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LICENSING FAMILY, FRIEND AND NEIGHBOR CAREGIVERS: PARADOXES AND POSSIBILITIES

pamela jakwerth drake, bayla greenspoon & sarah neville-morgan

Many family, friend and neighbor caregivers are “hidden” and receive little support and limited monitoring. Some aspects of their care—such as small group size, extended relationships with the children, and similar cultural backgrounds—are associated with higher quality. But these caregivers typically have little or no formal training in child development or child safety, and little knowledge of resources that can help them improve the quality of their care.

One potential solution to this problem is to help caregivers navigate the procedures to become licensed family child care providers. This would ensure a minimum amount of training, and would put them on the “radar” for additional education as well as monitoring. This paper identifies issues related to licensing family, friend and neighbor caregivers and explores the relationship between licensing and child care quality.

Statistics about the number of family, friend and neighbor caregivers who may be interested in seeking licensure vary widely. In its study, the First 5 California Family, Friend and Neighbor Child Caregiver Support Project (Drake, Unti, Greenspoon, & Fawcett, 2004) found that fewer than half (about 40%) of the caregivers were interested in becoming licensed, 30% were unsure about it, and 33% did not want a license. There were some differences among those who responded. For example, slightly more than half (53%) of the nonrelative caregivers were interested in becoming licensed compared to one-third (33%) of the grandparents. There also was stronger interest among Hispanic and European American caregivers than those who were African American or Asian American: half compared to less than a quarter.

Expressing an interest in becoming licensed is only the first step of a time-consuming and sometimes complex and stressful process. In one state study, only 34% of family, friend and neighbor caregivers said they were willing to complete all of the licensing requirements; 63% said they were not willing to complete any of them (Brown-Lyons, Robertson, & Layzer, 2001). In addition, some caregivers who start preliminary steps may not be able to comply with other requirements because of their immigration status; their own criminal history, or the criminal history of family members (including the child’s own parent); or their housing (Morgan, Elliott, Beaudette, & Azer, 2001). A licensed provider needs a minimum level of liability insurance, which is especially important for renters, but can take a significant portion of her income (Drake et al., 2004).

Licensing Requirements and Quality Child Care

Licensing requirements are minimum standards for a basic level of care

(NCEDL, 2002). Definitions and requirements vary by state (Lemoine, Morgan, & Azer, 2003; Morgan et al., 2001; Porter & Kearns, 2005). They typically define the “threshold” of the number of children allowed in care without a license (ranging from 0 to 12 across states), as well as any exemptions. These are based on relationship (e.g., close family member), number of families for whom a caregiver provides care, or number of hours in care. The requirements also specify the content and number of hours of preservice and inservice training. Preservice requirements are generally low, fewer than 12 hours. Typically, this training only includes health, safety, and CPR; few states require child development information for family child care licensing.

Providing basic health and safety training and materials to caregivers may make the child care safer, but there is no evidence that it will improve the overall quality of care. Studies show that the quality of much child care (including all forms of licensed care) is generally low. On the other hand, some stakeholders believe that even the minimum level of training required for licensing could have an effect on family, friend and neighbor care because studies indicate that it ranks lower in quality than regulated family child care or center-based care (Brown-Lyons et al., 2001; Fuller et al., 2000).

One consideration in developing a policy for family, friend and neighbor child care is the issue of regulation versus quality improvement. If the focus is the latter, then options that offer various types of support might be more appropriate and effective. What is most important is that policy makers thoroughly weigh all options and potential consequences and develop their policies “intentionally rather than inadvertently” (Morgan et al., 2001, p. 11).

The most stringent policy would be to require licensing of any individual who provides regular child care, whether related or not. It is unlikely that any state would ever consider licensing relative caregivers, although many impose requirements for those who receive child care subsidies. Other options may be more realistic and easier to implement:

- Requiring licensing (or training/inspection) for all nonrelative caregivers. However, this option would be costly and difficult to monitor, particularly for those caregivers who do not care for subsidized children.
- Requiring licensing (or training/inspection) for any nonrelative caregiver of children in families that receive a child care subsidy. Families who need the subsidy, however, may not apply for it if they do not want or cannot find a licensed caregiver.
- Creating a tiered-reimbursement system that ties higher rates of government subsidy or other financial support to licensing levels or training requirements (National Child Care Information Center [NCCIC], 2002). This may be the most realistic option, but it would only apply to caregivers who receive subsidies and who consider the increase in reimbursement high enough to warrant the additional expense of licensing.

- Requiring a fingerprint and background check, like California's TrustLine, for all caregivers who receive subsidies even if they are related to the children they care for.

Support Options

Licensing may not be the best first step for family, friend and neighbor caregivers. Some studies suggest that efforts to recruit caregivers to become regulated fail, in large part, because the caregivers are afraid of government intrusion and are committed to informal care (Bromer & Henley, 2002). When programs change their objectives from licensing to providing support, they can be more effective at recruiting caregivers (Collins & Carlson, 1998). Many of the child care experts who participated in various aspects of the First 5 California Family, Friend and Neighbor Child Caregiver Support Project stated that it would be more cost-effective and equally important to provide some of what the licensing process guarantees: health and safety training and smoke detectors, for example. They emphasized the importance of providing culturally appropriate and nonthreatening support, with a focus on helping caregivers prepare children for school.

One California strategy is to enlist caregivers in a "pre-entry" track of the Compensation and Retention Encourage Stability Initiative/Child Care Retention Incentive program (CARES/CRI).^{*} The goal of this program is to encourage center-based staff and family child care providers to participate in training as well as to remain in their current programs. Research links training and teacher stability with quality of care; staff and providers with more training tend to stimulate children's cognitive and language development (Kontos, Hsu, & Dunn, 1994). Since most family, friend and neighbor caregivers do not meet the requirements for entry into CARES, First 5 California instituted the CRI pre-entry level; this allows counties to reach out to caregivers, connect them to resources, and provide them with incentives to participate in training. These caregivers may then enroll in CARES steps or the Child Care Initiative Project (CCIP) program, which seeks to increase California's supply of licensed quality child care through recruitment and training activities.

Aware of the link between training and quality, First 5 California supports providing incentives and training to caregivers across the entire continuum of care. These efforts can be strengthened by targeting family, friend and neighbor caregivers and linking them with other programs such as CCIP and Family Child Care at Its Best. Whichever training strategies are utilized, it is important to consider caregivers' preferred methods of receiving information—through informal rather than traditionally structured classes (Drake, et al., 2004). This will challenge program developers to find creative ways to organize the delivery of information that addresses standards and competencies, while responding to caregivers' preferences.

^{*} CARES/CRI is funded through a partnership between First 5 California and the local county First 5 commissions.

Encouraging participation in the Child and Adult Care Food Program, which provides subsidies for meals and snacks, is another possible strategy for improving the quality of family, friend and neighbor care (Morgan, et al., 2001). Participants receive three annual monitoring visits from their sponsoring agency. Recruitment may be a major issue: in 2001, family, friend and neighbor caregivers accounted for less than one-half of one percent of the California participants (Grubb, 2002). In addition, some research suggests that caregivers may need technical assistance to navigate the program's requirements (Henchy, 2003).

Another approach to consider may be family support, which focuses on parents and children, and could include relative caregivers as part of the extended family. One aspect would be to help parents make better-informed decisions about choosing quality child care. Parents might also be provided with strategies for interacting with caregivers, including communicating their own interest in the caregiver's training—especially in such topics as health, safety, and CPR. These models would put the responsibility for monitoring training and quality in the hands of the parents, but they also would acknowledge the legitimacy of relying on the extended family for child care.

Unintended Consequences of Licensing

Any policy initiative carries with it the risk of unintended consequences. Some of the potential *negative* effects of encouraging or requiring large numbers of family, friend and neighbor caregivers to become licensed follow below:

- If large numbers of caregivers were to seek licensure simultaneously, the strain on an already overburdened system would increase. For example, more personnel would be needed for application processing and monitoring.
- Once licensed, caregivers are no longer unregulated. They are now free to care for additional children and to charge higher fees. Thus, legally, they are no longer simply a grandmother caring for a grandchild. If having a license encourages the family, friend and neighbor caregiver to operate more like a licensed caregiver, the supply of family, friend and neighbor caregivers may shrink, and parents' child care options may be reduced (Annie E. Casey, 2004; Walker, 2004.)
- Likewise, if caregivers perceive that the goal of agencies is to license them, (and change them to operate more like a licensed caregiver), they may start pulling away and may shy away from any type of support. This would effectively increase their mistrust of "the system."

There are also potential (secondary) *positive* consequences:

- If providers become licensed and take more children, the supply of available regulated child care spaces will increase (Morgan et al., 2001).

In California, regulated care is only available for 25% of children under 14 with parents in the labor force (2003 California Child Care Portfolio, California Child Care Resource & Referral Network). An option might be to support licensing only if providers intend to care for additional children.

- Licensing could provide economic benefit to the provider.
- Caregivers might be taken more seriously and treated with more respect by parents if they were licensed (First 5 Focus Group Study).
- Licensing would provide some level of regulation and compliance with basic health and safety guidelines.

Many caregivers might need help completing the licensing process. Assistance could include financial support for application fees, safety equipment, or home improvement; transportation to training sessions; language assistance; and technical assistance completing the application or clearing criminal records. The specific type of support will vary based upon the knowledge, current status, and resources of the caregiver.

Conclusion

There are many options for supporting family, friend and neighbor caregivers. Focusing programmatic and fiscal attention on licensing will benefit some caregivers, but will leave many others without assistance. Research is contradictory about the value of investing in licensing initiatives. For example, turnover among subsidized family, friend and neighbor caregivers in Alameda County, California was 70% in one year (Whitebook, Phillips, Yong, Crowell, & Gerber, 2003), while other California research with caregivers who did not all participate in the subsidy system indicates a lower attrition rate: children under six had been in care for 1.4 years, on average, and almost 90% of the caregivers had no plans to stop providing care in the next year (Drake et al., 2004). In addition, many caregivers who no longer receive subsidy payments remain involved in the child's life, and therefore still benefit from the training and support they received.

We suggest that a variety of strategies would best serve the goal of enhancing the quality of care provided by family, friends, and neighbors. These strategies should be selected based on the demographics of the individual caregiver, her relationship with the child, her reasons for providing care, and her long-term goals. In the meantime, the child care field has made a great leap in embracing kith and kin caregiving. The next steps in working with these caregivers can serve to make a life-long difference for many young children.

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