



Family, Friend and Neighbor Caregivers

Summary

*Results of the 2004
Minnesota statewide household
child care survey*



Minnesota Department of **Human Services**

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Summary

Study purposes and methods

This report on a statewide telephone survey describes family, friend and neighbor (FFN) caregivers and the care they provide to children ages 12 and younger. For this study, FFN caregivers include grandparents, aunts, siblings, cousins and non-relatives ages 18 or older. The report also identifies caregiving resources and information that FFN caregivers have access to, most commonly use and would find most helpful.

Funded by the Minnesota Department of Human Services, the survey was conducted from May 2004 through January 2005, along with the Child Care Use in Minnesota 2004 Household Child Care Survey (www.dhs.state.mn.us/main/groups/children/documents/pub/DHS_id_008779.hcsp). Interviewers spoke with one caregiver per household, who answered general questions about FFN child care and provided detailed information for one randomly selected child.

The statewide study included 400 randomly selected households providing FFN care and had a response rate of 62.5 percent. The statewide sample of 400 has a sampling error of plus or minus 4.9 percent. The results are useful for better understanding, supporting and improving FFN child care for all families in Minnesota.

Key findings

Relatives, primarily grandmothers, outnumber non-relative caregivers.

- An estimated 150,000 households in Minnesota provide child care for family, friends or neighbors.
- FFN caregivers are primarily female (86 percent), although men make up 14 percent of FFN caregivers. They range in age from 18 to 87, with an average age of 49.
- More than half (52 percent) of FFN caregivers are the child's grandparent, including 8 percent who are grandfathers. Sixteen percent are a friend of the family, 15 percent are an aunt or uncle, 6 percent are another relative, 9 percent are neighbors, and 3 percent are nannies.
- On average, FFN caregivers usually care for two children (not their own) on a regular basis.

- Seventy-eight percent of FFN care is provided primarily in the caregiver's home.
- Forty-three percent of FFN caregivers providing child care in their homes have one or more children under 12 living in the home. Most of them are also taking care of their own children all of the time (72 percent) or most of the time (11 percent) while providing FFN care.

Most relatives provide child care for free.

- About 24 percent of FFN caregivers earn income from the child care they provide, averaging \$117 to \$126 per week. Non-relatives are more likely than relatives to be paid for their caregiving (46 percent versus 15 percent) and, on average, earn about \$35 more per week.
- Of those paid for providing child care, most (85 percent) are paid by the child's parents, and 20 percent (or 4.8 percent of all FFN caregivers) say they are paid by a state or county agency.
- Sixty percent of FFN caregivers have a paying job in addition to child care.

A large segment of FFN caregivers provide part time care. Some FFN caregivers, however, provide full time child care when licensed care is not readily available.

- Over half (59 percent) of FFN caregivers provide child care for 10 hours or less per week, 10 percent provide care 11 to 19 hours per week, 8 percent provide care 20 to 29 hours per week, 8 percent provide care 30 to 39 hours per week and 15 percent provide care 40 or more hours per week. On average, FFN caregivers provide 19 hours of care in a typical week.
- Seventy-eight percent of FFN caregivers provide care during standard weekday hours (7 a.m. to 6 p.m.). Seventy-three percent provide care in the evenings (6 p.m. to 10 p.m.), and 75 percent on weekends. Thirty-nine percent provide care in the early morning (before 7 a.m.), and 51 percent provide care late at night (after 10 p.m.). Greater Minnesota FFN caregivers are more likely than metro area caregivers to provide care in the evening (78 percent versus 67 percent).
- In a typical week, on average, FFN caregivers provide care two or three days per week for six or seven hours per day. Forty percent provide care one day per week. Twenty-one percent provide care five to seven days a week; however, that is more common for children ages 6 to 12 than for younger children (26 percent versus 17 percent).

- When asked the number of times in the past three months that they were unable to provide care for any reason, 60 percent of FFN caregivers said they had not missed a day of care; 28 percent said they missed one to two days; 10 percent missed three to seven days, and 2 percent missed more than seven days.

FFN caregivers provide child care to help out family or friends and because they have close relationships with the children in their care.

- The most common reason for providing child care is to help a family member or friend (59 percent), followed by liking children and a belief that child care is fun (23 percent). As shown in *Child Care Use in Minnesota*, FFN care is also a positive choice for parents who prefer care by a family member or a caregiver they already know and trust.
- Nine percent of non-relative caregivers provide FFN care to earn money, compared to 2 percent of relative caregivers. For perspective, in a recent survey of FFN caregivers registered with the Child Care Assistance Program (CCAP) in five Minnesota counties, 23 percent of non-relative caregivers provide care to earn money, compared to 13 percent of relative caregivers.¹ Notably, those FFN caregivers registered with CCAP provide, on average, 38 hours of care in a typical week, double the average for FFN caregivers in general (19 hours).
- For those who had daily contact with the child prior to providing care, relative caregivers are more likely than non-relative caregivers to define their prior relationship with the child as “very close” (99 percent versus 39 percent).
- Most FFN caregivers “strongly agree” (49 percent) or “agree” (42 percent) that they would watch the child under their care for as long as the parent wanted them to, and “strongly agree” (49 percent) or “agree” (42 percent) that they often feel that taking care of the child is the best part of their day.
- Sixty-one percent say they frequently talk about the child’s daily activities with parents; 87 percent feel that the match between their child-rearing values and the parents’ is excellent or good; and 85 percent say that they and the parents cooperate and work together “very well” to make sure the child’s needs are met. Relative caregivers of children age 5 and younger are more likely than other caregivers to discuss daily activities with parents.

¹ Chase, R., Arnold, J. and Schauben, L. 2005. Family, Friends and Neighbors Caring for Children Through the Minnesota Child Care Assistance Program, a Survey of Caregivers and Parents. St. Paul, MN: Minnesota Department of Human Services and Wilder Research.

While most FFN caregivers get their caregiving information and support from informal sources, they are more than “glorified babysitters” and are better prepared to provide quality child care than many critics believe.

- On average, FFN caregivers have provided FFN care for 11 years.
- Seventy-six percent have at least some college education.
- Seventeen percent of FFN caregivers have been employed (14 percent) or currently are employed (3 percent) as a teacher’s aide or child care teacher in a licensed child care center or program.
- In addition to providing FFN care, 12 percent of caregivers in this study are either currently licensed (3 percent) or were licensed in the past (9 percent) as family child care providers.
- More than half (56 percent) have participated in parent education, and more than one-third (38 percent) have participated in a child care training program through a church, community organization or government agency. About 45 percent have taken college classes in child development, nutrition or health and safety; and 49 percent have attended workshops on those topics.
- Most (86 percent) FFN caregivers say they are self-taught about parenting and child care through reading books or watching educational videos, and most use educational television, health care providers, fact sheets or pamphlets and the public library to learn about children and their needs.
- FFN caregivers primarily get encouragement and emotional support from family members (91 percent) and the parents of the children in their care (90 percent). Other sources of support are friends (77 percent), other people providing child care (48 percent) and their faith community (42 percent). Caregivers in the seven-county Twin Cities metropolitan area (metro) are more likely than Greater Minnesota caregivers to report that they can count on their ethnic community for encouragement and support (31 percent versus 22 percent).
- Few FFN caregivers report having serious problems when providing child care.

FFN caregivers report that they use a wide range of activities to encourage children’s cognitive, social, emotional and physical development.

- For children under 2, the most common development activities for FFN caregivers (daily or most days) are hugging and kissing the child (98 percent), talking or cooing,

telling stories, or singing to the child (98 percent) and playing games like peek-a-boo (96 percent).

- For children ages 2 to 5, FFN caregivers most often talk, tell stories or sing to the child (88 percent daily or most days); practice language or math with the child, such as reciting the alphabet, playing counting games or doing puzzles (76 percent daily or most days); have the child sing or read along with them or teach the child songs or stories (74 percent daily or most days); and do creative activities such as drawing (74 percent).
- Children ages 2 to 5 most often play with toys or household items that promote hand-eye coordination (91 percent daily or most days) and play “pretend” games by using toys and dolls, by dressing up or by acting out roles or stories (75 percent daily or most days).
- For children ages 6 to 12, FFN caregivers most often talk, tell stories or sing to the child (76 percent daily or most days), have the child sing or read along with them, and teach the child songs or stories (60 percent daily or most days).
- Children ages 6 to 12 most often play with other children (69 percent daily or most days) and play outdoors, running, climbing, jumping or playing sports (68 percent daily or most days).

Overall, FFN caregivers are somewhat interested in opportunities to obtain child care supplies, materials and information, but fewer are interested in training or in being licensed. Schools, libraries, churches and recreation or community centers are the best places to provide learning opportunities for FFN caregivers.

- FFN caregivers say that the most helpful types of child care resources would be small grants to pay for books, games and materials (rated “very helpful” by 38 percent); a program through which they could get safety equipment and supplies (rated “very helpful” by 31 percent); someone to connect them to early care and education organizations (rated “very helpful” by 30 percent); and someone to call when facing a problem with a child or with the child’s parents (rated “very helpful” by 30 percent).
- Almost 30 percent of the FFN caregivers say that they would find it “very helpful” to have access to a government subsidized food program that provided nutritious food for the children in their care at no or low cost.
- With regard to information caregivers would like to receive, how to help children learn and do well in school is rated as “very helpful” by the most respondents (58 percent), followed by information on child safety (53 percent). Overall, more non

relative caregivers than relative caregivers rate each form of information (listed in the survey) as “very helpful.”

- Fifty-seven percent of caregivers say they would be “very likely” to use kits or packets with supplies and materials appropriate for the ages of the children; and the same percentage say they are “very likely” to use books.
- Three percent of FFN caregivers are currently licensed home family child care providers. Of those not currently licensed, 18 percent are “very interested” (7 percent) or “somewhat interested” (11 percent) in becoming licensed. In a similar survey of FFN caregivers caring for children through the Minnesota Child Care Assistance Program, about half say they are “very interested” (31 percent) or “somewhat interested” (21 percent) in becoming licensed as a child care provider. Metro area and non-relative caregivers are more likely than Greater Minnesota and relative caregivers to be “very” or “somewhat interested” in becoming a licensed child care provider.
- Neighborhood schools (64 percent), local libraries (62 percent), churches or places of worship (58 percent), recreation centers (57 percent) and local community centers (55 percent) top the list of places where caregivers who are interested in learning opportunities are likely to go to participate. Conversely, malls or shopping centers are the least likely places they visit (43 percent).

Quality Index

To get an overall picture of the quality of FFN care, the researchers created an index of eight self-reported attributes of quality appropriate for an informal setting: intentionality of the caregiving; extent of caregiving training; the FFN caregiver’s connections with other caregivers for support and information; strength of the partnership between the FFN caregiver and the child’s parent; the extent of natural teaching and other activities for literacy; cognitive development; social/emotional development and physical development. Figure 1 shows the percentage of FFN caregivers with each self-reported attribute.

- On average, FFN caregivers report 5.3 of 8 attributes on the quality of care index. FFN caregivers of children under 6 tend to have higher scores than caregivers of children ages 6 to 12, and are more likely to be intentional caregivers, have strong partnerships with the child’s parents, frequently perform and encourage activities that encourage children’s cognitive and physical development, and promote literacy.
- Relatives are more likely than non-relatives to have strong partnerships with the child’s parents (64 percent versus 43 percent) and to report activities that encourage children’s literacy and cognitive development.

1. Quality of care index (self-reported)

Attributes of FFN quality	Age of randomly selected child		
	0-5 n=247	6-12 n=153	Total N=400
Intentional caregiver	14.9%	6.7%	11.7%
Trained caregiver	**	**	22.0%
Connected with other caregivers	**	**	84.5%
Strong caregiver-parent partnership	70.2%	39.5%	58.4%
Literacy activities	78.4%	68.0%	74.4%
Activities for cognitive development	98.4%	87.6%	94.3%
Activities for social/emotional development	**	**	97.0%
Activities for physical development	92.7%	79.1%	87.5%
Mean number of attributes	5.6	4.8	5.3

Source: 2004 Minnesota statewide household child care survey

** Signifies no age-group differences

Quality of care index definitions:

“Intentional caregiver” uses a place to get information, resources and support or knows other caregivers who help each other; uses a place for socializing and information sharing; and uses other resources to get caregiving information. In addition, provides developmental activity every day or most days, and agrees to watch the child as long as the parent wants.

“Trained caregiver” is someone who is currently licensed or was licensed in the past; is or was a teacher’s aide or child care teacher in a licensed facility; participated in parent education or a child care training program; has taken college classes in child development; or has attended workshops on child development.

“Connected” means the caregiver uses a family center or other support or place to connect with other caregivers.

FFN caregivers and parents with “strong partnerships” frequently share information about the child, plan for or talk about daily activities and cooperate very well.

“Literacy activities” include reading, reading along or practicing language and math skills daily or most days.

“Activities for cognitive development” include stories, singing, naming pictures, creative drawing, learning about nature and “pretending” games, daily or most days. Activities for social/emotional development include cooing, peek-a-booing, hugging and kissing, getting together or playing with other children and visiting, pretending, passing on cultural values or helping around the house, daily or most days.

“Activities for physical development” include playing with toys or household items, going to tot lots or playgrounds, playing outdoors or helping around the house, daily or most days.

Interest in support and interaction for quality improvement

The researchers created a variable depicting FFN caregivers' orientation to offers of support and interaction for quality improvement in their caregiving. The FFN caregivers fall into three groups: eager for support and interaction (43 percent), open to some support and interaction (38 percent) and independent, not interested in support and interaction (19 percent).

Eager caregivers tend to be paid, non-relatives with the highest average self-reported quality index scores (5.8 out of 8). On average, they provide child care 24 hours per week. They would very likely attend learning opportunities in neighborhood schools (62 percent) and libraries (62 percent), followed by recreation centers (56 percent), community centers (55 percent) and places of worship or churches (54 percent).

Open caregivers tend to be a mix of unpaid relatives and non-relatives with an average self-reported quality index score of 5 out of 8. On average, they provide child care 17 hours per week. The likelihood of attending learning opportunities is low, but the best locations are schools (17 percent), churches (16 percent), libraries (14 percent), recreation centers (13 percent) and community centers (12 percent).

Independent caregivers tend to be unpaid relatives with the lowest average self-reported quality index scores (4.7 out of 8). On average, they provide child care 12 hours per week. No more than 5 percent would likely attend a workshop or learning opportunity, regardless of location.

Recommendations

Based on the results of this study and discussion of the results with the researchers and study advisory committee, the Department of Human Services recommends the following actions to support and improve FFN child care for all families.

1. Recognize and respect the inherent strengths of FFN care in all its diversity while at the same time improving the quality of care.

FFN care is a vital resource for families, particularly those with low incomes, those with non-standard work hours, families of color and families with children who have special needs. Policymakers should take care to avoid harming the essential voluntary and personal relationships of FFN caregiving when attempting to improve the quality of FFN care. Think of FFN care, early care and education and child care systems, not as parallel tracks or as a continuum from informal and unstructured to formal and regulated, but as intertwined strands of the same fabric for families. Funding and programs should support voluntary movement and interaction between FFN

caregivers and the formal child care system, recognizing and respecting the inherent strengths of FFN care and the important role it plays in meeting the needs of diverse children and families, while ensuring that it is of the highest quality.

2. Support state (DHS) efforts to ensure that all child care quality improvement activities are open, inclusive and accessible to all FFN caregivers.

Eight out of 10 FFN caregivers are open to receiving support and interacting with other caregivers, but fewer than one in 10 are interested in being licensed within the regulated child care system. Enable FFN caregivers to participate in Minnesota's professional development system, Child Care Resource & Referral system training and grant programs, food and nutrition support, tribal supports for child care and initiatives to support school readiness in child care settings. In particular, provide access to small grants for the purchase of books, games, materials and safety supplies. Consider ways to appropriately hold participating FFN caregivers accountable for their use of these grants without applying the same expectations and requirements applied to licensed providers and professional caregivers.

3. Conduct targeted outreach that offers information and support options to FFN caregivers wherever they may be.

DHS should continue to support targeted outreach efforts for specific groups of FFN caregivers and the families who use them, including those who are registered with the state Child Care Assistance Program; communities of color or immigrant, refugee, tribal or migrant communities; those who are English language learners; and families with children who have special needs. Each group may need its own outreach strategies.

Framing the outreach around school readiness for younger children and school success for older children may resonate with FFN caregivers, who express relatively strong interest in learning more about how to help children learn and do well in school.

FFN outreach strategies should split or differentiate the F from the FN, taking into account key differences between relatives and non-relatives. For example, compared with relatives, non-relatives are more likely to use the library and the Internet to learn about child care, to be interested in having access to information on child safety and child discipline, to be paid for their caregiving and to be interested in becoming licensed child care providers.

Relationships, central to why families, friends and neighbors provide care and why families use FFN care, may also be the key to effective FFN outreach. Use personal outreach rather than flyers or posters. Conduct outreach through unconventional

channels and culture-specific organizations and places, as well as through natural networks and community institutions and places that families typically visit and congregate (grocery stores, parks, community centers). Key partners in FFN outreach could include local businesses, public health nursing, parent associations, faith communities, cultural and ethnic community centers, mutual assistance associations in immigrant and refugee communities and community event planners.

4. Offer learning opportunities through a neighborhood-based approach that links FFN caregivers to resources, advice, knowledge and peer support.

While outreach should be targeted in non-traditional places, FFN caregivers seem to prefer familiar, established places for learning, such as neighborhood schools and libraries. Use resources (books, games, materials and safety supplies) as incentives for participation.

Pay attention to language, culture and literacy issues. Survey results indicate that take-away tip sheets, information packets and videos would be popular with FFN caregivers.

Also pay attention to the time of day when the learning opportunities are offered. Survey results indicate that many FFN caregivers have paying jobs in addition to providing child care. FFN caregivers interested in participating in learning opportunities cite conflict with work as a key potential barrier to attending.

Facilitate peer support, providing opportunities for caregivers to socialize and to connect with other caregivers if they choose. Early Childhood Family Education (ECFE), for example, could tailor classes for FFN participants.