

Strengths and Benefits of Family, Friend and Neighbor Care

Prepared by the King County Family, Friends and Neighbor Leaders Group

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Negative Perceptions Strong, but Not Supported by Research

A large proportion of today's adults were cared for by their grandparents, aunts and uncles, neighbors or friends of their parents, and have fond and vivid memories of those experiences. Many have or are currently choosing this form of care for their own children. Yet, a surprising number of child care professionals and policymakers hold strong beliefs that family, friend and neighbor care is inferior to and of poorer quality than licensed care.

That belief is not supported by existing research. Moving forward in the family, friend and neighbor field requires an ongoing effort to overcome those misperceptions and replace them with accurate information about the strengths and areas for improvement in family, friend and neighbor caregiving.

Family, Friend and Neighbor Care Is Different

Family, friend, and neighbor care is a new name for the most ancient and widely practiced form of child care in history. It describes a network of relatives, close friends, and neighbors who are involved with parents in the care and education of young children.¹

FFN care is fundamentally different from regulated center-based care or family child care. For the most part, this child care choice is embedded in relationships between caregivers and parents that begin—especially for relatives—long before the child care starts and continues long after the child care ends. Many FFN caregivers intend only to care for their grandchildren, nieces or nephews, or their close friends' children. ...²

Family, Friend and Neighbor Care Offers Many Advantages

Familial-type love and affection for child. Most family, friend and neighbor caregivers view themselves as extended family or surrogate parents, not as professional child care providers. The most common reason cited by parents using family, friend and neighbor care is having a known

¹ Emarita, Betty. (2006). *Family, Friend and Neighbor Care Best Practices: A Report to Ready4K. How Culturally Diverse Families Teach Their Children to Succeed and How Early Education Systems Can Learn From Them.* Minneapolis, MN: Ready4K

² Sazer-O'Donnell, N., Cochran, M., Lekies, K., Diehl, D., Woods-Morrissey, T., Ashley, N., Steinke, P. (2006). *Sparking Connections Phase II: A Multi-Site Evaluation of Community-Based Strategies to Support Family, Friend and Neighbor Caregivers of Children.* New York, NY:Families and Work Institute.

and trusted caregiver (about 50% of parents in each of five states in which surveys of parent preferences have been conducted).³

Good communication and relationship between parent and caregiver. Parents using family, friend and neighbor care and their providers report good communication and positive feelings about their relationships with one another, according to a 2005 summary of studies. For example, in a 2001 study of low-income families in three cities, mothers using unregulated care reported that they were more satisfied with their care, had better communication with their child care provider, and found their child care provider to more accessible, reliable, dependable, and flexible in meeting their needs than mothers using regulated care.⁴

Motivation. The primary motivation for a majority of family, friend and neighbor caregivers in Washington was helping out the family or friend, and a quarter said they were motivated by enjoying spending time with the children. Only a small percent said that earning money was their primary reason for providing care. Motivation of caregivers has been associated with the quality of caregiving.⁵

Child:adult ratio. The ratio is consistently lower (believed to be better for children) for FFN than for other types of early childhood education⁶. An analysis of one set of national data indicates that for children between birth and 5, center-based care has an average child:adult ratio of 6.5:1, formal family child care of 3.5:1 and FFN care an average of 1.5:1. Further, while ratios in centers increase greatly as children go from infant, to toddler, to preschool age, they increase only slightly for children in FFN care.⁷

Lower child-adult ratios and group sizes were found to be the strongest predictors of positive (i.e., sensitive, warm, responsive, and cognitively stimulating) infant caregiving across all non-maternal child care settings (including relative care) in the National Institute of Child Health and Human Development Study of Early Child Care. The study also found that positive toddler caregiving was more likely with lower child-adult ratios.^{8 9}

Flexible work hours. A higher percentage of family, friend and neighbor care than other types of care is provided during “non-standard” evenings and weekend hours. The share of children using family, friend and neighbor care evenings and weekends averages 54% among five state

³ Brandon, Richard N. (2005) *Enhancing Family Friend and Neighbor Caregiving Quality: The Research Case for Public Engagement*. Paper produced in collaboration with Child Trends and the National Association of State Child Care Administrators, an Affiliate of the American Public Human Services Association.

⁴ Schulman, Karen and Helen Blank. (2007) *Close to Home: State Strategies to Strengthen and Support; Family, Friend and Neighbor Care*. Washington DC: National Women’ Law Center:

⁵ Ibid.

⁶ Porter, T. & Kearns, S. (2005). *Supporting Family, Friend and Neighbor Caregivers: Findings from a Survey of State Policies*. New York, NY: Institute for a Child Care Continuum, Bank Street College of Education. <http://www.bankstreet.edu/gems/ICCC/surveypaperfinal.pdf>

⁷ Brandon, R., Maher, E., Joesch, J., Doyle, S. (2002). *Understanding Family, Friend, and Neighbor Care in Washington State: Developing Appropriate Training and Support*. Seattle, WA: Human Services Policy Center, Evans School of Public Affairs, University of Washington; and Brandon (2005), supra.

⁸ NICHD Early Child Care Research Network. (1996). Characteristics of infant child care: Factors contributing to positive caregiving. *Early Childhood Research Quarterly*, 11, 269-306.

⁹ Kreader, J. Lee et al. (2005). Infant and Toddler Child Care Quality, *Child Care & Early Education Research Connections*, Research-to-Policy Connections No. 2. <http://www.childcareresearch.org/location/ccrca6872>

surveys, considerably higher than the 26% for licensed family child care, or 9% for center-based care.¹⁰

Stability of caregiver. In a Washington State survey, the mean duration of caring for randomly selected individual children age birth through five was 23 months. For children birth through five, 69% of family, friend and neighbor caregivers had been providing care for the same child for 12-48 months, and 51% for 24-48 months. Compared to the level of turnover estimated for center-based child care workers – 76% of staff no longer in the same job after four years— family, friend and neighbor care appears relative stable.¹¹

Factors yet to be identified or measured. Of the few studies of quality of family, friend and neighbor care, almost all have been conducted by and viewed through the lens of professional child care. The studies showing lower quality have not been based on representative samples and used measures that many believe are inappropriate for this setting. With one known exception, studies have not considered how different cultural communities define and practice quality care.

The one report that focused on identifying best practices of family, friend and neighbor caregivers from five different cultures concluded that “there are a plethora of abilities not yet captured by most instruments designed to measure the capacities of young children, but which many cultural communities value highly.”¹²

Erin Maher, former research scientist at the Human Services Policy Center at the University of Washington who has focused on family, friend, and neighbor care stated, “I’m coming to believe we might have a lot to learn about what this type of care does right, especially in supporting social and emotional development, and how to apply these lessons to professional development in other settings.”¹³

There is Room for Improved Quality and Caregivers Want Resources and Support

Evidence on quality in family, friend and neighbor caregiving settings is mixed and complex because of measurement and definitional challenges. As with the research on licensed settings, when measuring child care quality in license-exempt settings using global environmental rating scales (e.g., Family Day Care Rating Scale), the quality in family, friend and neighbor care ranges from poor to good. Yet, environmental rating scales are designed to measure structural aspects of the caregiving setting—exactly the features a family, friend and neighbor caregiver is exempt from having to meet.¹⁴

Both strengths and areas for improvement can be found in family, friend and neighbor care. A 30-page summary of what has been learned about those

We should treat family, friend and neighbor caregivers like family – that is their strength. We should help them create strong and supportive environments for children which promote healthy development.

Joan Lombardi, PhD
Director, The Children’s Project

¹⁰ Brandon (2005), supra.

¹¹ Brandon (2005), supra.

¹² Emarita, supra.

¹³ Maher, Erin J. (2007) *Raising Awareness about Family, Friend and Neighbor Caregiving*. Presentation to Cities and United Ways Promoting School Readiness. Seattle, WA.

¹⁴ Ramsburg, Dawn. (2005). *Top Ten Perceptions about License-Exempt Care*.

strengths and challenges is contained in a recent report from the Families and Work Institute, as part of its Sparking Connections initiative. No firm conclusions can be drawn at this point, although the summary provides guidance on where family, friend and neighbor caregivers may need considerable support.¹⁵

Family, friend and neighbor caregivers indicate they want help and resources. They want to learn in social and comfortable situations rather than in classes or workshops in school-like settings.¹⁶

Parents Prefer Family, Friend and Neighbor Care When It Is Available

Evidence says parents of all social and economic levels often choose license-exempt care as a first option, not a last resort. In an Illinois study, two out of three parents said they had not even considered another child care provider before choosing their exempt provider. Moreover, 9 out of 10 parents said they would still choose their current exempt provider even if cost or other factors were not a factor.¹⁷

Erin Maher, of the Human Services Policy Center at the University of Washington, recently said, “I continue to hear from people, even people within the early learning world, that if licensed care were just made more accessible, children wouldn’t be in family, friend, and neighbor care. And, while this may be true for small proportion of families, it is also equally true, if not more true, that many families would prefer to use family, friend, and neighbor care if a relative were nearby and willing. Most families who choose this care, choose it because they want it.”³

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¹⁵ Sazer-O’Donnell, et. al. (2006), supra.

¹⁶ Sazer-O’Donnell, et. al. (2006), supra.

¹⁷ Ramsburg, supra.