

Understanding Family, Friend, and Neighbor Care in Washington State: Developing Appropriate Training and Support

Report to the Washington Department of Social and Health Services,
Division of Child Care and Early Learning

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February, 2002



Understanding Family, Friend, and Neighbor (FFN) Care in Washington State: Developing Appropriate Training and Support **Highlights**

We surveyed parents, caregivers, professionals, and policy makers to understand: how many children are in FFN care, for how many hours, and for what reasons; the characteristics, training, and motivations of FFN caregivers; and the views of policy makers and professionals regarding FFN care. For the purposes of this study, we defined FFN care as any regular, non-parental care other than a licensed center, program, or family child care (FCC) home. Since we were concerned with the whole spectrum of care received by children, we investigated all FFN care, not just care used while parents were working. *We found that:*

- FFN care involves a large number of children (480,000) in Washington and is the most common form of non-parental care for infants (age 0-1), toddlers (age 1-2), and school-age children (age 6-12).
- A large number of Washington children spend sufficient hours in FFN care that the quality of that care can affect their development: 145,000 children are in FFN care more than 10 hours per week and 87,000 children are in FFN care more than 20 hours per week.
- The state is already supporting FFN care financially: Among families receiving subsidies for a primary care arrangement, one-third of them use it for FFN care.
- Caregiving is a serious activity for the family, friends, and neighbors who do it. FFN caregivers provide care for an average of 18 hours a week, and 40% are paid for the care they provide.
- Compared to the adult population in Washington, FFN caregivers have less education and a majority have none of the specific training in child care, child development, or parenting skills that are known to affect children's cognitive, social, and emotional outcomes.
- A majority of FFN caregivers report problems in providing care, and two-thirds say they would like some type of training or support.
- FFN caregivers represent a wide range of backgrounds, have a variety of problems and needs for support, and should be offered a flexible menu of training and support options. They prefer that information and supports be built around specific problems and provided within a context of peer support, rather than in formal classes.
- FFN care is a large-scale concern, but no models of large-scale support programs are available in other states. We therefore recommend a multi-county pilot program that offers a range of training and support options and experiments with different ways to reach and engage those FFN caregivers who regularly provide care for a substantial number of hours and are not currently eligible to participate in programs oriented to licensed providers.

Detailed Findings:

FFN care is very common among children age 0-12. Approximately 480,000 Washington children are cared for by family, friends, or neighbors on a regular basis. For about 203,000 of these children, FFN care is the primary and regular source of non-parental care. Forty-eight percent of preschool children and 42% of school-aged children regularly spend some time in FFN care. Approximately two-thirds (65%) of all non-parental care hours for infants, 45% for toddlers, and 61% for school-age children are provided by FFN.

Children 0-5 years old average 5-7 hours per week in FFN care; 1 in 3 average more than 10 hours a week; and 1 in 4 average more than 20 hours a week. Many experts consider 10 hours a week sufficient for the quality of care to affect children's development.

About half of all hours spent in FFN care are during evenings and weekends. This is more than the evening and weekend hours spent in center care or FCC.

The average child:adult ratio for FFN care is 1.3 children per adult, which is lower than the 3:1 ratio for licensed family child care and the 5:1 ratio for child care centers.

Most parents (78%) do not pay for FFN care. For those who do pay, the average hourly payment is close to that of center care and family child care (FCC), ranging from about \$2.60 to \$5.00 per hour depending on the age of the child.

More than one-third of families receiving financial assistance use FFN care as their primary care arrangement. Regardless of primary care arrangement, families with children in FFN care are half as likely to receive assistance or subsidies as those with children in formal care – 4% vs. 8 to 9%.

Groups vary in the rate at which they use FFN or other types of care. The percentage of children in FFN care is similar for families above and below 2.5 times the federal poverty line. Low-to-moderate income families are slightly more likely than higher-income families to use FFN care for children age 6-12, and much less likely to use center care for younger children. Single heads of households are more likely to use all types of child care, including FFN arrangements. Employed mothers use more of all of types of child care than non-employed mothers. Mothers with higher education levels are least likely to select FFN care as the primary care arrangement.

Parents' reasons for selecting FFN care as the primary form of care vary by the child's age. A multivariate analysis, controlling for income and other demographic factors, revealed that:

- *For children age 0-5:* Families concerned with flexible and convenient hours or cost are more likely to select FFN care; those concerned with staff training or close location are less likely to choose FFN care. Parents are more likely to select FFN care when center costs are higher and when center care is less available.
- *For children age 6-12:* Families assigning greatest importance to a low child:adult ratio or to knowing and trusting the caregiver are more likely to use FFN care. Parents most concerned with cost tend to choose parental care rather than FFN care. Those seeking stimulating and enriching activities tend to select center care or FCC arrangements. When FCC costs are higher, parents are more likely to choose FFN care.

About 295,000 family, friends, and neighbors provide non-licensed care. FFN caregivers average 18 hours a week of care; one in four (91,000) provides care for more than 30 hours per week, the equivalent of a full-time job.

The majority of FFN caregivers have no specific training in child care, child development, or parenting. Most do not have college degrees. Approximately one-fifth have taken a course in early childhood education, child development, or psychology or received parenting training, watched training videos, or participated in workshops.

Two-thirds of FFN caregivers desire some type of support, and a majority report at least one caregiving problem. Therefore, we recommend offering a variety of voluntary support and training opportunities, tailored to different types of FFN caregivers in different communities. Offerings could include a newsletter, booklets and tip sheets, caregiver meetings, prepared kits for activities and home safety, vans and other mobile resources, and consultation concerning the challenges of caring for individual children. Existing materials and methods could be adapted for this purpose.

Almost one in five FFN caregivers care for a child with special physical, emotional, behavioral, or developmental needs. These caregivers expressed the greatest desire for support.

A one-year pilot project could be developed at a cost of \$77,000-\$125,000. This pilot would target FFN caregivers who regularly provide care for a substantial number of hours a week and are not eligible for programs oriented to licensed providers. If tested in 10 counties, annual costs are estimated to be between \$330,000 and \$450,000. The ultimate costs will depend both upon how many counties and caregivers participate and upon the degree to which existing entities can cover some functions under current funding. The state should invest approximately \$150,000 a year to evaluate how effectively different efforts engage FFN caregivers, how caregivers respond to various types of training and support, and how participation affects the care provided to children. Total cost for the initial year of a ten county pilot would be between \$560,000 - \$725,000, which includes development, annual implementation cost, and evaluation.

This study was initiated at the behest of the Systems Subcommittee of the Washington State Child Care Coordinating Committee. Systems Subcommittee members served as an advisory group for the study, and provided valuable guidance. The Social and Economic Research Center at Washington State University conducted the surveys of parents and caregivers. Dr. Gwen Morgan of Wheelock College consulted on the training recommendations.

Acknowledgements

Many individuals and organizations provided support and assistance for this project.

The project was initiated and funded by the Washington Department of Social and Health Services/Division of Child Care and Early Learning. Rachael Langen and Pat Dickason supported and guided the project.

The need was originally articulated by the Systems Subcommittee of the state's Child Care Coordinating Committee. This subcommittee is chaired by Mari Offenbecher and Wilanne Ollila-Perry.

The parent and caregiver surveys were collected under sub-contract to the Social and Economic Sciences Research Center at Washington State University. Dr. John Tarnai and Marion Landry led the survey team.

We express our gratitude to Dr. Gwen Morgan of Wheelock College Institute for Leadership and Career Initiatives, Boston, for her invaluable contribution as a project consultant to the training recommendations section of this report.

We would also like to thank the following people who took the time to review and critique this report. They offered invaluable support, insight and information. We have incorporated their recommendations throughout.

Tory Clarke Henderson, Program Manager, Developmental Disabilities Council, Olympia, Washington

Garrison Kurtz, Director of Programs, Washington Early Learning Foundation, Seattle, Washington

Toni Porter, Institute for a Child Care Continuum, Bank Street College of Education, New York, New York

Karen Tvedt, Policy Division Director, and staff, Child Care Bureau, Administration for Children and Families, Department of Health and Human Services, Washington, DC

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EXECUTIVE SUMMARY

Introduction

Purpose

This report was conducted at the behest of the Washington State Department of Social and Health Services (DSHS), Division of Child Care and Early Learning, as part of their effort to improve the quality of care offered to children in Washington. The Systems Subcommittee of the State's Child Care Coordinating Committee initiated the commissioning of our study. This subcommittee, augmented by DSHS staff, served as an advisory group and offered us considerable guidance and review. Many types of caregivers, meeting different needs and demands of parents, participate in early care and education (ECE). We must consider the circumstances and demands of both caregivers and parents if we expect to adequately address the needs of all children. We incorporated the views of ECE experts and the values and preferences of parents and FFN caregivers into our assessment of the potential importance of training and support for family, friend, and neighbor (FFN) caregivers.

Definitions: Types of Care

For the purposes of this study, we defined FFN care as any regular, non-parental care other than a licensed center, program, or family child care (FCC) home. FFN care thus includes relatives, friends, neighbors, and other adults. Other types of non-FFN care are grouped into (a) *center care*, including licensed centers, Head Start, or the Washington Early Childhood Education and Assistance Program (ECEAP) program, nursery schools or pre-schools, and (b) *family child care* homes or mini-centers. *Primary care* refers to the non-parental care arrangement (of at least 5 hours per week) that is used more than any other arrangement.

Study Questions/Data Sources

This study answers several major questions:

1. *Demand for Care*: How many children are in FFN care, and for how many hours a week? Which families choose FFN care and for what reasons?

2. *Supply of Care*: Who are the FFN caregivers, how many children are they caring for and for how many hours; do they care for children with special needs; what are their qualifications and what problems do they experience in providing care? How many caregivers are likely to utilize various opportunities for support and training, and in what locations?
3. *Policy Implications*: Is FFN care a large enough issue to warrant state attention and involvement; if so, what types of training and support should be offered, to how many people, through what mechanisms, and at what cost?

For this study, we gathered several different types of new data specific to Washington State:

- A general population survey of almost 1,200 households with children age 0-12.
- A general population survey of almost 300 individuals who care for other people's children on a regular basis, but do not work in child care centers.
- Interviews with early care and education policy makers and professionals.
- A focus group with FFN caregivers.
- A forum at which participants included child care experts, caregivers, agency staff, advocates, parents and others engaged in developing ECE policy in Washington.

Major Findings

The major findings of the study are summarized below. This study recognizes that both pre-school-age children (0-5) and school-age children (6-12) often need non-parental care, but that needs, reasons, and preferences regarding care for these age groups often differ. We therefore present most of the findings separately for these two major age groups.

Demand for Care

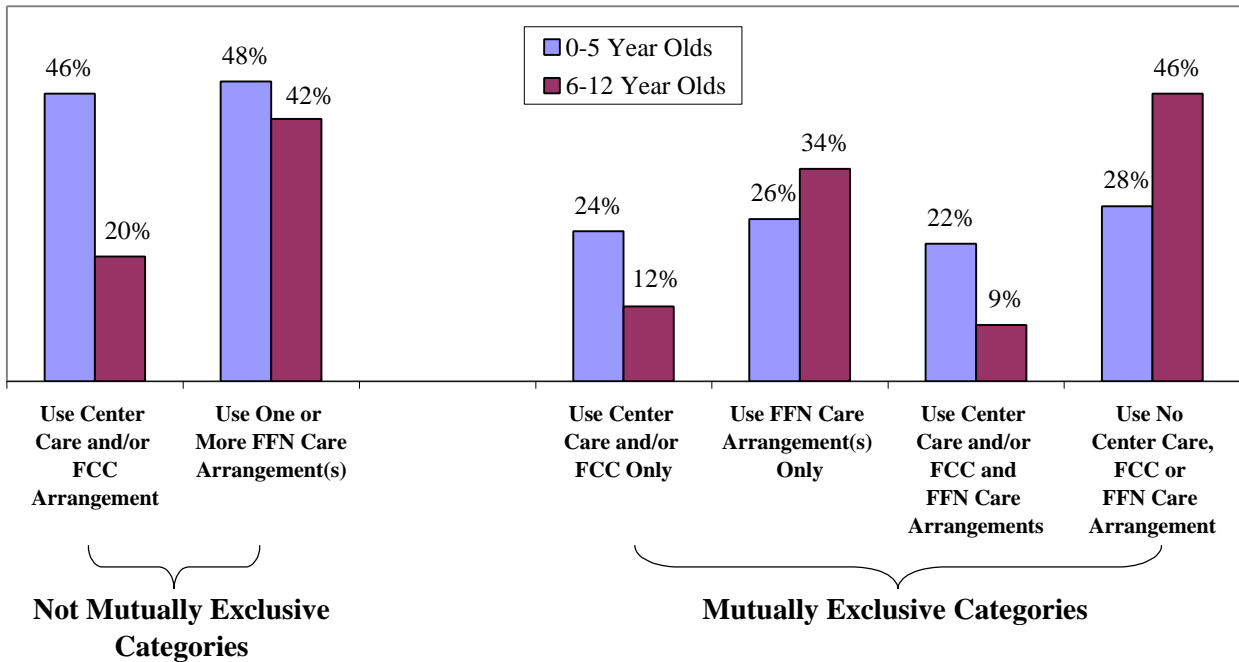
Question 1. Demand for Care. *How many children are in FFN care, and for how many hours a week? Which families choose FFN care and for what reasons?*

FFN Care Prevalence

FFN care is very common for all children from birth to age 12, and accounts for the greatest amount of non-parental care for infants (age 0-1), toddlers (age 1-2) and school-age children (age 6-12). Approximately 480,000 Washington children are in FFN care on a regular basis each week. Approximately 203,000 have FFN care as their primary non-parental care arrangement.

- *Almost half (48%) of young children (age 0-5) regularly spend some time in a FFN care arrangement, slightly more than the forty-six percent who use a formal care arrangement. Forty-two percent of school-aged children (age 6-12) use an FFN care arrangement, twice the percentage using formal care arrangements [Chart 1b].*

Chart 1b: Percent of Children in Each Combination of Center Care, FCC, and FFN Care



- *One in five children have FFN care as a primary non-parental care arrangement, accounting for the greatest number of hours per week of non-parental care. FFN care is more likely to be primary for the youngest children: FFN care is primary for about twenty-seven percent of children 0-2 year-olds, compared to only fourteen percent for 3-5 year olds [Chart 4].*
- *Families often use a combination of Center/Family Child Care (C/FCC) and FFN care. For children 0-5 years old, one in five (22%) combine formal and FFN care, close to the percentage in C/FCC-only arrangements (24%) or FFN- only care (28%). For children 6-12, 1 in 11 (9%) combine C/FCC and FFN care, and one-third (34%) are in FFN- only care (in addition to school). [Chart 1b].*
- *FFN care is the predominant form of non-parental care for infants (age 0-1). Forty-two percent spend some hours in FFN care, compared to eight percent who spend some time in center care, and five percent in FCC [Chart 1a]. When we consider aggregate hours in non-parental care for the entire population of children, we find that forty-four percent of all the non-parental care hours provided in Washington State are in FFN care, compared to thirty-five percent in centers and twenty-one percent in FCC [Chart 3].*
- *FFN care is also the most common type of care for toddlers (age 1-2). A higher percentage use some amount of FFN care (58%) than center care (21%) or FCC (18%) [Chart 1a]. Forty-five percent of total toddler hours in non-parental care is in FFN care, compared to twenty-seven percent of hours in center care and twenty-eight percent in FCC [Chart 3].*
- *Among children age 9-12, forty-one percent are in some FFN care, compared to seven percent using center care and four percent using FCC [Chart 1a]. Eighty percent of non-*

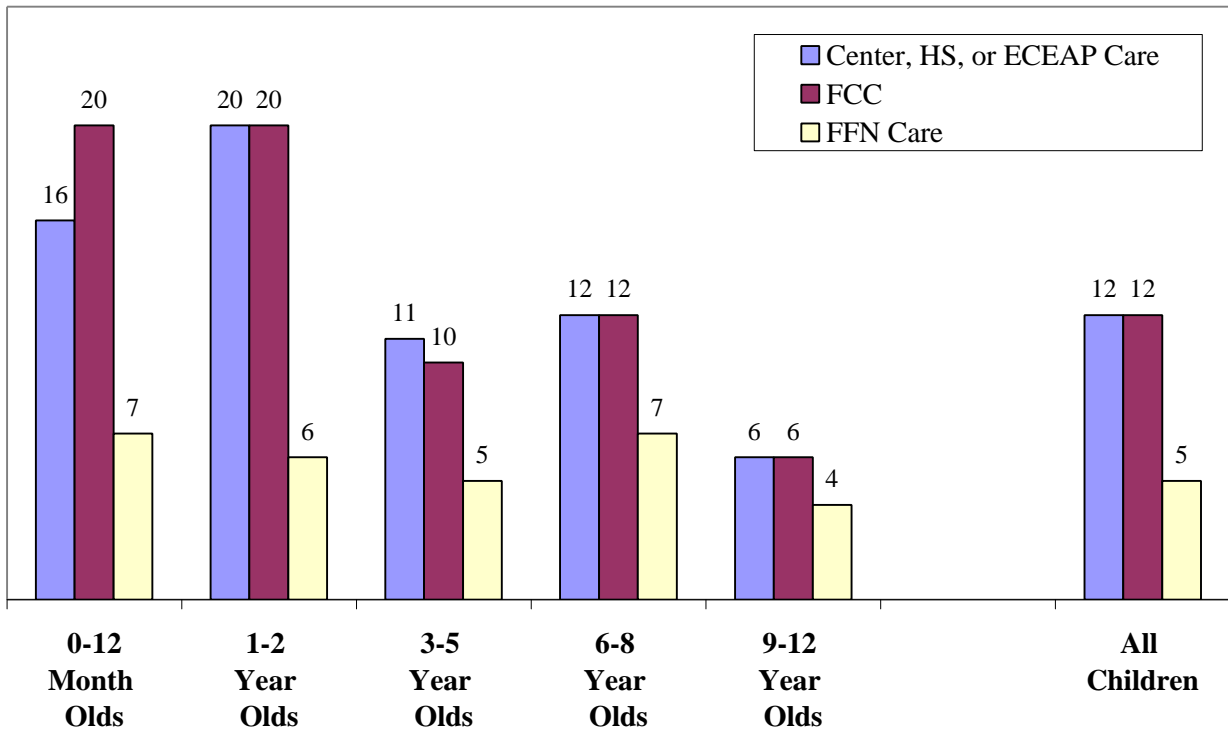
parental care hours for children 9-12 years old are in FFN care, compared to fourteen percent in center care and seven percent in FCC [Chart 3].

FFN Care Hours

On average, children spend a substantial number of hours per week in FFN care, but fewer hours than those in center care or FCC. About one third of children in FFN care spend more than 10 hours per week there, so the nature of that care is likely to affect their development. Therefore, we should be interested in supporting and improving the quality of that care.

- *Pre-school-age children (0-5 years old) in FFN care average approximately 6 hours a week in that care [Chart 2]. One-third of these children spend more than 10 hours per week and one-fourth more than 20 hours per week in FFN care.*
- *School-age children (6-12 years old) also average 6 hours a week in FFN care -- about half the average time spent in care for the smaller number of children in C/FCC care. (These are in addition to the hours they spend in school.)*

Chart 2: Median Hours per Week in Center Care, FCC, and FFN Care for Children in Each Type of Care by Detailed Age Groups



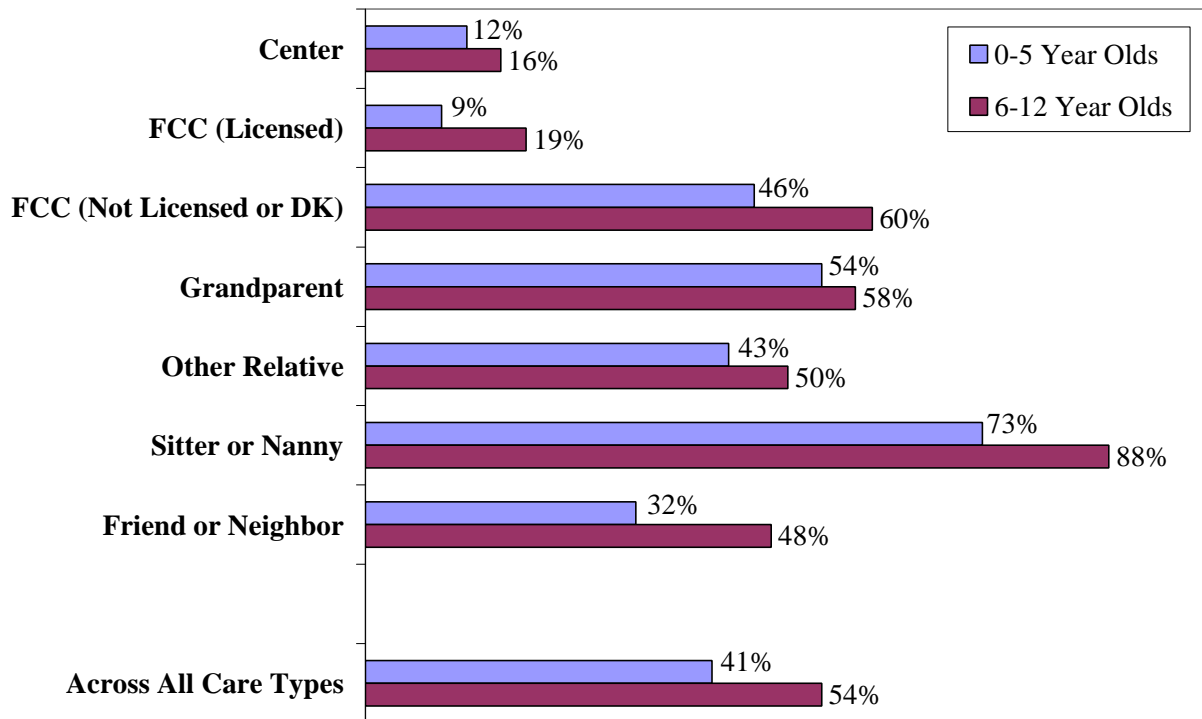
Evening and Weekend Care

FFN care is more heavily concentrated in evening and weekend hours than are other types of care. About half the children in FFN care receive some of this care during evenings or weekends. This rate of nonstandard hours among children in FFN care is dramatically higher

than for children in center care or licensed FCC. Children in FFN also spend a greater share of their care hours in evening/weekend care. For younger children, the use of evening or weekend FFN care is significantly greater among mothers who work evenings or weekends than among those who do not.

- *Approximately half of children in non-parental care situations (41% age 0-5, 54% age 6-12) spend some evening or weekend time in care [Chart 5a]. The median number of evening/weekend hours used by those children is 5 to 6 hours per week [Chart 5b].*

Chart 5a: Percent of Children in Each Type of Care with Some Evening or Weekend Care Each Week



- *Children in FFN care and unlicensed FCC are much more likely to spend time in evening/weekend care (about half of them do) than are children in center care or licensed FCC (about 1 in 8 for each) [Chart 5a].*
- *The median evening/weekend care hours for children using any evening/weekend care is 5-6 hours per week. Children cared for by other relatives average 6 to 8 hours a week in evening/weekend care, which is slightly more than the 5 hours for those cared for by grandparents [Chart 5b].*
- *Children of the one in five mothers employed on evenings or weekends are more likely to spend some time in evening or weekend non-parental care. The difference is most pronounced for FCC and younger children in FFN care. Mothers working evenings or weekends are twice as likely to use evening or weekend FCC for their children than are mothers not working evenings or weekends. Mothers employed on evenings or weekends are significantly more likely to use evening/weekend FFN care for children 0-5 years olds (71% vs. 45%), but not for school-aged children [Chart 5e].*

Child:Adult Ratios

FFN care has fewer children in the care of each adult than other types of care, which is favorable to many parents. The average child:adult ratio for FFN care is 1.3:1, lower than the 3:1 ratio for FCC and the 5:1 ratio for center care.¹

- For FFN care, ratios do not vary by age of child.
- For center care, school-age children have a somewhat higher ratio of 5.5 children per adult, compared to 4.9 children per adult for children 0-5 years old.
- For FCC, the ratios reported by parents are actually somewhat lower for school-age children, 2.6:1 compared to 3.1:1 for children 0-5 year olds.

Payments for Care and Financial Assistance and Subsidies

Most parents (78%) report paying nothing for FFN care. For those who do pay, the average out-of-pocket hourly expense is close to that of center care and FCC. Across all kinds of care, only six percent of Washington families report receiving some form of financial assistance, including subsidies. For the limited number of families receiving government assistance, FFN care is the primary arrangement for about one in four children.

- While hourly FFN care costs are similar to center care and FCC costs, children spend fewer hours in FFN care, and their average weekly payments are therefore lower. FFN care payments average about \$3.60 per hour or \$47 per week for infants (0-1 years old), \$4.50 per hour or \$59 per week for children 1-2 year olds, \$2.70 per hour or \$32 per week for 3-5 year olds, and \$5.00 per hour or \$50 per week for 6-8 year olds [Chart 11a].
- *Many families are not receiving the government subsidies for which they are potentially eligible.* Among potentially eligible families, families with incomes below the federal poverty level are more likely to receive government subsidies for child care (33%) than potentially eligible families with higher incomes. Families are most likely to use subsidies for center care and for younger children [Chart 11d].
- *Children in FFN care are less likely to receive government assistance than children in center care or FCC.* Four percent of children in FFN care are receiving financial assistance, compared to eight to nine percent of children in center care or FCC [Chart 11c].
- *The state is already subsidizing FFN care.* Among families receiving subsidies for their primary care arrangements, about one-third (35%) have FFN care as primary.

Characteristics of Parents Using FFN Care

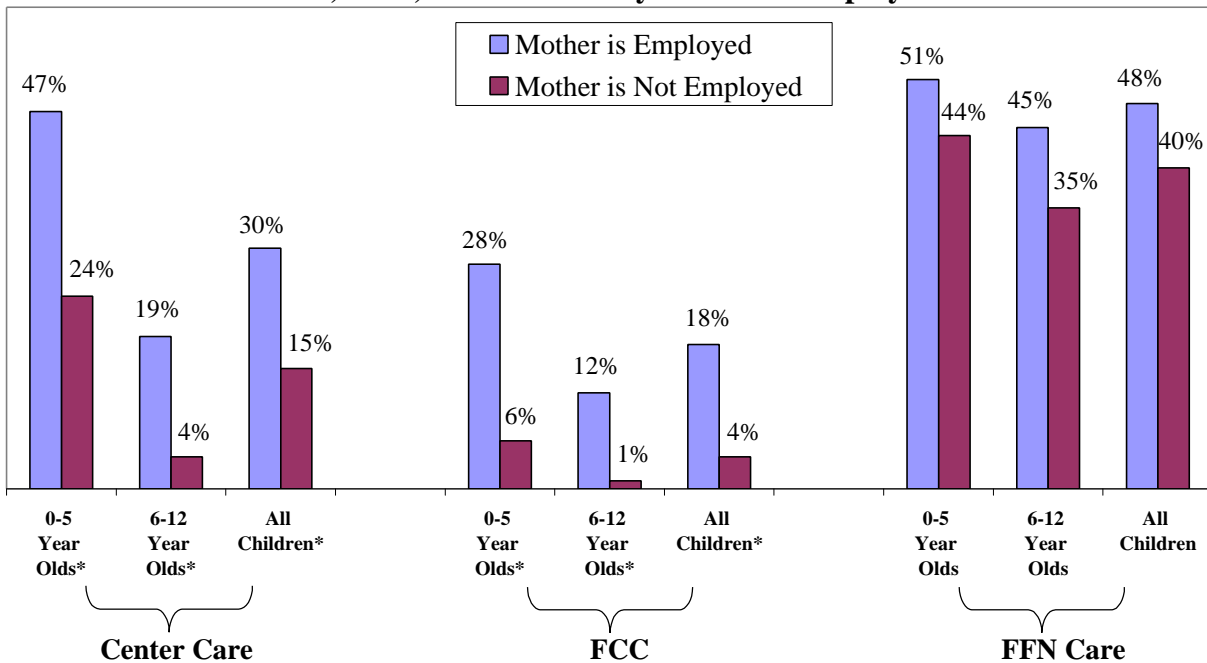
Groups differ in the rates at which they use FFN care or other types of care. Employed mothers and single heads of households are more likely to use all forms of care. Mothers with higher education levels are less likely to select FFN care and more likely to select center care or

¹ A major national study found that parents tend to report fewer children per staff member than directors do, indicating that parents tend to underestimate the child:adult ratio in centers; they are mostly accurate about ratios for other types of care (Willer 1990). This should be taken into account when considering the child:adult ratio we report for center care; the actual disparity may be even greater than reported here.

FCC as the primary care arrangement. Although their patterns of utilization resemble those of higher-income families, low- to moderate-income families are slightly more likely to use FFN care for school-age children and slightly more likely to use center care for young children.

- *Employed and non-employed mothers use FFN care at similar rates – 48% of children with employed mothers are in FFN care, compared to 40% with non-employed mothers. However, the differences in rates of care by mother’s employment status are more pronounced for FCC and center care, with employed mothers more likely to use both of these forms of care [Chart 7b].*

Chart 7b: Percent of All Children in at Least Some Amount of Center Care, FCC, or FFN Care by Mother's Employment Status



*Differences are significant at $p < .05$

- *Employed mothers use twice as many hours per week of FFN care and center care for children age 0-5 than non-employed mothers [Chart 7c].*
- *For school-age children, non-employed mothers are more likely to use grandparents as the primary type of care than are employed mothers; employed mothers are much more likely to select center care or FCC as primary [Chart 7f]. For children age 0-5, there were no significant differences in the type of primary care chosen by mother’s employment status [Chart 7e].*
- *Single parents are more likely than married or cohabiting parents to use all types of non-parental care, including FFN care, but their choices among the different types of non-parental care are similar to those of married/cohabiting parents [Chart 7a].*
- *There is no significant difference in the rates at which low- to moderate-income families and more affluent families use either FFN care or FCC. More affluent parents are almost*

twice as likely to use center care for young children, with 48% of these children in center care, compared to 28% of children from low-to-moderate income families [Chart 7d].

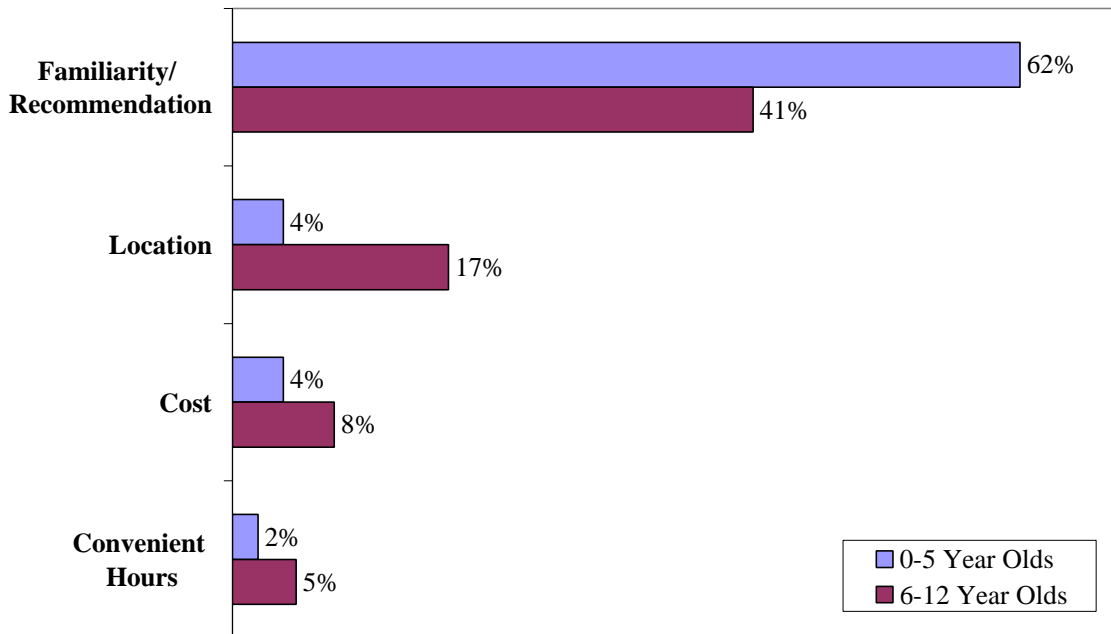
Each of these family characteristics has a small effect on the rate of using FFN care, but they are not the major determinants of that selection – the situation is more complex. We therefore conducted two other analyses to help understand which parents select FFN care and why they do so. First, we asked parents directly why they chose their child’s primary care arrangement. Second, we conducted a multivariate analysis to distinguish among the many different family characteristics and parental preferences as predictors of which type of primary care parents use.

Factors Involved in Parent Choice about Types of Care

Parents who use FFN care as the primary form of non-parental care state a variety of reasons for those choices, with familiarity of the caregiver the predominant one. Note that ‘primary’ refers to the type of care used for the greatest number of hours a week that is at least five hours.

- *For young children (0-5), a majority (62%) of parents report familiarity with the caregiver as the main reason for selecting FFN care, while four percent each cite location and cost. For school-age children, forty-one percent report familiarity as the main reason; seventeen percent cite location; and eight percent cite cost [Chart 9a].*

Chart 9a: Percent of Parents Reporting Each as a Main Reason for Choosing FFN Care as the Primary Care Arrangement



- *Parents choosing center care or FCC for children 0-5 years old also cite familiarity with the caregiver (21%) as the top reason, but familiarity does not have the overwhelming prominence as it does for FFN care. Parents are also quite likely (17%) to cite*

programmatic aspects of the care (such as liking the curriculum, activities, or teaching staff) as selection criteria. For school-aged children, location is a major consideration in selecting center care or FCC. Issues of religion, culture, and values are important for a small minority (4-11 percent) and are more important for choosing FCC or center care for school-aged children than for younger children [Chart 9b].

We next analyzed the many different possible explanations for why parents choose FFN care. The first distinction we must make is *FFN care compared to what* — to center care/FCC or to parental care? We therefore employed statistical techniques to consider both of these choices. The second distinction is among three sets of factors that could affect parents choices: 1) *parental characteristics that might affect child care choice* (e.g., age, income, family structure, race-ethnic group), 2) *parents' stated values or preferences* (e.g., location, familiarity, training and qualifications of caregivers, quality of program, religious or cultural consistency), and 3) *the price and availability of licensed care alternatives* (the average price of center care and FCC in the county, the number of center or FCC slots per zip code). Since many of these possible predictors are highly inter-correlated (for example, income, race-ethnic group, and family structure), we used multivariate statistics, which allowed us to consider the impact of each factor when all others were held constant.

We found that the following factors significantly affected the likelihood of using FFN care, when all the potential factors listed above were taken into account (a fuller discussion of the factors affecting center and FCC care is included in the body of the report):

Family Characteristics:

- *For children age 0-5:* Single parents, families with younger children, or those with more children are most likely to use FFN care as the primary care arrangement. Native Americans use FFN as primary care more than whites do, while Blacks and Hispanics use it less than whites. More affluent families are less likely to use FFN care as the primary type of care than lower income families.
- *For children age 6-12:* Married couples and those who have an adult relative or non-relative living in the family or nearby are more likely to use FFN care as the primary care arrangement. Families are less likely to use FFN care for older children, while those with special needs children are more likely to use FFN care. African American mothers are less likely than white mothers to use FFN care as the primary care arrangement, while Asian American mothers are more likely than white mothers to use FFN care as the primary care arrangement. Mothers with higher levels of education are less likely to select FFN care for their children.

Values and Preferences:

- *For children age 0-5:* Families most concerned with staff training/credentials are less likely than other families to choose FFN care, as are those who place a priority on close location of caregiver. Those most concerned with flexible and convenient hours or cost are more likely to select FFN care.
- *For children age 6-12:* Families assigning great importance to a low child:adult ratio and to knowing and trusting the caregiver are more likely to use FFN care. Parents very concerned with cost are more likely to choose parental care rather than FFN care. Parents

very concerned with having stimulating and enriching activities for children are more likely to use C/FCC than FFN care.

Price and availability:

- *For children age 0-5:* Parents are more likely to use FFN care when fewer licensed center slots per population are available in the area of residence. When the average price of center care in their county is higher, they are also more likely to utilize FFN care. Thus, lower availability and affordability of center care is associated with more FFN care. The availability of a relative in the area tends to increase the use of FFN care, when other factors are taken into account.
- *For children age 6-12:* The availability of licensed slots in the zip code of residence does not seem to have a consistent relationship with the use of FFN care for school-age children. The availability of a relative in the area tends to increase the use of FFN care.

Factors Involved in Parent Choice about Types of Care: Summary

Our findings show that parents choose FFN care for a variety of reasons. Those influenced by price or availability of licensed care may reduce their use of FFN care as the provision and financing of licensed care evolves. Those influenced by familiarity with the caregiver, a low child:adult ratio, or caring for very young children within the family are likely to continue using FFN care. FFN care is therefore likely to remain an important component of the diverse set of care arrangements utilized by Washington families for the foreseeable future, but may decrease somewhat if the availability and affordability of licensed care options increase. Plans to support FFN caregivers should take into account the different reasons parents use that type of care and the expectations of what that care will do for their children. We address ways of doing that below.

Supply of Care

Question 2. Supply of Care. *Who are the FFN caregivers, how many children are they caring for, and for how many hours; do they care for children with special needs; what are their qualifications and what problems do they experience in providing care. How many caregivers are likely to utilize various opportunities for support and training and in what locations?*

Characteristics of FFN Caregivers

FFN caregivers are mostly relatives, with a significant minority of friends and neighbors. They have a wide range of age, education and income levels. The race-ethnic distribution of FFN caregivers approximates that of the adult population in Washington. Few FFN caregivers have received the type of specific training in early childhood care and development that has been shown to improve children's social, emotional, and cognitive development.

- *Relationship and marital status.* FFN caregivers are predominantly grandparents (36%) and other relatives (22%). Almost one third (32%) are friends or neighbors who are not related to the child [Chart 12]. A majority (57%) are married, twenty-five percent are single, and ten percent divorced or separated [Chart 14].
- *Age.* FFN caregivers cover a wide range of ages, with approximately one fifth in each of the following age categories: 16-25, 26-35, 36-45 and 46-55. Another fifth are over age

55, and only one in twelve is over age 66 [Chart 13].

- *Income.* There is a wide range of family incomes among FFN caregivers; overall, they are somewhat less affluent than the general Washington population. The median household income of FFN caregivers is about \$30,000 a year, compared to about \$45,000 overall [Chart 15].
- *Education.* Only about one in seven FFN caregivers has a four-year college degree, and only thirteen percent have less than a high school degree. Most have a high school degree (32%) or some college, including an Associate of Arts (AA) degree (40%) [Chart 17]. This is similar to the educational background of licensed FCC providers found in studies in other states (Kontos, Howes, & Shinn, 1992; Minnesota Department of Children Families and Learning, 2001b).
- *Specific training.* The majority (61%) of FFN caregivers have no specific training in child care, child development, or parenting. Each of the following types of training has been experienced by approximately one fifth of FFN caregivers: parenting training, a course in ECE, a course in child development, a course in child psychology, training videos, and participation in workshops. One in 17 have participated in training through the State Training and Registry System (STARS). Those who have been trained have each taken several types of training [Chart 25]. Friends and neighbors are significantly more likely than relatives to have received specific training [Chart 27]. Major studies have demonstrated a strong link between these types of caregiver training and the cognitive, social, and emotional development of young children (see NICHD Research Network, 2001; Shonkoff and Phillips, 2001).

Chart 25: Percent of All FFN Caregivers with Each Type of Training in Child Care and Related Topics

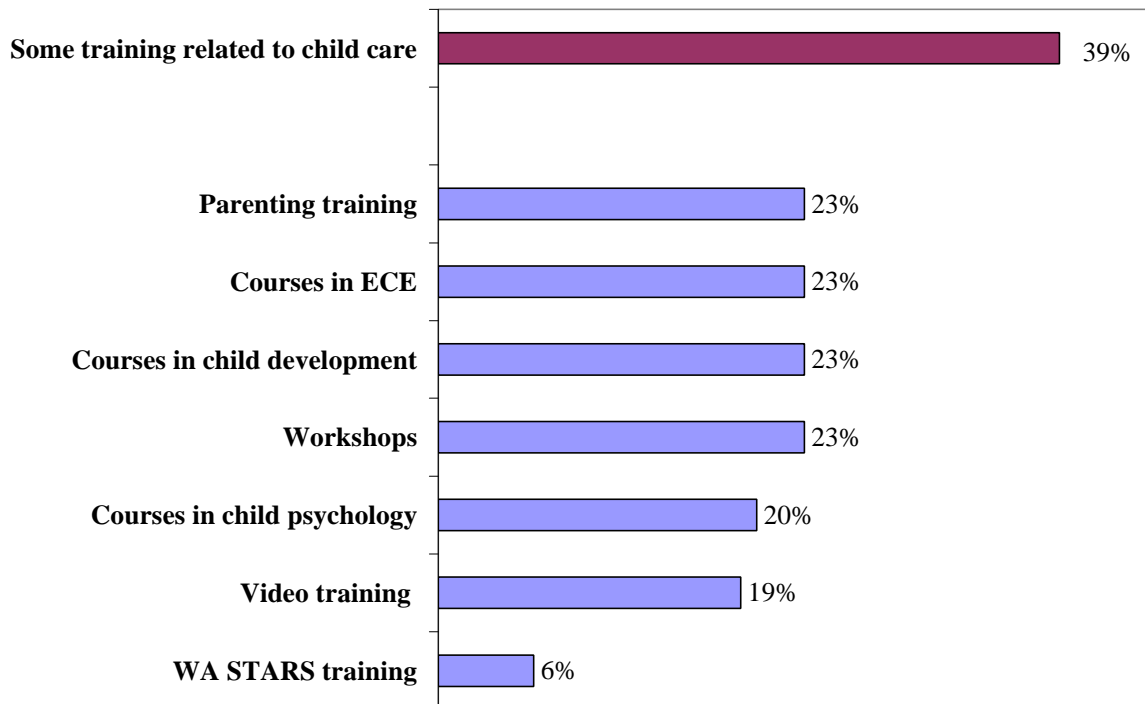
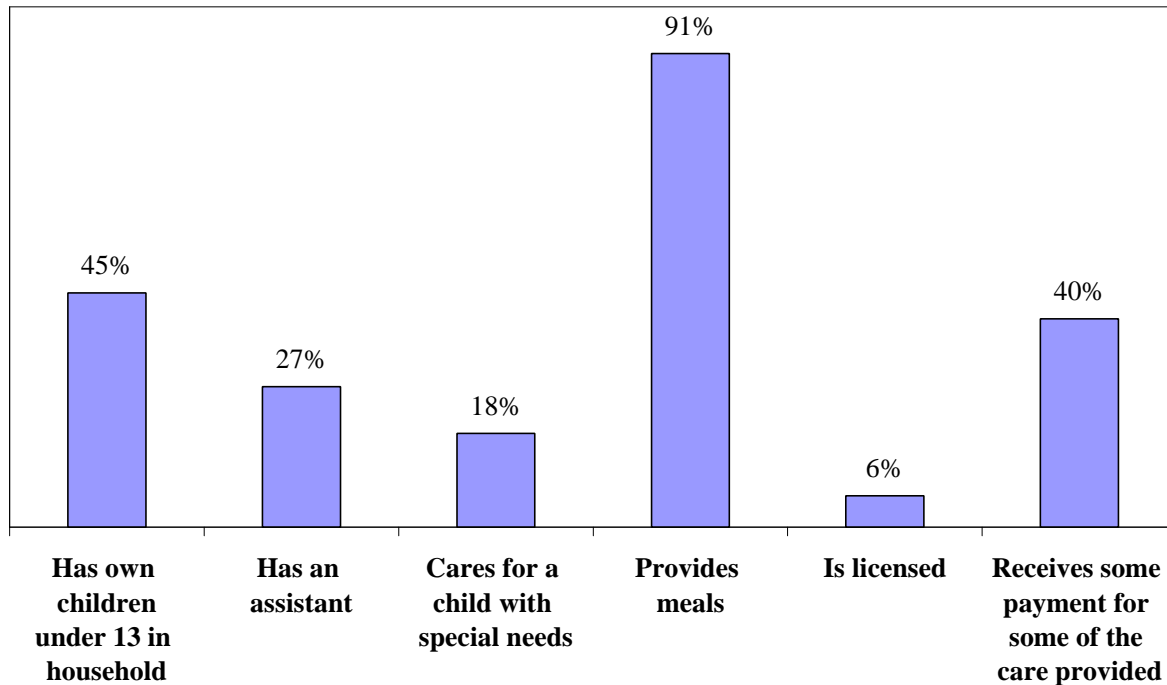


Chart 21: Percent of FFN Caregivers with Each Feature of Caregiving



- *Special Needs.* Almost one in five (18%) FFN caregiver reports caring for a child with special physical, emotional, behavioral, or developmental needs [Chart 21].
- *Motivation.* More than half (57%) report providing care to help out a relative or friend; a quarter (24%) report providing care because they enjoy being with children. Only four percent say they “need the income,” though 40% are paid [Charts 18 and 21].

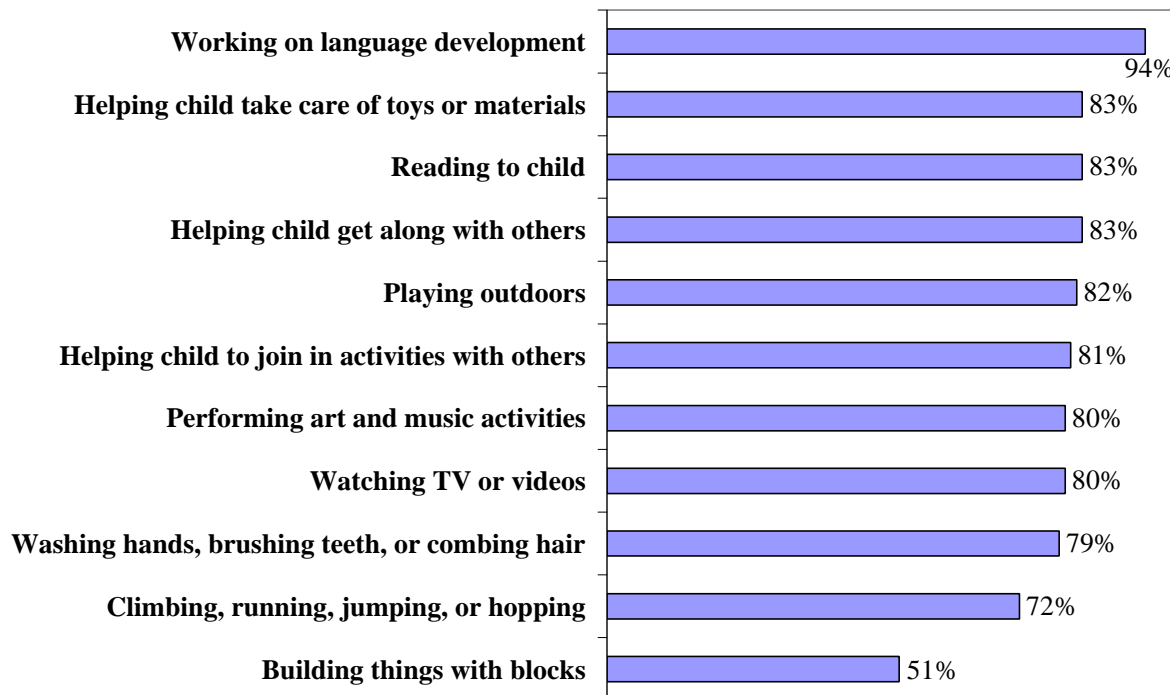
The Nature of FFN Care

We asked caregivers a range of questions designed to elicit some important information about the nature of the care they provide. While we did not have sufficient resources in this project to directly observe the nature of FFN care provided, these caregiver responses shed useful light on the nature of care.

- *Hours.* FFN caregivers provide care for an average of about 18 hours per week. For many, it is thus a part-time occupation, not a casual or occasional one. One in four FFN caregivers provides care for more than 30 hours a week, the equivalent of a full-time job [Chart 20].
- *Number of children in care.* Forty-two percent of FFN caregivers care for one child, one-third (31%) care for two children, and one-sixth (18%) for three children not including their own children. Only one in eleven (9%) cares for 4 or more children [Chart 19].
- *Activities.* Most FFN caregivers report engaging in a wide range of developmentally stimulating activities with the children in their care, ranging from language development, to art and music activities, to helping children get along with others. However, we were

not able to determine how much time was spent in stimulating activities such as reading, language development, climbing/jumping, art or music, as opposed to such passive activities as watching TV. One activity that seems to have lower than desirable rates of participation (only half) among caregivers of young children (age 0-5) is building with blocks [Chart 22]. Similarly, fewer than half of the caregivers participate in constructing or building things with objects with the older children in their care [Chart 23].

Chart 22: Percent of FFN Caregivers Who Report Participating in the Following Activities with Child (Age 0-5)



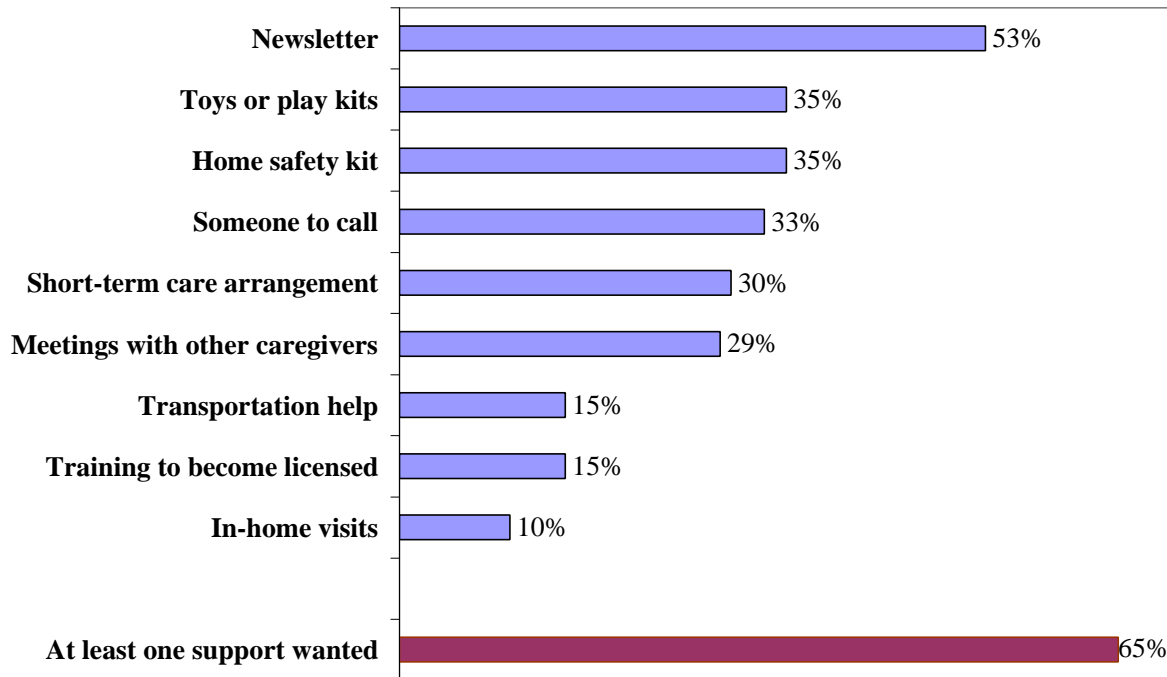
- *Discipline methods.* The most common forms of discipline by FFN caregivers are: talking about behavior with the child (35%), and putting the child in time out (31%). Only two percent or fewer report yelling or scolding or withholding activities, and none report spanking or slapping. However, only one percent report using distraction techniques, which is a recommended approach [Chart 24].

Potential Demand for Training and Support

Desired support. Two-thirds of FFN caregivers – an estimated 192,000 individuals – want some type of support, and more than half want a newsletter and tip sheets.

- One-third of FFN caregivers desired each of the following: play or safety kits, the ability to meet with other caregivers, and resources they can contact for help with difficult problems [Chart 29].
- Those FFN caregivers desiring support want an average of 4 types of support.

Chart 29: Percent of FFN Caregivers Who Report Wanting Each of the Following Child Care Supports



- Thirty percent of FFN caregivers indicated they would be likely to attend meetings held in their community [Chart 30]. The most popular potential locations for training or support offerings were a neighborhood school (32%), library (22%), or church or place of worship (20%). Fewer would be comfortable in a community center (15%) or community college (10%)[Chart 30].
- The one in five FFN caregivers caring for a child with special needs are significantly more likely than other caregivers to want multiple kinds of support: meetings with other caregivers, short- term care arrangements, in-home visits, and transportation help [Chart 31].

Problems experienced. A majority of FFN caregivers – an estimated 171,000 individuals – experience at least one caregiving problem. Those reporting problems average two problems each. There are not one or two particular problems experienced by most caregivers; rather there is a broad range of problems reported by caregivers. The major problems reported by FFN caregivers are: not enough time to self (25%), long or irregular work hours (23%), not enough interaction with parents (16%), insufficient pay (15%) and dealing with children who are withdrawn (12%) or crying/misbehaving (14%).

Policy Implications

Question 3. Policy implications. *Is FFN care a large enough issue to warrant state attention and involvement; if so, what types of training and support should be offered, to how many people, through what mechanisms, and at what cost?*

Reasons for Policy Engagement

The wide range of data compiled and analyzed for this study come together in a way that suggests compelling reasons for state policy engagement in supporting FFN caregivers.

- FFN care affects almost half of children age 0-12 in Washington— approximately 480,000 children—and is the predominant type of non-parental care for infants, toddlers, and middle school children. It is the primary form of care for about 203,000 children. Approximately 295,000 family, friends, and neighbors in Washington are caring for someone else’s child on a regular basis.
- Many Washington children are in FFN care a sufficient number of hours for the quality of care to affect their development. One-third of young children are in FFN care more than 10 hours per week, and one-fourth are in FFN care more than 20 hours per week. One-quarter of FFN caregivers – about 74,000 individuals – provide care on almost a full-time basis.
- Parents and policy makers both place a high value on the skills and knowledge of caregivers, their disciplinary styles, and their ability to provide stimulating and enriching activities for children.
- Among children receiving a subsidy for their primary care arrangement, about one third have FFN care as primary, indicating that FFN care represents a substantial component of the early care system currently supported by state and federal funding.
- A majority of FFN providers lack the special training in child development or parenting techniques that could enhance the development of children in their care. This lack is reflected in low reported rates of participation in some important developmental activities and desirable disciplinary techniques.
- A substantial majority of FFN caregivers report problems with their caregiving experience, and two-thirds want some type of training and support. Most FFN caregivers prefer information built around the specific problems they face and provided within a context of peer support, rather than in formal classes.
- The fact that almost one in five FFN caregivers is caring for a child with special physical or emotional needs adds saliency to their need for support and suggests that special training or support options that address these special challenges should be developed and offered.
- Only a small percentage of FFN providers want training for licensing, suggesting that support systems should be voluntary and separate from the state’s regulatory structure.

Since training of caregivers in child development and in specific techniques of quality care has been demonstrated to improve a wide range of child outcomes, increasing the training of FFN caregivers in these ways should result in children in their care for substantial numbers of hours having better physical, social, emotional and cognitive outcomes.

Designing and implementing a training and support system for as many as 200,000 to 300,000 FFN caregivers a year would be a complex and expensive enterprise. It is difficult to predict how many people would actually participate, whether they would participate on an ongoing basis, how they would respond to various offerings, and what impact those offerings would have on the quality of care experienced by children. It would therefore make most sense

for the state to use the information in this report to design a pilot effort and evaluate responses and impacts before committing to a large-scale system.

DSHS could initiate a pilot project offering the types of voluntary support and training opportunities that FFN caregivers desire and that experts think would enhance the quality of care. We have outlined the content for such a program, with a variety of offerings tailored to different groups of caregivers. Pilots should be developed on a county or regional basis, allowing variance in the exact offerings and the methods by which they are organized and marketed to FFN caregivers. It is important to recognize that only a portion of FFN caregivers regularly provide care enough hours a week to make improving their capacity a high priority activity. It therefore makes sense for an initial pilot to be targeted to FFN caregivers who engage in this activity on a regular basis and provide care a substantial number of hours a week. It seems that these are the individuals most likely to participate in any event. Some FFN caregivers may meet the requirements for licensure and should seek appropriate training and support offered to licensed providers.

Key Elements of a Training and Support System for FFN Caregivers

The key elements of a training and support system are outlined below. If the state decides to develop such a system, it should work with caregivers and experts to provide more detail concerning the scope and content of a training and support system. In addition, it should conduct an operational test to determine which approaches most effectively deliver such support, obtain feedback from caregivers, and observe the results. While we have developed a core set of offerings based on past research and feedback from caregivers and experts in our project, offerings should be varied according to local needs and conditions. Since so little is known about how to effectively market such offerings to this type of population, different approaches should be developed and evaluated. An initial pilot in 10 counties employing a variety of methods might cost between \$560,000 and \$725,000 to develop, operate, and evaluate in the first year. This cost could be reduced by limiting the types of activities and support offered or by conducting the pilot test in fewer counties. If this option is chosen, the pilot should still include a mixture of rural, urban, and suburban locations in different regions so that differences in operational needs and caregiver responses can be assessed. Based on our survey responses and consultation with leading national experts in training and supporting caregivers, we believe the support system should include:

- *For all FFN caregivers:* Newsletter, booklets, and tip sheets on discipline methods and activities that enhance development; hotline consultation on discipline and other problems; mini-grants for materials and short term assistance; a mobile lending system (including vans) for toys and equipment and materials to be given to parents (the system could also be staffed with someone who can offer advice); activity boxes; occasional substitute caregivers for respite or to enable caregivers to attend training/support sessions. Existing training and support opportunities should be available to FFN caregivers as well as licensed caregivers.
- *Grandparents:* Activity boxes, home safety kits, and opportunities to meet with other caregivers.

- *For those with limited English proficiency (LEP) or those caring for children whose parents are LEP:* Translation of all materials into appropriate languages.
- *For FFN caregivers with low education:* Literacy support.
- *For FFN providers caring for children with special needs:* Workshops on challenges, with information on techniques and resources; home visits to work on problems, if desired.

For some low-income individuals, providing care on a regular basis imposes a financial burden. This can be addressed by ensuring that parents and caregivers are aware that many state subsidies can be used to pay for relative care, not just for licensed provider care. The fact that only a small percentage of low-and moderate-income families receive any assistance suggests that, under existing income-related programs, considerable potential exists to expand assistance through more effective outreach.

Cost of a One-Year Pilot Project

The pilot we have suggested would require about \$77,000 to \$125,000 to develop material that could be used in several counties. To test various approaches in 10 counties would cost about \$330,000 to \$450,000 per year. An evaluation of the approaches would cost about \$150,000 additionally each year.

Conclusion

Washington State has made the first critical step in recognizing the importance of family, friends, and neighbors as part of the early care and education system and commissioning this study to examine the scope of FFN caretakers' potential training and support needs. This report has found that FFN care is a large sector, involving almost half a million Washington children. We conclude that this investigation should be continued, with further analysis and testing of different training and support initiatives. Such testing could vary both the content and the delivery mechanisms, and should measure caregiver response, parent satisfaction, and developmental outcomes for the children in care.