

Family, Friend, and Neighbor (FFN) Care in Colorado: **Research Findings**

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Early Childhood and School Readiness Legislative Commission

WHAT IS FAMILY, FRIEND, AND NEIGHBOR (FFN) CARE?



- ✓ Refers to the network of relatives, close friends, and neighbors who are involved with parents in the care and education of young children (informal care, kith and kin, license-exempt).
- ✓ Approximately 60% of children under the age of 5 are in some form of FFN care, especially low-wage, shift workers, use informal home-based care for their children.
- ✓ FFN care may be preferred by families because licensed care is inaccessible or unaffordable; FFNs offer care during non-traditional hours, is highly trusted and is often preferred to programs that are not culturally or linguistically relevant.

YET, we know relatively little about the dimensions of FFN care and the needs of FFN providers.

FFN RESEARCH OVERVIEW

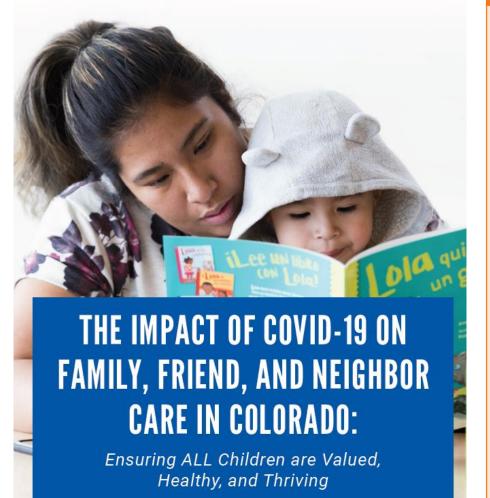












Research Purpose

- To increase knowledge about the state of Family, Friend, and Neighbor (FFN) care in Colorado, particularly in the context of COVID-19.
- Mixed methods study:
 - Statewide survey (n=283)
 - Focus groups (n=30)
 - Key informant interviews (n=5)

Research Questions

- What are the characteristics of FFN providers (i.e., Who are Colorado's FFN providers?), including their motivations for providing care?
- How has COVID-19 impacted FFN providers and the provision of care?
- What are the types of support and resources FFN providers need?
- What are the recommendations to address the needs of FFN providers in Colorado?





51% Hispanic

35% White Non-Hispanic

7% African American

94% Women

66% from Metro-Denver

Three-fourths of respondents between 25-54



Relationship to Child(ren)	Sample Count	Sample Percentage
Grandparent	68	24%
Family friend	64	23%
Aunt or Uncle	49	17%
Babysitter	41	15%
Neighbor	21	7%
Nanny	13	5%
Sibling	6	2%
Other	26	9%



Relationship to Children in Care (n=231)

The most common roles were grandparents, family friends, aunts/uncles, or babysitters.

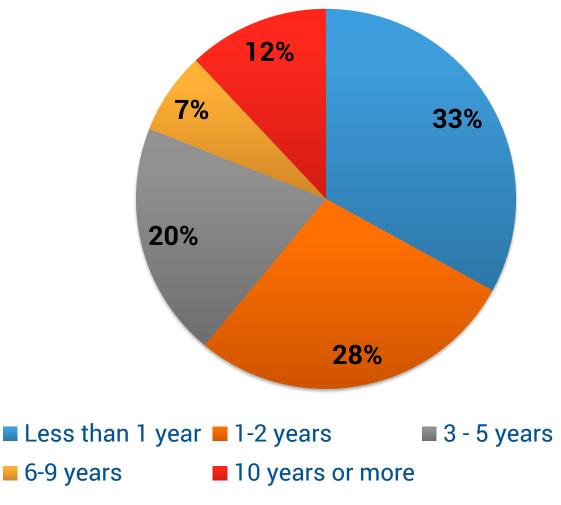


Length of Time as FFN Provider (n=231)

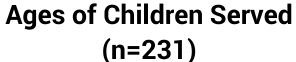


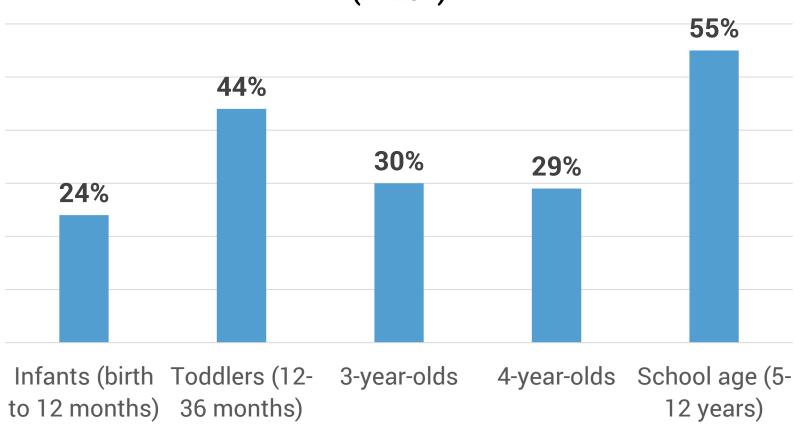
One-third of respondents reported providing care for less than one year.

61% of respondents reported providing care for less than 2 years.











Most respondents reported caring for school age children (5-12 years).

19% of respondents reported caring for a child with special needs.

Note: Respondents could select multiple options

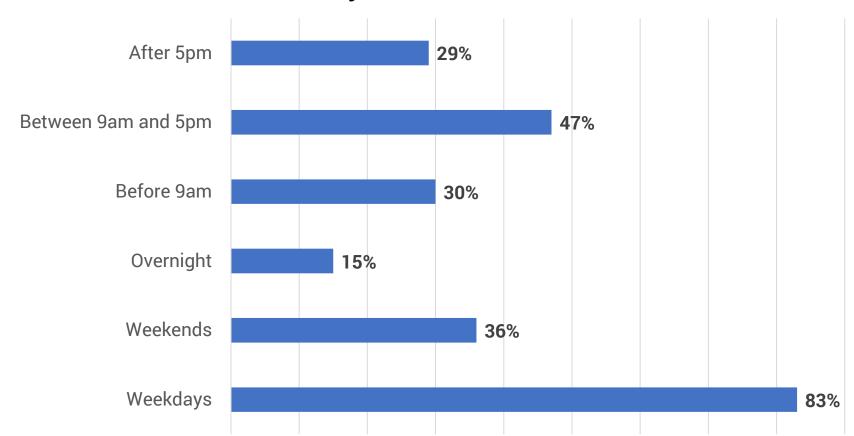
SURVEY FINDINGS: FLEXIBILITY OF CARE



Days and Times of Care



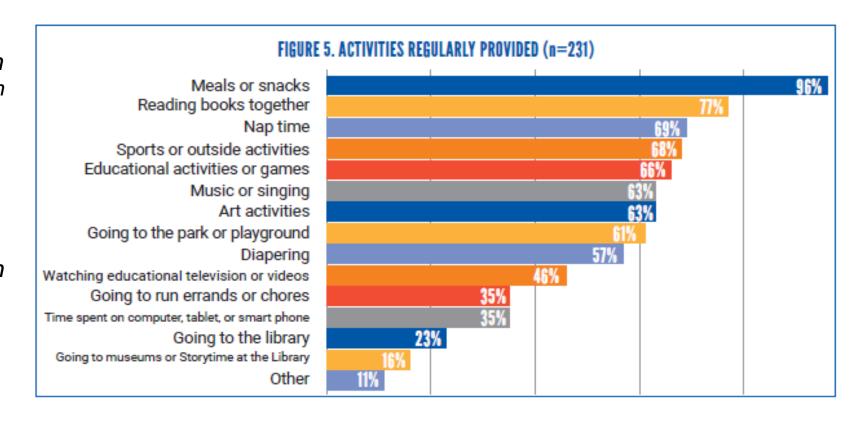
Though most respondents provided care during the weekdays or between 9 a.m. and 5 p.m., approximately onethird provided care during nontraditional work hours.



"We're more than babysitters"



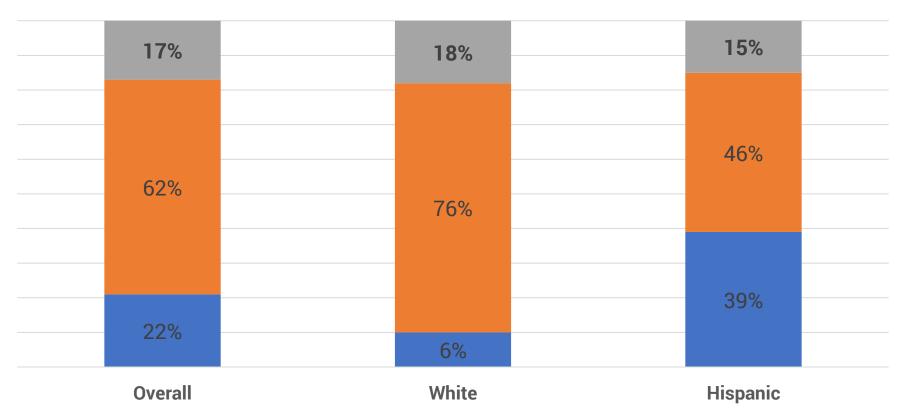
 "It's a lot more demanding than it might seem. Sometimes when people ask me what I've been doing or whatever, I'm just like, 'Well, I just watch some kids. I babysit kids right now.' But, I know it's more than that. I'm making meals, I'm being a teacher throughout the day. I'm cleaning up messes. I'm entertaining the kids. It's very demanding sometimes, emotionally, and physically. A lot of times people don't really know everything that goes into



IMPACT OF COVID-19



Effect of COVID on Status of FFN Providers

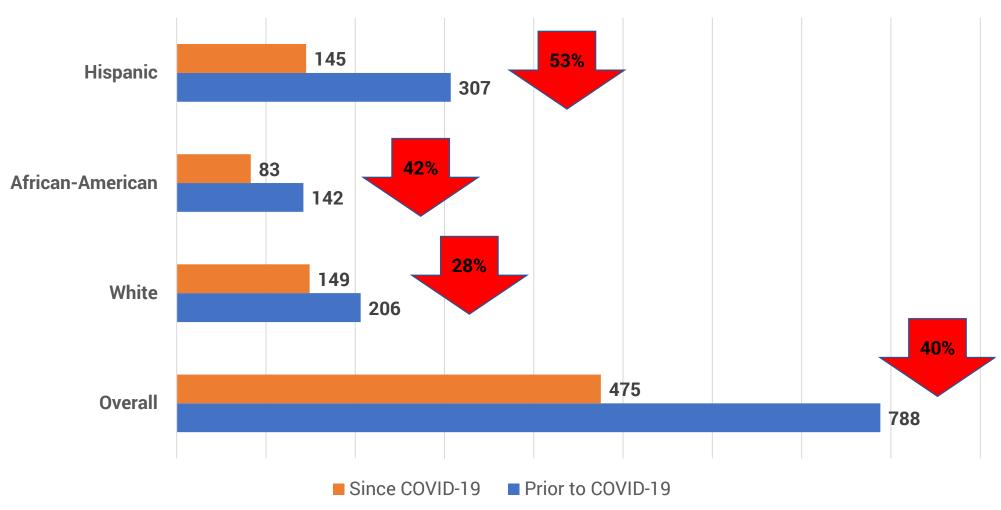


- Did not provide care prior to COVID-19, but am currently
- Cared for children prior to COVID-19 and currently caring for children
- Cared for children prior to COVID-19 but stopped

IMPACT OF COVID-19



Number of Children Cared for In an Average Day



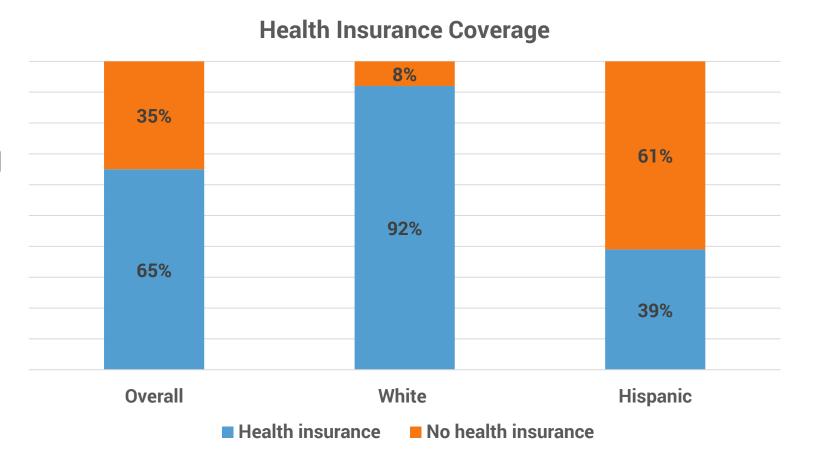
IMPACT OF COVID-19 ON PROVIDERS





92% of respondents who cared for children and identified as White had health insurance. In contrast, 39% of providers who identified as Hispanic had health insurance.

- ✓ Increased mental strain and anxiety
 - ✓ Increased isolation
- ✓ Fear of contracting COVID-19



IMPACT OF COVID-19 - INCOME AND COSTS





Nearly three out of four respondents (74%) had household incomes below \$45,000/year

Household Income

 Overall, 58% report their household income has decreased since COVID; this decrease is more acute for Hispanic or Latina providers, with 73% reporting a decrease in household income compared to 33% of respondents who identified as White.

Caregiving as an Income Source

- 35% of respondents received no money for providing care.
- 58% of respondents received no money or less than \$100/week for providing care.

Increased Costs

- 36% of respondents reported they are incurring additional costs due to COVID, e.g., cleaning supplies, PPE, health monitoring equipment.
- Average increase costs/month = \$268.

SUPPORTS DESIRED





Health and Safety

- Only 32% of respondents reported they had access to PPE, e.g., masks and gloves.
- Better guidance (or easily accessible information) on caring for children in a COVID environment.



Operational (Programmatic)

- Less that half of survey respondents reported access to various information and support services; in particular, providers reported the greatest barriers accessing health or mental health providers (22%) and transportation services (13%).
- Information and support to help children with social and emotional skills.



Operational (Individual)

- Direct financial assistance.
- Peer-to-peer support network.
- Provider self-care.

KEY TAKE-AWAYS

- Challenged assumption that as enrollment in licensed care decreased, enrollment in FFN increased.
- Underscored the racial disparities that have been exacerbated by COVID.
- Illustrated the limited access to resources to support caregiving practices
 - Need more focused attention on FFN providers' health and well-being.
- More work needs to be done to reach and support hard(er)-to-reach FFN providers.
- Though there is growing awareness of FFN care's importance, it remains an underappreciated and underacknowledged component of the broader child care and early learning ecosystem. How can we continue to lift up this issue?

