



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 WA, 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.