

# The Value of *Family, Friend & Neighbor Care* in Maine

## Issue Brief

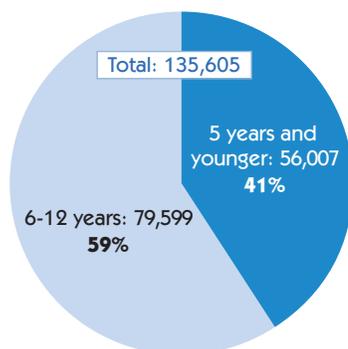


The search for child care can be a daunting task for parents. Above all else, parents need to know that their child will be nurtured and safe while they are working. Here in Maine, families use a variety of child care options. For some, center based care is the most practical choice. Some families work split shifts so one adult is at home while the other is working. Others find they need a combination of child care arrangements, depending on their hours of work and their child's specific needs. For many families, the most appropriate choice is a family member or neighbor to provide the child care. This type of child care is referred to as "informal," "license exempt," or "*Family, Friend and Neighbor (FFN)*."

### Working Families in Maine

Child care licensing regulations in Maine are primarily structured to serve children ages 6 weeks to 12 years. According to US Census data, 135,605 Maine children ages birth to 12 years are from households in which all parents are in the labor force. Of that total number, there is a higher number of school-age children with both parents in the labor force as compared to children 5 years and younger.

#### Maine Children with All Household Parents in Labor Force



With 2,395 licensed child care providers statewide providing an estimated 40,100 slots, it is clear the child care needs of all Maine families cannot be met within the regulated system alone. Though some licensed providers may accommodate families with part time child care needs, and not all families need child care, the gap between the number of families needing child care and the amount of licensed child care available is significant. These numbers highlight the role FFN care plays in Maine's child care continuum.

### Choosing FFN Care

The reasons families choose FFN child care are varied. Many families feel that child care provided by relatives offers a level of trust and flexibility not found in formal child care settings. This is particularly true for families with infants and toddlers (Kim & Fram 2009). For some children with special needs, licensed child care sites are not equipped to meet their needs and a one-to-one situation is the most appropriate. For other families, it can be about the child care capacity in a given community. Rural families, in particular, are more likely to use FFN care because of limited access to formal programs. Families with school age children often need a small amount of child care in a given day or week, which can be difficult for a child care center or family child care home to accommodate. Families that work odd hours or evening shifts often experience difficulty matching the hours they need child care with the operating hours of a licensed child care provider. In communities where part-day public preschool is provided, FFN care may be the best way to take advantage of the public school programming while still working full time.

### Maine's FFN Care

FFN care is a key child care option for Maine families, regardless of income levels. The only data available on FFN caregivers and the families who use FFN child care are from the child care subsidy system. This information on FFN care provides a partial picture of Maine's FFN care providers. We know that a broader cross section of Maine families use FFN



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child care. The number of estimated families eligible for child care subsidy (65,091) exceeds the number of families receiving child care subsidy (15,729) from either the Child Care Development Fund (CCDF) or Temporary Assistance to Needy Families (TANF). FFN child care is often provided at a lower cost than formal child care, so it is a likely choice for low income families who do not receive a child care subsidy.

Families receiving child care supports from the Maine Department of Health and Human Services (DHHS) can purchase FFN child care, provided the caregiver meets certain requirements. These requirements are a successful background check on all members of the household and a water quality test.

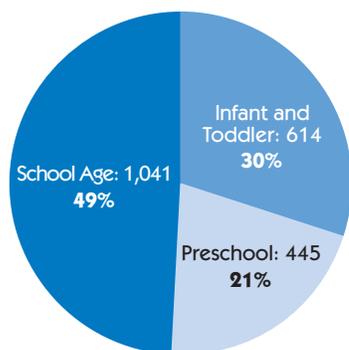
A statewide referral service to help families find FFN providers in their community, Care for ME, is provided by Southern Kennebec Child Development Center. In addition to helping parents find FFN care, this program offers supports and training to FFN providers. This service is available to families without regard for income. These efforts are supported by federal funds specifically earmarked to influence quality across the child care continuum.

### FFN Children and Caregivers

A phone survey with a random sample of 99 FFN caregivers receiving child care subsidies was conducted as part of the background research for a strategic plan to strengthen and support this significant part of Maine’s child care system. This survey provides us with a snapshot of the caregivers and children who comprise Maine’s FFN care.

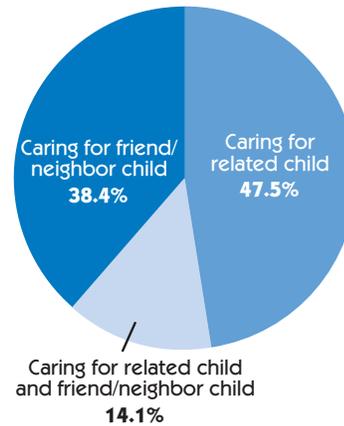
As indicated in the following chart, Maine data shows that infants, toddlers and school age children are most likely to be cared for by family and friends. The lowest rate of participation is for preschool children (ages 3 – 5 years old). Statistics across the country mirrors these trends as well.

Subsidized Children in FFN Care by Age Group



As the title suggests, Family, Friend and Neighbor caregivers are friends, grandparents, aunts, uncles and neighbors willing to help a family.

Caregiver Relationships



Most FFN caregivers accepting child care subsidy live in the same low income areas as the children. Their household incomes are typically below \$40,000, and close to half of the respondents had household incomes of \$20,000 per year or less. Providing this type of child care can supplement a fixed or low income household budget. The majority of FFN caregivers related to the children were grandparents.

When asked what type of child development information would be useful, FFN caregivers identified the following topics of interest:

- Discipline
- Sleeping
- Toilet training
- Helping children be ready for kindergarten
- Dealing with an angry child

One third of the respondents said they are taking care of a child with special needs, whether cognitive, social-emotional or physical needs.

DHHS also conducted a series of focus groups with Somali FFN caregivers. Feedback from these focus groups emphasized the value of outreach with a cultural and community context. The information from this focus group can be applied not only to other refugee and immigrant groups but to entire FFN caregiver population. FFN caregivers rarely consider themselves child care professionals. Rather, they see themselves as helping a family member or friend. Attention must be paid to the particular needs of FFN caregivers. This input from the caregivers must be incorporated into any outreach and support efforts.

### Implementing the Strategic Plan

The DHHS strategic plan to support and strengthen FFN caregivers has nine core recommendations. These recommendations (see box on next page) can be fulfilled with a

combination approach of policy changes and program innovation geared to the unique needs and circumstances of FFN caregivers. Innovative programming and policy that recognize and support FFN caregivers must be designed in recognition of the challenges that prevent them from participating in trainings and related events. Such things as online training and support, neighborhood events and one-on-one visits are essential for people who may be isolated.

The opportunity to identify and implement program innovation has been facilitated by American Recovery and Reinvestment Act (ARRA) funds. Using these funds, DHHS plans to distribute a request for proposals (RFP) to implement programs for outreach and support to FFN caregivers in the fall 2010. These programs will inform future policy and program design for DHHS, and have the potential to reach not only FFN caregivers within the child care subsidy system, but also caregivers who do not receive subsidy payment.

Other states, such as California and Minnesota, have well established FFN care outreach and support programs. The advice offered by those who have been engaged in this work for many years can help inform efforts here in Maine.

### Lessons Learned from Other States

*Adapted from "FFN-Tips from Experts," National Women's Law Center, 2009*

- Relationships with caregivers are the key to effective initiatives that promote the quality of FFN care. This requires steady efforts over an extended period of time. Funding and training must be available to enable staff to build these relationships.
- Initiatives should aim to help FFN caregivers feel more connected with community resources. FFN caregivers should receive information about what supports are available to them and how to access these supports through child care resource and referral agencies or other community-based organizations.
- Steps should be taken to make it as convenient as possible for FFN caregivers to participate in initiatives. On-site child care, food, and transportation should be offered. The location of the activities must be accessible for caregivers and children. For example, one successful initiative in California hosted events at a local playground, for example.

### Recommendations for Improving Supports to FFN Caregivers

1. Develop opportunities for regular communication with FFN caregivers and families who use FFN care
2. Improve public knowledge of the role of FFN caregivers in serving Maine's families and children and the opportunities to support it
3. Include FFN care in Maine's planning, research, and evaluation efforts
4. Track and provide information about public funds that support or could support FFN care
5. Develop consistent policy for FFN care that supports safe and healthy care
6. Develop or adapt materials to provide information to families and FFN caregivers on supporting children's development and school readiness
7. Open information and educational opportunities to FFN caregivers
8. Explore how public and private programs can provide supplies and equipment to FFN caregivers to improve health, safety and educational opportunities for children
9. Explore how FFN care can be supported through Maine's early care and education Quality Rating System, Quality for ME



"We used center based child care for our daughter until she started kindergarten. At that point, the limited after school care available in our community was not a good match for our needs. We arranged for a friend to take care of her after school three days a week. She loved having her own special time with our friend."

– KARL, Portland



“My daughter spends part of the week in center based care and part with her Nana. At the center she benefits from playing with other children her age. When she is with Nana, she has special one to one time that is equally important. She and her Nana have a very special bond with each other, which I think is invaluable.”

– ANA, Brunswick

- FFN caregivers should have access to education and training opportunities, including opportunities for general education in areas such as math and basic literacy. Caregivers who do not have high school degrees should have access to courses needed to obtain a GED.
- FFN caregivers serving children in the subsidy system should receive financial incentives for attending a certain number of hours of training.
- Parenting education and home visiting initiatives should be made available to FFN caregivers. One-on-one visits with specialists in early childhood development, either at their own home or at another setting, should be available to FFN caregivers.
- Activities and materials to promote the quality of FFN care should be linguistically and culturally appropriate.
- FFN initiatives should be comprehensive, focusing not only on the care children receive but also other supports, such as health care and mental health care.

- Basic health and safety equipment such as car seats and cabinet locks, as well as training on proper use of that equipment, should be made available to all FFN caregivers

## Conclusion

Supporting and strengthening FFN child care requires a multi-pronged strategy, with different approaches tailored to the various regions of the state. Any outreach and support strategy must pay particular attention to caregivers in rural areas as well as refugee and immigrant communities.

As the Early Childhood Division of DHHS designs these requests for proposals, applying the learning from their phone survey, as well as wisdom gained from more experienced states is vital. Community organizations that choose to respond to the request for proposals must support FFN caregivers and must design their efforts within the context of their own community. Developing effective ways to support FFN caregivers and influence the quality of care they provide is essential for Maine’s children. Successful outreach and support will assure FFN caregivers can contribute to children’s healthy growth and development.

## REFERENCES

Kim, J & Fram, M.S “Profiles of Choice: Parents’ patterns of priority in child care decision making,” *Early Childhood Research Quarterly*, October 2009, volume 24, issue 1, pages 77-91

*Supporting Family, Friend and Neighbor Care: A Strategic Plan for Maine*, Maine Department of Health and Human Services, Office of Child & Family Services: Early Childhood Division, July 2009

*FFN-Tips from Experts*, National Women’s Law Center, January 2009

## DEMOGRAPHICS

*Child population estimates*: provided by Maine Department of Health and Human Services, Office of Data, Research and Vital Statistics, 2009

*Children with all parents in household in labor force*: US Census Bureau, American Community Survey, 2009

*Estimated Number of Licensed Child Care Slots*: This estimate was developed by multiplying the total number of license providers (by type of license) with the average enrollment for each type of license. Number of licensed providers: Maine DHHS Child Care Licensing. Average enrollment for each type of license: Maine DHHS Early Childhood Division, Market Rate Survey, 2008

*Data on children and FFN caregivers in subsidy system*: provided by Maine Department of Health and Human Services, Office of Children and Families, Early Childhood Division and Office of Integrated Access and Support, 2009