

“We need to try to go higher”: An examination of Somali Family Child Care providers’ participation in a professional development program in the United States

Journal of Early Childhood Research

1–18

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DOI: 10.1177/1476718X251325974

journals.sagepub.com/home/ecr**Sarah Garrity**

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Abstract

The research presented in this article uses a community resilience framework to examine the lived experiences of Somali refugee Family Child Care providers in the United States who participated in the Steps to Family Child Care Success Program (STEPS), a year-long professional development program embedded in an ethnic community based organization (ECBO). Our research informs international efforts to design and implement professional development programs that meet the unique needs of home-based providers. Interview and focus group data identified challenges providers encountered when operating a FCC business that were related to language barriers, learning how business is conducted in the United States, and navigating FCC systems and regulations. At the same time, data illuminated many ways in which providers drew upon their community identity, their STEPS cohort, and the ethnic community based organization that operated the program to access the resources, knowledge, and support needed to be successful. Reflecting the construct of community resilience, findings indicate that providers experienced tensions between different ways of being in Somalia and the United States as well as identified processes, resources, and supports that allow providers to overcome challenges. Our research provides an example to those in the field of ECEC of a professional development model that is responsive to the strengths of communities of color.

Keywords

community resilience, early childhood, early years practitioners, professional development, refugees

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Introduction

Home-based child care is an important part of the early childhood education and care (ECEC) landscape in the United States (Datta et al., 2021) and in many parts of the world (Davis et al., 2012; Organization for Economic Co-operation and Development, 2022). In their review of the research on home-based child care in the United Kingdom and internationally, Ang et al. (2017) note that a variety of terms are used to describe this type of care, including in-home care, home based care, family child care, family day care, and childminding. Despite these differences, it is agreed that these forms of care involve the provision of care in which the caregiver is paid for caring for a child or group of mixed age children in their home, including children aged birth to 5 years and older children who attend after school (Ang et al., 2017; Bromer and Korfmacher, 2017; Morrissey and Banghart, 2007). To reflect our context in the United States, we use the term Family Child Care (FCC) to describe our work with home-based care providers.

Despite the ECEC workforce providing an invaluable service to children, families and the economic system of the United States, the annual pay of workers is among the lowest across all occupations (McLean et al., 2021). Nearly half (45%) of FCC providers in California, where our study took place, report being worried about having enough food for their families, and about three-quarters (77%) are concerned about their ability to take time off. Providers of color are more likely to face multiple economic worries than their white counterparts (Kim et al., 2024), and these economic challenges are especially acute for FCC providers from refugee backgrounds (Garrity et al., 2021).

In addition to economic challenges, FCC providers struggle to access professional development and quality improvement efforts, the majority of which are focused on center-based care (Hooper and Hallam, 2021). For example, FCC providers have experienced difficulties participating in Quality Rating Improvement Systems (QRIS), which began in the United States in the 1990s to support quality in ECEC programs. Research demonstrates that efforts to include FCC providers in QRIS often fail to meet their unique needs (Bradburn and Dunkenberger, 2011; Bromer and Porter, 2017; Hallam et al., 2017; Public Health Law Center, 2017; Tonyan et al., 2017), and barriers to participation include the need to navigate the multiple systems that comprise the ECEC landscape (Hallam et al., 2017) and standards and expectations for quality that are tailored more for center-based programs (Hallam et al., 2017; Tonyan et al., 2017). Research also indicates that QRIS supports do not meet the needs and interests of FCC providers in terms of both content and modes of delivery (Hallam et al., 2017; Tonyan et al., 2017). Similarly, and reflecting international contexts, Bauters and Vandebroek (2017) examined professional development efforts in Flanders, France, and Germany and found that efforts to professionalize the workforce were focused on training requirements that did little to alter the profession.

In order to address these concerns, we, along with local philanthropic organizations and ethnic community based organizations (ECBOs) developed the Steps to Family Child Care Success Program (STEPS). STEPS is a professional development program designed to help refugee and immigrant FCC providers improve their business acumen and economic stability, and providers are served in cohorts who share a common linguistic, ethnic, and racial heritage. In this paper, we use a community resilience framework to examine the lived experiences of Somali refugee FCC providers who participated in STEPS in order to learn more about the barriers they face operating a FCC business in the United States and the processes, resources, and supports that allow them to overcome these barriers. Our aim was to better understand how to best support this unique population via a strengths-based approach to professional development intended to honor and uplift diverse cultural communities.

Steps to family child care success program (STEPS)

STEPS is a year-long professional development program designed to help refugee and immigrant FCC providers improve their financial literacy, knowledge of banking and credit systems in the United States, digital literacy, and increase their skills related to running a successful business, with the goal of increasing provider enrollment and economic stability. STEPS was developed based on data from focus groups held with providers from the cultural communities served by the ECBOs, as we sought to learn more about their goals, strengths, aspirations, and professional development needs (Garrity et al., 2021). A consistent theme from focus groups was the economic challenges providers faced, which is in line with previous research demonstrating that many FCC providers in underserved communities experience economic and sustainability challenges (Bromer et al., 2021). Because evidence suggests that supporting providers to sustain and grow their businesses can increase equitable access to high-quality ECEC opportunities and can lead to positive outcomes for children and families (Downer et al., 2016; Sipple et al., 2020), we decided to focus STEPS on improving the provider's business skills.

STEPS is implemented by local ECBOs and providers are served in cohorts (15–20 providers per cohort) who share a common linguistic, ethnic, and racial heritage. A key feature of the STEPS program is a cultural navigator hired by the ECBO who represents the cultural community served by the program. The navigator is responsible for recruiting and enrolling providers, assisting with obtaining and maintaining the FCC license, acting as a liaison between providers and agencies responsible for subsidized care, and helping providers negotiate conflicts between their cultural beliefs and practices and expectations for quality child care in the United States. STEPS includes a 14-week, comprehensive training series (14 sessions, 2–3 hours each), and topics include marketing, computer literacy, tax preparation, budgeting, and other skills shown to support business skills. Following the completion of the training series, a business counselor, who also represents the cultural community served, assists providers with the completion of a business plan and helps them access capital funding opportunities intended to strengthen their business.

Data from the current study comes from our work with the East African Alliance, an ECBO that has promoted the successful integration and physical and emotional health of the East African refugee population for almost 30 years. The number of Somali refugees displaced by ongoing conflict continues to rise internationally, and the city in which this research took place has a long history of welcoming refugees from this county. While the majority of Somali refugees live in other east African nations, data from the 2020 United States census indicate that 221,043 Somalis live in the United States and 2021 census data from England and Wales states that there are 176,645 individuals identified as Somali who live in these countries (Office for National Statistics, 2023; United States Census Bureau, 2023).

Internationally, regulations and organizational structures of home-based care are governed by country-specific regulations, policies, and systems (Ang, 2023; Ang et al., 2017). FCC in the United States is not highly regulated, and offers a unique employment opportunity for Somali women who have settled in our region for a variety of reasons. State regulations ensure a favorable operating environment, including minimal requirements for space and structural modifications and landlord approval is not required. In addition, operating a FCC home has relatively low start-up costs because it is operated from the home, making it a practical option for refugee women who may already be at home caring for children and lack a formal education. In addition, working as a FCC provider can be an appealing option for women from refugee backgrounds. Operating a FCC home is congruent with a collectivist orientation to development that prioritizes community well-being, interdependence, and group success (Rothstein-Fisch et al., 2010). FCC also reflects the construct of othermothering, defined as the practice of accepting formal or informal responsibility for a child who is not your own that stemmed from West African values of communal lifestyles and the interdependence

of communities (Collins, 2016; James, 1993). Importantly, Weine et al. (2005) note that family is one of the few social institutions that remain when refugees flee their home country.

STEPS was designed to amplify the resilience of immigrant and refugee communities by providing professional development that is culturally and linguistically responsive and embedded in cultural communities. Reflecting the concept of risk and resilience that has been used to study the experiences of refugees, we sought to identify the unique challenges faced by Somali family childcare providers and examine the strengths and resources they use to overcome these challenges. Because the construct of community resilience describes the processes through which communities exhibit supports and resources that enable them to attain positive outcomes despite the many challenges and barriers they face (Norris et al., 2008; Panter-Brick and Leckman, 2013), it reflects the aims of our study and the strengths-based approach upon which the STEPS program was developed.

Theoretical framework

Resilience describes one's ability to successfully adapt and "bounce back" from negative experiences (Tebes et al., 2001; Windle et al., 2011) and has been used to explain how and why some individuals fare better than others when faced with adversity. The construct of community resilience has been used in international contexts to shift the focus from individuals to groups of individuals and takes an ecological approach by considering how the larger environment influences individual level functioning (Kirmayer et al., 2009). A key aspect of this environment is the community, defined by Kirmayer et al. (2009) as "groups of people linked by a common identity, geography, commitment, interest, or concern" (p. 65). Community resilience examines how individuals from various cultures can both suffer and thrive (Eggerman and Panter-Brick, 2010; Panter-Brick, 2014; Panter-Brick and Eggerman, 2012) by describing the processes through which communities exhibit supports and resources that enable them to attain positive outcomes despite the many challenges and barriers they face (Norris et al., 2008; Panter-Brick and Leckman, 2013). This approach reflects a socioecological view by foregrounding the interpersonal, political, economic, social, and spiritual aspects of resilience (Kim et al., 2019; Kirmayer et al., 2012; Masten, 2014; Panter-Brick et al., 2018) and identifying culturally meaningful goals and values to better understand how communities, grounded in communal history and experiences, explicate adaptation to adversity. The STEPS program is committed to providing professional development that is grounded in a strengths-based approach embedded in communities and seeks to build upon the assets and resources of refugee and immigrant communities. We aimed to further explore how the construct of community resilience can be used by the field of ECEC by asking the following research questions:

- (1) What barriers do Somali FCC providers encounter when operating a FCC business in the United States?
- (2) What processes, resources, and supports allow Somali FCC providers to overcome these barriers?

By examining the lived experiences of providers, we also sought to inform continuous improvement efforts to ensure that STEPS is responsive to provider needs and builds on their strengths.

Methods

Research design

A qualitative research design, using focus groups and semi-structured interviews, was used to describe the lived experiences of Somali FCC providers, the cultural navigator, and the business

counselor who participated in the STEPS program. The examination of the experiences of others is a central aim of qualitative research to increase understanding of how individuals experience, feel, and interpret certain phenomena in their everyday lives (Denzin et al., 2023; Van Manen, 2014). As such, interviews and focus groups were the appropriate methodological tools to address the aim of our study.

This study obtained ethical approval from our university prior to data collection. Participants completed consent forms in advance of data collection and were encouraged to voice any questions they had before and after the interviews and focus groups. We have upheld the ethical principle of anonymity by using pseudonyms for the ECBO, cultural navigator, and business counselor. We are not aware of any identifying details in our data.

Participants

We held two focus groups with providers. The first included providers who were enrolled in the 2022–2023 STEPS program. All 15 providers who participated were invited to attend the focus group, and 11 (73%) attended. The second focus group included providers from the 2023 to 2034 STEPS program, and 11 (73%) of the 15 providers who were invited attended the second focus group. Self-reported demographics for the 22 participants can be found in Table 1. Interviews were conducted with the STEPS cultural navigator and business counselor to provide further context and understanding of the providers' experiences. Hani served as the STEPS cultural navigator and has been working at the ECBO since 2005. She came to the United States from Somalia with her husband and two young children in 1989. Ahmed served as a business counselor for the Somali cohort of the STEPS program. Ahmed is Somali, but was born in the United Arab Emirates. He studied in Iraq and worked in Syria before entering the United States as a refugee in 2009.

Data collection

A focus group was held with the providers several months after providers had completed the 14-week training program to learn about their experiences with the training and identify challenges and barriers related to operating a FCC business. Focus groups were held at the ECBO office and were facilitated by the first author, the business counselor, and the cultural navigator, who translated from English to Somali and Somali to English. The focus group was audiotaped and researchers and members of the research team took detailed notes and debriefed following the focus group to compare impressions and make additional notes. Notes included phrases that addressed the research questions, as well as contextual notes related to impressions or insights. For example, at the conclusion of the focus group, a provider approached the first author to restate the need for legal assistance with their businesses and reiterate the fear providers face related to legal issues.

A semi-structured interview protocol was developed to learn more about how the cultural navigator and business counselor perceived their role in the STEPS program and the challenges and opportunities faced by providers. The interviews were approximately 45 minutes in length, were conducted over Zoom by the authors, and were transcribed using the Zoom function.

Data analysis

The constant comparative method first proposed by Glaser and Strauss (1967) was used to analyze our data. This approach has been widely utilized to generate findings in qualitative research (Charmaz, 2014) and is used to develop concepts from the data by coding and analyzing at the same time (Taylor and Bogdan, 1998). We employed three levels of analysis as described by Corbin

Table 1. Self-reported demographics of focus group participants.

<i>Self-reported demographics of focus group participants</i>	<i>East African alliance</i>	
	<i>N</i>	<i>%</i>
Gender		
Female	21	95
Male	1	5
Ethnicity		
Somali/African/Black	22	100
Language		
Arabic	3	14
English	2	9
Oromo/Amharic	1	5
Somali	16	73
Years living in the US		
0–5	6	27
6–10	4	18
11–15	4	18
16–20	3	14
20+	5	23
Years as an FCC provider		
0–5	14	64
6–10	5	23
11–15	3	14
Provider license		
Small license (8)	18	82
Large license (14)	4	18

and Strauss (2008): (1) open coding, (2) axial coding, and (3) selective coding. Throughout the research process, we used memoing as a reflexive tool to examine our choices and assumptions and protect against potential bias (Mruck and Breuer, 2003).

To begin, we independently engaged in the open coding process by coding transcripts and field notes and labeling each incident/event described by the data with “as many categories of analysis as possible” (Glaser and Strauss, 1967: 105). While open coding, we re-listened to audio recordings, and re-read field notes to gain a thorough understanding of the data. We also recorded significant statements (Miller and Salkind, 2002) that reflected properties and dimensions of each code and engaged in analytic memoing (Maxwell, 2013; Strauss and Corbin, 1990) to help us think through differences in coding, critically examine the nuances of each code, and reconcile any differences in coding.

Following open coding, we met to discuss any differences in coding and merge open codes into similar categories via the process of axial coding. The inductive and deductive analysis of relating subcategories to a category is the goal of axial coding (Corbin and Strauss, 2008) and allowed us to identify connections between the categories identified during open coding, as well as consider how codes were informed by our theoretical orientation. This step resulted in six axial codes that reflected terms, experiences, and/or perceptions identified throughout the data. The first author then re-examined the data and applied these axial codes to all data sources. During the third stage of analysis, axial codes were further reduced by considering how the coded statements were embedded within one another or overlapped, which resulted in the identification of the selective

Table 2. Axial and selective codes.

Axial codes	
Barriers	Language Learning how business is conducted in the US FCC systems and regulations
Strengths and resources	Community identity Cohort/cultural community based professional development The role of the ECBO
Selective codes	
Ways of being	Using community to build a bridge

codes, Ways of Being and Using Community to Build a Bridge. Both authors then reread focus group and interview transcripts to identify quotes that best exemplified these codes. Codes are presented in Table 2.

Findings

Ways of being

We defined ways of being as the diverse behaviors, attitudes, and characteristics that humans exhibit in different situations, contexts, or aspects of life and includes the various ways individuals or groups of individuals perceive and interact with the world, communicate, and engage with one another. Tensions between different ways of being in Somalia and the U.S. were foregrounded as providers described the challenges they face operating a FCC home and reflect the axial codes of language, learning how business is conducted in the United States, and navigating FCC systems and regulations.

Language. The most salient challenge was related to language, as evidenced by the following quote,

Since we don't speak the language when we came in, it was our community who would not be able to start working.

This quote exemplifies the sense of unity (*our community*) among Somali providers and the larger Somali community that was evident across all data sources. Providers noted that the language challenges related to operating a FCC home were specific to their community and that Spanish-speaking providers had much greater access to training and support services in their home language. Hani provided several examples of how language barriers prevented providers from accessing services and the consequences of agencies not having staff that speak Somali,

Because of the language barrier, providers will not go for that service if they don't understand what's going on. Sometimes the servicing agency will just give you a paper to sign, and you don't even know what you're signing. I've seen a lot of mistakes of people who signed, and they didn't even know what it was. You try to help, but they say, "she signed it, she checked it." If there was somebody there to explain "if you check here, everything will be stopped," she wouldn't check it.

An additional challenge related to language barriers was the tension between the oral culture of Somalia and the written culture of the United States. These different communication styles

represent distinct ways in which societies transmit and preserve information, knowledge and traditions, and providers struggled to adapt to the U.S. culture that relies so heavily on written communication. Hani described the oral culture in Somalia in this way,

The culture is more of the doing of the peoples. Our culture is, we have a large family, a grandmother or grandfather extended family will be there. So the story and the history and everything we learn from being around the elders. Yeah. So as this, my generation, we adapted to that. But my kids will be a different story.

The complexities of learning a new language and adapting to a culture that privileges written communication were compounded by the fact that because many of the providers were unable to read in their own language, learning to read in a new language was challenging. Ahmed described how Somalia's history of war, trauma, and the resulting lack of access to education makes the Somali providers different from other refugee communities he works with.

The Iraqis and Syrians, they came from a very educated background. They went to school. In the Somali country experience, they have this difficult government and education system. They came from war and hardship life.

Providers shared that although they may be able to speak and understand some English, reading a document or sending an email in English can be difficult. A provider explained,

Reading, that's most of the lack, sometimes we speak the English or can hear, but sometimes only they send the email, that is different.

The providers also discussed that to learn to read and speak English they needed to attend school, but that this was challenging for a variety of reasons. A provider described,

And we not get a chance to go to school. Because we support the family. And I work in the morning, and I work at night, when I go to school?

Learning how to do business in the United States. An additional barrier described by providers that reflected different ways of being was the need for them to learn how business is conducted in the United States, which is grounded in paperwork, technology, and electronic systems that reflect a written approach to communication. Hani described the differences between how businesses are operated in the U.S. and Somalia,

And our people, mainly the job is business, it's self-employed mostly but it's not the way that we do in United States. It is different because back home you just open a shop or you just open a day care center, or you just open a cleaning laundry or something, but money comes through with cash, and then you just put in your bag, and you spend with the cash. So, the electronic system was not there. That's what we adapted to. So, all the electronic things, the writing things, the debit card, all of this are new to us, so we have to adapt to that.

Providers discussed the challenges learning new systems and ways of doing business, and when asked what skills they learned from the STEPS program that they now use in their business they described the value of the bookkeeping and budgeting classes.

An additional example of challenges navigating written systems of communication and business practices in the U.S. was the difficulties providers had accessing grants made available to them because of the COVID-19 pandemic. Hani expressed that it was difficult to help providers

access these funds, which required providers to fill out forms and collect tax and other business-related documents. She explained,

I noticed that sometimes we try to help them with other funding, like for example grants available for them. They are fitting exactly the grant requirements, then I'm going to help you the grant. But I need from you 1, 2, 3, and they tell me "I didn't have time to collect all this. I can't do this, and that." So, it just it's hard for them to try and find what they can do for their business. And I said "I can't do it because that's in your hand what you can do. I can't do that for you."

In addition, Hani shared that many providers did not have bank accounts, as doing so was not common in Somalia, where cash is used for most transactions. This represented an extra step providers had to accomplish before applying for grants to support their business. Understanding the tax system in the United States was an additional challenge, and Hani described how taxes are collected in Somalia,

You will pay a tax back home, but all of the papers and envelopes come into the mail. If it was not there, you just know that your responsibility is pay the tax and when the time comes you go to their office, and you pay your dues.

Further reflecting the tensions between an oral and a written culture, a provider described,

Hani described that the tax system in Somalia was also much simpler because there were not as many taxes because children took care of and supported their parents in their old age,

Our community, we are like 30 years or 31 years after the civil war, we're now realizing that we will be needing retirement plans, because even if we rely on our kids or family members who grow older to take care of each other but now even if your child loves you to death, they don't have time for you because they have to go to work. So we are now realizing the reason that Americans put their parents into the facilities.

An additional tension that reflected differences in how business is conducted in Somalia and the United States was the use of technology and computers. Most providers lacked basic computer skills, and many did not have access to a computer prior to receiving Chromebooks as part of the STEPS program. Because of the pandemic, STEPS classes were held on Zoom, and when asked about the challenges providers faced taking the classes, Hani described several barriers.

It would be the Zoom classes, the computer classes. I told you we were not literate with the computers. People will call me and say "I can't get in. I can't log in. I say "put your password in. Enter your password." Internet connection was problem.

FCC systems and regulations. Barriers related to language and business systems in the United States were also evident as providers described challenges specific to operating a FCC home. They consistently expressed frustration with the need to interface with multiple agencies serving the child-care community,

The licensing, the childcare licensing. They need to add program in our language. She [agency staff] write in English, she ask me in English, sometime she give me the paper, but I cannot read more than 75%. Some word is strong for me. But I have to because she say this rule, that rule. We need to add our language.

The California Child and Adult Food Program reimburses child care providers for the food they feed the children, and Hani described the difficulties providers faced accessing these funds,

I have another provider who used it, but they were complaining about the unannounced visits and the papers. You know, all of this becomes computerized, and people don't know how to put the requesting, the money, the menu, and everything online, so they give up.

The inability to access CACFP benefits is a significant source of financial support Somali providers are unable to utilize.

Another issue related to operating a FCC business was the litigious nature of the U.S. legal system. Providers expressed concern about getting sued and going to jail if something happened to a child in their care, and described differences between how disputes are handled in Somali and the U.S.,

Here, first of all, you have to go to jail in order to solve all of those problems. They investigate. And once you went to jail, you can't do anything in this country, you have a record. But our country, families and elders come together and see the situation, how it happened. It comes that you did on purpose, and you are at fault, you can be banished (jailed).

Another provider described how the Muslim faith guides how conflicts are solved in Somalia,

In our country, there are rules and regulations too, but as a community, or as a country, we are Muslim and we have principles that if anything happened to a child that you were taking care of there are investigations, they investigate if you did not do this crime on purpose and accident happens, the parents of the child. . . will come to the parent with the problem and talk to each other and there are sometimes, our religion says you can pay some money to compensate that family or that person.

Providers also discussed needing help with insurance and understanding all the laws that regulate their business, and when asked how the STEPS program could be improved, a provider expressed the need for additional support related to risk management.

I think just make people understand, maybe develop courses on the regulations, rules, more in depth the risks associated with being a childcare.

Data describing providers' experience navigating language barriers, business systems in the U.S. and FCC systems and regulations reflect different ways of being the providers encounter during daily life. During his interview, Ahmed described the tensions he witnessed between provider's desire to preserve their culture and ways of doing things and the need to adapt for their business to be successful.

They don't get out from their comfort zone, I mean, speaking just in general, we're not, you know, speaking about the whole group. Culturally, they are very reserved, and they will be a little bit on their own. When they get here, they have to come out from their comfort zone and do more.

A provider also expressed this tension when she stated,

We cannot stay in one place all the time, so we need some more information about the rules and regulations in the United States and also financially to help us to grow. We need to try to go higher.

Using community to build a bridge

We defined using community to build a bridge as the ways in which providers drew upon the Somali community identity, their STEPS cohort, and the ECBO to access the resources, knowledge, and support needed to be a successful FCC provider.

Community identity. Hani described how the Somali community welcomes newcomers and reflected on differences between Somali and western communication styles and approaches to others.

They [a newcomer] will see you and if you look Somali, even if they don't know you, they will open up and they will ask you things. In Western culture, you don't get into the people's business, but we do. We share information.

Hani also described how the religion and the practices of the Muslim faith serve to connect the community and help newcomers adapt,

Anyone who settles in [our city] will try to find the mosque in the community because you are supposed to go and pray. The mosque is the connection for the newcomers. And they see people who have been here longer, and they say "I knew so and so, and where do I go to find this? Where do I go to do that?" We share information at the Islamic centers and the Hallal markets.

Reflecting the concept of othermothering, data indicated that owning and operating a FCC home was in line with Somali community values, and Hani described that taking care of others was part of her upbringing,

You know, our community, . . . we have a large family, so you will have your nephews, your nieces, your neighbors' kids. So, at a young age we will learn how to take care of kids. I remember what I was like 9 or 10 I was trying to help all the community people's kids.

When asked why they chose to open their business, providers consistently described their love for children and desire to serve their community,

We work with our community. Parents usually get along because we have the same language, the same expectations, same food. . . Yes same religion. The expectations are the same. If you take care of a child, your child you give to me, and I respect it and take care of it.

Cohort/cultural community based professional development. Providers also drew upon the community of providers created as part of the STEPS cohort to access resources and knowledge and build a bridge between old and new ways of being. Hani's role as a cultural navigator was critical to this process, and as a refugee herself, she understood the barriers faced by providers,

When you can provide for yourself, and someone is struggling to get there, and then you help them and they have what they came for, I feel very happy.

Data consistently pointed to the value of having professional development offered in a cohort-based model within a shared cultural community. Hani was central to this approach, and she described her role in the STEPS program,

My role is to navigate the providers through the services that we provide and be the liaison between the STEPS program leadership, the East African Alliance, and the community. I recruit the providers, translate when the classes are going, and help them with whatever questions they have during the classes.

Providers consistently spoke of Hani's role in supporting their success,

When I was first starting my business, I didn't really know what approach to take, right, and it was really confusing because the rules and regulations were kind of intimidating to me. So I came to Hani like really

broken down and even then starting the process of getting the license, talking to the right people you know because I kept getting rejected and we couldn't understand each other, I kept coming back to Hani.

Reflecting the views of others, a provider described the value of having a STEPS cohort that reflected her community,

Having like a whole community that is the same as my nationality, it felt more personal, and it was more fun to participate.

Providers also valued the opportunity to come together as a community of FCC providers,

I was new to the childcare business, so I didn't have time to research a lot of resources or anything so participating with a lot of business owners here helped me a lot.

Data indicated that despite the challenges described earlier, technology was a tool used by providers, Hani, and Ahmed to form connections among the STEPS cohort and was frequently used for translation and to share information. Ahmed described that prior to taking the STEPS classes, which coincided with the COVID 19 pandemic, many providers had not used computers.

And then also they had not been experienced to using the computer. But they acknowledge that is needed during the covid 19 pandemic, because nothing is accessible for them outside. [STEPS] provided the technology and the computer, the Chromebook. And training. And then we'll help them to use basic tools, that helps a lot and overcomes this barrier, because the technology is needed in the end. I mean before was everything in person. But now the pandemic helps them to overcome this and then learning with the training.

Over the course of the STEPS program, providers began to use and value technology and often relied on one another. Hani described,

They live close by, where a lot of Somali lives, and they used to come together in one house. Saba would log in and put the password in the computer. So like 3 or 4 of them will come to the same place.

Data indicated that the Zoom classes and Chromebooks helped bridge differences between the oral culture of Somalia and the written culture of the United States, as they were tools that allowed the providers to communicate using technology. Social media applications also helped with this and were frequently used to assist with translation. Ahmed described,

We started this relationship with all of these providers. Because of language, they sent us a lot of messages with a picture of that announcement to translate for them. Also, we created a Facebook group for all this. So, we translate for our community to help them get all the resources from the announcement.

Hani described the efficiency of social media apps like Facebook and What's App,

I am only one person, and I can talk to the same 15 people at the same time to inform them or to tell them something. I just say it one time, I record the message, and they all listen, and then reply.

The ability to hear rather than read messages was particularly helpful given the oral culture in Somalia, and Hani described how technology use in the STEPS program helped providers adapt to the written cultural of the United States,

It's teaching them, you know. STEPS is really teaching them just this whole way of thinking about things that they're not used to writing down.

The role of the ECBO. ECBO's originated as mutual aid societies or voluntary associations created by ethnic communities to provide social and materials supports for members to achieve common goals, with the underlying assumption that communities should help their members (Katz, 1981). The role of the EEA in helping providers overcome barriers and navigate new ways of being was evident across all data sources. Hani described the pride she felt working for this ECBO,

I would prefer for them [newcomers] to find somebody that's similar to them. The culture, especially our people, if they need a service from some agencies, and they don't see similarities in the people, or they don't understand it, they won't attend to or get that service at all. There's a lot of hesitation when there is nobody like them working there.

As noted earlier, language barriers were a consistent challenge faced by providers, and Hani described the important role she and the EEA have in assisting with translation,

When they get the email from the [subsidized care agencies], they would just come to our office with the email and say, "I got this email, what does it say?" So, we explain the steps that they need to take.

Providers consistently described the benefits of having Hani available at the ECBO to provide translation,

Sometimes I lack information, and I say, "I have to find someone to translate." I come to the office, and I get Hani.

A provider described her experience with the EEA,

I think also some agencies, they are not well-equipped with their job, or they are new to the job so they cannot give you as much resources. Sometimes I have to go through multiple people to get one thing done and sometimes, it is crazy, because they would rather reject you than have to go over resources with you. Then with this agency [EEA] everybody is on top of their game because they have been working the longest and it makes them more qualified. They don't always change people or train new people and change people coming in.

Providers frequently expressed frustration navigating the multiple agencies, systems, and requirements associated with operating a FCC home and the benefits of being able to come to one place, the EEA, to get the assistance they need, and data consistently highlighted the important role of the ECBO.

Limitations

There are several limitations to this research that should be considered. The challenges described by participants related to language barriers also affected our data collection and analysis, and translation from English to Somali and Somali to English most likely impacted our ability to fully capture and document the experiences of providers. An additional limitation is the possibility of researcher bias given the close relationship between the authors, the cultural navigator, and the

business counselor. At the time data was collected and analyzed, the first two authors and the EBCO staff had worked together for several years designing, implementing, and evaluating the STEPS program. Although building trust, working collaboratively with ECBOs, and honoring the community voice are central to the STEPS philosophy, they also result in a level of familiarity and fondness that could lead to researcher bias. To address this potential for bias, we took care to ensure that our semi-structured interview guide included open-ended and non-leading questions that did not reflect our expectations or opinions. We also engaged in reflective practice via memoing during coding to encourage our awareness of potential bias (Bryant and Charmaz, 2007; Corlett and Mavin, 2017). A final caution is related to the generalizability of our findings. Because our data comes from a non-random sample and a specific context, results cannot be generalized to the broader population of FCC providers.

Discussion and implications for practice

This study described the experiences of 19 Somali and 3 East African FCC providers who participated in a unique professional development program aimed at supporting their economic stability. Data identified the unique challenges faced by the providers and examined the strengths and resources used to overcome these challenges using a community resilience framework. The themes of ways of being and using community to build a bridge describe these challenges and resources, and because community resilience embodies both exposure to adversity and positive adaptation despite adversity (Luthar et al., 2000), they reflect our research questions and the strengths-based approach central to our work. Our research adds to and complements the extant literature examining sources of resilience in Somali refugee communities, which include interdependence and cultural preservation (Frounfelker et al., 2020), a collective identity as survivors, the Islamic value of making sense of hardship, and a sense of communal oneness (Terrana et al., 2022). We are aware of no other research that has examined these themes in the context of early childhood professional development.

Our research also extends work being done in the U.S. and internationally on the importance of supporting the professional development of home-based child care providers. Research has demonstrated that a critical component of ensuring the quality of home-based childcare is professionalizing the workforce through professional development (Ang, 2023), and that professional development opportunities that include a professional community of practice are essential (Ang, 2019; Koh and Neuman, 2009). The STEPS program intentionally serves providers in cohorts based on ethnic and linguistic heritage, and our data demonstrates the efficacy of this approach, in which communities of practice support providers to address the challenges they face while building on their strengths.

Our approach contrasts with much of the professional development currently being implemented in the United States. Critics of these approaches have cautioned that they are based on Western ideologies about children, families, and childhood (Reinke et al., 2019) and often call for a one size fits all approach to quality and professional development which fails to consider the strengths and values of communities of color (Garrity et al., 2021; Souto-Manning and Rabadiraol, 2018). Child-rearing in Somalia is a community effort (Pejic et al., 2023), and this cultural value is a strength and practice the providers in our study leveraged to navigate old and new ways of being and adapt to life in the United States. STEPS is unique in that professional development was provided in cohorts based on a shared cultural community and experience and services were provided by ECBO staff with similar experiences, and a shared cultural and linguistic heritage. We hope our data demonstrating the community resilience of Somali FCC providers serves as an

example to those in the field of ECEC of a professional development model that is responsive to the strengths of communities of color.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Funding for this study was provided by Price Philanthropies, The San Diego Foundation, Blue Shield of California, and the Girard Foundation.

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