

Supporting Family, Friend, and Neighbor Care

Description

This session presented the latest findings on family, friend, and neighbor (FFN) care from a group of Child Care Bureau-funded projects completed during 2005. The first half of the session included presentations by researchers. The second half was a focused discussion leading to greater understanding about the dynamics of demand, supply, and quality in this sector by comparing findings from four states: Georgia, Illinois, Minnesota, and North Carolina.

Moderator

Dawn Ramsburg, Society for Research on Child Development (SRCD)
Fellow, Child Care Bureau

Panelists

- Chris Todd, University of Georgia
- Steve Anderson, University of Illinois at Urbana-Champaign
- Doug Clark, Pepperdine University
- Kathryn Tout, Child Trends
- Kelly Maxwell, University of North Carolina-Chapel Hill

Scribes

- Susy Willard-Toland, Kansas State University
- Sharmila Lawrence, Child Care and Early Education *Research Connections*

Issues

- What role does FFN care play in parents' child care options and choices?
- What do we know about the parents who use FFN care?
- What do we know about the relationship between work schedules and parental decisions to use FFN care?
- What do we know about FFN providers?
- What are some of the key issues in developing training for FFN providers?

Documents in the Session Folder

- Overview of research and policy context for the Child Care Bureau's FFN Projects
- Supporting Family, Friend and Neighbor Care: Collective findings from 4 states and 5 CCB-Funded Research Projects

Discussion Notes

I. Introduction and Overview

Summary of Parent Findings

- There are large variations in use of FFN care by state (In North Carolina, 3% of children receiving subsidies use FFN; up to 58% in Illinois do).
- A small number of children are generally placed in FFN, usually one or two, no more than two or three.
- A large percentage of parents have school age children in FFN care.
- Reasons for usage include: trust, convenience, flexibility, shared values.
- In Illinois, over half of parents used license-exempt FFN care due to non-traditional schedules.

Summary of Provider Findings

- The majority of FFN providers are relatives trying to help the family.
- FFN is the main form of care in disadvantaged rural areas of Georgia.
- FFN providers want training in multiple topic areas.
- A variety of methods may be needed:
 - * Short classes
 - * Self-study/internet
 - * Longer courses
- Quality observations revealed:
 - * Caregiver-child interactions were a strength
 - * Better materials are needed
 - * Health and safety practices need improvement
- Alternate training models, such as family support and education, may be needed to support FFN caregivers.

Burning Issues:

- Ethnicity of samples and observers
- Easing family out of FFN care
- Continuity of care
- Urban/rural differences

II. Notes from General Discussion of FFN Studies

Parents using FFN care in Illinois

- FFN is exempt from licensing in Illinois
- Parents usually have a small number of children in FFN care, typically no more than two or three.
- A large percentage of families have school-age children & infants in FFN care.
- A large percentage of FFN users are low-income families.
- 73 percent are African American.
- Many are current or previous TANF recipients.
- 38 percent have children with special needs.

Key elements of parent choice: (Illinois and North Carolina)

- Parents want trust, convenience, flexibility, a home-like environment, and caregivers with values similar to theirs.
- Most parents in Illinois would use FFN care even if cost weren't a factor.

Relationship between parents' work schedules and use of FFN Care (Illinois and North Carolina)

- Many need care outside traditional times.
- Many need frequent change in schedules (20 percent in Illinois).

Characteristics of Providers (Illinois and Georgia)

Illinois

- A large proportion of FFN caregivers provide care within the family:
 - * 61% are relatives
 - * 57% provide care in the child's own home
 - * 30% live in the child's home
- The main reason they provide care is to help – not to make money.

Georgia

- FFN is prevalent in rural areas, especially in rural decline counties (as opposed to rural growth counties, which are increasing in population and economic opportunities), in rural areas of suburban counties, and in rural decline counties with few resources.
 - * 40-50% of care is in rural growth counties, 20% in relative settings.
 - * Opposite percentages occur in rural decline counties.
 - * May be related to trust issues heightened by economic decline.
 - * Rural decline counties have children with increased risks (increasing poverty, single-mother families).
 - * Rural decline counties may also have fewer connectivity options (libraries, training opportunities, cable, internet, etc.).

Provider interest in Training: (Georgia)

- Interview studies, survey studies, focus group studies were used.
- 90% of providers were interested in training.
- Interest in training may not equate to attendance in training.
- Training offered is often minimal and predominantly related to health and safety:
 - * According to data across studies (see handout) providers wanted more breadth and depth in topics of training.
 - * There is often a disconnect between ages of children in care and the age-focus of training offered.
- Formats of Training:
 - * Short workshops (two hour, half/full day options, Saturday preferred)
 - * Self Study (TV, video or computer training)
 - * Some want in-depth training (10 hour series, formal coursework)
 - * (See handout for specific numbers)
- Incentives & Barriers to Training

- * Incentives:
 - Training requirements
 - Convenient times
 - Topics related to children in care
 - Low cost

- * Barriers:
 - Lack of transportation or distance greater than 30 minutes
 - Lack of financial support (reimbursed at lower rates or ineligible for quality improvement programs, despite similar requirements as FCC)

Provider Interest in Training & Information (Illinois Connections Study)

- The Illinois Connections study conducted 102 telephone interviews with subsidized providers.
- Findings describe the range of information sources Illinois FFN child care providers use and the extent to which they seek those resources to inform their caregiving practices.
 - * Providers are highly interested in learning more about helping children prepare for kindergarten.
 - * Results indicate providers might be interested in being able to access information (not necessarily a full course of study but useful information).
- The study identified providers' present-day exposure to computers and the Internet, their current use of online technology, and overall perceptions about seeking and receiving information.
- The Internet is seen as a promising option for connecting FFN care providers with information about early childhood education and care
 - * 61% have a computer at home.
 - * 55% are connected to the Internet.
 - * 50% use the Internet to perform at least one activity (email, finding directions).
- Taken together, these findings reveal new possibilities for using online technology as a tool for providing technical assistance to the FFN sector of the state's early childhood workforce.

Quality Observations (Minnesota)

- The observational sample was drawn from telephone survey respondents (included both subsidized and non-subsidized providers).
- 41 providers participated.
- We used the Environment Checklist & Provider Rating (tool developed by Abt Associates for the National Study of Child Care for Low-Income Children)
- Interactions with children were a clear strength:
 - * Providers cared for a small number of children (typically 1 or 2).
 - * Providers engaged in responsive verbal interactions (warmth and encouragement, no harsh words).
- Providers missed opportunities to promote skills important for children's school readiness, including:
 - Talking about feelings
 - Self-regulation
 - Cooperation
 - Playing together, sharing
 - Working on specific skills (letters & shapes, numbers), either with materials or within routines
- We found adequate age-specific materials and toys, BUT:
 - * Few providers offered opportunities for children to participate in music, dance, and art.
 - * Books for school-age children & infant/toddlers were not consistently observed.
 - * Children had access to hazardous items or spaces and we did not see consistent hand washing.

Quality Study (North Carolina)

- Low quality (average score of 2.36 on Family Day Care Rating Scale - FDCRS) and unchanging over time (lower than licensed FCC in North Carolina).

- Adapted the CC-HOME (using a different conceptual framework than in the original) to use in telephone interviews.

Training Strategies & Models (North Carolina and Georgia)

- (NC) Caregivers don't view themselves as child care providers; they are relatives taking care of families (maybe a family support model is more appropriate than a child care training model).
- (GA) Subsets of FFN providers:
 - * "Professionalized Providers" – may become licensed;
 - * "Community Caregivers" – advocates for community's children;
 - * "Family Pillars" – strong interest in the children they care for;
 - * "In-it-for-the-money providers" – not identified among study participants but some said that some FFN caregivers are in this category.
 - * Suggests two training tracks:
 - Professional child care training
 - Family education and support training
- National Extension Parent Education model may be appropriate – respectful of diversity (See slide 23 in handout)

Questions and Comments

Question: Were urban low-income settings looked at? Were relatives teased out of FFN analyses?

Dawn Ramsburg: No differences were found between rural and urban providers in the Illinois license exempt study. The only difference between family and other FFN providers was their motivation for providing care.

Chris Todd: We saw slight differences between urban and rural FFN providers in Georgia. Urban providers have more in common with providers in rural decline areas. When differences are there, they are related to geography or educational level.

Question: Did studies consider Native American tribes?

Chris Todd: No

Question: Did you study Hispanic families?

Chris Todd: FFN requirements in Georgia required a Social Security Number. There appear to be few Hispanic FFN caregivers receiving subsidies.

Dawn Ramsburg: To include Hispanic families, we held focus groups with Hispanics who were not subjects in the main study.

Doug Clark: We had 7% in our sample.

Question: What about continuity of care?

Dawn Ramsburg: Our caregiving arrangements averaged 5 years and receipt of subsidy averaged 2-3 years.

Chris Todd: Care often continues even when parents go on or off subsidy.

Doug Clark, Kelly Maxwell, and Kathryn Tout reiterated similar findings.

Comment: This is a significant difference from licensed child care.

Question: To what extent do providers take advantage of community opportunities such as field trips?

Chris Todd: Some did, but some are dealing with their own health issues and may find it difficult to take kids on outings.

Dawn Ramsburg: Providers wanted information about available opportunities, including opportunities already available through child care resource and referral agencies (CCR&Rs).

Kathryn Tout: Differences in number of hours in care between subsidized & non-subsidized care may account for differences in usage of community opportunities.

Chris Todd: There are also school-age issues.

Question: Were observers ethnically matched with participants?

Kelly Maxwell: In our study, no.

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Kathryn Tout: We had a diverse sample, but not diverse observers. Ethnic diversity may impact on observer-participant relationships. For example, African American grandmothers may be reluctant to give information to Caucasian observers, while they may treat African American observers as granddaughters.

Chris Todd: Profound respect is key.

End of Session

Breakout session notes are brief summaries of issues, findings and ideas discussed by participants and do not necessarily reflect the views of the Child Care Bureau or other members of the Child Care Policy Research Consortium.