

Understanding Family, Friend, and Neighbor Care in Massachusetts



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of Arts and Sciences



COMMUNITY
LABOR
UNITED

Guadalupe Garcia | Lily Linke | Danielle Mulligan | Nick Pittman | Brooke Siggers

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Thanks to our Tufts peers from our “group of groups” - Boston Cyclists’ Union and Greater Boston Community Land Trust Network - for sharing this experience with us, and to our broader UEP community for providing us with adorable childhood pictures for this report.

Lastly, we want to thank all of the caregivers from our childhoods who taught us, guided us, and loved us. We dedicate this report to them, and to the important work of parents and caregivers everywhere.

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UEP Field Projects 2019

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uep Urban + Environmental Policy + Planning

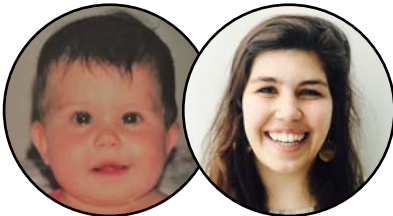
Our Research Team



Guadalupe Garcia: Lupe is a dual-degree MA/BA student at Tufts getting her BA in Architectural Studies with a minor in Latino Studies. She has experience providing child care, and FFN care was the primary kind of care used in her family. Her interest and experiences in child care, as well as her interest in supporting marginalized communities, influenced her to do this project.



Lily Linke: Lily received her BFA in Theatre Arts from Boston University in 2015. She has spent the past decade working in arts education, most recently running a touring educational theatre company called Classic Repertory Company. She has also been a preschool teacher and child care provider for many years, planting the seed for a lifelong passion for serving children and families.



Danielle Mulligan: Danielle graduated with her BA from Tufts in 2017, and will be completing her UEP degree in 2019 as part of the combined MA/BA program. At UEP she is focused on housing, education, and community development. Her passion for supporting children has grown out of many years babysitting, working in summer camps, and teaching in classrooms. A commitment to shifting policy to reflect the priorities of low-income residents and residents of color in the Boston area drew her to CLU's child care campaign.



Nick Pittman: Nick received his BA in Economics from Reed College in 2013. Following this, he worked for three years in environmental and economic consulting for various federal and state agencies. He then served for two years as a youth and community development Peace Corps volunteer in Armenia, living with a large extended family that depended upon an extensive informal child care network.



Brooke Siggers: Brooke graduated in 2018 from Ohio University with a BA in Political Science and Global Studies, a BS in Urban Planning & Sustainability, and a minor in African American Studies. She is currently a dual degree candidate in the UEP and Friedman Nutrition Policy programs. Brooke's parents relied exclusively upon FFN care, which sparked her interest in this project.

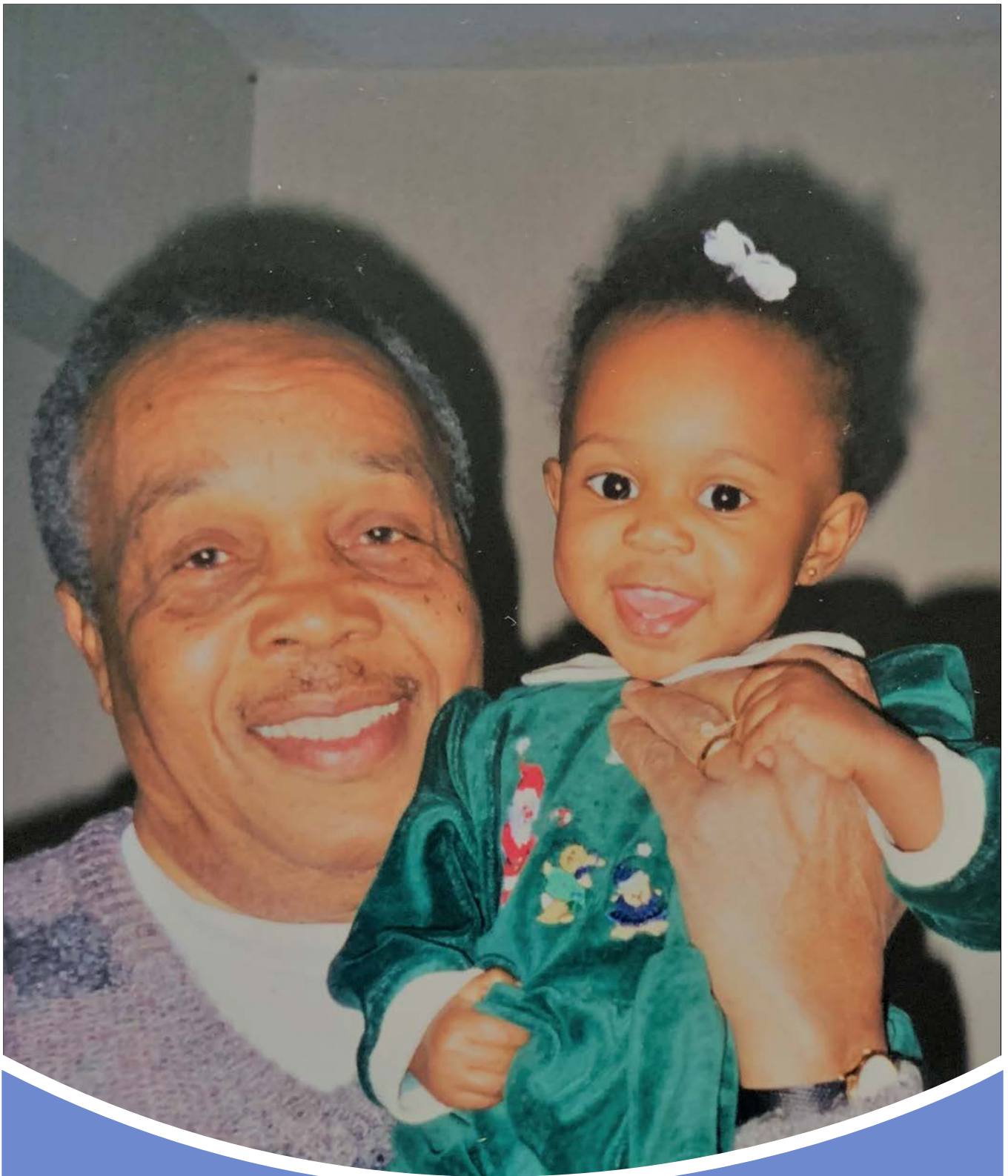
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Executive Summary

Family, Friend, and Neighbor (FFN) care is the unregulated and often unpaid care provided by adults with close personal relationships to the families for whom they are providing care. This report aims to make FFN care more visible and uplift the voices of FFN care users and providers by weaving them throughout this report. Community Labor United partnered with Tufts University’s Department of Urban and Environmental Policy & Planning to examine FFN care in the Greater Boston area to assist with developing their broader Care that Works campaign. There is limited research available on FFN care, so this report aims to fill gaps and uncover some of the motivations for using and providing care, the child care decision-making process, the benefits and challenges of FFN care, and identify areas that would enhance the research we have conducted. We hope that this research can influence future policy considerations and advocacy work to develop a universal child care system that equitably provides support for all forms of care.

FFN care has been historically peripheralized, and is widely under-researched. There is no contemporary or reliable data that gauges the prevalence of FFN care in Boston or in the United States more broadly. This is in part due to the fact that no universal term or definition currently exists. In order to begin to shift the narrative, our research team was tasked with collecting in-depth, personal stories from FFN users and providers around the Greater Boston area. Common FFN caregivers are grandmothers, siblings, childhood friends, friends from church and other tight-knit social settings, and neighbors who also have children. Unlike other forms of care, where “caregiver” and “user” are dichotomous categories, many FFN users are also FFN providers, and vice versa. Some families engage in care trades, taking turns caring for one another’s children, while other individuals may provide FFN care for one friend and use FFN from a different friend.

FFN care has many unique characteristics that set it apart from more formal types of care, such as center-based and family child care. These include non-monetary compensation, flexibility, atypical schedules, and multi-age settings. The most important defining feature of FFN care is the element of relationship. FFN caregiving situations are borne out of prior personal relationships, which are the foundation and catalyst for the caregiving. The decision-making process for finding child care is incredibly complex, particularly if parents have limitations surrounding their income, language, documentation status, and access to reliable transportation. These barriers can make it very difficult to access center-based care, if that is what the family prefers. The relationship between FFN care and the state is nearly non-existent. While it is possible to get subsidies for FFN care, only 2% of the subsidies in Massachusetts reimburse FFN caregivers. Outside of the subsidy system, FFN caregivers and users do not have much interaction with the state. There are advantages and disadvantages to this. While the state’s hands-off approach to FFN means that it is extremely challenging to access vital resources, the lack of regulation also means that families have more freedom to create care systems that fit their needs. This is particularly salient for undocumented individuals.

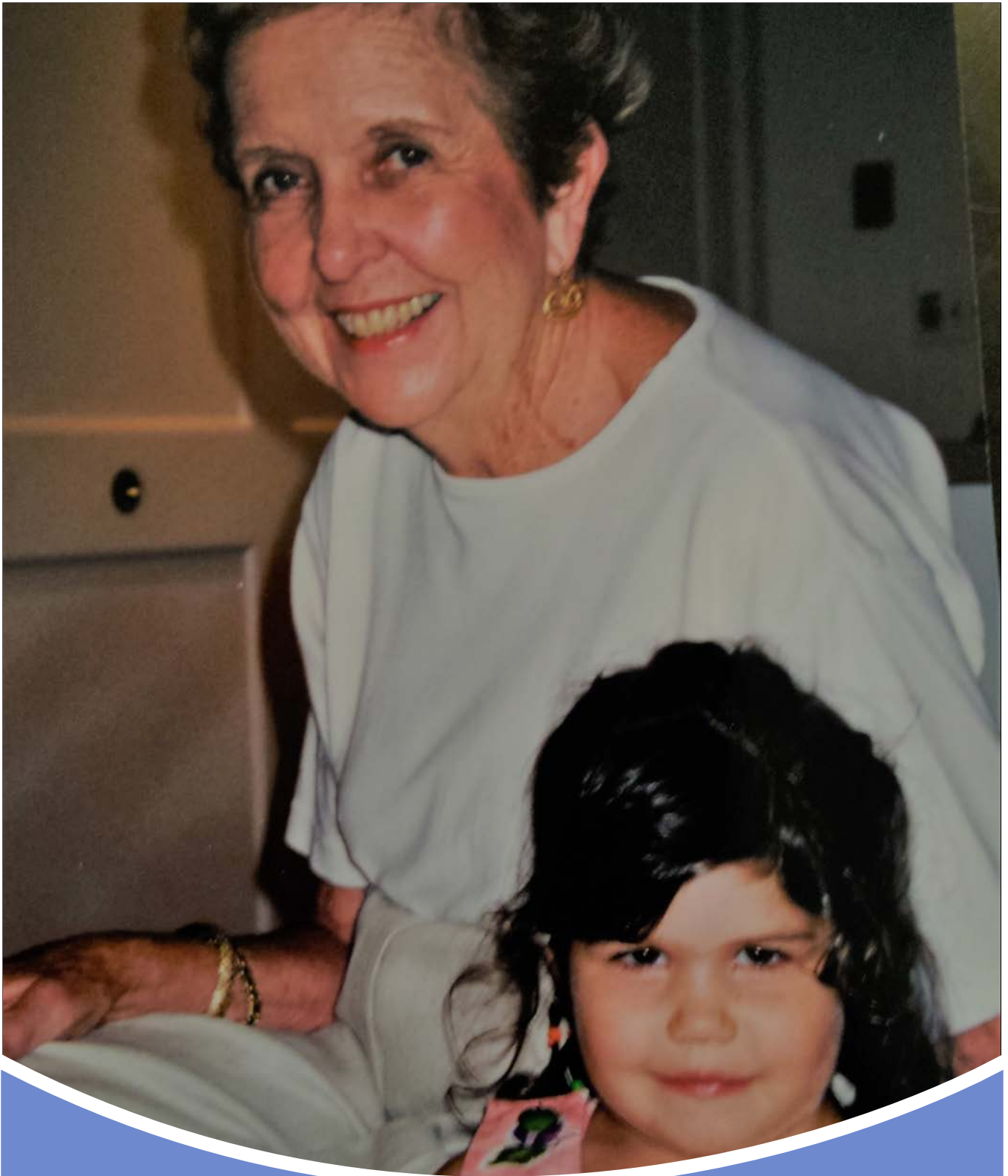
Many families, especially those from marginalized communities, often genuinely prefer FFN over other types of care and happily use it as their primary form of care. However, research indicates that individuals from marginalized communities are also more likely to utilize FFN care as a result of structural and systemic challenges that limit their choices within the broader care sector. For these families, FFN may not be their ideal situation, but merely what they have access to.

There are many benefits and challenges to using and providing Family, Friend, and Neighbor care. In some cases, a benefit for the care user may be a challenge for the care provider. The tight-knit relationships that form the basis of FFN caregiving situations are possibly the most vital benefit to FFN care, with many parents stating that trust was the most important consideration for them when looking for a caregiver. A number of parents shared that they felt far more comfortable leaving their child with a friend or family member than they would a licensed caregiver. Since FFN caregivers are typically already deeply embedded within the family's familial or social network, they often have shared culture and values. This is typically demonstrated throughout the care setting through shared language, communication styles, religion, and cuisine.

The flexibility of FFN is also a key advantage for parents, who take great comfort in knowing they have reliable caregivers who can care for their child last minute. The unpredictability can also be a source of stress for parents, and even more so for caregivers, who may have work or other prior commitments derailed by last minute care requests. The economic aspect of FFN is another double-edged sword; the majority of FFN care is provided at no cost, which is a major asset to low-income families. This also means that many FFN caregivers are sacrificing paid work in order to provide care, or are working many hours in addition to providing care and losing valuable time with their own families or for themselves. Lastly, FFN care users and providers have very little access to financial and material resources, as well as trainings and other forms of support. This raises concerns amongst some about the ability of FFN caregivers to provide high quality, educationally-enriching care.



Family, Friend, and Neighbor care is not a monolith. While it is nearly universally more affordable, accessible, and flexible than other forms of care, it is not without limitations. If the state chooses to intervene in the FFN care sector, it is vital that policy makers consider which supports will be truly meaningful, and which will place undue burden on already marginalized communities. There are many opportunities for policy to address the shortcomings of FFN care in order to move towards a truly universal child care system, but it must be done in collaboration with users, providers, and their advocates.



Introduction

“I didn’t want to stop working, but we would have been losing money.”

Doing the Math on Child Care

When Beatrice and Jameson’s eldest was born, they did the math. They were well aware of the cost of child care in Boston, one of the most expensive cities in the country for center-based care. Her wage as a health aide in a retirement home, despite her bachelor’s degree from her home country of Haiti, would not cover the cost of care for their one child. She decided to leave her job and raise their child while Jameson continued working overnight shifts to support them.

Now, seven years later, Beatrice and Jameson have two children, both of whom are in school. Beatrice is back working part-time to supplement her husband’s income of \$27,000/year. Jameson is still working night shifts, and Beatrice works as a live-in caregiver for an elderly man three full days and nights a week. After some negotiations with their respective employers, Beatrice and Jameson have arranged their work schedules so that five days of the week, one of them is home at night to put the kids to bed and wake them up in the morning for school. The other two days a week, when Beatrice and Jameson are at work, the kids stay overnight at Beatrice’s sister’s house, a few blocks away.

The kids love their regular sleepovers with their cousins, and Beatrice and Jameson are relieved to know that their kids are in good hands. Beatrice watched her sister’s kids frequently when she was staying home to raise her own kids and her sister was dealing with some health problems. She is sure that they share similar values and rules for their kids - it is good to know that they will hear Creole and eat familiar food in her sister’s home. Despite these benefits, she cannot help but worry about the disruption in her kids’ routines and the added stress for her sister’s family from having two extra kids in the house. She wishes she could at least pay her sister’s family for helping out, but they both know that will not be realistic any time in the near future. For now, she’s happy to have this as an option.

Project Background

In 2016, Community Labor United convened the Care that Works (CTW) coalition to advance their long-term vision of a public, universal care system in which child care is affordable to working families, accessible during the hours when families need it, and provides living wages and benefits to child care providers. In support of CTW, this report was commissioned to investigate Family, Friend, and Neighbor (FFN) child care. FFN is the unregulated and typically unpaid care provided by adults with close personal relationships to the families for whom they provide care. This form of care is commonly marginalized and under-resourced, despite it being the most common form of non-parental child care in the United States, and an integral piece of the majority of families' care arrangements. Our report aims to make visible this form of child care, both compensated and uncompensated, and to uplift the voices of the FFN users and providers to shape future conversations for a more equitable and inclusive child care system.

Challenges in Accessing and Providing Child Care

Massachusetts is one of the most expensive states in the country for child care. On average, center-based care for one infant can cost a family as much as \$20,000 per year.¹ Care for an infant at a Family Child Care (FCC) costs around \$11,000 per year. An analysis done by the Economic Policy Institute in 2017 found that the average income of 99% of the population in Massachusetts is less than \$62,000 per year (although, when including the wealthiest 1% of Massachusetts residents, the average income shifts dramatically up to around \$100,000 per year).²

In addition to cost, families often confront logistical challenges if they work outside of a “traditional” 9am - 5pm schedule, live far away from their preferred child care option, or have

children with special needs. Cultural, religious, and other personal values including diversity, discipline, and quality of care are also important factors for parents when finding the right child care arrangement. This makes each family's care arrangement unique, often consisting of a combination of child care options such as center-based child care, family child care, nanny care, FFN care. Each of these care options has benefits and challenges for the families using them.

Caregivers also face many challenges in providing child care. While these challenges can vary greatly depending on the form of care, FFN care providers are frequently underpaid or monetarily unpaid, though other forms of compensation are often used in FFN care arrangements. Low state reimbursement rates through the state's subsidy system (for all forms of child care) also contribute to this problem. Providers also face barriers in seeking licensure such as language inaccessibility, documentation status, or lack of funds for trainings.



Family, Friend, and Neighbor Care

FFN care can look different for each family. Some families utilize FFN to fill in gaps around their primary form of child care, but for other families FFN is their primary form of child

care. Despite how frequently people use this form of care, FFN care has been marginalized by the dominant narratives around “traditional” child care, and by policies that dictate what constitutes “formal” child care. The framing of FFN as being inferior to center-based or other child care models ignores the historical, social, and cultural significance of FFN care, and obscures the ways in which this care is preferable for many families. In this report, we tell stories based on our interviews, like that of Beatrice and Jameson, to incorporate these elements.

Theoretical Frame

Beatrice and Jameson’s story also highlights how gender, racial and ethnic identities, immigration status, and economic inequalities shape the challenges that families face in choosing and maintaining their child care arrangements. Gender and economic inequality have been particularly salient in our research as our current economic and political system does not recognize that the majority of labor that happens within the home. Often deemed within the private sphere, home-based child care is often gendered as “women’s work.” Having to provide child care, or lack thereof, can be a significant barrier to women entering the workforce or moving up to higher positions of power. It is important to understand that even outside of policy, child care has always been subsidized by women, primarily through the provision of free and underpaid child care labor.

Additionally, economic instability is one of the biggest challenges facing caregivers and families seeking child care. As the majority of our interviewees self-identified as “low-income,” we heard stories of parents foregoing employment opportunities because of the cost of child care, and parents experiencing shame because they could not afford to compensate care providers consistently or sufficiently. Marginalization through race, ethnicity, and documentation status also exacerbated families’ challenges in navigating an already complex system.



Undocumented families and caregivers are particularly restricted in their choices because of their inability to access state subsidies or go through the licensing process, respectively. Due to the role identity plays in caregiver’s lives and families’ child care arrangements, the stories highlighted throughout this report may not reflect families’ “ideal” child care scenarios, but are arrangements that meet their needs given their circumstances.

Research Questions

Our goal for this report is to better understand FFN care and the role it plays in the larger child care sector, as well as making this form of care more visible. These questions guided our research:

1. What is Family, Friend, and Neighbor care? How does it fit into the broader child care sector?
2. How is FFN care impacted by policy at the federal, state, and local level?
3. Who is using and who is providing this form of care? How does identity intersect with child care?
4. How do families make decisions around their

- child care arrangements?
5. What are the benefits and challenges of providing and using FFN care?

Report Structure

First we explain our methods of research, including important information about our interview process. We then cover some of the terminology used throughout the report, including our definition of Family, Friend, and Neighbor Care and its unique characteristics. Next we explain where FFN fits within the policy context to provide a framework for understanding the relationship between this form of care and the state and federal government. Next we bring together the literature and the data collected from our interviews to consider how identity intersects with the decision to use or provide FFN care, what that decision-making process looks like, and what some of the benefits and challenges of FFN care are. We conclude by summarizing our major findings and identifying areas for further inquiry.

A Note About the Stories in this Report

Throughout this report, you will find stories of FFN care and caregivers and users. While the details of each story are taken from information our interviewees shared with us, each profile is an amalgam of multiple stories. In some instances, details were added that came from literature, and in others elements were borrowed from stories interviewees told us about their friends. We will also be using pseudonyms to refer to the people we describe. In bringing many voices together into one story, we are trying to demonstrate the various nuances involved in child care decision-making processes while protecting sensitive information that our interviewees shared with us.

A Note About the Pictures in this Report

Throughout this report there are pictures of the research team as children, as well as a number of pictures provided by other members of the Tufts Urban and Environmental Policy and Planning Masters program. We have decided to choose pictures highlighting dear caregivers in our lives, in line with the themes of this report.

Section References:

1. “2018 State Child Care Facts in the State of Massachusetts” (Arlington, VA: Child Care Aware of America, n.d.).
2. “Income Inequality in Massachusetts,” Income Inequality in Massachusetts, July 2018, <https://www.epi.org/multimedia/unequal-states-of-america/#/Massachusetts>.

Our Partner Organization

Community Labor United (CLU) has been developing strategic campaigns for nearly 15 years to unite labor unions and community groups and advance the interests of low- and middle-income working families in the Greater Boston Area. CLU grew out of the Greater Boston Labor Council and a desire to bridge historic and racial divides between these two organizing spheres, and has led campaigns on public transit, wage theft, and green justice. CLU increases capacity for its partners by providing research and communications, opportunities for popular education and grassroots mobilization, and building and coordinating strategic coalitions.

The Care that Works coalition of Boston-area labor and community organizations is guided by a long-term vision of a public, universal care system in which child care is affordable to working families, accessible during the hours when families need it most, and provides living wages and benefits to child care providers.

“The idea [behind CTW] was let’s bring providers to the table...we also brought labor partners to the table and a couple of community groups to talk about how can we build a pipeline to jobs, but also look at child care. That’s sort of how we started this conversation...We can’t talk about empowering women to work on a construction site, when they need to be on site at 5am or 6am, if we’re not supporting who is providing the child care”

- Mimi Ramos, Executive Director
NEU4J

Each coalition member brings different perspectives and motivations to their work on the Care that Works Campaign. For example, BEST Hospitality Training and Building Pathways are

workforce development programs that joined the coalition out of concern over the barrier that a lack of affordable, quality, and accessible child care imposes upon (primarily) women looking to join the unionized construction and hospitality workforces. Matahari Women’s Worker Center, on the other hand, brings the interests of domestic care workers to the coalition to ensure that even the most vulnerable of child care providers are empowered in the coalition’s long-term vision. Please refer to Appendix 2d to read more about each coalition member.

*Boston Education Skills & Training
(BEST) Hospitality Training*

*Boston Public Health Commission
(BPHC)*

Brookview House

Building Pathways

Greater Boston Legal Services

Matahari Women’s Worker Center

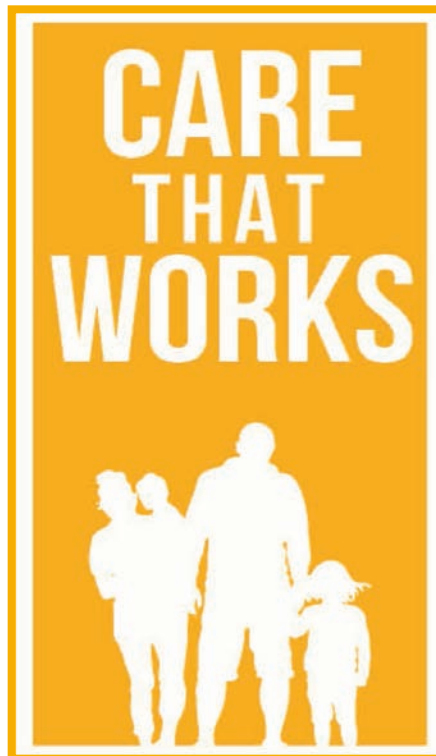
Metro Boston Building Trades Council

New England United for Justice

*Policy Group Tradeswomen’s Issues
(PGTI)*

UAW 1596

SEIU Local 509





Methods

“I don’t want him to have to worry about that, he’s just a kid.”

Child Care Instability

Andrea’s 13-year-old son Lucas goes to his uncle Samuel’s house every day after school. Samuel, Andrea’s brother, does not charge her, and enjoys spending quality time with Lucas. Andrea is a single mother and Samuel has no problem providing care for Lucas on his days off. Lucas frequently takes an Uber to Samuel’s house after school. They especially enjoy playing soccer together, and as a result of this arrangement, Lucas has a great male role model to look up to. Andrea sometimes uses different care arrangements, and does not like that her son sometimes worries about receiving care. Andrea says that he sometimes asks, “Where am I going to be after school this week? Is uncle off from work tomorrow?” She hates that Lucas has to worry about finding care for himself.

Andrea herself is a caregiver for children, and has provided daily care for the same family of five for three years. She explains that because the family she works for has the means to pay her well, they can expect her to be reliable, consistent, and thorough in completing her responsibilities, which also include doing laundry, cooking, and cleaning. Because she has limited means to pay for child care, she sometimes worries about whether or not her brother will get called into work or if her occasional babysitter will cancel on short notice. She doesn’t have the means to afford the same level of stability for her son, and she wishes she could provide her own son with the same kind of care she provides for her employers.

Existing Literature

As a fairly new area of research, there is very little past work for researchers to look to for guidance in exploring FFN care. There is no consistent definition that accurately encompasses the various aspects of FFN care, so research varies in the way that FFN care is perceived, analyzed, and reported upon. For example, the National Survey of American Families conducted surveys between 1999 and 2002 on care arrangements for school-age children throughout the United States. In designing the study, researchers separated neighbor care from the “FFN” category, labeling it as Family Child Care or distributing it among other categories, depending upon where the care occurs and whether or not the caregiver is paid. The Office of Human Services Policy³ conducted the National Household Education Survey in 1999, defining FFN care slightly differently, as any non-parental care provided on a regular basis that is not provided in a licensed or registered center (including Head Start, nursery, preschool or child care center programs) or family child care (FCC) setting.⁴ Because FFN care takes place between children and caregivers with many different kinds of relationships, it can be difficult to study and quantify. Past nationwide studies such as these may be outdated, inconsistent in categorizing FFN care, and/or unengaged with the intricate details and catalyzing factors that perpetuate FFN care. They are also often focused on the broader child care sector rather than being focused on FFN care specifically.

The literature we examined included nonprofit- and university-based research, relevant policy documents, and issue briefs. Unfortunately, there are no studies or surveys that have been conducted to gauge the

magnitude of this care in Boston but as we discuss later, the city has recently added child care arrangement inquiries to their 2019 Census. We plan to use information we gathered through our extensive review of literature on FFN care to supplement the data we collected through interviews.

Interview Methods

Our main method of data collection consisted of semi-structured interviews with FFN care users and providers and local child care policy stakeholders. We chose this method because of CLU’s interest in adding depth to the conversations around FFN care, and we wanted to accomplish this by uplifting the stories of local families and caregivers. Because FFN care is so widely used and so little understood, we narrate real, self-described experiences from parents and caregivers in the Greater Boston area to supplement the academic material we use to explain this form of care. Researching FFN care through the view of individuals providing and using this form of care allows us to introduce nuance into the existing literature and better understand the functionality of FFN care networks.



3. The **Office of Human Services Policy (HSP)** conducts policy research, analysis, evaluation, and coordination on various issues across the Department, including but not limited to, poverty and measurement, vulnerable populations, early childhood education and child welfare, family strengthening, economic support for families, and youth development. HSP serves as a liaison with other agencies on broad economic matters and is the Department’s lead on poverty research and analysis.

Parents/Caregivers Interviews

We conducted 18 interviews with individuals who self-identified as using FFN care, providing FFN care, or both. We were connected with these interviewees through CLU's Care that Works coalition members, as well as other local community organizations. Each interview lasted about 45 minutes and included detailed questions about child care arrangements that interviewees used and provided (see Appendix 1b and 1c for our list of FFN user and provider questions). CLU provided \$30 gift cards to compensate parent and caregiver interviewees for their time as well as interpretation services as needed to ensure the comfort of interviewees who speak different languages. Our Interview Demographics section will detail the demographics of parents and caregivers that we spoke with.

Stakeholder Interviews

We also conducted three interviews with six policy and nonprofit professionals who are familiar with the child care landscape in Boston. We wanted to learn more about the policies and programs that have been implemented to support FFN care, as well as policies and programs that stakeholders are advocating for. Each of these interviews lasted around one hour. These interviewees included:

Massachusetts Department of Early Education and Care

- Kelly Hart Meehan, Metro-Boston Regional Director
- Patricia Halpin, Family Child Care Licensing Supervisor

New England United for Justice

- Mimi Ramos, Executive Director
- Sandra Teixeira, Organizer

Mayor's Office of Women's Advancement

- Tania del Rio, Executive Director

- Brenna Callahan, Policy and Communications Manager

To see a list of the general topics we addressed in our stakeholder interviews (each one was fairly customized), see Appendix 1d.

Our Research Goal

Our primary goal in conducting these interviews was to understand what motivates FFN caregivers to provide this form of care and why parents choose this form of care, how FFN care operates, and what FFN care users and providers think could be improved. We plan to weave information from the literature together with the qualitative data we collected from our interviews to provide a broader context for the FFN care sector, given that our interviewees were all residents of the Greater Boston area. We will convey our findings throughout the report through narrative storytelling to bring the voices of FFN care users and providers to the forefront of our research, convey the main themes of our findings, and personalize and contextualize our research through genuine experiences.

Notes on Our Data Collection Process

Implicit and Explicit Data

Throughout our interview process, the research team collected both “explicit” and “implicit” qualitative data. While each interview yielded important answers to the interview questions, which we refer to as explicit data, we also gathered contextual information that we noticed when conducting interviews, which we refer to as implicit data. For example, one caregiver arrived late because she had been unexpectedly asked to care for a child, and even brought her to the interview. We also interviewed a mother whose daughter was present during the interview. This indicated to us how challenging it can be to schedule child care, and how it can often derail prior commitments.

Interviewer-Interviewee Dynamic

We encountered several challenges in coordinating the 18 FFN interviews. These challenges were particular to working with populations that have been, in many ways, peripheralized by both policy and academia. First, we acknowledge that as academic researchers and interviewers we often held positions of power over interviewees, the majority of whom self-identified as low-income and/or people of color. In order to mitigate these power dynamics we consistently reassured our interviewees that they held the power in the interview and that they could refuse to answer any of the questions or leave the interview at any point. We also provided interviewees with their gift card before starting the interview, so that they did not feel that their receipt of the gift card was in any way dependent upon their participation or upon providing us with certain answers to our questions. We also tried to make the interviews as accessible as possible, by meeting at a time and in a location most convenient for the interviewees. Child care can be an extremely sensitive topic, and we reassured interviewees that they could redact any statements they made from the audio recording, notes, and any reporting or analysis. More information regarding the decisions we made in the coordination of our interviews can be found in Appendix 1e.

Finally, we would like to note that we feel that there is great value in simply giving caregivers and parents the space to share their stories. It was important to us to bring forth and elevate work that is frequently ignored and devalued, and we feel that listening to these stories often made caregivers and parents feel more valued and appreciated for their work.

Section References:

4. Brandon, Richard N. "Enhancing Family Friend and Neighbor Caregiving Quality: The Research Case for Public Engagement." Seattle, WA: Human Services Policy Center, University of Washington, August 2005.

Interviewee Demographics

Below is a summary of relevant interviewee information gathered from pre-interview demographic (view survey in Appendix 1a) surveys of the 18 Family, Friend and Neighbor user and provider interviewees:

- **Role in FFN Care:** 61% of interviewees identified as a parent/guardian/primary caretaker, 11% identified as a caregiver for children that are not their own, and the remaining 28% identified as both.
- **Gender:** Interviewees included 16 women and two men involved with FFN care in some way.
- **Language:** Interviews were conducted in five languages. All interviewees were offered translation but not all English-speaking interviewees spoke English as their native language. For instance, one interviewee's native language was Spanish, and another's was French, but both interviews were conducted in English given the interviewees' comfort level.
- **Race and Ethnicity:**⁵ Eight interviewees self-identified as Black, among them 5 Black, and 3 non-US Black (Afro-Haitian, Afro West Indian, and Black African); six as Latinx/Hispanic (1 Costa Rican); three as Asian or Asian-American; and one as White.
- **Age:** Twelve (or two-thirds) of the interviewees were in the 35-49 age bracket, with three interviewees in the 25-34 bracket, two 50-64, and one 65 or older.
- **Income and Occupation:**⁶ Five interviewees either did not report their income bracket, or preferred not to say. Of the remaining 13, nine identified as low-income, one as low- to moderate-income, two as moderate income, and one as moderate to high-income. Six interviewees did not report their occupation; of the remaining twelve, one was unemployed, several were employed in some form of caregiving (such as being a nanny or an overnight caregiver at a retirement community), and the rest were employed in a range of other fields including

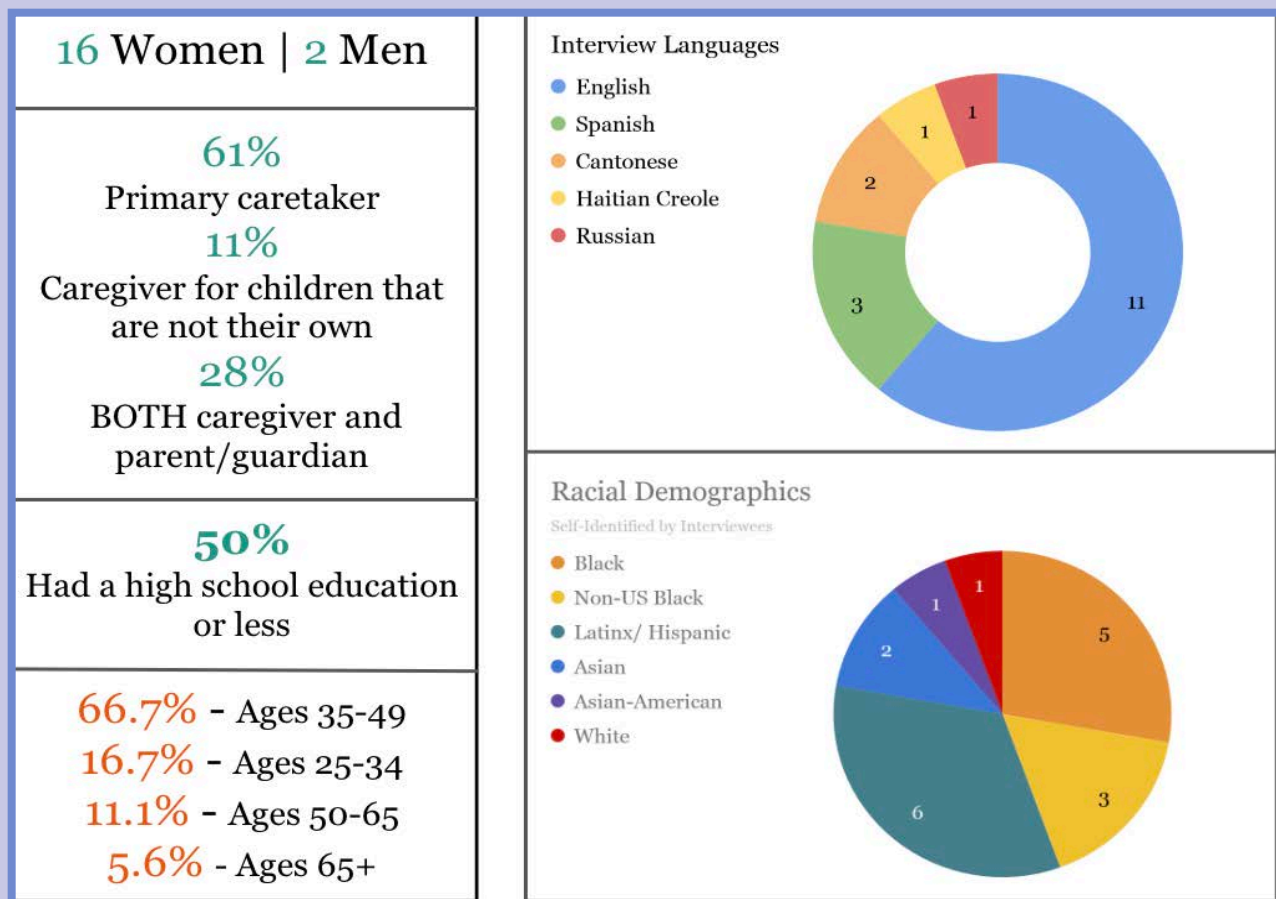


Figure 1. Interviewee Demographics

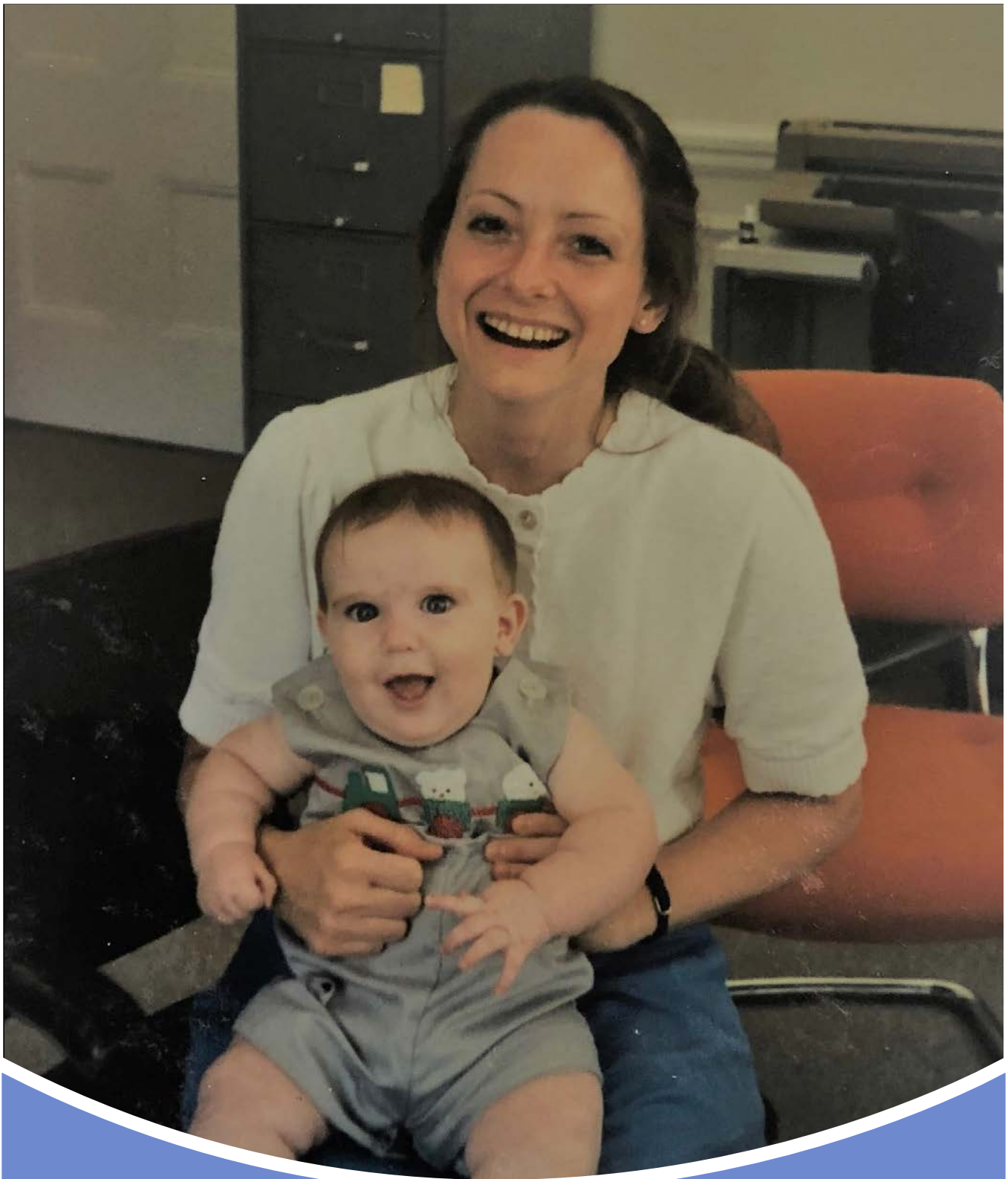
maintenance, hospitality, construction, and counseling. Almost all employed interviewees worked at least 30 hours a week.

- **Education:** Half of the interviewees finished their education upon completing high school or before. The other half ranged from having completed some college to one interviewee having a graduate degree.
- **Place of Residence:** Of the 16 interviewees who chose to identify where they live, six live in neighborhoods of Boston (four in Dorchester, and one each in Roxbury and East Boston), six live relatively near Boston (two in Chelsea, two in Revere, one in Medford, and one in both Everett and Chelsea), and four live in more distant communities (one in Pepperell, one in Brockton, and two in Randolph).
- **Number of Children in House:** Of 14 parents we interviewed, eight had one child in their household who required regular supervision, three had two, and three had three.

It is important to note that we only interviewed one grandparent, though we heard about many care arrangements involving them. This is certainly a shortcoming in our interviewee pool, given what a significant portion of FFN care grandparents provide, according to both the literature and our interviews.

5. Categories for race and ethnicity were not predetermined. The question was open-ended and interviewees self-identified their race or ethnicity.

6. Categories for income also were not predetermined. The question was open-ended and interviewees self-identified their income levels.



Defining FFN Care

Child Care Terminology

In this report, we use the terms “formal” and “informal” to delineate between the two major categories of child care. While most policymakers refer to care in these terms, the dichotomy can stigmatize those using and providing informal care. Historically, research and policy have focused on the “formal” care sector more than the “informal”, resulting in fairly well-defined and consistent terminology around the former, and very disparate terminology around the latter. FFN care has been referred to as embedded care, Kith & Kin care, community care and more, and with different names come different definitions. Since the terms can vary significantly, below we outline important child care terms we will be using throughout this report.

Formal care: Care that requires the direct involvement of the state through licensing, regulation, and quality ratings. Formal care is almost always required to be licensed, so the terms ‘formal care’ and ‘licensed care’ are somewhat interchangeable within the policy framework. Care that is required to be licensed, but is operating under the table without the knowledge of the state is called ‘unlicensed care.’

Informal care: Care that typically does not engage with the state other than the relatively rare provision of subsidies. Informal care typically does not require licensure, and is therefore referred to as ‘license-exempt.’

Types of Formal Care

These settings operate on a larger scale, typically caring for a larger number of children at a time and employing multiple teachers and staff members.

- **Center-Based Care:** Center-Based Care takes place in a private or public commercial (non-residential) space. Children can attend

centers full-time or part-time, but teachers and parents must agree upon a consistent attendance schedule. Centers must be licensed to operate and are required to follow state regulations, though the stringency of those regulations can vary significantly. Child care centers may be public or private, and for-profit or non-profit. They range significantly in size and scale, from small religiously affiliated centers to large corporate chains. Centers that accept child care subsidies are subject to federal regulations in addition to the state regulations, under the Child Care and Development Block Grant (CCDBG).

- **Family Child Care (FCC):** Family Child Care takes place in the caregiver’s home. Children can attend Family Child Care full-time or part-time, and providers are often more flexible with the care schedule. Family Child Care providers typically care for fewer children at a time and are often less expensive than centers. They are also eligible to accept subsidies. In most states, Family Child Care providers are required to be licensed, but other states differentiate between “licensed” and “registered” homes, based on the number of children being cared for, while others may even allow some Family Child Care providers to be “license-exempt.” There is also a fairly prevalent ‘informal’ Family Child Care market in Massachusetts consisting of providers who are operating without a license.

Types of Informal Care

This care happens at a smaller scale, typically with just one caregiver at a time.

- **In-home Nanny/Babysitter Care:** Nanny and Babysitter Care is provided in the home of the child. It can be full-time or part-time, regular, or as needed. It is always paid, typically at an hourly or daily rate. This form of care takes place in the child’s home, therefore nannies and babysitters are

typically license-exempt and unregulated.

- **Family, Friend, and Neighbor Care (FFN):** Family, Friend, and Neighbor care is provided by individuals with a personal relationship to the family and/or child(ren) for whom they are caring. This care may take place in the child's home or the caregiver's home, which may sometimes be one and the same, or in a third location. The care may be full-time or part-time, regular, or as needed. FFN Care is usually unpaid, but other forms of compensation are often exchanged. Some families use child care subsidies to pay for FFN care, although this is not common. Family, Friend, and Neighbor Care is usually license-exempt, but families and providers seeking subsidies are subject to a pseudo-licensing process.

How we talk about child care informs how we think about child care, and vice versa. It is important to acknowledge the ways in which existing terminology may unfairly marginalize the the informal care sector. Below we address some of the impacts of these terms.

Stigma: One interviewee shared her experiences of feeling judged by friends and co-workers for placing her child in an unlicensed care situation. She expressed that she experienced stigma for this choice, and that she wished other people could understand the reasoning behind it. She wants others to recognize that she put a lot of thought and research into her child's care situation, and that the provider she chose is responsible, safe, clean, professional and very experienced. We hope that through this report we can encourage new ways of thinking and talking about these different types of care that grant them the respect and consideration they deserve.

Parent and Caregiver Dichotomy: Most existing research on FFN care divides FFN

users and providers into two distinct groups. While we also use these terms to distinguish between the primary roles of our interviewees, it is important to acknowledge that this is a false dichotomy. Many caregivers are also parents and fall into both categories. Notably, most of the interviewees who identified as parents shared experiences of regularly providing care for their relatives', friends', or neighbors' children. FFN care is also so deeply ingrained into people's lives that many FFN caregivers do not think of themselves as such.



“We have to support each other.”

A Day in the Life of an FFN Caregiver

Roberto lives in a three-bedroom house in Chelsea with his wife Gloria, their daughter Camila, Gloria’s older daughter Gabriela, her husband Luis, and their newborn baby boy, Daniel. Roberto works in building maintenance from 10pm to 6am, so he takes care of Daniel during the day while Gabriela and Luis are at work. In addition to his caring for his grandson, Roberto takes care of Mario, a family friend’s 4 ½ year old son.

Mario’s mother Isabella immigrated to Boston from Roberto’s home country of El Salvador when she was pregnant with him, and she ended up renting a room from Roberto and his family. Isabella lived there until Mario was 2 ½ years old and when his father Ernesto was able to join them in the U.S., they moved into a home of their own. The two families are still very close, and Roberto says he still considers them to be like one big family.

Every day Monday through Friday, Roberto picks Mario up from school at 2:30pm and brings him back to the house. Mario is very comfortable in the house, as he had lived there for the first half of his life. He usually eats a snack and plays with Daniel alongside Roberto until Ernesto can pick him up around 4:30. Roberto receives no payment for the care he provides, but says he does not mind. He is happy to provide this care for Daniel and Mario. He loves the boys and knows he is providing a valuable service to his daughter and friends.

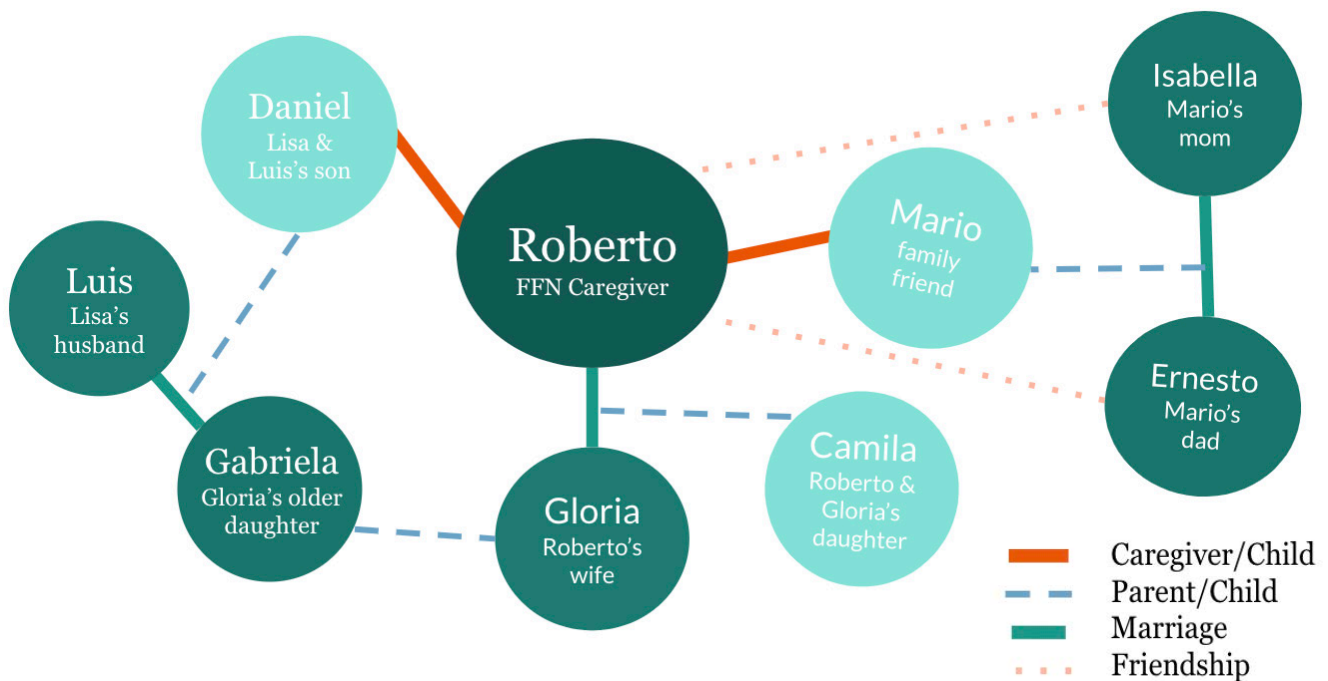


Figure 2. Roberto’s Care Arrangements. Source: graphics by project team.

Unique Characteristics of FFN Care

Roberto's story perfectly encapsulates many of the unique elements that set FFN apart from other forms of care. Our interviews demonstrated that FFN care, perhaps even more so than other forms of care, is not a monolithic category. Each individual situation is particular to the individuals it serves based on their needs and preferences. However, there are a few characteristics that broadly apply to the majority of FFN caregiving situations.

- **Regularity:** While the state has its own definition of regularity as it pertains to licensure, we relied on the judgment of the interviewee to determine what constituted “regular care.” Roberto has a set schedule with Daniel and Mario that is consistent from week to week, but each interviewee's arrangement was different. Most interviewees were using or providing FFN care at least one day a week, some had arrangements that ran Monday through Friday, and a small group were much more sporadic in their use of FFN care. If an interviewee utilized FFN care once a month, but considered that to be a regular system they rely on, we still considered it to be regular. In this way, one could say that in the context of FFN care, regularity is really more about dependability, and the personal relationships inherent in FFN care can sometimes make these situations more reliable, and certainly more flexible, than professionalized care.
- **Compensation:** We encountered a variety of payment situations in both the literature and interviews. One study stated that 78% of parents report paying nothing for FFN care.⁷ Some of our parent interviewees reported paying a very small daily fee (\$25-\$40 for a full day sometimes lasting as long as nine hours). These differences are significant for low-income families, who spend an estimated 25 to 36 percent of their income

on child care, compared to seven percent for wealthier families, according to research from 2016.^{8,9} Many interviewees described non-monetary forms of compensation in their FFN situations. The most prominent example is “care trades” where families provide FFN care for one another. Other forms of compensation that came up during interviews include housing, transportation, meals, and hair styling.

- **Auxiliary Nature:** The majority of the interviewees were not using Family, Friend, and Neighbor Care as their full-time, primary source of care. Because the interviewees are not a representative sample, we cannot make any conclusions about the implications for FFN more broadly. However, their stories did highlight the particularly agile nature of FFN care as a “gap filler” around other forms of care. Many parents started work early in the morning or ended late in the evening, and utilized FFN to fill in those hours before and after school. Some interviewees who worked overnight or on the weekends relied on friends and family to watch their children in those hours.

Some additional, but less prominent, characteristics of FFN that arose through our research were:

- **Multi-Age Setting:** Unlike other forms of care, which typically have age limits, FFN caregivers often accept children of any age range. This enables parents to have all of their kids in one, convenient location.
- **Stability:** FFN care arrangements are often more stable and long-term than licensed care arrangements,¹⁰ as center-based care arrangements have one of the highest turnover rates out of all labor sectors in the country at around 30% each year.¹¹

Relationships

In addition to the characteristics listed above, we found that the most important feature of FFN care is that it is borne out of prior personal relationships. As in Roberto's story, when asked why Isabella and Ernesto chose him to care for Mario, he said that they trusted him because he is their friend and has known Mario since he was born. FFN care is, at its core, relational as opposed to transactional. This is not to say that other types of caregivers do not also form deep, lasting bonds with the children for whom they care and their families. Rather, we wish to emphasize that personal relationships are the result and not the catalyst of those caregiving situations. Throughout the course of our interviews, we learned that our interviewees drew upon a wide variety of personal relationships to cover their care needs.

Family: Eleven interviewees told us that they currently rely upon or have, in the past, relied upon family members to provide care for their children. The most common familial relationships were parents, siblings, and nieces and nephews. Our interviewees cited trust, proximity, shared culture and language, and reliability as some of the motivations for utilizing family members for care. One interviewee said that the only person she trusted to look after her child was her mother because "she raised me, so of course I trust her." Another interviewee shared that he trusted his son's teachers because it is their profession, but outside of school the only people he trusted to care for his son were his family. He said that his older nephews occasionally care for his son, and that he particularly trusts one of them because he is "a straight-A student and a lifeguard." Grandmothers were among the most common caregivers, with eight interviewees mentioning them. Roberto was the only grandfather in our pool who provided regular FFN care.

Friends: Twelve interviewees shared experiences of utilizing and/or providing FFN care with close friends. We heard stories of lifelong childhood friends, friends made through

the child's school, friends made through church and community groups, teachers turned friends, godparents, and, in Roberto's story, former roommates. One interviewee described a "care trade" she engages in with her friend, the only person she trusts to watch her kids after some bad experiences at daycare. Another interviewee described the friend she met through community organizing, and another told us about how she befriended the mother of her daughter's friend from school, and now provides occasional care for her.

Neighbors: Many interviewees lived in close proximity to friends and family who provided FFN care. Only three of our interviewees expressed that they utilize or provide FFN care through non-family and non-friend neighbors. These arrangements were primarily care trades, where neighbors with similarly aged kids could provide care for one another. Some of these arrangements were regular and consistent, while others were more sporadic and used as a last-minute solution. One interviewee shared that a neighbor had asked her to watch her baby because she knew that she was already staying at home with her own child. This relationship continued for quite some time and developed into something more regular as the women became close friends.

The pool of interviewees was extremely diverse racially, linguistically, and culturally, and they each had a unique story behind their choices about finding and providing care. The consistent running theme through all of these stories, however, is the importance of personal relationships being the anchors of their care situations.



User and Provider Statistics:

Nationally and in Boston

Now that you have a better sense of what FFN care is and how it operates, you may be curious about the scale at which it operates. It is difficult to estimate the total number of families utilizing FFN care in the United States, in part because the literature we reviewed is not consistent in its measurements and definitions. It is likewise difficult to accurately estimate the total number of providers of FFN care in the U.S. because studies differ in both scope and research demographics,¹² and because providers are an extensive and diverse group.¹³ Recent studies have made a variety of estimations, including:

1. A 2012 report stated that there were 3.77 million home-based providers caring for 7 million children under age 6 in the U.S.¹⁴
2. A 2015 report said that 75% of children were in FFN care.¹⁵
3. Another 2015 national report estimated that there were 919,000 paid and unlisted (not appearing on state lists as licensed or license-exempt) providers in the U.S., and 2,730,000 unpaid and unlisted providers.¹⁶
4. In 2016, it was said that 5.2 million children were in the care of relatives and 2.8 million children were in nonrelative home-based care.¹⁷
5. Relatives providing care are among the majority of FFN arrangements, with grandmothers representing approximately half of all FFN care providers according to a 2015 report.^{18, 19}

There is currently no any data about the use and prevalence of FFN care in the City of Boston. Tania del Rio from the Boston Mayor's Office for Women's Advancement wants to change that. Her office has created a survey to be distributed with the 2019 City census. It will be the first ever survey of this scale specifically about child care and the challenges families are facing in their pursuit of it. Tania del Rio shared that when

creating the different categories on the survey, they, too, struggled with defining FFN care in a way that would be clear to people filling out the survey. They decided to list it as "Neighbor, friend, family," and hope to gather the first ever dataset about its role in Boston. Their analysis will be available sometime in late 2019. For a copy of the survey, see Appendix 2b. While the city hopes to become more involved with making improvements to the child care system, most child care policy happens at the state and federal level. In the next section, we lay out how funding for child care is allocated, and how it affects FFN care users and providers.

Section References:

7. Richard N Brandon et al., "Understanding Family, Friend, and Neighbor Care in Washington State: Developing Appropriate Training and Support" (Seattle, WA: Human Services Policy Center, University of Washington, February 2002). 6.
8. Michael Madowitz, Alex Rowell, and Katie Hamm, "Calculating the Hidden Cost of Interrupting a Career for Child Care" (Washington, DC: Center for American Progress, June 2016). 2.
9. "Family, Friend, and Neighbor Care: Strengthening a Critical Resource to Help Young Children Succeed" (Annie E. Casey Foundation, 2006). 8-10.
10. Susman-Stillman and Banghart, "Quality in Family, Friend, and Neighbor Child Care Settings." 2
11. Noriko Porter, "High Turnover Among Early Childhood Educators in the United States," High Turnover Among Early Childhood Educators in the United States, August 17, 2012, http://www.childresearch.net/projects/ecec/2012_04.html.
12. "Supporting License-Exempt Family Child Care" (Fairfax, VA: National Center on Early Childhood Quality Assurance, November 2015). 5.
13. "Engaging Family Child Care Providers in Quality Improvement Systems" (Fairfax, VA: National Center on Early Childhood Quality Assurance, November 2017). 2.
14. "Family, Friend, and Neighbor Care Learning Community Call: Helping FFN Providers Meet New



CCDBG Reauthorization Law Requirements” (National Women’s Law Center, December 2018). 6.

15. “Top Four Myths about Family, Friend and Neighbor Care,” Top Four Myths About Family, Friend, and Neighbor Care, accessed April 19, 2019, <https://thrivewa.org/top-four-myths-family-friend-neighbor-care/>.

16. “Supports for Family, Friend, and Neighbor Child Care Providers in Early Learning Challenge States” (Washington, DC: Early Learning Challenge Technical Assistance, November 2017).

17. “Kaleidoscope Play and Learn Evaluation” (Engage R+D, May 2018).

18. Cleo Jacobs Johnson et al., “A Closer Look: Informal Child Care Arrangements and Support in California,” Issue Brief (Princeton, NJ: Mathematica Policy Research, April 2015). 3.

19. Catalina Garcia, Johnna Flood, and Maggie Ollove, “Lack of Child Care Options Keep Families in Poverty: How the Informal Care System Supports Families” (Oakland, CA: The Gma Village, April 2015). 4.



How Policy Shapes FFN Care

“She just can’t afford to give up those wages.”

FFN Care and the Subsidy System

Eva first learned about the child care subsidy system while working at a shelter for homeless women. She supported the case managers as they helped their clients with the subsidy application process, and found that she, herself, was eligible for child care subsidies. She signed up for vouchers when she was pregnant with her first child, and finally received them fifteen months later when her son, Jayden, was nine months old. She was not surprised about the length of the waitlist. She had grown familiar with the system that seemed to function in ways that contradicted its goals.

She wondered, for example, about the proof of employment requirement. It was a Catch-22: you needed to prove you were working in order to be eligible, but how are you supposed to work if you do not have reliable care for your children? She knew friends who had gotten jobs and relied upon family members, friends, and neighbors to provide temporary care while they waited for the vouchers to come through, but, after many months of waiting with no progress they had to quit their jobs. She had been lucky to have adequate financial support from Jayden’s father, and newborn supplies from a local nonprofit organization when she stayed at home with Jayden his first year that provided her with a car seat, a bassinet, toys, and books.

Now, Eva is a full-time caregiver for elders and works long days, from 7am to 7pm. She is happy to have Jayden in the daycare at her church, a place she knows shares her same values around discipline and safety. It helps that the pastor offered her a discount so that with her voucher she only pays \$45 each week. The days are long for the three-year-old, however, who stays at the daycare for 12 hours until his father can pick him up after work at 6pm.

In Eva’s ideal situation, her mom would care for Jayden half of the day so he could still socialize with other kids without being away from home and family for so long. Unfortunately, Eva recently learned that relatives are only reimbursed \$16/day to watch kids in their homes and her mom cannot afford to give up her hourly wages cleaning rooms at the hotel nearby.

Eva also worries Jayden will grow up and ask her why they did not have more time together. She is thinking about going back to school to increase her wages and improve her schedule, but there’s a chance that a higher salary would push her over the already low income threshold that provides her with access to vouchers. She certainly would not be able to cover daycare without them. Maybe she will have to wait until he is in school.

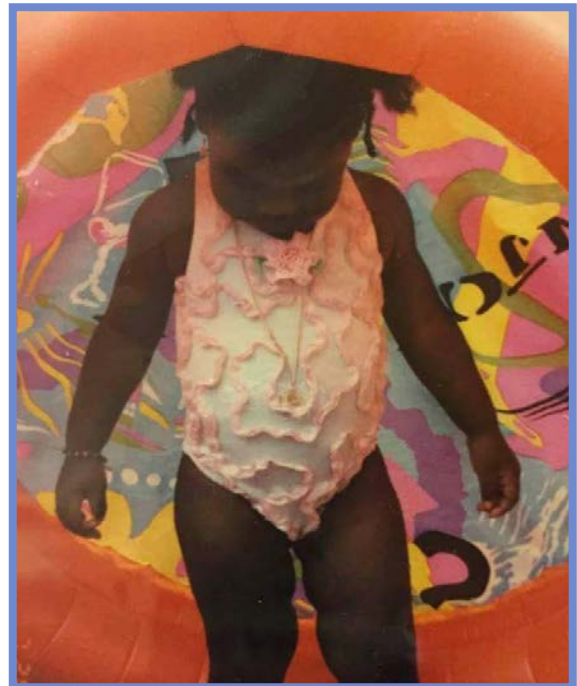
“I think it’s going to take all of it. I think there are policy changes that we need to look at with respect to how funding is being used, at a state level, because a lot of child care is moved at the state level. And, I also think it’s about services doing stronger coordination and an upgrade to times that we are now in...And I think it’s really important that we’re connecting the dots between community needs, service-based needs , and what government’s role is around child care. And the role that corporations play in the industry, we need to hold corporations accountable to our child care systems and needs” - Care that Works Coalition Leader

Eva’s story demonstrates some of the barriers that families face in accessing subsidies to pay for both licensed and license-exempt child care. Some of these barriers include long waitlists, the challenges of navigating a bureaucratic process, the fact that not all centers or FCCs accept vouchers or have open slots which often leads to families not having access to their preferred form of care. For example, some families may prefer FFN care as demonstrated in Eva’s story, but reimbursement rates for FFN care are low and are perceived by many to be incommensurate with the true value of this form of care.

The Bipartisan Policy Center table on the facing page outlines the flow of funds from the federal government to the state government and allocated through local resources.

Child Care Policy at the Federal and State Levels

Policy plays an important role in defining how child care is regulated, funded, and legitimized. Policy has grown increasingly conscious of the need for increasing child care access, particularly in the context of gender equity, workforce development, and closing education opportunity gaps. FFN care is often left out of policy conversations, but is still greatly influenced by these policy decisions. For this reason, we believe it is important to understand the policy framework within which FFN currently operates, and to consider what role policy should play in supporting this care sector moving forward. We also discuss the ways in which the peripheralization by the policy sector both harms and helps the FFN care sector. While the lack of consideration for FFN care contributes to the challenges faced by families and providers, the lack of state intervention is sometimes essential to the way this form of care meets the needs of many families.



Flow of Federal Early Childhood Funds: Massachusetts

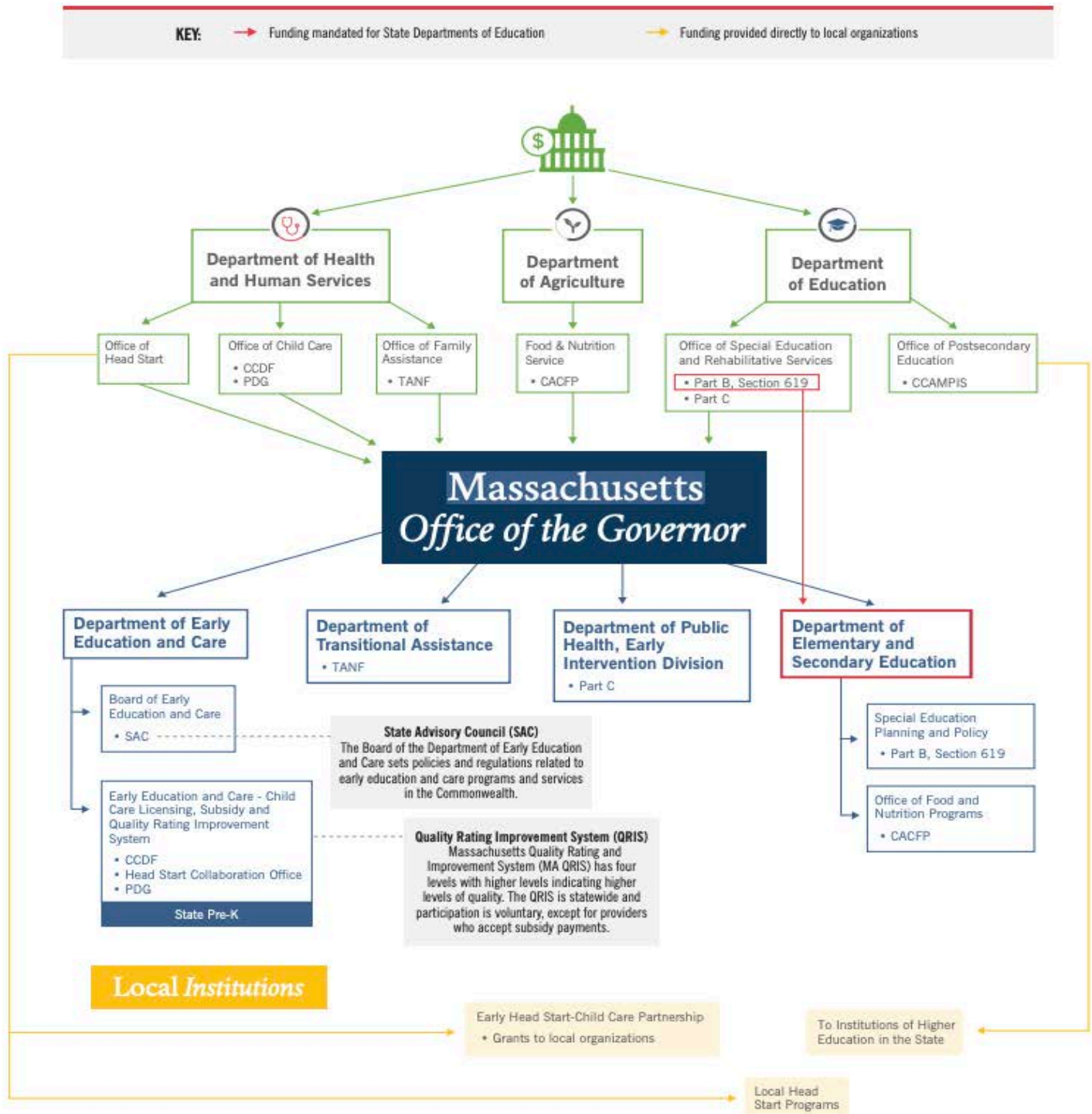


Figure 3. Massachusetts Flow of Federal Early Childhood Funds.²⁰

Federal Landscape of Child Care Policy

As the previous graphic shows, the federal government allocates early childhood funds to the state through a variety of channels. For the purpose of this report, we will focus on the Child Care and Development Funds (CCDF) that are allocated to the Department of Health and Human Services, and then through the Office of Child Care to the Massachusetts Governor's office. CCDF funds are used by states to pay for child care subsidies, training programs, or other projects to improve child care quality.

To receive these federal funds, states must submit a CCDF plan outlining their intended uses for the funds. For example, they must outline the income threshold for families seeking subsidies, the eligibility of providers to receive subsidies, the provider reimbursement rates, the cost-sharing between parents and the state, and the licensing requirements for providers. Federal guidelines exist in each area, but these are broad and often serve as a floor for state policies which are more restrictive. These federal guidelines allow providers that are relatives to receive reimbursements for providing child care.²¹

State Role in Child Care Policy

Once federal and state money has been allocated and combined with state funds, states have significant autonomy in shaping licensing requirements and subsidy programs. As mentioned above, states often set much more rigid policies around licensing and subsidies than are required by the federal government. States make decisions regarding which parents qualify for subsidies (based on income eligibility and evidence of work or training programs), which caregivers are exempt from licensing (based on their caregiver arrangements), what is required

Licensing policies can vary across states in three major ways:

- Number of children in a provider's care at any given point
- Number of families that use a single provider
- Amount of time spent with a provider

of license-exempt caregivers to receive subsidies for child care, the rates of reimbursement for care (this includes rates for center-based, FCC, and FFN caregivers), and what additional funds or initiatives states will be implemented to support FFN and other caregivers. Below we outline particular policy decisions that demonstrate how this variation impacts FFN care.

Defining License-Exempt Care:

While all 50 states exempt caregivers who are relatives from licensing requirements, there are great variations in the way that states define the broader category of "license-exempt" caregiving arrangements. For example, five states allow caregivers to provide license-exempt care if they watch under five children at a time, and four states permit six children to be in one's care at a time. In California, Minnesota, and Florida, there is no limit on the number of children as long as they are all from the same family (even if they are not related to the caregiver). In Connecticut, a caregiver can watch up to six children for up to three hours at a time.²²

Subsidizing License-Exempt Caregivers:

As mentioned above, federal law allows for license-exempt caregivers (as defined by each state) to receive child care subsidies, but in

21. Toni Porter and Shannon M Kearns, "Supporting Family, Friend, and Neighbor Caregivers: Findings From a Survey of State Policies" (New York, NY: Institute for a Child Care Continuum, Division of Continuing Education, Bank Street College of Education, January 2005). CCDF defines relatives as parents, siblings who live in separate residences, aunts or uncles, grandparents and great-grandparents. Some states have expanded that definition.

order to receive this benefit caregivers must demonstrate that they are providing quality and safe care. States have imposed a range of requirements for license-exempt caregivers to access subsidies (the general types of requirements that can vary across states are shown below). For example, 39 states require background checks of some sort for license-exempt providers, but vary in the type of background check and who requires background checks (about half of these states require background checks for the family members of the caregiver as well). In Massachusetts (along with California and South Dakota) background checks are only required for non-relative FFN caregivers. To see the full requirements for license-exempt caregivers to receive subsidies, please see Appendix 2a.

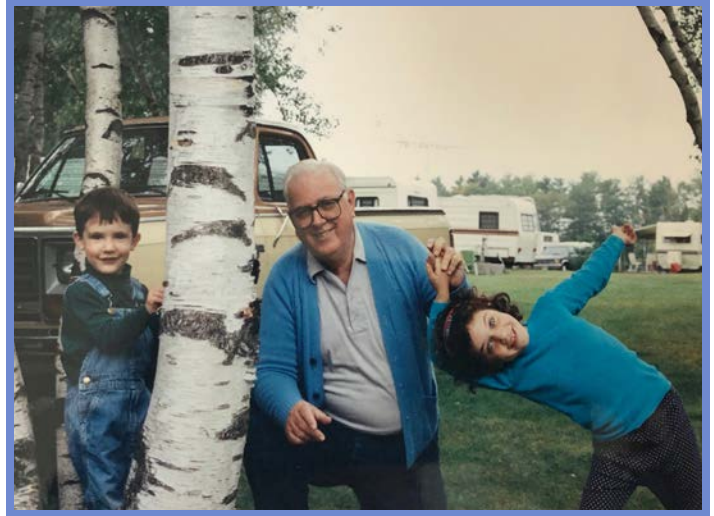
State requirements for license-exempt caregivers seeking subsidies can include:

- Background checks (of the caregiver or of any adults in the residence)
- Self-certifications by the caregiver about details of the care arrangement or caregiving conditions
- Mandatory trainings or orientations
- Home visitation (often annually)

Child Care Policy in Massachusetts

This section will focus on the Massachusetts Department of Early Education and Care (EEC) and its role in defining licensure and setting

23. “Criteria for Exemption from Licensing” (Department of Early Education and Care, Commonwealth of Massachusetts, June 2010). The Massachusetts EEC defines a relative as “a person who is a parent, grandparent, great grandparent, aunt, uncle, great aunt, great uncle or sibling by blood, marriage or adoption.”



subsidy policies. These decisions about subsidies and licensure are made by the EEC Board of 11 members including the Massachusetts Secretary of Education and Secretary of Health and Human Services, a pediatrician, and a parent receiving EEC services.

Licensing: The Massachusetts EEC has particularly stringent regulations around licensing in comparison to other states. If an individual is caring for more than one unrelated child on a regular basis (regular being defined as more than 4 hours per day for 6 days per month, or more than 10 weeks per year) in a location other than the child’s home, that individual is required to be licensed. A caregiver in Massachusetts is exempt from licensing if the kids in their care are all related to the caregiver by blood, marriage, or adoption.²³ To learn more about these specific guidelines, please see the MA EEC Criteria for Exemption in Appendix 2c.

Subsidy Eligibility: As noted above, child care is often raised in policy conversations in the context of workforce development and gender equality. This is reflected in the state and federal policies around child care subsidies,

most of which require parents to provide proof of employment or other workforce activity. In Massachusetts, families receiving subsidies must provide evidence that all adults in their household are “working, seeking employment, or enrolled in an education or training program (not including graduate, law, or medical school) for at least 20 hours per week for part-time care, and at least 30 hours per week for full-time care;

Massachusetts State Subsidies²⁴

Income Eligible Child Care (IE)

subsidies: children in low-income families in which the income is less than 50% of the SMI are eligible for these subsidies.

Department of Transitional Assistance (DTA) subsidies:

children of current or recent recipients under that Transitional Aid to Families with Dependent Children (TAFDC) program can receive these subsidies. There is no waiting list for the program; assistance is guaranteed.

Department of Children and Families (DCF) subsidies:

children with an open DCF case are eligible for these subsidies. Reimbursements for this form of care are higher than for IE or DTA care.

Department of Housing and Community Development (DHCD) subsidies:

children living in homeless shelters or temporary housing are eligible for these subsidies.

Teen parents subsidies: children to parents under 20 years old who are attending high school or in a GED program are eligible for these subsidies.

are retired and older than 65; or have a diagnosed and documented disability or special need.”²⁵ Additionally one must meet income eligibility requirements to receive most subsidies. In order to receive Income Eligible (IE) or Department of Housing and Community Development (DHCD) subsidies,²⁶ a family’s income must be below 50% of the State Median Income or under 85% the SMI if the family’s child has a documented special need or disability.²⁷ In Massachusetts in 2019, a family of two would have to make at or below \$37,465 a child (without special needs) to received child care subsidies. This income threshold, combined with those of many other social safety net programs can subject families to the cliff effect, when their wages increase and they lose their social safety net benefits but do not earn enough to fill the gap that subsidies had previously covered. Fear of experiencing the cliff effect, whether their risk is real or perceived, can also be detrimental to families as wages increase.

Subsidy Distribution: Subsidies are provided through two different avenues, as vouchers and contracts. All Department of Transitional Assistance subsidies and some IE subsidies are distributed as vouchers, meaning that families receiving vouchers can bring them to various daycares and child care homes that accept vouchers to offset the total cost. The other subsidies (i.e. DCF, homeless, teen parent, and the remaining IE subsidies) are offered in the form of contracted slots at various child care centers. Of the CCDF money allocated for subsidies, less than 2%, were utilized in FFN care settings.²⁸ As noted in an Urban Institute study of subsidized child care in Massachusetts, the distribution of subsidies is heavily influenced by the availability of child care providers that accept subsidies.²⁹

Subsidies and FFN Care: The proportion of child care subsidies allocated to FFN care varies greatly across states. According to a 2007

26. TADCF recipients already have an income threshold as well.

29. Many child care providers prefer not to accept them.

Table 1. Massachusetts Daily Remibursement Rates for Caregivers, 2019. Source: “Daily reimbursement rates for early education and care programs”, <https://www.mass.gov/service-details/daily-reimbursement-rate-for-early-education-and-care-programs>.

	Part-time Daily Rate	Full Time Daily Rate
Relative/Relative’s Home	\$11.34	\$18.89
Relative/Child’s Home	\$9.76	\$16.27
Non-relative/Child’s Home	\$9.76	\$16.27

report, Massachusetts was one of ten states at the time to use less than 10% of their CCDBG assistance on FFN care while close to two-thirds of Michigan and Wyoming’s subsidized children utilized FFN care.³⁰ Ohio, Arkansas, and Wisconsin reported, on the other hand, that they spent none of the CCDBG funds reimbursing FFN caregivers. This difference can be attributed to several conditions, including how states define their license-exempt care, what requirements they set for license-exempt caregivers to receive subsidies, and the reimbursement rates for their subsidized FFN caregivers. Table 1 shows the daily rates of reimbursements for FFN providers in Massachusetts in 2019.

Policy as One Piece of the Puzzle

As mentioned at the beginning of this section, it is important to understand the role of policy in shaping both the licensed and unlicensed care sectors, but it is ultimately only one piece of the puzzle. We hope that this framing can be useful in contextualizing FFN care, and can prompt questions about what role policy should play in supporting this field moving forward.

Section References

- 20. “Creating a Coordinated, Integrated Early Care and Education System: State Early Childhood Administration.” Washington, DC: Bipartisan Policy Center, December 2018.
- 22. Porter and Kearns, “Supporting Family, Friend, and Neighbor Caregivers: Findings From a Survey of State Policies.”
- 24. Isaacs, Julia B, Michael Katz, Sarah Minton, and Molly Michie. “Review of Child Care Needs of Eligible Families in Massachusetts.” Washington, DC: Urban Institute, March 2015.
- 25. “Daily Reimbursement Rate for Early Education and Care Programs,” Daily reimbursement rate for early education and care programs, accessed April 25, 2019, <https://www.mass.gov/service-details/daily-reimbursement-rate-for-early-education-and-care-programs>.
- 27. “Early Education and Care Financial Assistance for Families,” Early Education and Care Financial Assistance for Families, accessed April 25, 2019, <https://www.mass.gov/guides/early-education-and-care-financial-assistance-for-families>.
- 28. Isaacs et al., “Review of Child Care Needs of Eligible Families in Massachusetts.”
- 30. Karen Schulman and Helen Blank, “Close to Home: State Strategies to Strengthen and Support Family, Friend, and Neighbor Care” (Washington, DC: National Women’s Law Center, February 2007).



How Identity Informs FFN Care

“As immigrants we have to support each other.”

United in Solidarity

Cecilia is an older caregiver living in Dorchester. She came to the United States years ago from Brazil, and has struggled to find a job that was willing to hire an employee that was undocumented. She now cares for several children in the area, and lives with her roommate, Gina, who has a six year-old daughter named Diana with a learning disability. Gina is a dancer and typically works very late nights, so she heavily relies upon Cecilia to provide care for Diana when she is at work. In exchange, Gina adjusts Cecilia’s rent to accommodate for the child care she provides. While it is not much, it is an arrangement that works for both of them. It provides Cecilia with more disposable income, and it provides Gina with affordable child care.

Gina is extremely satisfied with this arrangement, as it allows her to spend time with her daughter during the day. Cecilia thinks of Diana like a granddaughter, and is happy to provide care for her at night, which typically includes serving her dinner and putting her to bed. Gina especially loves that Cecilia is very patient and engages in healthy communication with Diana to develop her social skills, such as encouraging Diana to make independent choices about meals and activities, to teach and demonstrate autonomy. Gina also appreciates that they are both from Brazil, and share the same language, along with cultural values, customs, and foods. Gina prefers “Portuguese at home and English in the streets,” and Diana is excelling at both languages as a result of being immersed in English at school and in Portuguese at home with both her mother and with Cecilia.

Cecilia understands that her roommate is low-income and works nonstandard hours, and can empathize with how difficult motherhood can be. Cecilia also knows that it is difficult for Gina to find child care that adequately supports and accommodates Diana’s learning disability that she can also afford. Gina and Diana are as close as family to Cecilia, and she is happy to help out when she can.

Identity and Child Care Choices

Finding child care that is affordable, accessible, and, most importantly, desirable, is a challenge for many families. However, when one or more marginalized identities intersect, the decision-making process can become increasingly complex. While FFN care is the preferred form of care for many families from marginalized communities, research indicates that they are also more likely to utilize FFN care as a result of structural and systemic challenges that limit their choices within the broader care sector.³¹ Our research yielded numerous anecdotes about the ways in which income level, race, documentation status, lack of transportation, and disability affect families' child care options. Below we examine some of these findings.

Income: Of the 13 interviewees who reported their income level, nine self-identified as low-income and one as low to moderate income. 15 interviewees stated that price was a major determining factor in their child care choices. Two interviewees who were using unlicensed forms of care told us that their providers charged below market rate in order to accommodate their economic situations. Income limitations are the most frequently cited challenge in finding child care, and one of the most common motivations for using FFN care.³²

Race: According to the literature, Black families are estimated to be the most likely to use FFN care of any other racial or ethnic group at 37%, compared to 27% for white families. Hispanic families are more likely to rely exclusively upon FFN care than both white and Black families.³³ There are many other elements of race that may inform care choices including cultural values and disciplinary customs. Parents of color may also be fearful of their children experiencing

inequitable treatment in predominantly white care settings, prompting them to rely upon care arrangements with caregivers and children with similar backgrounds. Given that Black students in K-12 schools are issued detentions, suspensions, and expulsions at much higher rates than their white peers, Black families often have hesitations about putting their children in care settings with mostly white teachers and administrative staff. 16 out of the 18 interviewees specifically mentioned that they were either providing care for a child in their same racial group, or utilizing care from a provider in their same racial group. The other two did not say anything about the race of their FFN care providers. For some this was a conscious choice while for others it was simply reflective of their familial and social circles.

Documentation: While most literature on FFN child care does not explicitly discuss child care among undocumented communities, a few interviewees were familiar with the challenges pertaining to documentation as well as the broader immigrant experience as it relates to using and providing child care. Documentation can be a critical barrier for families seeking child care, especially when attempting to access center-based care due to complications with finding employment as well as their inability to access most government assistance. One interviewee discussed undocumented folks' lack of access to vouchers limiting them from child care options outside of FFN care. It is important to consider this narrative when identifying what constitutes 'affordable' and 'accessible' child care.

Lack of Transportation: While transportation may not be an identity, lack of access to a car or reliable public transportation is a major barrier for low-income families seeking affordable care outside the home. The majority of our interviewees utilized care settings within their

32. As noted in our interview demographic section, income brackets were not pre-defined for our interviewees.

neighborhood or an adjacent neighborhood, which required little to know transportation. Others who had access to a car found child care that was either near their work or on the way. A few mothers shared stories of criss-crossing all over town to get from home to daycare to work and back again. Many FFN caregivers also provided transportation for the children, picking them up from school or from their home, which was a crucial help for families. One father paid for a transportation service for his son to take him to and from the daycare, as he and the child's mother had work schedules that prohibited them from driving him there and back.

Disability: Conflicting studies have found that parents of children with special needs are both more and less likely to use FFN care systems, with one finding that parents are especially likely to use home-based care for children with severe special needs.^{34, 35} One study reported two-thirds of FFN providers they surveyed having no specific formal training in child care or child development, even though nearly one in five of these caregivers reported caring for a child with special physical, developmental or, emotional/behavioral needs.³⁶ One interviewee shared that she could not find a daycare that would accept her son with cerebral palsy because of his disability. Every center-based care institution

that she called informed her that they did not have the necessary training or equipment to provide care for her child. In addition to this she had another child with severe asthma that often required her to urgently rush to the hospital without notice. To accommodate both medical circumstances, she had to forego work to become a full-time caregiver to her own children.

Each of these layers of identity can create barriers for families in pursuit of child care. In the next section, we explore how one woman navigates some of these barriers through her decision-making process for the best care arrangement for her two children.

Section References:

31. "Family, Friend, and Neighbor Care: Strengthening a Critical Resource to Help Young Children Succeed."
33. "Family, Friend, and Neighbor Care: Strengthening a Critical Resource to Help Young Children Succeed."
34. "Supporting License-Exempt Family Child Care." 3.
35. Richard N Brandon, "Enhancing Family Friend and Neighbor Caregiving Quality: The Research Case for Public Engagement" (Seattle, WA: Human Services Policy Center, University of Washington, August 2005).
36. "Enhancing Family Friend and Neighbor Caregiving Quality: The Research Case for Public Engagement."

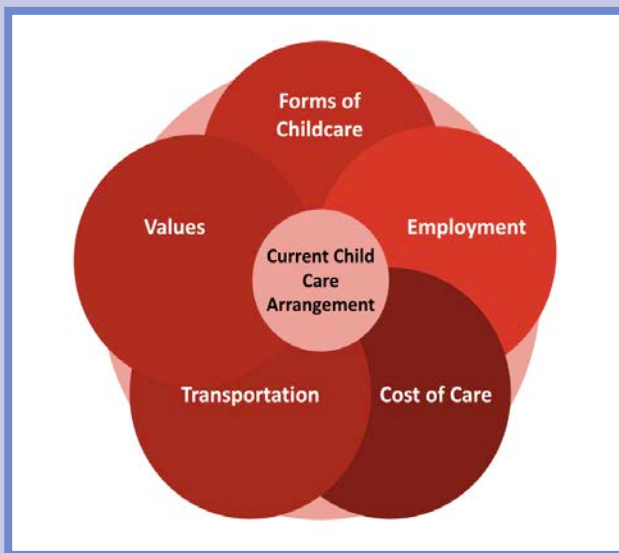


The Decision-Making Process

The decision-making process for finding a child care arrangement looks different for each family depending on their identity, values, resources, and many other factors. In Figure 4, we visualize some of the decision-making factors that were mentioned in our interviews. While cost may be the dominant factor for some families, others may prioritize the social or educational components. There is no one “right way” to navigate this process, and certain components of this process may be severely limited by some of the identity-related circumstances we outlined previously.

Nancy is in the process of choosing a child care arrangement. This decision is a challenging maze full of opportunities and sacrifices, and Nancy falls within many of the identities explored above, which makes certain components to this process even more difficult.

Nancy is a single mom with two kids, a 3-year-old girl and a 7-year-old boy with autism. A few years ago, Nancy immigrated with her children to the Boston area from Chile. Luckily, she already had her mother here to support her. Nancy lives in in East Boston, while her mother lives somewhat far away in a house in Malden that is close to her job because she does not drive. Nancy needs to find a job in order to provide for her children, but it is particularly difficult considering that she needs full-time care for her 3-year-old and specialized care for her 7-year-old.



As an immigrant and a single mom, it is extremely challenging to find well-paying jobs that provide the necessary support and benefits she needs to take care of her family. Nancy speaks minimal English, and is hoping to find a care situation for her children that would allow her to attend a local ESL class when she is not at work.

Up until now Nancy has been working part-time and getting morning child care for her 3-year-old from her mother, as her current job is also in Malden. While her job is flexible and reliable, she is currently not making enough money to cover all of her expenses. She receives some financial support from her mother, as well as food stamps and MassHealth. She recently learned that she may be eligible for child care vouchers. Nancy now has the potential to pick between two new potential full-time job opportunities.

Figure 4. Overlapping Care Considerations

Option #1

Nancy’s first option is to work in building maintenance at an office building in Roxbury from 9am to 5pm, Monday through Friday. The job is near her son’s school, so she would need to drop off her daughter in early morning care and drive her son to school. She would also need after-school programming for her son from 3pm until 5:15pm when she can pick him up. This job would pay her a higher hourly rate than her current part-time job, but it would put her at risk of losing eligibility for child care vouchers.

If she chooses to work these hours, she would use the after-school program for her son that is offered by his school. Nancy wants her son to be in a comfortable space and with people who she trusts to provide care specific to his needs. She feels comfortable using his after-school program, and has already established relationships with his teachers and with other parents at the school.

For her daughter, she has two main choices for child care. As shown in Figure 5, she could use a daycare that was recommended by a friend. The daycare is in Roxbury, and she knows that her daughter would receive a high quality education and receive the social benefits of interacting with other children her age. The second option would be to rely on her mom for full-time FFN care for her daughter. Nancy really loves the idea of her mom spending more time with her daughter, and knows she can trust her mom to be a great caregiver. She also feels that it could be a good opportunity for Nancy’s daughter to develop her Spanish

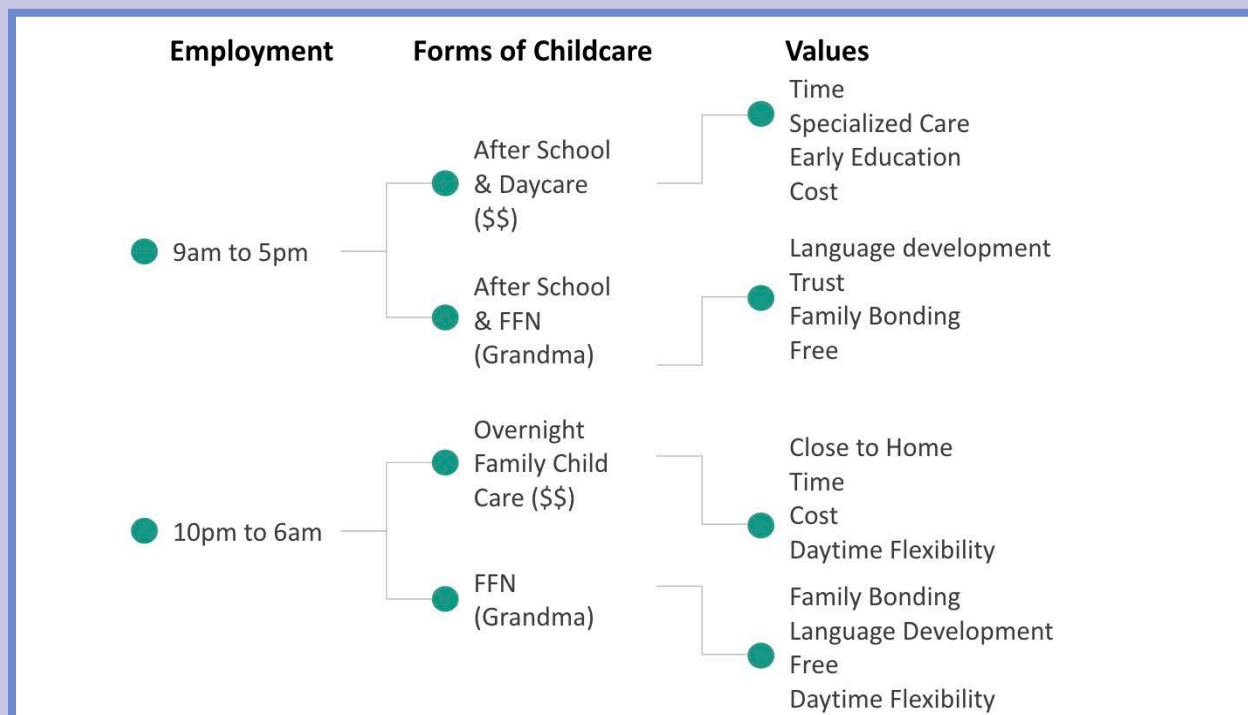


Figure 5. Care Decision-Making Tree

skills. However, it would require her mom to either quit her job or change her hours, which would be a huge sacrifice to request of her. Additionally, Nancy would need to drive from East Boston to Malden to Roxbury and back every day.

Option #2

Nancy's second option is to work the late night shift at the new casino in Everett, from 6pm to 2am that offers more money than both her current job and the 9am to 5pm job, but would complicate her decision-making process because she would need overnight care. It would also reinforce her cliff effect concerns. However, this would enable her to take care of her 3-year-old herself during the day, and drop her son off and pick him up from school each day. The casino is also a short drive from her mom's house, so it would be easy to drop the kids off and pick them up on her way home for overnight care. The downside is that by not going to daycare, her daughter would lose out on socializing with other kids, and she hates the idea of missing putting her kids to bed five nights a week. She could also use an overnight family child care center that is near her house in East Boston, but she is not familiar with the child care provider. This choice is a particularly difficult one for Nancy, not to mention that she'd only be able to get about two or three hours of sleep each night.

In Figure 5 we illustrate how each of these various factors influence one another. Each option comes with an array of benefits and challenges.

Nancy is not alone in her story. Like her, many people who are low-income, immigrants, and/or people of color, struggle with larger systemic barriers that complicate finding child care. While FFN care is used across a range of demographics, it is especially important for low-income parents who have a harder time finding affordable care. This is not an easy choice, and while the flow chart in Figure 5 seems to flow in one direction, many parents begin the process from the endpoint of values, and work backwards, or have varying focal points that dominate how they approach their decisions.

Nancy's preferred option is to use her mom for overnight FFN care and work at the casino in Everett. This choice is the most convenient for Nancy at the moment, as it allows her to spend time with her children and offers her daytime flexibility. It would even allow her to take English classes in the morning a few times a week as long as they let her bring her daughter along. While working overnight will be a big adjustment for her family, she feels as though it will ultimately be worth it.



Benefits and Challenges of FFN Care

“She’s like family to me”

Community-Embedded Care

Mei is an active member of her local church, and it was there that she met Wen just a few years ago. Wen is a woman around Mei’s age who provides care in her home for the children of a few other church members. When Mei was pregnant with her daughter Huiling she decided she would use Wen as her caregiver. She trusted Wen because of their shared social network, religion, culture, and language. She also saw how nurturing and warm she was with the children she provided care for.

Mei pays Wen a flat rate of \$30 per day to care for the now two-year-old Huiling while she is at work. Wen lives just down the street, and her home is clean, child-proofed and very comfortable. Mei starts work early, and Wen lets her drop Huiling off at 6am. Sometimes there are two or three other children from the church in the caregiver’s home, but other times it is just Huiling. Wen has a daughter of her own, so Huiling always has a playmate when she goes there. Wen is also a wonderful cook, and prepares fabulous lunches for the children. She reads to them, teaches them songs, and speaks to them in both English and Cantonese. When the weather is nice she takes them to the park where they watch the airplanes take off from Logan Airport. Mei says that Wen is like family to her and that she would recommend her to anyone. She goes to work each day with peace of mind knowing that Huiling is safe, happy, and thriving.

Benefits and Challenges

Whether or not FFN care is the preferred form of care for families as was with Mei, it comes with several benefits and challenges for both users and providers. Some of these advantages and disadvantages are inherent to certain characteristics of this form of care, while others are more dependent on a family's specific situation.

The benefits and challenges we outline do not always neatly fit within these categories - an element of FFN care that benefits users, such as the low cost or ability to make last-minute arrangements, can be a challenge to the corresponding provider. This is especially significant considering that so many of our interviewees were both users and providers of this care.

The benefits and challenges our interviewees shared with us fell into six main categories: trust and relationships; shared culture and values; flexibility, accessibility, and reliability; economic considerations; resources; and licensing and subsidies.

Trust and Relationships

A variety of studies on FFN care have found that both caregivers and users embrace this form of care because of the trusting relationships that exist between caregivers and families. When speaking about the element of trust in FFN care settings, users often cite that they witness high levels of warmth, support, and personal attention for their children.³⁷ Other aspects of trust include a sense of greater safety because of the low adult:child ratios, and the perception that homes are better for infants and toddlers than center-based care settings.³⁸ The importance of relationship is often demonstrated through the desire to strengthen family connections³⁹ and to expose children to culture, values, and language.^{40, 41} Additionally, 'institutional' relationships, such as those between a parent and a daycare center

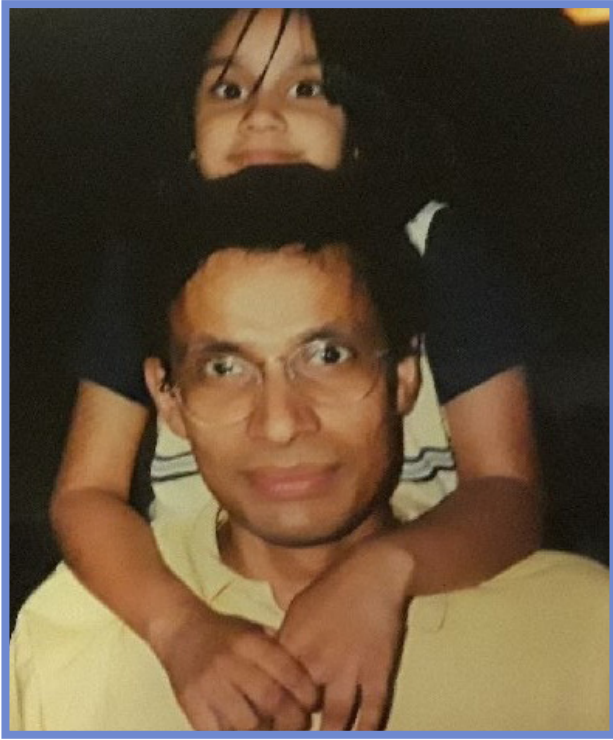
are generally one-way, while personal supports between parents and caregivers are generally two-way, reliable, and consistent, with parents and caregivers depending on each other for support.⁴²

Most FFN care users we spoke with chose providers based on trust, usually picking family members or close friends they had known for so long that they were considered family, or family-adjacent. One recent immigrant from China leaves her young daughter with her in-laws while she attends a job-training program two afternoons a week, appreciating the patience and care they show with her daughter. She particularly noted feeling grateful that she had local family to watch her daughter since she had not yet made friends in Boston.

Most FFN caregivers provide care because of pre-existing relationships with the family, and generally identified quality time spent with children as one of the main benefits of providing FFN care. This is portrayed in Roberto's story toward the beginning of the report, who cared for Mario because he had seen him grow up and developed an emotional bond with him. Another caregiver described how taking care of her friend's daughter provided her with motivation and purpose when she was going through a particularly tough time away from her own kids.

Shared Culture and Values

Like Mei, Beatrice, and Gina, several interviewees also discussed the importance of sharing cultural values and native language with their trusted care providers, and the ways in which their culture encouraged them to choose FFN care. As one immigrant from a country in eastern Africa noted, "In my culture, it's how we're raised, like family members have to help without any cost. We have to help... Child care is expensive. If you have people who can help you should use it." Another woman liked that her mother spoke Spanish when taking daily care of her daughter while she went to work. As a result her daughter speaks much better Spanish than



Flexibility, Accessibility, and Reliability

The literature and information shared by interviewees demonstrated that users of FFN care embrace it for its flexibility in scheduling and the ability to have multiple informal caregiving options, which allows for contingency in caregivers in the case of unplanned schedule changes or emergencies. Another important component of accessibility was the proximity of care to home, work, or school⁴³ and the mode of transportation needed to get there.⁴⁴ This is especially important for families who work outside of 9am to 5pm schedules, single-parent households, and families without access to a car. Our interviewees' sentiments mirrored this, with many parents reporting being able to depend upon friends, family members living in close proximity, or neighbors. One mother who works at night and attends a job-training program during the day frequently depends on her downstairs neighbor to watch her daughter, appreciating that they are generally happy to watch her on short notice. As part of this care trade she regularly watches her neighbor's three sons, who refer to her as "auntie."

This flexibility can also be drawbacks for families and providers. Parents complained that FFN care could be less reliable than formal care, and the literature finds that the same flexibility that allows for last minute care requests can also be a source of stress for both parties.⁴⁵ For many families it can be stressful to not know what their care situation will be day to day or week to week, as was the case for Andrea and Lucas. For providers, last minute requests can often derail prior commitments and other work opportunities. As mentioned earlier in the report, one interviewee arrived 45 minutes late because she had been asked to watch a child at the last minute.

Another mother mentioned that because her friends often provide last minute care for her, they are usually in the middle of other activities

her sons, who went to daycare instead.

Culture can also impact parents' and caregivers' perspectives relating to discipline. One mother noted, favorably, "I know my sister-in-law, she's a responsible person, she's a tough auntie, she won't tolerate anything she does not want. And my brother too. It's the way we are brought up." Many parents we spoke with appreciated feeling comfortable with their relatives or close friends addressing their children's behavior. Many felt that these caregivers understood the extent to which discipline would be appropriate.

Other anecdotes about cultural factors included a few interviewees mentioning the importance of sharing the same faith with their caregivers, three mothers mentioning the importance of knowing how to style their daughters' ethnic hair, and the desire for care to take place in an environment without men around. For caregivers, shared culture can often create a sense of duty to provide care, similarly to Cecilia's feeling that she has a responsibility to provide care for Gina because of their shared status as immigrants.

such as cooking or doing laundry when she drops her son off. She worries that something bad could happen when their attention is not entirely on him. One mother in Dorchester took her daughter to two different friends after her mother became too sick to provide care, but eventually felt that both did not meet her standards of safety because caregiving was not the parent's only priority. In one case she came over to pick up her daughter, but found her outside and unsupervised, having fallen asleep on the hood of a neighbor's car. After enough of these stressful experiences, she placed her daughter in a licensed daycare center. Though long-standing informal care relationships can strengthen bonds between families and caregivers, it can also strain relationships.⁴⁶

Economic Considerations

FFN care can be significantly more affordable and accessible than other forms of care. Parents, both in the literature and in our interview pool, generally appreciate the low cost of FFN care, especially in comparison to more formal child care centers.⁴⁷ As stated earlier, an estimated 78% of FFN providers are unpaid which can be a challenge for many providers. Users and providers of FFN care also sometimes settle on in-kind exchanges such as care trades, or rates adjusted far below market rate based on a family's financial situation. One parent paid her mother \$50 a week to care for her daughter, and found that her mother spent most of the money on her daughter anyway. Providers of FFN care often spoke favorably about the non-monetary exchanges that accompanied this care. One parent explained how she often watched her neighbors' kids because she wanted her daughter to have someone to play with, but also because she knew that the neighbor would then return the favor. She said that this kind of situation worked well for her, especially since she knew she could count on her if there was ever a last minute emergency.

While free and subsidized care enables

many low-income families to gain access to child care, it comes at a sacrifice for providers. Unpaid providers are often foregoing paid labor opportunities⁴⁸ to provide assistance with child care, including children's parents themselves. One study estimated that the annual economic value of unpaid care labor in the state of Massachusetts was \$151.6 billion.⁴⁹ This is over one-third of the total GDP of Massachusetts, which was about \$446.5 billion in 2016. While "unpaid care labor" does not exclusively refer to FFN care, unpaid and underpaid FFN care is often presents opportunity costs for care providers. Many caregivers even work full time and provide child care, severely limiting their time for themselves.



Resources

The national literature finds that FFN care users sometimes lament the lack of formal training for caregivers in topics such as child development, and that caregivers are interested in receiving this type of training.⁵⁰ Other challenges in accessing resources include the lack of connections to local child care resources such as library storytimes that formal caregivers have better access to and/or are more aware of,⁵¹ as well as the reliance upon television and

other electronics to keep children entertained.⁵² FFN care providers are also less likely to be aware of community resources available for early childhood development like parks, play groups, library events, or cultural programming that are considered to be an important part of enhancing child-care quality.⁵³

Several of our interviewees appreciated the educational and enrichment opportunities that daycares and more formal licensed centers provide, and expressed the desire to incorporate more of those opportunities into their FFN care situations. One mother in Chelsea noted that she has to emphasize that she expects her friend, who regularly watches her daughters, not to allow them to watch TV in the afternoon without completing their homework, but also understands that it is hard to demand much from friends who are providing care for her at no cost. It may be difficult for caregivers to create constructive activities for children, who often provide free and underpaid child care. Another mother noted that her family members do not have enough authority to keep her kids off of their time-wasting “gadgets” in the afternoon and evening when they should be doing their homework. Additionally, a parent who recently immigrated to the US feels that her FFN care arrangement does not provide adequate educational opportunities for her daughter and that more formal care settings would help her improve her English.

Licensing and Subsidies

The majority of the caregivers we interviewed qualified as license-exempt caregivers in the state of Massachusetts due to the nature of their caregiving, which was frequently for relatives or only provided on an irregular basis. Two of our interviewees, both of whom identified as caregivers, expressed interest in the licensing process but mentioned that language and cost were barriers that made them reluctant to attempt to go through the licensing process. According to Kelly Hart Meehan, Metro

“I’m big on filling out applications exactly how they ask, reading exactly what they need because if you don’t, they’re going to delay the process of giving you help. And that’s how they weed people out. You don’t do this, this or this-nope, you can’t get it.”

-FFN care user, describing her experiences with the MA child care subsidy system

Boston Regional Director, 45% of the EEC’s Metro Boston caseload of caregivers are non-English speaking. It is likely that caregivers are not aware that EEC has staff who speak Spanish, Mandarin, Cantonese, and Portuguese. EEC is also aware of the challenges with reaching immigrant populations either because of documentation status or general distrust with the state, which requires processes such as fingerprinting to become licensed that many FFN care users and providers may be uncomfortable undergoing.

During our interviews, many concerns associated with navigating the subsidy system were brought up. Interviewees raised the following challenges in accessing subsidies: lack of information about the existence of subsidies or the process for accessing them, their documentation status, long waitlists, the difficulty of finding employment in order to be eligible for child care (when child care was the main barrier in securing employment), delays and rejections, inconsistent employment, and fear of the cliff effect. Parents we spoke with also reported having to speak with rude employees when seeking state assistance.

Only a few of our interviewees were currently or had previously utilized subsidies in accessing child care. None of the parents or caregivers were utilizing subsidies in license-exempt care. Notably, many of the interviewees who had utilized subsidies had learned about them through homeless shelters. Most of the

interviewees who had used subsidies were living at homeless shelters and had the support of case managers to support their application process, although in Eva's case from an earlier story, she learned about them through working at the shelter.

Section References

37. Garcia, Flood, and Ollove, "Lack of Child Care Options Keep Families in Poverty: How the Informal Care System Supports Families."
38. "Supporting License-Exempt Family Child Care."
39. Amy Susman-Stillman and Patti Banghart, "Quality in Family, Friend, and Neighbor Child Care Settings" (Ann Arbor, MI: Research Connections, May 2011).
40. J. Lee Kreader and Sharmila Lawrence, "Toward a National Strategy to Improve Family, Friend, and Neighbor Child Care" (New York, NY: National Center for Children in Poverty, Mailman School of Public Health, Columbia University, September 2006). 4.
41. Jaime Thomas et al., "Moving Forward Together: How Programs Can Support Informal Caregivers and Parents" (Princeton, NJ: Mathematica Policy Research, May 2015).
42. Johnson et al., "A Closer Look: Informal Child Care Arrangements and Support in California." 5.
43. Johnson et al., "A Closer Look: Informal Child Care Arrangements and Support in California." 3.
44. "Family, Friend, and Neighbor Care: Strengthening a Critical Resource to Help Young Children Succeed." 8-10.
45. Johnson et al., "A Closer Look: Informal Child Care Arrangements and Support in California." 4.
46. Garcia, Flood, and Ollove, "Lack of Child Care Options Keep Families in Poverty: How the Informal Care System Supports Families." 2.
47. "Strategies for Supporting Family, Friend, and Neighbor Care Providers" (Washington, DC: National Women's Law Center, January 2016).
48. Karen Schulman and Helen Blank, "Close to Home: State Strategies to Strengthen and Support Family, Friend, and Neighbor Care" (Washington, DC: National

Women's Law Center, February 2007). 8.

49. Mignon Duffy, Randy Albelda, and Clare Hammonds, "Counting Care Work: The Empirical and Policy Applications of Care Theory," *Social Problems* 60, no. 2 (2013): 145-67, <https://doi.org/10.1525/sp.2013.60.2.145>. 158.
50. Susman-Stillman and Banghart. 24.
51. "Family, Friend, and Neighbor Care: Strengthening a Critical Resource to Help Young Children Succeed." 13-15.
52. Susman-Stillman and Banghart, "Quality in Family, Friend, and Neighbor Child Care Settings," May 2011. 10.
53. "Family, Friend, and Neighbor Care: Strengthening a Critical Resources to Help Young Children Succeed." 13.



Major Findings

1. Relationships are at the center of the majority of parents' child care decisions, whether or not FFN care is their primary form of child care.

Parents we spoke with shared that they often lean on their established community networks to help them make the best decisions for their children's care. In some cases, this may take the form of family members, friends, and neighbors providing their child care. However, in other cases, this means that a family uses the same daycare or FCC that their friends or relatives also use, or turns to a close friend for advice about receiving vouchers. Families rarely place their children in care settings that haven't been recommended to them by a close friend or family member, or with caregivers with whom they did not have a pre-existing relationship.

While it is important to strengthen policy and non-profit support for families in finding child care options that work for them, we also want to recognize the importance of advice and guidance from relatives and friends when making child care decisions. The Massachusetts Department of Early Education and Care (EEC) often publicizes standards and systems meant to ensure the quality of licensed care settings, as well as information about quality child care options, but none of our interviewees reported looking to EEC, or any other child care resource or referral agency for advice or guidance throughout their child care decision-making process. When seeking advice, parents primarily trust their friends and family to give them advice and input above websites, pamphlets, and state agencies.

2. Many FFN caregivers do not typically identify themselves as such because this form of care is so deeply embedded within their lives.

At the beginning of our interviews, the majority of our interviewees identified themselves exclusively as parents, rather than as both parents and caregivers. While discussing their children's care arrangements and schedules, we frequently uncovered in the interview that they also regularly provided FFN care. Sometimes this was in the form of "care trades," taking turns providing care for one another's children, and in other situations parents watched their child's friend if their parents worked long hours. Some parents, empathetic to the challenges of navigating child care needs, helped friends and relatives fill child care gaps when starting new jobs or waiting for vouchers.

These experiences frequently did not stand out as notable to our interviewees because they are routine and expected, and the values of supporting friends and family are often so deeply integrated into their lives. Some caregivers were so close to the families and children they provided care for that they simply did not perceive it as caregiving; they often thought of it as quality time, playdates between one's own children and someone else's when their parents are busy, favors, necessary support for a parent in their life, and/or simply a routine that is a regular part of their life.

Although a few caregivers initially self-identified as both parents and caregivers, they were primarily among the caregivers that provided many hours of daily or weekly care, and whose schedules were constructed around this role. They often also identified caregiving as being their primary profession and/or source of income.

3. Parents often combine multiple forms of care in order address all of their child care needs.

Families' child care needs are often unique and dependent upon the financial, social, locational, and employment-related circumstances of parents and guardians, as well as the availability of caregivers. For many families, matching child care needs to their employment schedules, transportation options, and financial constraints meant piecing together multiple forms of child care. The literature states that the vast majority of families use more than one care arrangement, and our interviews confirmed this. We spoke with one mother who utilizes a combination of after-school programming, free care provided by her brother, and care provided by her son's school bus monitor on days that he gets out early or has the day off. We also heard from a mother who relied upon her friend, sister, and niece to transport her daughter from school each day to an after-school Cantonese immersion program because she was working and unable to take her there herself, but wanted to take advantage of the opportunity for her daughter to enroll in this program.

As stated in the beginning of this report, FFN care is the ideal care for many families, but often used as a 'gap filler' to hold together various child care arrangements. Using multiple forms of care can make scheduling more cohesive and convenient for many parents. Many parents who use both FFN care and daycare also appreciate the their children being able to socialize and interact with both family and other children their age. Parents enjoy balancing the the provision of transportation, flexibility, and opportunities for family engagement embedded in FFN care arrangements, and the educational opportunities, structure, and everyday reliability of daycare.

4. A spectrum of perspectives exists among families using FFN care. For some it is their ideal child care arrangement while for others it is less desirable, but helps them keep stabilize their child care arrangement.

Interviewees had a range of different experiences with both FFN care and center-based care, prompting a range of different preferences. During interviews, we asked parents what their ideal form of everyday child care would be if money was no factor. We collected a variety of responses with parents saying that they would stay home with their children themselves; only rely upon FFN care; home-based nanny care; family child care with a trusted care provider; daycare; and after-school programs for language, music, or sports.

Parents that preferred FFN care embraced the flexibility, affordability, and opportunity for having shared cultural values with community-embedded caregivers. Many parents also find it difficult to trust caregivers without having a prior relationship with them, and prefer to rely upon family members to provide care.

Families we spoke with that lean toward center-based care find it challenging to have an unpredictable care arrangement, or wish that their children were more engaged in academic and extracurricular activities. Some simply do not have familial or community connections to use FFN care. Many parents that use daycare felt that they could trust caregivers because of their licensure and fulfillment of state-required quality standards.

5. Our interviewees cited trust, proximity, shared culture and language, and reliability as some of the primary benefits of using FFN care.

The ways in which families seeking care perceive reliability and dependability vary substantially. The structure of FFN care is considerably different from daycare centers, which have regular, predictable hours. FFN care can be structured, but can also be sporadic, last-minute, and can occur during nonstandard hours and/or overnight. While some families find value in more formal settings with preset schedules, other families whose schedules may be unpredictable are more concerned with flexibility and being able to find care during different times of the day and on short notice.

The element of reliability was particularly interesting, as it was a dynamic concept for parents, depending upon the values they sought in their child care arrangements. For some parents, the concept of reliability corresponded with having a stable, consistent daycare schedule while for others, reliability meant having caregivers that were regularly available to accept intermittent child care requests. We found that caregivers who could accommodate flexible care arrangements are especially important for parents with irregular sources of income, parents who work overnight shifts, and parents who may have varying weekly work schedules.

Many parents cited these as some of the most important features of their FFN arrangements. Many FFN care users that we spoke with felt that their personal relationships with their relatives, friends, and neighbors reinforced their willingness to be more readily available to care for their children, especially for short notice arrangements. Many caregivers that were also parents explained feeling empathy for other parents seeking child care because they understand how difficult it can be to access. This often prompted them to be more understanding and accommodating, and was especially true for older, seasoned caregivers.

6. Many parents express feeling negative emotions associated with either not being able to use their preferred form of child care or feeling like others misunderstood the value in their decisions.

Child care decision-making can be extremely sensitive, and multiple parents we interviewed expressed feeling bad about not being able to use their ideal child care arrangement. Many child care arrangements occur as a result of the limited options that are available to parents, and some of the parents with whom we spoke wish they had other options that better reflected their values. For some parents this means placing them in daycares so that they can be around other children their age, while for others this means having their siblings or parents watch them so they can build intergenerational familial relationships. Some parents also explain feeling burdensome for having to impose on family, friends, or neighbors for child care, especially when they were unable to compensate them.

Some parents also discussed not feeling like others understood the value in their decisions. Parents explained feeling judged for using unlicensed care arrangements, despite having deep trust

in their caregivers. This can be frustrating and uncomfortable for parents who love their children and know that they would only place their children in a child care setting that was safe and loving.

Through conducting interviews, parents even made reassuring comments to the research team when describing their ‘informal’ child care arrangements to ensure us that they were putting their children in good hands. This reaction reflected literature that describes FFN care as having been socially and politically peripheralized and stigmatized.

It is important to note that this was not the experience for all families, many of whom view FFN as a normal form of care and are happy to offer and use this care from their relatives, friends, and neighbors.

7. Parents’ decisions regarding employment and child care are closely intertwined. Many unpaid caregivers forego employment to be able to provide care.

Most parents we spoke with shared that one of their primary considerations in taking a job was their ability to be flexible around their child care arrangement. For mothers in particular, this sometimes meant that they did not work until their children were school-age because child care was more expensive than the income they would have earned had they been working. Other parents had to take less desirable jobs that accommodated their schedules, or work fewer hours to be able to fill gaps in their care arrangements.

Child care can be a major barrier to entering the workforce and a contributing factor to financial instability for many low-income families. Having steady, reliable, well-paying jobs is vital for working families to stay afloat in the increasingly expensive Greater Boston area, and the current lack of affordable child care options is a serious threat to that.





Areas for Further Inquiry

While we feel that our research will add great depth and nuance to the conversations surrounding FFN care, there are many areas that require further inquiry. These questions have grown out of our research and are grouped into four sections. The first section considers FFN care as an identity, the second section is focused on increasing support for FFN caregivers, the third section focuses on access to the support that currently exists through both the policy and nonprofit spheres, and the final section is focused on policy and what role it should play in FFN care moving forward. We hope this section can inform future research, policy considerations, and conversations surrounding FFN care.

Identifying FFN Care

Is caregiving an important element to FFN care providers' identities? If so, how can collective identity around this marginalized sector of care be created and uplifted?

As we discuss throughout the report, many FFN caregivers do not identify as such. While it was not within the scope of our research, future research should consider how the collective identification of FFN care would impact FFN caregivers' experiences in the care sector and inform future policy considerations. It would be interesting to find out what specific criteria prompt FFN care providers to identify in this way, and what leads other FFN providers to not think of themselves as such. Future advocacy should uplift the voices of FFN care in order to foster community, manifest a sense of shared identity, and collectively create equity-based goals.

Literature on FFN care shows that caregivers have expressed being interested in community-building with other caregivers. Future advocacy work should consider

opportunities for organizing and building community around FFN caregivers. For example, NEU4J has held meetings with caregivers to discuss how to extend hours of available child care in Dorchester to accommodate parents who need overnight and nonstandard hour care. Providing spaces and opportunities for FFN caregivers to collaborate, share materials, produce written resources for the caregiving community, and provide help for one another could enhance the FFN care.

How do the needs of parents who forgo employment to provide full-time care for their children align with the needs of FFN care providers? Should the definition of 'FFN Care' be expanded to include these parents?

Multiple parents we spoke with chose to stay home with their children instead of going to work because the cost of child care would be greater than the income they would have earned at their job. While parents staying home to raise their children (even when it is their preference to do so) do not qualify as 'FFN caregivers' in the definition of FFN care that we use in this report, this form of care is similar to FFN in that it is also unpaid labor that often occurs at the expense of employment earnings.

Moving forward, it will be important to consider where parents who provide their own child care fit within the broader policy context of providing supplementary support to FFN caregivers. For example, parents providing their own child care may also need training, materials, and learning resources. Would including these parents in the definition of FFN caregivers increase their access to resources? Further research on compensating FFN caregivers should consider the similarities between FFN caregivers and parents who provide in-home care.

Increasing Caregiver Support

What types of programs and supports do FFN Caregivers in Boston most want to see?

Literature on FFN care has shown that caregivers have expressed great interest in programs, resources, and community-building with other caregivers to enhance their experiences in the care sector. For example, HSPC found through surveys that more than two-thirds of its sample of FFN caregivers reported wanting to participate in a training or support activity. The affirming respondents indicated that they were most interested in opportunities to meet with other caregivers; obtain newsletters, booklets, tip sheets, activity kits, and a mobile toy or book lending library; and receive phone support and in-home help to deal with difficult situations. Some also expressed a desire for help finding care for their own children while they are providing care.⁵⁴ Some states have also designed support programs that help caregivers strengthen cultural competency when caring for children of different backgrounds.



This was mirrored throughout our interview process as well, with caregivers frequently reporting wishing they had more resources such as training, learning materials, and activities. For example, one older caregiver shared that she felt unprepared when caring for a family friend's newborn because it had been a long time since she had cared for her own kids. Eventually, the mother paid to send her to a course at the local hospital so she could learn some of the more recent practices. She found this to be very useful and wishes she had other opportunities for training.

We believe that further conversations with caregivers in Boston will illuminate more specifics about desired support. Additionally, given that there is great variation in different states' support for FFN caregivers, further research and analysis into successful of state-funded programs around the United States as well as in countries with more socialized child care systems could help inform policy considerations as well.

How can we expand training for FFN care providers to offer parents of children with disabilities more child care options?

Educational and training opportunities are particularly important for FFN care providers looking after children with disabilities. In some situations, families with children with disabilities sometimes have to rely upon FFN care due to limited choices in the formal sector. For example, a mother of a child with disabilities we interviewed noted that she was on several waiting lists for child care centers that would not take her son, as they were not equipped to care for a child with his disability. In other cases, families seeking specialized care may prefer FFN care, but wish their providers had more training opportunities.



Although FFN care providers have a range of experiences working with children, providing highly specialized care can be a challenge. One FFN caregiver shared that she provides daily care for a young girl with Down Syndrome despite not ever being given any instructions for how to care for her as it pertains to her disability. Both care sectors would likely benefit from having better access to trainings and classes devoted to providing care for children with disabilities.

Access to Existing Resources

What strategies can be employed to connect FFN users and caregivers with the existing services in the nonprofit and public sphere?

Child care subsidies may not adequately assist parents with their child care expenses, but they are an essential part of child care access for low-income families across the U.S. Almost all of our interviewees who were using subsidies for their child care arrangement had only learned about them while living in a homeless shelter, and required the support of case managers to navigate the system. Many others had not interacted with the subsidy system for a variety of reasons including their reluctance to go through the bureaucratic, opaque application process, their usage of FFN care (which as mentioned above, can be subsidized but is a

challenging process that many find is not worth the low rates of reimbursement), and their documentation status prohibiting them from being eligible.

Many other services exist to support parents and caregivers. One mother reported that she and many other parents become aware of many child care-related resources exclusively through word of mouth, so she makes sure to tell others in her social circle about promising programs. Likewise, a mother in Revere stressed that building personal networks throughout her community was vital for finding care and support. They shared that personal connections are often an effective way of informing families of these resources, but that outreach regarding these resources could be improved so that parents do not have to rely upon happening to come across the information from someone else. This is particularly true for parents without extensive support systems such as new immigrants, or those belonging to marginalized communities. Although there are many limitations to the current services offered to families and caregivers, it is important to figure out how to best reach FFN care users and providers so that they can better access the support systems that are currently in place.

How can access to affordable after-school or enrichment programs be expanded?

Several parents mentioned that enrichment opportunities such as classes and after-school activities at community centers have been extremely helpful in supplementing and enriching FFN care. As discussed previously, some FFN users felt that their care providers lacked educational and enrichment resources and knowledge about the best practices for child development. The literature on informal child care suggests many promising programs that non-profit, public, and private agencies could provide to augment their FFN care arrangement.

Parents who primarily used FFN care often said that they wished their children had additional opportunities to interact with other kids, which is an admired feature of this form of care.

Parents we spoke with from all over the Greater Boston area praised the local network of Boys and Girls Clubs for offering reliable after-school care for their children, providing homework help, offering sports like swimming and basketball, and implementing impactful policies such as forbidding smartphone use during activities. This was especially important for parents with school-age children who had to find accommodations for their children during breaks, mid-day closures, half-days, and irregular, administrative off-days. Parents identified program costs and long waitlists as the only drawbacks of this organization, suggesting that low cost after-school options for children would substantially support their existing care arrangements. Future policy considerations could examine funding community child care resources to be able accommodate more children and operate at no cost to parents.

FFN Care and Policy

What policy changes would be most effective in supporting the FFN care sector without stifling it through increased bureaucracy and regulation?

FFN care has a dynamic relationship with policy. The lack of supportive policy devoted to FFN care plays a role in peripheralizing this form of care, but the lack of governmental intervention through regulation is vital to the ways this form of child care operates. Further advocacy work should start by identifying what role FFN care providers and users feel policy should play in supporting FFN care in a way that is appropriate and non-intrusive. This is especially important to think about in the context of the nature of the relationship between the state and individuals

who are Black, Latinx, undocumented, or otherwise marginalized. Additionally, it is important to consider how policy changes in both the licensed and unlicensed sector affect the broader care sector.

How can the subsidy system be more inclusive of FFN care users and providers?

As the subsidy system currently exists in the state of Massachusetts, it is very challenging for families to use their subsidies to pay FFN care providers. The reimbursement rate for care provided by FFN caregivers is extremely low, creating challenges for families who prefer this form of care, but more importantly for caregivers who provide frequent unpaid or underpaid care. For many, it is not feasible for caregivers to undergo time-consuming, bureaucratic processes for the approximately \$9-16/day they would receive for providing FFN care. The process required of license-exempt caregivers to access subsidies (eg. background checks) is also a deterrent for many caregivers.

Given that several states use a much larger portion of their CCDBG funds to subsidize FFN care than the 2% of CCDBG funds used in Massachusetts, it might be worth considering what differences exist between these states' reimbursement rates as well as their requirements for license-exempt caregivers seeking subsidies.

Section References

54. "Enhancing Family Friend and Neighbor Caregiving Quality: The Research Case for Public Engagement."



Conclusion

We hope that by reading this report you have gained a deeper level of understanding about Family, Friend, and Neighbor care - what it is, why people use it, the role it plays in the broader care sector, but most importantly, the extremely personal and intimate nature of this topic. We have been repeatedly surprised throughout this process by the incredibly emotional nature of this research. While it should come as no surprise that talking about one's children could stimulate many different feelings, it can be easy in the world of academia and policy to get lost in the data. This report is not intended to contribute to big data but rather to deepen and nuance data. For any researcher or policy maker finding themselves reading this report, we hope that what you will remember most, and will take with you throughout your work, are the stories of real people doing everything they can to provide for their families. While sharing our findings with peers, we have found again and again that upon hearing these stories, people are compelled to tell their own. We hope you will go out and share your own story of the caregivers in your life and ask others about theirs. We hope that by encouraging more conversations on this topic we can finally bring it to the forefront of our national dialogue as an issue of great importance that has flown under the radar for far too long.





Appendices

1. Interview Resources

1a. Pre-interview Demographic Survey

Survey Number _____

Please fill out this survey to the best of your ability. You may choose not to answer any of the questions.

1. What best describes you:

Parent/guardian/primary caretaker for someone under 13

Caregiver for children that are not your own

Both a caregiver for other children AND a parent/guardian/primary caretaker

2. Which age group do you fall into?

18-24 years old 50-65 years old

25-35 years old 65+ years old

36-49 years old

Prefer not to say

3. What gender do you identify as:

Female Non-binary/third
gender

Male Other:

Prefer not to say

4. What race or ethnicity best describes you (please write in the space below) ?

Prefer not to say

5. What is the highest level of school you have completed or the highest degree you have received?

- Less than a high school degree Associate Degree
 High school degree or equivalent (eg. GED) Bachelor Degree
 Some college but no degree Graduate Degree
 Prefer not to say

6. Please list each of your jobs and approximately how many hours/week you spend at each job:

Job: _____ Hours/week: _____

(please include others in the space below and/or on the back side)

Prefer not to say

7. What income level do you consider yourself to be in?

- Low income Moderate to high income
 Low to moderate income High income
 Moderate income
 Prefer not to say

8. If you're a caregiver, do you consider caregiving a primary source of income?

Yes No Prefer not to say

9. If you're a family using child care, how many children are in your household that need regular supervision?

How many adults/older children are in the household?

Prefer not to say

10. What neighborhood do you currently live in (if outside of Boston, list the city)?

- Allston Fenway/Kenmore Roslindale
 Brighton Hyde Park Roxbury



Charlestown

Jamaica Plain

South Boston

Chinatown

Mattapan

South End/Back Bay/Central

Dorchester

Mission Hill

West Roxbury

East Boston

North End

Other City: _____

Prefer not to say

Thank you for your participation. Your survey responses will be kept anonymous.

1b. FFN Care Provider Questions

Note: interviewees often both provided and used FFN care, so we frequently asked a combination of the following two question lists.

Caregiving Basics: who, what, where, when

How long have you been providing care?

How many children do you typically care for at a time?

What is your relationship to them?

What do they call you/how do you refer to yourself in this role?

What is their relationship to each other?

What are their ages?

What is your relationship to the parents?

Where do you typically provide care?

Your home or the family's home? Is it the same?

How many hours per week do you provide care? How many days?

Do you receive anything in exchange for your caregiving?

If yes: What do you receive?

If they are paid: Is this your primary source of income?

If they are not paid: Do you have another form of income?

Do you consider caregiving to be your profession?

If yes, why?

If no, why not?

Care Relationships

What is the relationship that you have with the families you provide care for?

How long does a typical care relationship with a family last?

Do you have children? Are you reliant upon FFN care/licensed care?

How does providing FFN care overlap with your own family care?

Quality of Care

What is a typical day like for you?

What sorts of activities do you do with the kids?

Do you often take the child(ren) outside the home?

If so, where do you go?

How do you get there?

What sort of facilities do you have access to? (i.e. libraries, parks, church, play centers, etc)

What sort of facilities would you like to have access to?

What kind of activities do you have access to? (i.e. play groups, reading help)

What sort of activities would you like to have access to?

Benefits & Challenges

What is the most rewarding part of being a caregiver? Why?

What is the most frustrating part of being a caregiver? Why?



Are there other things you'd like to be doing in this time if you were not providing care?
In your experience, why do parents choose this form of care? What might make them choose other forms of care?

Support Services

Have you attempted to go through the licensing process?

Why or why not?

If so, how difficult was it?

Have you ever attended any trainings for caregivers? (i.e. health & safety training, child development, etc)

If yes, what trainings have you attended? How did you feel about them?

If not, how come? Are there trainings you'd be interested in?

If there were a training on a topic of interest for you, what would be the best way to reach you?

Are you aware of any subsidies available for child care, including informal care?

If you had the opportunity to apply for a more streamlined subsidy, would you?

1c. FFN Care User Questions

Caregiving Basics: who, what, where, when

How many children do you have?

What ages?

Who provides care for them?

What is your relationship to your child care provider(s)? How do you know them?

How did you make that decision?

Cost?

Location?

Trust?

Language?

Discipline?

Culture?

Religion?

Race?

Do you use more than one form of care?

How do those different forms of care work together?

Cost aside, what is your preferred form of child care?

Where does this care typically happen?

Your home? Caregiver's home? Are these the same?

During which hours do you need child care?

If outside standard work hours (Mond-Fri 9-5), tell us more about that?

If 24/7 center-based care were available and accessible for you, would you use it or would you prefer to have your children with their current caregiver?

How long does a typical care relationship last? How often are you needing to find new care arrangements?

Quality of Care

Overall, how satisfied are you with your caregiving arrangement?

What are your expectations of your caregiver(s) when they are watching your child/children?

Benefits & Challenges

What do you see as the primary benefits to using this type of care?

What do you see as the primary challenges to using this type of care?

Why do you choose/use this form of care?

Subsidies

Are you aware of any subsidies available for using this form of care?

If you had the opportunity to apply for a more streamlined subsidy, would you?

1d. Stakeholder Questions

How does your job support or relate to the provision of child care in the Greater Boston Area?

How long have you been in this position?

What previous work, and for how long, have you done in the realm of child care, either in the Greater Boston Area or elsewhere?

Based off your professional experience, what are the greatest challenges facing both providers and users of FFN care in the Greater Boston area?

What could your organization/agency or others working in the same field do to better support these care users and providers?

How could the state make understanding and accessing child care subsidies easier for working families who use informal care?

While drafting our report, we will contact you to ensure the parts of the report where you information is discussed are appropriately anonymized - what is/are your preferred mode(s) of being contacted?

1e. Further Notes About the Interview Process

Through the process of scheduling, arranging, and conducting interviews, we ran into difficulties that required us to think carefully about our system of interviewing.

Recruitment

- **Selection Bias:** We were careful in scheduling interviews around the priorities and time preferences of the interviewees. We recognized that the opportunity to participate in the interview and earn \$30 was somewhat limited to people who had the time and resources to be involved with these organizations, and people who were available within our time frame. We conducted interviews on both weekdays and weekends, as early as 9am and as late as 8pm, in order to accommodate a wide variety of schedules.
- **Gender:** we did not explicitly recruit male or female participants, but, perhaps not surprisingly given the gendered nature of child care, 16 of our 18 interviewees were women.

Interpretation

- **Interpreter:** We found that it is important to be mindful when arranging translation services, as employees of coalition organizations that are able to interpret may be in positions that create difficult power dynamics that could potentially prevent interviewees from feeling comfortable



sharing certain information.

- **Potential for interpretation to connote judgement:** When asking interview questions, we had concerns about potential underlying messages within our inquiries. For example, when asking about who provides care for one's children when they are away, we were warned that direct interpretations in some languages may translate to asking what parents do when they are not watching their children, with judgemental connotations.
- **Interpretation:** There is no way to know for sure whether or not the interpreter is asking the questions the correct way, as direct translations are likely to not correspond exactly (e.g. caregiver is an especially difficult word to translate to in Spanish). It is also difficult to know whether or not the interpreter is repeating everything the interviewee says, especially during longer answers. Smaller nuances may get lost in translation. It has helped us to explain to interpreters our project goals so that they understand what information we hope to get from the interview. We have also given interpreters time to look the questions over and to ask us questions if needed. Additionally, after each interview we asked the interpreters to look over our notes and make any necessary corrections or additions.

Consent

- **Provision of Contact Information:** Sensitive information was often brought up during interviews, and we provided interviewees with materials to ensure their comfort. We gave interviewees an extra copy of our consent form to take with them, as well as contact information for both Nick Pittman, who spearheaded the IRB process, and Penn Loh, our research supervisor. We let participants know that they could contact either person at any time if they would like any notes or parts of the recording redacted from our research records.
- **Recording:** We reiterated to interviewees that they were welcome to decline our request to record the interview.
- **Gift Card:** We made it a point to present gift cards at the beginning of the interview so that they did not feel that their receipt of the gift card was in any way dependent upon their participation.

Timing

- **Participant Schedule:** At the beginning of each interview we asked interviewees about their time constraints and how long they would like the interview to last. While most interviews lasted between 30 and 50 minutes, some participants informed us that they had to work, pick up their children, or get home by a certain time, and we assured them that we would conclude the interview to suit their desired time frame.

Demographic Survey

- **Income Level:** We did not specify what we considered to be various income levels in the survey. Thus, "moderate income" may mean different incomes to different interviewees, and income levels are not directly comparable across interviewees.
- **Self-Identification:** Three interviewees self-identified on the survey exclusively as parents, but through the course of the interview we learned that they actually provide regular FFN care for family members, friends and neighbors. Another interview self-identified exclusively as a caregiver, and later shared that she has grown children who are out of the house, but when they were little she utilized FFN care.

2. Policy Resources

2a. Current Federal Regulations for FFN Care

Relative Care:

- a. Be at least 18 years of age
- b. The Informal Child Care Provider must not be a member of the parent's TAFDC assistance unit, unless the parent is under the age of 18
- c. Complete all applicable pre-service and orientation to child care trainings
- d. Satisfy all applicable health and safety requirements
- e. Sign an agreement to provide subsidized child care

Non-Relative Care:

- f. Be at least 18 years of age
- g. Complete EEC's background record check certifying the informal child care provider has a background free of conduct which, in the judgment of EEC and in accordance with EEC's Background Record Check Regulations at 606 CMR 14.00 et seq., bears adversely upon his or her ability to provide for the safety and well-being of a child.
- h. Complete all applicable pre-service and orientation to child care trainings;
- i. Agree to and complete annual trainings;
- j. Satisfy all applicable health and safety requirements;
- k. Agree to annual monitoring visits from EEC; and
- l. Sign an agreement to provide subsidized child care

Relative informal child care providers and informal child care providers providing care in the child's own home may not care for more than six children younger than 13 years old.



2b. Boston City Census - Child Care Survey

3. Questions for parents/guardians of children five and under.

	Child 1	Child 2	Child 3	Child 4	Child 5
Child date of birth (MM/DD/YYYY)	/ /	/ /	/ /	/ /	/ /
Do you receive a childcare subsidy/voucher?	Y / N	Y / N	Y / N	Y / N	Y / N
What is your current childcare arrangement for each child?					
Parent/guardian exclusively					
Neighbor, friend, or family					
Nanny or babysitter in my home					
Home-based provider program/family child care					
Center-based program					
Public school/Head Start program					
Other (please specify):					
What difficulties do you experience with childcare?					
Too difficult to find					
Not affordable					
Too far/hard to access from home or work					
Not as high quality as I would prefer					
Not licensed					
Does not fit family/work schedule					
Parent/guardian stays home to care for child but needs/wants to work <small>Specify gender of parent/guardian</small>					
Other (please specify):					
What other difficulties do you experience with childcare?					

中文 | Tiếng Việt | Kreyòl ayisyen | Português | kriolu | Alternative Formatting : boston.gov/language-disability-childcare-survey

2c. EEC Criteria for Exemption from Licensing

POLICY STATEMENT: Criteria for Exemption from Licensing

With certain exceptions, any facility operated on a regular basis that receives children for non-residential custody and care is licensable by the Department of Early Education and Care (EEC). See 102 CMR 7.02 Definitions.

Exemption Procedure

Programs must submit an Application for Child Care Licensing Exemption to the Department for review. Please note that EEC requires that additional documents be submitted along with most exemption applications. Please review the criteria carefully. Following review of the application, EEC will notify the program in writing whether or not it is exempt.

Children of Common Parentage

Child care is exempt from licensure if all children in care are related to the caregiver by blood, marriage or adoption. A “relative” is defined as following relationships to the caregiver by blood, marriage or adoption: Relative - A person who is a parent, grandparent, great grandparent, aunt, uncle, great aunt, great uncle or sibling by blood, marriage or adoption.

Regular Basis

Child care is exempt from licensure if the program is not operating on a “regular basis”. A program is not operating on a regular basis if the program operates 1 day per week or for no more than 10 weeks per year. (A program that provides care on a “regular basis” may still be exempt from licensing).

Occasional Care

Child care is exempt from licensure if the program is providing “occasional care” for specific children. Occasional care means that no child attends the program more than 4 hours per day and no child attends the program on more than 6 days per month. In order to be exempt, programs that are providing occasional care must have a system for attendance to ensure that the requirements of the exemption are being met. Caregiving situations that meet these conditions and wish to be considered exempt must notify all parents in writing of the following:

- That the child care services being offered by the program are not licensed by the Department of Early Education and Care or any other state agency;
- That each child may not attend more than 4 hours a day and no more than 6 days per month.

The program must submit to EEC a sample of these written guidelines with their exemption application.

Not Separate From Parents/Guardians

Child care is exempt from licensure if it is “not separate from parents/guardians” or other caretakers who accompany the child to the program. Child care is not separate from parents/guardians if the parents/guardians are in the same room during the entire time their children are in care. Further, child care is not separate from parents/guardians if the parents/guardians are on the same premises as the children and are immediately available to perform all caretaking tasks such as toileting, diapering, feeding and disciplining their children. In order for parents to be immediately available to their children, the following conditions must be met:

- Parents/guardians must not have any responsibilities or obligations that could prevent their responding promptly to their children’s basic needs; and
- There must be an effective system of communication between parents and caregivers when parent/guardian(s) are not in the same room.

Caregiving situations that meet these conditions and wish to be considered exempt must notify all parents in writing of the following:

- That the child care services being offered by the program are not licensed by the Department of Early Education and Care or any other state agency;
- Parents/guardians must remain on the premises the entire time their children are in care;
- Parents/guardians must remain responsible for the basic care of their children (including, but not limited to diapering, toileting, feeding, and discipline) and must perform these duties as needed;
- Parents/guardians must respond immediately to their children’s caretaking needs as they arise;
- Parents/guardians must agree that if they fail to comply with these conditions of child care, the program will not be able to provide child care services for the child.

The program must submit to EEC a sample of these written guidelines with their exemption application.

Open Door Policy

Child Care is exempt from licensure if the program has an “open-door policy”, where children may drop-in during any or all of the hours that the program is open, and may come and go from the program at will.

Caregiving situations that meet these conditions and wish to be considered exempt must notify all parents in writing of the following:

- That the child care services being offered by the program are not licensed by the Department of Early Education and Care or any other state agency;
- That program is offering drop in services and specifically describe the level of supervision that the children will receive while participating at the program;
- That the program is not responsible for the care or supervision of children beyond program closing time;
- That the children may arrive at or depart from the program at any time during their time at the program.

The program must submit to EEC a sample of these written guidelines with their exemption application.

Instructional Nature

Child Care is exempt from licensure if it is a program that offers a class or lesson that are of an “instructional nature” where a child may sign up for a time specific class or lesson and leave the program at the end of that class or lesson. The program must register these children in a formal manner and maintain documentation of each child, the class or lesson signed up for and the date, time and the duration of the class or lesson. Instructional care should be distinct, time limited sessions.

Caregiving situations that meet these conditions and wish to be considered exempt must notify all parents in writing of the following

- That the child care services being offered by the program are not licensed by the Department of Early Education and Care or any other state agency.
- That all children must register for a specific class or lesson.
- That all children must leave upon completing the class or lesson.

The program must submit to EEC a sample of these written guidelines with their exemption application.

The program may not offer transportation services or formal child care programming where children move from one activity to another (i.e. snack, homework, free play, or from different disciplines of instruction).

Services Primarily Limited to Kindergarten, Nursery, or Preschool

Child Care is exempt from licensure if it is a “private organized educational system”, unless the services of such a system are primarily limited to kindergarten, nursery or related pre-school services.

Step 1 - To be considered a private organized educational system, a program must be approved by the local education authority (school committee, school superintendent or designee) as an alternative to

public school, in accordance with M.G.L. Ch.76.

-The program must submit the local education authority approval with the exemption application

Step 2 - If a program provides documentation of appropriate approval, it will be exempt from licensure if 50% or more of the children enrolled in the system will have reached the age of 6 years by December 31st of the current calendar year.

-The program must submit a list of all children names and dates of birth with the exemption application.

Programs in which the enrollment of children attaining age 6 or older by December 31st is between 50% and 60% must submit enrollment information to the Department at the start of each school year, until such time as the enrollment of older children reaches 60%. Thereafter, the program's enrollment will be reviewed only when there is a substantial change in the population served.

During Religious Services

Child care is exempt from licensure if it is limited to care of children for short periods of time while their parents or guardians are attending "religious services".

The Department of Early Education and Care defines religious services for purposes of determining the need for licensure as acts of public or semi-public worship by members or adherents of a recognized church or religious denomination that, through adherence to a prescribed practice or ritual, expresses that church or denomination's belief in and reverence for a super-human power or powers as creating or governing the universe.

Informal Cooperative Arrangement

Child care is exempt from licensure if it is an informal cooperative arrangement among neighbors or relatives. To be considered an "informal cooperative arrangement", all of the following conditions must be met:

- There are no personnel receiving monetary or non-monetary compensation for their services.
- Parents may contribute money for equipment and supplies, however.
- All parents of the children in care regularly share in direct child care responsibilities. The provision of alternative services, such as book keeping or scheduling, does not satisfy this requirement.
- There is no separate legal entity entering into formal legal contracts such as leases, insurance contracts, or the like on behalf of or to enable the child care service. Parent schedules or agreements to participate are not considered formal legal contracts.
- The parents of the children involved live near each other, work or worship together, attend school together, or are affiliated in a way other than the child care arrangement.

Participation in structured activities does not preclude a child care arrangement from being considered informal and cooperative, if all of the above conditions are met.

Summer Camp

A program that operates only in the summer and is licensed by the Department of Public Health or by the Board of Health in the community where it is located is exempt from licensure.



Youth Group or Recreational Sport League

Child Care is exempt from licensure if the program being offered is a scout meeting, youth group meeting or a recreational sports league (examples would be - chess club, baseball, swimming, or other team sports).

School Vacations

Programs which operate only during school vacation weeks and additional days such as holidays are occasional care and not subject to licensure unless school age child care is provided for more than a total of 30 days during a calendar year.

2d. Care That Works Coalition Partners

Brookview House helps homeless and at-risk families learn the necessary skills to break the cycle of poverty. By providing a safe place to live and engaging mothers, children, and youth in programs that build concrete skills and self esteem, Brookview has played a vital role in improving the lives of hundreds of residents throughout Boston.

New England United for Justice is a community organization in Dorchester that believes in the power of promoting social, economic and racial justice using a strong grassroots organizing approach in building direct leadership in low income neighborhoods.

SEIU Local 509 represents human service workers and educators throughout Massachusetts, including 3,000 family child care providers that accept state subsidies. SEIU 509 won their unionization drive for family child care providers in 2012 though passing state legislation.

Matahari Women Workers' Center is a Greater Boston organization where women of color, immigrant women, and families come together as sisters, workers, and survivors to make improvements in ourselves and society and work towards justice and human rights. Our goal is to end gender-based violence and exploitation. Matahari's membership is largely comprised of nannies, and they are in the process of developing a worker co-op model for nannies in the region.

UAW Local 1596 represents about 500 child care providers who work in centers and Head Start throughout Eastern Massachusetts.

BEST Hospitality Training is a training program affiliated with UNITE HERE Local 26. BEST's mission is to provide individuals with the education, skills and training to excel in the hospitality industry and in their personal lives. Graduates of BEST often face challenges with child care as they begin their careers in the union construction industry.

Building Pathways creates opportunities for low income Boston metro area residents, young adults, and historically underrepresented populations in the building trades industry, to access and prepare for building trades apprenticeships and family sustaining careers in the construction industry. Building Pathways graduates often struggle with child care issues when they begin working in the construction industry, which has a very early start time.

The Policy Group on Tradeswomen’s Issues (PGTI) is a regional collaboration of construction industry stakeholders that has met bi-monthly since 2008 to work on the policy failure to open up good jobs in the construction trades to women. PGTI has a bold goal of reaching 20% women in the unionized construction industry by 2020. Child care is a major barrier to increasing the number of women in the building trades.

Greater Boston Legal Services works to provide free legal assistance to as many low-income families as possible to help them secure some of the most basic necessities of life. GBLS’s role is to provide legal support for the campaign.

Boston Public Health Commission: An independent public agency providing a wide range of health services and programs. It is governed by a seven-member board of health appointed by the Mayor of Boston. Public service and access to quality health care are the cornerstones of our mission - to protect, preserve, and promote the health and well-being of all Boston residents, particularly those who are most vulnerable. The Commission’s more than 40 programs are grouped into six bureaus: Child, Adolescent & Family Health; Community Health Initiatives; Homeless Services; Infectious Disease; Recovery Services; and Emergency Medical Services.

Metro Boston Building Trades Council: Represents 35,000 working families in the Metropolitan Boston region. The building trades unions advance social and economic justice by providing family-supporting wages, healthcare benefits and dignified retirement benefits to workers and their families in the construction industry. The Council strives to create a more fair and just environment for all workers in the construction industry.



References

- “2018 State Child Care Facts in the State of Massachusetts.” Arlington, VA: Child Care Aware of America, n.d.
- “A Catalog of Strategies to Support Family, Friend, and Neighbor Care.” Washington, DC: National Women’s Law Center, n.d.
- Bainham, Andrew. “The Privatisation of the Public Interest in Children.” *The Modern Law Review* 53, no. 2 (March 1990): 206–21. <https://doi.org/10.1111/j.1468-2230.1990.tb01805.x>.
- “Boston Foundation Early Childhood Survey.” Boston, MA: The Boston Foundation, December 2017.
- Boston Mayor’s Office. “2019 Boston City Census.” 2019 Annual Census Released, Including Study on Childcare, February 25, 2019. <https://www.boston.gov/news/2019-annual-census-released-including-study-childcare>.
- Brandon, Richard N. “Enhancing Family Friend and Neighbor Caregiving Quality: The Research Case for Public Engagement.” Seattle, WA: Human Services Policy Center, University of Washington, August 2005.
- Brandon, Richard N, Erin J Maher, Jutta M Joesch, and Sharon Doyle. “Understanding Family, Friend, and Neighbor Care in Washington State: Developing Appropriate Training and Support.” Seattle, WA: Human Services Policy Center, University of Washington, February 2002.
- Bruner, Charlie. “Comprehensive Family, Friend and Neighbor Care Reading List.” Build Initiative, February 2013.
- Cassidy, Deborah J., Linda L. Hestenes, Joanna K. Hansen, Archana Hegde, Jonghee Shim, and Steve Hestenes. “Revisiting the Two Faces of Child Care Quality: Structure and Process.” *Early Education and Development* 16, no. 4 (October 2005): 505–20. https://doi.org/10.1207/s15566935eed1604_10.
- “Commonwealth of Massachusetts: 2018 Child Care Market Rate Survey Final Report.” Boston, MA: Public Consulting Group, Inc., June 2018.
- “Commonwealth of Massachusetts: 2018 Cost of Care Form Final Report.” Boston, MA: Public Consulting Group, Inc., June 2018.
- “Creating a Coordinated, Integrated Early Care and Education System: State Early Childhood Administration.” Washington, DC: Bipartisan Policy Center, December 2018.
- “Criteria for Exemption from Licensing.” Department of Early Education and Care, Commonwealth of Massachusetts, June 2010.
- “Daily Reimbursement Rate for Early Education and Care Programs.” Daily reimbursement rate for early education and care programs. Accessed April 25, 2019. <https://www.mass.gov/service-details/daily-reimbursement-rate-for-early-education-and-care-programs>.
- Douglass, Anne, Kira Taj, Mary Coonan, and Donna Haig Friedman. “Lessons From an Urban School Readiness Initiative: Including Family, Friend, and Neighbor Care Providers.” *Early Education and Development* 28, no. 6 (August 2017): 640–54. <https://doi.org/10.1080/10409289.2017.1309628>.
- Duffy, Mignon, Randy Albelda, and Clare Hammonds. “Counting Care Work: The Empirical and Policy Applications of Care Theory.” *Social Problems* 60, no. 2 (2013): 145–67. <https://doi.org/10.1080/00974026.2013.781111>.

org/10.1525/sp.2013.60.2.145.

- “Early Education and Care Financial Assistance for Families.” Early Education and Care Financial Assistance for Families. Accessed April 25, 2019. <https://www.mass.gov/guides/early-education-and-care-financial-assistance-for-families>.
- “Engaging Family Child Care Providers in Quality Improvement Systems.” Fairfax, VA: National Center on Early Childhood Quality Assurance, November 2017.
- “Environment Rating Scales.” Environment Rating Scales. Accessed April 25, 2019. <https://ers.fpg.unc.edu/about-environment-rating-scales>.
- “Family, Friend, and Neighbor Care: Facts and Figures.” Washington, DC: National Women’s Law Center, March 2018.
- “Family, Friend, and Neighbor Care Learning Community Call: Helping FFN Providers Meet New CCDBG Reauthorization Law Requirements.” National Women’s Law Center, December 2018.
- “Family, Friend, and Neighbor Care: Strengthening a Critical Resource to Help Young Children Succeed.” Annie E. Casey Foundation, 2006.
- “Find Required Training for Licensure and Certification.” Find Required Training for Licensure and Certification. Accessed April 25, 2019. <https://www.mass.gov/how-to/find-required-training-for-licensure-and-certification>.
- Folbre, Nancy. “Reforming Care.” *Politics and Society* 36, no. 3 (September 2008): 373–87. <https://doi.org/10.1177/0032329208320567>.
- Forry, Nicole, Kathryn Tout, Laura Rothenberg, Heather Sandstrom, and Colleen Vesely. “Child Care Decision-Making Literature Review.” Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, December 2013.
- Friedman, Donna Haig, Mary Coonan, Anne Douglass, and Alice Carter. “Boston Children Thrive in 5: Connecting Families, Building Community, Year 4 - Summative Evaluation Brief.” Boston, MA: Center for Social Policy Publications, University of Massachusetts Boston, Spring 2016.
- “Fun’amentals of CCDF Administration.” Washington, DC: Office of Child Care, Administration for Children and Families, Department of Health and Human Services, n.d.
- “FY 2019 CCDF Allocations (Based on Appropriations).” FY 2019 CCDF Allocations (Based on Appropriations), March 28, 2019. <https://www.acf.hhs.gov/occ/resource/fy-2019-ccdf-allocations-based-on-appropriations>.
- Garcia, Catalina, Johnna Flood, and Maggie Ollove. “Lack of Child Care Options Keep Families in Poverty: How the Informal Care System Supports Families.” Oakland, CA: The Gma Village, April 2015.
- Hibbard, Susan, and Deborah Stahl. “Family, Friend and Neighbor Care: An Exploration of Emerging Trends and Possibilities for Next Steps and Collaborative Actions,” January 2007.
- Hossain, Mynti, Jaime Thomas, Cleo Jacobs Johnson, Nazihah Siddiqui, Amaka Osuoha, and Patrick Balke. “Supporting High Quality Informal Child Care in Detroit.” Princeton, NJ: Mathe-

- matica Policy Research, October 2017.
- Howe, Susannah, Brigid Schulte, and Alieza Durana. “Types of Care.” Washington, DC: New America, October 2018.
- “Income Inequality in Massachusetts.” Income Inequality in Massachusetts, July 2018. <https://www.epi.org/multimedia/unequal-states-of-america/#/Massachusetts>.
- Isaacs, Julia B, Michael Katz, Sarah Minton, and Molly Michie. “Review of Child Care Needs of Eligible Families in Massachusetts.” Washington, DC: Urban Institute, March 2015.
- Jacobs Johnson, Cleo, Jaime Thomas, and Kimberly Boller. “Ecomapping as a Research Tool for Informal Child Care.” *Early Education and Development* 28, no. 6 (December 2016): 705–14. <https://doi.org/10.1080/10409289.2016.1255081>.
- Jimenez, Sarah, and Lindsay McCluskey. “2019 Field Project Proposal: Supporting ‘Family, Friend, and Neighbor’ Child Care.” Community Labor United, November 2018.
- Johnson, Cleo Jacobs, Kimberly Boller, Madeline Young, Jaime Thomas, and Daisy Gonzalez. “A Closer Look: Informal Child Care Arrangements and Support in California.” Issue Brief. Princeton, NJ: Mathematica Policy Research, April 2015.
- “Kaleidoscope Play and Learn Evaluation.” Engage R+D, May 2018.
- Kilburn, M Rebecca, and Lingxin Hao. “The Impact of Federal and State Policy Changes on Child Care in California.” Santa Monica, CA: Rand Corporation, 1996.
- Kreader, J. Lee, and Sharmila Lawrence. “Toward a National Strategy to Improve Family, Friend, and Neighbor Child Care.” New York, NY: National Center for Children in Poverty, Mailman School of Public Health, Columbia University, September 2006.
- Lawrence, Sharmila, and Samuel Stephens. “Quality Improvement in Home-Based Child Care Settings: Research Resources to Inform Policy.” Ann Arbor, MI: Research Connections, November 2015.
- Livingston, Gretchen. “At Grandmother’s House We Stay.” Washington, DC: Pew Research Center, September 2013.
- Long, Sharon K, Gretchen G Kirby, Robin Kurka, and Shelley Waters. “Child Care Assistance Under Welfare Reform: Early Responses by the States.” Washington, DC: Urban Institute, September 1998.
- “MA Quality Rating and Improvement System (QRIS).” Massachusetts Department of Early Education and Care, January 2016.
- Madowitz, Michael, Alex Rowell, and Katie Hamm. “Calculating the Hidden Cost of Interrupting a Career for Child Care.” Washington, DC: Center for American Progress, June 2016.
- “New Research on Subsidized Family, Friend, and Neighbor Providers: Implications for Investing in Quality.” Chicago, IL: Sylvia Cotton Center for Policy Innovation, Illinois Action for Children Research Department, January 2019.
- Oliveira, Peg. “Beyond Child Care Centers: The Essential Role of Home-Based Child Care in Connecticut’s Early Care and Education System.” New Haven, CT: Connecticut Voices for Children, June 2007.
- Oncken, Lindsay, Susannah Howe, and Erica Carvell. “Unpaid and Unpartisan.” Weekly Article:

- Unpaid and Unpartisan, August 11, 2016. <https://www.newamerica.org/weekly/edition-131/unpaid-and-unpartisan/1/6>.
- “PCHP for Family Child Care: Family Child Care Environmental Ratings Scale (FCCERS-R).” Parent-Child Home Program, n.d.
- Phillips, Deborah, Debra Mekos, Sandra Scarr, Kathleen McCartney, and Martha Abbott-Shim. “Within and Beyond the Classroom Door: Assessing Quality in Child Care Centers.” *Early Childhood Research Quality* 15, no. 4 (2000): 475–96.
- Porter, Noriko. “High Turnover Among Early Childhood Educators in the United States.” High Turnover Among Early Childhood Educators in the United States, August 17, 2012. http://www.childresearch.net/projects/ecec/2012_04.html.
- Porter, Toni, and Shannon M Kearns. “Supporting Family, Friend, and Neighbor Caregivers: Findings From a Survey of State Policies.” New York, NY: Institute for a Child Care Continuum, Division of Continuing Education, Bank Street College of Education, January 2005.
- “Reimagining Quality in Quality Ratings Programs.” St. Paul, MN: Public Health Law Center, Mitchell Hamline School of Law, September 2017.
- Schaack, Diana D., Vi Nhuan Le, and Claude Messan Setodji. “Home-Based Child Care Provider Education and Specialized Training: Associations With Caregiving Quality and Toddler Social-Emotional and Cognitive Outcomes.” *Early Education and Development* 28, no. 6 (May 2017): 655–68. <https://doi.org/10.1080/10409289.2017.1321927>.
- Schulman, Karen, and Helen Blank. “Close to Home: State Strategies to Strengthen and Support Family, Friend, and Neighbor Care.” Washington, DC: National Women’s Law Center, February 2007.
- Schulman, Karen, and Daria Crawford. “Helping Family, Friend, and Neighbor Care Providers Meet New Requirements Under the Child Care and Development Block Grant Reauthorization Law.” Washington, DC: National Women’s Law Center, October 2018.
- Schulman, Karen, Jaime Thomas, and Cleo Jacobs Johnson. “Mathematica and National Women’s Law Center Call Notes,” July 2018.
- Schulte, Brigid, and Alieza Durana. “The New America Care Report.” Washington, DC: Better Life Lab, New America, September 2016.
- Shivers, Eva Marie, Charles Yang, and Flora Farago. “The Arizona Kith and Kin Project Evaluation.” Indigo Cultural Center, Inc., October 2016.
- Siddiqui, Nazihah, Cleo Jacobs Johnson, Patrick Balke, Jaime Thomas, Mynti Hossain, and Amaka Osuoha. “Characteristics of Informal Child Care Arrangements and Social Support in Detroit.” Issue Brief. Princeton, NJ: Mathematica Policy Research, October 2017.
- Snyder, Kathleen, Sara Bernstein, and Gina Adams. “Child Care Vouchers and Unregulated Family, Friend, and Neighbor Care.” Washington, DC: The Urban Institute, 2008. <https://doi.org/10.1037/e687892011-001>.
- “Strategies for Supporting Family, Friend, and Neighbor Care Providers.” Washington, DC: National Women’s Law Center, January 2016.
- Subsidized Child Care Regulations, 606 CMR 10.00 Code of Massachusetts Regulations § (2019).

- “Supporting License-Exempt Family Child Care.” Fairfax, VA: National Center on Early Childhood Quality Assurance, November 2015.
- “Supports for Family, Friend, and Neighbor Child Care Providers in Early Learning Challenge States.” Washington, DC: Early Learning Challenge Technical Assistance, November 2017.
- Susman-Stillman, Amy, and Patti Banghart. “Demographics of Family, Friend, and Neighbor Child Care in the United States.” Ann Arbor, MI: Child Care and Early Education Research Connections, August 2008.
- . “Quality in Family, Friend, and Neighbor Child Care Settings.” Ann Arbor, MI: Research Connections, May 2011.
- Thomas, Jaime, Kimberly Boller, Cleo Jacobs Johnson, Madeline Young, and Mindy Hu. “Setting the Stage: The Importance of Informal Child Care in California.” Princeton, NJ: Mathematica Policy Research, January 2015.
- Thomas, Jaime, Mynti Hossain, Cleo Jacobs Johnson, Nazihah Siddiqui, Amaka Osuoha, and Patrick Balke. “Informal Child Care in Detroit.” Issue Brief. Princeton, NJ: Mathematica Policy Research, October 2017.
- Thomas, Jaime, Cleo Jacobs Johnson, Madeline Young, Kimberly Boller, Mindy Hu, and Daisy Gonzalez. “Moving Forward Together: How Programs Can Support Informal Caregivers and Parents.” Princeton, NJ: Mathematica Policy Research, May 2015.
- “Top Four Myths about Family, Friend and Neighbor Care.” Top Four Myths About Family, Friend, and Neighbor Care. Accessed April 19, 2019. <https://thrivewa.org/top-four-myths-family-friend-neighbor-care/>.