

Family, Friend, and Neighbor Child Caregivers: Results of a Statewide Study to Determine Needs and Desires for Support

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Family, friend and neighbor (FFN) child caregivers represent a significant proportion of caregivers for young children. Yet, these caregivers receive little support for their services. In 2003, the First 5 California Children and Families Commission (First 5 California) began a study to determine the work-related needs of FFN caregivers in California. This paper reports on the results of all study activities, including focus groups and interviews with caregivers and parents. It details the specific needs related to licensing, materials and equipment, education and training, and support systems that were identified by FFN caregivers, parents, and other stakeholders as being important to improve the quality and working conditions of FFN care. It also discusses needs of agencies that provide services to FFN caregivers, including awareness of and knowledge about the population, funding and other resources, and professional development topics.

KEY WORDS: child care; early education; relative care; family child care; focus groups; professional development; training; caregiver support; educational materials.

INTRODUCTION

Early learning and development in the years before kindergarten can impact an individual throughout his or her entire lifespan (Shonkoff & Phillips, 2000). Much of this early learning and development is shaped by a child's primary caregivers during these formative years. One of the most commonly used forms of child care is unlicensed care that is provided by family members, friends, or neighbors. Varying studies and reports indicate that approximately one-third of children younger than 5 years of age are cared for in these types of arrangements (Casper, 1996; Smith, 2002; Sonenstein, Gates, Schmidt, & Bolshun, 2002). Because of the vast scope and enduring popularity of this type of care, the First 5 California

Children and Families Commission (First 5 California) determined that it was essential to study and provide support to this caregiver population.

The First 5 California Family, Friend, and Neighbor Child Caregiver Support Project has been a landmark initiative in California. It was the first large-scale investigation of the family, friend, and neighbor (FFN) caregiver population in the state. While this child care sector largely has been unconnected to supports and resources, the First 5 California project has shed light on both the challenges and opportunities that come from working with the FFN caregiver population.

The overarching goal of the project, which was funded with Proposition 10 tobacco tax monies, was to identify effective materials and formats for supporting FFN caregivers that would (1) improve the quality of care for the young children in their care and (2) lead to better school readiness for these children. These goals were accomplished primarily through completion of 45 focus groups and 21 interviews across California with over 300 FFN caregivers and

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50 parents who use this care. Participants were selected from neighborhoods around School Readiness Initiative programs. Local field coordinators were contracted to recruit project participants. Communities around School Readiness Initiative programs were targeted because First 5 California staff believed that the children in these communities would benefit most from this project. Furthermore, the demographics of the communities (e.g., lower income, large populations of cultural minorities particularly Latinos) were similar to the demographics of families likely to use FFN care. In addition, relevant data on the needs of FFN caregivers were collected through other project activities (see www.cfc.ca.gov/ffn). This paper will present information on the primary support needs of FFN caregivers, as identified through the project activities, as well as the needs of agencies providing services to them.

CHARACTERISTICS OF FFN CAREGIVERS

Family, friend and neighbor (FFN) care is one of many terms used to describe unlicensed child care. The terms informal care, relative care, kith and kin care, license-exempt care, legally unlicensed care, illegally unlicensed care, and babysitting also are used. In California, three different caregiver arrangements fall under the FFN heading: “(1) someone caring only for children from one family to which they are not related, often considered a nanny or babysitter; (2) a relative, excluding legal guardians, caring only for his or her family members; and (3) an individual caring for his or her own family members in addition to children from one other non-relative family” (Goldstein, Go, Garling, & Whitebook, 2002, p. 2).

FFN caregivers come from all walks of life (Susman-Stillman, 2004). They typically are related to (most often the grandparent of) the children in their care (Brown-Lyons, Robertson, & Layzer, 2001; Porter, Rice, & Mabon, 2003). As such, FFN caregivers tend to be in a similar economic class and from the same cultural background as those for whom they provide care (Brown-Lyons et al., 2001; Galinsky, Howes, Kontos, & Shinn, 1994). Exceptions may be nannies and babysitters. The use of FFN care seems to be prevalent among cultural minority groups, particularly immigrant groups, perhaps due to their reliance on extended family for support (Brown-Lyons et al., 2001, Casper, 1996; Porter et al., 2003; Zinsser, 2001). FFN caregivers tend to be female and either grandparents or other close relatives. Many provide care during non-traditional hours.

Perhaps what most sets FFN caregivers apart from licensed caregivers is that most of these caregivers had an existing relationship with the children and their families before becoming the caregiver and most will have this relationship after care ends. The FFN caregiving environment tends to be less formal and more intimate than in other caregiving situations, and many FFN caregivers expressed feeling as if the children were “their own” and treating them as such. These overlapping relationships can be beneficial to the child, but also can add many challenges to the caregiving situation.

Indeed, some of the challenges noted by participants in the First 5 California focus groups reflected this (see Drake, Unti, Greenspoon, & Fawcett, 2004a). Many caregivers complained that the children’s parents often took advantage of them, particularly at drop-off and pick-up times. Grandparents often said that they felt as if they were on call 24 hours a day, and it often was unclear when they were in the role of caretaker versus the role of grandparent. For many, there was a lack of a professional and personal boundary; although, a few caregivers had worked with the parent to set up clear working boundaries, making their jobs much easier. Both parents and caretakers also often mentioned difficulty in communicating to the other party about issues such as discipline. They said that they found it difficult to “criticize” the other party, who might be their own child or parent.

NEEDS OF FFN CAREGIVERS

The primary goal of the First 5 California project was to determine the needs of FFN caregivers through focus groups with parents and caregivers and discussions with those providing services for caregivers and parents. Most often, the expressed needs fell into the following categories, discussed below: licensing and professionalism, materials and equipment, education and training, and support systems. Immigrant and rural populations who were more isolated and had fewer specific services in their communities seemed to need and desire more types and intensity of support than those who were less isolated, and some caregivers at the very low income levels expressed needing help meeting children’s basic needs (e.g., clothing, food, heat).

Licensing

Less than half (about 40%) of the FFN caregivers participating in the First 5 California focus groups responded “yes” to the question, “Are you

interested in becoming a licensed childcare provider?" About one-third stated that they definitely did not want a license. Those who wanted a license more often tended to be caring for a child to whom they were not related. The assumption is that more of these out-of-family caregivers are "intentional" caregivers and see caregiving as a business (Brown-Lyons et al., 2001; National Center for Early Development and Learning [NCEDL], 2002). Many of the relative caregivers (particularly grandparents) are only interested in providing care for their family members (Drake, Unti, Greenspoon, & Fawcett, 2004b; Morgan, Elliott, Beaudette, & Azer, 2001). Asian and African-American caregivers were less likely to report wanting a childcare license. The primary incentives to licensing seem to be professionalism (Drake et al., 2004b), subsidies, the possibility of referrals, and requirements for liability insurance (Brown-Lyons et al., 2001). Aside from not wanting to care for more children, other disincentives to licensing are the work involved to complete the process and monitoring requirements (Drake et al., 2004b). Many caregivers fear ramifications related to income taxes, social security, or immigration if they apply for licensing (Brown-Lyons et al., 2001).

Staff members from service organizations and agencies discussed many issues related to licensing (Drake, Greenspoon, & Fawcett, 2005). Many expressed concerns about the quality of FFN care or the ability to ensure quality without some type of licensing or regulation and felt that even the minimal level of training required for licensing would improve quality. Others disagreed and discussed the variety of challenges in getting this population licensed, including the inability to meet licensing requirements because of housing issues or criminal background of someone residing in the home, the complexity of the licensing application process, and costs. Moreover, many FFN caregivers likely will need help completing the licensing process. The specific type of support needed would vary based upon the knowledge, current status, and resources of the caregiver. Some examples include financial assistance for application fees, safety equipment, or home improvement; transportation to training sessions; language assistance; and technical assistance filling out the application or clearing criminal records.

Materials and Equipment

There is no doubt that all caregivers could benefit from quality materials and equipment. Barriers

FFN caregivers face in acquiring materials on their own, include the following:

- *Cost:* Caregivers said that if they wanted materials for the children, they had to buy them themselves with the little money they are paid for their services;
- *Access:* Some caregivers said that the selections of available materials in their areas were slim (particularly in more isolated, rural areas), or they did not know where to go to purchase quality materials;
- *Knowledge:* Caregivers often mentioned that they did not know what books, toys, or other materials they should purchase, particularly with limited funds, and would welcome suggestions of age- and developmentally-appropriate materials.

The specific materials requested by caregivers included informational materials for themselves and educational materials for the children. Both are discussed below.

Informational Material

FFN Caregivers both need and want informational material. The type of information most often requested was related to children's development, particularly knowing what is "normal" for nutrition and physical development. They also requested information/training in first aid/CPR as well as information on specific medical needs of children (especially among caregivers of children with disabilities and other special needs). Note that many caregivers also expressed a need for safety equipment, particularly first aid kits, fire extinguishers, and car seats.

Many caregivers requested ideas of activities to do with children to keep them occupied throughout the day. They requested that these activities be simple, low cost, fun, and age appropriate. Also popular were ideas for "positive" discipline, as many of the caregivers discussed the fact that "time out" did not work. Finally, caregivers asked for ideas on how to better communicate with the children's parents, including developing a common action plan for the children with the parents and to be able to set boundaries.

Caregivers stated that they receive a great deal of informational materials and find it difficult to read all of it. The caregivers liked simple materials like posters that have information relevant to different ages on one sheet that could be posted so that it is always visible. The caregivers were most interested in materials that present the "big ideas" or most important information for a particular age; however, some stated that they like to have more detailed materials on

hand for reference. Caregivers also said that the best informational materials would include many illustrative pictures or photos, be simple and not use difficult vocabulary, be colorful, and use a large font.

In some of the focus groups, caregivers reviewed a prototype set of activity cards as a format for receiving ideas for activities and possible developmental information. Each card had an illustration of an adult and child engaged in a simple activity (e.g., reading, sorting household containers) on one side and a description of the activity on the other. Cards were color-coded by age groupings. The caregivers responded positively to the activity cards. They said that they could use them to pick out an “activity for the day,” and they could even allow children to choose the activity from the pictures. What they liked best about the cards were that they were grouped by age (which gave them some developmental guidelines) and that the pictures made the cards useful to caregivers with low literacy.

Some of the caregivers also reviewed a kit, *The Kit for New Parents*, which is distributed in California to new parents. Each kit contains six videos and eight booklets on various health, safety, and learning topics as well as a resource guide. First 5 California was interested in knowing whether the caregivers would find the kit useful, even though it is designed for parents. Most of the caregivers said that the kit offered some beneficial information, but that the information did not go far enough to meet all their needs. They stated that disciplining someone else’s child is different from disciplining your own child, particularly when you have a personal relationship with the parent. They expressed similar concerns about getting children to eat healthy foods or sticking to specific routines if the parents did not have the same expectations. By the same token, simply providing the caregivers with materials developed for licensed caregivers also may not take into account the unique FFN needs such as the relationship between parent and caregiver, the fact that care is often in the caregiver’s home and sometimes in the child’s home, the small group sizes (sometimes only one or two children), and the lack of resources.

Educational Materials

The most frequent requests from FFN caregivers were for educational materials. Almost all caregivers expressed the need for books. The types of books requested included board books, “educational”

books (especially alphabet books), bilingual books (liked by English as well as Spanish speaking caregivers), books with few or no words, and books with a large font.

Other requests were for “educational” toys. Caregivers in a subset of focus groups reviewed sample “toys” and considered their benefit in being packaged for distribution to FFN caregivers in the state. The caregivers were particularly excited about items that were versatile, would “grow” with the children, and could serve as a bridge to extending play (and learning) with every-day household objects and materials. For example, caregivers were shown some colorful dough cutters in a variety of common shapes. They said they could use them to teach shapes and colors and for tracing as well as for cutting dough. They were excited about being able to have the children help make their own dough, which extends the play into a whole new arena.

In addition to the dough cutters, the caregivers’ favorite toys were puppets, which they said were versatile and appropriate for children of all ages. They also liked a thick, foam (“soft shapes”) book with removable puzzle-type pieces because it was several toys integrated into one (puzzle, book, tracing object), was soft and lightweight, and could be used to teach different concepts.

Education and Training

FFN providers have less formal education than providers in regulated settings, with relatives having the least amount of formal education (Brown-Lyons, et al., 2001). Their educational levels generally mirror those of the parents. Data from the focus groups conducted in California showed that 24% were high school graduates with no additional education, while 38% of the caregivers reported having had some college (22%) or having a college degree (16%). Around 39% did not graduate from high school. These are similar to results reported in other projects (e.g., Porter et al., 2003; Savage, 2003). Also, fewer than half of the caregivers in the First 5 California project reported having ever had CPR training, with only one-quarter reporting having had the training within 2 years of their participation in the focus groups. Fewer than half reported any other type of child development training.

While they often lack formal training in child development or child care, FFN providers generally have experience caring for children, although estimates on the years of experience vary greatly.

According to the Growing Up in Poverty project, FFN caregivers had an average of 22 years experience, family child care providers had 19 years, and center-based providers had 13 years (Fuller, Kagan, et al., 2000). Relatives, generally grandparents, by virtue of their age, often have many years of child rearing experience.

The lack of training does not mean the FFN caregivers are not interested in improving their caregiving skills (Susman-Stillman, 2004). Some of the challenges caregivers face in accessing formal education and training include costs, time, child care, language, and transportation. Importantly, FFN caregivers do not fit into neat boxes of parenting education or child care training; they are essentially a blending of both (Bromer & Henley, 2002; Walker, 2004). They can benefit from basic parenting reminders and they may “appreciate” information even if they are not interested in formal training or certification (Drake et al., 2004a; Walker, 2004).

Support Systems

The FFN caregivers often mentioned feelings of isolation and not knowing that there were other caregivers like themselves or other resources in their neighborhoods. The caregivers requested various types of formal and informal “support” groups to provide networking and end isolation. They particularly would like to get ideas from other caregivers like themselves. Other ideas discussed were networks for toy and material exchanges or back-up help for when they were sick or had important appointments.

Improved community resources also could help end isolation. For example, caregivers often discussed the need for more or better parks or libraries and library programs, which would offer caregivers a place to informally gather. Resource centers for caregivers (and children) also are lacking in many communities. Caregivers expressed a need for places that were set up specifically to serve them. Finally, at the very least, caregivers wanted better information on relevant resources in their communities and calendars of relevant events.

NEEDS OF AGENCIES THAT PROVIDE SERVICES TO FFN CAREGIVERS

There are many existing programs and services for FFN caregivers, as well as services that could be expanded to reach this population. The local child care resource and referral agencies are the primary providers, although School Readiness Initiative

programs, family resource centers and other community based organizations also target these caregivers in some of their efforts. Some examples of services for FFN caregivers include materials distribution; home visiting to bring resources, answer questions or provide support; and providing training in the form of workshops or informal gatherings such as “play days in the park.” Examples of programs and resources can be found on the website devoted to FFN caregivers at www.cffc.ca.gov/ffn.

Three key areas of support for agencies and service providers emerged from this project. First, a general awareness of the FFN population and their related issues is needed, particularly by agencies not traditionally serving them (e.g., WIC, school readiness programs, health care practitioners) or aware they are serving them. Most service providers who deal with children could benefit from knowledge of the FFN population and their related needs.

Second, those who are currently providing services for the FFN population often expressed frustration related to limited funding and resources. This is a largely hidden population and outreach takes significant staff time. Furthermore, success rests on taking the time to build personal relationships with the caregivers. However, few agencies have the funding needed to provide services to the majority of FFN caregivers in their service areas. In fact, many service providers acknowledged the great toll it has taken to serve just a small subset of this population. In addition, many of the existing funds are tied to training related to licensing in which only a subset of FFN caregivers are interested.

Finally, participants in this project had several opportunities to request topics for professional development. Among those most often requested were resources/materials sharing (e.g., samples of brochures, evaluations, and outcomes from other projects; more information on agencies or programs offering training or other programs for FFN caregivers; successful programs; more workshops on training for FFN caregivers), highlights of current programs in California serving FFN caregivers, opportunities to network, training on outreach strategies, and information on funding.

CONCLUSION

This First 5 California project has highlighted issues relevant to this important but often overlooked caregiver population. In many ways, the needs of FFN caregivers are not so different from the needs of

parents or other licensed caregivers. However, the needs of these other groups are more directly addressed through, for example, books and materials written and marketed to them, infant care education offered by local hospitals, and caregiver licensing preparation programs. Furthermore, the dual relationship of FFN caregivers to the children in their care (and their parents) often adds another layer to their needs. Programs and services set up to help FFN caregivers meet their daily work-related challenges are greatly needed and would contribute significantly to the school readiness and development of our youngest learners.

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