



Human Services Policy Center



## *Supporting Family, Friends and Neighbors Who Care for Our Children*

A report from the forum held April 5, 2001

Nationally, 76 percent of children under 5 with working mothers regularly used child care arrangements.<sup>1</sup> Approximately 50% of those arrangements were what is called “informal” child care.<sup>2</sup> These statistics illustrate the prevalence of children being cared for by “informal” caregivers - family, friends and neighbors (FFN).

Child care arrangements made by parents over the span of childhood can be viewed on a continuum, says Toni Porter, of the Institute for a Child Care Continuum, Banks Street College of Education, New York City. The type of care parents choose varies throughout the child’s life and often more than one type of care is utilized for a child at any given time. With this framework in mind, we began our forum.

<sup>1</sup> *Kith and Kin – Informal Care: Highlights from Recent Research*, Melanie Brown-Lyons, et al., Abt Associates Inc., National Center for Children in Poverty, May 2001.

<sup>2</sup> *Kith and Kin – Informal Care: Highlights from Recent Research*, Melanie Brown-Lyons, et al., Abt Associates Inc., National Center for Children in Poverty, May 2001.

### **About the Forum**

The ***Supporting Family, Friends and Neighbors Who Care for Our Children*** forum was convened by the Human Services Policy Center, Evans School of Public Affairs, University of Washington and the Washington State Child Care Resource and Referral Network.

Forty five participants attended representing a wide variety of organizations including City of Seattle Project Lift Off, Child Care Action Council, Head Start State Collaboration Office, City of Seattle Division of Family and Youth Services, US Department of Labor Women’s Bureau, Highline Head Start Puget Sound ESD, School’s Out Consortium, Child Care Resources, Children’s initiative – United Way of King County, DSHS – Child Care Division, Seattle Public Library, Governor’s Executive Policy Office.

In Washington, researchers, policymakers and educators are attempting to better understand the full variety of care-giving situations so that the needs of children and families can be better addressed. As Elizabeth Bonbright Thompson, Director of the Washington Child Care Resource and Referral Network stated, "This forum is another effort to gather information that can be used to stimulate policy decisions."

***Experts contributing to this discussion included:***

**Toni Porter**, Institute for a Child Care Continuum, Banks Street College of Education, New York City

**Kathy Hopkins**, President, Washington State Family Child Care Association

**Denise Sharify**, Cross Cultural Health Care Program, Pacific Medical Center, Seattle

**Rachel Langen**, Interim Director, Office of Child Care Policy, Department of Social and Health Services

**Donna Gay**, Child Care Coordinating Counsel of San Mateo, CA

**Rebecca Shine and Marnie Vlahos** of the Enterprise Institute, Portland, OR

**Mary Seaton**, Puget Sound ESD Head Start Program

**Lorrie Grevstad**, Healthy Child Care Washington

**Elizabeth Bonbright Thompson**, Washington State Child Care Resource and Referral Network.

With a focus solely on family, friends and neighbor child care, this forum marks the beginning of the discussion about this care in Washington state. Among the initial topics addressed were:

- Who are these care givers?
- Why do parents make the choice to use this kind of care?
- Do those providing this care need or want assistance?
- If so, what would be most helpful to them?

As a preface to the discussion, Sharon Doyle of the Human Services Policy Center talked about the contract that the Center has received through the Systems Subcommittee of the State Child Care Coordinating Committee (DSHS) to conduct research on family, friends and neighbor child care. The Center is conducting a random statewide telephone survey of:

- Parents (approximately 1300) - to see what kind of care they choose for their children and why.
- People who regularly provide child care for their relatives, friends or neighbors (approximately 300) -to see if they would like to have support or assistance in their work, and if so, what assistance would be most helpful to them.

The results from this research will be available in the fall of 2001 and will inform future discussions on this topic.

## TERMINOLOGY

A basic problem in discussions on this type of child care is one of terminology, according to Toni Porter. This care has been called “informal care”, “kith and kin care” and “care by family, friends and neighbors (FFN)”. The latter has been adopted by many as the most appropriate term to use but there is still ambiguity. For instance, the distinction between “friends” and “neighbors” is blurry. In focus group interviews with care providers, Porter found that while family (relative) care was most common, when others were asked to identify as either a friend or a neighbor, “neighbor” was the more common category.<sup>3</sup> All agreed that avoiding pejorative terminology is a key to moving any agenda with and for these care givers. Terms such as “unlicensed” and “unregulated” do not foster an attitude on the part of policymakers or providers of care that is conducive to fruitful discussion. Definitions of who are licensed and who are license-exempt caregivers vary state to state.

## WHO ARE THE CAREGIVERS

In research Porter conducted with FFN caregivers,<sup>4</sup> it was found that these caregivers:

- ◆ ranged in age from late 30s through 50s
- ◆ 40 percent were married,
- ◆ 40 percent were heads of household
- ◆ 20 percent lived with other family members
- ◆ On average they provide care for two to four years.

There is also wide range in the type of payment FFN caregivers' experience. Porter said that in her research with caregivers in New York, she found that only half are being paid.<sup>5</sup> Among those not being paid, friends often have a barter relationship with children’s parents while neighbors often take on this care taker role in their local neighborhood or community.

## DO THE CARE GIVERS WANT SUPPORT?

One of the most useful findings from their focus group research, according to Porter, was that FFN caregivers are interested in participating in support groups but they are not interested in formal training workshops. The caregivers in her study found support groups to be a useful resource for connecting with each other and obtaining information on current issues in health, working with parents, and behavior issues. These caregivers might not express an interest in training as such but, if it is framed as a support group, it meets with less resistance. As a former family child care provider for

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<sup>3</sup> Porter, T. (1998.) Neighborhood childcare: Family, friends and neighbors talk about caring for other people’s children. New York: Bank Street College of Education.

<sup>4</sup> *Kith and Kin – Informal Care: Highlights from Recent Research*, Melanie Brown-Lyons, et al., Abt Associates Inc., National Center for Children in Poverty, May 2001.

<sup>5</sup> Porter, T. and Habeeb, S. (2000.) Enterprise New York’s Home-based childcare program: Final report. New York: Bank Street College of Education.

25 years, Kathy Hopkins confirmed that “training” was often viewed as intimidating and unnecessary. Training in the context of a support group may help with this perception.

### **EXAMPLES OF SUPPORT PROVIDED**

The Institute for a Child Care Continuum has established support groups in communities in New York and California. Included in the information that is offered in these groups are the requirements for becoming a licensed provider of care. Among the participants, one-fifth to one-third express interest in becoming licensed.

There is variety in what states are doing to acknowledge and reach out to family, friends and neighbors who care for children. Among those offering assistance, some are requiring health and safety training, some are distributing newsletters to keep caregivers informed, and others are focusing on the distribution of a variety of materials. Some states are providing home visits, offering materials and modeling their use of the materials. Some are offering training workshops on health, safety, child abuse, and child development; some are extending existing child care training programs to family, friends and neighbors. Overall, however, the focus is on providing resources for caregivers rather than developing and enforcing regulation.

**California** – The Child Care Coordinating Council of San Mateo County offers an Exempt Provider Training Program and includes incentives to participants to attend. Incentives include home visits with packages of toys, paid training, etc. The training is conducted in Spanish and English. Seventy-five percent of the participants completed all the hours of the training with many also taking CPR training. Based on the success of the earlier training, early care and education classes, established with a local community college, were offered. There was a very high turnout for these classes in spite of the skepticism of the area agencies. The success of the programs demonstrates the desire for training.

*Flexibility and choice for parents are increasingly recognized as keys to quality care. Most parents are just looking for the best quality care they can find given their circumstances.*

Donna Gay of the CCCC said that although some laws exist that establish safety guidelines and measures for risk prevention while children are being care for, more laws are needed. The regulations in California can be found through California Trustline ([www.trustline.org](http://www.trustline.org)) which provides detailed information on the regulations and offers a strong model for other states. Trustline has instituted finger printing for non-licensed caregivers so that parents can have more confidence in knowing the background of their caregivers

**Oregon** - The Portland community has combined the needs of FFN caregivers with housing and community development efforts. The Enterprise Foundation, a nonprofit housing and community development organization, works to provide low-income families with access to housing and affordable child care. By combining experts in the fields of housing, community development and childcare, they are able to work on the following: community organization; relationships among residents and landlords; stable and

healthy living environments; responsiveness among landlords to child care issues; and the design of housing specifically for family child care settings. Landlords often disrupt family child care options due to a lack of understanding of child care issues and challenges families' face. Responding to this problem and general problems that parents have in finding affordable child care and housing, and maintaining regular work schedules, the Enterprise Foundation developed a program with the following elements: monthly parent support and networking meetings, information packets on child care arrangement options, emergency scholarship fund, housing safety education (such as lead poisoning), and a child care library providing information for parents, landlords and FFN care providers.

## ***OUR STATE***

As we begin to look at whether we in the state of Washington will or can offer support to FFN care givers, some common community perceptions about FFN care were voiced. These ranged from - licensed care provides some assurance of health and safety training, whereas FFN care is seen as inferior and "black market," to - FFN care means your child is cared for by someone you know and trust, who shares your values.

Another common dichotomy was expressed. There are those in the community who feel that supporting FFN care means supporting natural networks of family support systems while others feel that these providers have skipped the stringent regulations and requirements of licensing and should not be rewarded.

It was stressed that we need keep in mind that the desire to reach out and provide assistance to FFN care providers may exist but the problem of allocation of limited resources is critical.

Another caution as we move forward in our discussion was that care be taken to avoid presenting an image of FFN care as warm and fuzzy and regulated, center care as cold and clinical.

How to approach these opposing view points depends to some degree on the characteristics of the community - its economic, demographic and cultural makeup. In the State of Washington we have a large immigrant and refugee population. This population also tends to rely heavily on FFN child care. Extra care and sensitivity needs to be taken as we reach out to these communities.

## ***WORKING WITH IMMIGRANT COMMUNITIES***

Adequately addressing the diversity among FFN care providers and the families they serve was a major concern throughout the day's discussion. To help us be aware of the diverse needs of these communities, Denise Tung Sharify of the Cross Cultural Health Care Program (CCHCP) at Pacific Medical Center presented much useful information. CCHCP serves immigrant communities with limited English-speaking abilities. Sharify stressed that immigrant families have unique needs and strengths. There are multiple cultural and linguistic differences between ethnic groups. Sharify provided the following list of factors that must be considered when working with immigrant families:

- ? Country of origin
- ? Ethnicity
- ? Language(s)
- ? Status of citizenship
- ? Migration history
- ? Communication style and medium
- ? Religion
- ? Losses experienced as a result of migration
- ? Needs, for example language training and legal services
- ? Assets and strengths from their cultural background and in the strong bond that develops within an immigrant community.

Sharify said that language creates the biggest barrier to reaching immigrant; their language is one of the strongest links to their cultural background and one that families want to maintain and pass on to their children. Sharify suggested the following strategies for working with immigrant communities:

1. Gain knowledge about community needs and concerns.
2. Understand your own biases and cultural values; your judgments and assumptions about the target community.
3. Find ways to build trust, alleviate community concerns or fears, connect them to needed resources.
4. Include community leaders as partners - include them as stakeholders and in planning.
5. Create ways for the community to participate in planning the project: developing or reviewing materials, serving on a hiring committee for staff.
6. Hire staff from the community or provide stipend to volunteers.
7. Develop outreach/educational material that is culturally and linguistically appropriate.
8. Allocate adequate resources such as refreshments, child care for meetings, translations and interpretation services.<sup>6</sup>

## **WASHINGTON PROGRAMS**

Finding ways to reach FFN care providers and the families they serve by developing trusting relationships with families and communities was an important theme throughout the day's discussion. Representatives of several Washington programs presented information of work they are currently doing.

### **· Child Care Resource & Referral (CCR&R):**

Elizabeth Bonbright Thompson described some of the work that CCR&R is doing at a national level for FFN child care. *All in the Family*, a report, prepared by the national office (see "References" attached), is a very good resource. *The Daily Parent – A Newsletter for Working Parents* prepared by NACCRA shows a "model contract" to guide parents and caregivers in their relationship. (See web site [www.childcarenet.org](http://www.childcarenet.org) for information on this particular issue). Each state has a CCR&R office and each offers its community a hub for dialogue and exploring solutions to problems. Washington has

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<sup>6</sup> See web site <http://www.xculture.org/> for the Cross Cultural Health Care Program for information on working with immigrant communities.

very strict licensing laws and requirements compared to other states. And, although, FFN care has not previously been a priority, now CCR&R offices are now seeing many ways to work with communities on issues surrounding this type of care.

· ***Puget Sounds ESD Head Start:***

Mary Seaton, Child Development Training Manager for the Highline Head Start Learning Center, described a new program at the Puget Sound ESD Head Start that is just getting under way. There are multiple purposes of the program, which is designed for parents who are just above the economic eligibility for Head Start. The program was established to provide resources to parents and FFN caregivers, to help them network with each other and with the community, to provide a play group for children in FFN care, and to offer general support, especially for parents who are still on a waiting list for care. There are also plans for site visits and additional support groups in the future. FFN care needs to be part of a larger model for the full continuum of child care, according to Seaton. The model this organization is striving for includes flexibility, cultural sensitivity, continuity and trust.

· ***Healthy Child Care Washington:***

Health was a consistent theme of concern throughout the day's discussion of FFN care issues. Lorrie Grevstad, Program Manager for Healthy Child Care Washington, explained that her organization recognizes the link between children's health and child care issues and is involved in a state-wide campaign to improve both health and child care. Healthy Child Care Washington has focused on developing a consultation system to provide technical training and assistance for child care, licensed or not. They also work with local public health agencies as the link between medical providers and families and care givers. They address the health needs of caregivers as well as those of children. Grevstad said her organization has had particular success in serving families with special needs, such as those with mental health, emotional and behavior issues. They also assess public health in communities and examine policy implications on health.

*Caution has to be taken in judging the choices that parents make without knowing the details of their circumstances and options. Sensitivity toward parental choice is key to a productive relationship with parents and caregivers.*

***THE STATE OF THE STATE***

Rachel Langen, Interim Chief, Office of Child Care Policy of the Department of Social and Health Services, explained that DSHS has several roles: regulatory, running a subsidy program, and funding the child care system in which FFN care is a part. As others have mentioned, Langen said that Washington State has strict regulations compared to other states. License-exempt care providers are subject to criminal checks and there are up to 15 categories of license-exempt care. Forty percent of caregivers are not licensed; 60 percent of care in Washington is licensed care.

Langen said that DSHS recognized that children and families who use FFN care are as much a part of the system as anyone. She said that a family's need for flexibility is recognized as parents struggle to balance work schedules with childcare. DSHS

currently wants to increase its understanding of FFN care according to Langen. For instance, what are the circumstances that lead parents to choose FFN care? Are costs of other types of care an issue in this decision? What is the quality of this care? What is the stability of FFN care? Who is providing this care? Do parents interpret a clean criminal check to mean quality care?

DSHS is working to build incentive programs for FFN care providers, such as subsidy and food programs. The biggest current challenge to this and other new programs is funding; a huge challenge as state resources diminish.

### ***CRITICAL ISSUES AND NEXT STEPS***

Toni Porter noted that without FFN care we would be in a supply crisis; there are simply not enough care givers. She also reiterated that the emphasis must be on the children and on how best to allocate the limited resources available to assist children regardless of the kind of child care they are receiving. Critical issues and areas for next steps highlighted at the forum are as follows:

? ***Choice and flexibility*** – Every family faces a unique set of circumstances influencing the child care choices they make. Programs and services must recognize the need for flexibility and the multiple reasons for the different choices that parents make.

? ***Resource allocation*** – Many questions exist around the issue of resource allocation, for instance, should reimbursements rates be raised for subsidized FFN care or should money be direct subsidies to parents? Should training opportunities be offered by the state? What is the appropriate balance between quality and capacity?

? ***What kind of programs do we need?*** – Support groups have so far been the most successful type of program for FFN care providers. But issues of eligibility requirements and the implications of providing training must be discussed.

? ***Identifying and reaching FFN care providers*** – Many practitioners and agencies who are committed to assisting FFN caregivers, struggle to identify them in their community, and to reach them with resources and support.

Porter concluded that there is a clear need for strategic planning to better address to needs of FFN care both nationally and in the state of Washington. The needs of FFN care givers will reflect the unique needs of a specific community. There is no cookie-cutter approach. Each effort requires attention to local circumstances as well as a strong statewide initiative.

**KEY CHALLENGES FOR FUTURE DISCUSSIONS:**

- How do we allocate resources? How do we allocate across the continuum of care?
- How do we integrate FFN caregivers into the system?
- How do we deal with public subsidy of FFN care? How can career development systems incorporate family, friends, and neighbors who want to become licensed caregivers?
- How do we define the caregivers? What are their expectations? How do we evaluate the quality of care?

At the conclusion of this day's discussion, the Co-Chair of the Systems Subcommittee, Child Care Coordinating Committee, Wilanne Ollila-Perry, stated that this committee would take the responsibility for assuring future discussions on this topic.

## FACTS AND FIGURES

- According to the US Census Bureau<sup>7</sup> 49% of American children under age 5 with working mothers receive care from relatives during working hours. This care breaks down as:
  - | 18% by fathers
  - | 16% by grandparents
  - | 9% by other relatives, and
  - | 6% by mothers at their workplaces or working at home
  
- Nationally, according to a report of the National Center for Children and Poverty<sup>8</sup> using data from the 1997 National Survey of America's Families, a large majority of children under 5 with working mothers are in two or more non-parental child care arrangements each week. About 38 % of children in non-parental care have more than one regular care arrangement each week. About 30 % of these children have two child care arrangements per week, while 8 % have three or more arrangements per week. The remaining 62 percent have a single child care arrangement.
  
- In September 2000 The Urban Institute released a report finding that approximately 21 percent of 6 to 12 year old children with working mothers, that is roughly 4 million children, are regularly without adult supervision when not in school.
  
- According to the Washington state Department of Social & Health Services (DSHS), parents receiving child care subsidies are more likely to use formal child care than parents who were not receiving subsidies. More than half of parents *not* using subsidies relied on family for child care (12% from siblings, 32% from other relatives and 12% from themselves, the parents).
  
- After conducting a series of surveys about child care in the state of Washington, DSHS found that 70% of parents reported using family and friends as a source for finding child care while only 36% said they sought out help from Child Care Resource & Referral Agencies.

The Urban Institute's report, *Who's Caring for Our Youngest Children? Child Care Patterns of Infant and Toddlers*<sup>9</sup>, provides details on types of care utilized using the following breakdown:

- **Care and age of the child** – Center care increases for young children of working mothers between infancy (under age 1) and 2 years of age (15 compared to 27%). Relative and parental care decreases for young children

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<sup>7</sup> US Census Bureau, *Who's Minding Our Preschoolers?* Fall 1994 (Updated P70-62, January 1998)

<sup>8</sup> *Child Care by Kith and Kin: Supporting Family, Friends and Neighbors Caring for Children*, Ann Collins and Barbara Carlson, National Center for Children in Poverty, Children and Welfare Reform, Issue Brief 5, 1998, New York, NY.

<sup>9</sup> *Who's Caring for Our Youngest Children? Child Care Patterns of Infants and Toddlers*, Jennifer Ehrle, Gina Adams, the Urban Institute, and Kathryn Tout, Child Trends, Assessing the New Federalism, 2000, Washington, D.C.

between infancy and 2 years of age (32 compared to 23% for relative care and 33 versus 26% for parent care).

- **Care and race/ethnicity of the child** – Use of day care centers is more common for black and white children with working mothers than for Hispanic children: 30 percent for blacks, 24 percent for whites and 10 percent for Hispanics. Relative care is more common for Hispanic children: 39 percent for Hispanic children, 27 percent for black children and 25 percent for white children. Use of parent care does not differ by racial or ethnic background.
- **Care and the mother's level of education** – Center care is more common among women of higher education levels: 6 percent of mothers with less than a high school diploma use center care compared to 27 percent of mothers with college degrees. Relative care is less common among more highly educated mothers: the proportion of children in relative care decreases from 50 percent of children of mothers with less than a high school diploma to 16 percent of children of others with college degrees.
- **Care and family income** – Using three income level groups: poor families, with income less than 100 percent of the federal poverty level (FPL), low-income families with income between 100 and 200 percent of FPL, and high-income families, with income over 200 percent of FPL, they find that: center care is more common for children of higher-income families than children of low-income families. Relative care is most common among low-income families: 39 percent of low-income children use relative care compared to 28 percent of poor families and 23 percent of higher-income families.
- **Care and family structure** – Children of single and two-parent families use center-based care at similar levels (26 and 22 percent, respectively). Children of single parents are more likely than two-parent families to rely on relatives (38 versus 24 percent, respectively) and less likely to rely on parent care (13 versus 31 percent, respectively). Young children of single parents spend more time in non-parental care than do young children of two-parent families.
- **Care and parent availability** – Center care is more often used by parents with less time available, decreasing from 26 percent of children with one parent working full-time to 13 percent of children in two-parent, partially employed families. Time in non-parental care declines dramatically as parent availability increases.

## RELEVANT REFERENCES

*Who's Caring for Our Youngest Children? Child Care Patterns of Infants and Toddlers*, Jennifer Ehrle, Gina Adams, the Urban Institute and Kathryn Tout, Child Trends, Assessing the New Federalism, 2000, Washington, D.C.

Addressing the need to better understand the complex child care arrangements of children under 3 as parents are increasingly working during their children's early years, this report assesses types of care, hours in care, and the number of child care arrangements used. Using data from the National Survey of America's Families (NASF), this report also examines how factors of care differ depending on characteristics of the children and their families. Specifically, some of the main characteristics of relative care are described. For a brief list of findings from this report, refer to the accompanying "Facts and Figures on Child Care by Family, Friends and Neighbors" in this packet.

*Child Care by Kith and Kin: Supporting Family, Friends and Neighbors Caring for Children*, Ann Collins and Barbara Carlson, National Center for Children in Poverty, Children and Welfare Reform, Issue Brief 5, 1998, New York, NY.

Part of the National Center for Children and Poverty's series of Children and Welfare Reform, this report provides an overview of the issues surrounding kith and kin care. The authors note that just the multiple names used to describe or define this kind of care – **informal child care, license-exempt family child care and relative care, child care by family, friends and neighbors, and child care by kith and kin** – illustrate the difficulty that the child care field has had in dealing with the issue. In the past decade child care policy makers have increased their focus on child care provided by caregivers who do not consider themselves professionals but who regularly care for other people's children. The report describes what research so far shows about kith and kin child care and discusses old and new policy approaches to the issue. Additionally, implications for program design and future research are provided.

*The Study of Children in Family Child Care and Relative Care; Highlights and Findings*, Ellen Galinsky, et al., Families and Work Institute, 1994, New York, NY.

This study of family child care and relative care involves mothers, children and care providers in three communities in California, Texas and North Carolina. It finds that care in the home of a provider is offered by three different groups: regulated family child care providers who are regulated by the state's licensing system; non-regulated family child care providers who are not regulated nor related to the child; and non-regulated relatives who provide care who are not regulated and are related to the child. The report examines the issue of quality in child care, such as how parents define quality in family child care, how quality affects children's development, and different characteristics of quality. The report also suggests the following policy recommendations:

- No public policies at the federal or state level should push or require people to care for children if they do not want to be providers.

- There should be public and private investments in child care consumer education and advocacy.
- Governments and businesses should fund high-quality family child care consumer training initiatives.
- Family child care providers should have access to resources that help them anticipate and create learning experiences for the children.
- National, state and local associations should be developed and supported to involve providers in social support and technical assistance networks.
- States and businesses should undertake efforts to bring family child care providers into the regulatory system and ensure that the regulatory system helps providers improve the quality of care they offer.
- Government and business should undertake efforts to help families pay for child care.
- Studies of various public and private efforts to improve the quality of regulated, non-regulated, and relative care should be conducted.

*Child Care Quality: Does it Matter and Does it Need to be Improved?*, Deborah Low Vandell and Barbara Wolfe, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, May 2000, Washington, D.C.

This report asks the following policy question: Is there an economic justification for public intervention to improve the quality of non-parental child care, especially for children from lower-income families? The study finds that the answer is yes, finding also that non-parental child care is now the norm for a majority of young children in the United States. This report also discusses the effects of child care on children's development by looking over evidence from various small- and large-scale studies on the topic.

*All in the Family: Making Child Care Provided by Relatives Work for Your Family*, Yasmina Vinci et al., National Association of Child Care Resource & Referral Agencies, 1998, Washington, D.C.

This report provides technical assistance for Child Care Resource & Referral (CCR&R) agency professionals by describing best practices, policy issues, a staff training module, tips for referral specialists, and more. The authors note that generations of families of all income levels have used relative care particularly during infancy and call it the oldest form of care.

*DSHS Subsidized Child Care; A Briefing Paper*, Marna Geyer Miller and James S. Hu, Washington State Department of Social and Health Services, Report 7.97, January 1999.

This report compiles findings from three telephone surveys conducted in the state of Washington to assess the WorkFirst welfare program initiated in 1997. The three surveys involved a survey of all child care centers in Washington, a survey of a stratified random sample of licensed family child care homes, and a

survey of clients eligible for or receiving Working Connections subsidies. Regarding child care arrangements, the study found, among other things, that parents who received subsidies were more likely to use formal child care than parents who were not receiving subsidies.

*Quality Care: How R&Rs Can Support Unregulated Forms of Child Care*, Gwen Morgan, The Center for Career Development in Early Care and Education, August 2000, Boston, MA.

Noting that there are different strategies for supporting different choices that parents make, this report identifies initiatives that are appropriate for supporting relative care, non-regulated family child care, unregulated family child care, and in-home care. Like other authors, Morgan notes that these strategies encompass the terms “kith care”, “informal care” and “neighbor care”. Reasons why parents choose relative care are given, such as greater trust of relatives and the belief that a relative will have similar values to the parent. Reasons why parents do not choose relative care are also given, such as geographic distance between parents and relatives and ill health of relatives.

#### **ADDITIONAL REFERENCES:**

*Neighborhood Child Care: Family, Friends and Neighbors Talk About Caring for Other People’s Children*, Toni Porter, New York, Bank Street College, 1998.

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*Promoting High-Quality Family Child Care: A Policy Perspective for Quality 2000*, Modigliani, K., Wheelock College, 1994, Boston, MA.

*How do Mothers Choose Child Care? Alternative Cultural Models in Poor Neighborhoods*, Fuller, B. et al., *Sociology of Education*, 69, 83 – 104, 1996.

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*Legal Unlicensed Child Care: A Report on the Use of Informal and Relative Care in Olmstead, Minnesota*, Schweiters, M., University of Minnesota-Duluth, MN, 1997.

*No Place Like Home: A Study of Subsidized In-home and Relative Child Day Care*, Butler, J., Brigham, N. & Shultheiss, S., Rosenblum and Associates, Providence, RI, 1992.

*Highlights from the 1996 License-exempt Child Care Provider Survey*, Malaske-Samu, K., County of Los Angeles Department of Human Services, Los Angeles, CA, 1996.

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