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## Family, Friend, and Neighbor Care: Crib Notes on a Complex Issue

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**FAMILY, FRIEND, AND NEIGHBOR CARE:  
CRIB NOTES ON A COMPLEX ISSUE**

**toni porter & shannon kearns**

Ask working mothers with young children about the kind of child care they use, and it is likely that half of them will say, “My mother” or “My sister.” That informal poll reflects reality. Family members account for 45% of child care arrangements for children under five whose parents are working.<sup>1</sup> Add friends and neighbors to the mix, and the proportion jumps to 55%.<sup>2</sup> Together, these caregivers make up approximately 73% of the child care workforce.<sup>3</sup>

The child care field uses several terms to characterize this type of care, although caregivers and parents would probably not be familiar with them. Sometimes it is called “license-exempt care,” because the settings are legally exempt from regulations that apply to centers or family child care homes. Another common term is “kith and kin” child care, kin as in family, and kith as in close friends and neighbors who serve as surrogate family. Less frequently, it is referred to as “informal child care,” meaning care provided by nonprofessional caregivers.

In all 50 states, relatives are exempt from licensing requirements.<sup>4</sup> Individuals who provide child care for nonrelated children can operate without a license under one or more of three conditions, depending on the state: the number of children in care at one time; the number of families who rely on the caregivers; and the number of hours children spend in care.<sup>5</sup> All license-exempt caregivers, whether they are relatives or nonrelatives, must comply with specific state requirements if they provide care for children who receive public child care subsidies.<sup>6</sup>

Until the mid-1990s, family, friend and neighbor care was largely overlooked by the child care field. A few studies looked at utilization<sup>7</sup> and a handful of others focused on caregiver motivation and interests.<sup>8</sup> There was only one study of quality.<sup>9</sup> Its results—that care was poor, largely because the caregivers were not “intentional” about their work—contributed to a pervasive perception that kith and kin child care was not good for children.

Attitudes began to shift with the 1996 federal welfare reform, as data emerged about Temporary Assistance to Needy Families (TANF) child care spending patterns.\* They showed that many welfare families were using license-exempt care: in some states, like Connecticut, more than half of the TANF dollars were expended on these arrangements.<sup>10</sup> The accumulating evidence that thousands of families used public dollars for license-exempt child care attracted attention from policy makers, practitioners, and researchers; and it turned the spotlight onto kith and kin child

\* Proportions varied widely depending on the child care supply, economic conditions, and licensing and subsidy systems.

care in general. It also prompted concerns about how children fared in these unregulated settings with untrained caregivers. The result was a flurry of attention: research on parents' choices and caregivers' interests, development of kith and kin programs, and studies of quality.

We know much more about this type of care than we did a decade ago. There is wide acknowledgement that kith and kin caregivers have a special place on a continuum of child care that extends from parents and regulated family child care providers to early childhood teachers.<sup>11</sup> The acceptance of the role that family, friend and neighbor care plays in the child care system has not been without consequences. Today, the quality of care that these caregivers provide is subject to the same scrutiny as other types of care: they are being held to the same standards for producing good outcomes for children.

On average, kith and kin caregivers provide child care for two or three children.<sup>12</sup> Infants and toddlers represent the majority; school-age children rank second, followed by preschoolers. Often, there are mixed-age groups in care. Children spend a great deal of time in these settings, up to 50 hours a week.<sup>13</sup> A significant proportion of the care is provided in the evenings, at night, or on the weekend.<sup>14</sup> The duration of the care varies; some children remain with the same caregiver for as long as three years.<sup>15</sup>

Many caregivers do not receive payment if they do not participate in the subsidy system. In one unpublished study of relative caregivers, 28% reported that they were paid by parents to provide child care. In some cases, parents did chores, paid for necessities, or gave gifts instead.

### **The Parents Who Use Family, Friend and Neighbor Care**

Although all kinds of families rely on kith and kin care, those who use it most frequently share some common characteristics. Many are young, single Latina and African American mothers without much higher education.<sup>16</sup> They tend to work in jobs with nontraditional hours, and have low incomes. Most have more than one child.

Many families use kith and kin care by choice: 70% of the mothers in an Illinois survey, for example, said that they did not consider any other type of child care.<sup>17</sup> They say they want caregivers they know and trust, because they do not want their very young children in the care of strangers.<sup>18</sup> Some parents, especially newcomers to the United States, want someone who shares their culture—who speaks the same language, espouses the same values, and follows the same practices.<sup>19</sup> A third factor is flexibility: parents want care that fits their evening, weekend, or shift work schedules, and family members can provide it.<sup>20</sup>

Other families would not use family, friend and neighbor care if they could find some other setting. They turn to kith and kin because convenient care in regulated settings is not available.<sup>21</sup> If convenience is not a problem, cost often is, even with child care subsidies.<sup>22</sup>

## The Family, Friends, and Neighbors Who Provide Child Care

Our portrait of kith and kin caregivers is based on state-level studies since no national data are available. The findings provide some insights into caregivers' motivations, characteristics, and interests.

Many caregivers provide care for the same reasons. Most say that they want to help out the parent<sup>23</sup> and that they want their grandchildren or their nieces in care within the family.<sup>24</sup> They also say that they enjoy spending time with, and caring for, children.<sup>25</sup> Somewhat lower on caregivers' lists of reasons are helping children learn<sup>26</sup> and teaching children.<sup>27</sup> Many caregivers are not interested in a professional child care career; they only want to care for one or two children who are special to them.<sup>28</sup> Only a small proportion, generally nonrelatives, say that they provide care for the income it generates.<sup>29</sup> They are likely to consider child care as a business.<sup>30</sup>

Most often, the ethnicity of caregivers mirrors that of the parents who use them.<sup>31</sup> Many are people of color—Latinos, African Americans, and Asian Americans.<sup>32</sup> European Americans account for approximately 35% of the caregiver population.<sup>33</sup> On average, caregivers are in their mid- to late-forties, although their ages range from late teens to 70's and 80's.<sup>34</sup> Relatives tend to be older than other caregivers, with average ages ranging between 41 and 52.<sup>35</sup> Many are still in their prime working years, and have a job outside the home.\*

Most studies collect data on caregivers' education, child care training, and experience, because research has linked these characteristics with quality. They show that caregivers' educational backgrounds vary widely, ranging from less than high school to four-year college degrees.<sup>36</sup> There is also some evidence that caregivers have specialized child care training.<sup>37</sup> Caregivers have a wide range of experience caring for other people's children—four years, on average, although some studies report higher average years of experience.<sup>38</sup> This makes sense, given the wide age range of the caregivers.

Research on caregivers' interests underscores the place they hold in the child care continuum.<sup>39</sup> Like many parents, they want information about how children develop, activities that will keep them engaged, and how to help them succeed in school.<sup>40</sup> Another common request is information about how to set limits for children—"discipline"—a perennial favorite in parenting education programs.<sup>41</sup> At the same time, caregivers want information about health, safety, and nutrition, topics that are often on child care training agendas for regulated family child care providers.<sup>42</sup> They are also interested in learning how to communicate with parents; for them, however, the issues are different, because they are providing care to family or close friends. A small percentage of caregivers, typically those who are not caring for related children, are interested in information about becoming regulated providers.

\* Approximately 20% of the caregivers in one study had a second job (Todd, Robinson, & McGraw, 2005).

## Quality in Family, Friend and Neighbor Care

Because child care quality is such an important issue, several studies have examined kith and kin care for subsidized or low-income children.<sup>43</sup> The findings indicate that most of this care, like that in regulated settings, is rated low on standardized global observation instruments. This means that the variety of activities to stimulate cognitive development is limited, there are few books or other materials, and health practices are not optimal. There is also a lot of television. On the other hand, there is some evidence that caregivers are warm and nurturing with the children, that there is a lot of one-on-one talk, and that the caregivers engage children in routines.

As a result of concerns about quality in kith and kin care, many states have developed initiatives to support these caregivers. In 2004, 20 states were funding specific initiatives for this population.<sup>44</sup> The private sector has also become engaged in this issue, providing support to a variety of programs. The federal government has weighed in as well, by including family, friends and neighbors in the Early Learning Opportunities grants, professional development plans for child care providers, and Early Head Start. Most state-funded programs limit participation to caregivers who serve subsidized children, but the others are open to all kith and kin caregivers.

Programs use a variety of recruitment strategies. Initiatives that serve subsidized caregivers typically rely on mailings to the subsidy list, which are sometimes followed up by phone calls.<sup>45</sup> Others distribute or post flyers at libraries, faith-based organizations, or grocery stores, and make presentations at Head Start programs or schools. Some programs offer incentives such as First Aid kits, books, and cash payments.

Training is the most common strategy for enhancing kith and kin child care quality. It accounts for more than half of the state-funded efforts as well as many that are privately funded. Most programs, like Alabama's *Kids and Kin Program* and Crystal Stairs' *License Exempt Assistance Project* in Los Angeles, offer workshops; a few, like New Mexico's *Conversations Project* and New York City's *HRA/CUNY Informal Family Child Care Training Project*, use facilitated discussions or support groups.

Other strategies for improving quality in these settings include distribution of materials such as health and safety kits, or home visiting. Hawaii's *Learning to Grow*, for example, mails monthly kits to caregivers, while *SPARK Georgia Neighborhood Van Program* delivers materials to caregivers' homes. Missouri's *Project REACH* makes monthly home visits to rural caregivers; Action for Children's *License-Exempt Initiative* in Chicago uses a single home visit to provide caregivers with information about its services.

Whatever the funding source or strategy, program content typically focuses on similar child care topics: health, safety, child development, and, to a lesser extent, literacy. There is less attention to family support issues that have particular relevance for kith and kin caregivers, such as negotiating relationships with family members.

## Discussion

These early stages of work on family, friend and neighbor care have enriched our knowledge enormously. Some of it confirms what we know intuitively: that kith and kin care is the most common form of care for young children in the United States; that parents want their babies with family; and that grannies and aunts want to care for those babies. Other findings are more surprising: that there are blurred policy distinctions among states about caregivers who are regulated and those who are exempt from licensing; that caregivers want to know about the same issues as others who care for children; and that many programs for kith and kin caregivers fail to include the issues that are important to them.

This work also suggests the next generation of research questions. Some relate to services, others to quality. We need to learn more about the differences between family and friends as well as neighbors, and the individual approaches that have the potential to support them. We also need to know which approaches work, and how, so that we can effectively enhance the quality of care that kith and kin caregivers provide.

Quality is always the elephant in the room. The child care field now agrees that existing instruments for assessing child care quality may not be appropriate for kith and kin care, because they were designed to evaluate care in regulated settings. Evidence about quality based on instruments specifically designed for family, friend and neighbor care may yield other results than those in previous studies. We may also want to consider the issue of quality from other perspectives, such as what parents want and expect from this care, or the cumulative experience of children in the multiple child care settings in which they spend their time during the week.

Whatever approach we use, it is likely that we will discover some kith and kin care, just like care in other settings, will be poor. We can address this issue by providing resources to family, friend and neighbor caregivers, just as we do for regulated family child care providers and center-based teachers. Because parents will always use kith and kin care, our challenge is to strike a balance between honoring their choice of these settings, and responding to public concerns about the outcomes for children in these arrangements.

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