

## Early Child Care Policy brief

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# Understanding the Strengths of Family, Friend, and Neighbor Child Care

Family, Friend, and Neighbor (FFN) care—defined as care provided by someone other than a child’s parent or guardian outside a licensed child care center or family child care home—is an important component of early care and education.



Family, Friend, and Neighbor (FFN) child care providers are essential members of the early childhood education ecosystem, along with licensed, center- and home-based care providers. Parents value the care FFN providers offer, which fills gaps in locations with limited licensed early childhood education programs. However, FFN providers and the strengths and contributions they offer to families and children are often overlooked by policymakers and others with decision-making power because they frequently operate outside of state and local regulatory systems.

In 2021, Home Grown contracted with Mathematica to conduct the Understanding the Strengths of Family, Friend, and Neighbor Child Care project to identify the strengths and limitations of FFN care and the needs of FFN providers. To do this, Mathematica developed a conceptual framework depicting the key characteristics of FFN care and, in consultation with Home Grown, selected five key characteristics to focus on. Three of these characteristics involve the parent-provider relationship—namely, the extent to which the relationship (1) fosters reciprocal communication, (2) emphasizes trust, and (3) is responsive and relationship based. Two of these characteristics focus on FFN care—

### Key findings from the study

- Many families actively, deliberately select FFN care as their first choice of child care.
- Parents and providers emphasize that trusting relationships are important to FFN care.
- Providers support children’s development by responding to children’s needs and providing individualized activities to them.
- FFN care providers seek additional resources and trainings to enhance the quality of their care.

### Considerations for practice, policy, and research

- Increase the visibility of FFN providers and the parents who choose FFN care for their children.
- Include the voices of parents in discussions about quality child care.
- Understand the role FFN care plays in meeting families’ needs and offering early care and education to children from families with fewer resources.
- Develop policies and programs to enhance quality by subsidizing FFN care and offering low-cost, accessible resources and trainings to providers.
- Recognize that FFN is different from center-based care when considering measures to assess FFN quality.

namely, the extent to which FFN care (4) offers consistency and stability to children and families and (5) feels like home. The team also developed a set of research questions (Box 1). This brief shares key findings from the project and offers considerations for practice, policy, and research.

Study Design and Data Collection Activities

Participants were recruited with the help of community organizations that support FFN providers in Minnesota and New York. The project participants included 12 FFN providers and 8 parents (all women), resulting in 8 provider-parent dyads. Key characteristics of study participants are described in Exhibit 1. To answer the research questions, we collected and analyzed data from four data collection activities listed in Box 1. For more detailed information on the study design and data collection activities, as well as a conceptual framework that guided the study, please see the [full report](#).

Box 1. Study design overview

Research questions



- 1. What do FFN providers identify as the strengths of FFN care?
- 2. What aspects of FFN care do parents value?
- 3. What do providers identify as challenges to offering FFN care and what supports do they desire to enhance the care they provide?

Data collection activities

- Initial interviews with 12 providers
- Interviews with 8 parents who use FFN care
- Photo and audio submissions from 8 providers
- Follow-up interviews with 9 of the 12 providers



Exhibit 1. Key characteristics of participants

 Providers	 Parents
Of the <b>12 providers</b> who participated:	Of the <b>8 parents</b> who participated:
<b>83%</b> spoke a language other than English	<b>88%</b> spoke a language other than English
<b>75%</b> identified as Hispanic or Latina	<b>63%</b> identified as Hispanic or Latina
<b>58%</b> were between ages 50 and 59	<b>88%</b> were between ages 30 and 39
<b>50%</b> had completed some college or obtained a college degree	<b>75%</b> had completed some college or obtained a college degree
Providers had <b>3 months to 21 years of experience</b> caring for children	The average age of children cared for by providers was <b>5 years</b>

What do FFN providers identify as the strengths of FFN care?

What provider characteristics contribute to high-quality FFN care?

Providers identified eight attributes or skills they consider to be important strengths of offering high-quality child care.

- 1. Finding joy in engaging with children
- 2. Having patience
- 3. Relying on prior experience and training
- 4. Establishing routines
- 5. Fostering honesty and good communication with parents
- 6. Being mindful and observant
- 7. Offering flexibility
- 8. Being open-minded

**Providers described FFN care as fostering reciprocal, largely informal, frequent communication with parents.**

Most providers reported communicating with parents multiple times during the day about child development and learning, as well as day-to-day activities.

**FFN providers offered that frequent communication with parents about their child's development and behavior is a part of providing supportive child care.**

While communicating with parents, providers might discuss a child's eating habits, sleep patterns, unusual or problematic behaviors, or developmental milestones. Providers might also share potential solutions with parents.

**FFN providers described having a trusting, supportive relationship with the parents and the children in their care.**

More than half of the providers in the sample were related to the children they cared for. Others had long-standing relationships with the parents of children in their care. Providers who identified as friends said they were essentially "family" because of the close relationship they had with the family and children.

**Providers described FFN care as responsive and relationship based.**

When providers commit to developing young children's development through responsive, relationship-based caregiving, they support a child's growth. Providers shared examples of various situations in which they worked to be responsive to children and talked about strategies they used to foster a relationship in which a child feels heard and valued.

**FFN providers described responding to children's emotional needs.**

Providers offered examples of how they responded to children in their care, especially when the children were trying to regulate their emotions. These strategies, which varied by the age of the child, were often physical: holding or bouncing the child, patting their back, or singing or dancing to distract children when they are in distress.

Most providers described speaking calmly and encouragingly when children expressed a need and noted that they responded to young children in a calm voice. For example, one provider was verbally responsive to children's needs, asking "Are you okay?" or "Can I help?" She noticed the children responded well to her prompts, whether they were hurt, frustrated, or sad, so she engaged with and talked to them to make them feel better. Another provider used breathing exercises as a strategy to help soothe children. A few providers also used the word "observing" as the main way they sought to understand what a young child wanted or needed.



**Providers described FFN care as stable and consistent.**

The average longest time that providers cared for the same child was five years. Nearly all providers described routines they created with children and emphasized the importance of those routines to help children feel a sense of consistency.



"I form a relationship with the kids by meeting them at eye level and holding their hand to make them feel calm. Sometimes by simply talking with them, providing them with the care and protection they need to feel safe with someone they know."

—Provider

**Providers described offering individualized activities to children; creating safe, dedicated spaces for them; and setting up areas for children to comfortably play and rest.**

On average, providers in the study cared for four children; they noted that the small number of children enabled them to offer individualized learning. Providers discussed spending more time on activities that the children particularly enjoy. All of the interviewed providers cared for the children in their own home the majority of the time.

Providers emphasized the importance of making children feel comfortable in their home, and they often described creating personalized spaces for each child where they could keep and easily access their personal belongings, toys, and foods. Some providers used particular rooms and areas, while others offered the children access to their entire home.

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“My most important thing is my kids being taken care of, and they trust her, they play with her, and they pretty much do everything with her...So, why not? I don’t trust [other] people taking care of my kids, to be honest.”

—Parent



**What aspects of FFN care do parents value?**

**FFN care feels like home.**

Parents described the spaces where children spend time while in FFN care as personalized, family-friendly, welcoming, and warm.

**Parents appreciate when an FFN provider shares a family’s cultural background.**

Many parents noted it was important that the provider speaks a shared language or offers meals that reflect a shared culture. Spanish-speaking parents highlighted the importance of their children using Spanish and learning Latin culture while in child care.

**FFN care is affordable for families.**

Families in the study paid providers by using cash, using a state child care subsidy, or providing groceries or other supplies to providers. Parents also asserted that the cost of FFN care was much lower than the cost of care in a licensed setting.

**FFN providers’ knowledge and experience support children’s development.**

Parents looked to providers for advice on child development, discipline, nutrition, and other aspects of child care. They described brainstorming with the providers about solutions to behavior challenges, toilet training, developmental delays, feeding issues, and physical milestones. Some said the providers were like “parents” who offered moral support and advice on raising their children.

**Parents value the long-term, consistent trust-based relationship they had with providers.**

Most parents in our sample were biologically related to their providers. Parents trusted the women they grew up with or who raised them to care for their own children. Even among parents who were not related to the providers, establishing a trusting relationship with the provider was a key theme. Parents highlighted their “special” and “very close” relationships with the providers. Most parents reported speaking with their providers daily to receive updates on their children’s day or to see if there was any way they could help their providers

throughout the day. In addition, parents noted that they selected the same provider to provide child care for their family for multiple years. FFN providers offer consistent, regular care to children; in fact, the study found that the average amount of time a provider cared for the same child was five years.

### **What do providers identify as challenges to offering FFN care and what supports do they desire to enhance the care they provide?**

**Providers named some challenges to offering quality care and expressed that they would like to access trainings and resources at a low cost.**

Providers reported that they faced challenges to completing and accessing trainings that would help them provide high-quality care. For example, some providers noted a tension between working to enhance the quality of their care, and the expense and time related to taking part in such trainings. Although the providers in this study were connected to other FFN early care and education resources through nonprofit organizations that aim to support FFN providers, and 50 percent had some college or a college degree, many providers expressed a desire for additional resources and supports. They expressed interest in trainings or resources about enhancing children's gross and fine motor skills, supporting children with developmental needs and helping their families access resources, and identifying activities appropriate for each age group. A few providers, especially those without college training expressed the desire to participate in coursework that would lead to obtaining a Child Development Associate (CDA) credential so they could enhance the care they provide.

### **Considerations for practice, policy, and research**

Upon completing the study, the Mathematica team held a series of conversations to review findings and gather the perspectives of state and local administrators, federal agencies, community and national organizations, and research firms. We also met with the parents and providers interviewed for this project. Based on these conversations, we developed the following considerations and recommendations.



#### **Increase the visibility of FFN providers and the parents who choose FFN care for their children.**

Because FFN providers are unlicensed and often work outside of state and local regulatory systems, it could be beneficial to make the public and legislators aware of their existence and their role in meeting families' child care needs. There is a need to raise awareness among state administrators and policymakers that high-quality early care and education occurs in FFN settings, even if the setting does not receive state or federal funding.



#### **Include the voices of parents who choose FFN care in discussions about quality child care.**

Given that parents who choose FFN care appreciate and value the unique aspects of this type of care, policy discussions about ideal child care should include parents' voices. For example, parents in this study appreciated that FFN care provides a home-like atmosphere for children and considered FFN care more flexible and individualized than center-based care. In addition, conversations about policies and programs should use broad definitions of ideal child care to fully explore what parents want and need.



#### **Understand the role FFN care plays in meeting families' needs and offering early care and education to children and parents with fewer resources.**

There is evidence indicating that high-quality early care and education may set the stage for children's future success. However, children across the nation, especially those living in communities with high concentrations of poverty, often have limited access to resources and child care that support their development. There is a need to raise awareness among state policymakers and others in decision-making positions that high-quality FFN care, based on trusting, responsive relationships, offers children opportunities to thrive and is the preferred choice for some families.



**Develop policies and programs to enhance the quality by subsidizing FFN care and offering low-cost, accessible resources and training to providers.**

Programs and policies should focus on current strengths while addressing barriers many FFN providers face. As noted in this brief, FFN providers often have years of experience but need access to resources, trainings, and other supports to build upon their experience and enhance the care they offer to children and families. Policies and programs could work to increase FFN providers' access to affordable resources to enhance care. Additionally, state policymakers should consider increasing FFN providers' access to state child care subsidies and increase the value of the subsidy. The barriers FFN providers face can limit their access to subsidized resources. FFN providers, many of whom are women who are part of and serve communities of color, are often impacted by inequities due to racism, documentation status, and sexism. Solutions to engage providers or offer additional resources, funding, and supports should acknowledge the barriers some FFN providers face and develop policies that both consider those barriers and work to overcome them.



**Recognize that FFN is different from center-based care when considering measures to assess FFN quality.**

Many of the widely used measures of home-based child care quality are based on quality measures developed for centers. Because many aspects of FFN care differ from center-based care, researchers argue that these measures might not capture features of care that families, researchers, and providers associate with quality.

Although some of the unique features of FFN care might be represented in the current measures (such as indicators of provider–child relationships or provider–family relationships), a dearth of measures can be used explicitly to assess quality in FFN care. Communities seeking to foster a deeper understanding of what quality means to parents would benefit from gathering parent perspectives and could include broad definitions of what quality child care looks like. Researchers tasked with assessing FFN care and developing measures should take into consideration how it differs from center-based care.

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## Endnotes

<sup>1</sup> National Academies of Sciences, Engineering, and Medicine. "Closing the Opportunity Gap for Young Children." Washington, DC: The National Academies Press, 2023. <https://doi.org/10.17226/26743>.

<sup>2</sup> Doran, E., A. Li, S. Atkins-Burnett, J. Forde, J. Orland, M. Ragonese-Barnes, N. Mix, N. Reid, and A. Kopack Klein. "Compendium of Measures and Indicators of Home-Based Child Care Quality." OPRE Report #2022-28. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2022.

