

Developing Family, Friend, and Neighbor Care Initiatives and Policies: Tips from Experts



Every day, millions of working parents rely on family, friends, and neighbors to care for their children. Because of the diverse definitions of family, friend, and neighbor (FFN) care—for example, some definitions include only unregulated home-based care, while others include all home-based care, whether regulated or unregulated—it is difficult to provide a precise estimate of how many children are in this type of care. However, the information that is available indicates that the use of this care is widespread. According to an analysis of data from the 2003 National Survey of Children’s Health (which distinguishes child care arrangements by setting, but not by whether the child care is regulated) 65 percent of all children under age six—nearly 15.5 million children—regularly received nonparental child care.¹ Of these children, 42 percent—approximately 6.5 million children—spent at least some of their time in a home-based setting, as opposed to center-based care, including 1.5 million children who only used a home-based setting.²

Parents turn to FFN care for many reasons. Many parents prefer to have their children cared for by a friend or relative they know well, who shares their values, and with whom they are comfortable. Other parents turn to FFN care because there are few if any regulated child care programs available. The supply of regulated care is particularly limited in low-income communities. For example, statewide surveys in Illinois and Maryland in 1996 and 1998 showed that there were significantly fewer regulated child care slots per child in low-income areas than in wealthier areas³ and a study in California found that the number of slots in child care centers relative to the child population was 25 percent lower in low-income neighborhoods than in high-income neighborhoods in 2000.⁴ There is also an inadequate supply of regulated child care in many communities with large populations of immigrant families and families with limited English proficiency.⁵ Regulated child care is hard to find for parents working during non-traditional hours as well.⁶

Given the essential role FFN care plays for so many families, it is important to understand the role of federal, state, and local policies in enhancing the quality of this care. The National Women’s Law Center’s 2007 report, *Close to Home: State Strategies to Strengthen and Support Family, Friend, and Neighbor Care*, described efforts by a number of states that have adopted innovative approaches to support FFN providers and the children in their care. Unfortunately, most states and localities have not yet made substantial efforts in this area despite the significant number of children in FFN care. As a follow-up to its report, the National Women’s Law Center brought together a small group of experts on FFN care from around the country for a meeting in December 2007 to provide their insights and recommendations on promising strategies for FFN care. Meeting participants came to a consensus around several suggestions to guide policymakers and advocates working to bolster FFN care. These expert tips offer a foundation for policies to support FFN caregivers, meet the needs of children in FFN care, and incorporate evaluation of initiatives in a way that facilitates continuous program improvement.

Tips for Effective Initiatives to Reach FFN Providers

FFN providers are a diverse group with diverse needs, and FFN initiatives must be designed in a way that reflects their different circumstances and perspectives in order to encourage their participation in the initiatives, connect them to a system of supports, and help them make progress in improving the



quality of the care they provide. While the strategies discussed here do not provide a full-fledged policy agenda, they offer a starting point. Given that many FFN providers are hard to serve and reach, it is necessary to begin with small steps that move in the right direction.

Supporting FFN Providers

A number of FFN providers are isolated and/or have limited resources. Although there is little information about FFN providers' incomes, the data that are available indicate that many FFN providers have relatively low or moderate incomes or live in households with low or moderate incomes.⁷ Initiatives must be structured in a way that recognizes and responds to providers' circumstances.

- ▼ Initiatives must be intense and sustained to have a significant impact on FFN providers.
- ▼ Building relationships is a key component of effective initiatives that draw in FFN providers and promote the quality of FFN care. This requires steady efforts over an extended period of time. Funding and training must be available to enable staff to build these relationships.
- ▼ Initiatives should aim to help FFN providers feel more connected with community resources, since many are very isolated and lack access to health care, mental health care, and other essential supports for themselves and their families as well as for the children they care for. FFN providers should receive information about what supports are available to them and how to access these supports through child care resource and referral agencies or other community-based organizations.
- ▼ Policies should support, and funding should be available for, community hubs that provide a range of services to families and caregivers, including FFN providers so that they can more easily access the supports the children in their care need.
- ▼ Federal and state policies should provide sufficient flexibility to allow creative, locally initiated programs to support FFN providers.
- ▼ Federal and state policies should promote collaboration across programs and services, such as child care and early education, health care, family support, early intervention, school systems, museums, parks, and libraries, in activities to support FFN providers.

Promoting Training and Education Opportunities

Initiatives that provide training and education for FFN providers can build on the strengths of FFN providers while addressing areas that need to be improved. Studies that use observational measures to evaluate various child care settings generally find that the quality of much FFN care is low, according to two reports summarizing such studies.⁸ Studies that look specifically at the relationship between FFN caregivers and children have produced varying results, with several finding warm, supportive interactions,⁹ but one finding less warmth and sensitivity in the relationships between FFN providers and children than between providers and children in other child care settings.¹⁰ In addition, according to a summary of several studies, FFN providers typically have lower levels of education than regulated providers and limited education or formal training in child care or child development,¹¹ which may affect the quality of care.¹²



- ❑ FFN providers should have access to education and training opportunities, including not only training related to child development, but also opportunities for general education in areas such as math and basic literacy. Providers who do not have high school degrees should have access to courses needed to obtain a GED.
- ❑ Information about education and training opportunities should be made available to FFN providers through staff who coordinate technical assistance for FFN providers as well as through community colleges.
- ❑ FFN providers should have the opportunity to participate in trainings and additional quality improvement activities that are offered to regulated providers.
- ❑ FFN providers serving children receiving child care assistance should receive higher reimbursement rates or other financial incentives through the child care assistance program for attending a certain number of hours of training.
- ❑ Parenting education and home visiting initiatives that are open to parents who choose to participate should be made available to FFN providers who choose to participate as well. FFN providers, like parents, should have the option of having one-on-one visits with specialists in early childhood development either at their own home or at another setting.
- ❑ Steps should be taken to make it as convenient as possible for FFN providers to participate in initiatives. For example, providers should be offered on-site child care for their own children, food, and transportation to enable them to attend trainings.

Recognizing the Diversity of FFN Providers and Their Needs

FFN providers are a diverse group. An FFN provider may be a relative or non-relative of a child in care, may be paid or unpaid, may or may not have a close relationship with the family of a child, and may be caring for just one child or several children, depending on the state and the types of providers it exempts from regulation. For example, an FFN provider may be a grandparent helping out her child and grandchildren for a short period of time or may be someone who has made a long-term commitment to providing child care as a primary source of income. The diversity of FFN providers can make it challenging to determine their needs, much less identify policies to address those needs. Multiple strategies can address the varied circumstances of FFN providers.

- ❑ In designing initiatives to support FFN providers, consideration should be given to the differences and similarities in motivations and other characteristics between relatives and non-relatives, between friends and providers the family does not know well, and between other distinct types of providers within the broad category of FFN care.
- ❑ In designing initiatives to support FFN providers, it is essential to take into account what providers are asking for and what they say they need. This approach helps to build relationships and encourage greater participation and engagement over the long-term.
- ❑ Initiatives should be available and structured to meet the needs of FFN providers with limited English proficiency.



- ▼ FFN providers who want to become regulated should be given the opportunity and support they need to do so. FFN providers who do not want to become regulated (and are not required to do so) should still be given support to help them improve the quality of their care.
- ▼ Activities and materials to promote the quality of FFN care should be linguistically and culturally appropriate.

Adapting Other Early Childhood Programs and Policies for FFN Providers

A number of federal and state programs aim to expand children and families’ access to high-quality early care and education. However, none of these programs alone sufficiently addresses the comprehensive needs of children and families. For example, state-funded prekindergarten and Head Start programs typically operate for only part of the day, leaving parents who work full time to find care to cover the remaining hours of the work day. In many cases, FFN care can help fill this gap. In addition, some parents prefer a part-day program paired with FFN care for the remainder of the day. Some states and localities have strategies to coordinate FFN care with state prekindergarten and Head Start programs in a way that helps children and families and gives FFN providers access to the resources available through these programs.

- ▼ Prekindergarten initiatives should incorporate policies to support FFN providers, including policies that encourage states to help FFN providers enroll children in their care in prekindergarten programs; offer transportation to and from prekindergarten sites; reach out to FFN providers who provide care to children before and after the prekindergarten day; ensure that FFN providers and parents receive information about how they can encourage children’s learning and development; support pilots for play-and-learn prekindergarten programs with FFN providers; and establish reimbursement rate policies that adequately compensate FFN providers for care before and after the prekindergarten day.
- ▼ Head Start and Early Head Start policies, in addition to requiring home visits to parents, should also promote home visits or meetings with FFN providers of children enrolled in Head Start and Early Head Start and funding should be provided to support this.
- ▼ FFN providers serving or seeking to serve children who receiving child care assistance should have access to help with the paperwork and other requirements of the federal Child Care and Development Block Grant (CCDBG), the federal Child and Adult Care Food Program (CACFP), and other programs for which the children in their care are eligible. As part of the scheduled reauthorization of the CACFP, efforts should be made to reduce the program’s paperwork and eliminate its means test. In addition, states should make the CACFP available to FFN providers serving children who receive child care assistance.

Tips for Initiatives that Meet the Needs of Children in FFN Care

FFN care is used by a diverse range of families, including many low-income families and families with infants. Well-designed FFN policies can encourage FFN care that is more responsive to the needs of children and families and more effectively supports children’s successful development.

- ▼ FFN initiatives should be comprehensive, focusing not only on the care children receive but also their need for other supports, such as health care and mental health care, since many low-income children in FFN care lack access to these basic supports.



- ❑ Home visits should focus on the children and helping the FFN provider better support the children’s development. To be effective, home visits should be conducted on a regular basis and home visitors should receive appropriate training for working with FFN providers.
- ❑ To help FFN providers ensure children’s basic health and safety, equipment that protects children’s well-being, such as car seats and cabinet locks, and training on proper use of that equipment should be made available to all FFN providers who need it for the children in their care, without conditioning receipt of such critical equipment on FFN providers’ participation in trainings on other early childhood issues.
- ❑ Reimbursement rates for infant care in the child care assistance program should be high enough to compensate for the lower child-staff ratios recommended for infant care in order to encourage FFN providers to care for infants.
- ❑ States should support special outreach efforts to inform families using FFN care, including families who may be hard to reach such as those with limited English proficiency, about the availability of child care assistance.
- ❑ Data should be collected to determine what types of care children are using, including the extent to which they are in FFN care.

Tips for Evaluating FFN Initiatives

It is important to assess the effectiveness of FFN initiatives so that they can be continually improved, but the evaluations must be appropriately designed.

- ❑ FFN initiatives should be primarily evaluated by assessing the effects on the providers who are the direct target of the activities.
- ❑ Given the diversity of FFN initiatives used to reach the diverse range of FFN providers, the evaluation should be adapted for the particular initiative being assessed.
- ❑ If the FFN initiative involves community resources, the evaluation should include an assessment of the overall availability of community resources as it affects FFN care.
- ❑ If the FFN initiative is focused on health and safety issues, the evaluation should assess improvements in basic health and safety, such as whether providers are using car seats appropriately, whether they have electrical outlets covered, and whether they are taking other basic steps to safeguard the children in their care.
- ❑ If the FFN initiative offers provider training and education, the evaluation should assess changes in providers’ knowledge about child development and child care.
- ❑ To the extent that the impacts of FFN initiatives on children are examined, evaluations should consider all aspects of children’s development that the initiatives are intended to address, including not only their cognitive development but also their social-emotional development.



- ❖ To the extent that evaluations of FFN initiatives examine children’s outcomes, these outcomes should not be evaluated in isolation, since most children in FFN care are also in other forms of care and the effects are difficult to separate out. The impact of initiatives on the FFN care children receive and children’s outcomes should be assessed in the context of the broader environment affecting children’s school readiness.
- ❖ If an FFN initiative involves a start-up period, the outcomes of the initiative should only be evaluated after it is fully implemented and the pieces of the strategy are set in place.

Supporting and strengthening FFN care will require a multi-pronged strategy, with different approaches tailored to different groups of FFN providers. The core principles laid out here can offer a starting point for policymakers working to design initiatives that will be effective in improving the FFN care upon which so many children and families rely.

Endnotes

- 1 The Annie E. Casey Foundation, 2006 KIDS COUNT Data Book (Baltimore, MD: Annie E. Casey Foundation, 2006), 8.
- 2 2006 KIDS COUNT, 8.
- 3 J. Lee Kreader, Jessica Piecyk, and Ann M. Collins, *Scant Increases After Welfare Reform: Regulated Child Care Supply in Illinois and Maryland, 1996-1998* (New York, NY: National Center for Children in Poverty, 2000), 23-25, available at http://www.nccp.org/publications/pdf/text_388.pdf (last visited Jan. 16, 2009).
- 4 Bruce Fuller, Shelley Waters Boots, Emilio Castilla and Diane Hirshberg, *A Stark Plateau—California Families See Little Growth in Child Care Centers* (Policy Brief 02-2) (Berkeley and Stanford, CA: Policy Analysis for California Education and San Francisco, CA: California Child Care Resource and Referral Network, 2002), 9, available at <http://gse.berkeley.edu/research/pace/reports/PB.02-2.pdf> (last visited Jan. 16, 2009).
- 5 Deena Jang and Hannah Matthews, *The Challenges of Change: Learning from the Child Care and Early Education Experiences of Immigrant Families* (Washington, DC: Center for Law and Social Policy, 2007), available at http://www.clasp.org/publications/challenges_change.htm (last visited Apr. 29, 2008); Illinois Facilities Fund, *We Need More Day Care Centers: Latino Families and Child Care Preferences in Metropolitan Chicago* (Chicago, IL: Illinois Facilities Fund, 2003), 2-3, available at http://www.iff.org/resources/content/2/6/documents/iff_latino_study.pdf (last visited Apr. 29, 2008); Coalition for Asian American Children and Families, *Half Full or Half-Empty? Health Care, Child Care and Youth Programs for Asian American Children in New York City* (New York, NY: Coalition for Asian American Children and Families, 1999), 23-25, available at http://www.cacf.org/resources_publications.html (last visited Aug. 13, 2008); Bruce Fuller, Sharon L. Kagan, Gretchen L. Caspary, and Christiane A. Gauthier, “Welfare Reform and Child Care Options for Low-Income Families,” *The Future of Children*, 12 (1), 2002, 111-112, available at http://www.futureofchildren.org/usr_doc/4-fuller.pdf (last visited Apr. 30, 2008); University of California, “Study Finds Unequal Preschool Access Across L.A. County,” June 19, 2003, available at <http://www.universityofcalifornia.edu/news/article/5499> (last visited Apr. 30, 2008).
- 6 U.S. General Accounting Office, *Welfare Reform: Implications of Increased Work Participation for Child Care* (GAO/HEHS 97-75) (Washington, DC: U.S. General Accounting Office, 1997); U.S. General Accounting Office, *Welfare to Work: Child Care Assistance Limited; Welfare Reform May Expand Needs* (GAO/HEHS-95-220) (Washington, DC: U.S. General Accounting Office, 1995).
- 7 Amy Susman-Stillman, *Current Directions in Family, Friend, and Neighbor Care: An Interim Report* (University of Minnesota, Center for Early Education and Development, 2005), 12.
- 8 Richard Brandon, Human Services Policy Center, University of Washington, *Enhancing Family Friend and Neighbor Caregiving Quality: The Research Case for Public Engagement* (2005), 21; Susman-Stillman, 17.
- 9 Jean I. Layzer and Barbara D. Goodson, *National Study of Child Care for Low-Income Families—Care in the Home: A Description of Family Child Care and the Experience of Families and Children That Use It, Wave 1 Report* (Cambridge, MA: Abt Associates), cited in Susman-Stillman, 17; Eva M. Shivers, *Provider-Child Attachment Relationships in Family, Friend and Neighbor Care* (unpublished), cited in Susman-Stillman, 17; Kathryn Tout and Martha Zaslow, *Observations of Child Care Provided by Family, Friends and Neighbors in Minnesota* (Minneapolis, MN: Minnesota Child Care Policy Research Partnership, 2006), 2.
- 10 Rebekah Levine Coley, P. Lindsay Chase-Lansdale, and Christine P. Li-Grining, *Child Care in the Era of Welfare Reform: Quality, Choices, and Preferences* (Baltimore, MD: Johns Hopkins University, 2001), Policy Brief 01-4, 3, available at http://web.jhu.edu/threecitystudy/images/publications/19168_Welfare_Nov.pdf (last visited Jan. 16, 2007).
- 11 Susman-Stillman, 13, citing Layzer et al.; Elizabeth Jaeger and Suzanne Funk, *The Philadelphia Child Care Quality Study: An Examination of Quality in Selected Early Education and Care Settings* (Philadelphia, PA: Saint Joseph’s University, 2001); Kelly L. Maxwell, *Legal, Nonregulated Care in North Carolina*, Paper presented at the Society for Research in Child Development Biennial Meeting, Atlanta, Georgia, 2005.
- 12 Barbara T. Bowman, Suzanne Donovan, and M. Susan Burns (eds.), *Eager to Learn: Educating Our Preschoolers* (Washington, DC: National Academy Press, 2001), 263-264; Margaret R. Burchinal, Debby Cryer, Richard M. Clifford, and Carollee Howes, *Caregiver Training and Classroom Quality in Child Care Centers*, *Applied Developmental Science* (2001), 6, 2-11.