Mile High United Way

UNIVERSITY of DENVER
BUTLER INSTITUTE FOR FAMILIES
Graduate School of Social Work

EARLY MILESTONES COLORADO
ADVANCING OPPORTUNITIES FOR CHILDREN'S SUCCESS

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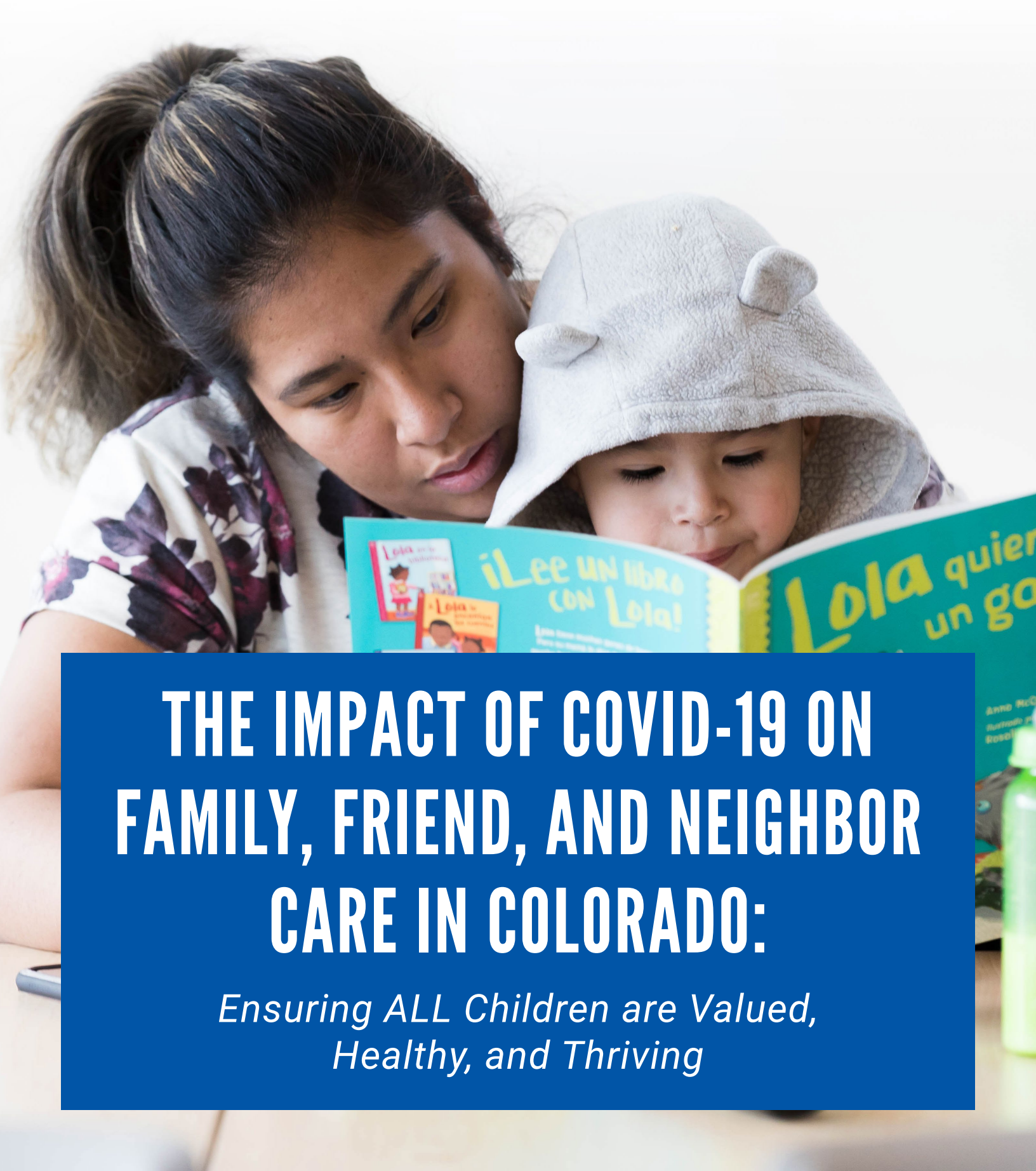

THE IMPACT OF COVID-19 ON FAMILY, FRIEND, AND NEIGHBOR CARE IN COLORADO:

Ensuring ALL Children are Valued, Healthy, and Thriving

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First and foremost, we would like to thank the Family, Friend, and Neighbor (FFN) providers across Colorado who gave their time and insight to participate in this study while also caring for our state's youngest learners.

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TABLE OF CONTENTS

Executive summary 5

Key findings 5

Recommendations 6

Introduction 8

Family, Friend, and, Neighbor Care in Colorado 10

Research questions 10

Methodology 10

Dimensions of FFN providers 12

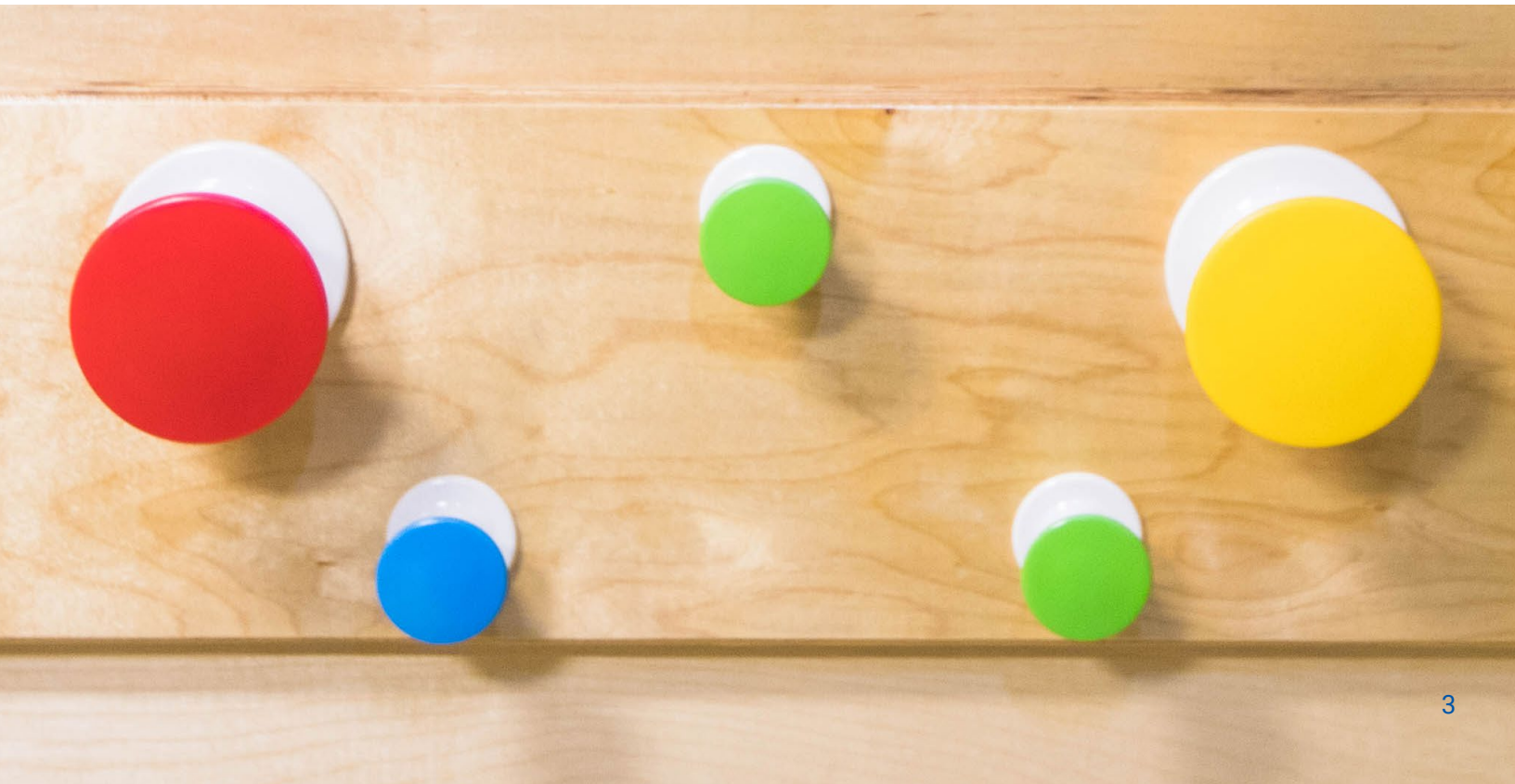
Dimensions of caregiving 15

Impact of COVID-19 17

Supporting FFN care: What providers say they need? 26

Recommendations and promising practices 28

Conclusion 33



LIST OF TABLES

Table 1. Survey Responses by Race and Ethnicity

Table 2. Survey Responses by Household Income

LIST OF FIGURES

Figure 1. Length of time as FFN provider

Figure 2. Ages of children served

Figure 3. Days and times of care

Figure 4. Place of care

Figure 5. Activities regularly provided

Figure 6. Effect of COVID-19 on caring for children

Figure 7. Number of children cared for in an average day

Figure 8. Health insurance coverage

Figure 9. Additional costs incurred due to COVID-19

Figure 10. Providers' access to information and support services

LIST OF APPENDICES

Appendix A. Family, Friend, and Neighbor survey

Appendix B. Family, Friend, and Neighbor focus group protocol

EXECUTIVE SUMMARY

Supporting the health and development of young children takes an entire community. Though often unseen and overlooked, a vast network of family members, friends, and neighbors devote their time and passion to providing child care for millions of families. This form of care – commonly referred to as Family, Friend, and Neighbor (FFN) caregiving, also known as informal care, unlicensed/license-exempt care, and kith and kin care – is the most common form of nonparental child care in the United States and offers families a trusted, affordable, and flexible child care option.

Despite the ubiquity and importance of FFN care, there is limited data on the characteristics of Colorado's FFN providers, their needs, and experiences, and most acutely, the impact of the COVID-19 pandemic on the provision of FFN care. Thus, Mile High United Way, in collaboration with the Butler Institute for Families at the University of Denver's Graduate School of Social Work and Early Milestones Colorado, conducted a research study to address these gaps.

RESEARCH QUESTIONS

The goal of the study was to understand the current state of FFN care in Colorado, particularly in the context of the COVID-19 pandemic. The primary research questions were:

- 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?

METHODS

A mixed methods study was conducted comprising a statewide online survey administered to FFN providers (n=283) and five virtual focus groups with FFN providers (n=30); additionally, a set of key informant interviews (n=5) were conducted with local, state, and national thoughts leaders on FFN care.

KEY FINDINGS

Characteristics of FFN providers

- FFN providers reflect a wide array of individuals and care arrangements, with relatives providing the most prevalent form of care. The three most common FFN providers were grandparents, a family friend, and an aunt or uncle.
- The majority of FFN providers were relatively new to providing this type of child care. Sixty-one percent of providers cared for children for less than two years, including 33% providing care for less than one year (as an FFN provider).
- FFN care is not a lucrative enterprise for providers. Over one-third of providers received no monetary compensation for providing care.
- The two primary reasons providers choose to care for children were: 1) To help out a relative or friends; and 2) Because they enjoy caring for and educating children.

Dimensions of FFN care

- On average, providers cared for three children, with most (55%) serving school age-children (ages 5-12).
- Three-quarters of providers cared for children in their own home.
- FFN providers deliver multiple services and activities for children that support healthy child development. The two most common activities were providing meals or snacks and reading books together, while the two least common were going to museums or story time, or the library; the two least common activities were likely a reflection of community organizations needing to close or curtail hours due to the pandemic.

Impact of COVID-19

COVID-19 had far reaching impacts across multiple domains of FFN caregiving:

- *Impact on caring for children:* Nearly one-quarter of providers who cared for children prior to the pandemic had stopped providing care. However, there were notable difference by race and ethnicity. Only six percent of White FFN providers who cared for children prior to COVID-19 stopped

providing care. In contrast, 39% of Hispanic FFN providers who cared for children prior to COVID-19 were no longer doing so.

  - Among providers who stopped caregiving since the pandemic, the two primary reasons were: Families could no longer pay for child care and concerns that their family or themselves would get COVID.

- *Number of children care for before and during COVID-19:* Consistent with recent research on licensed child care centers in Colorado that showed significant decreases in enrollment, many FFN providers (38%) cared for fewer children since the pandemic. Moreover, the overall number of children cared for in an average day across the sample declined by 40% (788 children served to 475 children). Notably, this decline was more acute for Hispanic (53%; 307 children served to 145 children) and Black (42%; 142 children served to 83 children) FFN providers.

- *Adaptations made to caregiving practices:* As COVID-19 unfolded, FFN providers had to quickly adapt their caregiving practices to accommodate new realities and prohibitions. Survey and focus group findings pointed to three specific adaptations: Increased attention to health and safety protocols, decreased ability to access community activities, and incurring new responsibilities as school teachers.

- *Financial costs of care:* COVID-19 has exacerbated and underscored the thin financial margins FFN providers operate under. Survey findings show that the majority of providers' (58%) household income has decreased since COVID-19. Further, Hispanic providers (73%) were more acutely impacted by household income loss compared to White providers (33%).

Supports desired by FFN providers

Although FFN care is a common form of child care, providers tend to receive limited attention, resources, and support compared to formal caregivers. Providers identified multiple areas of support:

- *Direct financial assistance:* Focus group participants highlighted how expenses such as rent, food, cleaning supplies, and transportation, have either increased or been difficult to pay. Similarly, survey findings show that few providers have access to these types of core resources, which support their caregiving and their general living needs.

- *Access to information and support services:* Providers desired greater access to information and resources to support caregiving. While providers reported greater access to information on how to promote literacy, internet, and learning materials, they had less access to transportation services and health or mental health providers.

- *Social and emotional resources for children:* Focus group participants specifically highlighted the need for more information and support to help children with social and emotional skills, particularly given COVID-19's impact. Providers desired resources and education that could help them socialize kids, address their frustrations and fears, and support overall child development.

- *Peer-to-peer network:* Many FFN providers operate in isolation and are disconnected from their peers. Only 30% of providers reported access to other FFN providers. In focus groups, participants consistently remarked on the value of and need for connecting with other providers as a means to obtain support, advice, and ideas.

RECOMMENDATIONS

The following recommendations reflect both immediate and long-term opportunities to support FFN providers.

- **Recognize the enormous diversity of FFN providers and tailor outreach and interventions accordingly.**
  FFN is useful as a catchall category, but it goes without saying that a grandmother who watches a child for free while their parents work compared to a neighbor providing paid care for multiple families' children as a means to supplement her household income have different needs. . It is important to target different types of caregivers with strategies that respond to their needs, motivations, and characteristics.

- **Develop an accessible information and resource clearinghouse targeted to FFN providers.**
  One of the primary challenges FFN providers face is they typically do not identify as such and are not "plugged in" to the traditional networks and information pathways used to reach licensed providers. In focus groups, providers repeatedly discussed the need to have a one-stop clearinghouse of resources, tools, and information they could easily access.

- **Provide opportunities and resources for professional development.**
  In addition to information access and tools, FFN providers desired opportunities to enhance their professional development and learning as caregivers. Many providers wanted to grow their knowledge and skills in supporting children's development and early learning through more active means, such as workshops or trainings.

- **Institute more FFN peer-to-peer networks to reduce isolation and promote shared learning.**
  Most FFN providers are "trying to figure it all out by [themselves]." A formal or informally structured network of peers would provide a venue for sharing ideas, discussing experiences, receiving emotional support, and ultimately, feeling less alone.

- **Support provider mental health and well-being.**
  Though resources and supports are critical to aid providers in the practice of child care, commensurate attention should be placed on the caregivers themselves. FFN providers put the needs of children first and often don't attend to the stressors they endure. Examples of support include increased access to health and mental health providers, resources for self-care and stress reduction, and opportunities to engage other FFN providers.

- **Engage and support hard-to-reach FFN providers.**
  It can be difficult to engage and support FFN providers that "fly under the radar". One potential approach is to work through trusted intermediaries in communities to reach FFN providers. This is particularly true where providers may distrust the dominant "system" and be hesitant to engage. Family resource centers, libraries, elementary schools, churches, and formal child care centers are potential avenues for this kind of outreach and collaboration.

- **Include FFN providers and the organizations that support them in policy and resource allocation processes.**
  It is critical that FFN providers remain front-of-mind and prioritized as decisions are made regarding resource allocation, outreach, staffing, and evaluation. As such, consider creative approaches to organize caregivers and help them make their voices heard regarding the policies and systems that affect them.

- **Increase public and private funding, in concert with implementing clear pathways for FFN providers to access funding.**
  Because we know that FFN care is especially important to and prevalent in some of our most vulnerable and under-resourced communities – and because it receives relatively little funding or attention– policymakers and funders should prioritize these caregivers. At the same time, mechanisms for providers to receive funding should be clear and accessible. Providers tend to have limited awareness of how and where to access direct funding.

- **Deliver immediate financial support to FFN providers, especially providers of color.**
  In concert with a systemic need to increase FFN funding, providers are simultaneously facing immediate financial challenges that must be addressed. COVID-19 has resulted in considerable economic dislocation for many FFN providers, particularly Hispanic and Black providers who have experienced greater income loss and possess the least access to resources. Immediate financial investment is needed to sustain their ability to care for children.

- **Remove barriers to and increase incentives for attaining qualified exempt and licensed status for those seeking to do so.**
  Although the subset of FFN providers who want to professionalize or pursue licensure may make up a relatively small proportion of the larger provider population, it could yield a significant impact in communities where there is a lack of child care options and/or lack in culturally- and linguistically appropriate providers. With this in mind, we recommend continued efforts to identify the barriers FFN providers face to pursuing qualified exempt or licensed status, and to design programs and interventions that can mitigate or remove these barriers and/or increase the incentives for FFN care providers to professionalize.

INTRODUCTION

Supporting the health and development of young children takes an entire community. Through often unseen and overlooked, a vast network of family members, friends, and neighbors devote their time and passion to providing child care for millions of families. This form of care – commonly referred to as Family, Friend, and Neighbor (FFN) caregiving, also known as informal care, unlicensed/license-exempt care, and kith and kin care – is the most common form of nonparental child care in the United States and a critical component of the child care ecosystem. FFN providers offer families a trusted, affordable, and flexible child care option, and for many working families remains the only option.

Despite the ubiquity and importance of FFN care, there is limited data on the needs, challenges, and experiences of Colorado's FFN providers. This knowledge gap has been exacerbated by the impact of the COVID-19 pandemic on both the broader child care system and, more specifically, FFN providers. Accordingly, Mile High United Way, in collaboration with the Butler Institute for Families at the University of Denver and Early Milestones Colorado, conducted a research study to address these gaps and better understand the current state of FFN care in Colorado.

This report builds upon a landmark March 2013 report entitled "School Readiness for All: The Contribution of Family, Friend, and Neighbor Care in Colorado," and presents new data and insights about FFN providers and caregiving in Colorado, particularly in the context of COVID-19.

Ultimately, we hope this report can help inform efforts to turn a newfound awareness of and appreciation for the role FFN providers play into meaningful action to support them in their vital task to help prepare our state's youngest residents for success in school and in life.

WHAT IS FFN CARE?

For purposes of this report, unless indicated otherwise, we will use the definition provided by Amy Susman-Stillman and Patti Banghart in their widely-cited "Quality in Family, Friend, and Neighbor Care Settings": **"[FFN care is] home-based care—in the caregiver's or child's home—provided by caregivers who are relatives, friends, neighbors, or babysitters/nannies who are legally exempt from licensing and regulation."**[1] This definition covers an enormous range of possibilities, ranging from a grandmother who watches a child for free while their parents work to a neighbor providing paid care for multiple families' children as a means to supplement her household income. However, some reports and data sources cited in this report use different definitions, which can preclude making apples-to-apples comparisons between different studies and datasets. Further, in some instances we may use the term "FFN care" to refer to caregivers who are watching too many children to be legally exempt from licensing, thereby differing slightly with the definition above.

1 Susman-Stillman, A., & Banghart, P. L. (2011). *Quality in Family, Friend, and Neighbor Child Care Settings*. https://doi.org/10.7916/D8R49ZR3

WHAT RECENT RESEARCH TELLS US ABOUT FFN CARE

The focus of the early care and education field remains largely on formal, licensed care, which makes finding reliable information about FFN care a challenge. FFN providers largely do not self-identify as such, which makes it difficult to find and support them. That said, there have been several important studies that cast new light on the characteristics of FFN care.

- Laughlin's (2013) analysis of U.S. Census Bureau data shows that 61% of children under 5 with working mothers are in at least one regular child care arrangement, and that relative care is the most prevalent arrangement (with grandparents most common among that subset).[2]
- Some studies have found that FFN care is used more frequently by low-income families and families of color—particularly Black and Hispanic families.[3] For example, care provided by siblings or other relatives (i.e., not grandparents) is more prevalent for Black (18.1%) and Hispanic (15.8%) children, relative to their white non-Hispanic (8.7%) and Asian (9.8%) peers.[4]
- Choices about child care are extremely personal and subject to a complex series of interrelated and sometimes conflicting factors: cost, availability, hours, trust, safety, interpersonal warmth, language, culture, and geographic proximity. Shivers and Farago (2016) reported that "families of color may choose FFN care because they prefer that providers caring for their children share their culture, values, and language" (p. 65) and that such choices may reflect an adaptive response—based on experiences of racism, discrimination, and marginalization—that has led to the creation of a "'system' outside the mainstream system" (p. 67). [5]
- Children of mothers below the Federal Poverty Level (FPL) are substantially more likely to use care from a sibling or other relative (20.7%), compared with children of mothers at or above FPL (9%).[6] Children from families at or above FPL are correspondingly more likely to attend a day care center or preschool.[7]
- Approximately three-fourths of workers in the United States start their workday between 6 a.m. and 10 a.m., and that low-income people and people of color are disproportionately likely to work nonstandard schedules.[8] Correspondingly, the National Survey of Early Care and Education Project Team (2016) found that only 8% of child care centers and 34% of regulated home-based providers offer services during evening, weekend, or overnight hours, contrasted with 63% of unregulated, paid home-based providers and 82% of unpaid, unregulated home-based providers—the latter two categories capturing most of what we would classify as FFN care.[9] As such, people who work nonstandard hours—who are disproportionately likely to be low-incowho are disproportionately likely to be people with limited incomes or people of color—rely much more heavily on FFN care than do their peers who work during the standard "business day."

2 Laughlin, L. (2013, April). *Who's Minding the Kids? Child Care Arrangements: Spring 2011*. The United States Census Bureau. Retrieved January 26, 2021, from https://www.census.gov/library/publications/2013/demo/p70-135.html
3 Brandon, R. (2005). *Enhancing Family Friend and Neighbor Caregiving Quality: The Research Case for Public Engagement.*
4 Laughlin, L. (2013, April).
5 Shivers, E. M. & Farago, F. (2016). Where the children are: Exploring quality, community, and support for family, friend and neighbor child care. In K. Sanders & A. Wishard (Eds.), *The culture of child care: Attachment, peers, and child care in the 21st Century: Where we have been and where are we headed.* In C. Garcia Coll & P. Miller (Series Eds.), Child development in cultural contexts (pp. 64-85). Oxford University Press.
6 Laughlin, L. (2013).
7 Laughlin, L. (2013).
8 Saenz, R. (2008). *A Demographic Profile of U.S. Workers Around the Clock*. Population Reference Bureau. https://www.prb.org/workingaroundtheclock/
9 National Survey of Early Care and Education Project Team. (2016). *Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education.* OPRE Report #2016-13, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services

As schools went remote, child care programs closed (temporarily or permanently), and families were left with limited child care options due to the COVID-19 pandemic, a growing spotlight began to shine on the fragility of and gaps in Colorado's child care ecosystem. Though considerable attention has been given to formal, licensed child care providers, relatively limited focus has been paid to the countless family members, friends, and neighbors who provide accessible, affordable child care and act as a quiet yet critical component of the child care ecosystem.

RESEARCH QUESTIONS

The goal of the study was to understand the current state of Family, Friend, and Neighbor care in Colorado, particularly in the context of the COVID-19 pandemic. The primary research questions that framed the study were:

- 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?

METHODOLOGY

A mixed methods study was conducted comprising a statewide online survey administered to FFN providers, a series of focus groups with FFN providers, and a set of key informant interviews with local, state, and national thoughts leaders on FFN care.

Online survey

The survey (Appendix A) was administered by Mile High United Way from September 2020 – October 2020 and developed in concert with several core partners, including the Butler Institute for Families at the University of Denver, Early Milestones Colorado, and the FFN Strategic Partnership Network, which consists of community-based organizations, state agencies, and local child care networks. The distribution of the survey employed a snowball sampling approach that included outreach through community networks and organizations, Bright by Text, and social media posts. In order to reach a diverse array of FFN caregivers, the survey was administered in multiple languages – English, Spanish, Burmese, Arabic, Karen, French, and Nepali.

The survey was designed for FFN providers who met three criteria:

- In the past 12 months, regularly cared for children who were not their own children, age 0-12, in their home or the child's home. Regular care was defined as "mostly the same children, about the same number of hours or days per week."
- Did not possess an active child care license from the Colorado Department of Human Services (CDHS), Division of Early Care and Learning (DECL).
- Resided in Colorado.

Principal analysis of the survey data was conducted by the Butler Institute for Families at the University of Denver and is noted throughout the presentation of findings.

Focus groups

To supplement the survey, Mile High United Way convened five virtual focus groups with FFN providers. The focus groups were conducted between November 2020 – December 2020 and were intended to build off the survey findings in order to generate greater depth and nuance about the experiences of FFN providers, particularly with respect to providing care during the COVID-19 pandemic. In total, thirty FFN providers participated in five focus groups, which included representation from fifteen Colorado counties. Moreover, two of the five focus groups were conducted in Spanish. Ninety-six percent of focus group participants were female. 73% were Hispanic,

23% White, and three percent Black. Participants ranged in age from 25 to 64 years old. Focus groups were recorded and transcribed. Mile High United Way analyzed transcripts using an interpretative thematic approach consisting of open coding, categorization, theme generation, and constant comparison. (See Appendix B for a copy of the focus group protocol.)

Key informant interviews

Lastly, five key informant interviews were conducted with local, state, and national thoughts leaders on FFN care. The interviews were intended to better understand the landscape of FFN care and identify promising FFN practices locally and nationally.

SURVEY RESPONDENT CHARACTERISTICS

*Data analysis conducted by the Butler Institute for Families. Roberts, A., Chung, P., Franko, M., & Swain, S. R. (2020). *Colorado Shines Brighter Preschool Development Grant: Informal child care provider needs assessment survey 2020*. Butler Institute for Families, Graduate School of Social Work, University of Denver.

- In total, 283 FFN providers responded to the survey.[10]
- 66% of respondents provided care in the metro Denver area.
- 94% of respondents were women.
- 51% of respondents identified as Hispanic and 35% identified as White non-Hispanic.

TABLE 1. SURVEY RESPONSES BY RACE AND ETHNICITY (n=181)

	Sample Count	Sample Percentage
Hispanic/Latino (Any Race)	92	51%
Non-Hispanic White	64	35%
Non-Hispanic Other Race or Races	25	14%
Black or African-American	13	7%
American Indian or Alaska Native	3	2%
Asian	2	1%
Multi-racial or Other	7	4%

- 75% of respondents were between the ages of 25-54 years old
  - 25-34 years old (23%)
  - 35-44 years old (30%)
  - 45-54 years old (22%)
- 54% of respondents reported English as their primary language and 41% reported Spanish.
- 39% of respondents reported an annual household income below $25,000 year and 74% reported an annual household income below $45,000/year.

10 Respondents did not provide responses to all the designated survey questions, therefore some responses contain less than the overall 283.

TABLE 2. SURVEY RESPONSES BY HOUSEHOLD INCOME (n=191)

	Sample Count	Sample Percentage
Less than $25,000 per year	75	39%
$25,000–$45,000	66	35%
$45,001–$60,000	28	15%
$60,001–$100,000	19	10%
More than $100,000 per year	3	2%

DIMENSIONS OF FFN PROVIDERS

Family, Friend, and Neighbor providers reflect a wide array of individuals and care arrangements, with relatives providing the most prevalent form of care. Similarly, this study shows that respondents had various relationships with the children they cared for. The three most common relationships were grandparents (n=68, 24%), a family friend (n=64, 23%), and an aunt or uncle (n=49, 17%).[11]

FAMILY

"They're my grandchildren. I taught high school for 23 years and retired just in the nick of time, because then my granddaughter was born, and we have a foster child, and now I have a grandson who's six months old. So, it was just God's hand, I guess. And I'm loving every minute."

FRIEND

"We have a few families around here, so most of them are starting to study and go to college and they have no time for home or for kids to take care, so I've been taking care of their kids whenever they need me to because sometimes they have extra work at the college or university, sometimes they have to go on field trips overnight and stuff like that, so I said, "You are 'family', we are here for each other."

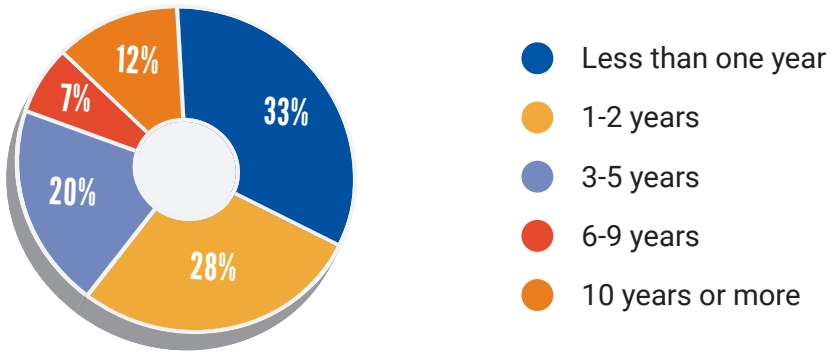
NEIGHBOR

"We live in a cohousing community, which is a really tight-knit community that shares things like child care and that kind of thing. I had a homeschool cooperative when my kids were little and all the neighbor kids would come to that, and I would teach them—it was Waldorf-inspired curriculum. And then as my kids got older and graduated from high school and stuff, I felt like I wanted to work with little kids again."

While a small sample of respondents (12%) had been providing care for ten years or longer, the majority were relatively new FFN providers. Sixty-one percent of respondents reported caring for children for less than two years, with 33% providing care for less than one year.

11 Roberts, A., Chung, P., Franko, M., & Swain, S. R. (2020). *Colorado Shines Brighter Preschool Development Grant: Informal child care provider needs assessment survey 2020.* Butler Institute for Families, Graduate School of Social Work, University of Denver.

FIGURE 1. LENGTH OF TIME AS FFN PROVIDER (n=231)



WHY WE CARE FOR KIDS?

Digging into caregivers' motivations for providing care and perceptions of their responsibility, policymakers and service providers might find reasons to prioritize messaging about the important role FFN providers can play in child development. For many FFN providers, caregiving is a labor of love. It is a way to support the families they work with and the community they live in. While the financial realities of limited-to-no compensation in caregiving present material challenges, FFN providers adopted an altruistic perspective as to why they choose to care for children. This perspective is borne out in both survey and focus group findings.

Survey respondents reported that the two primary reasons they choose to care for children were: 1) To help out a relative or friend (72%) and 2) Because they enjoy caring for and educating children (68%).

Likewise, focus group participants underscored the altruistic motivations of providing care. In particular, they highlighted three interrelated motivations:

1. Love of caring for children

FFN providers uniformly noted that a primary motivation was their commitment to and love of caring for children. Irrespective of the type of provider (e.g.,. family member or neighbor), they viewed caregiving as a passion and a core component of children's development. They considered the children they cared for as their own.

"I just love working with kids. I have a kid who's about to turn four and I've had him since he was eight weeks. You know, my house is trashed by the end of every day, and there's art and paint everywhere and bananas, but just that connection that you have with little kids and the love that you can show, you know, curled up on the couch reading books for 10 hours today–I just love that."

"I just really love kids, and I miss having them around, so then I got back into it. And I just think it's really important work. You know, those early years are so important for kids' development, and I think there's a real need for quality daycare situations. And everyone has a little different situation, so it's good to have a variety of options for people."

2. Supporting families and communities

For FFN providers, caregiving was not simply a means to “babysit” or “watch over” children, but rather a way to support families, neighbors, and communities. They were motivated by a larger consciousness to contribute to a mutual aid system that benefited families.

“We also are part of a community in Denver that’s really committed to mutual aid and mutual support, so providing child care is one of the things that we do as part of that community, and it feels really important to us to be able to do that and to be connected to the families that are part of our community.”

“It’s mostly because either you love your family members, or you love your friends, and you’re trying to push them up so they can get up and get a boost in their careers or their schooling.”

3. Fulfilling the trust that families place in them

Focus group participants widely acknowledged that caring for children is a responsibility that reflects a high degree of trust on the part of families. Fulfilling this trust was paramount in providing the motivation to act as high-quality caregivers.

“I know a lot of my kids and their families. They observe the way I take care of my own children and it’s a trust factor. There’s a really big trust factor.”

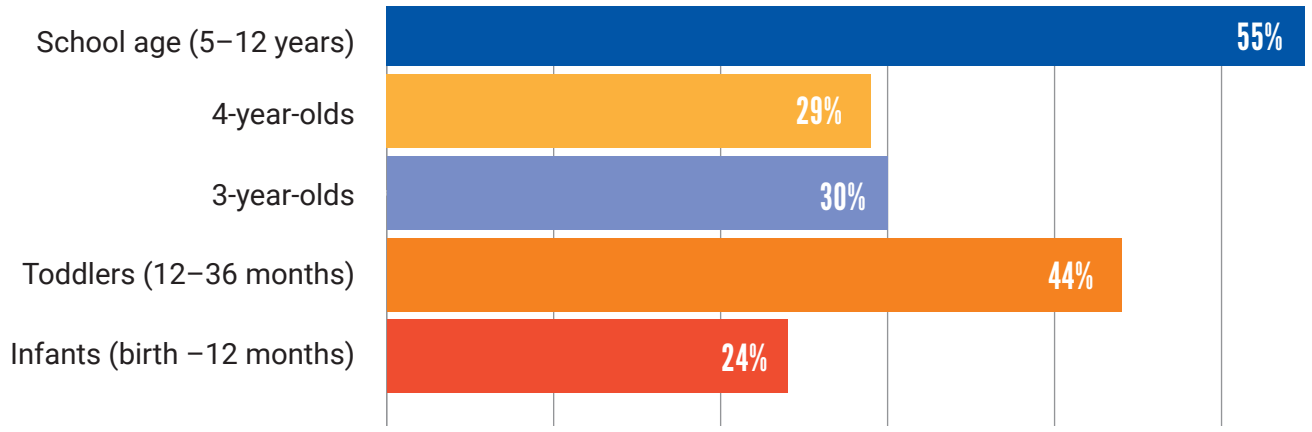
DIMENSIONS OF CAREGIVING

FFN providers deliver an array of services across multiple age groups that advance child development. Data analysis by the Butler Institute for Families highlights who is being cared for, where and when caregiving takes place, and the types of activities provided.[12]

Ages of children served

On average, providers cared for three children, with most (55%) serving school age-children (ages 5-12).

FIGURE 2. AGES OF CHILDREN SERVED (n=231)

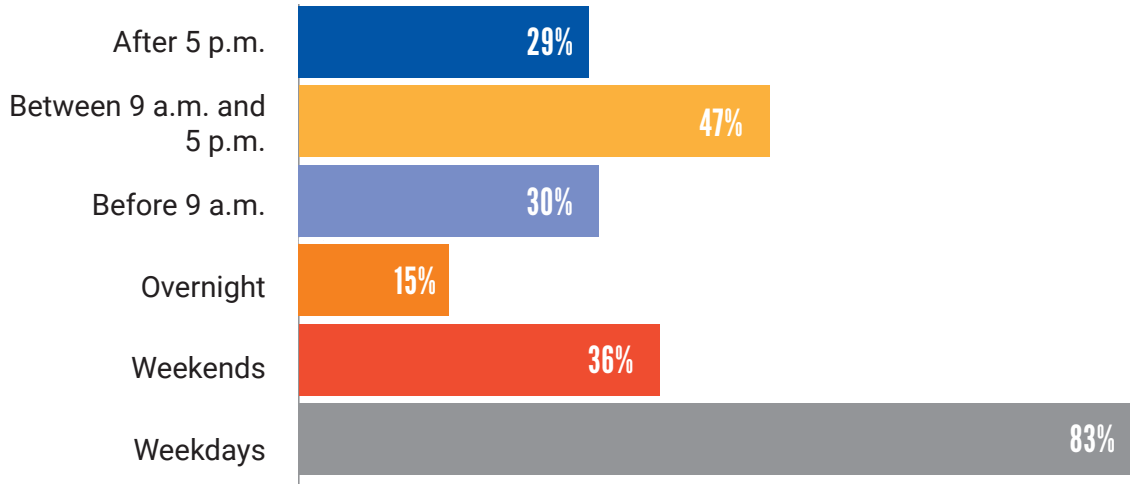


Note: Respondents could select multiple options

When care is provided

Survey respondents commonly provided care during the weekdays (83%) between 9 a.m. and 5 p.m. (47%). On average, respondents cared for children 23 hours per week.

FIGURE 3. DAYS AND TIMES OF CARE



Note: Respondents could select multiple options

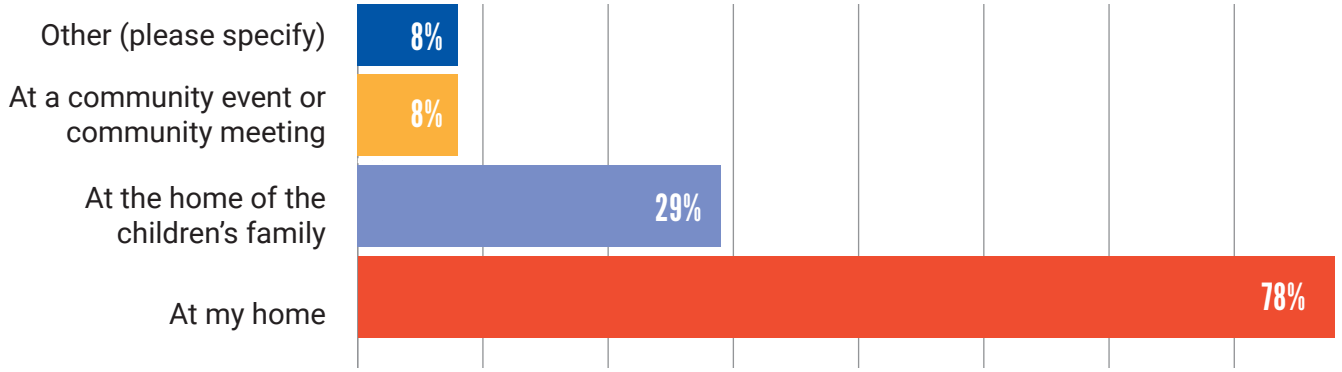
12 Roberts, A., Chung, P., Franko, M., & Swain, S. R. (2020). *Colorado Shines Brighter Preschool Development Grant: Informal child care provider needs assessment survey 2020.* Butler Institute for Families, Graduate School of Social Work, University of Denver.

Notably, as Figure 3 illustrates, 36% of respondents provided care during the weekends and 29% provided care after 5 p.m. As discussed earlier, research shows that parents who work non-traditional hours – typically low-income workers – may be less likely to utilize center-based care and require more flexible home-based child care arrangements. FFN care often fills this gap and provides the flexibility that these parents require. For example, recent research from Early Milestones Colorado shows that families who reported utilizing informal care had a much higher endorsement of flexible hours of availability across all age groups.[13]

Where care is provided

The majority of providers (78%) cared for children in their own home.

FIGURE 4. PLACE OF CARE

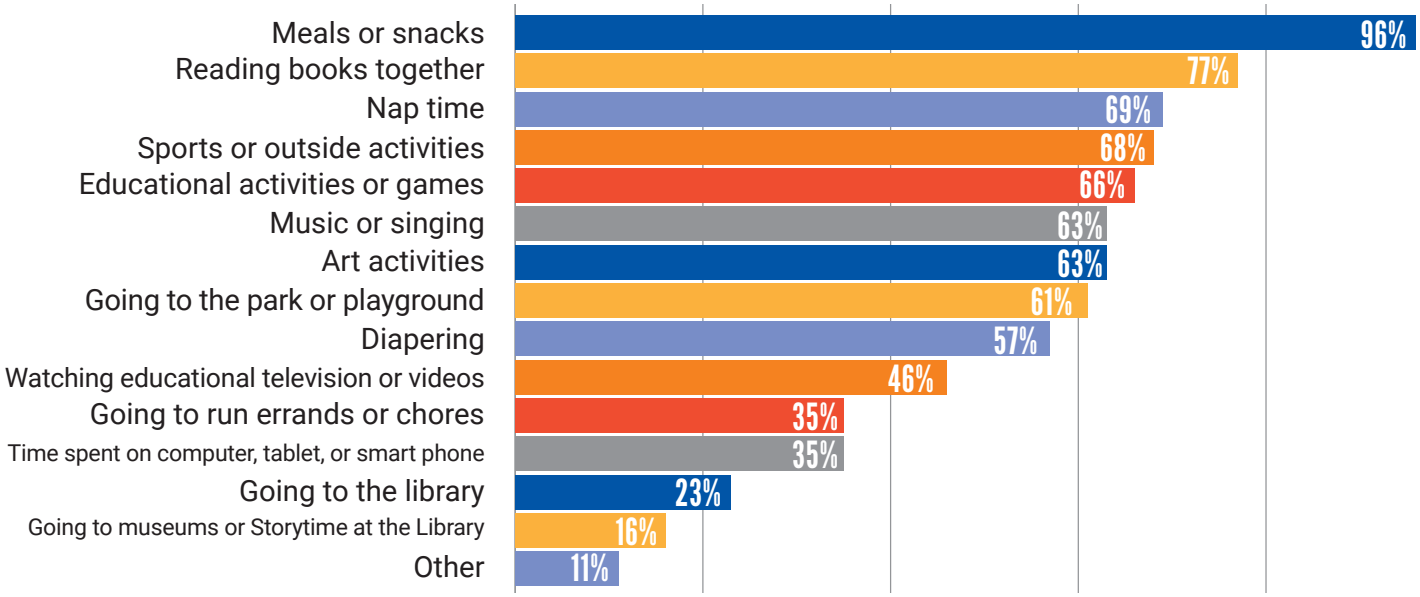


Note: Respondents could select multiple options

What care is provided

FFN providers deliver multiple services and activities for children that support healthy child development. The two most common activities are providing meals or snacks (96%) and reading books together (77%) while the two least common are going to museums or storytime (16%) or the library (23%).

FIGURE 5. ACTIVITIES REGULARLY PROVIDED (n=231)



13 Early Milestones Colorado analysis of COVID-19 child care family survey. Email communication.

"WE'RE MORE THAN BABYSITTERS"

The array of services provided illustrate the multiplicity of ways FFN providers support children's development. While altruism and the love of caring for and educating children may be primary motivations, caregiving is also difficult work – both physically and mentally.

During focus groups, providers wanted the public to understand that FFN caregiving is not simply babysitting. Rather, it is a rewarding yet demanding job that requires a jack-of-all-trades skill set from a nurturing, trusted caregiver. One provider summed up the importance of this sentiment, stating,

> "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 it."

IMPACT OF COVID-19

The COVID-19 pandemic has exacerbated an already fragile child care system and underscored the critical role child care providers play in the overall health and well-being of the economy, child development, and family support. As recent research from Early Milestones Colorado demonstrates, the impact of COVID-19 on licensed child care centers has been far-reaching, including provider shortages, decreased enrollment, and increased costs.[14] To paint the full picture of COVID-19's impact on Colorado's child care system, this study examined the ways COVID-19 has specifically affected FFN providers and the provision of care. Our analysis highlights five specific domains:

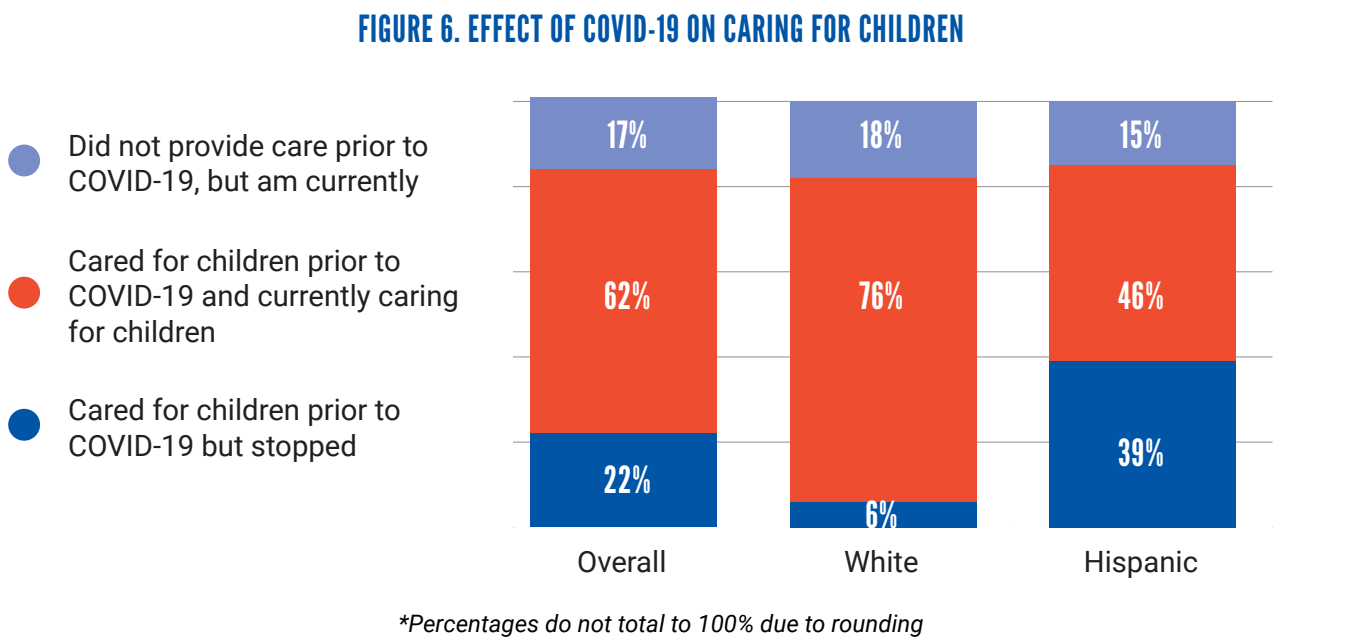
1. Impact on caring for children
2. Number of children care for before and during COVID-19.
3. Adaptations made to caregiving practices
4. Impact on providers, children, and families
5. Financial costs of care

1. STATUS OF FFN PROVIDERS

Overall, the majority of survey respondents (n=171, 62%) provided care prior to COVID-19[15] and continued to provide care during the pandemic; this data is consistent with national research, which found that 65% of FFN providers continued to care for children during COVID-19.[16] Twenty-two percent (n=60) of respondents cared for children prior to COVID-19 but were not currently. Seventeen percent (n=46) were not FFN providers prior to COVID-19 but were currently caring for children.[17]

Concurrently, there were notable differences by race. Of White providers, only six percent cared for children prior to COVID-19 and ceased doing so, while 76% continued to do so and 18% became providers after the pandemic began. In contrast, 39% percent of Hispanic FFN providers cared for children prior to COVID-19 and ceased doing so, while only 46% continued to do so and 15% became providers after the pandemic began (See Figure 6). These data suggest that the status of Hispanic FFN providers were disproportionally affected by COVID-19, underscoring the inequities that the pandemic has placed on communities of color.

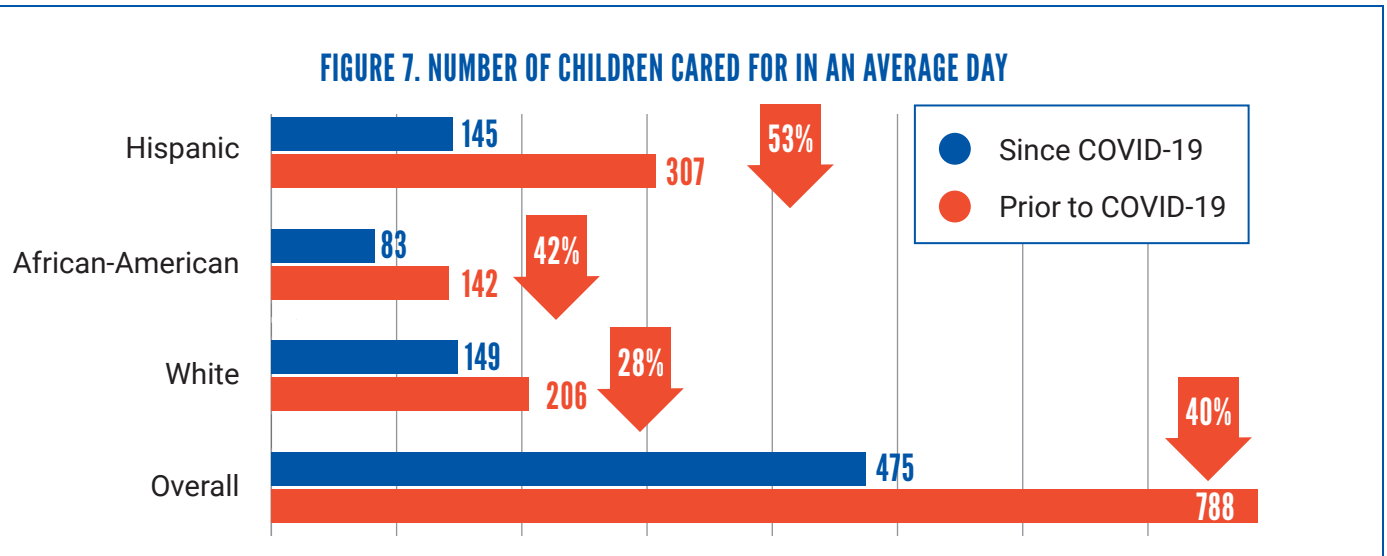
14 Delap, S., Franko, M., Hasan, N., McGee, A.B., & Thornton, C. (2020). *Impact of COVID-19 on Early Childhood Care and Education Providers*. Early Milestones Colorado. Issue Brief.
15 The survey designated March 1, 2020 as the date of the COVID-19 pandemic.
16 Home Grown. (2020). Family, Friend, & Neighbor Caregivers during COVID-19 Preliminary Data from Home Grown Emergency Fund Communities.
17 Roberts, A., Chung, P., Franko, M., & Swain, S. R. (2020). *Colorado Shines Brighter Preschool Development Grant: Informal child care provider needs assessment survey 2020.* Butler Institute for Families, Graduate School of Social Work, University of Denver.



Of those who stopped providing care due to the pandemic, survey respondents reported the two primary reasons as: 1) Families could no longer pay for child care (42% of respondents) and 2) Concern that their family or themselves would get COVID (35% of respondents). These findings are discussed in additional detail in subsequent sections.

2. NUMBER OF CHILDREN CARED FOR BEFORE AND DURING COVID-19

Consistent with recent research on licensed child care centers in Colorado that showed significant decreases in enrollment[18] , FFN providers cared for a dwindling number of children since the pandemic. Thirty-eight percent of respondents reported caring for fewer children since COVID-19.[19] Moreover, the overall number of children cared for in an average day across the sample declined by 40% (788 children served to 475 children). This decline was more acute for Hispanic (53%, 307 children served to 145 children) and Black (42%, 142 children served to 83 children) FFN providers.



18 Statewide, the overall enrollment decline was 51%, with an average decline for providers of 39%. Delap, S., Franko, M., Hasan, N., McGee, A.B., & Thornton, C. (2020). *Impact of COVID-19 on Early Childhood Care and Education Providers.* Early Milestones Colorado. Issue Brief.

19 Roberts, A., Chung, P., Franko, M., & Swain, S. R. (2020). *Colorado Shines Brighter Preschool Development Grant: Informal child care provider needs assessment survey 2020.* Butler Institute for Families, Graduate School of Social Work, University of Denver.

The disparities in participation decline across different groups further underlines the unequal ways that COVID-19 has impacted the availability and provision of child care in communities of color. Hispanic and Black children are receiving less child care from FFN providers and missing out on important child development opportunities. This finding is particularly troublesome in light of already existing inequities in licensed child care access within Hispanic and Black communities, where child care deserts are more prevalent. As some national research suggests, COVID-19 has exacerbated inequitable child care access and Hispanic and Black communities are "likely to experience worsening child care deserts during the pandemic, based on conditions that previously existed."[20] In the absence of informal child care arrangements, such as FFN care, which can provide a more flexible and accessible option, child care inequities will persist.

The decline in participation was borne out by Hispanic FFN providers in focus groups who described caring for fewer children, reducing the number of hours they care for children, or stopping care altogether. They described a confluence of factors that contributed to a decline in participation, including parents staying at home more often, the inability of parents to afford child care because of job loss or decreased income, and health and safety concerns over contracting the virus.

> "I was getting paid to watch four girls but then they stopped coming, and then they came back, but I would get paid to watch four for the price of one so, I couldn't do much other than taking whatever she would give me."

> "Personally, I've been affected by not having as many children as I used to have before and I'm also respecting this because many of the parents lost their jobs, so you can't have a house filled with children because you don't know if the parents are infected and can infect me and the other children."

3. ADAPTATIONS MADE TO CAREGIVING PRACTICES

As COVID-19 unfolded, FFN providers had to quickly adapt their caregiving practices to accommodate new realities and prohibitions. Survey and focus group findings pointed to three specific adaptations.

Increased attention to health and safety protocols

Focus groups participants consistently noted that they "had to be more on top of children" to ensure that the child care environment was appropriately sanitized and safe. They described repeatedly cleaning furniture and toys and making sure children washed their hands and wore masks. As one provider noted,

> "It's a lot of cleaning all the time and making sure they clean their hands. Everything seems to be more touchy. Every time you touch something you have to sanitize and things of that nature. I'm more alert on those things. It's more tedious, but you have to tell the kids, 'No, don't touch that.'"

Survey results bear this sentiment out. Overall, respondents reported that the top three changes made to caregiving practices due to COVID-19 were: 1) Increased hand washing (73%), 2) Increased cleaning of space (67%), and 3) Increased cleaning of toys (60%).

20 Malik, R., et al., (2020). *The Coronavirus Will Make Child Care Deserts Worse and Exacerbate Inequality.* Center for American Progress. Available at: https://cdn.americanprogress.org/content/uploads/2020/06/18123133/Coronavirus-Worsens-Child-Care-Deserts.pdf?_ga=2.236977537.1274074187.1610573080-596230445.1605552963

NEED FOR A SHARED LANGUAGE AROUND COVID AND CAREGIVING

Though FFN providers rapidly adapted caregiving practices to address the health and safety conditions resulting from COVID-19, they also discussed the unique challenge of trying to have conversations about COVID with the children they care for and the parents they serve. One FFN provider described this as a lack of a "shared language" for how to talk about COVID in the context of caregiving. This provider, who has cared for children out of their home for 4 years, shared,

> "I'm used to having conversations about, 'Do we have firearms in the house?' The kinds of conversations that parents need to have. I'm used to those conversations, but conversations about COVID, we just don't have a shared language yet for that. A lot of this is that we're learning as we go. As people providing child care, the kids' parents decide what feels safe for the kids, and then we have to decide what we're going to do in response to those expectations and how we're going to communicate about how we're living our lives and when we're being exposed.... it makes it hard for me to feel connected to [the child I care for] when I'm worried about contaminating him if I've been out in the world."

COVID-19 has introduced new dynamics and questions that FFN providers and parents must now address. Ensuring the health and safety of children necessitates both increased communication and new topics of communication.

Decreased ability to access community activities

Prior to the pandemic, FFN providers engaged in an array of community activities, such as going to libraries or parks. However, since the pandemic, many of these activities have been curtailed or stopped entirely. Focus group participants described the limitations and frustrations COVID-19 has placed on their ability to provide supports and activities that enhance child development. Many community events or spaces were closed off creating a "cabin fever" environment that limited what providers could do and necessitating more creativity with indoor activities.

> "I think the main thing for me that's been a challenge is that he's an only child, and normally we would go to the library and do group things with other kids. There's a music program here in [my town] that he would do. Or, even going to the park and playing with a lot of other kids, just letting him see the other kids, how they play, and that kind of thing has really dramatically decreased."

> "For me, the most frustrating thing has been that we would freely go to a library where they could give support for children with more capacities, but because [of COVID] we can't freely go to places."

Becoming a teacher overnight

In focus groups, FFN providers who cared for school-age children shared how the pandemic has placed a different and evolving set of responsibilities to act as formal educators. Though providers had been delivering education-related services previously, with the shift to remote learning, greater emphasis was placed on supporting children's schooling. As various providers noted,

> "We had to become a teacher overnight, basically. I feel like I'm a kindergarten teacher, preschool teacher, a fifth-grade teacher, and a fourth-grade teacher."

> "On top of everything else I have to take over that teacher role now too."

Moreover, providers felt that assuming a teacher role created new expectations and pressures. For example, one provider described the pressure in the following way:

> "If the kids don't have their work done by a certain time while their parents are at work, and they get a failing grade, it seems like it's all on us."

Becoming "teachers overnight" has been a time and labor-intensive enterprise that many did not anticipate. Nor did they feel they possessed the resources or supports that could assist them in taking on this role.

4. IMPACT ON PROVIDERS, CHILDREN, AND FAMILIES

In concert with the adaptations to FFN providers' roles and caregiving practices, focus group findings revealed specific ways in which different groups – providers, children, and parents – have been impacted.

Impact on FFN providers

Caring for children during the pandemic has wrought particular challenges for the health and well-being of FFN providers. Focus group participants identified three key challenges:

1. Increased mental strain and anxiety
2. Increased isolation
3. Fear of contracting COVID-19

Increased mental strain and anxiety

Managing the array of uncertainties and adaptations resulting from the pandemic has amplified FFN providers' stress. Providers described how the need to constantly monitor the health and safety of children increased their level of mental strain and anxiety. One provider noted,

> "At the beginning [of the pandemic], I was terrified of a kid getting sick. That was my focus. I thought if a two-year-old would get sick and really hospitalized long-term, I would feel horrible that it was my fault. It kind of gives you a lot of anxiety if you haven't had it before. I know I have generalized anxiety, but it has increased tremendously. If I can't take care of myself as well, then I can't take care of other people."

For providers with children of their own, the mental strain was further amplified.

> "I have an 8-year-old and if I'm stressed, she's just pulling her hair out of her head trying to figure out how to make me laugh or whatever. As a parent, that's so sad."

While providers acknowledged the challenges to their mental health and well-being, they lacked the time or resources to care for themselves. Many did not know where to turn to for support or did not have the financial means to receive support.

Increased isolation

Parallel to the increased stress and anxiety providers felt, they frequently remarked on how the pandemic has exacerbated a sense of isolation. Though they recognized the necessity of isolating in order to mitigate health risks, providers expressed a sense of "being trapped" in their homes. This sentiment was shared by FFN providers in both rural and urban settings, however was more consistently raised by rural providers. In describing the increased isolation, one rural FFN provider remarked,

"There have been times when I would love to go and see my friends but I haven't. The isolation part of it is very real for me up here. I would isolate anyway because I'm older and getting towards the higher risk [group for COVID-19], but I definitely isolate for the child I care for, and I feel sometimes a bit trapped because I have to protect him. With winter coming it just kind of adds another little piece, especially up here, to that isolation factor because you can't even visit with somebody and be outside because it's too cold. I think there's no real answer to the isolation. That's a choice we all make. And it's a necessary choice, but I don't see that there's really an answer to that."

The choice to isolate is equally necessary and challenging. It reflects a lifestyle choice they make in order to continue caring for children and maintain proper safety measures.

> "My partner and I made decisions about our lifestyle in order to keep the children safe. We went into lockdown earlier than most other people in our community for the little one we now care for. At the time, the mom was pregnant and nobody knew what COVID could do during pregnancy then. It just all felt so new. So, we went into complete isolation until the baby was born in August and we are still making choices around being more isolated than we otherwise would have. This is about how we have structured our lives in order to provide [child care] support and to keep people safe."

Concerns about contracting COVID-19

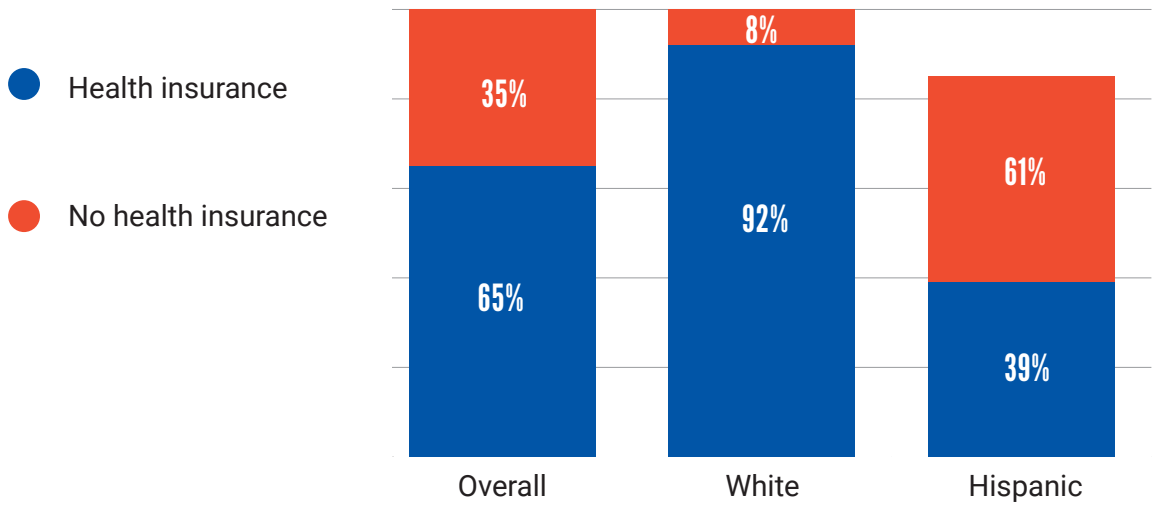
FFN providers, especially those who were immunocompromised or older, expressed considerable concern and fear over contracting COVID. They recounted making choices as to whether or not to provide care if it could lead to greater virus exposure to themselves or their family. Providers described weighing these risks and benefits as a new but necessary calculation to ensure their own health and safety.

> "Personally, my son has a heart transplant. He's in the very high risk category of contracting COVID, so I do not take risks with his health."

Survey results underscore providers' health concerns. Overall, the top two concerns in providing child care over the next six months were: 1) Concerns over the health and safety of the children they cared for (44% of respondents, n=74) and 2) Concerns over their own health or their family's health (37% of respondents, n=63).

Exacerbating these concerns, over one-third of providers (35%) did not have health insurance coverage. Moreover, significant disparities existed by ethnicity. Ninety-two percent of White FFN providers reported having health insurance, while only 39% of Hispanic providers had health insurance.[21]

FIGURE 8. HEALTH INSURANCE COVERAGE



21 Roberts, A., Chung, P., Franko, M., & Swain, S. R. (2020). *Colorado Shines Brighter Preschool Development Grant: Informal child care provider needs assessment survey 2020.* Butler Institute for Families, Graduate School of Social Work, University of Denver.

COVID-19: A CAREGIVER'S EXPERIENCE

During one of the Spanish-language focus groups, a Hispanic FFN provider shared her experience with COVID-19, along with the associated struggles and hopes she has a caregiver.

> "At the end of August, I had COVID. This impacted me a lot because I couldn't get close to my loved ones. This was the hardest thing I had to go through in my life. It's like if you had leprosy and no one can get close to you. You get sad, you get depressed, and many other things because besides being sick, you're apart from your loved ones.
>
> When you go to the hospital and they see you from afar, they're behind plastic and they ask you, 'Do you have insurance? Do you have papers? Do you work?', and you say 'no'. The doctor told me 'I'll be back in an hour' and he never came back. I spent more than one night at the hospital. They put me on oxygen and sent me back home to be completely isolated from everybody. Some sisters from church would bring me food. The dropped it off at the front door but they wouldn't come in. I wasn't hungry. I didn't want to eat anything because I was thinking about how I was going to pay the rent. I would see my grandchildren from my little window. I break when I think about it. My suffering was long."

She goes on to share how the pandemic has affected her as a caregiver:

> "I ended up losing my job. I ended up with nothing, and that's how it's been because I can't provide care for as many children as before. At least I care for two girls, but I can't get anymore because their parents go out to work and they are afraid of bringing the virus back, and I'm scared.
>
> Hand sanitizer prices are higher at stores, and that's something we need to provide care. Paper towels are more expensive too. One pack would last for two weeks, but not anymore. We have to be careful with children and what they touch. I spend all my time cleaning because I have to have protect the children as much as possible. These are all extra expenses. It's an economic deficit for caregivers like us.
>
> Last week, there was this lady who recently came from Texas and didn't have money for rent or food. How can I charge her for [caring for her children]? What is this poor lady going to do? So, I didn't charge her anything for her two children and I felt so much compassion for her that I even asked her, 'Do you have milk for your child?' because she was saying that for every eight ounces of milk, she adds two scoops of formula. I felt very sad when I saw the five-month-old practically drinking water. So, with my friends, I got some formula for her and I told her to come by. She says she doesn't drive, doesn't know the area, and she's here with three children. We need to help each other as Latinos with the little bit we get."

Despite the challenges the pandemic has posed, she remains committed to caring for children and hopeful for the future:

> "I'd love to have a daycare where I could have a steady job as a caregiver because I have the patience and love to give to children. I'm very blessed because I have this little living room where I can work and care for children. I pay rent for the room and it gives me the chance to watch children, but I'd love to have a little place, like a small daycare, where I can have four or five children. That would be essential and amazing."

Impact on children

As providers grapple with the impact of COVID-19 on themselves and their caregiving practices, concerns abound about how children are faring. Focus group participants repeatedly described how the children they cared for exhibited increased anxiety and frustration. Children were more fearful and hesitant because of the heightened isolation and changing environment. In turn, providers sought to create care environments that not only emphasized health precautions, such as mask-wearing and washing hands, but also emotional and psychological safety.

> "It's been devastating for me to watch because [COVID] has been traumatic for the kids. Every single one of them have gone through trauma, and I want my place to feel very safe. I've been very deliberate about the choices I make in making them feel safe. I feel like the stress levels...I can just see on the kids' faces when they get dropped off on Monday morning, 'Oh gosh, it's been a really hard weekend for you, hasn't it? Let's just cuddle and read books for an hour.' It's just changed where I see more stress in every single kid who comes to me."

As one provider succinctly noted, the increased isolation has made their "world just so small." Children are missing out on social interactions and regularly connecting with their peers. Children aren't being normalized to the everyday routines that existed prior to COVID-19. In short, as another provider remarked, "It's so sad that an 8-year-old's understanding of the world is changing."

> "One thing we're thinking and talking a lot about with the little ones is that a lot of the learning they would get by being with kids their age out in the world, they're not getting. One child we care for, he talks about things being contaminated. He's very grown-up in the way he orients to the world, but only because he's always around grown-ups. His world is really small and he doesn't know that it's small."

Impact on families

The anxiety and frustrations children experienced reflect the stress that their families endure. Providers described how parent stress-levels have increased due to the financial instability COVID-19 has engendered. Parents have lost income and jobs, leading to financial pressures and everyday struggles to pay for basic needs, such as food and housing, much less child care.

> "There's a lot of families who've gone down from full-time to part-time jobs. People that work at restaurants. People that work in cleaning. A lot of women, especially Hispanic women, who make minimum wage, they're cutting out their hours, so it's even harder for them to still keep that child care."

5. FINANCIAL COSTS OF CARE

While the motivations to care for children are not primarily income-driven, the financial costs of care are genuine and acute. Providing child care requires financial resources and COVID-19 has exacerbated and underscored the thin financial margins FFN providers operate under. Survey results show that 35% of respondents received no monetary compensation for providing care. Moreover, 40% of respondents reported that they had another job other than their work as an FFN provide.

Survey results also show that the majority of providers' (58%) household income has decreased since COVID-19. Further, Hispanic providers (73%) were more acutely impacted by household income loss compared to White (33%) providers. At the same time, 81% of providers reported some level of difficulty in paying their monthly bills.[22]

> "We need to be able to get paid. We don't just take care of children, we help them, we educate them, we prepare them for school. I think it's only fair to ask for us to make enough money."

Though caregiving may not be the primary source of income for some FFN providers, for others it remained a critical source of revenue:

"My only source of income was taking care of kids. I helped my friends that were just starting to work. I was just taking care of their kids even if they weren't able to pay me right away because that's a way to help my family."

22 Roberts, A., Chung, P., Franko, M., & Swain, S. R. (2020). *Colorado Shines Brighter Preschool Development Grant: Informal child care provider needs assessment survey 2020.* Butler Institute for Families, Graduate School of Social Work, University of Denver.

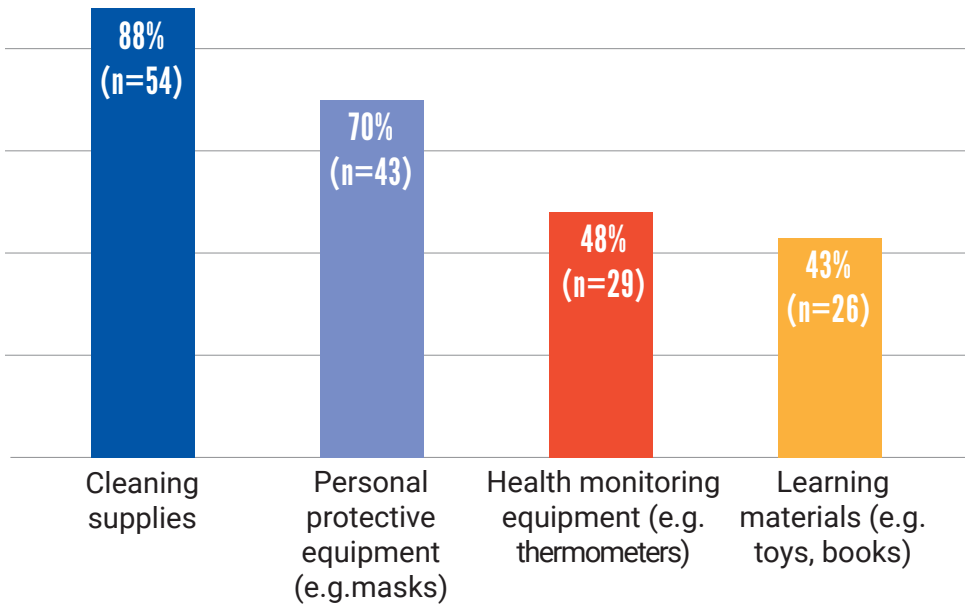
Providers were forced to balance their commitment to the families they worked with and the children they care for against the financial realities of needing some modicum of income in order to provide care. At the same time, providers were fully cognizant of the financial limitations and pressures families were experiencing. In some cases, providers reduced payment rates to continue to support families and generate income. In other instances, providers watched fewer children because parents were staying at home more frequently. What was once a relatively steady source of income had become far more unpredictable.

> "A lot of times because they're family and friends, you don't want to say no. So I sometimes change my rates and get paid about half of what I normally get paid. It's been a big financial impact on our family."

Coupled with the decrease in income, over one-third of providers (36%) report an increase in caregiving expenses. The majority of the expenses centered on addressing health and safety needs, such as purchasing cleaning supplies or personal protective equipment (e.g., masks). On average, survey respondents (n=73) reported additional monthly costs totaling $268.

> "One of the moms I work with had a cold and she went and got tested [for COVID]. For those three days she was waiting for her test results, two of the families took their kids out. And so how I run it is if the kid doesn't come, I don't get paid. You don't want to stress about it, but at the same time you think, 'Oh my goodness, I could lose half this month's income if someone else gets COVID or someone else gets a head cold.'"

FIGURE 9. ADDITIONAL COSTS INCURRED DUE TO COVID-19



Note: Respondents could select multiple options

Though Child Care Assistance Program (CCCAP) may be one source of funding support, less than half of the survey respondents (44%) were aware of CCCAP and only 10% had ever received CCCAP payments.[23]

23 Roberts, A., Chung, P., Franko, M., & Swain, S. R. (2020). *Colorado Shines Brighter Preschool Development Grant: Informal child care provider needs assessment survey 2020.* Butler Institute for Families, Graduate School of Social Work, University of Denver.

SUPPORTING FFN CARE: WHAT PROVIDERS SAY THEY NEED?

Although FFN care is a common form of child care, providers tend to receive limited attention, resources, and support compared to formal caregivers.[24] Supporting and sustaining the crucial role FFN providers play remains an ongoing challenge and need, particularly in the midst of the COVID-19 pandemic. Survey and focus group findings revealed several areas of support desired by FFN providers.

DIRECT FINANCIAL ASSISTANCE

As noted earlier, child care provided on thin financial margins in normal times has been made even more tenuous by the economic dislocation wrought by COVID-19. Focus group participants underscored the need for direct financial assistance in order to continue or re-start caring for children. They highlighted how expenses such as rent, food, cleaning supplies, and transportation, have either increased or been difficult to pay. Similarly, survey findings show that few providers have access to these types of core resources, which not only support their caregiving but also their general living needs:

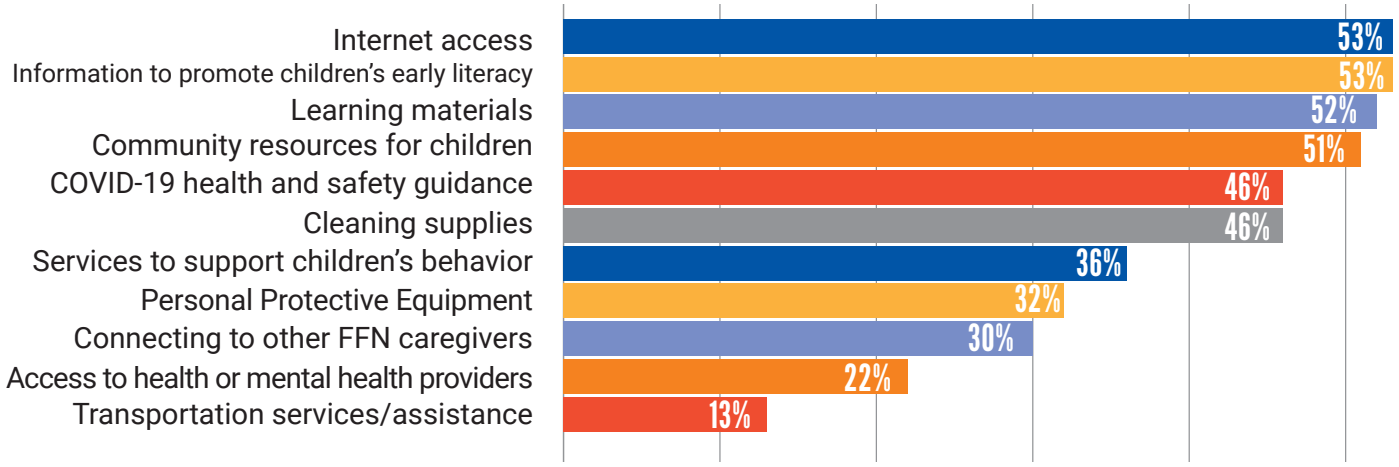
- 20% of survey respondents have access to help with purchasing food.
- 19% of survey respondents have access to medical, cash, or child care assistance.
- 13% of survey respondents have access to help paying rent or mortgage.[25]

> "I would like to obtain help, specifically rent help. I rent a bedroom and I'm alone. I don't have any help. Sometimes I also need to buy medicine because I have high blood pressure."

ACCESS TO INFORMATION AND SUPPORT SERVICES

Survey analysis from the Butler Institute for Families show that providers had mixed access to an array of supports. Respondents had greater access to information on how to promote literacy (53%), internet access (53%), and learning materials (52%). Conversely, respondents had less access to transportation services (13%) and health or mental health providers (22%). While these findings demonstrate a continuum of access to supports, notably they also demonstrate that approximately half of all respondents do not have access to the types of supports critical to providing care.

FIGURE 10. PROVIDERS' ACCESS TO INFORMATION AND SUPPORT SERVICES



Roberts, A., Chung, P., Franko, M., & Swain, S. R. (2020). Colorado Shines Brighter Preschool Development Grant: Informal child care provider needs assessment survey 2020. Butler Institute for Families, Graduate School of Social Work, University of Denver.

24 Engage R+D. (2020). Scaring Programs for Family, Friend, and Neighbor Caregivers: Lessons from the Packard Foundation's Informal Care Strategy.

25 Roberts, A., Chung, P., Franko, M., & Swain, S. R. (2020). *Colorado Shines Brighter Preschool Development Grant: Informal child care provider needs assessment survey 2020.* Butler Institute for Families, Graduate School of Social Work, University of Denver.

Furthermore, analysis shows that there were disparities in access to support by race/ethnicity and language. Roberts, et al. (2020, p. 13) noted that "Providers who identified as Hispanic reported significantly less access to early literacy supports, internet access, learning materials, community resources, COVID-19 health/safety guidelines, and cleaning supplies than individuals who identified as non-Hispanic. Statistically significant differences were also observed by language — those who provide care in a language other than English reported less access to the same resources."

Focus group participants noted that while information and support services may exist, knowing how and where to access this information remains difficult. Providers described the process of trying to gather information and support as a hodgepodge of conducting Google searches and accessing personal networks. For some FFN providers, the challenge was less about knowing where to turn to, but how to navigate access within the systems of support. This response was particularly prevalent with Hispanic providers. As one Hispanic provider stated,

> "The problem for us trying to get some kind of help or something like that is that they ask you for too many requirements and most of us don't fulfill them. For example, a pay stub or employee letter. Where am I going to get a pay stub if we're not working? How are we going to get those since it's been many months since you've been unemployed. There are available resources, but the most difficult thing is to be able to actually get them because they ask for too many documents and stuff like that that we don't have."

SOCIAL AND EMOTIONAL RESOURCES FOR CHILDREN

Focus group participants specifically highlighted the need for more information and support to help children with social and emotional skills, particularly given COVID-19's impact. As noted earlier, the isolation and stressors caused by COVID-19 have resulted in various social and behavioral challenges. Providers desired resources and education that could help them socialize kids, address their frustrations and fears, and support overall child development.

> "I would want more behavioral therapy resources because this issue affects the kids a lot more now mentally, and that is a big impact. That's a big factor in the change that we've had since COVID-19."

PEER-TO-PEER SUPPORT NETWORK

Many FFN providers operate in isolation and are disconnected from their peers. Only 30% of providers reported access to other FFN providers.[26] Yet, in focus groups, participants consistently remarked on the value of and need for connecting with other providers as a means to obtain support, advice, and ideas. Most providers were left to their own devices or sporadically turned to internet support groups. As several providers noted,

"I'm just trying to figure it all out by myself for better or worse."

"The only place that I go is the internet to find craft ideas and things to do with a 16-month-old. It would be nice to be able to talk to a person instead of just going on the computer."

The handful of providers who had access to a local peer support group found it incredibly valuable and desired more regular opportunities to stay connected. Their peers were a source of emotional support and tangible caregiving ideas. By having a forum to connect with peers and discuss shared experiences, providers felt less isolated. One provider succinctly stated the value of her peer network as "strength in numbers."

> "It would be helpful to connect. Then, you could have a playdate or you could do things together, or even just bounce ideas off each other once in a while to help from being so isolated."

26 Roberts, A., Chung, P., Franko, M., & Swain, S. R. (2020). *Colorado Shines Brighter Preschool Development Grant: Informal child care provider needs assessment survey 2020*. Butler Institute for Families, Graduate School of Social Work, University of Denver.

RECOMMENDATIONS AND PROMISING PRACTICES

The findings from this study underscore the importance of FFN care and the challenges FFN caregivers face. The following recommendations and promising practices are meant to inform how Colorado can meet the needs of families, children, and caregivers in ways that honor the choices families make and the loving care FFN caregivers provide.

> "Informal providers can definitely make a big change if you give them the tools that they need."

GUIDING PRINCIPLES

The recommendations that follow should be considered in light of the following principles that emerged from the research conducted for this report.

- Families choose FFN care for a variety of reasons: trust, cultural and linguistic responsiveness, desire for warm and nurturing care, attentiveness to special needs or disabilities, cost, flexibility, and convenience, to name a few. These choices must be honored, and every parent must be allowed to make the choice that is best for their family.
- Every parent who wants licensed care for their child should be able to access licensed care that is high-quality and affordable. Children in FFN care should be there because that is their family's genuine preference and not because other alternatives were unavailable or unaffordable.
- FFN care is often stigmatized as "low-quality" care—particularly in racial and ethnic communities that have experienced discrimination and possess less access power and privilege. Even well-intentioned advocates can unintentionally reinforce these stigmas in the language they use and the assumptions they make about care. Any approach to supporting and improving FFN care must avoid reinforcing these stigmas and approach caregivers in these communities through a lens of equity, inclusivity, and respect.
- Approaches and interventions should be strengths-based rather than deficit-based. FFN providers bring unique strengths to the table—particularly in terms of their pre-existing relationships to children and families, their warmth, and their cultural responsiveness. Despite their enormous diversity, what all FFN providers have in common is that they want the best for the children in their care and are likely to be receptive to resources that help them provide the best possible care.
- Finding and supporting FFN providers will require us to think differently and to break out of our traditional silos (e.g., "early childhood" vs. "family support"). Some of the examples cited throughout the report indicate this is already happening. These creative approaches should continue and expand.

Recommendation 1: Recognize the enormous diversity of FFN providers and tailor outreach and interventions accordingly.

FFN is useful as a catchall category, but it goes without saying that a grandmother who watches a child for free while their parents work compared to a neighbor providing paid care for multiple families' children as a means to supplement her household income has different needs. It is important to understand and acknowledge these differences, and to have a broad spectrum of supports that can collectively improve the quality of child care across a wide variety of settings and cultural contexts.

For instance, an "unlisted paid" provider may be more likely to take advantage of a pathway to licensure than would an "unlisted unpaid" provider, who is more likely to be a close relative uninterested in "professionalizing" in the child care sector. These distinctions can be used to target different types of caregivers with strategies that respond to their needs, motivations, and characteristics. Many of our existing state-level efforts, for instance, are well-suited to serve caregivers who are interested in licensure or professionalization, but perhaps less so for unpaid caregivers who are motivated by supporting their families with temporary child care services.

Recommendation 2: Develop an accessible information and resource clearinghouse targeted to FFN providers.

One of the primary challenges FFN providers face is they typically do not identify as such and are not "plugged in" to the traditional networks and information pathways used to reach licensed providers. In focus groups, providers repeatedly discussed the need to have a one-stop clearinghouse of resources, tools, and information they could easily

access. The types of information desired included tools to support children's learning, COVID-19 health and safety guidelines, and a compendium of local agencies that can link families to basic supports such as food banks. Though these resources exist, there is no systematic communication infrastructure FFN providers can easily tap into. As one provider stated,

"Where can I find all this information that's going to help me be a better provider and, in turn, help families and children? It would be great to have all the knowledge in a main information platform instead of going through five or six different organizations."

Recommendation 3: Provide opportunities and resources for professional development.

In addition to information access and tools, FFN providers desired opportunities to enhance their professional development and learning as caregivers. Many providers wanted to grow their knowledge and skills in supporting children's development and early learning through more active means, such as workshops or trainings. Unless providers were already connected to a community organization that offered trainings, they had few formalized opportunities to address their professional development, particularly in comparison to their peers in formal care settings. Moreover, even when providers were aware of such opportunities, they lacked the financial resources to participate.

There are proven group-based strategies targeted to providers who are interested in professionalizing their care. For example, The Colorado Statewide Parent Coalition's Providers Advancing School Outcomes (PASO) program, frequently cited as a national best practice, engages Latina care providers with a rigorous curriculum aligned with the highly regarded Child Development Associate (CDA) credential. Graduates then take what they learn back to the children they care for, and are prepared to pursue their CDA, if they wish.

Growing Readers Together, led by Colorado State Library and implemented by local library systems across Colorado, is another promising avenue for supporting FFN caregivers through trusted, adaptable, locally driven mechanisms. It is explicitly mentioned as a priority strategy in the Colorado Shines Brighter Strategic Plan and has received Preschool Development Grant funds to expand its reach, following initial support from the Buell Foundation. Local libraries are provided with support and resources to identify and help informal caregivers support early literacy work, but are also allowed broad latitude to respond the particular populations and needs in their respective communities.

Additionally, because FFN care often has more in common with parental care than with licensed care, the types of interventions that are successful in improving parents' knowledge and skills may be adapted to serve FFN caregivers – many of whom are also parents themselves. Funders and service providers should explore how to make these adaptations intentional and effective to serve a population of FFN caregivers. For example, the Colorado Health Foundation supports Invest in Kids, a nonprofit organization that addresses the health and well-being of young children and families in Colorado, to explore how the evidence-based Incredible Years program can be adapted to serving non-parental caregivers.[27] Similarly, Colorado's Office of Early Childhood makes its professional development resources available to any interested caregivers via its online platforms. To the extent that these resources are accessible and linguistically/culturally relevant to FFN providers, these resources can be useful for providers who are not interested in pursuing qualified exempt status or a pathway to licensure.

Recommendation 4: Institute more FFN peer-to-peer networks to reduce isolation and promote shared learning.

Even prior to COVID-19, FFN providers often reported feeling isolated and disconnected from their peers. As COVID-19 unfolded, the necessity to social distance and quarantine has only amplified these feelings. Instituting FFN peer-to-peer networks would help allay some of the isolation while also promoting a space for shared learning. For example, "Play and Learn" groups are a well-known group-based strategy that have been implemented successfully here in Colorado and across the country for both parents and FFN providers. A formal or informally structured network of peers would provide a venue for sharing ideas, discussing experiences, receiving emotional support, and ultimately, feeling less alone.

Recommendation 5: Support provider mental health and well-being.

As one FFN provider succinctly noted, "Who is looking out for the caregivers?" Though resources and supports are critical to aid providers in the practice of child care, commensurate attention should be

27 H. Fulton, personal communication, October 23, 2020

placed on the caregivers themselves. FFN providers put the needs of children first and often don't attend to the stressors they endure. Their emotional and mental well-being is too often neglected and under-resourced. COVID-19 has further amplified their anxiety and stress by having to manage an array of new uncertainties. As one provider remarked, "The thing that I need is more time for myself, so I can take care of [the children] more." Some examples of supports desired include increased access to health and mental health providers, resources for addressing self-care and stress reduction, and opportunities to engage other FFN providers.

Recommendation 6: Engage and support hard-to-reach FFN providers.

The heterogeneity of FFN providers remains an asset and a challenge. On one hand, the diversity of providers allows for an array of individuals to act as caregivers and support the child care needs of many families. Conversely, this diversity can make it challenging to identify the population of individuals who are actually providing care. As such, it can be difficult to engage and support FFN providers that "fly under the radar".

One potential approach is to work through trusted intermediaries in communities to reach FFN providers. This is particularly true where providers may distrust the dominant "system" and be hesitant to engage—particularly when it comes to interactions with government agencies.

These trusted intermediaries might not be the "usual suspects" in early childhood, and in fact might not be early childhood organizations at all. Funders and policymakers may find it more effective to first identify the organizations or individuals that can serve as "cultural brokers," rather than prioritizing particular expertise in early childhood as a starting point. Family resource centers, libraries, elementary schools, churches, and formal child care centers are potential avenues for this kind of outreach and collaboration.

Recommendation 7: Include FFN providers and the organizations that support them in policy and resource allocation processes.

Colorado has made great strides in recent years to include FFN providers in state-level thinking, planning, and goal-setting relating to improving outcomes for young children. It is encouraging to see informal care explicitly mentioned in the Colorado Shines Brighter Strategic Plan and included in the "ideal state" calculations in the Colorado Shines Brighter Needs Assessment. As the state child care community moves from needs assessment and planning into implementation, it is critical that FFN providers remain front-of-mind and prioritized as decisions are made regarding resource allocation, outreach, staffing, and evaluation.

It is also important to recognize that simply not excluding FFN providers is not the same as including them—particularly with regard to marketing, messaging, and outreach. For instance, the Early Childhood Mental Health Consultation program currently operates at the Office of Early Childhood with additional support from the Buell Foundation. The program was recently codified in state law (though without an appropriation). The program is not limited to formal care settings and should theoretically be available to FFN providers. As it rolls out in the coming years and expands in scope, we recommend building into the program design an explicit strategy for ensuring that FFN caregivers know about these important services and how to access them.

One reason FFN caregivers are often overlooked in decisions about policy and resource allocation is that they are extremely diverse and not formally organized. In other words, aside from a few social-justice oriented advocacy organizations and some early childhood advocates, FFN providers do not have a strong and consistent voice at the Colorado Capitol. In some states, labor unions have begun organizing and representing FFN providers, and have even been authorized to collectively bargain with departments of human services about issues like reimbursement rates and procedures for license-exempt providers (National Women's Law Center, 2016). While it is far from certain that such an approach would succeed or be appropriate in Colorado (especially given our uncommonly high degree of local control over human services), we applaud creative approaches to organize caregivers and help them make their voices heard regarding the policies and systems that affect them.

Recommendation 8: Increase public and private funding, in concert with implementing clear pathways for FFN providers to access funding.

Like all governments, Colorado faces a fiscal squeeze in the wake of the coronavirus pandemic's devastation of our tax base. At the same time, the public health crisis has created new and urgent demands on the limited public funds that remain.

In short, money is tight and will likely remain so for

at least the short-term. Tough decisions will have to be made. But because we know that FFN care is especially important to and prevalent in some of our most vulnerable and under-resourced communities—and because it receives relatively little funding or attention to begin with—we hope that policymakers and funders will not lose sight of these caregivers who are serving some of our state's children at most acute risk of falling behind academically and socially.

Colorado's philanthropic community has historically helped to ease this tension by generously augmenting limited public funds to provide needed services, and we recommend funders continue to target investments toward supporting FFN caregivers, who are especially overlooked in terms of public funding and support. Increased funding can help sustain and build upon the promising practices we have implemented to date. For example, the Office of Early Childhood now has a dedicated staff position to work with qualified exempt providers and carry out the critical community outreach and relationship-building that engaging this population requires. However, as they made clear to us in this study, "[she] is only one person," and the need far outstrips existing capacity.

At the same time, mechanisms for providers to receive funding should be clear and accessible. Providers tend to have limited awareness of how and where to access direct funding.

Recommendation 9: Deliver immediate financial support to FFN providers, especially providers of color.

In concert with a systemic need to increase FFN funding, providers are simultaneously facing immediate financial challenges that must be addressed. COVID-19 has resulted in considerable economic dislocation for many FFN providers, particularly Hispanic and Black providers who have experienced greater income loss and possess the least access to resources. To sustain their ability to care for children necessitates immediate financial investment. Given that the majority of providers care for children out of their home, direct financial resources would help pay for rent, utilities, food, and other household costs that are necessary to continue caring for children. In addition, these funds would help providers pay for cleaning supplies or Personal Protective equipment. Immediate financial support would not only alleviate some of the day-to-day economic challenges, but also help allay some of the mental stressors and anxiety associated with those challenges.

Recommendation 10: Remove barriers to and increase incentives for attaining qualified exempt and licensed status for those seeking to do so.

Although the subset of FFN providers who want to professionalize or pursue licensure may make up a relatively small proportion of the larger provider population, it could yield a significant impact in communities where there is a lack of child care options and/or lack in culturally- and linguistically appropriate providers. With this in mind, we recommend continued efforts to identify the barriers FFN providers face to pursuing qualified exempt or licensed status, and the design of programs and interventions that can mitigate or remove these barriers and/or increase the incentives for FFN care providers to professionalize.

As previously discussed, Colorado is home to a significant number of FFN providers who might be interested in pursuing licensure, but are unable to do so because they are undocumented or unable to prove lawful presence in the United States. Professional licensure in Colorado is defined as a "public benefit" that is unavailable to undocumented residents as a result of legislation passed during the 2006 Special Session (HB06S-1009). A repeal of this restriction would instantly provide a new avenue for economic opportunities while bolstering our state's limited supply of licensed child care.

Even for providers whose documentation or residency status does not pose a barrier, we must be aware of the possibility that their willingness to engage might be diminished by a mistrust of government due to historical traumas and experiences of discrimination. This highlights the importance of communication, trust-building, and the use of "cultural brokers" who can deliver messages and information that outsiders cannot.

The costs associated with meeting licensing requirements are another commonly cited barrier to professionalizing. The State has made forays into helping FFN providers or other aspiring licensed providers to cover startup or capital costs associated with pursuing licensure, through $250,000 microgrant programs funded through both Race to the Top–Early Learning Challenge Grant and Preschool Development Grant Birth–5. We recommend that these efforts be evaluated and replicated or expanded as appropriate.

At the same time, becoming a licensed family child care home is not an easy process: it involves paperwork, oversight, training, and a government worker visiting a provider's home. Given the low

pay endemic to the sector, a potential provider may understandably decide that the payoff of licensure is not worth all the effort and intrusion the process entails. Child care is essential to our economy, but it should not be "subsidized" by paying poverty wages to its workforce. If the market cannot sustain these businesses and their ability to pay a living wage—particularly in communities where they serve children from low-income families—it is imperative that the government step in to avoid exacerbating inequities and destabilizing families and economies in under-resourced communities.

Similarly, the State and counties have a justifiable interest in setting CCCAP reimbursement rates at levels that incentivize licensure and quality-improvement. If the rate for qualified exempt providers is set too high, a provider has little incentive to pursue licensure. However, reimbursement rates for qualified exempt providers are currently so low that non-relative FFN providers may decide they have little incentive to go through the administrative hassle and home visit at all. Setting CCCAP rates will always be a balancing act, and funds are extremely limited, but targeted increases in reimbursement rates for certain counties may encourage FFN providers to provide needed care capacity for priority populations (e.g., infants, children from racial and ethnic minority populations, etc.)

CONCLUSION

Family, Friend, and Neighbors are an essential component of Colorado's child care system. The passion and commitment of FFN providers reflects the love and care that drives them to care for children. This report provides a window into the unique role, challenges, and needs of an often forgotten but critical sector of the child care field.

> "At this moment it's really hard, but I also feel so lucky that I've been able to spend so much time with these kids as they're growing up. The fact that I can spend four or five days a week with these kids is, to me, such a blessing and an honor, and it feels weird to say that because it's in the midst of a pandemic, but I will remember that forever."

While FFN providers remain an underacknowledged group relative to their huge importance in our state's child care and economic landscapes, we must acknowledge the meaningful strides that have been made in recent years to better identify, understand, and support them. For example, the FFN microgrants using Race to the Top funds, a dedicated staff position in the Office of Early Childhood for identifying and supporting qualified exempt providers, the explicit acknowledgment and inclusion of FFN providers in the Colorado Shines Brighter Strategic Plan, and more.

Further, statewide learning and advocacy communities have been focused on studying FFN care and ensuring that it remains centered in conversations about early childhood policy and practice. Mile High United Way hosted the "FFN Learning Community," a role that has since been taken over by Colorado State Library and its FFN Strategic Partnership Action Network, which has continued to move this work forward even through a pandemic. A coalition of early childhood organizations came together to push for the passage of SB 17-110 to redefine license-exempt care in a way that meets the needs of families and providers without compromising the safety or quality of care.

Funders have stepped up, too: the Buell Foundation has funded the Growing Readers Together program that has been rolled out through libraries across the state. Mile High United Way has included support for FFN providers as a funding priority through its grantmaking initiatives. The Colorado Health Foundation conducted a series of focus groups that in turn informed a dedicated grant opportunity to support FFN caregivers. A consortium of funders, including the City and County of Denver, Colorado Health Foundation, and the Wend Collective, contributed to a grant program at Mile High United Way to support FFN providers who have suffered revenue declines due to the coronavirus pandemic. Many of these providers did not qualify for any other pandemic-related aid (e.g., unemployment insurance, Paycheck Protection Program, Economic Impact Payments ("stimulus"), making the assistance especially critical. The partners even found innovative ways to provide funding to providers who do not have bank accounts.

As we navigate through and eventually emerge from the pandemic, our world looks much different. But one thing remains the same – Colorado's child population will only continue to grow and become increasingly diverse. Having redefined many low-wage jobs—including child care—as "essential," it is time that we start treating those workers accordingly. It is incumbent that FFN providers be part of this dialogue so that all children are valued, healthy, and thriving.

APPENDIX A – FAMILY, FRIEND, AND NEIGHBOR SURVEY

Introduction

We need your voice!

The COVID-19 pandemic is impacting childcare and early learning for families across Colorado. Statewide partners want to understand the impact so they can better support you.

Mile High United Way, in partnership with Early Milestones Colorado and The University of Denver's Butler Institute for Families, is conducting this survey to better understand a specific type of childcare called Family, Friend, and Neighbor (FFN) care. FFN care is home-based care – in the caregiver's or child's home – provided by caregivers who are relatives (e.g., grandparents, aunts and uncles, elders, or older siblings), friends, neighbors, babysitters, or nannies. This type of childcare takes place outside of a licensed center, program, or family childcare (FCC) home.

If you are a relative, neighbor, family friend, nanny or babysitter that provides regular childcare, this survey is for you.

From this survey, we hope to learn:

- **Who provides FFN care?**
- **Where are FFN providers currently working?**
- **What are the experiences and challenges caregivers face in providing FFN care during the pandemic?**
- **What are the types of supports and resources caregivers need to best provide childcare?**

The results of this survey will help shape future program planning and policy decisions.

This survey should take approximately 20 minutes to complete. Your responses will be anonymous. No individual results will be reported and all data will be grouped together for analyses. It is important that you complete the entire survey!

By completing this survey, you can choose to be entered into a raffle for a $100 gift card; we will be selecting at least 75 people who complete the survey to receive a gift card.

Please make a difference by completing this survey!

If you have any questions, please contact Phillip Chung, PhD, at Phillip.chung@unitedwaydenver.org.

Thank you!

As noted in the introduction, this survey is for FFN providers - e.g., relatives, neighbors, family friends, nannies or babysitters that provides regular childcare.

The following questions will help determine if this survey is appropriate for you.

* 1. Are you a resident of Colorado?

- Yes
- No
- Prefer not to answer

* 2. In the past 12 months, have you regularly* cared for children that are **not** your own children, below the age of 13, in your home or the child's home?

* "Regular" care means mostly the same children, about the same number of hours or days per week

- Yes
- No

* 3. Do you have an active child care license from the Colorado Department of Human Services (CDHS), Division of Early Care and Learning (DECL)?

(Note: licensing is separate from participation in the Colorado Child Care Assistance Program)

- Yes
- No

Family, Friend and Neighbor childcare

* 4. Which of the following most accurately describes you?
(Select one option)

- ◯ I cared for children prior to the COVID-19 pandemic (March 1, 2020), **but am not currently**
- ◯ I cared for children prior the COVID-19 pandemic (March 1, 2020), **and I am still caring for children**
- ◯ **I did not** provide care for children prior to the COVID-19 pandemic (March 1, 2020), **but I am now caring for children**

Family, Friend and Neighbor childcare

This section asks questions about the childcare you provide.

If you cared for children prior to the COVID-19 pandemic (March 1, 2020), but are not currently, please respond to the following questions based on the care you provided on or before March 1, 2020.

* 5. What is your relationship to the child/children that you provide childcare for? (Select all that apply)

- [ ] Grandparent
- [ ] Family friend
- [ ] Aunt/Uncle
- [ ] Babysitter
- [ ] Sibling
- [ ] Nanny
- [ ] Neighbor
- [ ] Other (please specify)

* 6. Please select the county where you most frequently provide childcare.

* 7. How long have you provided childcare*?

*Specifically, childcare as an FFN provider.

* 8. Where do you provide childcare?
(Select all that apply)

- [ ] At my home
- [ ] At the home of the children's family
- [ ] At a community event or community meeting
- [ ] Other (please specify)

* 9. On average, how many hours per week do you provide childcare?

* 10. When do you provide childcare?
(Select all that apply)

- [ ] Weekdays
- [ ] Weekends
- [ ] Overnight
- [ ] Before 9am
- [ ] Between 9am and 5pm
- [ ] After 5pm

* 11. Please indicate the ages of the children you care for.
(Select all that apply)

- [ ] Infants (birth to 12 months)
- [ ] Toddlers (12-36 months)
- [ ] 3-year-olds
- [ ] 4-year-olds
- [ ] School age (5-12 years)

* 12. **Prior to the COVID-19 pandemic (March 1, 2020),** approximately how many children did you care for in each age group on a typical day?

Infant (birth to 12 months)	
Toddlers (12-36 months)	
3-year-olds	
4-year-olds	
School age (5-12 years)	
Not applicable	

* 13. **Today**, about how many children do you care for in each age group on a typical day?

Infants (birth to 12 months)	
Toddlers 12-36 months	
3-year-olds	
4-year-olds	
School age (5-12 years)	
Not applicable	

* 14. Currently, do you care for any children with special needs, e.g., disability, developmental delay, or behavioral or emotional difficulty?

- ◯ Yes
- ◯ No
- ◯ Prefer not to answer
- ◯ Not applicable

If yes, approximately how many under the age of 3?

* 15. What is the primary language you use when providing childcare?

- ◯ Spanish
- ◯ English
- ◯ Chinese
- ◯ German
- ◯ Vietnamese
- ◯ French
- ◯ Russian
- ◯ Other (please specify)
- ◯ Korean
- ◯ Amharic
- ◯ Burmese
- ◯ Karen
- ◯ Nepali
- ◯ Somali
- ◯ Arabic

* 16. What types of activities regularly take place/took place when you care for children? (Select all that apply)

- ☐ Meals or snacks
- ☐ Naptime
- ☐ Diapering
- ☐ Sports or outside activities
- ☐ Art activities
- ☐ Music or singing
- ☐ Watching educational television or videos
- ☐ Other (please specify)
- ☐ Time spent on a computer, tablet, or smart phone
- ☐ Going to the park or playground
- ☐ Going to run errands or chores
- ☐ Going to the library
- ☐ Going to museums or Storytime at the Library
- ☐ Educational activities and games, like counting games, learning numbers and letters, or learning colors and shapes with the children
- ☐ Reading books together

* 17. On a scale of 1 to 5, with 1 being the least important and 5 being the most important, please rate the following reasons you choose to care for children.

	1	2	3	4	5	Not applicable
Helping out a relative or friend	○	○	○	○	○	○
Staying at home with my own children	○	○	○	○	○	○
Enjoyment from caring for and educating children	○	○	○	○	○	○
Earning an income	○	○	○	○	○	○
Other	○	○	○	○	○	○

Other (please specify)

Compensation for providing childcare

This section asks about the compensation or payment you received for providing childcare.

If you cared for children prior to the COVID-19 pandemic (March 1, 2020), but are not currently, please respond to the following questions based on the care you provided on or before March 1, 2020.

* 18. Approximately, how much money do/did you earn per week from caring for children?

- ◯ Nothing
- ◯ Less than $100/week
- ◯ $100-$300/week
- ◯ $301-$500/week
- ◯ $501-$700/week
- ◯ $701-$999/week
- ◯ More than $1,000/week

* 19. Are you aware of the Colorado Child Care Assistance Program (CCCAP) for providing childcare?

- ◯ Yes
- ◯ No

* 20. Have you received payment from the Colorado Child Care Assistance Program (CCCAP) for providing childcare?

- ◯ Yes
- ◯ No

* 21. Do/did you receive any other form of compensation besides money for providing childcare?

(For example, in exchange for childcare, other people may care for your child or you may receive items, such as food.)

- ◯ Yes
- ◯ No

If yes, please specify what you receive instead of money.

COVID-19

This section asks questions about why you stopped providing care and what supports you need to resume.

* 22. What were the reasons you stopped providing childcare?
(Select all that apply)

- [ ] Concerned that my family or I would get COVID-19
- [ ] Families were concerned about sending their children to me because of COVID-19
- [ ] Concerned about following public health guidance (e.g., social distancing, use of PPE, maximum group size of 10 children)
- [ ] Did not have enough cleaning supplies to ensure health and safety of children
- [ ] Other (please specify)
- [ ] Did not have enough Personal Protective Equipment (e.g., masks) to ensure health and safety of children
- [ ] Families couldn't pay me for childcare
- [ ] Families' needs changed (e.g., they lost work, they moved, etc.)

* 23. Do you plan to start providing childcare again?

- ( ) Yes
- ( ) Yes, but for fewer children
- ( ) Undecided
- ( ) No

* 24. What types of supports would you want in order to resume caring for children? (Select all that apply)

- [ ] Services to promote children's early literacy
- [ ] Services to support children's challenging behaviors
- [ ] Learning materials (e.g., toys, books) to support play/learning
- [ ] Community resources for children, such as libraries or playgrounds
- [ ] Transportation services/assistance
- [ ] Connecting to other Family, Friends, and Neighbors caregivers
- [ ] COVID-19 health and safety guidance
- [ ] Other (please specify)
- [ ] Access to Personal Protective Equipment (PPE)(e.g., masks, gloves)
- [ ] Access to cleaning supplies
- [ ] Access to health or mental health providers
- [ ] Access to internet service
- [ ] Medical, cash, or childcare assistance programs
- [ ] Help with paying rent
- [ ] Help with purchasing food

25. Is there anything else you would like to tell us about your experience or needs caring for children?

COVID-19

This section asks questions about the impact of COVID-19 on your ability to care for children.

* 26. Which of these changes have you made to your caregiving practices due to the COVID-19 pandemic? (Select all that apply)

- [ ] Reduced hours or days of care
- [ ] Staggered schedules (for instance, different children on alternating days)
- [ ] Staggered arrivals/departures
- [ ] Health screenings at start of day (e.g., symptom and temperature checks)
- [ ] Limitation of number of children per day
- [ ] My own use of masks, gloves, and/or other PPE
- [ ] Other (please specify)
- [ ] Child use of masks
- [ ] Increased cleaning of space
- [ ] Increased cleaning of toys
- [ ] Increased hand washing
- [ ] I have made no changes to my childcare practices

* 27. Due to the COVID-19 pandemic, what is your level of comfort providing childcare?

- ( ) Very uncomfortable
- ( ) Slightly uncomfortable
- ( ) Comfortable
- ( ) Very comfortable

* 28. What are your concerns about providing childcare in the next 6 months? (Select all that apply)

- [ ] I am concerned about my health and safety and/or my family's health and safety
- [ ] I am concerned I will not earn enough money from providing childcare
- [ ] I am concerned about the health and safety of the children I care for
- [ ] I can't get supplies, cleaning products or Personal Protective Equipment (PPE) (e.g., masks, gloves).
- [ ] I am concerned that I can't find enough families seeking care
- [ ] I have no concerns
- [ ] Other (please specify)

* 29. Are you incurring any additional costs providing childcare due to the COVID-19 pandemic?

- ( ) Yes
- ( ) No

Additional costs of providing care

30. What additional costs are you incurring due to the COVID-19 pandemic?
(Select all that apply)

- [ ] Cleaning supplies
- [ ] Personal protective equipment (e.g. masks)
- [ ] Learning materials (e.g. toys, books)
- [ ] Other (please specify)
- [ ] Health monitoring equipment (e.g., thermometers)
- [ ] None

31. Approximately, how much do these costs add up to per week?

(Enter number without dollar sign)

Supports in providing childcare

This section asks questions about the support you need to care for children.

* 32. Which of the following are available to you when you need it?
(Select all that apply)

- [ ] Information about how to promote children's early literacy
- [ ] Services to support children's challenging behaviors
- [ ] Learning materials (e.g., toys, books, manipulatives) to support play/learning
- [ ] Community resources for children, such as libraries or playgrounds
- [ ] Transportation services/assistance
- [ ] Connecting to other Family, Friends, and Neighbors caregivers
- [ ] COVID-19 health and safety guidance
- [ ] Other (please specify)
- [ ] Access to Personal Protective Equipment (PPE) (e.g., masks, gloves)
- [ ] Access to cleaning supplies
- [ ] Access to health or mental health providers
- [ ] Access to internet service
- [ ] Medical, cash, or childcare assistance programs
- [ ] Help with paying rent
- [ ] Help with purchasing food

* 33. What are the best ways to provide you with the information you need to care for children?

Please rate each item on a scale of 1-5, with 1 as the least useful way of providing you information and 5 as the most useful way.

	1	2	3	4	5
Printed materials	○	○	○	○	○
Websites	○	○	○	○	○
Social media	○	○	○	○	○
Text messages	○	○	○	○	○
Phone calls	○	○	○	○	○
Videos	○	○	○	○	○
Podcasts	○	○	○	○	○
In-person meetings	○	○	○	○	○
In-person training	○	○	○	○	○
Online training	○	○	○	○	○
From other caregivers	○	○	○	○	○
Other (please specify)	○	○	○	○	○

Other (please describe)

* 34. If a family expresses need in any of the following areas, how confident do you feel helping them find assistance?

	Not at all confident	Somewhat confident	Confident	Very confident	Not applicable
Health care services or assistance					
Mental health services or assistance					
Food access or grocery assistance					
Unemployment/cash assistance					
Shelter/housing					
Childcare funding					
Parenting advice or support					
Support for children with special needs					
Support for children's behavior					
Community resources (playgrounds, libraries, etc.)					
School readiness support					
How to enroll in school					

35. Is there anything else you would like to tell us about your experience or needs caring for children?

Financial well-being

This section asks questions about your financial well-being and the economic impact of COVID-19 on your household.

* 36. Do you have a job other than your work as an FFN childcare provider?

- Yes
- No

* 37. Which of these ranges best describe your current annual household income?

- Less than $25,000 per year
- $25,000-$45,000
- $45,001 to $60,000
- $60,001 to $100,000
- More than $100,000 per year

* 38. Since the COVID-19 pandemic (March 1, 2020) has your household income:

- Stayed the same
- Increased
- Decreased

* 39. Do you currently have health insurance coverage?

- Yes
- No

* 40. Do you or your family currently receive any of the following?

	Yes	No	Prefer not to answer
Public housing vouchers			
Medicaid/Medicare/CHIP			
WIC or Food Stamps			
Free or reduced lunch for your children			
TANF (Temporary Assistance for Needy Families)			
Colorado Child Care Assistance Program			
Unemployment			

* 41. Since the COVID-19 pandemic began (March 1, 2020), has anyone in your household accessed:

	Yes	No
Grocery assistance (e.g., food banks, donated grocery gift cards)	◯	◯
Free meals (e.g., donated home-delivered meals, group meals at homeless shelters)	◯	◯
Rent or mortgage relief assistance	◯	◯

* 42. How difficult has it been for your family to meet monthly payments on your bills?

- ◯ Not difficult at all
- ◯ Somewhat difficult
- ◯ Moderately difficult
- ◯ Extremely difficult

Comments

Demographics

Please tell us a little bit about yourself.

* 43. How old are you?

- ◯ Under 18
- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65-74
- ◯ 75-84
- ◯ 85 and older
- ◯ Prefer not to answer

* 44. What is your gender?

- ◯ Male
- ◯ Female
- ◯ Gender neutral/Gender fluid
- ◯ Prefer not to answer
- ◯ Other (please specify)

* 45. Are you Latinx or Hispanic?

- ◯ Yes
- ◯ No
- ◯ Prefer not to answer

* 46. What is your race or ethnic background? Are you…
(Select all that apply)

- [ ] White
- [ ] Black or African-American
- [ ] Asian
- [ ] Native Hawaiian or other Pacific Islander
- [ ] American Indian or Alaska Native
- [ ] Hispanic
- [ ] Some other race or races
- [ ] Don't know
- [ ] Prefer not to answer

If another race or races, please specify:

* 47. Are you...

- ( ) Married
- ( ) Single
- ( ) Divorced/Separated
- ( ) Other (please specify)
- ( ) Widowed
- ( ) Couple living together
- ( ) Prefer not to answer

* 48. What is your primary language?

- ( ) Spanish
- ( ) English
- ( ) Chinese
- ( ) German
- ( ) Vietnamese
- ( ) French
- ( ) Russian
- ( ) Other (please specify)
- ( ) Korean
- ( ) Amharic
- ( ) Burmese
- ( ) Karen
- ( ) Nepali
- ( ) Somali
- ( ) Arabic

* 49. Please check the degrees that you hold.
(Select all that apply)

- [ ] High school/GED
- [ ] Childhood Development Associate (CDA)
- [ ] Associates
- [ ] Bachelors
- [ ] Masters
- [ ] Phd/EdD
- [ ] None
- [ ] Prefer not to answer

* 50. Do you have any training specifically related to caring for children?

- ( ) Yes
- ( ) No

Types of training

51. What types of training related to caring for children have you received?
(Select all that apply)

- [ ] Parenting Training
- [ ] Training in early childhood education
- [ ] Training in child development
- [ ] Training in child psychology
- [ ] Other (please specify)

Closing

52. We are committed to sharing back the results of the survey.

Do you want to be informed of the survey results?

- Yes
- No

If yes, please provide your email address:

53. In addition to this survey, we are also conducting focus groups with Family, Friend and Neighbor childcare providers across the state about their experiences during the COVID-19 pandemic. The focus groups will be conducted online or by phone. Would you like to participate in a focus group?

Individuals selected to participate in a focus group will receive a stipend for their participation.

- Yes
- No

Please provide your email address if you would like to participate in an online/phone focus group.

You have reached the end of the survey. To submit your survey, click ‘Next’. If you need to make any changes or review your responses, please click ‘Prev'.

Also, we are conducting a gift card raffle for respondents to this survey. By completing this survey, you can choose to be entered into a raffle for a $100 gift card. We will be selecting at least 75 people who complete the survey to receive a gift card.

If you would like to be included in this raffle, please click here to be taken to a separate link.

Please remember to submit your survey by clicking "Next".

Thank you for your interest in the FFN survey. Unfortunately, your response to the initial questions indicate that this survey is not a fit for you. If you believe you reached this page in error, please return to the beginning of the survey.

APPENDIX B – FAMILY, FRIEND, AND NEIGHBOR FOCUS GROUP PROTOCOL

Friend, Family, Neighbor Care Provider Focus Group Protocol

Thank you for coming today. We are from Mile High United Way, a local nonprofit organization that works on a variety of community issues, such as school readiness and healthy child development, early literacy and engagement in school, and small business support. Currently, Mile High United Way is conducting a statewide research project on Family, Friend and Neighbor (FFN) child care in Colorado. The purpose of the project is to understand the experiences, challenges, and issues FFN providers face, especially as a result of the COVID-19 pandemic.

We have asked you to be here today because of the important work you do, caring for young children in your community (with a focus on children ages 0-8). You play a big role in children's wellbeing and development. We want to learn from your experiences and hear your ideas. Our conversation today is part of a series of virtual focus groups we're conducting with FFN providers across the state.

The information you provide today will be confidential. We will not share your personal information. Whatever information you share with us will help inform how we and other groups can best support FFN providers.

Do you have any questions before we begin?

DISCUSSION QUESTIONS

Thank you for being here today and for agreeing to participate in this discussion.

Introductions

To kick us off, let's go around the room and introduce ourselves. And when you do, can you share your first name, how long you have been caring for children, and the relationship to the child(ren) you care for (e.g., grandparent, neighbor, babysitter)?

Motivations

Thanks for sharing. Building off the introductions, we'd like to start by understanding why you chose to provide care for children and how this came about.

1. **What are the main reasons you choose to care for children?**
    - Prompt: What led you to become an FFN provider/care for children? How did this happen?

2. **Why do you think families choose to have you provide care?**
    - Prompts: Relationship with the family/trust-level; costs of providing care; other preschool/child care options aren't available, are too costly, are too far away, or don't meet the families' needs; flexible hours compared to other options.

COVID – Impact on providers

Now, I'd like to ask you a set of questions specific to caring for children since COVID.

3. **What has been the impact of COVID on your ability to care for children?**
    - Prompt: How has the COVID environment impacted your work as a child care provider? In other words, as a child care provider, what has changed for you since COVID, e.g., fewer or more children being cared for?
    - Prompt: In thinking about COVIDs impact on **how** you provide care, what changes have you made to how you care for children as a result of COVID? In other words, how have you adapted your practice because of COVID?

4. **What challenges have you faced in caring for children as a result of COVID?**
    - Follow-up: What challenges are you personally facing as a child care provider? (e.g., rent or housing costs, food insecurity).

5. **How have you addressed the challenges you're facing?**
    - Prompt: What creative ideas or solutions have you implement to address these challenges?

6. **What are the child care issues or challenges you are seeing with the families you work with?**
    - Prompts: Job loss or reduced hours? Health issues? Stress? Effects of the quarantine?

7. **What are the issues or challenges you are seeing with the child(ren) you care for?**
    - Prompts: Fear/anxiety because of the pandemic? Not being able to see friends? Older siblings struggling with remote learning?

8. **What has been your biggest success as a child care provider during the pandemic?**

COVID - Costs of care

COVID has created financial challenges for many individuals and families. We're interested in learning if COVID has created financial challenges for you as a child care provider.

9. **Have you experienced an increase in costs associated with caring for children since COVID?**
    - If yes: What are these additional costs – in other words, what are you spending more money on?
    - How have these additional costs affected you as a child care provider and your ability to care for children?

Supports needed

This next set of questions asks about the support you currently receive or need to care for children.

10. **Do you currently receive support or resources to help care for children?**
    - If yes: How do you receive this support or resources? Do you find this to be an effective approach?

- Follow-up: What prevents you from accessing supports or resources?

11. **What types of supports or resources do you need to care for children?**

12. **What's the best way to provide you the support and resources needed to care for children?**

Recommendations

13. **Imagine you are meeting with someone who has the power and resources to help you as a child care provider. If you were to give this person advice or recommendations for what he/she can do to best support you, what would you tell them?**
    - Prompt: What would you want them to know about you and your work as an FFN child care provider?
    - What would you want them to change to best support you?

Conclusion

14. **Is there anything else you would like to tell me about what it is like to be a child care provider or what would be helpful for you in your work as a provider?**

Thank you very much for being here today and for sharing your experience and thoughts with us. We value your time and all the wonderful work you do to care for children.