

**Sustaining
Family, Friend,
and Neighbor
Child Care
During and After
COVID-19:
Survey Findings**

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INTRODUCTION

“Now more than ever we need to fund the education that is taking place right in the homes of family members and friends who have opened their doors to provide essential child care.”

—FFN-supporting organization

Millions of families rely on family members, friends, and neighbors to care for their children every day while parents are at work, attending school, searching for a job, or undertaking other responsibilities. These family, friend, and neighbor (FFN) providers make it possible for parents to participate in these activities and ensure their children are safe and well-cared for in a nurturing environment. Many families choose FFN care because they want someone they know and trust to care for their children. Additionally, parents working nontraditional hours, like nights and weekends, may turn to FFN care because it is the only option flexible enough to accommodate their schedules. Families with children with disabilities may also prefer FFN providers

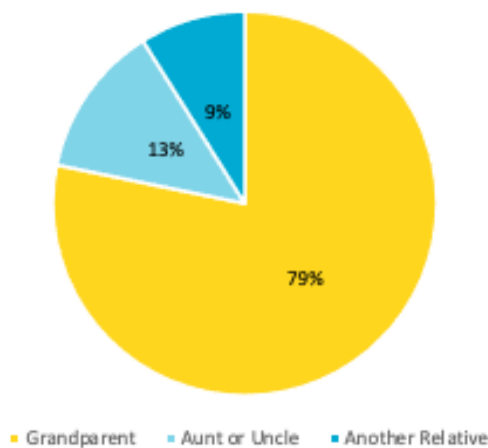
because they can offer one-on-one attention to their child. Low-income families frequently choose FFN care because they cannot afford more formal options, such as a child care center, family child care home, or preschool, which are typically more expensive.

FFN care is used by families of all races and ethnicities, of all income levels, and with children of all ages.¹ FFN and other home-based providers, in fact, outnumber center-based providers and collectively serve more children. There were 3.77 million home-based providers caring for approximately 7.15 million children under age six on a regular basis, according to the 2012 National Survey of Early Care and Education.² In comparison, there were approximately 1 million providers employed by 129,000 center-based programs serving 6.98 million children under age six.³ The vast majority (97 percent) of the home-based providers were unlisted (did not appear on any state or national lists of licensed, regulated, or registered providers or of providers serving families receiving child care assistance).

Many FFN providers are related to the children in their care, and relatives (other than parents) caring for children are most typically grandparents. According to the 2016 National Household Education Survey, 24 percent (5.2 million) of children under age six were regularly in relative care (care by a relative other than a parent); in comparison, 13 percent (2.8 million) were regularly in nonrelative home-based care (care in a private home by someone not related to the child) and 35 percent (7.5 million) were regularly in center care. And of the 5.2 million children under age six who were regularly in relative care, 79 percent (4.1 million) had a grandparent as their primary relative caregiver, 13 percent (680,000) had an aunt or uncle as their primary relative caregiver, and 9 percent (470,000) had another relative as their primary relative caregiver.⁴

FFN care is used by families of all races and ethnicities, of all income levels, and with children of all ages.

Primary Relative Care Provider for Children Under Age Six Regularly in Relative Care, 2016



U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, Early Childhood Program Participation, Results from the National Household Education Surveys Program of 2016. Data are for children birth through age five not yet in kindergarten. Relative care is care provided by a relative other than a parent. Total may not add up to 100 percent due to rounding.

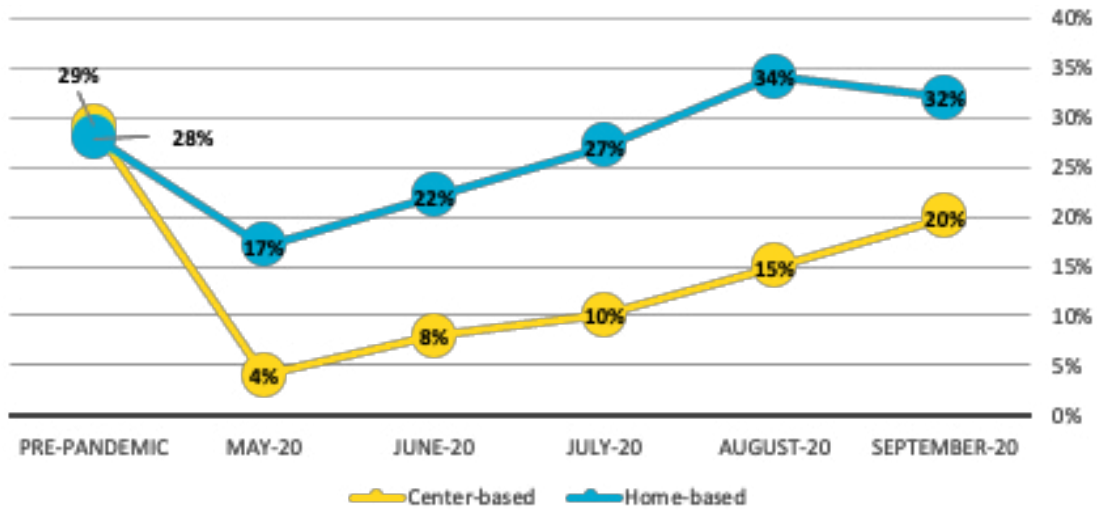
While FFN care has long been a crucial piece of the child care system, the pandemic has only further illustrated its necessity and strengths—as well as its vulnerability. As the coronavirus public health crisis unfolded, many child care programs—of all types—were forced to close. Child care programs that have remained open to serve children of essential workers or reopened as parents returned to work have struggled with a decline in enrollment that has reduced revenues and new health and safety measures that have increased costs. With many licensed/regulated child care centers and family child care homes closing down because they cannot make the finances work, or limiting enrollment to allow for social distancing, and many parents reluctant to return their children to large group settings during the pandemic, more parents have turned to home-based child care. The percentage

of households using center-based care dropped from 29 percent prior to the pandemic to just 4 percent in May; use of center-based care then increased to 20 percent of households as of early September, but that remained below previous levels. Meanwhile, the percentage of households using home-based care declined from 28 percent prior to the pandemic to 17 percent in May before increasing to 32 percent in early September, exceeding pre-pandemic levels.⁵

“...many providers who are extended family such as grandparents or other older relatives have been stepping in to care for children when other child care has been shut down or closed.” —FFN-supporting organization



Trend in Percentage of Households Using Center-Based and Home-Based Care in 2020



Center for Translational Neuroscience at the University of Oregon, Rapid-EC Project

Many FFN providers continued—or started—to provide care during the pandemic, or cared for more children—such as school-age siblings of young children who had been in their care or children from additional families. Yet many others stopped providing care out of health and safety concerns for themselves, their own families, the children in their care, and the children’s families; the risk of severe COVID illness was a particular concern in the case of older adult caregivers. In addition, a number of FFN providers halted their caregiving because parents no longer needed care while unemployed or working from home. Those FFN providers that continued offering care often struggled to obtain the supports and resources they needed to ensure the safety and well-being of themselves and the children in their care.

To examine the critical role of FFN providers before, during, and after the pandemic, assess the supports they have received in offering care, and identify the additional supports they need to offer safe and supportive care for children while ensuring their own well-being, the National Women’s Law Center conducted a survey

of FFN providers and organizations that offer support to FFN providers. This report summarizes the findings of the survey, conducted between late July and early September 2020, to offer insight into how the pandemic, the recession, and access to supports have affected FFN caregivers’ ability to provide care, and what strategies will help these crucial providers thrive in the future.

The survey demonstrates that while some providers are receiving financial and non-financial supports, most are not receiving the full set of supports that they need to continue caregiving in a sustainable way during and after the pandemic. Among the survey’s key findings:

- 57 percent of FFN providers responding to the survey were still regularly caring for children other than their own at the time of the survey, and 86 percent will continue to provide or resume providing care after the pandemic.
- 51 percent of FFN providers surveyed reported that they received funding (subsidies), other than payments from parents or other individuals, to provide

child care. But Spanish-speaking respondents were about half as likely as English-speaking respondents to report receiving outside financial support to provide care.

- 38 percent of FFN providers surveyed had received trainings and 23 percent had received home visits from an FFN-supporting organization or network prior to the pandemic.
- 22 percent of FFN providers surveyed received help purchasing food, 21 percent received grant funding, and just 2 percent received mental health support during the pandemic.
- 76 percent of FFN providers surveyed said they needed cleaning supplies, and 52 percent needed personal protective equipment to resume or continue caregiving during the pandemic.
- Only 18 percent of FFN providers surveyed said they regularly met or talked with other providers prior to the pandemic.

ORGANIZATIONS OFFERING SUPPORTS FOR FAMILY, FRIEND, AND NEIGHBOR CARE PROVIDERS

While most FFN providers do not receive targeted supports for their caregiving, there are some organizations across the country that work with FFN providers to support them.⁶ These organizations—which may be community organizations, family resource centers, child care resource and referral agencies, or other non-profit entities, depending on the community—can serve a range of purposes depending on the needs of the providers, the children in their care, and the communities in which they live. The organizations may offer trainings, coaching, or facilitated play-and-learn groups to assist FFN providers in furthering children’s learning and development; offer equipment and materials to help the providers offer a safe and enriching learning environment to children; and/or connect providers and the families they serve to federal, state, and local resources and benefits. In states that have authorized collective bargaining, unions can play an important role in supporting FFN providers, not only negotiating with the state on policies such as payment rates for child care assistance, but also offering trainings, help navigating the child care assistance program, and additional resources.



ABOUT THIS REPORT

The National Women’s Law Center collected the data in this report through a survey of FFN providers and a survey of FFN-supporting organizations. In late July 2020, NWLC sent a survey to FFN-supporting organizations, and then asked those organizations to send out a second survey designed for FFN providers to the providers in their networks. The surveys requested information about the types and sources of support needed by, offered to, used by, and/or unavailable to FFN providers. The survey also asked organizations and FFN providers to report on any policy changes that the state had made since the beginning of the public health crisis that affected FFN care. NWLC partnered with Home Grown to develop the surveys, translate the FFN survey into Spanish, and disseminate the surveys to both organizations’ networks of FFN-supporting organizations. Home Grown provided a generous incentive to FFN-supporting organizations that sent the survey to their own networks of FFN providers.

NWLC received responses from 338 FFN providers from six states (Arizona, California, Florida, Minnesota, New Jersey, and New York) and 11 organizations that offer support to FFN providers (license-exempt and/or unlicensed home-providers) from five states (Arizona,

Massachusetts, Minnesota, New York, and Washington). Of the FFN providers surveyed, 86 percent identified as female and 64 percent of respondents were Spanish speaking. Approximately half (49 percent) were Hispanic and/or Latinx, 42 percent were African American and/or Black, 6.5 percent were white, and 1 percent were American Indian and/or Alaskan Native. While the survey was largely targeted to license-exempt providers, 12 percent that responded were licensed and 10 percent did not indicate whether they were licensed or not.

Since the FFN providers that responded to the survey received it from FFN-supporting organizations to which they had some connection, the respondents are not necessarily representative of the FFN provider population at large, most of whom are not connected to such organizations—whether because they do not need access to the resources the organizations offer, do not have access to any such organizations, or are not aware of the organizations. Still, given that the survey participants come from diverse regions of the country and have diverse experiences and opinions, their responses reflect the range of challenges encountered and strengths offered by FFN providers.

FAMILY, FRIEND, AND NEIGHBOR CARE PROVIDERS' DEDICATION TO PROVIDING CARE TESTED BY THE PANDEMIC

"I love children. This is my dream. I literally miss my kids. I look at the pictures of them on my wall and in my phone that the parents have sent me. I look forward to getting back to my life, I was very happy. This isn't just a job for me."

—FFN caregiver

The coronavirus has affected families' need for care, the types of care families prefer, and providers' ability and willingness to offer care. Through it all, FFN providers have demonstrated their commitment to serving as caregivers. The majority (57 percent) of FFN providers responding to the survey stated that they were still regularly caring for children other than their own at the time of the survey.⁷ And overall, 86 percent reported that they would continue to provide or resume providing care after the pandemic.

Providers expressed a range of motivations for their commitment to caregiving. Many are grandparents who reported that they do it out of love for their grandchildren. Other relative caregivers similarly said they want to take care of close family members. At least one respondent indicated that they did not trust anyone else to care for their family members. Others planned to continue providing care for financial reasons or to help parents work.

Despite their commitment to their caregiving roles, many providers surveyed had to halt providing care at some point during the pandemic. Forty-three percent of FFN providers surveyed temporarily or permanently stopped providing care during the initial stages of the pandemic.

The most frequently cited reasons for the pause in providing care during the pandemic (with providers allowed to report multiple reasons) included: concern for the health and safety of the children in the provider's

care (25 percent of FFN providers surveyed); concern for the health and safety of the provider's family and/or themselves (20 percent); children in the provider's care no longer needing care (5 percent); lack of health and safety supplies such as personal protective equipment (PPE), hand sanitizer, and cleaning supplies (5 percent); financial reasons (5 percent); and/or state mandates to stop providing care (5 percent). Providers volunteered additional reasons for suspending their caregiving, such as that the parents were no longer working or a parent had COVID-19.

Fourteen percent of FFN providers surveyed reported that they did not plan to resume providing care after the pandemic. These providers cited various reasons for that decision, including stress and continued health concerns for themselves and their own children.

Survey responses from FFN-supporting organizations about the caregivers they work with reflect the varied decisions providers have made during the pandemic. The organizations worked with FFN providers that stopped providing care because of health concerns, that stopped providing care because families withdrew their children, that provided care to fewer children, that provided care to more children due to closures of other child care programs, or that provided care to children of essential workers—and often worked with more than one of these groups of providers. As one FFN-supporting organization wrote in response to the survey, "Some worked more hours, some worked less, some [were] overwhelmed due to circumstances around us." One FFN-supporting organization reported that some providers they work with pivoted from in-person care to providing online distance learning support to children.

"I am taking all necessary precautions and I am cleaning and sanitizing my area daily and during the day, but it just won't be enough and someone will become ill." —FFN caregiver

“It was hard at first during this pandemic, making sure that all the objects were clean and keeping the children safe. Just not being able to go outside to do extracurricular activities with the children was hard.” —FFN caregiver

“The stress is too much for the children and the adults, too.” —FFN caregiver

FAMILY, FRIEND, AND NEIGHBOR PROVIDERS VARY IN ACCESS TO FINANCIAL SUPPORTS FOR CAREGIVING

“The financial support FFN caregivers need is not only to maintain their child care environment but to maintain their homes, where all child care occurs. They are paid minimal wages by parents who can’t afford to pay more but who also have to work and need child care. ...We are able to provide educational materials, trainings, and support for the education of the children in their care, but especially nowadays they need basic support for things as simple as milk and toilet paper.” —FFN-supporting organization

Many of the FFN providers participating in this survey were connected to FFN-supporting networks that could link them to programs and resources and thus had greater access to supports than many other FFN providers, the vast majority of whom receive no such assistance. Still, a large percentage of the FFN providers surveyed lacked financial supports outside of payments from families, either because they were unaware of funding opportunities, because they were ineligible, or because help was unavailable.

About half (51 percent) of FFN providers surveyed reported that they received funding, other than payments from parents or other individuals, to provide child care. The most commonly cited form of outside funding was general child care subsidies for eligible families. Other types of funding reported by smaller numbers of respondents included child care subsidies to serve essential workers, the Child and Adult Care Food Program, and grants and loans.

Spanish-speaking respondents were about half as likely as English-speaking respondents to report receiving outside financial support to provide care. While 74 percent of English-speaking FFN providers responding to the survey indicated that they received subsidies or other financial supports for their caregiving, only 38 percent of Spanish-speaking providers indicated that they received such support.

SOME FAMILY, FRIEND, AND NEIGHBOR PROVIDERS ACCESS SUPPORTS THROUGH COMMUNITY ORGANIZATIONS

Many FFN providers are able to access financial and non-financial supports such as training and mentoring, opportunities to connect with other caregivers, and health and safety information through organizations or networks such as a child care resource and referral agencies, social service agencies, or non-profit community-based organizations. However, the majority of providers responding to the survey had not been receiving supports through such organizations or networks prior to the pandemic, with Spanish-speaking providers less likely than English-speaking providers to receive these supports.

The proportion of FFN providers that reported participation in activities or receipt of supports through FFN-supporting organizations varied depending on the activity or support.

While over one-third of FFN providers surveyed reported they had receiving trainings from an FFN-supporting organization or network, and nearly one-quarter received visits to their homes to offer support, less than 5 percent received face-to-face peer support, health and safety information, or help navigating licensing, subsidy, or quality rating and improvement systems through these organizations or networks.

FAMILY, FRIEND, AND NEIGHBOR PROVIDERS ARE OFTEN NOT CONNECTED TO OTHER CAREGIVERS

“Many [FFN providers] are struggling financially now that they care for fewer children, or in some cases care for more children but are still being minimally compensated. They are isolated and many have shared that if it weren’t for the online trainings and networking our program now provides they would feel lonely and depressed.” —FFN-supporting organization

Percent of FFN Provider Survey Respondents Receiving Supports From FFN-Supporting Organizations or Networks

Support/Activity	All FFN Providers	English-Speaking	Spanish-Speaking
Training workshops	38%	48%	32%
Home visits	23%	31%	19%
Social media	9%	18%	4%
Materials and equipment	7%	15%	2%
Help offering nutritious meals	7%	13%	3%
Leadership/advocacy training	6%	12%	3%
Play-and-learn groups	6%	13%	2%
Face-to-face peer support	4%	8%	1%
Health and safety information	4%	6%	0%
Help navigating licensing, subsidy, and quality rating systems	2%	6%	0%

While some providers are receiving financial and non-financial supports, most are not receiving the full set of supports that they need to continue caregiving in a sustainable way during and after the pandemic.

FFN providers could benefit from opportunities to socialize and communicate with other FFN providers. Such opportunities could help improve providers' mental health and the quality of care they offer by allowing them to exchange information, share ideas, discuss strategies for solving common challenges, and bond over shared experiences with fellow caregivers. Yet, most FFN providers surveyed said they did not regularly meet or talk with other providers.

Just 18 percent of FFN providers surveyed said that they got together or regularly communicated with other caregivers outside of caregiving prior to the pandemic. Only 9 percent of respondents reported phone conversations with other caregivers at least once a week, 9 percent reported having outings with other caregivers, and 7 percent participated in a Facebook page or other social media groups managed by caregivers.

The public health crisis, by limiting in-person get-togethers, only made interactions with other caregivers harder, and left providers more isolated at a stressful time. The majority of FFN-supporting organizations responding to the survey reported that they no longer provided face-to-face services. Most of these organizations did try to compensate by checking in with caregivers by phone and text more frequently, providing more online support, and/or providing more technical support to help caregivers take advantage of that online assistance.

One FFN-organization has worked to build and sustain connections among providers through a private Facebook group for all of its enrolled FFN caregivers. They use this Facebook group to provide trainings, live sessions, digital story time, and virtual play-and-learn events. The group allows caregivers to ask questions, exchange concerns, network with each other, and share photos and ideas. The group has existed for about 10 years, but it is now used more than ever, with over 250 members actively engaged.

FAMILY, FRIEND, AND NEIGHBOR PROVIDERS LACK SUFFICIENT SUPPORTS DURING THE PANDEMIC

"I just want my children to be safe and have learning materials." —FFN caregiver

"I just need help financially until the virus is over." —FFN caregiver

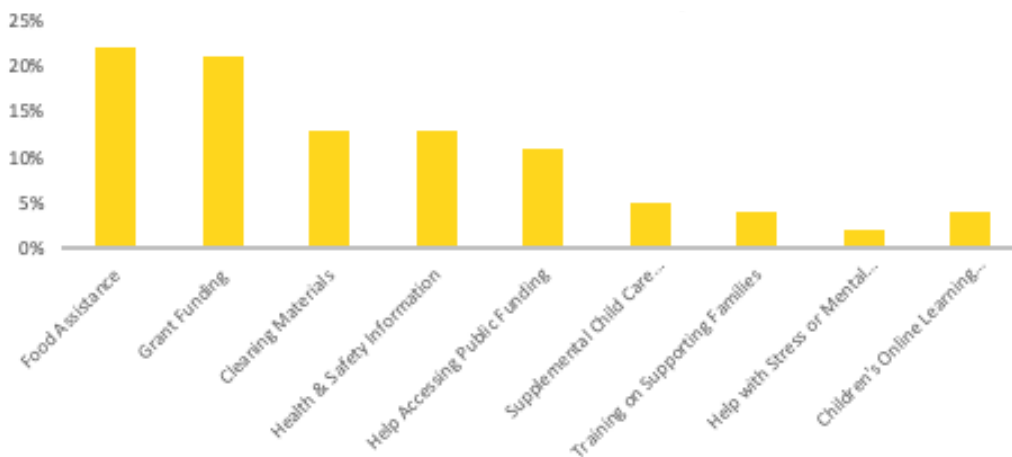
While some FFN providers responding to the survey were able to access crucial supports during the pandemic, including direct financial assistance for their caregiving and connections to assistance programs to help meet their basic needs, most respondents received few if any supports. Certain resources that are particularly crucial during this crisis—such as mental health supports and support for children's online learning—reached only a small number of FFN providers surveyed. Several FFN-supporting organizations that responded to the survey noted that their states' efforts to support child care during the pandemic did not include FFN providers.

Over one-fifth (22 percent) of FFN providers surveyed reported that they received help purchasing food during the pandemic. A similar proportion of respondents (21 percent) received grant funding. Even smaller percentages of respondents received cleaning materials (13 percent), information on how to keep themselves and the children in their care safe (13 percent), help accessing public funding (11 percent), supplemental child care subsidy payments (5 percent), training on supporting families during the crisis (4 percent), or support for children's online learning (4 percent). Just 2 percent received help dealing with stress or mental health support.

Similar percentages of English-speaking and Spanish-speaking providers were able to receive most of these supports. However, Spanish-speaking providers were less likely than English-speaking providers to receive information on how to keep themselves and the children in their care safe (9 percent versus 22 percent), but more likely to receive help purchasing food (25 percent versus 15 percent).

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Types of Supports Received by FFN Care Providers Surveyed



FFN providers responding to the survey identified various sources of the support they were able to receive. The most common source of support was state government (reported by 25 percent of survey respondents), followed by local government (22 percent), friends or family members (11 percent), networks or organizations (10 percent), local nonprofits (6 percent), and the faith community (1 percent).

FFN providers learned about the supports available from FFN organizations, state and local governments, and other entities through a variety of channels. Nearly half (47 percent) received communications from a state or local agency; 42 percent received information through the news media; 29 percent received information through social media; 25 percent through other caregivers; and 20 percent through a network or organization.

FFN-supporting organizations responding to the survey mentioned some specific initiatives they implemented to assist FFN providers during the pandemic. One organization used local public and private funding to distribute home and personal safety supplies. Another organization gave Visa gift cards to caregivers and worked with public library systems to distribute children’s books in home languages.

In addition to being affected by the financial and other resources they can or cannot access, FFN providers’ ability to offer care during the pandemic could also be affected by state regulations, whether designed to allow more flexibility during the crisis—such as temporary increases in the number of children a provider could serve without requiring licensing—or new health and safety requirements to ensure children’s and providers’

well-being during the pandemic. But most FFN providers did not report any significant impact of state regulatory changes—positive or negative—on their caregiving during the public health emergency. Just 15 percent of FFN providers surveyed reported that their state had made temporary changes to regulations to make it easier to provide care, while just 8 percent reported that their state made temporary changes to requirements for child care that made it harder to provide care.

“There have been numerous ways the state has stepped in to help centers and licensed providers, but FFN are typically unlicensed and do not have access to these same resources.” —FFN-supporting organization

“Our FFN caregivers were never mandated to close their doors and many stayed open to care for the children of essential workers. There are simply no programs in place to support them as they provide essential care.” —FFN-supporting organization

FAMILY, FRIEND, AND NEIGHBOR PROVIDERS NEED ADDITIONAL RESOURCES TO OFFER CARE DURING AND AFTER THE PANDEMIC

“Most FFNs are low income and caring for family members. There is mental health stress and financial stress due to family members losing their jobs, so they lose their child care subsidy, which results in loss of income for many involved along with the additional fear of providing care if the provider has health issues.” —FFN-supporting organization

FFN providers need a more robust array of supports in order to resume or continue providing care during the pandemic and to play their essential caregiving role long into the future. Necessary supports range from health and safety supplies to mental health support. Many providers simply require greater income and help meeting their own basic needs—including for food, housing, and health care. These supports are essential for the well-being of the children and families they serve and themselves, the health and safety of the care environment, and the providers’ capacity to offer nurturing care that promotes children’s healthy development.

Among the 43 percent of FFN providers who had not yet resumed providing child care at the time of the survey, the most frequently mentioned supports they needed to resume providing care included: help finding and buying materials to protect children in the provider’s care and the provider’s family (64 percent of providers who had not yet resumed providing care); help purchasing food to feed the children in the provider’s care meals (42 percent); help accessing subsidies through state or local child care assistance programs (26 percent); help accessing other public funding (18 percent); increased subsidy payments (16 percent); access to COVID-19 testing (13 percent); help finding activities to do with children in the provider’s care while the pandemic limits many of the usual activities (12 percent); private grants or loans (12 percent); and help understanding public health requirements and instructions (12 percent).

All FFN providers surveyed, whether they had temporarily halted caregiving or had continued caregiving through the pandemic, identified supports they needed during and after the public health emergency. Over three-quarters (76 percent) of all respondents needed cleaning supplies, and over half (52 percent) needed personal protective equipment. Nearly two-thirds (65 percent) said that they needed increased income from child care. Almost three-fifths (59 percent) needed new books, toys, and other materials and equipment.

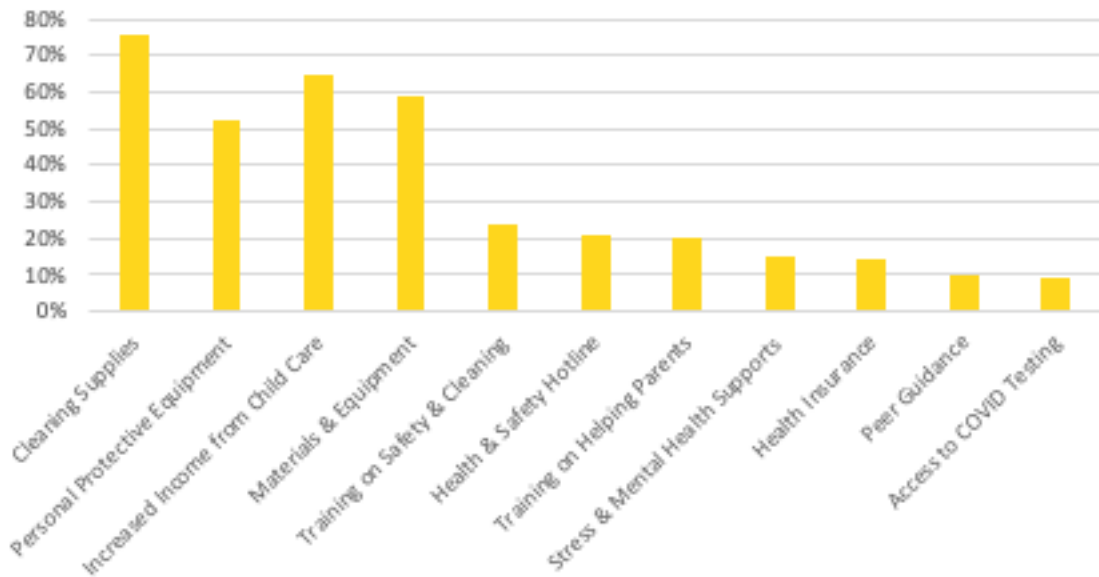
Other supports that providers said they needed included: training on safety and cleaning (24 percent), a place to call for health and safety questions (21 percent), training on helping parents during this period (20 percent), help dealing with stress and/or mental health support for themselves and the families they served (15 percent), health insurance (14 percent); guidance from other people also providing child care (10 percent), and access to COVID-19 testing (9 percent).

In an open-ended question about what additional resources they needed, FFN providers mentioned a broad range of supports, from housing assistance to

food assistance to utility assistance. Specific responses included “funding support for meals,” “free health care for providers,” “books, cribs, printers for after-school help, extra tables, chairs, and computers,” and “information in Spanish.” One provider simply responded, “everything.”

FFN-supporting organizations responding to the survey had a similar assessment of FFN-providers’ needs as that of the providers themselves. The majority of FFN-supporting organizations reported that, during the pandemic, FFN caregivers regularly requested: supplies to protect the health of children and caregivers; help purchasing food; help accessing emergency grants or relief funding;

Percent of Surveyed FFN Providers Needing Supports



FFN providers need a more robust array of supports in order to resume or continue providing care during the pandemic and to play their essential caregiving role long into the future.



help with accessing public financial assistance (such as unemployment insurance, government-funded loans, and rental and/or mortgage assistance); information about health and safety in relation to the coronavirus; mental health support; and technology support.

Other regular requests from providers cited by multiple FFN-organizations were help with: distributing food to children and families; accessing health insurance; accessing publicly funded subsidies to provide child care or increased subsidy payments; accessing private sources of funding (such as bank loans or privately funded grants); and matching their services to families who need care. In addition, several organizations noted that they received requests from providers for training and assistance on providing health care during the pandemic, supporting families during the crisis, addressing immigration issues, and addressing racism and discrimination issues.

A number of FFN-supporting organizations responding to the survey noted the need to make supports more accessible to providers by making resources and information available in the providers' languages. At least one organization noted that it had partnered with and funded trusted community-based organizations that are of and from the FFN providers' communities and speak their languages, to provide support to FFN caregivers. One organization noted that it made documents available in multiple languages, but technical information could still be difficult to understand even in a provider's home language.

"...we need to stop pretending [FFN caregivers] don't exist in our state—they need support and recognition." —FFN-supporting organization

GUIDING PRINCIPLES FOR POLICIES TO SUPPORT FAMILY, FRIEND, AND NEIGHBOR CARE

“FFN caregivers are often overlooked when child care policies and funding are discussed. They should not only have direct access to this information, but also have their voices heard at the table.” —FFN-supporting organization

FFN care is an integral part of our child care system. The choice is not whether we will continue to have it be part of that system, but whether we provide the supports necessary to promote the well-being of FFN providers and the children in their care during and after the pandemic. While further research is needed to identify the most effective strategies and develop detailed policies for supporting FFN caregivers, several general principles should guide policymakers in designing child care policies that are responsive to the needs of FFN caregivers and the children and families that rely on them:

- Significantly increase federal, state, and local funding for child care overall and for FFN care specifically.
- Ensure broader child care programs, initiatives, and policies—including child care assistance programs—include FFN care and incorporate supports for FFN care, with a focus on caregivers and families of color.
- Proactively reach out to FFN providers and families using FFN care, with multiple channels of communication and appropriate languages to inform them of supports and resources.
- Provide dedicated funding for community-based organizations that work with FFN providers—especially those that are run by and for communities

of color—so they can reach more providers and offer them an increased range of supports.

- Help FFN providers connect to the full range of supports they need for themselves and the children in their care, from food and housing assistance to health and mental health support to training and information on promoting children’s learning and development.
- Ensure training, resources, and supports are culturally and linguistically appropriate and accessible for the community’s FFN providers, including those who are people of color, immigrants, or serving immigrant families.
- Design child care and related policies with input from FFN caregivers to ensure the policies are responsive to their needs, interests, and experiences.

With these guiding principles in mind, policymakers can develop policies and programs that respect the crucial role that FFN providers play for families and communities and enable FFN caregiving to not only survive the struggles of this crisis but emerge stronger.

“FFN providers have been subsidizing the U.S. economy for decades. It is time for people to recognize that and find ways to support these people both financially and personally.”

—FFN-supporting organization

NWLC greatly appreciates the FFN caregivers and FFN-supporting organizations that took the time to respond to our survey. We also wish to thank Home Grown and the David and Lucile Packard Foundation for their generous support of this report and our FFN work.

ENDNOTES

- 1 National Women's Law Center, Family, Friend, and Neighbor Care: Facts and Figures (March 2018), <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2018/03/family-friend-neighbor-care-fact-sheet-final.pdf>.
- 2 National Survey of Early Care and Education Project Team, Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education (OPRE Report #2016-13) (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, 2016), 16, <https://www.researchconnections.org/childcare/resources/31515/pdf>.
- 3 National Survey of Early Care and Education Project Team, Number and Characteristics of Early Care and Education (ECE) Teachers and Caregivers: Initial Findings from the National Survey of Early Care and Education (NSECE) (OPRE Report #2013-38) (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, 2013), 8, https://www.acf.hhs.gov/sites/default/files/documents/opre/nsece_wf_brief_102913_0.pdf; National Survey of Early Care and Education Project Team, Characteristics of Center-based Early Care and Education Programs: Initial Findings from the National Survey of Early Care and Education (OPRE Report #2014-73a) (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, 2014), 3, <https://www.researchconnections.org/childcare/resources/28740/pdf>.
- 4 Lisa Corcoran and Katrina Steinley, Early Childhood Program Participation, Results from the National Household Education Surveys Program of 2016 (NCES 2017-101) (Washington, DC: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2017), 10, <https://nces.ed.gov/pubs2017/2017101REV.pdf>.
- 5 Center for Translational Neuroscience at the University of Oregon, "Returning to Care...But Worried," *Medium* (October 27, 2020), <https://medium.com/rapid-ec-project/returning-to-care-but-worried-5093fda63dab>.
- 6 National Women's Law Center, Strategies for Supporting Family, Friend, and Neighbor Care Providers (January 2016), https://nwlc.org/wp-content/uploads/2016/01/nwlc_BriefReport.pdf.
- 7 Note that some respondents may have misinterpreted this question about whether they were still taking care of children other than their own. While this question was intended to ask about whether they were caring for a child who was not their own biological, adoptive, or foster child, some respondents may have interpreted this question as asking if they were caring for children they did not regularly or previously provide care for, or caring for children beyond their immediate and extended family. As a result, it is possible that the proportion of respondents continuing to provide care was higher than these survey results indicate. For example, a survey of FFN providers receiving emergency funding from Home Grown found that 65 percent had continued to provide care. (Home Grown, Family, Friend, & Neighbor Caregivers during COVID-19: Preliminary Data from Home Grown Emergency Fund Communities, https://homegrowncildcare.org/wp-content/uploads/2020/10/HomeGrown_FamilyFriendNeighbor.pdf.)

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