Family Friend and Neighbor Care in Forsyth County

**A Great Expectations Report
commissioned by the Kate B. Reynolds Charitable Trust
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SUBMITTED BY
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Acknowledgements

This report contains the combined work of staff at the following agencies:

Why We Care about Family, Friend, and Neighbor Care
A Message from the Kate B. Reynolds Charitable Trust

Our **Great Expectations** initiative works to ensure that children in Forsyth County enter kindergarten ready to learn and leave set for success in school and life. We believe that listening to and learning from our community is an essential part of everything we do.

Through this listening process, we have learned that families experiencing poverty in Forsyth County—often families of color—have not had a strong voice in decision-making when it comes to addressing the needs of their children**.** We have also learned that approximately two-thirds of young children in Forsyth County are not in licensed child care.

That's why we asked Compass Evaluation and Research to conduct this **Family, Friend and Neighbor Care Study**. Compass surveyed over 1200 parents and over 300 caregivers in Forsyth County to learn more about informal child care arrangements. We wanted to understand parents' preferences and challenges, find out why only 34% of young children in the County are enrolled in licensed and regulated care -- and discover what parents need most regarding child care.

"We learned that there aren't obvious, easy, or straight-forward decisions when choosing child care. This especially is true for lower-income parents, who may struggle with the accessibility and affordability of care arrangements," says Dr. Laura Gerald, President of the Kate B. Reynolds Trust. "This report is the first step to improve our understanding of the informal child care system as we determine how to best support informal caregivers and the families they serve."

Why this matters

- There are over 27,000 children ages birth through five in Forsyth County.
- For two-thirds of these children, child care arrangements include care by parents/guardians, trusted relatives and friends, as well as part-day/part-week child care.
- Parents work to find the solution that best fits their situation, however the resulting child care arrangements may not meet all their goals.

We are excited to present this report from Compass, containing the full data results from the surveys. We are working together to analyze this data further and determine how to best support families and caregivers in informal childcare arrangements. We look forward to sharing what we continue to learn and working with all of you to improve child care in Forsyth County.

Executive Summary

Most young children (children under the age of six, or children not yet in kindergarten) do not participate in full-time child care. For example, Child Care Services Association reported that, in November 2017, only one-third (34%) of young children, whose parent or parents were in the work force, were enrolled in licensed and regulated child care in Forsyth County[1]. Yet, this is a critical time period for child development: development of sensory pathways, language, and higher cognition all peak within the first five years[2]. For those children not enrolled in [high quality] early care and education facilities, what is the nature and quality of daily care arrangements? Is the daily care supportive of developmental needs?

The Family Friend and Neighbor (FFN) Care study was conducted to learn more about informal child care arrangements in Forsyth County North Carolina. Informal care is child care provided by individuals who are not licensed or regulated child care providers, or individuals working in licensed and regulated child care or early education facilities. Thus, informal child care, or FFN care, is provided by individuals such as family members (grandmothers, grandfathers, aunts, cousins, or older siblings), friends, neighbors, babysitters, au pairs, nannies, or individuals associated with non-licensed or non-regulated groups or care services.

The study was conducted in summer and fall 2017. Over 1200 parents and over 300 care providers responded to surveys, which contained questions about the nature and number of care arrangements, the reason or reasons for using FFN care, strengths and challenges of FFN care, and breadth of activities and supports provided to children. The surveys also captured demographic data, to allow for in-depth analyses of care using and giving patterns.

There were 11 key findings that resulted from a general analysis of data:

(1) **We may need to change and enhance our ability to talk about child care arrangements.** Much of the language initially used in the study was grounded in what is known and expected for formal child care arrangements. The first, and perhaps most critical, finding from the current study may be that we need a richer vocabulary to understand care using and giving activities, including the activities, dispositions, and considerations towards families that constitute high quality care. Further, developing a richer or enhanced ability to communicate with families about informal care may have the added benefit of expanding our understanding of quality in formal care arrangements.

(2) **There are similarities and differences across families with regard to care preferences and choices.** In particular, differences may align with indicators of family type (i.e., marital status) and economic status or stability (e.g., annual household income). In this, there are intersections between marital status, income, and race or ethnicity—which correlate with access to and use of preferred care arrangements. Families across types and strata, however, benefit from having family members who can help with care.

(3) **Most parents are happy with their care arrangements.** However, more affluent families (or, families earning more than $60,000 per year) more often reported themselves happy than did less

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[1] Child Care Services Association (2017). *Child Care in Forsyth County.* Retrieved December 29, 2017 from http://www.childcareservices.org/repository/index.php#factresults.

[2] http://www.first2000days.org/first-2000-days/brain-research/#.WklCujdG1PY

affluent families. For families that aren't happy, the expense of other arrangements was a primary reason they did not make a change.

(4) **Parents experience challenges finding child care.** Approximately three-quarters of respondents reported having a challenge finding child care, at some point during their child's or children's first five years, which is not a surprise as choice of a care arrangement is the culmination of choices about cost, location, flexibility, trust, and availability. Challenges appear to peak at age three—which is when many parents who have opted to keep children home during their infant and toddler years may be exploring more structured care arrangements for the first time.

(5) **Safety, quality, and cost are key factors that affect choice of care arrangement.** Less highly rated were location, shared values, and type of setting (e.g., family home, child care center).

(6) **Indicators of quality in informal, FFN, care may not be the same as indicators of quality for formal early care and education.** Parents were asked to choose the indicators that helped them know their child or children were receiving a "good experience" in their care arrangement. Parents also were asked to rate how well their care providers performed different activities or, if they had changed their care arrangement in the past year or two, to indicate why they had made a change. There were not, however, independent assessments of the quality of care. Many respondents reported that factors such as safety, meals and snacks, and reading or educational games and activities were important indicators of good experiences. Concepts of experience and trust also were important to parents—and in particular for parents of infants and toddlers.

(7) **Parents need support on a range of issues, including finding time to spend with their children.** In general, lower-income parents more often expressed the need for support, compared to higher income parents. This may reflect lack of access to supportive resources or services or a lack of confidence or agency that more affluent parents may have accrued over time. This stated, parents in all family types and economic strata reported a need for support in finding time to spend with their children, underscoring the belief that all parents need help from time-to-time. In this, some parents may have the "luxury" of a nearby extended family to help and support them, while others must create a network of support.

(8) **FFN care providers may not identify themselves as "child care" providers.** There were challenges reaching out to and engaging individuals who provide care to children of other parents. Many of these individuals may not consider themselves in such formal terms as "care provider." Rather, they are individuals who are helping out by "watching the kids" or "babysitting," or doing friends favors for which they may receive the favor of care when they need it. Thus, an early hurdle in the study (and moving forward) is to find and use language that is meaningful to parents and care providers, to open discussions regarding quality and supports for parent and care provider needs.

(9) **Care providers may receive compensation for the care they provide, either in cash or trade. However, compensation tends to be relatively small.** One emergent question from the study is the extent to which informal care is a meaningful source of supplemental income for care providers. Both parents and care providers reported providing or receiving compensation, which tends to be less than $10 per hour. Care providers also may receive goods or supplies in trade for the care provided. At the same time, many care providers reported that they are employed (in addition to providing care). Thus, informal care may generate a meaningful amount of compensation for care providers, and may be helpful for making ends meet.

(10) **Care providers report providing a variety of activities for children on a regular basis.** Care providers were asked to indicate the types of activities they provided, or the ideas about providing

care that were important to them. Safety, meals and snacks, and quiet places to rest or have naptime all were popular responses, with few significant variations by the nature of the child or children for whom care was provided (e.g., family members versus children of friends or neighbors). Outside activities also were popular, as was support for social or emotional development.

(11)**The majority of care providers do not report wanting or needing help to provide care for other parents' children.** However, it is worth noting that the survey did not delineate between wanting or needing help providing the basics of care versus support to enrich the care that was provided. When asked an additional question that probed the types of support that may be welcome, care providers often reported a need for activity ideas.

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Introduction

WHERE ARE THE KIDS?

Over 5,900 children ages birth through five are enrolled in licensed and regulated child care in Forsyth County. This accounts for 34% of the estimated 17,437 young children whose parent or parents are in the labor force[3]. This begs the question, "where" are the estimated 11,524 young children whose parent or parents are working? And, what is the quality of their environment(s)?

There aren't obvious, easy, or straight-forward decisions for parents when choosing child care. This especially is true of lower-income parents, who may struggle with the accessibility and affordability of care arrangements. For some lower-income parents, subsidies are available to assist with the cost of child care. If, however, there is a waiting list for subsidies, many families who might qualify for subsidies cannot access one. Further, many Forsyth County families don't qualify for subsidies (i.e., families don't meet income, work, or educational requirements) but still struggle to afford the cost of care. To wit, it is estimated that a typical family would need to earn more than $73,000 in annual income to afford full-time child care in Forsyth County.   According to the American Community Survey[4], 70% of Forsyth families earn less than $75,000 in annual income—an indication of the proportion of Forsyth families that might struggle with the affordability of child care.

There also is no guarantee that parents have access to or will use the best or most current information about different child care arrangements to make their decisions. For example, in 2013, Rothenberg, Goldhagen, Harbin, & Forry[5] found that Maryland parents used the internet to learn about child care providers but made decisions based on input from family, friends, neighbors, and co-workers. Further, these authors found that lower income parents focused on their comfort with the child care provider when making their decision, while higher income parents focused on the quality of the child care facility.

Many families may use FFN care either as primary or supportive care. FFN care is characterized by a relatively informal care agreement between parent and provider—providers who typically are not licensed to provide care or subject to regulations on the quality of the environment or care provided. This is not to suggest that FFN care is poor quality. Indeed, FFN care may have benefits for the child and family that are not experienced in licensed and regulated care. For example, Susman-Stillman and Banghart (2011)[6] found that FFN care providers:

- May have had experience with raising their own children or someone else's. Typically, FFN care providers were motivated by a desire to (a) assist the parents and child, (b) nurture a family relationship, or (c) stay home with their own child(ren).

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[3] Child Care Services Association (2017). *Child Care in Forsyth County.* Retrieved December 29, 2017 from http://www.childcareservices.org/repository/index.php#factresults.

[4] Selected Economic Characteristics (DP 03); 2012-2016 American Community Survey 5-Year Estimates

[5] Rothenberg, L., Goldhagen, S., Harbin, V., and Forry, N. (2013). Maryland Child Care Choices Study: Child Care Decision-Making Process and Child Care Choices Among Applicants for Temporary Cash Assistance. Child Trends Publication #2013-28.

[6] Susman-Stillman, A. and Banghart, P. (2011). *Quality in Family, Friend, and Neighbor Child Care Settings.* Research Connections. May 2011. National Center for Children in Poverty and the Inter-university Consortium for Political and Social Research at the Institute for Social Research, University of Michigan. Office of Child Care and the Office of Planning, Research, and Evaluation, Administration for Children and Families in the U.S. Department of Health and Human Services.

- Tended to be stable in their ability to provide care, over time.
- Overall, FFN care providers had acceptable or better adult-child interactions (as rated on the Family Day Care Rating Scale, or FDCRS).
- Tended to have low adult-to-child ratios.

The current study was undertaken to learn more about informal, or FFN, care in Forsyth County. The study's goals were to better understand:

- ✓ Gaps within formal and informal child care systems, including the prevalence or distribution of care across Forsyth County.
- ✓ The strengths and challenges of different care arrangements.
- ✓ Parent satisfaction with care arrangements.
- ✓ Patterns in use for informal care arrangements.
- ✓ The "pros" and "cons" of different care arrangements.
- ✓ The reasons some families choose FFN care.
- ✓ The nature and extent of quality in FFN care arrangements.
- ✓ Opportunities to provide support to parents and care providers.

This report is organized around 11 key findings, across the parent and care provider surveys. First, the report provides a description of parent survey respondents, followed by lessons learned from the parent survey. Then, the report provides a description of care provider survey respondents, along with key findings.

The Parent Survey

WHO DID WE HEAR FROM?

The Parent Respondent Profile

The Parent Survey resulted in feedback from a broad range of respondents. Almost 1100 (n=1092) surveys were included in analyses. While most respondents (87%) were female, 43% were African-American, 38% were White (Non-Hispanic), and 13% were Hispanic/Latino. The majority of respondents (88%) spoke English, or both English and Spanish (5%).

There also was variation in respondent age, with most respondents reporting their age as "between 20 and 29" (40%) or "between 30 and 39" (45%). Respondents represented a range of educational accomplishments, with 18% reporting a High School diploma (or General Equivalency degree), 28% reporting "some college," 11% reporting a two-year degree, and 37% reporting a four-year degree or higher. Almost half of the sample (48%) reported themselves as married, followed by 38% of the sample who reported themselves to be single. Finally, there was variation across income groups, with 26% of the sample reporting that their total annual household income was less than $20,000, 32% reporting an annual income of between $20,000 and $40,000, 19% reporting an annual income of between $40,000 and $60,000, and 23% reporting an annual income of more than $60,000.

Employment

As regards participant employment, 77% of respondents (754 of 982) who reported employment information, reported themselves as employed. Of these, 23% (229 of 978) reported being employed part-time and 60% (559 of 932) reported full-time employed (2%, or 22 of 931, reported having both part- and full-time employment).

Number of Children and Ages

While all respondents had at least one child under the age of 6, 339 respondents reported having two children and 72 respondents reported having three children (under the age of six).

Of the respondents who reported child ages, 58% (609 of 1057) of respondents reported having a child that was an infant or toddler while 42% percent (448 of 1057) reported having a child that was between three and five years old. As for additional children, 29% (97 of 339) reported having a (second) child that was an infant or toddler while 71% percent (242 of 339) reported having a child that was between three and five years old. Finally, 28% (20 of 72) reported having a (third) child that was an infant or toddler while 72% percent (52 of 72) reported having a child that was between three and five years old.

For parents who provided information, 85% (249 of 293) of second children were reported as having the same care arrangements as the first child. Similarly, 82% (56 of 68) of third children were reported as having the same care arrangements as the other children. Thus, there is a **high degree of consistency of care arrangement in families with multiple young children.**

Parent Survey: Key Findings

WHAT DID WE LEARN FROM PARENTS?

Key Finding #1: We may need to change or enhance our ability to talk about child care arrangements.

Formal child care, or child care provided in licensed and regulated sites, has an **infrastructure**—which can be found in the language used to describe child care quality, the nature and content of child care policies and procedures, the state's expectations and regulations related to licensing, the times when care is provided (e.g., 1st, 2nd, or 3rd shift; before or after school), and how compensation is exchanged for care (e.g., the market rate).

Informal care, such as care provided by family, friends, or neighbors, is not constrained by such structure. In fact, **informal care may be defined by its absence**. This may create a challenge for thinking and communicating about issues such as quality, access, compensation, and stability. Parents, for example, may not consider care provided by family members to be "child care," and may have expectations regarding the activities and experiences offered to children that differ from the expectations they might have when using formal child care. Alternately, if parents ask friends or neighbors to "help with the kids" while they (the parents) are at work or at school, there may be different expectations regarding compensation, compared to enrollment in licensed and regulated child care, in which there is a more formal cost structure and expectations for payment. Where formal child care sites have policies and procedures and forms for capturing, recording, and tracking child attendance, medical records, and progress, informal care providers often operate in the absence of the "paper" side of care.

Put together, this and related studies are helping to identify areas in which formal and informal care arrangements have conceptual cross-overs or similarities, versus those areas in which **formal and informal care both are necessary because of their differences**. One result is that we may need to consider broadening our ability to conceptualize and communicate about the "infrastructure" for child care arrangements—including issues such as defining quality, care provider qualifications, compensation, stability, and accessibility. In short, the goal may not be to determine how to make

informal child care more like formal child care. Rather, the goals may be to identify those areas that are similar but also to **find the value in differences, such that working families have the support they and their children need.** One way to conceptualize this tapestry of arrangements is as a "toolkit," or set of strategies that parents and families use to ensure children are cared for across a range of family types, experiences, work and school requirements, or formal and informal care networks. Many parents do not have licensed and regulated child care in their toolkit. For these parents, we may explore other helpful tools such as informal care. Some parents do have licensed and regulated child care in their toolkit. However, these families also may be using informal care to supplement their formal arrangements. What is important is ensuring all parents have access to the assistance they need to build rich networks and strategies that support child development. Such assistance also should reflect parent and family schedules, transportation needs, and budgets, to ensure care is constructively contributing to the logistics of daily life.

Key Finding #2: Lucky to have family: Similarities and differences in care patterns across families.

The study examined three types of families: single parent households, married households, and households in which the respondent reported that he or she was "living with a partner" (who may or may not contribute to the care or parenting of the young child or children). Each type is examined in turn, below. One of the biggest similarities across family types is the **reliance upon grandparents and other relatives, when they are available, to help care for children**. Another similarity is that families **often need more than one care arrangement to ensure coverage during parental work or school schedules**. Differences lie in the racial or ethnic breakdown of each family type as well as total annual household income. These differences are important to acknowledge—as we will discuss in this report, characteristics such as total annual household income may affect access to and the ability to use the "most preferred" form of child care. Thus, **there are intersections of family type, income, and race or ethnicity to explore when considering care-using patterns**.

Demographics

Sixty-eight percent of single respondents reported themselves as African-American, followed by 16% White (non-Hispanic), and 9% Hispanic or Latino (Exhibit 1). Note that the proportion of single respondents who are African-American is four time the proportion who reported themselves as White (Non-Hispanic).

As shown in Exhibit 2, over half (57%) of married respondents were White (non-Hispanic), followed by 24% who were African-American and 14% who reported themselves as Hispanic or Latino. The proportion of respondents who reported being White and married was more than twice the proportion who reported being African-American and married.

Exhibit 3 presents data on respondents who reported living with a partner (but were not married). As shown, 39% of partnered respondents reported themselves as African-American, followed by 26% White (non-Hispanic), and 25% Hispanic or Latino.

| Exhibit 1. Single Respondent Race/ Ethnicity | Two-thirds (68%) of single respondents were African-American. | Exhibit 2. Married Respondent Race/ Ethnicity | Over half (57%) of married respondents were White (Non-Hispanic). | Exhibit 3. Partnered Respondent Race/ Ethnicity | Over one-third (39%) of partnered respondents are African-American. |
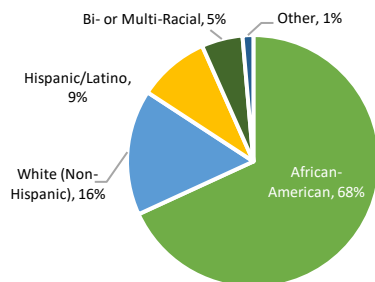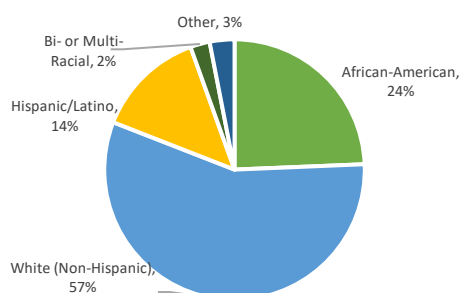
Exhibit 1. Single Respondent Race/ Ethnicity

- Bi- or Multi-Racial, 5%
- Other, 1%
- Hispanic/Latino, 9%
- White (Non-Hispanic), 16%
- African-American, 68%

Exhibit 2. Married Respondent Race/ Ethnicity

- Other, 3%
- Bi- or Multi-Racial, 2%
- Hispanic/Latino, 14%
- African-American, 24%
- White (Non-Hispanic), 57%

Exhibit 3. Partnered Respondent Race/ Ethnicity

- Bi- or Multi-Racial, 7%
- Other, 3%
- Hispanic/Latino, 25%
- African-American, 39%
- White (Non-Hispanic), 26%

Employment and Income Patterns

Single Respondents

Among single respondents, 78% (284 of 364) reported being employed. However, 290 respondents reported on a type of employment. Of the 290 respondents who reported a type of employment, 25% (72 of 290) reported part-time employment and 75% (218 of 290) reported full-time employment. Altogether, 3% (9 of 290) of single respondents reported having both part-time and full-time employment.

Despite relatively high levels of employment among single respondents, total annual household income was relatively low, with 47% of this population earning less than $20,000 per year and 42% earning between $20,000 and $40,000 per year (Exhibit 4).

Married Respondents

There were 462 respondents who identified themselves as married. Among these, 77% (356 of 462) indicated that they were employed. However, 359 respondents provided information on a type of employment. Of these, 30% (108 of 359) were employed part-time and 70% (251 of 359) were employed full-time. Seven respondents (2%) reported having both part-time and full-time employment.

Married respondents were more likely than single respondents to have total annual household income over $40,000 per year: 30% of married respondents reported earning $40,000 or less, compared to 89% of single respondents (Exhibit 5).

Partnered Respondents

Of the 109 respondents who reported that they lived with a partner (but were not married), 71% (77 of 108) reported that they were employed.

Of these 78 respondents who provided employment information, 31% (24) reported that they were employed part-time while 70% (54) reported that they were employed full-time. One percent (1) reported having both part-time and full-time employment.

Partnered respondents were more similar in total annual household income to single respondents than to married respondents: 72% reported earning $40,000 per year or less (Exhibit 6).

Exhibit 4. Single Respondent Employment & Income	Among single respondents, 89% earned $40,000 or less each year.	Exhibit 5. Married Respondent Employment & Income	Among married respondents, 30% earned $40,000 or less each year.	Exhibit 6. Partnered Respondent Employment & Income	73% of partnered respondents earned $40,000 or less each year.

Between $40,000 and $60,000 per year, 8%
More than $60,000 per…
Between $20,000 and $40,000 per year, 42%
Less than $20,000 per year, 47%

Less than $20,000 per year, 9%
More than $60,000 per year, 42%
Between $20,000 and $40,000…
Between $40,000 and $60,000 per year, 28%

More than $60,000 per year, 10%
Less than $20,000 per year, 30%
Between $40,000 and $60,000 per year, 18%
Between $20,000 and $40,000 per year, 42%

Care Patterns

Single Respondents

Forty-three percent of single respondents (158 of 364) reported that their child stayed at home while they were at work or at school. The remaining 57% of single respondents reported that their child left the home during work or school hours. For those respondents whose children stayed at home (Exhibit 7; n=158), grandparents commonly were care providers (57% of respondents), followed by another relative (44% of respondents).

Of the 158 respondents who reported their child stays home, 132 provided information as to whether their child also goes somewhere else. Many of these respondents (70%, or 93 of 132) indicated using additional care arrangements. In these cases, trusted adults were the most common care providers (83% of respondents with information). These trusted adults tended to be grandparents, most frequently, or a combination of family members, friends, and neighbors.

Among children who stayed at home, there was an average of 1.8 care arrangements (range of 1 to 5). Among those families who also went "someplace else" for care, there was an average of 1.1 care arrangements (range of 1 to 2).

For those single respondents whose child or children left the home during work or school hours (n=206), the most common care arrangement was to go to the home of a trusted adult (64% of respondents). Trusted adults commonly were grandparents but also included babysitters or a combination of family members, friends, and neighbors. Among children who left home for care, there was an average of 1.4 care arrangements (range of 1 to 5).

Married Respondents

Fifty-three percent (243 of 462) of married respondents reported that their child or children stayed home while parents were at work or at school. Of these, grandparents, parents, and relatives are common caregivers (Exhibit 7).

Of the 243 respondents who indicated that their child or children stay home, 180 also reported on whether or not their child or children also go somewhere else. Of these 180, 125 (69%) reported that their child or children also go somewhere else.

When children also go somewhere else, most often (78% of respondents) they go to the home of a trusted adult. Trusted adults commonly are grandparents or other relatives or a combination of care providers.

Exhibit 7. Children Who Stay At Home	When children stay at home, they typically are cared for by family members.

Single Respondents
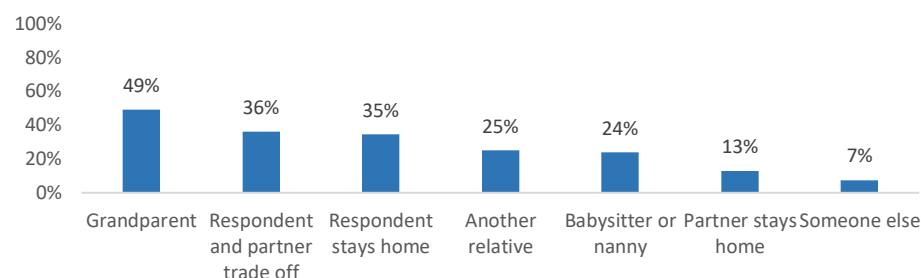
Married Respondents

Partnered Respondents

Among children who stayed home, there was an average of 2.1 arrangements (range 1-6). When these respondents also went elsewhere for care, there was an average of 1.1 arrangement (range 1-3).
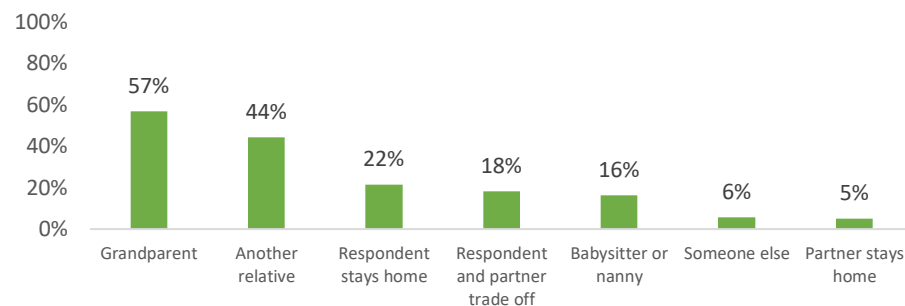
Of the 219 respondents who reported that their child leaves home for care, over half (55%) go to the home of a trusted adult. In these cases, trusted adults commonly are grandparents or other relatives, a combination of care providers, or babysitters, au pairs, or nannies.

Among children who left home for care, there was an average of 1.3 arrangements (range 1-4).

Partnered Respondents

Fifty-nine percent (64 of 108) of partnered respondents reported that their child or children stayed home while parents were at work or at school. As with other respondents, immediate family or relatives were common caregivers (Exhibit 7).

Of the 64 respondents who indicated that their child or children stay home, 51 provided information as to whether their child also went somewhere else. Of these 51, 67% (34) reported that their child or children also go somewhere else.

When children also go somewhere else, most often (88% of respondents) they go to the home of a trusted adult.

Among children who stayed home, there was an average of 2.2 arrangements (range 1-5). When these respondents also went elsewhere for care, there was an average of 1.1 arrangements (range 1-3).

Of the 44 respondents who reported that their child leaves home for care, most (68%) go to the home of a trusted adult. In these cases, trusted adults commonly are grandparents or other relatives.

Among children who left home for care, there was an average of 1.3 arrangements (range 1-3).

Key Finding #3: Most parents are happy with their care arrangements.

Seventy-three percent (800 of 1092) of respondents reported that they were happy with their care arrangements. However, these proportions shift when satisfaction is disaggregated by income.

As shown in Exhibit 8, there are significant differences across income groups in the proportion of respondents who reported they are happy with their care arrangements ($\chi^2(4)=27.287$, p<.0005). When data were disaggregated by total annual household income, 87% of families earning more than $60,000 per year reported themselves as happy with their care arrangements. In comparison, 67% of families earning less than $20,000 per year reported the same.

Exhibit 8. Respondent Happiness with Care Arrangement	There were significant differences across income groups as to whether or not respondents were happy with their care arrangement or arrangements.

Less than $20,000 per year	Between $20,000 and $40,000 per year	Between $40,000 and $60,000 per year	More than $60,000 per year
67%	74%	73%	87%
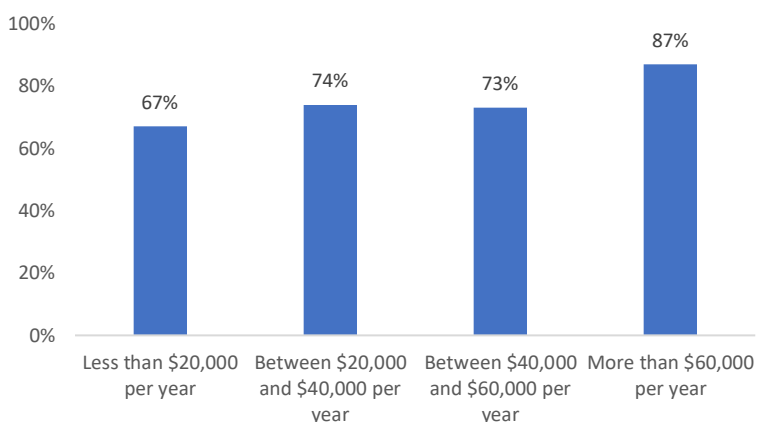
A number of families (n=277) reported that they were not happy with their child care arrangements. Of these respondents (who also reported income), 68% earned $40,000 per year, or less (Exhibit 9).

Exhibit 9. Respondents Who are Not Happy with Care, by Income	Two-thirds of respondents who reported they were not happy with their care arrangement earned $40,000 or less each year.

More than $60,000 per year, 12%

Less than $20,000 per year, 35%

Between $40,000 and $60,000 per year, 20%

Between $20,000 and $40,000 per year, 33%

The primary reason respondents, who are unhappy with their care arrangements, don't change their care arrangements is cost, with 77% of overall respondents indicating that other care options are too expensive. Other reasons included: (a) finding a care provider the respondent trusted, cited by 32 percent of respondents; (b) challenging work schedules (25%); (c) existence of a waiting list at a preferred site (24%); (d) transportation problems (20%); and (e) trouble finding a care provider who could work with a child's = special needs (4%).

Expense remained the primary reason respondents don't change their care arrangement, when responses are disaggregated by income. There were, however, some differences across income groups, when respondents were asked why they didn't change their care arrangement. For example, respondents earning $60,000 or less cited expense more frequently than respondents earning more than $60,000 per year.

Exhibit 10. Why Not Change Care Arrangement, by Income	Respondents earning more than $60,000 per year less frequently reported expense and more frequently reported trust issues as reasons they did not change their care arrangements, compared to other income groups.

Less than $20k: 75%, 27%
$20-40K: 81%, 35%
$40-60K: 85%, 31%
More than $60k: 69%, 45%

- Too expensive
- Transportation problems
- Difficult work schedule
- Waiting list at preferred site
- Trust issues
- Child has special needs

Conversely, respondents earning more than $60,000 per year cited trust issues more frequently than respondents in other income groups (Exhibit 10).
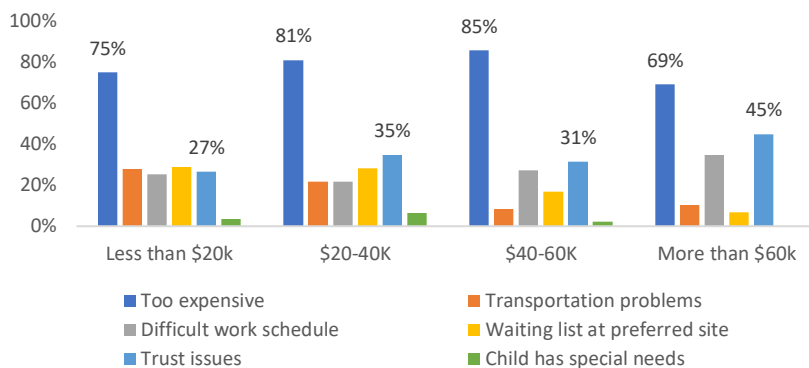
Key Finding #4: Parents have difficulty finding child care.

Out of 1078 respondents, 756 (70%) reported having difficulty, at some point, in finding child care. To further assess if the challenges were more prevalent in some ages (e.g., infants or toddlers) compared to others, we isolated those respondents with five (or six) year old children and then examined the proportion of respondents who reported challenges finding child care in each year, birth through five.

Exhibit 11. Challenges Finding Care, by Age of Child	Over 25% of respondents who reported having a five-year old child indicated challenges finding care, from birth through four-years old.

Of the pool of 134 respondents who had a five (or six) year old child, 72% (n=96; Exhibit 11) reported difficulties finding child care, as follows:

- 28% reported challenges when their child was an infant
- 31% reported challenges when their child was aged one and when their child was aged two
- 36% reported challenges when their child was aged three, and 35% reported challenges when their child was aged four
- 23% reported challenges when their child was aged five.

These patterns may reflect respondents who preferred to keep their younger children (infants and toddlers) at home (or, not in licensed and regulated child care)—but were hoping for a group or licensed setting for their older children (from three to five years old). Also, once children turn five, they begin the transition to kindergarten, and there may be a diminished need to find child care. It is important to note that a "challenge" may encompass more than one factor—**the calculus of finding a workable care arrangement involves cost, location, availability of an open placement, scheduling, and trust, among other factors**.

Key Finding #5: Several factors may affect the decision to use FFN care.

We expect parents to seek out and use their most preferred form of care, whenever possible—acknowledging that cost, location, availability, etc. all influence the final choice of care arrangement. A number of respondents (n=851) reported on one, most preferred, care arrangement. As shown in Exhibit 12, one-third (33%)

Exhibit 12. Preferred Care Arrangements	One-third of respondents preferred a relative or other trusted adult coming to the home.
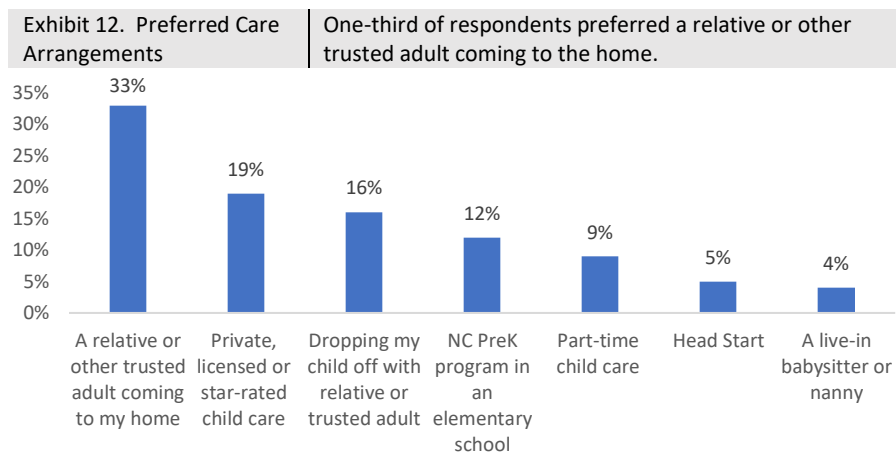
of these respondents reported that **the best child care is a relative or other trusted adult coming to the home to care for the child or children**.   The least preferred types of care were Head Start and a "live-in" babysitter or nanny. In fact, some respondents would prefer taking their child or children to licensed or regulated child care, over having a babysitter or nanny in the home. This may speak to issues of trust and comfort that parents seek when choosing care arrangements—**having a care provider work in the child's home may not be an indicator of a trusting or preferred arrangement**.

When disaggregated by income, there were significant differences across income groups on the percentage of respondents who reported preferring:

- A relative or other trusted adult coming to the home: across income groups, this was most preferred by respondents earning $60,000 or more, per year ($\chi^2(4)=12.797$, p=.012).
- Live-in babysitter or nanny: across income groups, this was most preferred by respondents earning between $40,000 and $60,000 per year ($\chi^2(4)=16.183$, p=.003).
- Head Start: across income groups, this was most preferred by respondents earning less than $20,000 per year ($\chi^2(4)=19.482$, p=.001).
- Part-time child care: across income groups, this was most preferred by respondents earning $60,000 or more, per year ($\chi^2(4)=11.385$, p=.023).

Because multiple factors may affect parent decisions about child care, we also asked respondents to rank the factors that were most important to them, when choosing a care arrangement. The options they were given included:

- Cost of care,
- Quality of care,
- Location, or the ease of getting to the care arrangement,
- Child safety,
- Providers that share the parent's beliefs or values, and
- Setting (such as a family home, a classroom, or a center).

Respondents were asked to rank these six factors, wherein a rank of "1" indicated the factor was "most important." Conversely, a rank of "6" indicated that the factor was "least important." As is shown in Exhibit 13, overall, **the most important factor was child safety**, with an average rank of 1.77. **The least important factor was setting**, with an average rank of 4.44.

Exhibit 13. Preferred Care Arrangements	One-third of respondents preferred a relative or other trusted adult coming to the home.

Factor	Rank
Child safety	1.77
Quality of care	2.19
Cost of care	3.57
Providers share beliefs/values	4.26
Location/ease of getting there	4.38
Setting	4.44
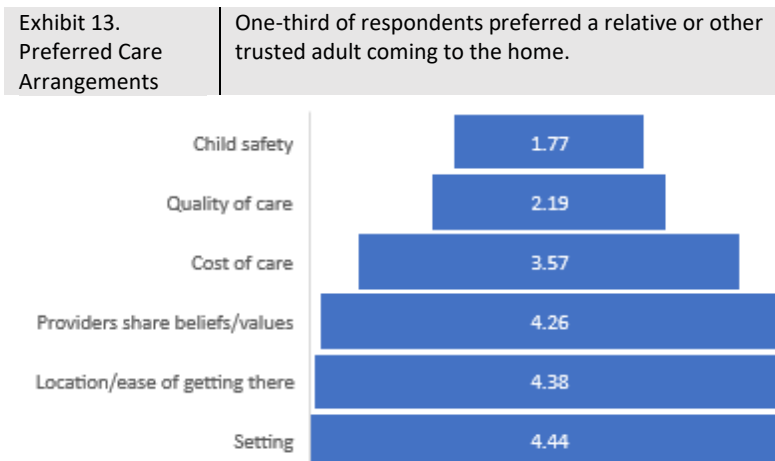
As shown in Exhibit 14, **safety, quality, and cost were consistently the most important factors across income groups**. However, for respondents who earned less than $20,000 per year, location and setting were more important than a care provider who shared the parent's beliefs or values. For parents earning $20,000 or more per year, having a care provider who shared the parent's beliefs and values was more important than setting or location. Further, location and setting were roughly equivalent in importance.

Exhibit 14. Preferred Care, by Income	One-third of respondents preferred a relative or other trusted adult coming to the home.

Less than $20k

Factor	Rank
Safety	1.72
Quality	2.37
Cost	3.28
Location	4.13
Setting	4.13
Beliefs or values	4.35

Between $20,000 and $40,000

Factor	Rank
Safety	1.79
Quality	2.2
Cost	3.55
Beliefs or values	4.24
Location	4.42
Setting	4.44

Between $40,000 and $60,000

Factor	Rank
Safety	1.9
Quality	2.17
Cost	3.62
Beliefs or values	4.26
Setting	4.5
Location	4.5

More than $60,000

Factor	Rank
Safety	1.71
Quality	2.02
Cost	3.88
Beliefs or values	4.12
Location	4.51
Setting	4.62

Asking parents what they liked best and least about their current care arrangements provided another opportunity to reflect on why parents have the care arrangements that they have. As regards the things parents liked best, over 200 respondents (n=208) indicated that they liked the fact that their child or children were with **trusted family members or friends**—perhaps underscoring the role of trust

in choosing a care arrangement. In fact, trust was explicitly noted by 117 respondents. Another popular type of response (n=172) referred to the **quality of care** the child or children received in the care environment—wherein quality was identified through the nature and type of activities care providers employed with children, the warmth or nurturing care providers gave children, the experience of care providers, or the nature and extent of communications available with the care provider. The third most popular type of response (n=129) was the **convenience of the care arrangement**, often exemplified by the location of the care provider.   Finally, **cost or affordability** also was mentioned frequently by respondents (n=115).

        Cost, or affordability, is a factor that many respondents also reported as a challenge, or something that they didn't like about their care arrangement (n=115). However, more critical were issues of **convenience**, cited by 180 respondents, wherein convenience included ideas such as availability, consistency or reliability of care, flexibility, schedule, and transportation issues. The **quality of the environment** also was a common concern, cited by 141 respondents, and included ideas such as lack of activities, provider's lack of education or experience, the physical environment, and the overall educational environment. Other common challenges, which were not cited as frequently, included **location** (n=54), **lack of socialization opportunities** (n=73), or **personal concerns about burden on the care provider or a difference of opinion regarding how best to provide care** (n=82). Taken together, we lack of coherent picture of stable factors that may influence choice of care arrangements. Put another way, **the assessment of important factors may be highly subjective across families**, with few standards as to what constitutes quality, accessibility, affordability, convenience, or trustworthiness.

Key Finding #6: There is a need to decide what we mean by QUALITY in FFN care.

        The study did not define quality for participants and did not conduct independent assessments of quality. This stated, we were interested in learning more about potential indicators of quality. Thus, respondents were asked to consider "how" they knew that their child or children were having a good experience with their care providers, using the list of indicators presented in Exhibit 15, which were grounded in research and experience in formal child care.   This is important to note, as **one of the primary findings from this study is that a reliance upon our knowledge and experience of the formal child care arena may discount the full range of experiences and quality indicators present in FFN care.**

Exhibit 15. Indicators of Quality	Parents were asked to indicate which of these factors were indicators of a "good experience" for their child or children.

- They are my family and I trust them
- They have a lot of experience caring for children
- They've been to classes that teach how to care for children
- They do a lot of educational activities and games
- They read a lot of books to my child
- They do a lot of fun activities with my child
- They provide a safe place for my child
- They provide a quiet place for my child to rest
- They let my child watch educational TV or videos

- They help my child learn how to use a computer
- They do cultural activities like music and art
- They have a lot of toys and books out for my child
- They provide good snacks or meals for my child
- There aren't a lot of other people hanging around
- They work with me to meet my family's needs
- They understand what I'm looking for in caring for my child
- They help my child or children learn the Bible
- They teach my child to pray

        A total of 995 respondents provided information. As is shown in Exhibit 16, respondents reported that the most popular indicators of good experiences included:

- They provide a safe place for my child.
- They have a lot of experience caring for children.
- They do a lot of educational activities and games.
- They read a lot of books to my child.
- They provide good snacks or meals for my child.
- They understand what I am looking for in caring for my child.

Exhibit 16. Indicators of Quality	The most popular indicators of quality included safety, experience, educational activities and games, reading activities, snacks or meals, and understanding parent needs.
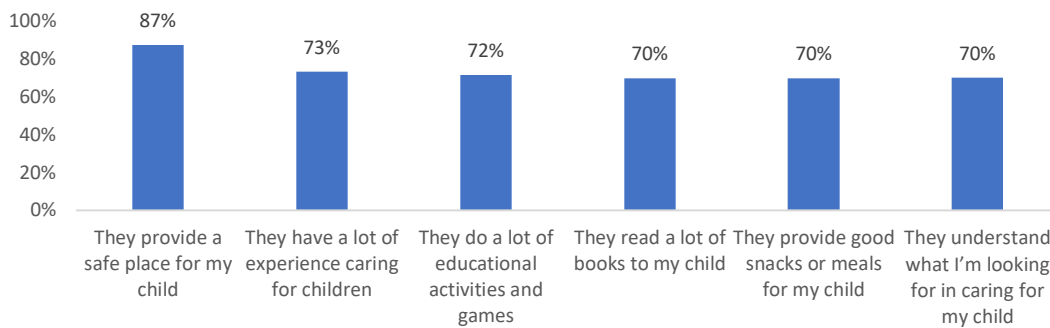
There were significant differences across income groups in the indicators that were chosen. The indicators for which income groups differed included:

- They are my family and I trust them: across income groups, this was more important for respondents earning less than $20,000 and between $40,000 and $60,000 ($\chi^2(4)$=10.548, p=.032).
- They let my child watch educational TV or videos: across income groups, this was more important for respondents earning $40,000 or less ($\chi^2(4)$=58.979, p<.0005).
- They help my child learn how to use a computer: across income groups, this was most important for respondents earning less than $20,000 ($\chi^2(4)$=37.451, p<.0005).
- They provide good snacks or meals for my child: across income groups, this was least important for respondents earning between $40,000 and $60,000 ($\chi^2(4)$=13.309, p=.010).
- They help my child or children learn the Bible: across income groups, this was more important for respondents earning less than $20,000 ($\chi^2(4)$=9.685, p=.046).
- They teach my child to pray: across income groups, this was more important for respondents earning less than $20,000 ($\chi^2(4)$=11.900, p=.018).

Responses also were disaggregated by the age of children, for those respondents who reported having only one child and choosing at least one factor as indicative of quality (n=656). In these cases, children were categorized into two groups: infants/toddlers and three-to-five.   Differences across age groups can be categorized as follows:

More important for parents of infants and toddlers:

- They are my family and I trust them ($\chi^2(1)$=7.739, p=.005).
- They have a lot of experience caring for children ($\chi^2(1)$=8.538, p=.003).
- They read a lot of books to my child ($\chi^2(1)$=4.499, p=.034).

- They do a lot of fun activities with my child ($\chi^2(1)$=7.706, p=.006).
- They provide a safe place for my child ($\chi^2(1)$=5.098, p=.024).
- They provide a quiet place for my child to rest ($\chi^2(1)$=11.137, p=.001).
- They have a lot of toys and books out for my child ($\chi^2(1)$=14.891, p<.0005).
- There aren't a lot of other people hanging around ($\chi^2(1)$=7.820, p=.005).

More important for parents of children ages three to five:

- They help my child learn how to use a computer ($\chi^2(1)$=9.084, p=.003).

The study team also wanted to gauge quality using concepts from North Carolina's Foundations for Early Learning criteria. From these criteria, the study team isolated the 11 indicators found in Exhibit 17. Respondents were asked to indicate whether or not they believed their care provider was doing a really good job, or not doing a good job. Respondents also were able to indicate that they were not sure, or had not noticed, or that the indicator was not applicable to their family.

Exhibit 17. Indicators of Quality	Parents were asked to indicate which of these factors were indicators of a "good experience" for their child or children.
- Helping children play and learn how to use their imagination. - Helping children to take risks and be problem solvers. - Helping children learn how to identify and express feelings. - Helping children learn how to play in a group. - Helping children have healthy habits. - Helping children learn how to take care of own needs.	- Helping children to read/enjoy books. - Helping children learn letters and writing skills. - Helping children learn about numbers and amounts. - Helping children learn about colors and shapes. - Helping children learn about sorting and grouping things.

As shown in Exhibit 18, the indicators for which 75% or more of respondents reported that their care providers were doing "a really good job" included:

- Helping children play and learn how to use their imagination,
- Helping children learn about colors and shapes,
- Helping children to read/enjoy books, and
- Helping children learn how to take care of own needs.

There were few significant differences across income groups[7]. When disaggregated by child age, the following indicators were rated more highly by parents of children ages three to five:

- Helping children learn how to identify and express feelings ($\chi^2(1)$=5.632, p=.018).
- Helping children learn how to take care of own needs ($\chi^2(1)$=49.424, p<.0005).
- Helping children learn letters and writing skills ($\chi^2(1)$=14.616, p<.0005).
- Helping children learn about numbers and amounts ($\chi^2(1)$=15.677, p<.0005).
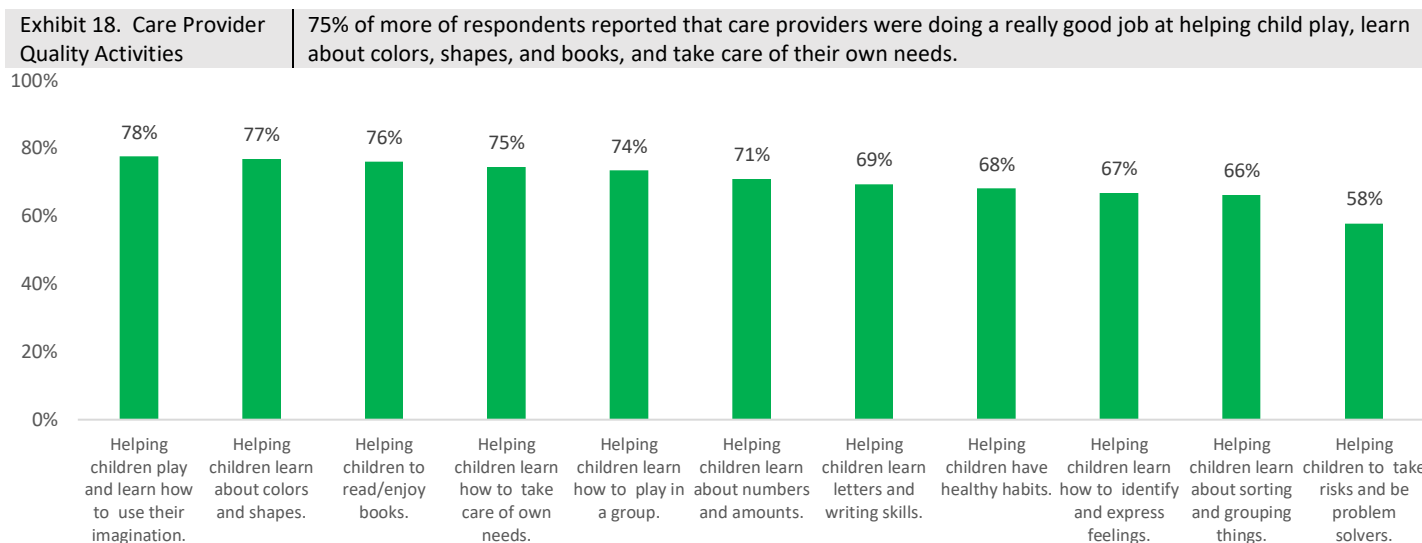- Helping children learn about colors and shapes ($\chi^2(1)$=9.029, p=.003).

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[7] The two indicators for which income groups differed were (a) helping children learn how to take care of own needs and (b) helping children learn letters and writing skills.

- Helping children learn about sorting and grouping things ($\chi^2(1)$=16.067, p<.0005).

Exhibit 18. Care Provider Quality Activities	75% of more of respondents reported that care providers were doing a really good job at helping child play, learn about colors, shapes, and books, and take care of their own needs.

Occasionally parents will change their care arrangements, as did 327 of the current study's participants[8]. Understanding why parents change their arrangements may provide additional insights into quality, from a parent's perspective. The primary reason respondents gave for changing care arrangements was expense (Exhibits 19 and 20). However, reasons were different across respondents from different income groups, with significant differences in:

- Location, which was more important for respondents earning less than $20,000 per year ($\chi^2(4)$=21.219, p<.0005).
- Expense, which was more important for respondents earning less than $20,000 per year ($\chi^2(4)$=39.864, p<.0005).

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[8] Participants reported that their child care arrangements had changed in the past year or two.

Exhibit 19. Reasons for Changing Care Arrangements	Expense was the primary reason respondents changed their care arrangement.

Bar chart:
- It was too expensive. 31%
- There was an issue with scheduling. 23%
- I didn't think my child was getting a quality experience. 20%
- I found something better. 20%
- The location wasn't close enough to my home or job. 14%
- I didn't trust the person who was taking care of my child. 13%
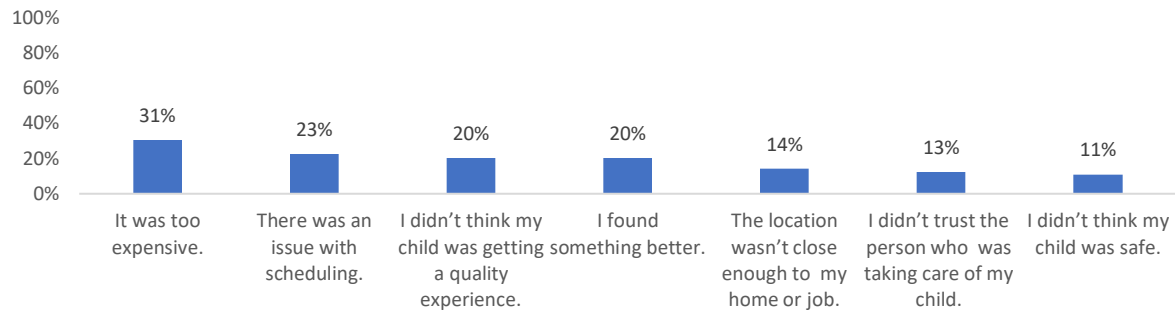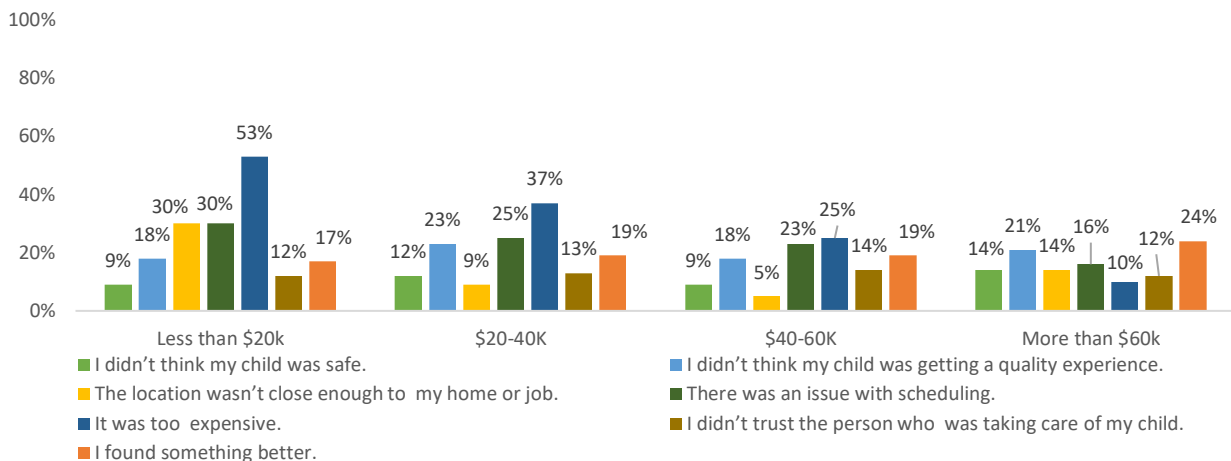- I didn't think my child was safe. 11%

Exhibit 20. Reasons for Changing Care Arrangements, by Income	Location and expense were more important for respondents earning less than $20,000 per year.

Grouped bar chart:

Less than $20k: 9%, 18%, 30%, 30%, 53%, 12%, 17%
$20-40K: 12%, 23%, 9%, 25%, 37%, 13%, 19%
$40-60K: 9%, 18%, 5%, 23%, 25%, 14%, 19%
More than $60k: 14%, 21%, 14%, 16%, 10%, 12%, 24%

Legend:
- I didn't think my child was safe.
- I didn't think my child was getting a quality experience.
- The location wasn't close enough to my home or job.
- There was an issue with scheduling.
- It was too expensive.
- I didn't trust the person who was taking care of my child.
- I found something better.

Key Finding #7: Parents need support—on a range of issues.

Parents may welcome support as they balance work, school, and family lives. When asked to indicate the areas in which they might like support, respondents (n=946) reported that making more time to be with their child or children and getting their child prepared to do well in school were popular options (Exhibit 21).

Exhibit 21. Areas for Parent Support	More than half of respondents may need support (a) finding time to be with their families and (b) getting children prepared for school.

Bar chart:
- Making more time to be with my child/children 56%
- Getting my child prepared to do well in school 54%
- Making sure my child stays healthy 48%
- Helping my child learn to read 45%
- Understanding information that is sent to me from school 17%
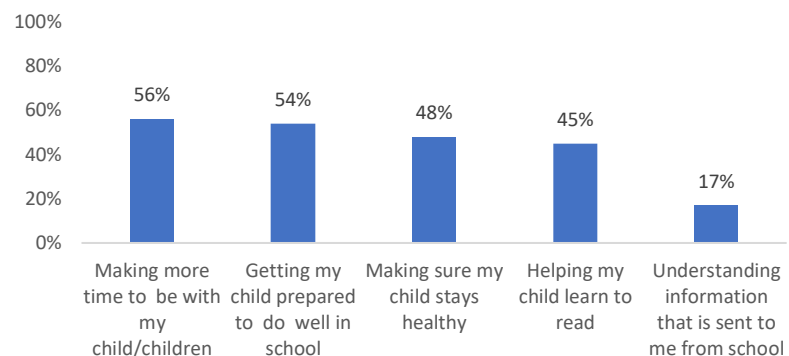
The areas in which parents reported needing support varied significantly across income groups (but not by child age), as shown in Exhibit 22. More specifically, respondents who earned less than $20,000 per year tended to indicate a higher need for support than respondents in other income groups. The exception was support for "making more time to be with my child or children"—this indicator had the highest response among respondents earning between $20,000 and $60,000 per year.

Exhibit 22. Indicators of Quality	Parents were asked to indicate which of these factors were indicators of a "good experience" for their child or children.

- ■ Making more time to be with my child/children
- ■ Helping my child learn to read
- ■ Getting my child prepared to do well in school
- ■ Understanding information that is sent to me from school
- ■ Making sure my child stays healthy
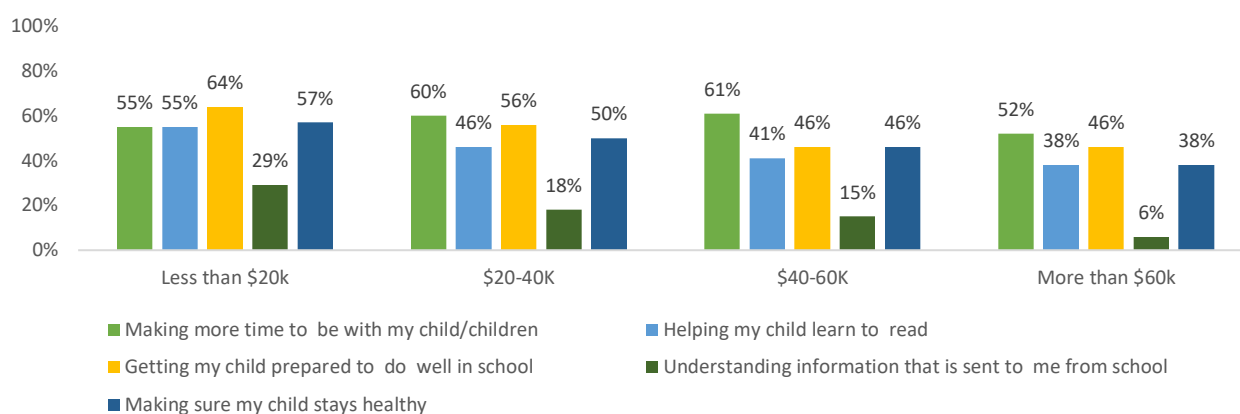
THE CARE PROVIDER RESPONDENT PROFILE

The Care Provider Respondent Profile

The study also incorporated feedback from care providers, or individuals who provide care for other parents' children. Over 300 (n=325) care provider surveys were included in analyses. While most respondents (77%) were female, equal proportions (37%, each) were African-American and were White (Non-Hispanic). Fifteen percent were Hispanic/Latino. The majority of respondents (93%) spoke English.

There was variation in respondent age, with two-thirds respondents reporting their age as "between 20 and 29" (32%) or "between 30 and 39" (36%). Respondents represent a range of educational accomplishments, with 29% reporting a High School diploma (or General Equivalency degree), 23% reporting "some college," 16% reporting a two-year degree, and 29% reporting a four-year degree or higher. Almost half of the sample (48%) reported themselves as married, followed by 36% of the sample who reported themselves to be single. Finally, there was variation across income groups, with 21% of the sample reporting that their total annual household income was less than $20,000, 46% reporting an annual income of between $20,000 and $40,000, 26% reporting an annual income of between $40,000 and $60,000, and 6% reporting an annual income of more than $60,000.

Employment

As regards care provider employment, 90% of care providers reported employment information. Of these, 38% reported being employed part-time (or, working up to 32 hours per week) while 26% reported they worked 33 or more hours per week (Exhibit 23).

As will be discussed in this section, many care providers received compensation for the care they are providing. It is unclear whether or not the care providers who participated in the survey considered this compensation to also be their employment.

| Exhibit 23. Care Provider Employment | Almost two-thirds (64%) of care providers are employed at least part-time. |

No, I am not employed, 36%
Yes, I work up to 32 hours a week, 38%
Yes, I work 33 or more hours a week, 26%
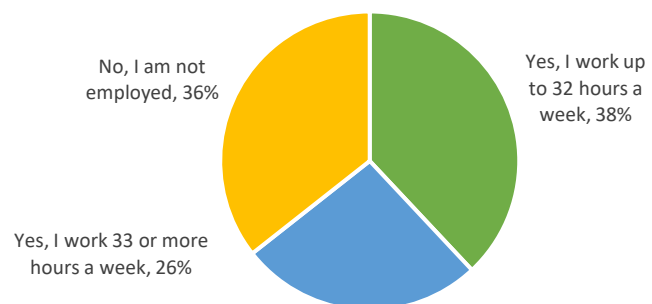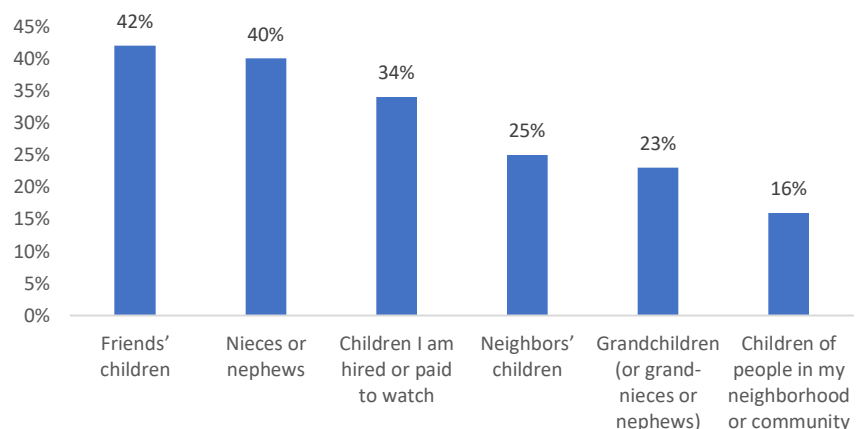
Care Provider Survey: Key Findings

WHAT DID WE LEARN FROM CARE PROVIDERS?

Key Finding #8: FFN care providers may not identify themselves as "formal" care providers.

One of the challenges of the care provider survey was connecting with care providers, and communicating to and with them regarding their "role" or "identity" as care providers. **At least some, if not many, care providers do not self-identify as a "child care provider," so much as a family member, friend, or neighbor helping to care for children they know and care about.** For example, 53% of respondents reported that they were "babysitters." This point may be underscored by

| Exhibit 24. Who Do Care Providers Care For? | 42% of care providers reported they cared for the children of friends while 40% reported they cared for nieces and nephews. |

examining the children for whom care providers were providing care, which is shown in Exhibit 24. When survey participants were asked to indicate who they provided care for, and were allowed to choose multiple responses, findings indicate that the children of friends and nieces and nephews both were popular responses. There were few significant differences when responses were disaggregated by race (for African-Americans, White, and Hispanic/Latino respondents). Of note, African-American respondents more often reported caring for nieces and nephews, compared to White or Hispanic respondents ($\chi^2(2)=9.211$, p=.010).

When response options were further collapsed, the most popular categories were (a) family only (26% of respondents); (b) children of friends and/or neighbors (21%); and (c) a combination of the children of family, friends, and neighbors (19%). Less common were categories that include children the care provider was hired to care for, as shown in Exhibit 25. Altogether, **individuals providing care may not perceive or want to perceive themselves in a formal way as a care provider—these individuals may prefer to self-identify as family members or friends helping out other parents with whom they are connected**. In fact, when asked how they came to be providing care for other parents' children, 18% of respondents reported that they volunteered to help out while 27% reported that they were asked to do so by family members, and 22% reported that they were asked to do so by friends or neighbors. Twenty-two percent reported that they provide care to earn money, while 9% reported that they wanted to take care of children.
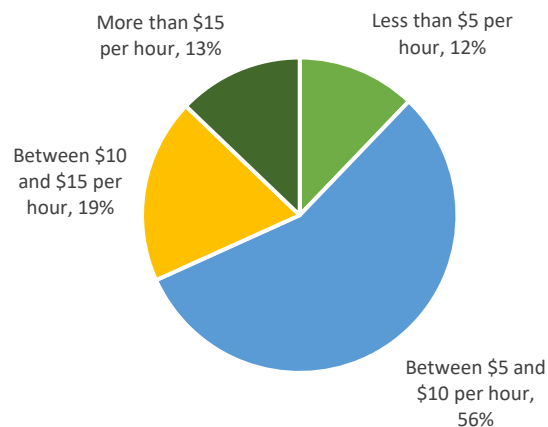
Exhibit 25. Who Do Care Providers Care For, Further Detail	Some providers reported they are hired to provide care for children, along or in combination with other children.

Chart values: Family only 26%; Family plus children hired to watch 4%; Friends and/or neighbors 21%; Friends/neigbors plus children hired to watch 15%; Children I am hired to watch 8%; Family, friends, and neigbors 19%; Family, friends, and neigbors plus children hired to watch 8%

Key Finding #9: Care providers tend to receive compensation (monetary or trade) for the care they provide—compensation tends to be relatively small.

About two-thirds (66%, or 214 of 325) of care providers reported providing care for at least some children that they were "hired to watch," (either solely, or in combination with the children of family members, friends, or neighbors). Further, 211 of 325 (65%) of care providers reported receiving compensation. Of these, 205 providers reported information on the amount of compensation received and 148 reported amounts, as shown in Exhibit 26. As can be seen, about two-thirds of care providers (68%) earned $10 or less per hour to provide care. Out of the 205 respondents who reported information on their compensation, 14% reported that the amount of compensation "was always different," based on what parents could afford.

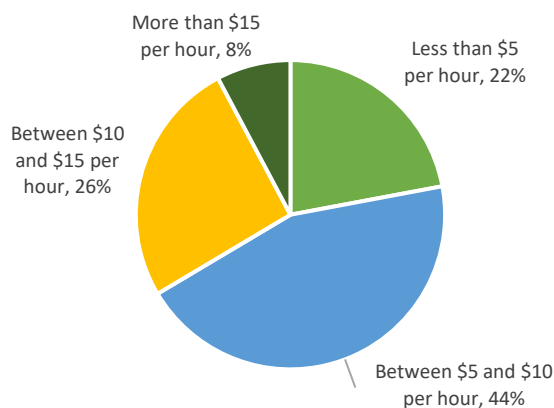| Exhibit 26. Care Provider Compensation	Care providers often earn less than $10 per hour.

Pie chart values: Less than $5 per hour, 12%; Between $5 and $10 per hour, 56%; Between $10 and $15 per hour, 19%; More than $15 per hour, 13%

Parents who completed the parent survey also provided information on compensation. More specifically, 652 parent respondents reported providing compensation to their care providers and, of these, 322 reported a specific amount of compensation, as show in Exhibit 27. The proportion of parents who reported paying $10 or less per hour (66%) is roughly equivalent to the proportion of care providers who reported receiving $10 or less per hour. Fourteen percent (91 of 642) of parents reported that the amount they paid varied, based on affordability, which is the same proportion of care providers who reported their compensation varied based on what parents could afford to pay.

| Exhibit 27. Care Provider Compensation, reported by Parents	44% of parents reported paying between $5 and $10 per hour for care.

Trade, or barter, may be considered another form of compensation. When care providers were asked if they received anything in trade for the care they provided, 32% (103 of 319) responded in the affirmative. Of these, 99 respondents provided additional information on what they received. As is shown in Exhibit 28, food and supplies were the most popular items traded.

Exhibit 28. Resources Traded for Care	Care providers often receive food or supplies in trade for the care provided.
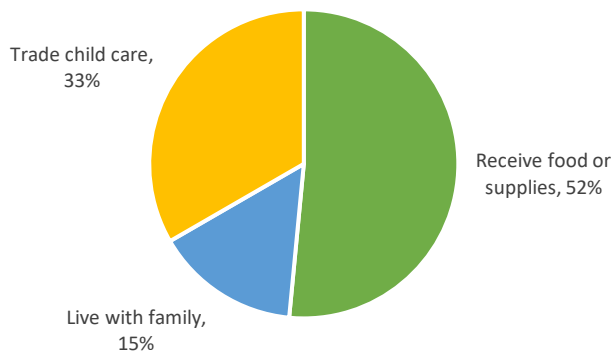
From the parent survey, 173 parents reported providing something in trade to care providers. Of these, 128 provided information on what was traded. Sixty-five percent of the parent respondents reported trading child care with their care provider, followed by 27% who reported providing food or supplies, and 13% who reported that the care provider lived with the family.

Key Finding #10: Care providers report a variety of activities for children, provided "on a regular basis."

The study team was interested in learning about the activities provided by care providers "on a regular basis." Survey participants were given a list of activities to choose from, which are shown in Exhibit 29. These choices were similar to those provided to parents, when parents were asked to report on how they knew they child or children were having a "good experience" in the care arrangement.

Exhibit 29. Care Provider Activities	Care providers were asked to report which of these activities they provided "on a regular basis."
• Meals or snacks • Naptime • Sports or outside activities • Art activities • Music or singing • Educational television or videos • Computer time or working on a tablet • Time for Bible stories or prayer • Going to the park or playground	• Going to run errands or chores • Going to the library • Going to fun or "enriching" activities like the Children's Museum or Storytime at the Library • Educational activities and games, like counting games, learning numbers and letters, or learning colors and shapes with my child. • Reading books together

There was at least one answer from 299 care provider survey respondents. Of these, the most popular activity was "meals or snacks," followed by "naptime" and "going to the park or playground" (Exhibit 30). Of note, "meals and snacks" was a popular indicator reported by parents, when parents were asked how they knew they child or children were having a "good experience" in the care arrangement.
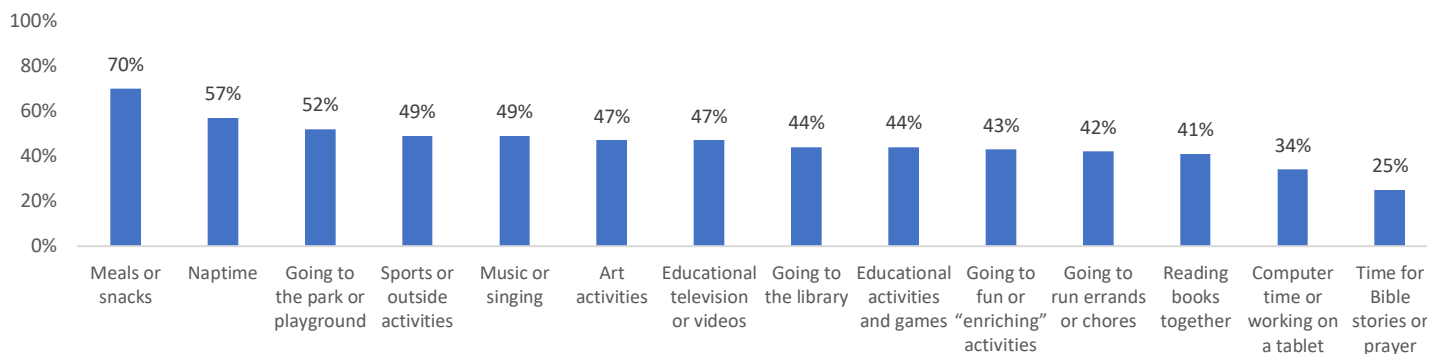
Exhibit 30. Activities Provided on a Regular Basis	70% of care providers reported regularly providing meals and snacks.

There were three significant differences among care providers, based upon the identity of the child or children for whom the care providers provided care (family members, friends and/or neighbors, or a combination of family members, friends, or neighbors[9]). More specifically:

- Care providers caring for family members more often reported providing meals and snacks ($\chi^2(2)$=9.390, p=.009).
- Care providers caring for friends and care providers caring for a combination of family, friends, and neighbors more often reported doing art activities with children ($\chi^2(2)$=6.471, p=.039).

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[9] For these analyses, children that care providers were hired to provide care for were categorized as the children of friends or neighbors.

- Care providers caring for family members more often reported reading books together ($\chi^2(2)$=11.549, p=.003).

Care provider survey respondents also reported on the "ideas" that were important to them when caring for children. The list of possible choices is presented in Exhibit 31.

A total of 299 care providers provided a response for this bank of questions. As is shown in Exhibit 32, the most popular idea reflected safety, which also was a trait on which parents believed care providers were providing a good experience for their children. There generally weren't significant differences in the

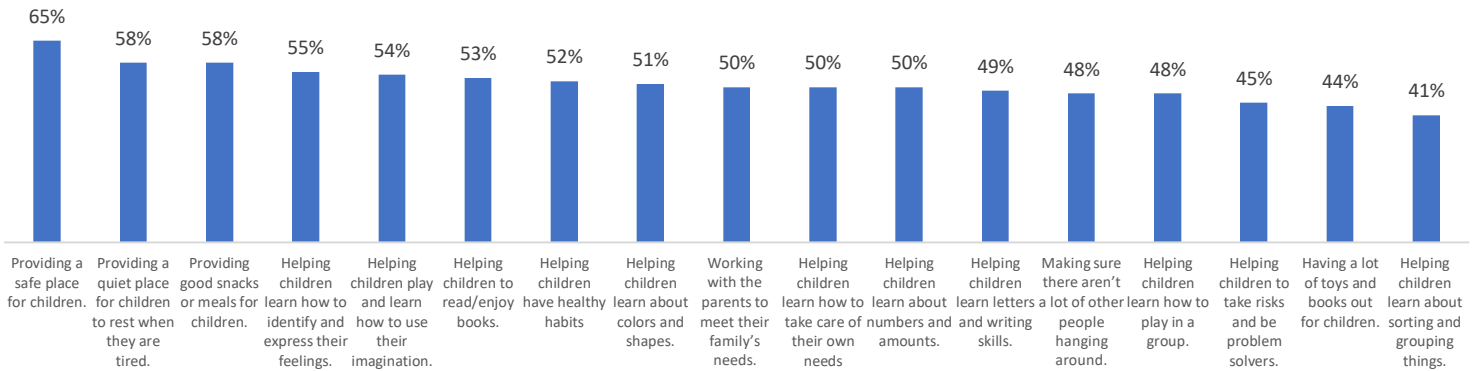| Exhibit 31. Care Provider Quality Indicators	Care providers were asked to report which of these ideas were important to them when providing care.

- Providing a safe place for children.
- Providing a quiet place for children to rest when they are tired.
- Having a lot of toys and books out for children.
- Providing good snacks or meals for children.
- Making sure there aren't a lot of other people hanging around.
- Working with the parents to meet their family's needs.
- Helping children play and learn how to use their imagination.
- Helping children to take risks and be problem solvers.
- Helping children learn how to identify and express their feelings.
- Helping children learn how to play in a group.
- Helping children have healthy habits (like eating healthy and exercising).
- Helping children learn how to take care of their own needs, like toileting or getting a lunch tray.
- Helping children to read/enjoy books.
- Helping children learn letters and writing skills.
- Helping children learn about numbers and amounts.
- Helping children learn about colors and shapes.
- Helping children learn about sorting and grouping things.

types of ideas that were important, when data were disaggregated according to the identity of the child or children for whom the care providers provided care (family members, friends and/or neighbors, or a combination of family members, friends, or neighbors[10])[11]. The two exceptions were:

- Care providers providing care for family members more often reported that providing meals and snacks was an important idea ($\chi^2(2)$=10.575, p=.005).
- Care providers providing care for family members more often reported that helping children learn how to read and enjoy books was an important idea ($\chi^2(2)$=7.687, p=.021).

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[10] For these analyses, children that care providers were hired to provide care for were categorized as the children of friends or neighbors.

[11] There were significant differences for providing good snacks or meals for children, which was more important for care providers providing care for family members.

Exhibit 32. Care Provider Indicators of Quality	Parents were asked to indicate which of these factors were indicators of a "good experience" for their child or children.

| 65%	58%	58%	55%	54%	53%	52%	51%	50%	50%	50%	49%	48%	48%	45%	44%	41%
Providing a safe place for children.	Providing a quiet place for children to rest when they are tired.	Providing good snacks or meals for children.	Helping children learn how to identify and express their feelings.	Helping children play and learn how to use their imagination.	Helping children to read/enjoy books.	Helping children have healthy habits	Helping children learn about colors and shapes.	Working with the parents to meet their family's needs.	Helping children learn how to take care of their own needs	Helping children learn about numbers and amounts.	Helping children learn letters and writing skills.	Making sure there aren't a lot of other people hanging around.	Helping children learn how to play in a group.	Helping children to take risks and be problem solvers.	Having a lot of toys and books out for children.	Helping children learn about sorting and grouping things.

Key Finding #11: The majority of care providers do not report wanting or needing help to care for other parents' children.

Most care providers (55%, or 164 of 299) reported that they did not want or need help when they cared for other parents' children (Exhibit 33)—only 63 care providers reported yes, while 72 reported "sometimes." A total of 133 care providers provided information on the types of support they were interested in, which are shown in Exhibit 34.

Exhibit 33. Care Providers Want or Need Help	45% of care providers reported wanting or needing help providing care at least sometimes.

Sometimes, 24%
Yes, 21%
No, 55%
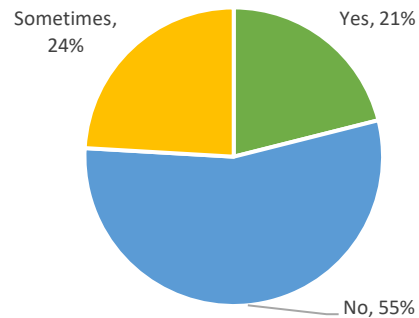
The most popular response was "activity ideas" (47% of respondents). There weren't significant differences in the types of supported desired, when data were disaggregated according to the identity of the child or children for whom the care providers provided care (family members, friends and/or neighbors, or a combination of family members, friends, or neighbors[12]).

| Exhibit 34. Care Providers Types of Support	47% of care providers reported wanting or needing activity ideas.
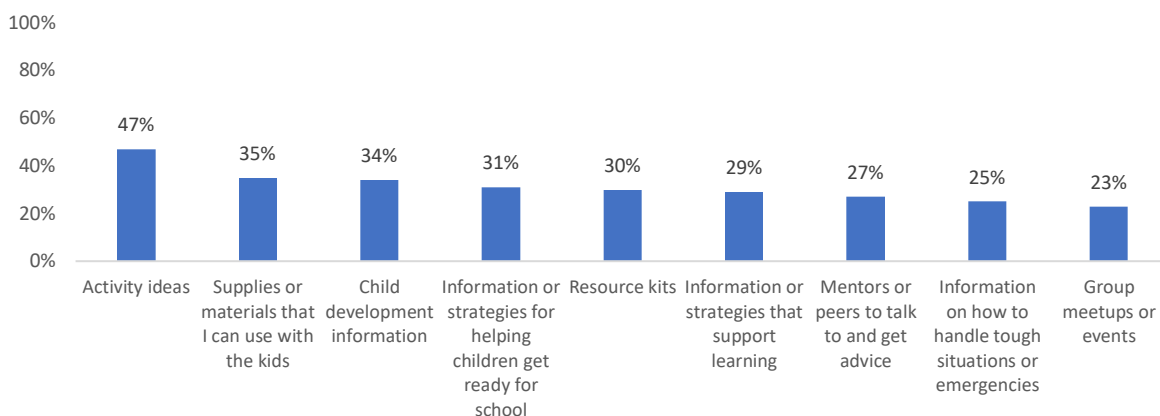
When asked who they trusted to provide them support, 292 provided information (more than twice as many respondents who reported wanting or needing help or support). Other family members were popular sources of support, as were professionals such as parenting or education specialists or doctors (Exhibit 35).

Exhibit 35. Care Provider Trusted Sources of Support	43% of care providers reported turning to other family members for support.
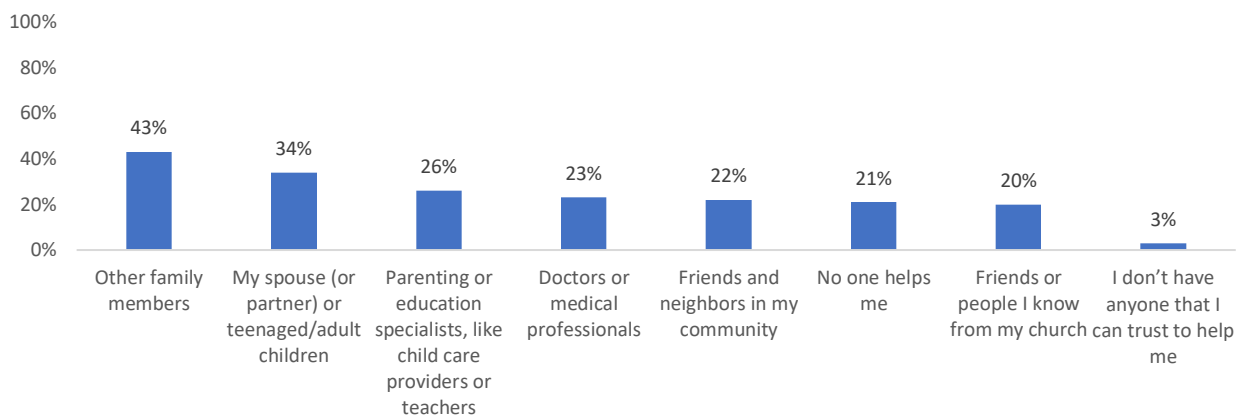
There were a few significant differences among care providers, based upon the identity of the child or children for whom the care providers provided care (family members, friends and/or neighbors, or a combination of family members, friends, or neighbors[13]). More specifically:

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[12] For these analyses, children that care providers were hired to provide care for were categorized as the children of friends or neighbors.

[13] For these analyses, children that care providers were hired to provide care for were categorized as the children of friends or neighbors.

- Care providers caring for family members more often reported turning to other family members for support ($\chi^2(2)=27.424$, p<.0005).
- Care providers caring for a combination of family members, friends, or neighbors more often reported turning to friends or people they know from their church, for support ($\chi^2(2)=9.275$, p=.010).

End Notes

The lessons learned in the current study echo concepts and findings from other locations. For example, in Maine, researchers found that parents may find FFN care to be more trustworthy or flexible than formal child care. Or, for families of children with special needs, informal care may provide the attention and care a child may need, as opposed to a center-based setting. In Maine, as well as other states, there may be insufficient formal care to meet parent needs—which can range from extended care to minimal care, for school-aged children[14]. Researchers in Colorado determined that "*a great majority of children in Colorado are likely to experience some form of Family, Friend, and Neighbor care at some point before entering school*" (page 5) and that FFN care may be used in combination with other, more formal, child care arrangements[15]. Emarita (2006) found that FFN care is "*the most ancient and widely practiced form of child care in history*" as well as "*the most widely used form of child care in Minnesota* (pg. 3)[16]." Further, Emarita posited that "*Many cultural communities prefer FFN care because it enables them to transfer cultural values, language, and traditions to their children. (pg. 3)*" In fact, while FFN care may have been **hiding in plain sight** over the past few decades, as many states have worked to improve the quality of formal child care, some states now are turning more attention to the prevalence of quality in and opportunities for supporting informal care. Hatfield and Hoke (2016), for example, detailed how nine states are using federal child care subsidy funds to support and ensure quality in FFN care. These are opportunities in which other states may develop an interest.

Overall, there are several emerging strategies that hold promise for supporting FFN care providers. These include:

- ✓ **Support for programs such as Play and Learns**, or programs that:
  - **Distribute materials and equipment**.
  - **Provide training**, including home visitation programs conducted with care providers.
  - Help **build and support social and peer learning networks**.
  - Help **build and support leadership and advocacy**.
- ✓ **Connect care providers to the formal early childhood system**, in a manner that reflects and respects ideas about quality that may be unique to informal care arrangements.

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[14] Maine Children's Alliance. (2009). *The Value of Family, Friend & Neighbor Care in Maine. Issue Brief.* Augusta ME: Maine Children's Alliance.

[15] Colorado Family, Friend, and Neighbor Community. (2013). *School Readiness for All. The Contribution of Family, Friend, and Neighbor Care in Colorado.* Retrieved from https://www.coloradokids.org/wp-content/uploads/2013/03/FFN-Final.pdf on December 28*, 2017.*

[16] Emarita, B. (2006). *Family, Friend, and Neighbor Care Best Practices: A Report to Ready4 K.* St. Paul, Minnesota: Ready4K.

- ✓ **Use of a holistic approach** by considering this work to be at the intersection of family support, child care, and education, particularly given the fluidity of the roles of FFN caregivers in families' lives.
- ✓ **Ensure outreach and supports are culturally aware and adaptive**, especially regarding language and FFN as a culturally-informed choice for families. Families may choose FFN care as an avenue to instill cultural values, or to ensure that the care received is in keeping with their values.
- ✓ **Use of an assets and strengths-based perspective** in working with FFN caregivers, a population often misconceived as providing unsafe and inferior care that is only utilized when center-based care is unavailable.
- ✓ Seek to **understand how FFN caregivers identify themselves and their role**; culture, relationship with parent, compensation, education, professional interests, legal and regulatory landscapes, and individual circumstance all play a role.
- ✓ **Consider the role of community-based organizations as intermediaries/partners** by leveraging their relationships and resources and enhancing their capacity to target services to FFN caregivers in their community.
- ✓ **Use a relationship-centric approach** by developing individual relationships with FFN caregivers or leveraging the relationships of existing community leaders and informal networks. Where infrastructure is thin, cultivate leaders and develop informal relationship networks.
- ✓ **Adopt creative outreach strategies** to reach FFN caregivers, as many are not connected to formal child care systems and legal/regulatory landscapes can make caregiver identification difficult.
- ✓ **Utilize home-based, neighborhood-based, and/or community-based methods of service delivery**, as FFN caregivers are more likely to engage with trusted individuals or local groups than with formal institutions.

It is worth noting that much of the research and literature for moving forward focuses on supports for care providers. There is less written from the parent's perspective—addressing how best to ensure parents can access the nature and extent of care their children most need. This may be an area for additional development, as we further explore ideas around quality and the ability of all families (regardless of the intersection of family type, income, and race or ethnicity) to access the care they prefer or the care their child or children most need.

Appendix A: Methodology

This section will present details on the study methodology, including (a) the activities of the study's Design Team; (b) development and implementation of the Parent Survey and the Care Provider Survey; and (c) description of total survey responses by location.

STUDY DESIGN TEAM

Compass Evaluation and Research, in collaboration with MDC, Inc., convened a Study Design Team that consisted of representatives from:

- **Work Family Resource Center.** Work Family Resource Center (WFRC) is the region's lead Child Care Resource and Referral agency. As such, WFRC works every day to engage and connect parents to a variety of services that support both work and family responsibilities, including child care. WFRC provided valuable insight into the questions parent ask when exploring care arrangements and the variety of care arrangements families might use. WFRC also assisted with data collection of both the parent and care provider surveys.
- **Imprints Cares.** Imprints Cares provides a spectrum of family and parent support services for Forsyth County families, including the Parents as Teachers program and before-and-after school care. Staff at Imprints Cares are deeply connected with vulnerable families in Forsyth County and provided guidance and assistance on survey development and data collection.
- **Hispanic League.** The Hispanic League supports Hispanic students and families throughout Forsyth County with a range of educational, cultural, and community events. The league serves as a liaison between the Hispanic and non-Hispanic communities and assisted the study team with survey development. The Hispanic League also facilitated data collection efforts at its annual FIESTA festival in September 2017.
- **Segmented Marketing Services, Inc.** Segmented Marketing Services is a marketing and communications firm located in Winston-Salem NC, specializing in outreach to urban African-Americans, Latinos, and Asians. Staff from Segmented Marketing Services participated in the Design Team. In addition, Segmented Marketing was contracted to conduct face-to-face data collections in some of Forsyth County's most vulnerable communities.
- **Pyramid Communications.** Pyramid Communications is a strategic marketing firm located in Seattle Washington and Portland Oregon. Pyramid Communications is a certified B corporation and worked with the study team to ensure survey accessibility.

The Study Design Team met several times during the onset of the study to review overall study approach and make recommendations for the design of the parent survey. Members of the Design Team also assisted with distribution of the parent (and care provider) surveys within the community as well as care provider focus groups.

DEVELOPMENT AND IMPLEMENTATION OF THE PARENT SURVEY

The development of the Parent Survey began with a review of extant literature and research on FFN care (aka Kith and Kin Care, or informal care). Development continued through Design Team conversations about the study's scope and goals. Several iterations of the Parent Survey were reviewed by team members. The Parent Survey was pilot tested by Segmented Marketing in August 2017. Pilot test feedback was used to refine survey questions, as was feedback on accessibility of language and format provided by Pyramid Communications.

The Design Team determined eligibility criteria for completing the survey; all eligible families who completed the survey received a $20 Amazon e-gift card.   To be considered eligible, respondents had to:

- Have a child (or children) under the age of 6,
- Reside in Forsyth County, and
- Not use licensed and regulated child care exclusively for child care when one or both parents were at work or at school.

Respondents were not excluded from the study if they used licensed and regulated child care (including the North Carolina Prekindergarten program and Head Start/Early Head Start) in combination with FFN care while one or both parents were at or at school.

Eligible parents could complete the survey in one of several ways:

- Face-to-face with an Ambassador from Segmented Marketing Services.
- On paper, through one of the study's community partners or at an event such as FIESTA 2017.
- Online, with email announcements distributed by community partners and Facebook announcements distributed by Pyramid Communications. Survey Monkey was the study's web-based survey platform.
- Via telephone with staff from Compass Evaluation and Research.

DEVELOPMENT AND IMPLEMENTATION OF THE CARE PROVIDER SURVEY

Design of the Care Provider Survey began with the design and implementation of care provider focus groups. Originally, five focus groups were planned. However, only two focus groups were attended by individuals identifying themselves as care providers. The results from the two successful focus groups were used to develop the Care Provider Survey.

All eligible care providers who completed a survey received a $20 Amazon e-gift card. To be eligible, care providers had to:

- Provide care for at least one child for whom they were not a parent, and
- Not be a licensed or regulated child care provider.

Eligible care providers could complete the survey online (through the study's web-based Survey Monkey platform) or via telephone with staff from Compass Evaluation and Research. Emailed announcements regarding the survey were distributed by community partners; Facebook announcements were distributed by Pyramid Communications.

TOTAL PARENT SURVEY RESPONSES BY LOCATION

Over 1200 parent surveys were received. The study team removed surveys for which a zip code was provided and indicated that the respondent did not reside in (or near to) Forsyth County North Carolina. The team also removed duplicate surveys. A final sample of 1092 parent surveys (including some parent surveys for which no zip code was provided) were used in analyses.

TOTAL CARE PROVIDER SURVEY RESPONSES BY LOCATION

Over 400 care provider surveys were received. However, as with the Parent Survey, the study team reviewed surveys based on zip code provided to eliminate respondents that did not reside in (or near to) Forsyth County. A final set of 325 responses were used in analyses.

DATA MANAGEMENT AND ANALYTIC APPROACH

The study team used Microsoft Excel and Statistical Package for the Social Sciences (SPSS) Version 24 to enter, manage, and analyze data. The primary analytic approach was descriptive, involving the use of frequency distributions for survey responses. Open-ended data were treated to qualitative data analyses (i.e. content analysis with identification of response themes).