Family, Friend, and Neighbor Care: Strengthening a Critical Resource to Help Young Children Succeed

The Annie E. Casey Foundation

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KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children. At the national level, the principal activity of the initiative is the publication of the annual *KIDS COUNT Data Book,* which uses the best available data to measure the educational, social, economic, and physical well-being of children. (This *Essay* is derived from the 2006 *KIDS COUNT Data Book*.) The Foundation also funds a nationwide network of state-level KIDS COUNT projects that provide a more detailed, community-by-community picture of the condition of children.

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Family, Friend, and Neighbor Care: Strengthening a Critical Resource to Help Young Children Succeed

Since 1990, the Annie E. Casey Foundation has released an annual, updated *KIDS COUNT Data Book* to report on the well-being of America's children. Each year, we focus on the needs and conditions of America's most disadvantaged children and families, as well as on the statistical trends. Our goal is not only to increase public awareness of the challenges facing vulnerable families and at-risk kids, but also to heighten public interest in strategies and policies that we believe hold promise for meeting some of those challenges.

In recent years, our KIDS COUNT essays have highlighted the importance of, and potential for, helping particularly vulnerable older youth make a more successful transition to adulthood; examined how and why families living in poor neighborhoods pay disproportionately higher costs for basic goods and services; and promoted new approaches for helping persistently unemployed parents productively connect to the workforce.

This year, we zero in on one of the most important challenges facing our nation: improving early childhood development opportunities for young children living in low-income neighborhoods so that more of these kids will start school healthy and prepared to learn and succeed. In particular, we examine the critical issue of child care.

Although parents are and always will be their children's primary caregivers and teachers, the importance of quality child care and its influence on early childhood learning are well established. High-quality child care nurtures, stimulates, and supports children as they build the confidence and critical capacities they need to thrive in school and in life. It keeps children safe, promotes good health and nutrition, fosters positive trusting relationships with other children and adults, and supports and supplements parents' role as their children's first and primary teachers. In addition, quality child care helps parents succeed as workers by providing them with the security of knowing that their children are safe and well supervised while they are on the job. In short, quality child care is a key element in assuring that millions of kids receive a good start in life, and it's a critical resource in any strong family-supporting community. Moreover, access to good child care can help close the growing economic and academic gaps between America's low-income and affluent kids, families, and communities.

This year, our 17th annual *KIDS COUNT Data Book* essay looks at a critical component in the continuum of child-care options that millions of families, especially low-income families, use. It is a form of child care that we refer to as "family, friend, and neighbor care," which is offered in a home-based setting outside a child's own home, by both regulated and unregulated providers. We also refer to it as home-based and family-based care. It includes the many local caregivers who are paid to work with small groups of children in their homes and who do so as a business enterprise that contributes to the economic and social fabric of their communities. It also includes the grandparents, aunts, and other relatives who open their homes daily to help family members, often for free.

We recognize that there are various audiences, including some child-care advocates, who make further distinctions among this population, particularly in relation to regulated versus unregulated providers. We have chosen not to make this distinction for two reasons. First, there is such significant variation across states surrounding regulation requirements that these distinctions, at least for the purposes of this essay, become far less meaningful. In fact, the differences in definition among states, organizations, and advocates are indicators of the need for greater attention and clarity in the field. Second, we believe that many of the issues—as well as the types of supports we advocate in this essay—are quite pertinent to

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both regulated and non-regulated family providers.

Family, friend, and neighbor child-care providers contribute to the healthy development of young children, and they help determine how ready millions of American children are to learn and succeed. At the same time, these critical caregivers often are undervalued and under-supported. Although they represent a huge and longstanding segment of our nation's child-care providers, there are relatively few organized efforts to improve and enhance the quality of the care they deliver. If we strengthen and reinforce their effectiveness, then we can improve outcomes for the children and families who rely on these caregivers. In the pages that follow, we examine why family, friend, and neighbor care is so vital to the well-being of millions of kids and why we need to do much more to support and strengthen it. We also illustrate a number of promising efforts across the country that are taking on this challenge in new and creative ways.

The Importance of Quality Child Care

The majority of American children under age 6, regardless of their parents' income level, now spend a good portion of time in the care of people other than their parents. According to the 2003 National Survey of Children's Health, about 15.5 million children, or 65 percent of all children under age 6, regularly receive non-parental child care.

In addition to helping and supporting parents, non-parental caregivers can make a huge difference in advancing a child's early development of vital foundational skills and capacities. Because development occurs so rapidly and dynamically in the early years of life, experiences during this period can set "either a sturdy or a fragile stage for what follows."[1] Research on brain development shows that from birth to age 5, children make dramatic progress in their linguistic and mental abilities; their emotional, social, and moral development; and their ability to learn self-control.

In each of these domains, early care practices can have a profound influence, helping children reach critical developmental milestones. Research has clearly documented the impact of the home environment on learning. But other early care settings are also crucial. A large body of research underscores how quality child care enables young children to build the cognitive and social skills that will help them learn, build positive social relationships, and experience academic success once they enter school.[2]

Although child care that provides engaging activities is important for all young children, it is vital for poor kids who too often lack access to enriching learning experiences and arrive at school already academically disadvantaged. Children in the lowest socioeconomic groups, on average, start school months behind their middle-class peers in pre-reading and pre-math skills. This gap almost triples when the poorest children are compared to the most affluent 20 percent.[3]

These gaps are particularly pronounced for children of color. The Early Childhood Education Longitudinal Study, a nationally representative sample of nearly 23,000 kindergartners, shows that black and Hispanic children score substantially below white children at the beginning of kindergarten on math and reading readiness achievement. The Family and Child Experiences Survey, administered to 3- and 4-year-olds entering Head Start, shows that those who qualify for the program are disproportionately minority children from low-income families. These kids already fall well short in vocabulary, early reading, and early math.[4]

Given the critical importance of school readiness on a child's future success and the achievement gaps that exist across income and racial groups, we must reach our youngest children early and help them develop the capacities they need to succeed in school and in life. One of the most valuable ways to do this is to bolster the quality of child care that low-income children, in particular, receive. Research confirms what most people intuitively know: Quality child care that encompasses strong developmental experiences has a long-term positive impact on academic achievement and provides important social benefits for vulnerable children at risk of poor outcomes. For lots of kids, these early formed benefits extend through adolescence and into adulthood.[5]

The Role and Use of Family, Friend, and Neighbor Care

Clearly, quality child care can make a critical contribution to improving children's prospects of starting school healthy and prepared to succeed. But where do families typically get such care? As we noted earlier, nationally, 65 percent of children under age 6—almost 15.5 million children—regularly receive non-parental child care.[6] Many of these children are enrolled in programs such as Head Start or in other formal child-care centers. Over the years, these programs have helped millions of children get a good start in life. A large number of children, however, are cared for in other settings. Of the 15.5 million children in child care, almost 42 percent—some 6.5 million children—spend all or part of their time in a home-based, rather than center-based, setting. Two and a half million of these children (about 39 percent) come from families with incomes below 200 percent of the poverty line.[7]

For these 6.5 million children, family, friends, and neighbors shape a significant part of their early childhood experiences. In some cases, this means local providers who regularly care for small numbers of children in their homes. Some of these providers are formally regulated or licensed, but many are not. In other cases, it often means uncompensated care in the home of a grandparent, aunt, or other relative, or a nearby neighbor.

Although most states and cities don't consistently or regularly track how many individuals provide this type of care, the number of family, friend, and neighbor providers is significant. For example, a recent study reports that approximately 2.3 million people are paid to provide care for children from birth to age 5 in any given week. Of these, 35 percent (about 804,000) are paid relatives, and 28 percent (some 650,000) are non-related persons providing care in home-based settings. Only 24 percent of all paid providers (roughly 550,000) work in center-based settings.[8]

Nationally, about 1.5 million children under age 6 receive their care *exclusively* from family, friends, and neighbors. An additional 5 million split their time between these caregivers and other, mostly center-based, child-care providers. Family, friend, and neighbor care is particularly common for the youngest children. According to a national survey, while half of the children from birth to age 2 receive their care entirely from parents, more than half of the rest—51 percent—are in the care of these home-based providers.[9]

Many families rely on family, friends, and neighbors to supplement the care they receive through child-care centers. Others turn to their family members, friends, and neighbors when their children are infants and toddlers. Then, they enroll them, for at least a portion of their day, in center-based care for more formal pre-school experiences. Data from the National Survey of American Families reflect this pattern: 38 percent of children younger than 5

who were in non-parental care regularly experienced multiple care arrangements.

According to the National Survey of Children's Health, the use of non-parental family-based care ranges from highs of 47 percent in South Dakota; 41 percent in North Dakota; 39 percent in Mississippi; and 38 percent in Nebraska; to lows of 18 percent in Utah; 22 percent in Nevada and Massachusetts; and 23 percent in Arizona, Illinois, New York, and Washington. Generally, states with the highest use of family-based child care also have the highest rates of children in non-parental child care overall.

Black families are the most likely to use family, friend, and neighbor care of any racial and ethnic group (37 percent), but a substantial number of white families also rely on it (27 percent). Hispanic families are much more likely to rely exclusively on parental care than either blacks or whites. When they do use out-of-home care, they use family, friend, and neighbor care more than center-based care.[10]

In general, lower-income families—incomes below 200 percent of poverty—rely most on parent-only care for children from birth to age 5 (41 percent), but family, friend, and neighbor care is their most commonly used form of non-parental care (25 percent).[11] However, as more low-income mothers enter the workforce to pursue careers or as a result of welfare reform, both the need for and use of family, friend, and neighbor care will increase.

Our focus on family, friend, and neighbor care should not be interpreted as a failure to appreciate the critical importance of quality center-based care. Indeed, it would be difficult to overstate the invaluable contributions of center-based care to millions of children, including millions of low-income children and their families.

Why Families Choose Family, Friend, and Neighbor Care

Families who rely on family, friend, and neighbor care rather than formal child-care centers do so for varied and often intertwined reasons that are both practical and personal. For example, parents' employment status and schedules influence the kind of care they choose, especially for those who don't work 9-to-5 jobs. In a 2002 study of children from birth to age 5 in low-income families, an estimated 28 percent of those living in single-parent families had a parent working nonstandard hours, and 66 percent of those living in two-parent families had at least one parent who worked nonstandard hours.[12] In addition, many parents in low-wage jobs have fluctuating schedules that sometimes require them to work an unpredictable mix of nights, days, and weekends. Child-care options that only operate during standard workday hours simply don't meet these parents' needs.

Transportation issues also play a role in determining what child-care settings parents use. Dropping their children off at a provider's home a block or two away is more convenient than driving to a child-care center that may not be on the route to work. For the many low-income parents without access to a car, using public transportation to bring their child to a child-care center is simply not feasible, particularly given the erratic hours inherent in certain jobs.[13]

Cost is also a consideration when families make decisions about child-care settings. Generally, families who use family, friend, and neighbor care spend considerably less if they spend anything at all. Estimates are that two-thirds of children in this type of care are in unpaid care.[14] In 2005, families who paid for relative care spent, on average, about $60 per week on child care compared with $86 per week for families using center-based care.[15] The comparative affordability of family, friend, and neighbor care is important because child-care costs can be an enormous burden for poor families who, on average, spend about 25 percent of their income for child care compared with 7 percent in higher-income families.[16]

Although convenience, access, and affordability are important reasons why many parents choose family, friend, and neighbor care, research indicates that other compelling factors also influence their decision—factors that have as much to do with preference, trust, personal comfort, culture, and relationships as they do with economics and practicality. One is parents' belief that their children will receive more personalized attention in family, friend, and neighbor settings because child-to-adult ratios tend to be lower than in formal child-care centers. On average, child-to-adult ratios range from one to four children per adult in family, friend, and neighbor care and from five to seven children per adult in center-based care.[17]

An even bigger factor, for many, is having their young children in a home-like environment with someone

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they know and trust. This is particularly true for parents using relative care, since leaving young children in the care of a loved one frequently provides a stronger sense of security. Parents also choose family, friend, and neighbor care because they want a provider who shares their culture, values, or child-rearing beliefs; and for many immigrant families, having a provider who speaks the parents' primary language is critical. All of these important personal issues underscore the fact that for lots of parents, family, friend, and neighbor care is a purposeful and positive choice, not something they access only in the absence of affordable center-based care opportunities.

The Case for Improving Family, Friend, and Neighbor Care

Our focus on family, friend, and neighbor care should not be interpreted as a failure to appreciate the critical importance of quality center-based care. Indeed, it would be difficult to overstate the invaluable contributions of center-based care to millions of children, including millions of low-income children and their families. Over the past several decades, tens of millions of children have benefited from attending quality programs in regulated child-care centers. Well-established programs, such as Head Start and Early Head Start, have significantly improved the lives and learning prospects of America's low-income kids.[18] Low-income kids who participate in high-quality

center-based care, compared to those who do not, typically arrive at school with a stronger set of language and cognitive skills. Compared to children in other forms of care, kids in center care score higher on measures of language and cognitive development at 2 and 3 years of age, as well as on measures of language and memory at 4 ½ years.[19] On the whole, research indicates that across all types of child care, center programs appear to have the strongest track record for improving outcomes related to success in school.

Unfortunately, these successes have not yet attracted the public financial support required to make high-quality center-based care available for all of the kids who need it and all of the parents who want it—despite ongoing evidence-driven campaigns by child-care advocates. Although research indicates that quality center-based programs have long-term positive effects, proposals to bring these programs to scale have not received sufficient funding to serve the vast number of potentially eligible children. For example, despite steady increases in Head Start funding, the program still only serves about half of the eligible population. Funding for Early Head Start, a spin-off program that provides intensive support for children from birth to age 3 and their families, limits its reach to less than 3 percent of the infants and toddlers who qualify.[20] The growth in child-care subsidies has never kept pace with the expanding demand for child care triggered by increased numbers of parents (especially mothers) in the workplace—numbers that have been fueled by both the demands of the economy and welfare reform.

We believe that it is crucial to expand the financial support required to scale up the most effective center-based programs and make them more available to and affordable for low-income families. We also strongly believe that much can be gained by increasing the type and amount of support available to family, friend, and neighbor care providers. Many families—even those who use center-based care—need and want family, friend, and neighbor options to help care for and nurture their children. This form of child care has been used for generations and will, undoubtedly, be an important resource for generations to come. For the foreseeable future, it will represent the most common type of child care for low-income children under age 6 whose parents are working, especially those in entry-level jobs with non-traditional schedules.

We need to acknowledge, however, that even though family, friend, and neighbor care is a prevalent and often predominant form of care for low-income kids, it is not without serious issues and limitations. On average, general education and child-care training levels are substantially lower for family, friend, and neighbor caregivers than for center-based providers.[21] Many studies highlight the positive features of home-based settings, such as low child-to-adult ratios and close

connections and positive interactions between caregivers and children.[22] However, they also raise some important health and safety issues, as well as questions about the ability of some family, friend, and neighbor providers to effectively nurture children's physical, cognitive, and social development.[23, 24]

Some may view these concerns as an argument against greater support for family-based care. We believe that they underscore the need to pay even more attention to strategies that can improve it—particularly given the evidence that family, friend, and neighbor care will continue to play a significant role in the lives of low-income families. A serious commitment to ensuring that all children have a better shot at starting school with the cognitive, social, and emotional skills they need to succeed requires a focus on ways to improve all of the settings where children spend critical time.

Clearly, this means assuring that parents have the knowledge and support they need to promote solid development at home. It also means connecting family, friend, and neighbor providers more closely to information and resources that will increase the quality and positive effects of the care they provide. Family, friend, and neighbor care is the only non-parental setting that many pre-school children—particularly those in low-income communities—experience before kindergarten. Therefore, trying to improve it is an idea that not only makes good sense, but one with significant potential to help narrow the school readiness gap between low-income and more affluent children.

The Casey Foundation is not alone in this advocacy. Across America, there is a growing recognition that more needs to be done to help family-based providers. Several federal programs provide support to help improve the quality of family, friend, and neighbor care. These include financial assistance such as the Child Care and Development Fund and the Child and Adult Care Food Program, which enables providers to offer healthy meals and snacks to children in their care and offers home visits from nutritionists who are well versed in child development. Nationally, more than half of the states now fund initiatives to improve the quality of care in family, friend, and neighbor settings; and several new networks of practitioners, policymakers, and researchers interested in this issue have been established. In addition, there is growing support from a number of national and local foundations and organizations.[25]

The Challenges of Improving Family, Friend, and Neighbor Care

Enhancing the quality of family, friend, and neighbor care represents both a significant opportunity to improve outcomes for kids and a series of challenges. Family, friend, and neighbor caregivers encompass a range of diverse and distinct provider groups, with differing needs, strengths, and potential. Many of these caregivers are

not interested in becoming professional child-care providers; they are motivated by a commitment to their family and community, or their love for nurturing children. Nonetheless, many still want support for their role—albeit often different from that sought by professional care providers. For example, a relative or friend taking care of one or two children may benefit greatly from some advice and information about early child learning and school readiness, and they may prefer to receive this information at home or in an informal neighborhood setting. Someone running a small child-care program in their home, on the other hand, may want and need business advice or access to credentialing opportunities, in addition to information that helps them to improve the safety, quality, and teaching components of the care they deliver.

In addition, many home-based caregivers, unlike center-based professionals, are typically more isolated from other providers and networks of support that could be sources of new ideas, knowledge, and enrichment opportunities. Family, friend, and neighbor providers are also less likely to know about—or have the transportation to take advantage of—community resources such as play groups, museums, library story times, or cultural programs that can enhance child-care quality. They also lack connections to publicly supported opportunities for training or sharing ideas with other providers.

Many states and local communities have begun to test tailored strategies that are helping family, friend, and neighbor providers get the supports they need and want. Some of these efforts involve establishing venues that serve as "hubs" where providers can come together to obtain information and materials, receive training, and interact with child development professionals and other providers.

Creative outreach strategies will play a crucial role.

The cost of improving services is also an issue facing many family, friend, and neighbor caregivers. As a rule, they tend to be paid and subsidized less than center-based providers, who themselves are often underpaid.

Often, families using family, friend, and neighbor care don't apply for assistance even though they may be eligible for it. Some families are unaware of their eligibility, while others don't realize that subsidies can be used to pay for family-based care. According to the U.S. Government Accountability Office, less than one-third of all child-care vouchers are used by parents to pay home-based providers, even though this is a widely used form of care.[26]

In addition, family, friend, and neighbor care providers often miss out on funds set aside under the Child Care and Development Fund for quality improvements, most of which go to center-based care. Investing money on improving the quality of their settings with home repairs, new safety equipment, outside play areas, books, and other materials can pose an insurmountable challenge for family, friend, and neighbor care providers.

Despite these very real issues, a growing number of promising new approaches and programs are emerging across the country to help enhance the quality and positive impact of family, friend, and neighbor care. To date, community-based efforts are the most promising. They go to great lengths to provide accessible and affordable help to family-based caregivers, and they creatively connect providers to the information, people, and resources they need. We discuss some of the most encouraging of these approaches in the next section.

Advancing the Quality of Family, Friend, and Neighbor Care

Many states and local communities have begun to test tailored strategies that are helping family, friend, and neighbor providers get the supports they need and want. Some of these efforts involve establishing venues that serve as "hubs" where providers can come together to obtain information and materials, receive training, and interact with child development professionals and other providers. Other programs deliver information and assistance directly to these providers through home visits, mobile vans, newsletters, and electronic media. In addition, because some family, friend, and neighbor providers are interested in obtaining credentials that would enable them to become licensed child-care professionals, we highlight several states that support these aspirations.

Creating New Hubs for Learning

Several states and cities have developed sites that family, friend, and neighbor providers can visit to access information, programs, materials, and development opportunities. These settings often become hubs of support that pool resources from different community

institutions (e.g., museums, libraries, family support centers, child-care centers), offer formal and informal training, and present opportunities for home-based caregivers to share ideas with and learn from other providers who work in homes and child-care centers.

The **Boston Children's Museum**, for example, is making a positive impact on early childhood development city-wide through a program called **Leveling the Sandbox**. The museum partnered with Head Start, as well as kindergarten and child-care teachers around the city, to promote development activities for families and home-based caregivers. They created a course that includes a half-day seminar; three child-focused field trips to the museum; and three family nights at the museum for the caregivers, the children they care for, and the children's families. All caregivers are invited, regardless of license status. Caregivers and families receive free museum memberships and help shape the content of the learning sessions. Currently, 96 families and caregivers are participating in this initiative and the Children's Museum is partnering with Head Start, child-care resource and referral organizations, churches, and other community groups to recruit additional caregivers.

The **Arizona Kith and Kin Project** also helps family, friend, and neighbor caregivers through support and training groups. The groups meet weekly for 14 weeks to discuss topics such as guidance and discipline, daily schedule planning, nutrition, parent/caregiver relationships, business practices, health and safety, language development, and literacy. To spur attendance, free on-site child care and transportation to and from the meetings are provided. This project receives city and state government funding, as well as support from private foundations, the United Way, and several local businesses.

Responding to a need for neighborhood gathering places where families and caregivers could connect with each other, **Hawaii's Good Beginnings Alliance** helped create **Play and Learn Centers** throughout the state. These neighborhood gathering places are staffed by volunteers and early childhood education specialists. They offer venues for area parents and caregivers to get together, learn about child development, and participate in informal leadership development activities. The centers also provide early childhood learning materials and supplies to area families. Many neighborhood participants have been inspired to pursue further child-care and child development training after participating in center activities.

Another example of a resource hub is the **Family Support Center** run by the **Ashe County Partnership for Children** in **North Carolina**, a nonprofit organization led by local volunteers. Staffed by a coordinator, early childhood caregivers, and therapists, the Family Support Center focuses

on teaching caregivers how to better promote early literacy skills. Many of the participants in the literacy training program are grandparents caring for children of their teenage daughters. The Partnership also supports a Cooperative Play Center, open to the entire community, that helps reduce the isolation common to home-based family, friend, and neighbor caregivers. The play center has a wide variety of resources, including a kitchen, science center, playroom, infant center, and music room.

In addition to offering resources and training to networks of providers, several programs also help manage the program and business aspects of running a home-based child-care service. **Infant/Toddler Family Day Care, Inc.** in **Fairfax, Virginia**, oversees a network of more than 100 participating providers who receive ongoing skills training and home mentoring visits from the program's child-care specialists. In **Lowell, Massachusetts, Acre Family Day Care** serves primarily low-income immigrant women by providing them with education, supplies, and small-business loans to build their own careers as home-based child-care providers. The agency's network of nearly 50 providers, most of whom are Hispanic, Cambodian, or African American, care for 280 children from low-income families in the community every day.

Some communities are offering family, friend, and neighbor provider support on a much wider scale. Several of the communities are part of the Casey Foundation's *Making Connections* initiative that seeks to build strong, family-supportive neighborhoods. In **San Antonio**, the Department of Community Initiatives contracts with agencies city-wide to provide support for family, friend, and neighbor care providers by linking them to learning opportunities; resources; and activities with schools, museums, libraries, community centers, and churches. More than 180 workshops are being held in 2006 on such topics as early brain development, social/emotional development, communications skills and language development, health and nutrition, and home and personal safety. The partnering agencies tailor their services to the needs of local family, friend, and neighbor care providers, offering everything from basic information to help in pursuing credentials and licensing to networking events. Some also provide child care, food, and other incentives to make it easier for providers to become involved.

Providence, Rhode Island, has also developed a community-based approach called **Ready to Learn Providence** (R2LP), a program centered on improving the school readiness of children across the city. From its inception in the fall of 2003, R2LP has devoted a large part of its work to connecting Spanish-speaking family child-care providers in the neediest neighborhoods to one another and to community resources. Included in R2LP's services are mini-grants, which

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can be used to purchase educational materials and resources, and English as a Second Language classes conducted by the local community college at R2LP offices. These classes use materials such as children's literature to help family child-care providers improve their own English language skills. In addition, R2LP provides the National Head Start Association's *Heads Up! Reading* program on child literacy to Spanish-speaking providers in Providence. As of early 2006, nearly 300 providers had completed the program. R2LP has also developed *Heads Up! Reading* clubs where small groups of providers meet on a weekly basis to implement lessons learned during classes.

Bringing Information and Materials to Neighborhoods and Homes

In addition to establishing centers and providing city-wide workshops, some communities are creatively delivering child development information and educational materials to large numbers of neighborhood-based home-care providers through home visiting programs, mobile vans, television, and newsletters. This breadth of delivery options is important since many providers—because they lack time or transportation—are unable or unwilling to take advantage of formal training programs.

Popularized by such programs as Parents as Teachers, home visits have been used effectively to offer parents information on health and safety, child development, and appropriate and

stimulating activities for young children. Evaluations of home visiting programs working with parents in low-income communities have shown positive results in reducing child maltreatment and promoting positive child development, including greater school readiness.[27] Given their success, we believe that they also represent a potentially sound strategy for supporting family, friend, and neighbor providers.

One example of a home visiting program that specifically targets home-based providers is the **Head Start At-Home Partners Project**. In this effort, the Child Care Resource Center in **Cambridge, Massachusetts**, partnered with Head Start to work with 25 families using in-home relative care. The families became Head Start families, and the services were provided to the caregiver in the family's home. Services include health and dental screenings, child development learning activities, and field trips with other caregivers. The Cambridge Child Care Resource Center also created a home video, "When a Relative, Friend, or Neighbor Takes Care of Your Child," which provides one-on-one technical assistance to parents and caregivers.

Mathematica Policy Research, Inc. is currently evaluating a pilot program that offers home visiting to home-based child-care providers as part of the Early Head Start program. The Enhanced Home Visiting Pilot Project, a 3-year study launched in 2004, provides caregivers with 60- to 90-minute visits once or twice a month by experienced child-care professionals. The program, which is being implemented in 23 Early Head Start sites, also provides caregivers with health and safety equipment, children's books, toys, art supplies, car seats, highchairs, cribs, and other necessities. Preliminary findings show that this pilot has been particularly helpful in coordinating activities and information between the parent and the caregiver. Such communication ensures continuity in their approach with the children and the developmental skills taught. Early evidence also indicates positive changes in caregivers' practices.[28]

Another creative effort is the **Begin at Birth Health Promotores Initiative**, which addresses the needs of a rural Latino population. Along the rural U.S.–Mexico border, neighborhood health promoters (*promotores*) help working families address critical public health needs. These families live in unincorporated rural subdivisions (*colonias*) that often lack roads, running water, and electricity. **Begin at Birth**, an **El Paso, Texas**, early childhood development agency, partnered with these promoters to recruit and offer training to the many family, friend, and neighbor caregivers in the colonias. Many participating caregivers are now getting GEDs and seeking further education.

Illinois uses some of its federal child-care quality funds to support **Quality Counts Vans**. These vans travel to neighborhoods and are a ready

resource for caregivers and young children. Created to serve family, friend, and neighbor providers, as well as center-based programs, these vans bring lending libraries, toys, supplies, consumer education, and health and safety information to neighborhoods on a regular basis. Similarly, **Memphis, Tennessee**, has created a program called **Training Wheels Vans**. The public library "visits" neighborhoods in a van loaded with books to lend and give away, along with learning materials, games, and other resources for grandparents who care for young children. Operating with a librarian and early childhood educator on board, this library-on-wheels initiative is part of the national Born to Read program and functions as a mobile classroom.

There are also programs that use television and the Internet to convey valuable information to children and their caregivers. Although research has shown that watching some "entertainment" television can actually contribute to aggressive behavior, anxiety, and obesity in young children, there is also evidence that quality educational television, when thoughtfully designed and used at the appropriate developmental stage, can promote cognitive development in young children. For example, one 1999 study showed that quality educational TV viewing at 2 and 3 years of age had a positive school readiness impact among low- to moderate-income children.[29]

One good example of the potential of television is "**Ready To Learn**," a Public Broadcasting Service (PBS) program focused on helping all children begin school ready to learn. PBS and its member stations help promote school readiness in a number of ways, including offering high-quality children's television programming based on specific educational goals. They also provide interactive online resources for kids and their caregivers; offer on-air educational messages that teach kids important skills; conduct community outreach sessions and distribute educational materials; and offer TV tips for parents and caregivers. From 2000 to 2005, PBS sponsored a rigorous evaluation of "Ready To Learn" services and resources. Evaluations conducted by Mathematica Policy Research, Inc. and, more recently, by WestEd found PBS' "Ready To Learn" services to be effective in improving children's school readiness outcomes, as well as increasing caregivers' and parents' involvement in actively using media and more traditional approaches to help their children learn.[30]

In **California**, PBS stations throughout the state air a weekly 1-hour program in both English and Spanish. The English version is called "A Place of Our Own." The Spanish version, "*Los Niños en su Casa*," won an Emmy Award last year. The programs provide critical child development and school readiness information for parents and caregivers. The shows target parents, grandparents, friends, babysitters, and anyone who frequently takes care of young children. The series offers

viewers advice and tips on such topics as language and literacy skills development, behavior, special needs, and nutrition. The series is supported with extensive outreach throughout California, both in communities and online. Workshops offered in partnership with local community organizations teach caregivers how to apply ideas and activities from the series, while providing a much-needed opportunity for caregivers to share their experiences. Research conducted with 200 caregivers who viewed the program's first season confirmed that these caregivers increased their knowledge in featured areas, including problem solving, managing aggressive behavior, and sharing. In addition, the series led to significant positive changes in actual caregiver behavior.[31]

Finally, in **New York, Children in My Care**, a partnership between the state's Office of Children and Family Services and Cornell University's Cooperative Extension, creates and distributes specialized newsletters for family, friend, and neighbor caregivers. These educational materials focus on a variety of topics, including promoting parent/provider communication, understanding infant and toddler development, practicing positive discipline, helping children learn to love reading, and keeping children safe and healthy.

Providing Opportunities and Incentives for Credentialing

For many family providers, particularly relatives and neighbors who may be caring for a child or two in order to help a parent work, becoming licensed or pursuing professional credentials may not be a need or desire. However, in several low-income communities, a number of non-credentialed caregivers take care of small groups of children in their homes to earn a living. Many of these small-business operators live in the same low-income communities as the children and families they serve, and they make important contributions to the economic and social fabric of their neighborhoods. For these caregivers, obtaining professional credentials represents a way to strengthen their child-care business, increase their earnings, and enhance their effectiveness. In fact, several studies of both home-based and center-based care validate the idea that child-care quality is highly correlated with increased provider credentialing and education.

A number of states are actively encouraging credentialing for interested providers. For example, **Maryland's** voluntary **Child-Care Credential** program creates a career ladder for child-care providers. The program offers six levels of professional development, and providers qualify for larger child-care subsidies as they complete each stage of education and training. The **Child Development Associate** (CDA) credential, developed for the Head Start program, is now included in the child-care licensing regulations in 46 states and the District of Columbia. The program provides performance-based training,

assessment, and credentialing to child-care center staff, home visitors, and regulated family child-care providers.

Maine Roads to Quality is a multifaceted program established by the state of Maine to improve child-care quality. This program includes the development of a career ladder for individuals providing care to children. Participants begin by receiving a foundation in health and safety, basic child development principles, and business training. The program also includes scholarships for the pursuit of the CDA credential and higher education degrees, including PhDs at local colleges and universities. Providers with CDAs and above are eligible to apply for Quality Certificates that can lead to increased reimbursement rates for care. Parents who seek out caregivers with Quality Certificates receive incentives, including a higher child-care tax credit for enrolling their children in child-care homes with such certificates. The **Virginia Department of Social Services** also has a scholarship program that provides tuition reimbursement to child-care workers, including family, friend, and neighbor providers.

Recommendations

To enable more of our children to arrive at school healthy and prepared to succeed requires that we take advantage of every opportunity to help support the development of our youngest kids, especially those at greatest risk. Research tells us that after their parents, young children

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spend the most time with their child-care providers. Given that low-income families rely on family-based providers so heavily, it makes sense to enhance the ability of this care to improve early childhood development and school readiness outcomes for those who need the most help. Toward this end, we've highlighted several exemplary efforts that provide family, friend, and neighbor caregivers with good information and materials and connect them to center-based child-care professionals and other resources in their communities.

Although these efforts are quite promising, the reality is that if we're really going to make significant progress in narrowing the achievement gaps between poor and more affluent children, more must be done. Toward this end, we offer the following specific recommendations for next steps.

■ **Improve the levels of data, research, and evaluation related to family, friend, and neighbor care.** While such child care is widely used, the data and research surrounding it are quite sparse. We believe that the federal government, states, researchers, and the philanthropic community need to work together to develop a thoughtful agenda that would support better understanding of the numbers of providers offering care; consensus on the measures that benchmark high-quality care in home-based settings; and wider agreement on which approaches for improving family-provider quality work best. This can only be done through an intensive research and evaluation effort designed to document the characteristics of home-based settings, caregivers, and practices that result in positive educational, social, and emotional outcomes for kids. This research agenda should also examine the wider cost-benefits associated with high-quality home-based care, similar to analyses done in relation to center-based services. For example, it is widely recognized that comprehensive programs that combine parent education with high-quality center-based services (such as Perry Pre-School and the Carolina Abecedarian Project) generate returns on investment as great as $17 for every child-care dollar spent. We should also pay attention to the returns on investment of more modest programs proven to improve child outcomes in a home-based setting. This type of information is critical for developing an advocacy agenda aimed at increased funding for child care, in general, and increased reimbursement rates for family, friend, and neighbor care, in particular.

■ **Promote stronger local organizational integration and linkages between effective, high-quality child-care centers and the family, friend, and neighbor providers in their communities.** To advance the quality of care that children receive in family, friend, and neighbor settings requires exploring new child-care

organizational models that use centers as hubs in care networks that include home-based providers. We need more communities moving toward a better integrated "system" of child care that facilitates and enables center-based and home-based providers to communicate more effectively; work more collaboratively; and share information, expertise, and resources—including financial resources—more freely and purposefully. Some communities are moving toward this goal. For example, in Atlanta, as part of a Casey-funded revitalization effort in the city's Pittsburgh neighborhood, leaders in that community are piloting an integrated set of services and supports for young children that links family, friend, and neighbor providers and formal child-care centers. This effort will promote several of the ideas highlighted in this essay, including home visits, play and learning centers, and mobile learning vans.

■ **Expand technical assistance and promotion of best practices to improve family, friend, and neighbor care.** Efforts to systematically research and document best practices in home-based settings must be paired with communities' increased commitment to expand and replicate strategies that successfully strengthen family, friend, and neighbor care. If we are serious about promoting and advancing higher-quality early care in all child development settings, then we need a community response to strengthen family, friend, and neighbor

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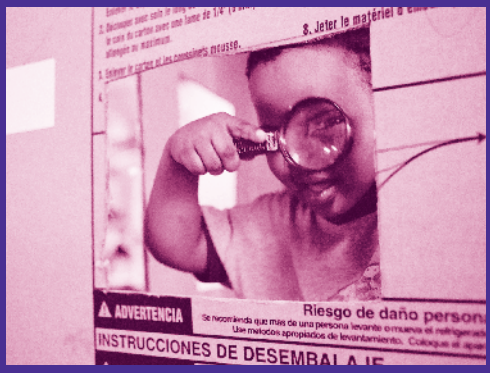
care. The various systems and institutions that have a responsibility for advancing better outcomes for kids—health, education, family support, Head Start and child-care centers, libraries, museums, colleges and universities, and others—need to become involved in replicating and advancing best practices in improving family, friend, and neighbor care. In addition, it is absolutely critical that government, businesses, and philanthropy step up; work together; and commit to support, evaluate, and expand innovations that demonstrate the best results.

■ **Increase and strengthen community-wide efforts to help parents make the best child-care choices.** Many working parents, for a variety of reasons, believe that family, friend, and neighbor care is their best child-care option. Even so, we need to do more to help parents look for the highest quality and most appropriate care when they are making decisions about which family-based provider to choose. Outreach campaigns that help parents understand what constitutes quality care also play an important role, and we need to involve a variety of community-based resources in these efforts. Churches, schools, health care facilities, and other settings are capable of conducting information sessions to help parents assess various child-care options and access financial supports that can be used for child-care services. In addition, other community settings that parents frequent, such as local retailers, can distribute written information about how to identify quality care. Public access television and radio stations can and should be information sources, as well.

■ **Urge states to do more to encourage quality improvements in subsidized family-based care.** Across states, while child-care funding formulas vary greatly and are widely believed to be below the true cost of quality care, reimbursement for family-based care is judged by all observers as consistently low. Given this, states should establish more-adequate reimbursement rates that enable and encourage family providers to enhance their skills or improve their programs. Although the concept of linking reimbursement rates to increased training and education among family providers is just emerging and not yet well tested, it should be carefully explored. Such incentives could become a valuable tool for increasing quality, safety, and positive outcomes. It would also increase the economic stability of caregivers who serve low-income families and who frequently have low incomes themselves. One example to consider is a tiered reimbursement system, in which payment rates are keyed to evidence of quality. Illinois and Oregon are already considering such efforts.

■ **Make early care and development a higher policy and funding priority at both the state and federal levels.** It's tough to find anyone who disputes that the first few years of life are critical for helping children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At the Casey Foundation, we believe strongly that influencing the quality of family, friend, and neighbor care, particularly in America's low-income communities, is an opportunity to improve school readiness for the millions of kids who need it most.

succeed in school and in life. At the same time, it's difficult to square this recognition with our national and state spending patterns for early childhood development. As a nation, we are far from providing the public funding required to make cost-effective, high-quality child care—whether it is center-based or home-based—broadly available to the children and families who need it most.

Over the past decade there has been a large increase in the number of low-income, single mothers entering the labor force. Yet public child-care funding, measured in real dollars, is not keeping pace. According to the National Association of Child Care Resource and Referral Agencies, the administration's own estimates show that if child-care appropriations proposed in the Fiscal Year 2007 budget are accepted, there will be 400,000 fewer children receiving federal child-care subsidies in 2011 than in 2005. For example, proposals include terminating the Community Service Block Grant; cutting Title XX (Social Services Block Grant); and freezing funding for the Child Care and Development Block Grant, Head Start, and other children's programs. Spending by many states is in decline, as well. In 2004, a total of 30 states cut child-care assistance, valued at more than $600 million.[32] This is occurring at a time when thousands of families have their children on waiting lists for child-care vouchers—even though state waiting lists don't capture

all of the eligible families. For example, a study of Philadelphia families found that fully 50 percent of all of the subsidy-eligible families surveyed did not apply for subsidies.[33] Some states have even stopped taking registrations for child care.

Conclusion

No American ideal is more important than the promise of equal opportunity. Realizing this promise turns on many variables. Few are more pivotal than assuring that all children begin life on a level playing field and that they enjoy an even start. We have a long way to go. In schools across the country, too many of our poorest and most vulnerable children arrive without the developmental skills and competencies that all kids need to learn and succeed. By not having access to the resources and experiences available to more affluent kids, these students start school at a distinct disadvantage. They face an achievement gap that starts early and too often continues to grow over time.

But it doesn't have to be this way. We can narrow the school readiness gap and give more kids the even start that they deserve. In this 2006 *KIDS COUNT Data Book* essay, we assert that one powerful approach is to enhance the quality of child care that many children receive. In particular, we believe that much can be gained by doing more to help and support our nation's home-based child-care providers—providers who care for some 6.5 million American children.

From our perspective, this aspiration is attainable, and we have noted a number of promising state and local efforts that are moving in the right direction. Furthermore, we have put forth several recommendations that can help communities and the child-care field scale up these ideas for greater impact. However, the models and recommendations cited in this essay can only go so far. To make a real difference for kids, national and local policymakers, civic and community leaders, community residents, and child-care providers must be willing to commit the time, resources, and energy to act on these proposals.

We need leaders who acknowledge the critical role that these home-based providers play in every community's child-care continuum and who put as much faith in their value and their natural assets as the millions of parents who trust these providers to care for their children. We especially need leaders who are willing to experiment with new ideas that can stimulate and support stronger collaborations between home-based and center-based providers.

At the Casey Foundation, we believe strongly that influencing the quality of family, friend, and neighbor care, particularly in America's low-income communities, is an opportunity to improve school readiness for the millions of kids who need it most. It is an opportunity that our communities—and our nation—can ill afford to disregard.

Douglas W. Nelson, President
The Annie E. Casey Foundation


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The **Hartford Foundation for Public Giving** in **Connecticut** funds a weekly home visiting program for family, friend, and neighbor care providers in the *Making Connections* neighborhood, training providers in using Creative Curriculum.

In **Des Moines**, the **United Way of Central Iowa**, through its Women's Leadership Connection, provides funding for the Read Rover Van, which visits a network of family, friend, and neighbor providers in the *Making Connections* neighborhood.

A group of **Seattle, Washington**, funders, including **United Way of King County**, is supporting Play and Learn groups. Also in **Washington**, the **Gates Foundation** has invited two communities, including White Center/Boulevard Park, a *Making Connections* community just outside Seattle, to develop a plan for comprehensive early childhood development and early care and education. If funded, this initiative will seek to assure that children in that neighborhood have access to high-quality early care and education, from the earliest years through school entry.

The **A.L. Mailman Family Foundation** in **New York** is convening researchers, practitioners, and policymakers to share current knowledge about family, friend, and neighbor care; helping to broaden understanding of issues around quality in this field; and promoting practices that enhance the capacity of these providers to nurture babies and toddlers. Also in **New York**, the **Rauch Foundation** responded to research about the needs of its local area and determined that as part of their work in early child care, they needed to include efforts to support unregulated caregivers as part of their mission to give disadvantaged young children a better start in life.

The **Sisters of Charity Foundation of Canton** in **Ohio** provides several levels of support to family-based child-care providers, including scholarships to obtain their Child Development Associate credentials, mentoring support, accreditation grants, resources through a lending library, and training.

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