... I know you've worked extensively with family childcare and family, friend, and neighbor care in Arizona. Could you relate to us what you've seen?

**Eva Marie Shriver:** Yeah, absolutely. Yeah. So, I, and not just in Arizona, I have been immersed in the world of family childcare and family, friend, and neighbor care since my graduate work at UCLA, and I kinda just fell into it. I was a doctoral student and doing my own research mostly in center-based care as most graduate students do. And I remember desperately, desperately wanting to apply my knowledge to just real world, what is happening right now in the lives of families, in the lives of all the... At the time we didn't have the term technical assistance provider. I mean, now everything is so delineated. We have the coaches, the consultants, the mentors, the trainers, and we have definitions like stay in your lane, you know, but collaborate.

We have all of that going on but back in the late 90s, I was curious about who are these people in classrooms who are working side-by-side with teachers and providers. And I desperately wanted my graduate education to include just not what's happening in a laboratory, you know, in the ivory tower, but what is happening in real time, in real life. And I was fortunate enough to be connected with a well-known CCRNR in Los Angeles, called Crystal Stairs. And that was my research lab for a very long time while I was a graduate student. And they had a tiny little project, a tiny little pilot project that they wanted to kind of, you know, pair me with, and it was called, I don't know, the License Exempt Assistance project or something like that.

I had no idea, what is that? What is license exempt care? And I'll be honest with you. I remember hearing about it and thinking, uh-uh, no. All children need to be in center-based care. You know, very, and I think so many of us, you know, these are kind of our unexamined biases that we have towards center-based care, and I don't want to say that center-

based care is not ideal for children, I just want us to open up our conversation around the assumptions that we make. When we think high-quality care, many of us, even subconsciously think, nope, the babies, toddlers, like all the children need to be in high-quality center-based care.

No, they all don't need to be center-based care. There are many, many reasons and it's a much deeper conversation. But what I came to truly, truly understand in a way that kind of almost even transcended my just, intellectualize knowledge about children and child development, was we must, we absolutely must honor and follow along where families are going to make, you know, what are their decisions? Where are they going? The decisions to place your very young child, your baby, your toddler, your very young child in home-based care... What we've come to realize is that it represents choice and preference as well as constraints.

So yes, access to high-quality center-based care is always an issue and we know this. In our country, we just don't have enough high-quality, center-based slots, period. And even if we did, there are still many families who would gladly choose for their own sister or their own mother or their mother-in-law or their father-in-law to take care of their baby. And so by positioning ourselves in a way where we, number one, seek to understand, honor, and respect families decisions about where they put their children, it then leads us in such a different way to understand what is the nature of children's experiences in this care? And how do parents' choices reflect values, reflect cultural capital or social capital or the lack of thereof.

I think it is more nuanced conversation. And it's not to say that all babies and toddlers who are in home-based care, it's not to say that the families wouldn't want them, let's say an early head start or a high-quality center-based care, you know? So, we have these broad categories, and we tend to make sweeping statements, and we need to open up our conversations to include the words, not "either/or" but "and". And this and this and this. Oh, and this, oh and that's layer on this. It's a really more expansive conversation because what we know, and now especially because of COVID, the majority of our young children are in home-based care. Period. Period. Regardless of economic background and the income of the family, almost transcending cultural background.

This is the preference for most families in our country. We need to understand that. And our policies, our professional development infrastructure, we need to understand that, and we need to follow that and respect that. And so, I'll stop talking there for now 'cause--

**Peter Mangione:** No, that's...

**Eva Marie Shrivvers:** But yeah, you know when we enter through that lens of saying, “Oh a lot of families, this is their preference.” Not all the time but it is for many, many families, and an understanding that, then we can see the type of care through a strength-based perspective. As opposed to entering in thinking, “Oh these poor children, they really should be in center-based care.” That already sets us up for more of a deficit lens in the way that we view our work when we come in to work with home-based providers.

**Peter Mangione:** Right from the get-go. Right from the beginning of our conversation. What's the problem here? It isn't a problem, it's something that we can see as having value for families and for the child. And I'm wondering if you could describe from the child's point of view, from the infant or toddler's point of view, what that child is gaining from a home-based setting.

**Eva Marie Shrivvers:** Yeah. And there are some differences that we're noticing between licensed family childcare and family, friend, and neighbor care. And just to be clear, I love definitions. Family, friend, and neighbor care, we tend to kind of see this as an umbrella of all of the unlicensed care. And this could include... There's a continuum where some providers are considered license exempt and potentially part of that regulatory system that opens up the possibility of getting a subsidy for providing care or registering with their state's, whatever you wanna call it, database, registry, you know, every state is slightly different.

And then you have, along the continuum to the really informal types of care where there really is no formal connection with any system. And this is, you know, grandmother, a lot of times it tends to be relatives, but not always. In certain cultural communities we see lots of neighbors and lots of people who the family kind of knows but it's not a deep connection, especially in many of our communities where there are a large percentage of families who have immigrated to this country. At least here in Arizona, when we ask providers to describe their relationships with the families whose children are in their care, they define them as *Conocido* which isn't quite like a really close attachment, but it's kind of like a looser, kind of like, more of an acquaintance.

So, it's really important for us to understand the nature of different types of family, friend, and neighbor care. But in terms of the infant and toddler's experience, I mean, for family, friend, and neighbor care, what we've seen, not just in the research that we've done here in Arizona or in Los Angeles or in Pittsburgh, we see really low ratios, but we did kind of a

meta-analysis of many other big, large studies, some kind of bound geographically by state boundaries, some were multi-state studies, but what we found is that there are really low ratios. They're really low ratios. And we all know, right?

In terms of provider-child interactions and the potential to develop beautiful, emotional availability and secure attachment relationships and attuning to a child's cues and you know developing language and literacy, those low ratios, they really do translate into more of the process quality features that we all uphold. And so, it's a really big one. And that's also kind of an area where family, friend, and neighbor care in particular tends to get stereotyped. There are some negative stereotypes that continue to persist that I believe if we go to the genesis of that and we go to the roots of that, they are absolutely rooted in more racist ideologies around families and particularly families of color who have benefited from receiving public assistance.

We hear stereotypes about the welfare queen. Well, that stereotype now extends to, what is the stereotype? You know, that the provider who's taking care of 10 children and, you know, just plops them in front of the TV all day. Those stereotypes abound. And I'm not saying that they don't exist, but they are the exception. They're not the rule. So, we tend to see lower group sizes, we tend to see lower ratios. We tend to see really closer relationships with families and in the lives of infants and toddlers the more consistent communication we can have between family members and caregivers, it opens up so much for that child.

There tends to be more cultural and linguistic continuity which for a child's developing sense itself and who they are in the world, not to mention a solid background in their first language, huge. So those are some of the ways that we're really seeing the type of care impacting the day-to-day experience of babies and toddlers.

**Peter Mangione:** It's very powerful the way you describe it. You know, when I think about our work which is around how do we work with providers, whether they're center-based teachers or providers who are home-based, how do we work with them to work on the quality of care they provide? Because you know, all of us, you and I, we can always improve our quality. You know, so everyone is on that trajectory, and it is a collaborative process. It's a collaborative learning process. How, in your experience, do you go about supporting the continuing development of people who provide care in the home?

**Eva Marie Shrivvers:** Yeah, this is a really big conversation we're having around the country right now. We're reexamining our notions of quality particularly in home-based care. And I would say the biggest, the biggest obstacle is that we have these very center centric notions of quality. They're informed by our experiences, our observations. Our narrative around quality is absolutely shaped by what we know about center-based care. And so, I think first and foremost we need to understand the nature of home-based childcare. And so, for example, what that means is understanding and appreciating there are mixed ages. There are mixed ages.

This is more similarly kind of representing a family dynamic. We don't know what to do with that a lot of times because usually when we go into programs and centers, you know, all the children are the same age and so our notions of developmentally appropriate practice and individualized pedagogy is very specific for that age group in that classroom. Well, what does it mean when you go into a home-based setting and you have young children ranging in age from let's say, six months to five years old and school aged children who come after school? What does that mean for quality? So, our understanding of quality needs to incorporate the very unique aspects of home-based childcare. So things like mixed age groups, a home setting. It is a home setting.

And so, when we come in with our rating scales and all of our materials which are so, of course, well-meaning, I think we seek to recreate mini centers and for some families and some providers they love it and they are over the moon. And many of our home-based providers used to work in a Head Start or in a preschool or they used to be teachers and so they kind of replicate that, but that is not okay for all families. And when we add the cultural layer on it, when you have a provider who lives in the home with her family, sometimes it's not welcome to have a whole room taken up for the childcare, or a whole library corner.

So, we have to understand and work with a family dynamic and some of those preferences, many of them, are culturally bound, you know? And then also just thinking about the other adults in the environment. It's often not just the provider, sometimes it's the provider's partner. Sometimes it's their grown children who are in the home. Sometimes it's community members and neighbors. How do we under, expand our notions of quality to incorporate all the other people who are there instead of seeing it as a liability and something to be wary of? How do we embrace that and kind of just relax and understand the flow of what happens in a person's home?

You know, so those are just some of the examples of, you know, how do we really attune it to quality? We have to expand our notion of what quality is. What does it look like? What does it feel like? And we put on our cultural lenses to say, okay there is not just one way, there are many ways, you know? So, I think that's really key, and those are the kind of conversations we're having around the country right now, is really understanding those unique features of a home-based childcare and approaching quality with a deeper understanding, a deeper knowledge, a deeper, almost felt... I'm gonna bring the body in a lot because I know, I'm learning, my own learning is a lot about what we embody, not just what we know, but what we feel when we walk into a space and trusting that and honoring that.

Providers have the same sense. Families have the same sense. A lot of what they understand about quality is a felt sense of it. So, I think part of our notions are bringing our whole selves which includes our body. How does it feel to be in this space? How does it feel to be in communication with the provider and to develop an ongoing relationship? When do I lean into a really difficult topic or difficult conversation? And when do I kind of leave it alone for now but perhaps think about revisiting it later? That's our body also telling us how to do that dance as we're working with home-based providers.

**Peter Mangione:** You know, hearing your story makes me think about research that was done many, many years ago looking at language development when turn-taking was seen as a very important part of learning language.

**Eva Marie Shivers:** Turn-taking?

**Peter Mangione:** Turn taking...

**Eva Marie Shivers:** Yeah, okay, yeah.

**Peter Mangione:** ...back and forth interaction.

**Eva Marie Shivers:** Yep.

**Peter Mangione:** And the study, it was done in Appalachia. You know, there were a couple of communities that were compared and one community at that time, it was a long time ago, the fathers went to work and the moms were home with the youngest child, the baby, and you saw a lot of this back and forth turn-taking kind of interaction. The researcher's name is Brice-Heath. And then she went to a different community and did an ethnographic analysis, and what she saw were groups of people were together. So the baby was in a room together with a gathering of adults,

essentially brothers, sisters, aunts, uncles, grandparents, a neighbor who's like a family member. And of course, there's a lot of adult conversation going on and the baby was observing and taking it all in.

And once in a while people would interact with the baby too. And that would happen. Brice-Heath went back when those children were three, four years old, and in both communities, children became competent speakers of their home language, you know. So, we have this idea that there's one way for a child to experience language, but babies and toddlers they learn in multiple ways, and they will avail themselves to the ways that are there for them and really learn from it, take it in, and understand how the rules of social life work for them and how communication works within the community and the family that they're growing up in.

**Eva Marie Shrivvers:** Oh, that's a beautiful example. Gosh, yeah, listening to you talk about it, it kind of reminds me of... I mean, I kind of think sometimes especially with home-based care that we need to be more like anthropologists, you know kind of an openness about learning even as we're there to support, even as we're there to coach or consult, there's still so much learning. And so much of the learning is taking in, like what are just that natural dynamic, that natural flow? Understanding it first before we come in to impose our paradigms, which are informed by a white dominant mind frame, paradigm, you know, some would say white supremacy culture.

It's absent, our notion of what is appropriate language, and literacy development is absolutely informed by that paradigm. When we come in with a different openness and we understand the natural flow in a family, it opens up a different way. And you know what you said about them coming back and the children being proficient in their home language, I mean, we know from so much research that children have a much better start in life when they are proficient in their first language, when they are proficient in their home language. And so, you know, what can we do to support that?

But I love that example because it is honoring just the natural flow of what happens in families. And when we look historically, which we always should, we should never abandon history. When we think about this historically, it's only relatively recently that we are raising children or rearing children or caring for children in these kinds of same age group settings or kind of exclusive, away from the lives of the family, away from the lives of adults. It's only relatively recently in our human history where we've raised children in that way. This is a really interesting social experiment that we're doing. So what happens when we remember,

actually, yeah, we're hard wired to learn language from the people in our environment, period.

**Peter Mangione:** Yes, in real life associates.

**Eva Marie Shrivvers:** There's no caveat, like period. That's how we're hardwired, right?

**Peter Mangione:** Yes, it is. And that's just one example of a kind of learning. You know and as you're talking, it was making me think about one big concern that comes up for people especially for people in our field and who, as you said, come in with this center-based training, we all started out in higher ed setting and there's the lab school and you have that experience and that becomes your template often. Not always but often. And one of the things we know in center-based care is we're very concerned about individualized care. We're very concerned about how, are we meeting the individual needs of each child in a small group.

And so, when I think of that family, friend, or neighbor or to family childcare settings which are multi age and has children with a variety of individual and developmental needs, how do you ensure or how do providers in home-based settings ensure that those youngest children are getting their needs met?

**Eva Marie Shrivvers:** Yeah, hmmm, uhhh... Well, I've several ideas about that. I'm gonna bring in my infant mental health lens for just a second.

**Peter Mangione:** Yes.

**Eva Marie Shrivvers:** And, you know, one of the biggest tenants we have in our practice is as goes the mother, as goes the caregiver, so goes to the baby or so goes to the child. Making sure that caregiver is okay and whatever initiative we happen to be connected to, centering the wellbeing, the holistic wellbeing of a caregiver, I think is a really important step. I don't know if it's the first step but it's a central, it's a central part of us. Those of us who are in the business or in the life journey of supporting caregivers, we must attune and attend to caregiver's wellbeing. And we're understanding this in profound ways more and more. I think more and more of our professional development initiatives are paying attention to this.

I'm very closely connected with infant and early childhood mental health consultation. And I do believe that it is such a promising initiative. Unfortunately, with mental health consultation, not all the time but most of the time it is very difficult to sustain a mental health consultation in large numbers of home-based settings. There are pockets. Every time we

talk to a new community, we ask, to what extent are you serving home-based providers, whether it's licensed family childcare or family, friend, and neighbor care. We're always very curious about that, and it continues to be a challenge. It's a challenge with our quality coaching as well.

It's a challenge with most of our initiatives. We're kind of based on center-based care and we try to adapt it for home-based providers. But attuning to the wellbeing of caregivers I think is one way we can start to set the stage for the caregiver to be present enough and I guess centered enough to actually see the children as individuals. I mean, this is, we're relational beings. When we are suffering, it's hard to attune to anyone let alone a very young child. So, I think that is one really key piece. Whatever we're doing, how can we attune and attend to the holistic well-being of caregivers, more than we already are.

Even if it's not an explicit mandate of our program, we can do that through our relationships. We can do that by listening. We can do that by centering ourselves and presencing ourselves every time we walk into someone's home. You know a lot of times before I would go into a home, I would just sit in my car and breathe. Just breathe very deeply, close my eyes, feel my body before I would go in there. And I have to believe that that helped me just be present to what is or what was unfolding in front of me at the time. And so, I think we're moving more and more in those directions in our field. But the individualization for young children, we have to know something about child development, don't we?

I mean, we have to know something about the way babies develop attachment, relationships. We have to know something about their language and literacy. We have to know something about their motor development, their sensory integration needs. We have to know something about that. So, I think for those of us who are working closely with home-based providers, then the question is how do we impart that knowledge? And that's where the debate comes in between kind of training, ages and stages training, versus having a conversation where you can kind of weave in ideas and concepts around child development.

And there are some really also very powerful examples of networks of providers who come together, and it feels to them like support, and facilitators are very skilled at weaving in content around child development. So, I think I'll stop there for now, but those two things from me are really key is, you know, how do we attune and attend to the caregiver's wellbeing so that they can truly see and be present with individual children, including the youngest. And then how do we skillfully bring an offer of knowledge and information about child development in

a way that they can really lean into and see themselves in a way that is not too complicated but not too easy?

You know, is that done one-on-one, is it done in a group format, maybe all of it. This is where we have to know our communities and what resonates the most. And often what we're finding right now, thinking about my friend and colleague, Juliet Bromer at Erikson, and she talks about a variety of approaches, we're finding, are most effective with home-based providers. A variety of meaning kind of group support networks and also some of that individualized one-on-one consultation or coaching, yeah.

**Peter Mangione:** You said so much there. I wanna comment a couple of things and then a little more deeply, but this idea of attunement. So, if you're attuned to the provider and in the context of thinking about infants and toddlers, that provides an experience for the provider to then become attuned with you. So there is this kind of sense that the provider's learning about the experience of attunement through having that experience.

**Eva Marie Shrivvers:** Yeah, we call that the parallel process in early childhood mental health. That's right. That's right. Yes, yes, yes, yes, yes.

**Peter Mangione:** And then the second thing, with the PITC, way back at the beginning with Ron Lally when we were starting, what we were really clear about was, it wasn't gonna be helpful to teach people milestones or that professional development wasn't about learning all these concepts or talking about language development, what's pragmatics versus semantics. That wasn't, or cognitive development getting into some of the technicalities. That wasn't really what people needed to learn. But what we found was, and this was focus groups very early on, and it was more center based then although we did always include family childcare, is people want strategies, ideas that they can use in practice to have a more rewarding experience providing care to an infant or toddler.

And embedded in those strategies is the developmental information. And it's through applying them and observing and seeing infants doing things and then how you're responding that you start to make those connections and start to appreciate development. So we have to impart, and at some point I think what happens is people, if they start with their own capacity to observe and their own capacity to see how infants are responding to our responsiveness, how we engage with them, and see what they do that, how they do that as they develop over time, because one of the beautiful things about being a provider is you're with a child

who develops over time and that you have that developing relationship in a home setting especially, you have more continuity of relationship.

And so you have that experience. And then the developmental information starts to make more sense, and you can start to use it in an applied way that really does make your experience more rewarding and help the child become even more engaged in both the relationship experience and then exploring the environment and learning.

**Eva Marie Shivers:** Yes, it's very powerful. I love hearing your stories about kind of the early days of PITC. Of course, it doesn't surprise me that that was where you all started. And I think it's one of the reasons why so many of us around the country continue to resonate with the materials and the framework. Yeah, that is very powerful. And I feel like what you were describing kind of taps into what we understand about the way adults learn, about how we as human beings learn. You know and we do, we learn through relationships we're relational beings. Listening to you talk, I was calling to mind and calling to my heart a program here in Arizona. It's pretty well known around the country.

It's called the Arizona Kith and Kin Project. And they serve thousands of family, friend, and neighbor providers every year. They've been in existence now for oh, maybe 16, 17 years? And they are really, really good at reaching a very difficult to reach population. They serve predominantly Latin X population, high percentages of the providers who have some sort of migration history. And often these are our invisible providers. You know, many of the providers for many reasons are not accessing or are unable to access support and kind of connect with systems. This is a program where they can start to do that.

But I think more importantly what we've learned over the years is the way that their groups are formed. It's training but that's not what leads, what leads is the support. And they come together and exactly what you said, Peter, they kind of use, okay, so what's up for you today? What's been going on? It's how the very skilled facilitators, who by the way are culturally, linguistically matched with the group that they're serving. You know, that's a really key part of their program. The facilitators know their community. Many of the facilitators are even from the same regions in Mexico as many of the providers.

So there's that beautiful cultural continuity there. There's similar notions of mothering or caregiving across borders. What does it mean to mother in one's Homeland? What does it mean to mother in a new land? You know, these are the things that are talked about. But people will bring, Oh, I'm really struggling. The child I'm caring for is not eating or, you

know, really all of a sudden it just has these behavior problems. And so, depending on what's bubbling up for the group, the facilitator will very skillfully start to weave in some constructs and some ideas about child development, but it's absolutely rooted in the urgent and very real stories and examples that providers themselves are bringing.

And so, so many layers to it. And, you know, we've been their evaluation partner for many years now, and we've gone in and done our external evaluations and have done observations in providers homes. And we've seen amazing enhancements of provider practices, namely communication, namely communication and intentional activities that are related to school readiness, you know? And so, it's such a beautiful model for many, many reasons, but it is absolutely rooted in, okay, I see you or I want to see you, who did you bring with you today? You know, like with children even like in the mind and the heart, what's on your mind, what's on your heart today?

Let's start there. And we've seen amazing growth and amazing just connections unfold. And then there's the element of peer support too, they are learning from each other also. It's amazing.

**Peter Mangione:** And that's a very important part of any kind of professional development experience, that somehow that is created as part of it.

**Eva Marie Shivers:** Yeah, yeah, yeah, yeah.

**Peter Mangione:** You know, a couple of times already in this conversation you've talked about how there's bias and that we do have a dominant early childhood way of doing things, which is certainly dominated by our larger society and the biases built into our larger society and in the home-based setting, issues around our focus on social injustice is inevitable as it is at any conversation or whenever we're talking about young children in today's world. And I'm wondering what kind of guidance you would give to a provider who's engaged with a parent or a child around social injustice?

**Eva Marie Shivers:** Whew, I knew that this question was gonna be asked, so I have been thinking about this for the past week. I have several kinds of lines of reflection around this. I think one is, this is where some distinction between family childcare and family, friend, and neighbor care bears repeating or bears highlighting. With family, friend, and neighbor care, there tends to be such a strong match culturally, linguistically between the families of the children and the providers. There's a very, very strong cultural, ethnic, racial, language match, very strong, very strong. In family childcare, not as much, right?

There tends to be more diversity, not all the time, but there tends to be more diversity among the children than in family, friend, and neighbor care. So there's an important distinction. And so, understanding those conditions will lead us to reflect on this notion of social injustice or how we're socializing children around identity, around culture, around anti-bias, around all of those principles that so many of us are now, are very concerned about and urgently wanting to address. So let's start with family childcare. Let's start with family childcare. So, if we have a provider who may or may not be matched with most, you know, when I say match just kind of shorthand for saying culturally, ethnically, racially, linguistically matched with the children in their care.

I think a really strong portal, which is something that PITC has understood for a very long time, is a relationship with the family. So, if we wanna talk about culturally consistent care at a minimum, all right, there's a whole continuum when we think about social justice, there's a whole continuum of what caregivers can do with children and families in their care. At a minimum, we want cultural responsiveness, right? Cultural humility, cultural responsiveness where we're not putting down or seeing the child or family is deficient because their culture is different or they're doing things in a different way.

So, we have notions of how do you come to understand what a family brings? How do you see it through eyes and the heart of strength and adaptability versus deficient behavior, deficient practices? How do you come to understand that? And this is where whatever quality initiative providers are connected to, I think that the facilitators of that whether you're a coach or a consultant or a community-based trainer or a family childcare network specialist... Trying to think who else, infant toddler specialist. Hello, I know you all are still out there. You know, I mean, this is where we have to be able to hold space for that.

This is where we have to be able to practice what we preach. This is where we need to come with it. We need to understand and truly appreciate the strengths that families bring. And this is where I think that the training and the orientation, not orientation in terms of something that happens at the beginning but how we orient to understanding families. This is where PITC is so strong. And if I had to distill what I love the most about PITC, I think it's that stance towards families. I love it so much. That is such a key starting point. Key, if you do nothing else, how do you come to truly love and appreciate, know the families in your care, that can lead to so much.

And then beyond that moving along the continuum, we want to know, you know socialize children in a way where they are not simply accepting of differences, but when they can stand up for something that they see as unjust, right? And so, this is now when we get into deeper work of a provider. How did they come to understand what anti-bias means? We all have a reckoning to do around race in this country. All of us, all of us, regardless of our background, we all have reckoning and healing, deep, deep, deep healing to do around race. This is where providers must begin to do that work.

And it is easier sometimes to do that in the context of a relationship with a trusted partner, that partner could be a friend, it could be another provider, it could be your coach, it could be your consultant, but here again, we have implications of who's doing this work in our field. So, we have to do our own reckoning around it as well. In family, friend, and neighbor care where there tends to be more of a match, you know, culturally, linguistically, I think the bigger work that we tend to see is an emphasis on positive identity development, right?

And if we are working with providers who have a, let's say, predominance of black or indigenous or other children of color, you know, how are we helping that provider number one, kind of see and start to heal their own notions of oppression that might be internalized. A lot of times it is internalized. Sometimes people are aware of it but often we're not. And then how do they in turn start to kind of create experiences and interactions and ways of talking with children that can support their positive identity development as well. When we do research with families of color around the country, we're seeing increasing numbers of parents really wanting to focus on positive racial identity development.

And then now increasingly white parents are saying how do I orient my child so that they also are understanding differences and appreciating social justice and asking the questions and pushing when they need to push. How do we raise children who truly are caring about everybody in our human sphere? And there are amazing resources that are out there now to really support caregivers and parents in helping their white bodied children do this work as well. And we all have to do it, we have to do it as adults in order to help our children. So, there's some really great resources. Raising Race Conscious Children.

Here at Indigo, we have a beautiful partnership with Embrace Race, and they're kind of known for doing a lot of work with parents. They're expanding to do more and more work with early educators and with those folks who work with early educators. Sesame street has some

resources. And of course nothing is perfect, and we're still understanding this work.

**Peter Mangione:** We're all learning.

**Eva Marie Shivers:** Trying to build the ship as we're floating it and keeping in mind that our quest towards social justice, our quest towards equity, and I wanna name specifically racial equity, our quest towards that is still largely aspirational. In this country, ever since these lands were stolen, we actually don't know what social justice truly looks like and feels like. So a lot of our work, a lot of what we think will work is still a grand social experiment. We're all in this together, trying things, putting materials out there, and then coming back and revising them. I think same with the PITC faculty.

Our knowledge continues to evolve, and what we offer our students at PITC continues to shift and change as we shift and change. And that is exactly the way it should be. So, there's a certain amount of grace that we have to offer one another understanding that we are all on our journey. Hopefully we're all on our journey, hopefully. Anyway, I talked for a long time, I'll stop there. I have a sense that maybe we need to--

**Peter Mangione:** I could listen to you for much longer than you've talked. We wanna give our audience a chance to ask their questions so, and thank you. It's just very clear and really helpful to hear what you have to say. It's an awakening, I think. So, I believe that Arlene Paxton is gonna help us with the questions. And we'll go from there.

**Arlene Paxton:** Hey, thank you, Peter. And thank you both for the conversation. So much to think about and reflect upon. We got a few questions before the webinar started. So I'm gonna go to one of those. I do wanna say it may be difficult to get through to all the questions and thank you to those who have submitted them. We'll do our best. And we'll start with, could you talk a little bit, Peter and or Eva, about the intersection of culturally consistent care and executive function?

**Eva Marie Shivers:** Hmm. Hmm. I know that's a big question.

**Arlene Paxton:** I thought I'd start out with a big one.

**Eva Marie Shivers:** Yeah, I saw that one earlier and I was like, Oh, there's a beautiful book. There's a beautiful book. Do I have it on my bookshelf? Do I have it in my piles? I know it's on my list of Amazon things to order. Oh, I kind of wanna find it because I feel like it's a really good one. If we move on to

another question, can I quickly just search for it so I can give people the title of it, no, really--

**Arlene Paxton:** Absolutely.

**Eva Marie Shivers:** It absolutely connects those dots. I'll find it very, very quickly if we can maybe start to field another question.

**Arlene Paxton:** Sure, and Peter, I didn't know if you wanted to talk a little bit about executive function in that note while Eva looks for her book, but I don't wanna put you on the spot either, which I just did.

**Peter Mangione:** Executive function is a development that takes a long time in a young child and begins really through an experience in a relationship in which there's co-regulation, but it's the prefrontal cortex part of the brain that's developing. And there's several parts to it that are very important. One is, you need the capacity to maintain your attention and to control your attention. And in order to do that, you have to inhibit your immediate responses. So there is this aspect of cognitive flexibility that you can focus on one thing and not be distracted by another.

And, you know, rather than giving you a formal definition, what it allows you to do is to use your working memory, to use what you're thinking about right now in an optimum way and to give the attention to it, not be distracted, and to focus what you're doing. And cultural consistency, what that helps I think with, and Eva's gonna give us as a resource, is there's predictability for the child with cultural consistency. And that really, I think helps to development of executive function. I'll say one more thing and we'll elaborate on it much more when we get to the dual language learner topic in this series, that there seems to be an advantage, a bilingual advantage for the development of executive function. Those children who are learning two languages seem to pick up that capacity earlier than children who are they learning one language.

**Eva Marie Shivers:** Yeah.

**Arlene Paxton:** Yeah, I think you're still looking so I'm going to give you a chance...

**Eva Marie Shivers:** I found it

**Arlene Paxton:** Great! You did. Okay.

**Eva Marie Shivers:** I put it in the chat. But I just realized that not all of our participants can see it. So I'm gonna say the name of it. And then I also noticed that there was a question asking for a list of the resources that Peter and I are

mentioning. So maybe at some point post recording we can compile a list also of the things that we've mentioned today. So, this particular book, I don't know why I haven't ordered it yet. It looks amazing. It's called "Culturally Responsive Teaching and the Brain: Promoting Authentic Engagement and Rigor among Culturally and Linguistically Diverse Students." The author is Zaretta Hammond. And I have a couple of colleagues who absolutely love this book, and I've done a lot of work and developed trainings and professional development courses based off of this.

So, so... I have thoughts about this question. I haven't quite connected the dots explicitly, but if I can share just a little bit about this, I think it's a really important question. And I'm wondering to the person who posed it, I'd love to know why you're thinking about this 'cause I have a hunch that you have ideas already about how it's connected. So, you know, what we know is that when we think about implicit bias this is like ways of thinking about the world. These are snap judgements that we make. Our brains are hardwired to take these shortcuts, to make decisions about things that are meant to protect us, make decisions about things that are dangerous, things that are good.

You know, we have these really short cuts, creating categories and we act on them in a second, in the briefest of seconds, and to bring all of those implicit biases or those unexamined biases to the surface takes a lot of work and it's not this kind of work people. It's not intellectualized work. We can read all the books on my list. We can read all the books in my pile here on my desk and still not bring our unexamined biases to the surface. We have to get into our bodies. We have to breathe. We have to pay attention to where, when our body has that twinge of like [SPEAKER SQUEALS]. You know, like you, you're watching the interaction and there's something that happens, you're like [SPEAKER SQUEALS], I'm not so sure about that.

Or we meet somebody and we kind of get a feeling about them. We have to learn to kind of relax and return to our center and to pay attention to what that means. And even if in the moment we're not able to surface, "Oh, I think I have a bias here", or "Oh my gosh, I'm feeling scared, and I don't know why." We need to pay attention and practice doing that over and over again so that even after we're done with our home visit or even after we're done with our training, we can kind of sit and reflect what was that about for me? And I notice that I tend to have those kind of reactions every time I... fill in the blank or every time I'm with...fill in the blank or every time I see...fill in the blank, right? Become aware of our own responses.

So, I think connecting cultural responsiveness with executive functioning is this process of getting it from a place in our brain and in our nervous system where we're not really conscious and aware to a place where we are aware, that is deep work. And again, it is not intellectualized knowledge. We have to get into our bodies. And so, what's happening now, Indigo Cultural Center, we're part of a movement called Transformative Justice. And at the heart of that movement is healing, healing. Our way through this whole mess around race and racism and injustice, our way through it is not through our brains, it is not through our minds.

It's by, you know, returning to ourselves. It's by returning to one another. It's by healing our relationship with the land. It just is. As human beings we try to compartmentalize as we think, "Oh, we just need to know this knowledge about child development", it's very compartmentalized. No, no, the deep work that we have to do is as human beings. And a lot of it is, it starts by reconnecting to ourselves, to returning to our center, feeling our bodies again and listening. When we combine that with our vast knowledge and our curiosity and our strong motivation of having relationships that are rooted in love and compassion, oh my gosh, there is so much that we can transform from that place.

So, I think that's all I wanna say about it for now but thank you for asking that question. It's really important because our way through this is not through the brain. I'm sorry, it is not, it is not. As much as I love these kinds of events, what we need to come back to are opportunities in our lives to connect to ourselves, to our bodies. We call it mindful embodiment. You know, we're talking about embodied social justice. What the heck does that mean? We all need to be on our journey to figure out what that means for us.

**Arlene Paxton:**

Thank you Eva and Peter, lots of comments in the Q and A. Eva's information will be on our website for those of you who wanna get in contact with her, you might get lots of emails. We're very short on time here. Danny, I... do we have time for one more or... Perhaps we have one question in here. They're all big. Eva, maybe you could briefly talk about any contact with tribal childcare in Arizona or any work that you've done in that community. That's another area that I know PITC is reaching out to but maybe you can talk a little bit...

**Eva Marie Shivers:**

Yeah, I don't do as much work in that area. And part of that is, well, it's just for me. Okay, it is for me, this is just me talking, you know, I'm not saying this for everybody. I am a cultural outsider. I have a lot of work to do to understand kind of the nature of childcare, of raising children. You

know, I am kind of learning a lot about, you know, the reckoning we have to do in this country and particularly, I identify as an African American biracial cis-gendered woman. For African Americans we have a lot of reckoning to do with our First Nations indigenous brothers and sisters.

We have a lot of reckoning and healing to do. So I'm kind of on my journey of that healing and learning. So, what that means for me is I haven't stepped into those spaces as much as I step into other spaces where I have relationships, deeper knowledge. And so that's just for me. But I can tell you what I know and what I've been hearing, the narrative is returning more and more to, and I'm focusing on kind of more of the promising trends that I've been hearing, is really honoring cultural traditions, honoring language, and adapting our professional development initiatives to really align with ways of knowing that have been held for centuries by our First Nations and our tribal communities.

These ways of knowing should not be pushed to the side. We have to do whatever we can to uncover, to discover these ways of knowing. And one important way to do that is to take a look at our workforce, is to take a look at who's in our teaching workforce on tribal lands, on stolen lands, in indigenous communities. Who is in the workforce, who is not in the workforce? And then who are the helpers, who are the coaches and the consultants and the trainers who come into these lands. And I am going to advocate as much as I can. These people should be people from the community or people who know something about ways of knowing, deep ways of knowing.

It is incredibly powerful. For example, with infant mental health consultation, my friend and colleague, Dawn Yazzie, she's Navajo and she takes infant in early childhood mental health consultation, and it resonates strongly with her because she sees a lot of her people's ways in mental health consultation. She's able to adapt it and speak about it in ways that are really resonating with Head Start teachers and with site directors. And I don't know if she does a lot of work with home-based childcare. I think that is more of a challenge in general for many of our professional development initiatives.

But definitely what I would probably say about that is, we have to pay attention to our pipeline. So, this is a conversation about who's in the workforce and who's not. For those of you who have any kind of decision-making, any kind of power to make decisions about who's there and who's not, we have to critically examine our pipelines. Who's doing this work and who's not. And to be able to open up our professional development initiatives to really embrace, not just embrace but

proactively go after these ways of knowing, uncovering them, bringing them to the forefront, honoring them in ways that they deserve to be honored. So, I suspect that that is a really powerful way to really heal a lot of what has happened with our First Nations communities.

**Peter Mangione:** Eva, we could go on about... Yeah, I mean, you're giving us such richness and really helping us continue on this journey of learning together. Thank you so much for gracing us with your wisdom.

**Eva Marie Shivers:** This was fun. I wish that we could see the people who are attending and attuning and the questions. I wish they could be very long discussions. So maybe we'll find some other format to do that one day. Thank you, Peter for inviting me. And as always, I love our conversations every time we get together, whether it's over Zoom or in person, hopefully we'll get back to that soon.

**Peter Mangione:** Yes, thank you so much. Bye bye.

**Eva Marie Shivers:** Bye everyone.