Family Friend and Neighbor Care (FFN) Final Report

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Background

The purpose of this report is to develop a policy framework and set of recommendations to support Family Friend and Neighbor (FFN) Care in North Carolina. Child Care Resource Center (CCRC), on behalf of the Forsyth County FFN Steering Committee, received a grant from the Kate B. Reynolds Charitable Trust, to conduct a landscape analysis.

Research conducted by Compass Evaluation identified that the majority of children in Forsyth County, over 70%, are served outside the formal licensed child care system, in FFN care. The Winston-Salem Forsyth County Schools have reported that 50% of children in the community show up at the school unprepared, according to standardized assessments. In order to gain a better understanding of FFN care as a critical component of the early care and education ecosystem and to strengthen its effectiveness at improving outcomes for children and families, CCRC partnered with the NC Early Education Coalition to research NC child care policies, rules and regulations and their impact on FFN caregivers; learn how other states across the country have formulated policies and programs that are supportive of FFN care, including assessing attitudes, biases and perspectives of stakeholders at the state and local level; and identify systems change priorities for future efforts in Forsyth County.

This report provides an overview of FFN care, estimates of the prevalence of FFN nationally and in North Carolina, as well as a summary of research and best practices in supporting FFN providers. The North Carolina Early Education Coalition worked across sectors to ensure that all voices were heard. The team conducted 7 focus groups and key informant interviews with a total of 44 participants, including parents, licensed child care providers, early care and education systems leaders, advocates, and state department leaders in both child development and early education and child abuse and neglect. The purpose of these input sessions was to gain a deeper understanding the attitudes, biases, perspectives, and openness to systems change in North Carolina as it relates to FFN care. Quotes from these input sessions are included throughout the report and the input was used to inform the policy recommendations included at the end of this report.

Defining Family, Friend, and Neighbor Care

Family, friend, and neighbor care (FFN) and terms such as “informal care,” “kith and kin care,” “relative care,” “license-exempt care” or “unlicensed care” are typically used to describe regular, non-parental care that is based on an existing relationship with the child’s family either as a relative, a friend, a neighbor or other unrelated adult. While this type of care is often legally exempt from licensing requirements (particularly when it is a relative caregiver), the exempt status differs by state. Some states provide exemptions from licensing based on where the care is provided (the provider’s home or the child’s home), the number of children cared for, the relationship of those children to the caregiver, whether the provider is paid, the number of hours per day or per week care is provided, or the ages of the children. In North Carolina, a child care provider who provides full-day care during the work week and is unrelated to the children can only care for 1 or two children at a time without being licensed. A child care

How is “child care” defined in NC?

The law defines child care as:

- three or more unrelated children under 13 years of age
- receiving care from a non-relative
- on a regular basis, of at least once a week
- for more than four hours per day but less than 24 hours.

It is only when all of these conditions exist that regulation is required.

provider who is related to the children in their care can provide full-day, full time child care to an unlimited number of children without being licensed. In other words, FFN providers who are related to the children in their care are not regulated, whereas FFN providers who are friends or neighbors can only legally care for up to 2 children. Unlike most states, North Carolina does not allow children receiving child care subsidies to be cared for by FFN providers (Urban Institute, 2018). Because the regulations change from one state to another, the lines between FFN care and licensed Family Child Care are often unclear-- one type of care may be regulated in one state and not in another (Susman-Stillman and Banghart, 2008).

How Common is FFN Care?

FFN care is the most common type of home-based child care and is the largest group of caregivers in the country (HomeGrown, 2020). Although some states may collect data on those FFN providers who receive subsidy or are regulated/registered/certified, there is no comprehensive database that provides state-by-state numbers on the number of FFN providers and their demographics. However, the National Survey of Early Care and Education (NSECE) provides data that can be used to estimate the number of FFN providers. The survey provides nationally representative estimates of all home-based care to children under age 13 (but does not provide state-by-state estimates).

Estimates of FNN Care in North Carolina

If we take the total number of children under six years-old with all parents in the workforce and subtract the total number of children enrolled in licensed care, **nearly 300,000 children under age 6 in North Carolina are likely being cared for in FFN Care.** This number is, in all likelihood, an underestimate since the enrollment in licensed care includes children other than just those with all parents in the workforce and also includes significant numbers of school age children who are cared for before and after school in FFN care.

Number of Children Under 6 Enrolled in Licensed Child Care Compared to Number of Children Under 6 With Working Parents	
Need: total number of children (under 6) with all parents in the workforce	459,527[a]
Enrollment: total number of children (under 6) enrolled in licensed child care	167,390[b]
Estimate of Children with all parents in workforce who are not enrolled in licensed care	292,137 (64%)
Sources: [a]Child Care Aware of America State Fact Sheets 2020, North Carolina; [b]North Carolina Department of Health and Human Services Division of Child Development and Early education Child Care Analysis Summary Report (GHA060-A), 4-4-2022	

This estimate is supported by data indicating that there are many individuals who identify themselves as child care providers but who are not licensed. As shown in the table below, there is a significant discrepancy between the number of licensed family child care homes (FCCH) and centers (N=6,275) and the number of IRS reported child care businesses (N=12,990) in North Carolina. This difference of 6,715 represents child care businesses that are not licensed. While some of these may be child care that provide part-day (no more than 4 hours of care), a substantial proportion of these are likely to be FFN providers who are operating illegally or are otherwise “under the radar.”

State	State Population	# licensed FCC Homes	# of licensed Centers	% Child Care Spaces in licensed FCC	Potential Supply (IRS reported child care business)
North Carolina	9,748,364	1738	4537	4%	12,990
Michigan	9,882,519	4624	4429	9%	17,539
Virginia	8,186,628	3,718	1305	27%	14,022
Minnesota	5,379,646	8410	1742	44%	14,434
Iowa	3,155,070	3703	1554	22%	10,746
Illinois	12,671,821	7928	3109	23%	37,958
Connecticut	3,565,287	2134	1412	11%	6,931

Source: Child Care Aware of America State Fact Sheets 2018 CED Child Care Impact State Fact Sheets 2019

Why Do Parents Choose FFN Care?

While some families prefer center-based care, many families face barriers to accessing this type of care, including cost and availability of a space when they need it. It is also true that many families simply prefer having their child in a smaller, home-based setting with a provider they trust and who can provide individualized care for their children when their family needs it. **Given that only 4 percent of all North Carolina child care spaces are in licensed family child care homes, families who either prefer a home-based setting or cannot access a center-based one must rely on FFN care for their child care needs.**

Affordability - While all types of families rely on FFN care as a primary or secondary source of care, certain family characteristics are associated with greater use of FFN care. Families earning low or very low incomes are more likely to rely on FFN care than licensed family child care or center-based care and it is often the only care they can afford and that is accessible (Chaudry, et al., 2011; National Survey of Early Care and Education Project Team, 2016).

> ***"I use family. I use my mom and my dad. I'm lucky that they are retired, and they are able to watch my daughter. I'm pregnant so I'm planning for them to watch our second child as well. The big factor for the reason I chose family is the cost. For me, I struggle, it's really hard financially. There's no way I could afford it. My mom lives pretty far away too, but truthfully the cost that I pay my mom compared to what I would be paying a child care center is like less than half."*** *– Parent Focus Group Participant*

Availability - In some communities there is limited space available in licensed settings. This is particularly true for infants and toddlers. In North Carolina, only 18.7% of the infant-toddler population can be served by the current supply of licensed infant-toddler programs, yet 62% of parents of infants and toddlers are working (North Carolina Early Education Coalition, n.d.)

> ***"There is limited childcare, so you have to wait on waiting lists…and you know, like at certain points in time in life, you can't really wait so it's like do you continue working, or do you leave your job to, you know, account for your child?"*** *– Parent Focus Group Participant*

Flexibility - For children whose parents work irregular shifts or who work in the early morning, evening, weekend or overnight, center-based care is often not an option because few centers are open during

nonstandard hours, and they often are unable to enroll children who need care at various times depending on their parents' changing work schedules. According to national data from the NSECE, only 8 percent of child care centers offer care during evenings, weekends, or overnight, whereas over 80 percent of "unlisted" and unpaid home-based settings (a proxy for FFN care) offered care during evenings, weekends or overnight (National Survey of Early Care and Education Project Team, 2016). Due to this, parents with nontraditional work hours are disproportionately more likely to use FFN care or rely on multiple care arrangements to cover their work schedules because centers cannot meet their needs.

> ***"I felt like she [FFN provider] was always there to support us if we had to drop off the kids earlier, it was just very warm and very responsive to the needs of my children and the needs of my family. And it was such a positive experience."*** – *Parent Focus Group Participant*

In North Carolina, over half (61%) of low-income children younger than age 6 have parents who work some non-traditional hours (Urban Insitute, 2018). Many of these families are likely relying on FFN care since it is typically the most flexible type of care, allowing parents to work irregular hours and have care for their children even when they are sick (Chaudry, et al., 2011).

> ***"My aunt takes care of my children. I work second shift so most day cares they get out between 5 and 6 and I don't get out of work until 10:30 at night so I had to take that into consideration."*** – *Parent Focus Group Participant*

Trust, Warmth and Familiarity - Many families choose FFN care because the provider is someone that they know and trust and who often shares their cultural and/or linguistic background. Even if families have other options available to them, many choose FFN care because they want a caregiver that they trust and who will provide their child with individualized attention and in a way that is consistent with their own childrearing values and practices. For many parents, they prefer to have their children with a relative because they trust that person and feel like their child will be safe and attended to more than in another setting.

> ***"My oldest daughter, she's six and I had her in three different day cares. At one of the day cares, I would pick her up and she would have a full diaper like it had been on her for a minute, and another one with the bruises and I would say, "hey where did she get this mark on her face?" and no one knew where it came from. I like for my kids to be attended to as much as the other kids. So, I now have my aunt watching my daughter who turned 10 months yesterday and I also have a 3-year-old that she watches for me."*** – *Parent Focus Group Participant*

This is particularly true for infants and toddlers – parents often prefer a more intimate and familiar home-based setting for their infant or toddler and as the child gets older, they understand there is a greater need for them to interact with peers in order to develop strong social and emotional skills. For immigrant families there can also be a preference for FFN care because formal center-based child care settings may not offer culturally or linguistically relevant services, and there is often a distrust particularly if they are seen as associated with government funding or oversight *(Park & Pena, 2021)*.

"…we work with Latino families, we see a lot of that, particularly when the child is young, the younger the child, the less you trust a system to take care of them."–
ECE Support Provider

The Forsyth County FFN Steering Committee held a local focus group to determine if families had the same reasons for utilizing FFN care as those at the statewide level. The Forsyth parents identified cost, availability and trust as the 3 key factors in their decisions to use family, friend or neighbor care. Flexibility in the hours of care was also a factor for families not having a set daily work schedule.

Quality of FFN Care

Over the past decade or so there has been increased focus on supporting FFN providers given the numbers of children who are in this type of care as well as the increased acknowledgement of the importance of quality early learning experiences in preparing children for success in school. Despite many families' preference for FFN care, it is often assumed to be lower quality than other types of care. The research on the quality of FFN care is mixed and is often dependent upon the measures and methodology used (Susman-Stillman and Banghart, 2011). For instance, when the Family Day Care Environmental Rating Scale (FDCRS) or its updated version the Family Child Care Environmental Rating Scale (FCCERS) is used to assess quality, FFN care is often rated as poor to moderate. However, when Child Care Assessment Tool for Relatives (CCAT-R) is used, FFN settings are generally deemed safe and healthy and the caregiver-child relationship is found to be nurturing and responsive (Porter, et al., 2010). In terms of the strengths of FFN care, studies report that low adult to child ratios, positive and nurturing adult-child interactions, and stability of care over time are often characteristic of FFN care (Susman-Stillman and Banghart, 2011). This stability is not only important for children to establish strong bonds with their caregiver, but also for parents to feel connected and trusting of their child's caregiver.

More work needs to be done to understand the quality of FFN care – particularly those aspects of FFN care that are associated with positive outcomes for children. To date, studies have been limited by measures of quality that were developed for licensed settings and often capture variables that are not relevant for evaluating FFN care such as adult-to-child ratios and group size (Maher, 2007) and these measures do not account for the different locations in which FFN care often takes place (e.g., libraries, parks, community centers). FFN caregivers often rely more on these community settings than other types of early learning and care providers for day-to-day activities and enrichment since, unlike licensed family child care homes or licensed centers, FFN do not typically have an established curriculum or a robust set of learning materials in their homes, so they use libraries or other community resources to access them. Typical measures of quality are also not as sensitive to cultural and linguistic connections that FFN providers often share with the families they serve and the importance of these in establishing trust with parents and in reinforcing children's positive self-concept and pride in their heritage. To begin to address this gap in the research, Blasberg and colleagues (Blasberg, et al., 2019) have created a conceptual model to help define what quality looks like in home-based settings, keeping in mind the unique aspects of FFN caregivers. The model includes three components: foundations for sustainability of care, lasting relationships, and opportunities for learning and development. Within each component is a set of elements. For example, within foundations for sustainability of care, there are elements that represent the providers ability to maintain a quality home-based setting over time (safe environment,

providers' health, and wellness, engaging with community resources, accessing supports for caregiving and teaching, demonstrating reflection and openness to change, and business and fiscal management). This new model will hopefully spark a new generation of research on the quality of care within FFN settings and lead to a deeper understanding of the quality of care in these settings and how best to support this critical part of the early learning system.

Characteristics of FFN Providers

Research has found that the vast majority of FFN providers are relatives, and most relative caregivers are grandparents – typically grandmothers (Paschall and Kathryn 2021, Susman-Stillman, and Banghart, 2008). Not surprisingly, most FFN providers tend to share characteristics with the families they serve, including race, ethnicity, and language (Susman-Stillman and Banghart, 2008).

Some FFN providers are interested in becoming licensed, but often do not know what is required or how to navigate the system to become licensed (First 5 LA, 2012) (Chase, Arnold, Schaubenm, & Shardlow, 2006). Most FFN providers, particularly relative caregivers, are motivated to care for children because they want to help the child's family and they have an attachment to the child (Bromer, 2005), yet most do not see themselves as part of the child care workforce. Relative caregivers, particularly those who are grandparents, focus on benefits other than getting paid--like getting to spend time with grandchildren on a regular basis, getting the opportunity to have an impact on their early experiences, and making sure their grandchild gets the best care (Zero to Three, 2021).

> ***"We had the opportunity to run into lots of families who were caring for children in unlicensed settings, and they were doing that not because they woke up one day and said, 'Hey, we're just going to care for kids', but because the majority of them were in lower income communities, lots of them were in Black communities that had lower incomes, so they had no other choice but to rely on their community and their family, their village, so that they could go to work and be able to pay their bills and feed them."*** *– ECE Support Provider*

Yet both relative and non-relative FFN caregivers are motivated to improve the quality of care they provide and to learn how to best support the children in their care. For example, FFN providers report wanting to learn more about child development and how to support children's learning, health/safety, as well as free and low-cost resources and activities in their community (Susman-Stillman and Banghart, 2011). Both relative and non-relative FFN caregivers are motivated to improve the quality of care they provide and to learn how to best support the children in their care (Susman-Stillman and Banghart, 2011). A recent study of grandparent caregivers by Zero to Three (2021) also found that while most grandparents feel confident in their caregiving, forty percent agree that new research about child development can help them do a better job and thirty percent are interested in learning more about children's brain development. Zero to Three (2021) also found that grandparents who provide regular child care are most interested in ideas for things to do with the children in their care like educational activities, local activities, and places to go with children. They are also interested in learning how to reduce challenging behavior, how to foster self-control and social skills, effective discipline, and helping a toddler become ready for school. Connecting grandparents to one another and creating opportunities for them to share information and advice as well as supporting dialogue between grandparents and parents about child rearing are also important for these caregivers (Zero to Three, 2021).

FFN Caregivers' Barriers to Accessing Supports

One of the barriers for FFN providers to access resources and supports in North Carolina that was mentioned by a number of focus group participants is the implicit, and sometimes explicit, bias towards licensed center-based care. Even greater than the negative stigma associated with home-based child care, are the potential legal consequences faced by a home-based provider if they are caring for more than two unrelated children for more than four hours a day. This theme came up in several of the focus groups and is captured well in the quote below from one participant.

> ***"…we don't value family, friends, and neighbor care in our community, from my perspective. It's not valued, it's demonized, it's criminalized without having any background knowledge of what's happening with those particular children."***
> *– ECE Support Provider*

Despite the fear that FFN providers may feel when 'coming out of the shadows,' focus group participants did mention that there have been some successful efforts to support FFN providers to become licensed. However, the burdens associated with becoming licensed and becoming a quality rated provider in the state prevent many FFN providers from going down that pathway and even cause some to let go of their license and go back to providing unlicensed care.

> *"Part of my responsibility was helping centers to become licensed and helping homes to become licensed and there were lots of folks who transitioned from family, friend and neighbor care into an actual family child care home or center in a residence…but some of them realized very quickly that they had to spend so much of their time with the way that child care is managed and governed and overseen in North Carolina that it took away from them actually providing the care and giving the children what they were giving them prior to becoming licensed. They just decided, 'you know what? Do what you want, say what you say, but I'm going to give this thing back. I don't want it because I can't focus on my children and my families, and we will just fly under the radar if we have to." - ECE Support Provider*

Initiatives to Support FFN Caregivers

Nationally, initiatives to support home-based providers, including FFN caregivers, have increased significantly over the past couple of decades and continue to grow. While the research on these strategies has also grown, outcome evaluations are less common. Most evaluations of initiatives to support FFN caregivers have focused on implementation and process rather than provider and child outcomes. They have also relied on descriptive or correlational designs, with some pre-post assessments but very few with a comparison or control group. Thus, very few evaluations have been able to isolate the effects of different strategies or models on diverse types of home-based child care providers, making it difficult to draw conclusions about the which strategies lead to the best outcomes for FFN caregivers and the children in their care. Nonetheless, the existing research does provide useful information about the types of strategies and models that have been successful in engaging FFN providers and those that have demonstrated positive changes for the participating caregivers. The following section provides an overview of the strategies and includes examples of models that have been evaluated and the results of those evaluations.

Common Strategies - The following are the most common strategies studied in evaluations of FFN initiatives. Most initiatives use multiple strategies – like workshops combined with support groups or training and coaching combined with resource distribution.

Trainings and Workshops Initiatives that provide training and workshops typically involve focus on improving caregiver knowledge and skills and are either offered as a series or as stand-alone workshops. This is the most common approach to supporting quality in FFN care settings and covers a range of topics including health and safety, child development, nutrition, behavior management, and language and literacy. It may also include trainings that are required to become certified, registered, or licensed (these terms vary depending on the state).

Support Groups and Peer Networks Although most initiatives to support FFN providers do not rely solely on support groups or peer networks as the primary service delivery strategy, a number of them include this strategy in combination with other strategies listed below.

Play and Learn Groups Play and Learn models (also referred to as "family interaction" models), bring together children and their caregivers in a facilitated group setting, typically in a familiar community site, to engage in fun and educational activities with one another. These groups typically include a trained facilitator who models interactions and supports caregivers with tips and resources to support activities in the home (Porter, 2007).

Resources and Incentives Providing materials, supplies, videos, and other incentives is another strategy to support FFN providers. Depending on the goal of the effort, the materials are sometimes focused on health and safety, learning materials, developmentally appropriate activities for parents and caregivers to engage with children, or practical guidance and resources to support FFN providers to become licensed.

Home Visitation Initiatives that provide home visits typically involve an early childhood education professional visiting the providers' home to support them in real-time as they interact with children. The home visitor provides coaching and support on specific topics like child development, language and literacy, nutrition, and daily schedule planning.

Examples and Evaluation Results- The following are some examples of models designed to support FFN providers and the results of the evaluations. Some of these models are still being implemented, while others are not.

Arizona Kith and Kin project offers services through groups of between 20-25 participants. Groups are convened in various locations within the community and the program provides transportation and on-site child care and each session is 2 hours and runs approximately 14 weeks. The groups include workshops on specific topics such as health and safety, nutrition, language and literacy, behavior management, and child development. The program also shares information about how to become licensed, how to run a child care business, balancing work and family and other topics of interest to the specific group of providers. Home visits are also conducted in some counties. The evaluation used pre- and post- observations of quality and found statistically significant improvement on all areas of quality measured by the CCAT-R. Providers also showed significant improvement in knowledge of child development (Shivers, Farago, & Yang, 2016).

All Our Kin (AOK) Toolkit Licensing Program in Connecticut provided four boxes of materials to support FFN providers in becoming licensed. The boxes include materials, paperwork as well as vouchers for required health and safety trainings. In addition to the toolkit, participants also received a home visit at the beginning to introduce the project and after the licensing inspection. Between 2004 and 2011, over 200 FFN became licensed through the program and study showed that 87% of graduates were still operating FCCs. 66% reported increase in income, with an average increase of $23,000 per year. Over half of the graduates went on to achieve an AA degree or CDA credential (Carstensen, Coghlan, Graziano, Parr, & Waite, 2011).

Caring for Quality Program in New York focused on improving quality of care in FFN settings by providing two home visits using the Parents as Teachers' (PAT) "Supporting Care Providers Through Personal Visits" curriculum each month and monthly small group meetings with other providers to provide social support and are facilitated by home visitors. For the evaluation, providers were randomly assigned to a program group and a comparison group. The program group received the full program (home visits and networking meetings) whereas the comparison group received one home visit. Program group participants showed a significant improvement in all dimensions of quality (as measured by the FDCRS) except basic care space and furnishings. FFN providers in the program group showed less of an improvement than the registered/licensed FCCs and those with the least experience showed the greatest improvement (McCabe & Cochran, 2008).

Community Connections in Illinois was designed to encourage preschool enrollment for low-income children in home-based care (both FCC and FFN) and to support quality improvement within those settings. The program connects children with public prekindergarten programs and supports the home-based provider through trainings, home visits, field trips, and by providing books and activities (Forry, et al., 2011). The Evaluation included self-reported benefits of participation and observations of quality using CCAT-R. Participants reported improved connections among parents, centers, and home-based providers, perceived improvements in the home-based care setting, perceived increases in children's learning. Observed quality was in the good range for caregiver-child engagement and language interaction (Forry, et al., 2011).

Kaleidoscope Play & Learn groups are open to all family caregivers (parents and FFN providers) and are weekly, facilitated groups that teach activities that adults and children can do together at home to support children's learning and development. This model began in Washington State and is also being implemented in several other states, including parts of California. The model encourages peer learning and hands-on experience so that providers learn new ways of interacting and engaging with the children they care for and build connections with other families and caregivers in their community (ORS Impact, 2016). An evaluation in 2016 found that over 80% of participants reported increases in knowledge and understanding related to providing quality care and increases in engaging in behavior that supports positive child development. Nearly all participants reported feeling more supported as a caregiver in their community and they use community resources more frequently (ORS Impact, 2016). An evaluation in California found that group facilitators observed increases in caregivers' interest in learning new activities to engage children and caregiver self-reports found the same. Both parents and FFN participants reported observing improvements in children's social interaction with other children, fine motor skills, and verbalizations (California Child Care Resource & Referral Network and Engage R+D, 2018).

State Policies to Support FFN Caregivers

North Carolina's Subsidized Child Care Assistance (SCCA) Program

Unlike most states, North Carolina does not allow FFN providers to participate in the SCCA program. To be eligible to participate in the SCCA program, child care providers must be licensed and have a rating of 3 stars or higher.

The most common state policy that supports FFN providers is allowing them to serve children receiving federal subsidies. In fact, over three-fourths of states allow children receiving CCDBG subsidies to be cared for in these settings, particularly when the FFN provider is related to the children in their care. The 11 states that currently do not allow this are: Arkansas, District of Columbia, Georgia, North Carolina, Ohio, Oklahoma, Texas, Vermont, Washington, Wisconsin, and West Virginia. The reauthorization of the CCDBG Act in 2014 placed additional requirements on providers, including FFN providers who care for children receiving child care subsidy. The reauthorization added the following new requirements for FFN providers:

- annual inspections for all FFN receiving CCDF funds
- the completion of pre-service orientation/health and safety training and ongoing training addressing health and safety areas outlined in the CCDBG reauthorization
- criminal background checks for non-related FFN providers

Many states use the CCDBG funding as a mechanism through which to establish relationships with FFN providers and offer additional supports beyond those required by the CCDBG Act of 2014. Some of the most common policies that build upon the subsidized child care system are summarized below.

Including FFN Providers to the federal Child and Adult Care Food Program (CACFP)

The CACFP allows licensed or approved home-based child care providers to participate in the program, however the definition of "approved" (not licensed) varies by state, and most states require providers to be licensed and/or registered to participate in CACFP (Adams & Hernandez, 2021). There are some states that allow FFN providers to participate, although most do not have high levels of participation. Louisiana, however, is an example of a state that has been successful in engaging home-based child care[1] providers in CACFP, including FFN providers (Lloyd, Testa, Kane, & Harris, 2021). In **Louisiana**, CACFP sponsors work with community-based organizations and individuals who are known and trusted by child care providers and who outreach to providers in places where home-based providers (including FFN) are likely to go, such as schools, libraries, churches, and other community organizations. The CACFP sponsors use a relationship-based approach that is supportive and helps to reduce barriers for these providers. Given that many of these providers are isolated and would otherwise be operating outside of the formal system, engagement with the CACFP not only provides them resources to provide nutritious meals to the children in their care but also provides a way to support these providers more broadly (Lloyd, Testa, Kane, & Harris, 2021).

Allowing or requiring FFN providers to participate in the state's quality rating and improvement system (QRIS)

[1] In Louisiana, home-based providers serving fewer than six children can operate without a license.

Requiring or allowing subsidized FFN providers to participate in the state's QRIS is another policy approach used in a handful of states including Arkansas, California, Illinois, Maine, Michigan, and Nevada. For example, both **Illinois and Michigan** require FFN providers to participate in the state's QRIS to receive subsidies. In both states, FFN providers must register with the state's training system/registry and must compete an orientation and an initial series of online trainings to qualify to receive subsidies and they can receive higher subsidies as the level of professional development they complete increases (Schulman & Crawford, 2018). In **California**, on the other hand, participation in QRIS is voluntary for FFN providers, but the state requires that county QRIS consortia engage FFN in quality improvement activities and supports.

Building licensed FCC Supply through Licensing Supports for FFN

While a minority of FFN providers are interested in becoming licensed, several states have used the CCDBG required training for FFN providers receiving CCDF subsidies as an opportunity to create a pathway to licensure for FFN providers who are interested. In **Oregon**, for example, FFN providers who are able to meet the CCDBG training requirements are often motivated to continue on to become regulated, having already made progress toward the required hours of training. Becoming regulated also means that they can then care for more children and earn higher income (Schulman & Crawford, 2018). **Louisiana** improved the process for FFN to become registered family child care homes, making it simpler and more streamlined. The state then partnered with the Child Care Resource and Referral agencies to outreach to FFN providers in the state to encourage them to become registered. This effort was successful in increasing the number of registered family child care homes by 100 and these providers were then qualified to receive COVID-19 relief funds and supplies (Miller and Schulman, 2022). In February 2022, **Nevada** launched a new statewide effort to support new and existing child care providers and families to help them navigate the child care licensing process, connect parents with services and benefit and collaborate and network with one another at a one-stop hub. This effort, which began with a location in Las Vegas and will include another in Reno, is led by Nevada Strong Start Child Care Services Center with funding from the Nevada Division of Welfare and Supportive Services (Nevada Children's Cabinet, 2022).

Including FFN Providers in Initiatives Funded through Federal COVID Relief Funds

The influx of federal funding for COVID-19 relief coupled with the growing recognition of the essential role that home-based child care providers played in supporting workers through the pandemic, inspired a number of local and state government agencies to invest funds in supporting FFN providers. For example, in **Nevada**, a portion of the federal COVID relief funds were used to recruit and mentor FFN providers to become licensed FCCs. **Minnesota** also used a portion of the CARES funding to provide grants to agencies working to advance equity in historically underserved communities. The primary focus of these grants was to support FFN providers and strategies ranged from providing supplies and materials, to coaching and network building. This initial investment was expanded, and the state is now working to support FFN providers to become registered and receive subsidy.

Challenges to Supporting FFN

One of the primary challenges in designing initiatives to support FFN providers is that they are a heterogeneous population, and a one-size-fits-all approach does not work. Most initiatives utilize multiple modes of service delivery to meet the needs of providers and achieve the goals they set out to

accomplish. Assessment of the unique needs, strengths and interests of the specific target population is needed to ensure that the services provided are appropriate for the diverse types of FFN providers (e.g., grandparents, immigrants, dual language learners).

Recruitment is often a challenge with this target population because unless they are a part of the subsidy system, they can be hard to find. Since North Carolina requires that all subsidized child care providers are licensed, identifying unlicensed providers is an even greater challenge. Common types of recruitment strategies in the initiatives reviewed were word of mouth, advertisements in local businesses and announcements at other training events for home-based child care providers, partnering with community organizations like Head Start, community and family resource centers, and public schools to recruit participants or getting referrals from state agencies, churches, schools, and non-profit groups. Retention strategies typically focus on offering resources and materials, as well as other incentives such as increases in reimbursement rates for completing a certain number of hours of training.

North Carolina Stakeholder Perspectives on FFN care

The focus groups and conversations that were a part of this project uncovered different perspectives, attitudes, and assumptions regarding FFN care. While the parents we talked with had generally positive attitudes and experiences with FFN care (as highlighted in the "Why do parent choose FFN Care" section above), and representatives from agencies that interact with FFN providers felt that they have a positive role to play in the system and should be supported, the perspectives of other stakeholder groups were more varied and complex as highlighted below.

Licensed Child Care Providers

Those licensed child care providers we spoke with recognized that many families are unable to access licensed care in North Carolina and several mentioned that they had hundreds of families on their waiting list for care, in large part due to the current teacher shortage experienced by the field overall.

> ***"With the current situation, with not being able to find teachers, those are the only options that parents are able to find if they have to be on a wait list for God only knows how long. I think in all fairness, with our current pandemic and our situation, we need to look at that this [FFN care] as an option and may be the only option for families."*** *– Licensed center-based provider*

However, licensed child care providers had concerns about both the safety and the quality of care in FFN settings (although it should be noted that they also acknowledged that they had little or no firsthand experience with FFN care themselves). Despite the recognition that the supply of licensed care cannot meet the need, they also expressed concern about the potential competition that FFN providers might pose for their programs –particularly if public funding became available for FFN providers in North Carolina.

> ***"Right now, we have over 400 children on our wait list, and we could clear the wait list of about 30 children, but we can't find teachers. So right now, it [FFN care] is not competition for us. However, there have been times throughout my journey that it was seen as competition. They don't have as many rules to follow, it's not as***

expensive, they don't have to have the education and so they can undercut us in almost every way. If we didn't have a waitlist … and a child could go to an in-home care or to a "friend" and they could get the same subsidy as coming to our 5-star program with our educated staff and everything that we are having to pay for, it just rubs me wrong." *– Licensed center-based provider*

Some of the licensed providers recognized that since children are in FFN settings, there should be some effort to provide supports and resources to FFN providers.

"I would like to see some resources like, you know, make sure that they have CPR and First Aid training, make sure they have health and safety training, maybe have a care package with some books or some materials so that the children are doing something age appropriate throughout the day and not just sitting and watching tv." *– Licensed center-based provider*

The workforce compensation issue was also a major part of this conversation since, in many ways, the lack of appropriate compensation for early educators creates a barrier for licensed programs to hire and retain qualified staff, which in turn lowers the supply of licensed spaces for parents to access. Some of the licensed providers felt that advocacy and resources should go toward the compensation issue rather than toward supporting FFN providers.

Focus groups were also held with licensed family child care programs in Forsyth County and their views and perceptions were similar to those in the statewide group. The providers understood that child care spaces were limited, and felt that compensation for child care programs needed to be addressed. They were all aware of FFN caregivers within their local communities.

State Early Learning Systems Leaders

From our conversations with state system leaders, there was a recognition of the important role that FFN providers – particularly grandmothers – play in providing care of children and in supporting working parents in North Carolina. There is also a recognition that many families need something different than a traditional licensed care setting provides –in terms of flexibility, familiarity, and cultural/linguistic competence-- that cannot always be found in a center-based setting.

"I think that FFN has an important role in our ecosystem, I think it will always have that role I do not see a world in which there will not be FFN."

– State ECE System Leader

Like the licensed center-based providers, however, state systems leaders had concerns about the safety of unregulated care settings (particularly care provided by friends and neighbors). One system leader expressed strong concerns about potential child abuse by friends and neighbors (this individual was less concerned about abuse by grandparents and family members). However, according to national data from the U.S. Children's Bureau's *Child Maltreatment 2020* report, the majority (77.2%) of perpetrators of child maltreatment are a parent of the victim. Other relatives represent 6.6 percent of perpetrators, unmarried partners of the child's parent represent 3.8 percent of perpetrators, and individuals with multiple relationships (including kinship)to the child represent 4.2 percent of perpetrators. In contrast,

child daycare providers represent 0.3 percent of all perpetrators and friends and neighbors represent 0.8 percent.[2]

An argument could be made, in fact, that FFN providers likely serve a protective function for families who would otherwise be at risk of child maltreatment. According to the Centers for Disease Control and Prevention (CDC), risk factors for child abuse and neglect include (among other things): families that are isolated from and not connected to other people (extended family, friends, neighbors) and communities where neighbors do not know or look out for each other and there is low community involvement among residents. Families who have relatives, friends, or neighbors that they can call upon to care for their children are, therefore, less likely to experience these risk factors. On the other hand, protective factors identified by the CDC that may reduce the likelihood that children are abused or neglected include (among other things): families with caring adults outside the family who can serve as role models or mentors, communities where families have access to high-quality preschool, and communities where families have access to nurturing and safe childcare. Given the limited licensed child care that is available to families in North Carolina, many families are living in communities where FFN providers are likely to be the ones who are serving this protective function for their children.

Despite concerns about FFN care, state leaders recognized the need to find ways to support FFN providers and felt that it makes sense for the child care system to continue to support those FFN providers who want to become licensed. Yet when asked about how state level resources might be leveraged to support FFN care beyond the licensing pathway, concerns were expressed about using public funding that has historically focused on licensed and regulated child care providers (e.g., CCDBG) to support FFN providers.

> ***"I don't actually see FFN as a part of the child care system. I think it's family support and I think paying for it in a family support framework with some other social service dollars makes more sense. I don't think it really fits in the CCDBG kind of funding."*** *– State ECE Leader*

Instead, there was a feeling that the family support system is better positioned to support FFN care, as they are in many ways an extension of the family. As part of this project, the North Carolina Child Care Resource and Referral Council (CCR&R Council) reached out to the fourteen CCR&Rs in the state to participate in a focus group about supporting FFN providers. The CCR&R Council shared a memo that articulated their position: that FFN care is important and should be supported and from their perspective it fits best within the "family support frame of resources and supports" for families (personal communication, November 15, 2021). The memo articulates several reasons why a family support frame is a good fit when thinking about supports for FFN providers:

- "Relationships are key to quality; in FFN care, they are typically triangular, involving the child, grandparent/caregiver, and parent.
- Measuring quality when caregivers live with parents makes it important to use a family support lens/family systems framework, rather than focusing solely on quality/regulation.
- It is important to identify parents' expectations about quality.
- There is discomfort applying traditional early childhood observation measures to FFN care.

[2] The Child Maltreatment 2020 report includes state-by-state data on perpetrators, unfortunately, North Carolina made some changes to their data in 2020 which meant they were unable to provide data on perpetrators for that year.

- Measures developed for evaluation of family support, but never fully implemented, may be useful for evaluating FFN quality"

While some CCR&R agencies do provide supports to FFN providers within their communities, these supports are outside of what is seen as the "core services" of CCR&R agencies and is typically funded through Smart Start, private foundations, and or Child Abuse Prevention and Treatment Act (CAPTA) funds to state and social services. There are places for communities to support FFN care such as playgroups and home visiting programs, but those fall outside of the child care office.

Both the licensed providers and state system leaders expressed an appreciation for the opportunity to engage in conversation around FFN care and were eager to continue to have future dialogue about how to ensure that children whose families have to rely on FFN care are safe and well cared for in all settings.

Recommendations

Reduce the stigma associated with FFN care so that they are more willing to seek support and "come out of the shadows." Changes to consider to current regulations:

- Change state law so that FFN can legally care for up to three unrelated children for the full day.
- Rather than criminalizing FFN care being provided in unregulated settings, establish a culture that recognizes the role that FFN providers play in many families and encourage them to seek training and supports.
- Establish a pathway through which existing FFN providers can receive additional supports (e.g., basic CPR/first aid training) through the CCR&Rs and other community-based organizations using funding provided through Smart Start, private foundations, CAPTA and other family support funding streams.
- Create an "amnesty program" through which FFN providers can avoid legal consequences if they participate in support and or become registered.

With the right supports, some FFN caregivers could be supported to become licensed. Identify and address barriers for providers to become licensed, maintain a license and to operate a sustainable business.

- Encourage DCDEE to meet with home-based providers to learn more about the perceived and real challenges they experience in the process of becoming licensed and identify solutions to make the process more friendly and supportive of home-based providers.
- Revise licensing regulations to create a category of Group Family Child Care, which would enable family child care homes to serve up to 16 children if they hire additional staff. This would allow for a stronger business model while maintaining appropriate child to staff ratios.
- Work with local officials to ensure that city and county regulations do not create an unnecessary burden for individuals trying to start home-based programs.
- Explore changes to state law that would prohibit local governments, Home Owner's Associations (HOAs), and building owners to pose barriers to the licensing of family child care homes.

Expand pre-licensing support services for individuals seeking a Family Child Care Home (FCCH) license, such as start-up grants, free training, specialized and dedicated support staff, online toolkits, and training videos. Expand on existing licensing support programs in the state like the following examples:

- Through the **Family Child Care Home Project**, the Southwest Child Development Commission works with the CCR&R system in North Carolina to provide guidance and resources professional development and technical assistance providers who work with Family Child Care Homes. One of the resources includes support for individuals interested in opening and running a successful family child care home.[3]
- **Smart Start of Forsyth County**, **working with Child Care Resource Center**, received a grant from the City of Winston-Salem (with COVID-19 relief funds) to recruit five family child care providers The program is working to support the development new Family Child Care Homes in targeted areas for low-income families.
- **Smart Start of Transylvania County** has a dedicated Early Care Capacity Specialist staff who coaches and assists individuals in navigating the process of becoming a licensed family child care home provider.[4]
- **Child Care Resource Center's Forsyth County Stars and Beyond Program**[5] offers a suite of training and professional development support to licensed family child care home providers as well as individuals interested in becoming a licensed provider.
- **Watauga Children's Council Pathways to Accreditation Program** offers training, mentoring, evaluations, and professional development as well as financial incentives to meet local quality standards and criteria.[6]

Expand existing family support and family strengthening programs funded through Smart Start, private foundations, and CAPTA funds to intentionally outreach to FFN providers who may not be interested in becoming licensed but could benefit from supports.

- Work with local communities to open resource centers that can support FFN providers whether they are relatives, friends, or neighbors.
- Provide services to FFN providers that enhance their understanding of child development, provide them with tools and practices to support children's development, and connect FFN providers to one another to strengthen their protective factors. For example, training, workshops, peer support networks, play and learn groups, and home visiting. **Imprints Cares** located in Forsyth County **has created an FFN Network that uses the National Parents as Teachers Model to support FFN caregivers.** There are currently 32 caregivers enrolled in the FFN Network serving 103 children. The FFN Network serves both English and Spanish speaking FFN caregivers and has parent educators that make one on one visits and also facilitate group activities for the caregivers and the families utilizing FFN care.
- Continue to support other systems to support FFN, particularly through Smart Start Partnerships, Public Schools, public libraries, etc.

[3] https://www.swcdcinc.org/resources-for-fcchs
[4] https://www.smartstarttransylvania.org/family-child-care-home
[5] https://childcareresourcecenter.org/work-family-resource-center-early-education-professionals/
[6] https://www.thechildrenscouncil.org/for-early-childhood-professionals.html

- Engage in conversations with organizations in North Carolina that work with families using the Strengthening Families ™ Protective Factors Framework (e.g., Prevent Child Abuse North Carolina, North Carolina Department of Social Services) to explore potential opportunities for FFN providers to be intentionally included in family strengthening efforts.

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