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REVIEWS OF RESEARCH
RESEARCH BRIEF

Demographics of Family, Friend, and Neighbor Child Care in the United States

Amy Susman-Stillman
Center for Early Education and Development, University of Minnesota

Patti Banghart
National Center for Children in Poverty
Mailman School of Public Health, Columbia University

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The Reviews of Research series synthesizes research on selected topics in child care and early education. For each topic, Reviews of Research provides an in-depth Literature Review and a summary Research Brief. Also, for each, a companion Table of Methods and Findings from the literature reviewed is available on the *Research Connections* web site: www. researchconnections.org.

What We Know

Family, friend, and neighbor (FFN) child care (also referred to as informal care, home-based care, kith and kin care, kin care, relative care, legally unlicensed, and license-exempt care) is growingly recognized as home-based care – in the caregiver's or child's home – provided by caregivers who are relatives, friends, neighbors, or babysitters/nannies. While FFN care is typically unlicensed or subject to minimal – if any – regulation, the distinction between FFN care and licensed family child care (FCC) can sometimes be blurred since variation in state or county regulations may mean that care that is regulated in one state may not be regulated in another.

Research on FFN care is still in early phases. While studies have not consistently defined FFN caregivers, a growing number of national, state, and multi-site studies indicate the following about the demographics of families that use FFN care and provide this type of care.

- FFN care is the most common form of non-parental care in the U.S., with estimates of the proportion of children with employed parents using this care ranging from one-third to over one-half (33-53 percent for children under 5, and 48-59 percent for school-age children).
- Patterns of FFN use differ by children's age. Infants and toddlers –regardless of family income or structure- are most likely to be cared for by FFN caregivers as their only non-parental source of care, while preschoolers are more likely to use multiple care arrangements that include relative care. School age children also spend a considerable amount of time in FFN care, with 6 to 9 year olds spending more time in relative care than 10 to12 year olds, who are increasingly likely to be in self-care.
- Patterns of FFN use also differ by family characteristics. There are no clear patterns of FFN use by ethnicity; families across all socioeconomic groups rely on FFN care, although families with low-incomes are most likely to use this care; generally, families' decision to use FFN is influenced by a combination of factors including family structure (marital status), parents' work status, and parents' work schedule.
- FFN caregivers tend to share several characteristics. They are most commonly relatives and most often grandmothers; FFN caregivers are usually located in close geographic proximity to the children for whom they care (in both urban and rural settings); FFN caregivers are often of the same ethnic background as the children they care for; and FFN caregivers often have similar incomes to the families of the children they care for.
- FFN caregivers of children receiving child care subsidies are more likely to provide care for more hours (essentially full-time), across standard and non-standard hours; they are more likely to express interest in licensure; and non-relative caregivers are more likely than relative caregivers of subsidized care to view providing child care as a way to generate income

Introduction

Family, friend, and neighbor (FFN) care is the most common form of non-parental child care in the United States (Maher & Joesch, 2005; Sonenstein, Gates, Schmidt, & Bolshun, 2002; Snyder, Adelman & Dore, 2005). Nearly half of all children (under the age of 6) spend time in family, friend, and neighbor care (Boushey & Wright, 2004), and nearly a quarter of all children who receive federal child care subsidies use FFN care (U.S. Child Care Bureau, 2006). Recognizing the widespread use of FFN care, federally funded programs, such as the Child Care and Development Fund, and currently 25 percent of states, have invested public funds to support the use and enhancement of family, friend, and neighbor care.

Policymakers are also interested in FFN care due to the national focus on children's readiness to enter kindergarten and the creation of state-funded public preschool programs, which have prompted policymakers, researchers, and parents to question how various early childhood settings affect child outcomes and prepare children for school. Much of the child care research to date has explored licensed child care settings (such as child care centers and family child care homes). Given that FFN caregivers are generally exempt from state regulation (depending on the state) and therefore not required to meet certain program standards, there is a younger and growing body of literature exploring who these caregivers are and what type of care they provide.[1]

This research brief summarizes the literature review entitled *Demographics of Family, Friend and Neighbor Child Care in the United States.* It addresses demographic questions such as:

- What proportion of employed parents use FFN care?
- Do patterns of FFN use vary by the child's age?
- Do patterns of FFN use vary by family characteristics, such as income level, ethnicity, and parent work schedule?
- What are the characteristics of FFN caregivers?

This brief also describes methodological concerns (such as inconsistent definitions of FFN care and sampling challenges) and issues for further study.

What Is Family, Friend, & Neighbor Child Care?

This brief broadly defines family, friend, and neighbor (FFN) care as home-based child care – in the caregiver's or child's home – provided by caregivers who are relatives, friends, neighbors, or babysitters/nannies, who are unlicensed or subject to minimal – if any – regulation. While this definition reflects a growing consensus in the field, researchers and policymakers have yet to settle on a consistent term and definition to describe the unregulated, home-based sector of child care.

Across the literature, FFN caregivers have been categorized differently in various research and administrative datasets. For instance, some researchers have focused on caregivers providing child care for relatives but have not included those caring for the children of friends or neighbors. Additionally, some researchers have studied home-based care but have not specified the caregiver's relation to the child, and have included both regulated and non-regulated homes in their samples. These inconsistencies are not surprising given that FFN caregivers can be difficult to distinguish from licensed family child care (FCC) since variations in state or county regulations mean that care that is regulated in one jurisdiction may not be regulated in another (Brown-Lyons, Robertson, & Layzer, 2001; Morgan, et al., 2001; Whitebook, Phillips, Bellm, Crowell, Almaraz, & Yong Jo, 2004). Despite the differences in the way FFN caregivers have been defined an overview of these findings from the literature helps to build an understanding of these caregivers.

Selection Criteria & Description of Studies Reviewed

Based on a review of a wide range of sources – including peer-reviewed journals, published reports from government agencies and well-known research organizations, presentations at respected research conferences, and recently completed, unpublished studies – 25 studies were selected for this review. All were judged methodologically sound (met minimum standards of scientific inquiry and are based on representative samples[2]) and drew evidence-based conclusions, using what is currently understood as best theory and practice.[3] Recently completed studies that had not yet been published were included based on the use of questions or methods that broke new methodological ground or yielded new information. A table on the methods and findings of the 25 studies is also available.

As family, friend, and neighbor care is a relatively recent topic of interest, the work-to-date focusing on FFN is best described as a young and rapidly growing literature, the bulk of which is characterized as descriptive work that aims to understand the basic demographics of FFN care. The literature can be broken down into four categories: (1) studies based on large-scale, national surveys; (2) multi-site studies (of parent and/or caregiver interviews/questionnaires); (3) state survey studies; and (4) smaller-scale studies (focus groups/interviews with parents and/or caregivers).

Emerging Themes

Several themes emerge from the literature on the demographics of family, friend, and neighbor care:

FFN care is the most common form of non-parental care in the United States

- Estimates of the proportion of all children with employed parents using family, friend, and neighbor care range from one-third to over one-half. Estimates of regular use of FFN care ranges from 33 to 53 percent for children under 5 and 48 to 59 percent for school-age children (Boushey & Wright, 2004; Maher & Joesch, 2005; Sonenstein, Gates, Schmidt, & Bolshun, 2002; Snyder & Adelman, 2004; Snyder, Adelman & Dore, 2005).
- For many children with an FFN caregiver, this is their only care arrangement, particularly if they are very young children (under age 3) or cared for by a relative (Layzer & Goodson, 2006; Sonenstein, et al., 2002; Snyder & Adelman, 2004*)*. Only 7 percent of all children under the age of 13 with employed parents have multiple arrangements that include relative care (Snyder & Adelman, 2004). Some studies have also found that low-income families are more likely to include FFN in a patchwork of care (Knox, London, Scott & Blank, 2003).

Patterns of FFN Use Differ by Children's Age

- Children under the age of 3 are most likely to be in relative care as their only non-parental source of care (Maher & Joesch, 2005; Snyder & Adelman, 2004). Infants and toddlers living below the poverty line are more likely to be in relative care than non-relative or center care (Mulligan, et al., 2005).
- Preschoolers (age 3-4) are most likely to have multiple care arrangements that include family, friend, and neighbor care, however, about one-fifth of preschoolers have a relative caregiver as their only care arrangement (Capizzano & Adams, 2002; Maher & Joesch, 2005; Snyder & Adelman, 2004).
- Relative care remains one of the most common forms of care for school-age children (6-12 year-olds) with approximately 20 percent in relative

care (Capizzano, Tout & Adams, 2000; Snyder & Adelman, 2004).

- The number of hours spent in FFN care also tends to vary by a child's age. Among children of employed parents in relative care, infants and toddlers are as likely as preschool-age children to be in full-time relative care (that is spend 35 plus hours per week in care) (Snyder & Adelman, 2004). Two-thirds to three-fourths of school-age children are in relative care for 15 hours per week or less (Capizzano, Tout & Adams, 2000; Snyder & Adelman, 2004). This number is even smaller for 10 to 12 year-olds who are more likely to spend time in self care (Chase, et al., 2005).

Patterns of FFN Use Differ by Characteristics of the Families Who Use It

- *Ethnicity:* Families of all ethnicities use FFN care, but the research findings are mixed on whether certain ethnic groups may use FFN care more frequently. Some national and multi-site studies found FFN care use to be the highest among Latino and Black families (Capizzano, Tout & Adams, 2000; Layzer & Goodson, 2006; Snyder & Adelman, 2004), but other national surveys did not reach this finding (Mulligan, et al., 2005; Boushey & Wright, 2004). Moreover, the extent to which rates of FFN care use vary by ethnicities is affected by families' access to particular types of care is unclear.
- *Income:* While families across all socioeconomic groups rely upon FFN care, families with low incomes may be more likely to rely upon FFN care than licensed care due to low-cost or no cost for this arrangement, or because these families may need flexible arrangements for shift work and non-standard hours, or because of the limited availability of licensed care within their community (Anderson, et al., 2005; Chase, et al., 2006 a, b; Coley, Li-Grining, & Chase-Lansdale, 2001; Layzer & Goodson, 2006). The research is somewhat mixed however, as one national study found no differences in the use of relative and center-based care by families with children living below the poverty line and decreased likelihood of using relative care in families living at or above the poverty threshold (Mulligan, et al., 2005), suggesting that there may be other selection factors.
- *Parental work status and family structure:* A combination of factors – such as family structure, children's age, parental work status, and parents' work schedule – affects parents' decision to use FFN care. Some studies indicate that both single mothers (regardless of part or full-time work status) and parents who work full-time – both single and married- may be more likely to use relative care (Snyder & Adelman, 2004; Capizzano, Tout & Adams, 2000; Brandon, et al., 2002).
- *Timing of parental work hours:* While parents in focus groups and interviews, including statewide samples, report that they choose FFN care because it provides the flexibility they need, namely care during non-standard hours (Anderson, et al., 2005; Brandon, et al., 2002; Chase, et al., 2006a; Coley, Chase-Lansdale, & Li-Grining, 2001; Drake, Unti, Greenspoon, & Fawcett, 2004; Maxwell, 2005), results from a some large-scale samples do not find use of FFN care to be consistently associated with either non-traditional or traditional work hours (Guzman, 1999; Layzer & Goodson, 2006; Snyder & Adelman, 2004).
- *Children with special needs:* In two states, approximately 16 to 20 percent of FFN caregivers report caring for a child with special needs (Brandon, et al., 2002; Chase, et al., 2005). Parents who have children with disabilities and other special needs may tend to choose FFN care because they have difficulties finding care for their children (Brown-Lyons, et al., 2001). However, some studies find greater percentages of children with special needs cared for in licensed settings (Layzer & Goodson, 2006), while others find no significant differences in the likelihood of parents using FFN or center care for children with or without special needs (Brandon, et al., 2002).

Patterns of FFN Provision Differ by Characteristics of FFN Providers

- *Relative caregivers:* Relatives, most often grandmothers, are the most common FFN caregivers, although the proportions of relative and non-

relative caregivers vary across studies (Boushey & Wright, 2004; Brandon, 2002; Guzman, 1999; Layzer & Goodson, 2006; Vandell, McCartney, Owen, Booth & Clarke-Stewart, 2003). It is difficult to gauge accurately the distribution of relative and non-relative FFN caregivers because large-scale studies differ in their categorization of FFN caregivers and generally lack the ability to clarify which relative or friend provides the care.

- *Location of FFN care*: State and smaller-scale studies offer some indication that FFN care is used widely in both urban and rural areas, some of which are economically depressed or have fewer centers available (Anderson, et al., 2005; Chase et al., 2006a; Todd, et al., 2005). FFN care is most likely when the caregiver is located in geographic proximity to the children for whom they care (Guzman, 1999; Maxwell, 2005; Reschke & Walker, 2006; Vandell, et al., 2003).The bulk of FFN care – by both relatives and non-relatives – takes place in the caregiver's home, rather than the child's (Mulligan, et al, 2005).
- *Ethnicity:* As FFN care use is common across all ethnic groups, there is great ethnic variation in FFN providers. Often there is an ethnic match between FFN providers and children, even when caregivers are not family members – 69 percent in one multisite study (Layzer & Goodson, 2006).
- *Income and employment:* FFN providers often match the income brackets of the children for whom they care. Some national studies indicate that FFN providers fall within lower income brackets (Layzer & Goodson, 2006; Whitebook, et al., 2004), however, state-specific studies show variation (Brandon, et al., 2002; Chase, et al., 2005; Anderson, et al., 2005). Patterns of caregivers' employment in addition to their provision of FFN care are also unclear. For instance, a study in Minnesota revealed that FFN providers caring for children receiving subsidies are less likely to have an additional job and are more likely to generate income from providing child care than other FFN providers (Chase, et al., 2006b). Further research is needed to understand the patterns of additional employment and the economic stability and resources of FFN providers.
- *Payment:* The extent to which FFN providers, particularly relatives, receive payment for care is often related to their motivations for providing care. Relative caregivers tend to provide care to help support their families (Porter, 1998; Reschke & Walker, 2006) and as a result, relatives tend to charge little or nothing (Brandon, et al., 2002; Chase, et al., 2005; 2006a; Mulligan, et al., 2005), or accept the level of subsidy payment with no co-payment from parents. Non-relative providers are more likely to charge for care as they are more likely to provide care to earn money and/or receive alternative forms of payment. For instance, some families report that they exchange services with their provider, such as transportation, food, or housecleaning in return for child care (Anderson, et al., 2005; Chase, et al., 2005).

Characteristics of FFN Care and FFN Caregivers Linked to Subsidy Receipt

While there is some indication that parents using Child Care and Development Fund (CCDF) dollars choose center-based care more frequently than other forms of care, a notable percentage of parents receiving subsidies choose FFN care. Nationally, nearly a quarter of families receiving subsidies use FFN care (U.S. Child Care Bureau, 2006). This percentage is even higher in some states. In both Illinois and Minnesota, at least half the families receiving subsidies chose FFN care as their primary care arrangement (Anderson, et al., 2005; Chase, et al., 2006b).

Compared to FFN providers who do not receive subsidy payments, providers of children receiving subsidies are more likely to provide care for longer hours (essentially full time), provide care across standard and non-standard hours, and indicate interest in learning about licensure (Anderson, et al, 2005; Chase, et al, 2006b; Todd, et al., 2005). There are also differences between subsidized relative and non-relative FFN providers. Non-relatives are more likely than relatives to view providing child care as a way to generate income (Chase et al., 2006b).

Methodological Issues

As the literature describing FFN providers is growing, there are some important methodological issues of which to be aware.

- *Inconsistent definitions:* The research has not consistently distinguished FFN care from family child care or has made distinctions only between relative and non-relative home-based care. A lack of clear definitions makes comparisons across datasets difficult, and conclusions are limited by inconsistencies in how FFN providers are categorized.
- *Sampling:* Recruiting a representative sample of FFN caregivers for research is also challenge because, by definition, they tend to be an invisible, informal, and diverse population; recruitment is labor-intensive; and earning caregivers trust is time-consuming (Layzer & Goodson, 2006). As a result, samples of convenience are common (Brown-Lyons, et al., 2001), or select populations are studied, and generalizability is limited.

Issues for Further Study

Many important and useful questions are open for study, particularly clarifying patterns of use by ethnicity, parental work status and family structure, as well as focusing on similarities and differences in providers who do and do not receive subsidies. More information is needed about relative caregivers, specifically grandparents, but also the other relatives and friends who play an important caregiving role in children's lives. In addition, while there are some longitudinal data from national surveys and some from administrative data, further research examining patterns over time, particularly in concert with programs and policies, is needed.

Conclusion

While there are still many unanswered questions about the population of FFN caregivers, FFN care users, and factors affecting patterns of use, the growing number of studies converge on a few themes: FFN caregiving is commonly used by all kinds of families; patterns of use vary by features of the families and children and caregivers; and there are notable state variations in FFN populations, in part reflecting state-specific policies.

The continued evolution of this literature, building on this early generation of work, will be of great importance as researchers, program developers, advocates and policymakers work to meet the needs of these caregivers who are integral to the lives of families and children in our communities. More work is needed to clarify the definition of family, friend and neighbor care to distinguish it as the unique form of care that it is and aid effort to understand its role and impact on the lives of families, children and communities.

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Endnotes

1. A separate *Research Connections* literature review entitled *Quality of Child Care in Family, Friend and Neighbor Settings* summarizes the research on the quality of FFN care. See <www.researchconnections.org/location/14340>.

2. As noted above, subgroups of FFN caregivers were often sampled and are therefore representative of those subgroups but cannot be generalized to all FFN caregivers. Distinctions of these subgroups are made throughout the report.

3. The companion review *Quality in Family, Friend, and Neighbor Child Care Settings* reviews the findings of the quality in FFN caregiving settings in several of the reviewed studies here plus additional quality assessment studies. See <www.researchconnections.org/location/14340>.