



# *Hidden Infrastructure*

THE NATURE AND CONTRIBUTIONS  
OF FAMILY, FRIEND, AND  
NEIGHBOR CARE

Family, Friend, and Neighbor Care Provider Case Studies  
JANUARY 2023

# Hidden Infrastructure: The Nature and Contributions of Family, Friend, and Neighbor Care

Family, friend, and neighbor (FFN) care is some of the most prevalent caregiving used in the United States. This type of care includes all of the individuals who regularly care for children who are not their own but who do so outside of the system for licensed and regulated care. Separate from babysitters (hired for short-term caregiving, typically at the child's house) or au pairs and nannies (professional caregivers meeting the needs of individual families), FFN caregivers are the glue that helps families of all shapes and sizes meet their obligations.

This report presents case studies of seven FFN caregivers, one parent who is part of a caregiving network, and one parent-caregiver dyad, informed by interviews conducted over a period of nine months in 2021 and 2022. The studies help illustrate some of the characteristics of FFN care and why it is critical but often unrecognized infrastructure in modern American society. This report is organized around some of the defining features of FFN care, using the cases to illustrate and explore why the care is needed, how the care works, the quality of the care provided, and challenges experienced by care providers—which are opportunities to provide resources and supports to the FFN caregiving community.

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## APPROACH

The study team worked with two Forsyth County FFN pilot projects, which were designed to support FFN caregivers. The pilot projects informed FFN caregivers of the opportunity to participate in the interviews, and provided details to those who were interested. The study team conducted information sessions and then scheduled individual interviews with interested caregivers. Attempts were made to ensure a diverse group of caregivers were included. The ten individuals included in this report included two African-American caregivers, six Latinas, and two Caucasians (the parent-caregiver dyad).

The study team worked with the pilot project's steering committee to plan and design the interviews. Interviews were scheduled at roughly one month intervals, accommodating caregiver scheduling needs along the way. With caregiver permission, interviews were taped and transcribed. All interview data were subject to content analysis.

As a supplement to the interviews, the caregivers also were asked to complete online surveys, which were developed as modified versions of existing surveys. The modifications were completed to isolate elements that targeted caregiver and child/family beliefs, relationships, and activities. The surveys included the (a) Modified Caregiver Child Interactions Scale; (b) Modified Parent Caregiver Relationship Scale; and (c) Modified Parent and Caregiver Beliefs Survey.

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## THE CASES

### CASE 1: The Neighbor.

The FFN caregiver (Latina) in this case is a neighbor to a woman whose daughter needed care for her young children. The caregiver herself has a young child and is pregnant. She has provided care in Forsyth County for about two years<sup>1</sup> at the time of the interview but is unsure of how long she will continue to be a caregiver.

In this case, the caregiver provides care for a friend's young granddaughter, which means she is a "friend" and "neighbor" in the "Family Friend and Neighbor" caregiver spectrum. She is paid for being a caregiver. She currently is providing care for one child but has cared for other children in Forsyth County in the past.

Other than providing care, the caregiver does not work. The current caregiving arrangement came about because her friend's daughter (the FFN child's mother) did not have many contacts and the child's parents did not want to look for daycare. The caregiver wanted to help her neighbor (the grandmother) and she wasn't working; FFN caregiving was a way to have something to do and a chance to earn some money.

One aspect of the work that this caregiver appreciates is that she has flexibility in her scheduling; she doesn't necessarily want to have to care for children for five days in a row. At the time of the interview, she was taking care of the FFN child three or four days a week. In addition, there could be times when she doesn't care for the child, if the parent or parents aren't working. Another aspect of the work that the caregiver likes is that she can keep her own daughter at home. Finally, the caregiver believes that in daycare there are rules

and it is strict; it's scheduled. The caregiver believes relatives or friends are more attentive to the young children in their care.

### CASE 2: The Aunt.

In this case, the FFN caregiver (Latina) provided care to her nieces and nephews, which means that she is "family" in the "Family Friend and Neighbor" spectrum. Caregiving is an arrangement with her family members and arose during a period when she wasn't working but was living with her older sibling. The caregiver is not compensated for providing care but did receive supplies.

The caregiver has multiple siblings and they are very similar in morals and values. She and her siblings made the decision to try and raise their children the same way. The caregiver works part-time; she currently cares for her nieces on an occasional basis, about two or three times a week. Her siblings help take care of her children, too. One of her sisters, who doesn't speak English, takes care of her daughter. The caregiver thinks that parents feel FFN care is safer; she and her sisters completely trust each other.

### CASE 3: The Team.

The FFN caregiver (African-American) both provides and uses care in a personal support system of family members and friends. The care that she uses is provided "as needed," primarily by her family members, as she also uses licensed and regulated care with her son.

The care she provides is as a "friend" in the "Family Friend and Neighbor" spectrum. She has cared for her friend's son, for example, when her friend needed to work and the caregiver was off of

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<sup>1</sup> She has a history of being a caregiver in her home country, having provided care to seven nieces and nephews.

work (e.g., on the weekends). In this instance, she provided care every other weekend. The caregiver offered to care for her friend's son out of a desire to help. The caregiver was not compensated but the parent brought supplies (e.g., food and diapers; cream; teething medicine when needed).

The caregiver anticipates this network will stay in place as the children get older, to some extent. The caregiver prefers caring for the children of people she knows, rather than strangers: with people she knows, she knows what to expect. However, when it's a stranger, she would have to figure out "their ways". The caregiver has a sense of fulfillment in caring for children and feels good about being able to help her friend.

#### **CASE 4: The Sister.**

The FFN caregiver (Latina) is providing full-time care to her brother's two children and has her own children at home as well. Thus, she is "family" in the "Family Friend and Neighbor" spectrum. The children live with her during the week and she provides all aspects of care for them during this time. The caregiver has been caring for children for about 20 years and started by babysitting her niece. The caregiver also has provided care for families that were not directly related to her, such as a friend and would consider caring for "strangers" if there was an opportunity. The caregiver likes to help people (such as a single mother who is struggling). The caregiver also works occasionally, for limited hours.

The caregiver loves the connection she has with the children. The caregiver is not compensated by her brother. The care she provides is considered "family helping family."

#### **CASE 5: The Mover.**

The caregiver (Latina) moved to the area to provide care for her grandchildren. She also has cared for other people's children as a way to earn money. She currently is helping her daughter—if she didn't provide care, her daughter would not be able to work. Her daughter is providing compensation for the care but she will stop providing care when the children go to school. She doesn't plan to care for other people's children at that point as she has some health problems of her own. She had formerly taken care of her son's children; they are grown now. She learned how to care for children by having four of her own.

#### **CASE 6: The Trusted Ally.**

The caregiver (Latina) has lived in Forsyth County for 14 years, moving to the area following her marriage. The caregiver's mother-in-law and sister-in-law also live in the area and she has friends in her community. The caregiver has four children of her own, including a toddler. She has taken care of her sister-in-law's son and friends' children, which means she has functioned as "family" and "friend" in the "Family Friend and Neighbor" spectrum. One example occurred when a friend needed care during a trip out of the country. During that time, she helped the family by caring for her friend's son for a series of days, and a limited number of hours each day.

#### **CASE 7: The Helper.**

The caregiver (Latina) provides care to members of her cultural community. The caregiver moved to North Carolina about three years ago. The caregiver started caring for children when she was young, about 10 years old. She got started because she really liked spending time with and taking care of

young children. The caregiver has two daughters of her own.

The caregiver is paid for caring for children. She asked other people (babysitters) about their rates and looked at also the prices for daycare. The caregiver does not have another job at the moment. The caregiver wants to continue to work with young children; she is working towards getting her license (to be a home-based provider). This would enable her to take care of her own daughters as well as to work in a field that she likes. The caregiver is acting as a “friend” to members in her cultural community, within the “Family Friend or Neighbor” spectrum.

### **CASE 8: The Dyad.**

The dyad consists of two case studies, a parent of two young children (White), one of whom was born during the case study process, and the children’s caregiver (White), who is her husband’s grandmother. The great-grandmother has a tradition of providing care for her family; she is “family” within the “Family Friend and Neighbor” spectrum. When her grandson and his family moved into this area, she started providing care for their son. The son is now in prekindergarten but is cared for by the great-grandmother when care is needed. During the study, the parents had a new baby; the great-grandmother began providing care for the baby during the interview process. The great-grandmother does not receive compensation for her time; the parents provide supplies for the children.

The mother is an experienced kindergarten teacher. She and the great-grandmother communicate frequently about the children’s needs. However, the mother leaves many aspects of caregiving

to the great-grandmother’s discretion and judgement. The familial tradition of caregiving means that there is a strain of continuity across generations with regard to child rearing. The great-grandmother uses the daily activities of the home as child development opportunities.

### **CASE 9: The Godmother-Babysitter.**

The caregiver (African-American) grew up in Winston-Salem and is a parent of a young child. She has a big extended family, including three siblings. The caregiver recently relocated to another state so that she could receive more support from her parents. She also receives emotional support from her network of friends, including two friends who were new or expectant mothers. The caregiver is godmother to a child who lives in North Carolina and she provided care for him, especially when his mother needed to work. The caregiver also provided babysitting for three children while she was in college. The caregiver might still be providing care for these children if the pandemic hadn’t emerged. She may be considered “family,” for the care she provided to her godson but the care she provided as a professional babysitter may fall in to a different category of caregiver.

The caregiver has enjoyed caring for young children from a young age. Sometimes she receives compensation and other times she provides care based on her relationship with the family and because she enjoys it.



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# CHARACTERISTICS OF FFN CARE

*(numbers in parenthesis refer to cases)*

## Personal Connections

The caregiver is often motivated by a desire to help out a family member or friend. In each case, the caregiver knew the parents for at least some of the children and families whom care was provided. In a number of cases, the caregiver also recounted a time when she cared for a family that she did not know as well, but that was not as common.

Caregiving often is part of the caregiver's identity (8). This is common, for example, when grandmothers are caring for grandchildren or aunts are caring for nieces or nephews. For some, caregiving began at an early age, when the caregiver herself was younger and charged with caring for siblings or the children or siblings or when the caregiver worked as a babysitter (2, 7). Caregivers may receive personal fulfillment from the care they provide (3, 7). This is to say, caregivers are fulfilled by the ability to care for children, their family, or their friends. This may, in part, be part of the motivation to provide care, helping to explain why caregivers are willing to accommodate a lack of compensation.

Another personal connection from FFN caregiving is the relationships between the children and their cousins or the children of the caregivers (1, 2, 9). This, for example, emerges when the caregiver is the aunt or when the caregiver wants to stay home to care for her own children. Close and caring relationships also can emerge when caregivers are bonded through non-families (9) or cultural (7) ties. One example of the close ties that emerge are the special names that children will at times have for their caregivers (1, 4) such as "ti-ti." In one case, the children called the caregiver "mama."

The connections between caregiver and children were examined in more detail through the Modified Caregiver Child Interactions Survey, which was completed by all ten participants.<sup>2</sup> In this online survey, participants were asked to rate how frequently they engaged in different activities or strategies to support interactions with children and families. The summary in Table 1 contains the nine non-parental caregiver responses. As shown, some of the activities caregivers engage in multiple times per day that promote interactions (that in turn promote strong caregiver-child relationships) include:

- Speaking warmly to children.
- Seeking out opportunities to positively acknowledge children.
- Interacting with children during the day.
- Making sure children know they are valued.
- Engaging children in conversation, asking about their interests and preferences.
- Spending most of the time engaging with children.
- Giving children hugs or other signs of affection.
- Using a friendly tone when speaking.
- Allowing and encouraging children to express their feelings.
- Encouraging children to think for themselves.

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<sup>2</sup> The Modified Caregiver Child Interactions Survey was developed from the Caregiver Child Interactions Survey, Carl, B. (2010). Child Caregiver Interaction Scale (CCIS). Revised Edition.

**Table 1: Modified Caregiver Child Interactions Survey**

(Nine non-parental responses; table organized in order of frequency of behaviors)

	More than once a day	Once a day	A few times a week	A few times a month	Not Applicable
<b>All Respondents Use Multiple Times Each Day</b>					
Speak warmly to children.	9	--	--	--	--
Seek out opportunities to positively acknowledge children ("Catch them being good").	9	--	--	--	--
Interact with children during the day.	9	--	--	--	--
Make sure children know they are valued.	9	--	--	--	--
Engage children in conversations, asking about their interests and preferences.	9	--	--	--	--
Spend most of the time engaging with children.	9	--	--	--	--
Give children hugs or other signs of affection.	9	--	--	--	--
Use a friendly tone when speaking.	9	--	--	--	--
Use clear, one step directions.	9	--	--	--	--
Explain the reason for things (e.g., explain why there is a rule).	9	--	--	--	--
Encourage children to think for themselves.	9	--	--	--	--
Show children how to use the play material(s).	9	--	--	--	--
Allow children to express their feelings.	9	--	--	--	--
Treat parent or caregiver preferences with respect.	9	--	--	--	--
Encourage children to express their feelings.	9	--	--	--	--
<b>All Respondents Use At Least Once Daily</b>					
Make sure behavioral expectations are clear and consistent.	8	1	--	--	--
Tell children you appreciate their efforts.	8	1	--	--	--
Teach children proper handwashing techniques.	8	1	--	--	--
Avoid labeling a child as good or bad; speak instead to their behavior.	8	1	--	--	--
Involve children in establishing rules. (N/A for infants & toddlers).	8	1	--	--	--
Make sure the children are obedient.	8	1	--	--	--
Check for clarification when talking to children. Make sure they understand what is being said.	8	1	--	--	--
<b>All Respondents Use At Least A Few Times Each Week</b>					
Use good health practices (e.g., good handwashing, spraying down surfaces).	8	--	1	--	--
Stay involved with children during routine activities.	8	--	1	--	--
Get on children's level to establish eye contact when talking with them.	8	--	1	--	--
Have conversations with children occur throughout the day.	8	--	1	--	--
Actively engage in children's play with them.	8	--	1	--	--
Uses positive reinforcement to encourage good behaviors.	7	2	--	--	--
Give each child some one-on-one attention.	7	2	--	--	--
Become or stay actively involved with children's activities.	7	1	1	--	--
Emphasize good nutrition and health.	7	1	1	--	--
Stay present (e.g., in the room or general area) the majority of the day.	7	1	1	--	--
Spend time playing with children.	7	1	1	--	--
Celebrate diversity in families and use it as a basis of learning.	7	1	1	--	--

Have face-to-face communication with children's parents or other caregivers.	6	3	--	--	--
Plan activities or experiences that will engage the children's interest.	6	2	1	--	--
Give children control over their own materials.	6	2	1	--	--
Allow children to select materials for play.	6	2	1	--	--
Give children choices or options in the activities and materials.	5	3	1	--	--
Do safety checks, both indoors and out, several times a day.	5	3	1	--	--
Work in partnership with the parent or caregiver to support children's development.	5	2	2	--	--
Show children how you would like them to play.	5	2	1	--	1
Follow a planned schedule for things like eating, activities, napping, etc.	4	4	1	--	--
Think about children's preferences when planning activities.	4	3	2	--	--
Use parent's or caregiver's knowledge of children in planning activities.	4	2	3	--	--
<b>All Respondents Use At Least A Few Times Each Month</b>					
Plan activities that are culturally-responsive or celebrate diversity.	6	1	1	1	--

The relationships between parents and caregivers also were explored, using the Modified Parent Caregiver Relationship Scale.<sup>3</sup> Table 2 presents findings from the survey, for eight caregiver respondents.<sup>4</sup> The areas in which there was strong agreement indicate that caregivers have a good foundation for working with individual families to care for their children:

- I have a great deal of personal respect for the parent(s).
- I like to work closely with the parent(s) in order to gain a better understanding of their child for whom I provide care.
- The parent(s) and I almost always agree about how to care for or handle their child.

3 The Modified Parent Caregiver Relationship Scale was developed from the Parent-Caregiver Relationship Scale, James Elicker, Illene C. Noppe, Lloyd D. Noppe & Cheryl Fortner-Wood (1997) The Parent-Caregiver Relationship Scale: Rounding Out the Relationship System in Infant Child Care, Early Education and Development, 8:1, 83-100, DOI: 10.1207/s15566935eed0801\_7

4 One respondent submitted more than one survey response, and the responses to individual items varied across submissions. This survey was excluded from the summary.



**Table 2: Modified Parent Caregiver Relationship Survey**

(Eight non-parental responses; table organized in order of strength of agreement)

	Strongly Agree	Agree	Disagree	Strongly Disagree	Unsure	N/A
<b>Responses with Consistent Levels of Agreement or Disagreement</b>						
I have a great deal of personal respect for the parent(s).	8	--	--	--	--	--
I like to work closely with the parent(s) in order to gain a better understanding of their child for whom I provide care.	8	--	--	--	--	--
The parent(s) and I almost always agree about how to care for or handle their child.	8	--	--	--	--	--
If there was a problem, the parent(s) and I always talk about it soon.	7	1	--	--	--	--
I truly value the parent(s)'opinions on most matters.	7	1	--	--	--	--
The parent(s) and I really seem to value our relationship with each other.	7	1	--	--	--	--
I really like the parent(s) as a person and enjoy being around him or her.	7	1	--	--	--	--
I trust that the parent(s) of the child I am caring for will tell me important things about their child or child(ren).	6	2	--	--	--	--
My communication with the parent(s) is always very open and honest.	6	2	--	--	--	--
The parent(s) gives me valuable suggestions and advice about working with their child.	6	2	--	--	--	--
I admire the way the parent(s) are raising their child.	6	2	--	--	--	--
If the parent(s) had a problem, I would make an extra effort to try to help him or her out.	6	2	--	--	--	--
Sometimes I don't respect the parent(s) opinions about childrearing especially when they differ from mine.	--	--	2	6	--	--
The parent(s) and I usually agree with how and when to handle inappropriate behavior.	5	3	--	--	--	--
The overall approach of the parent(s) to raising young children closely matches my own.	5	3	--	--	--	--
The parent(s) make an effort to ensure I have the materials and supplies that I need to work with their child.	5	1	--	--	--	2
The parent(s) is a source of information about child development for me.	4	4	--	--	--	--
The care I provide is responsive to the child/parent/family's culture, values, and traditions.	4	4	--	--	--	--
When the parent(s) and I have a problem, we typically don't discuss it.	--	--	4	3	--	1
<b>Responses with Mixed Results</b>						
I feel like the parent(s) and I have different values concerning how to best meet their child's needs.	1	2	1	4	--	--
It is important for me to provide care in the child/parent/family's preferred language.	5	2	--	1	--	--
<b>Responses with One or More Respondents Reporting Uncertainty</b>						
The parent(s) is someone I can rely on if I need help or support.	6	1	--	--	1	--
The parent(s) and I seldom take time to discuss their child's care.	1	2	--	4	1	--
The parent(s) does not seem to be interested or concerned about me.	1	--	1	5	1	--
I am interested in what is going on in the parent(s) life.	1	5	--	1	1	--
When I need help, I know that the parent(s) would go out of her/his way for me.	5	1	--	--	2	--
I consider myself a partner to the parent(s) in raising their child.	6	1	--	--	1	--

## Flexibility

FFN care may be provided on days or hours or for an extent of time that isn't available in licensed and regulated care. In some cases, this provides the flexibility that the caregiver wants (1). In other cases, it accommodates the caregiver's schedule (2) or the parent's schedule or needs (3, 4, 6). Flexibility includes extended care, such as care available for the majority of the hours in a day (4) or for irregularly scheduled periods of time (6).

## Traditions and Cultural Congruence

FFN caregiving can be an opportunity to maintain traditions or cultural heritage. This can be an overt agreement as with parents and caregivers who agree on shared practices (2). This also can be accomplished by providing care in the family's native or preferred language (2, 7). Other examples include the sharing of traditional foods (4). In addition, FFN caregiving is defined by its informality and lack of boundaries between the caregiver's different identities (friend, family member, caregiver, etc.) This means that caregivers often are part of children's lives for different events and milestones, including birthdays (2) or celebrations. Caregivers also may be members of the parent and child's other social networks such as church parish or peer group. The blurring of identities is another characteristic of this form of care.

The Modified Caregiver Child Interactions Surveys asked participants to indicate how frequently they incorporated culturally-responsive activities into their caregiving schedules. As shown in Table 1, at least a few times a week respondents reported *celebrating diversity in families and use it as a basis of learning*. At least a few times a month, respondents reported *planning activities that are culturally-responsive or celebrate diversity*. Further, as reported on the Parent Caregiver Relationship Scale, respondents tended to agree or strongly agree that the care they provided was responsive to the child and family culture, values, and traditions. There was only one (strong) disagreement that it is important to provide care in the child and family preferred language. Respondents did report that attention to cultural traditions or preferences is important. To wit, responses on the Parent Caregiver Beliefs Survey (Table 3) show that caregivers generally thought it was important that a child *be taught their culture through food, song, dance, etc. or be taught family history and traditions at home or with a caregiver*. However, not all respondents agreed it was important that a child *have books or movies with characters from the same race or culture*.

## Affordability

some caregivers receive payment (1, 5, 7) while other do not (2, 3, 4, 8). In some cases compensation is dependent upon the relationship between caregiver and parent (9). Some caregivers may receive supplies from parents (2, 3, 8) while others do not or do not receive supplies on a regular basis (4). In general, FFN care tends to be more affordable than licensed or regulated care, even when compensation is regulated through a third party (such as the use of a babysitting service, 9). Affordability isn't necessarily the sole factor that parents choose FFN care, however. Caregivers also suggested that feelings of trust and safety are primary motivators for parents. Also, caregivers suggested that children would get more individual attention with FFN care than they would in a classroom setting.

## Informality

FFN caregiving also was characterized by a lack of schedules or formalized elements of care. For example, some caregivers reported that they didn't play or use regular routines to schedule their days (2, 8). That stated, caregivers did report on regular activities with children that often matched those expected in licensed and regulated care: shared literacy, practicing the alphabet, practicing numbers, learning colors and shapes, having outdoor or gross motor play, singing, etc. What is absent are the administrative characteristics of licensed and regulated care: posted daily schedules and menus, fire escape routes, flyers and handouts for community services, etc.

## Home-based Learning

The first thing to note is that the children who are cared for either are or are treated like the caregiver's own children or grandchildren (2, 4, 8). This appears to occur in the absence of explicit communication between parent and caregiver, although some caregivers also described receiving requests from parents as to food, activities, and behaviors (1). What does appear to be common is that children often come to the caregiver's home and feel comfortable, as if they also were at home (4, 8). Second, caregivers use the home environment as the learning environment. This does not mean that the caregivers have miniature classrooms set up. Rather, the caregiver uses the routines of the day as learning opportunities (1, 2, 8). As noted above, caregivers tend not to have formal schedules for activities. Rather, children are incorporated to varying degrees in the business of the day, including cooking, cleaning, running errands, and so on.

The Parent Caregiver Beliefs Survey allowed the study team to explore the beliefs that caregivers relied upon in providing care.<sup>5</sup> This survey asked participants to indicate how important different activities or strategies were for raising children. The survey was completed by all respondents; the responses for the nine caregivers are presented in Table 3.

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5 The Parent Caregiver Belief Survey was developed from the HOME-SF. Home Observation Measurement of the Environment-Short Form (HOME-SF). Downloaded from <https://www.nlsinfo.org/content/cohorts/nlsy79-children/topical-guide/assessments/home-home-observation-measurement>

**Table 3: Parent Caregiver Belief Survey**

(Nine non-parental responses; table organized in order of degree of importance)

A child or children should...	Very Important	Important	Somewhat Important	Not Important	No Opinion
<b>All Respondents Agree it is Very Important</b>					
Read together regularly with one or more adults that care for them.	9	--	--	--	--
Have toys or games that they enjoy.	9	--	--	--	--
Eat together with their families or caregivers.	9	--	--	--	--
Be supervised by a parent or caregiver at all times.	9	--	--	--	--
Live and play in a safe environment.	9	--	--	--	--
<b>All Respondents Agree it is At Least Important</b>					
Have books that are the right age for them, to look at or read.	8	1	--	--	--
Hug their parent or caregiver often.	8	1	--	--	--
Be assisted in learning numbers home or with a caregiver.	8	1	--	--	--
Be assisted in learning letters at home or with a caregiver.	8	1	--	--	--
Be assisted in learning colors at home or with a caregiver.	8	1	--	--	--
Be assisted in learning shapes at home or with a caregiver.	8	1	--	--	--
Have a chance to go to events such as sports, art, dance, drama, museums, etc.	8	1	--	--	--
Develop hobbies or pursue things they are interested in.	8	1	--	--	--
Be told which behaviors will and won't result in punishments.	7	2	--	--	--
Receive one or two warnings before they are punished for breaking a rule.	7	2	--	--	--
Be taught their culture through food, song, dance, etc.	6	3	--	--	--
Get praised or rewarded when they behave well or as expected.	5	4	--	--	--
<b>All Respondents Agree it is At Least Somewhat Important</b>					
Talk with their parent or caregiver about their day.	8	--	1	--	--
Spend time with extended family members such as cousins, aunts, and uncles.	8	--	1	--	--
Be taught family history and traditions at home or with a caregiver.	7	1	1	--	--
Get out of the house four times a week or more.	6	2	1	--	--
Be given free time during the day to explore and choose their own activity.	6	1	2	--	--
Be disciplined when they break a rule.	5	3	1	--	--
Have chores or responsibilities around the house or at the caregiver's house.	5	3	1	--	--
Be given choices in what to eat at home or with a caregiver.	4	3	2	--	--
<b>Not All Respondents Agree it is Important</b>					
Go with their parent or caregiver to run errands, such as to the grocery store.	4	3	1	1	--
Have books or movies with characters from the same race or culture.	4	2	1	2	--
Be able to watch television or use the computer if they want to.	--	2	5	2	--
<b>At Least One Respondent Had No Opinion</b>					
Be taught religion and spiritual practices at home or with a caregiver.	4	3	1	--	1

Which of the following statements is the best fit for you?

- **I talk with my child's caregiver regularly to make sure my child (or children) are behaving the way I would like them to while they are being cared for. (n=9)**
- I talk with my child's caregiver whenever she asks me to, to make sure my child (or children) are behaving the way I would like them to while they are being cared for.
- I don't really need to talk with my child's caregiver about making sure my child (or children) are behaving the way I would like them to while they are being cared for.

Which of the following statements is the best fit for you?

- **Its important for my child or children to be exposed to different environments so that they can learn how to handle different sets of rules or expectations. (n=7)**
- Its important for my child or children to have consistency in their environments so that they can avoid being confused about rules or expectations. (n=2)
- I don't worry too much about my child's environment(s)—children are really good at fitting in wherever they are.

## Comprehensive Care

Caregivers described the different ways they supported child health and development. This included learning and motor activities (1), but also naps, toileting, and when necessary, bathing (2, 4, 8). In some cases, caregivers also described a time when they provided (or a willingness to provide) for other family needs, in times of emergency or just when the family needed help (2, 6, 8).

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## OPPORTUNITIES TO SUPPORT CAREGIVERS

### Activities

Caregivers varied with regard to their intentionality in using activities to support development. That stated, in each case the caregiver described the different activities used with children, at varying levels of regularity. Common types of activities included shared literacy (e.g., reading with children), learning letters, numbers or colors, conducting activities outside of the home (e.g., running errands), or engaging in gross motor or outdoor play activities.

Some caregivers reported that, upon completing the interviews, they had reflected upon their practices and were considering to improve their use of different activities. In addition, many of the caregivers reported a willingness to receive age- and developmentally-appropriate books for children, activity ideas, and supplies for different activities.

## Discipline

Caregivers described using different strategies to reinforce the behaviors they wanted in their homes. While the strategies varied, across case studies the caregivers may be using strategies that rooted in their family history or tradition. Some caregivers described using a timeout, while others indicating not using this technique or finding it effective. Another strategy was the use of incentives, which were described by a number of caregivers (in some cases, called “bribes”). One approach was “nalgadas,” which is loosely translated as a swat on the bottom. One caregiver remarked on her own development as a caregiver, and that she recognized that extreme reactions to child behavior were not effective. She now counsels other parents on disciplinary strategies. Other caregivers noted that parents sometimes tell them that their children are better behaved for the caregiver than they are at home. Caregivers described their processes for communicating desired behaviors and helping children learn their rules and expectations. Caregivers reported that they would communicate with parents about children’s behavior but might “gloss over” smaller incidents with children. If support were to be provided on disciplinary practices, it might be most effectively delivered in a peer group setting, where caregivers can counsel their peers on effective strategies.

## Environment for Learning

Multiple caregivers reported on the use of electronics in the caregiving day. For some, television is a constant element in their environment, and can be used to provide educational programming (in the form of Sesame Street, for example). Other described the use of electronic devices or tablets for facilitating child learning or for distracting children. Because of its prevalence, it may be helpful to provide support as to how best to use or limit access to electronics.

Caregivers also may have their own children in the caregiving environment or children of different age groupings. While some caregivers may have experience in caring for children across age groupings (e.g., from their own experience raising children), there may be an opportunity to support caregivers with strategies for ensuring all children are engaged in meaningful activities that are appropriate for their ages or strategies for promoting peer learning across age groupings.

## Routines

In general, caregivers did not tend to have formal routines, such that at 10 am children would have a snack and then at 11 am children would nap, etc. The caregiving day flowed in a less structured way, depending on the events of the day. To the extent that routines are beneficial for children and caregivers, there may be opportunities to help caregivers think about and establish more structure to their days in ways that support child development.

## Communicating with Parents

There was variation in the depth and openness of communication between parents and caregivers. It was common for caregivers to let parents know what happened that day. However, there wasn’t necessarily structure to the communications or prompts that ensured caregivers were giving and receiving important information from parents. One can wonder if the informality of the caregiving relationships, or the lack on compensation in some cases, creates constraints on communication, wherein parents may not make certain requests. Similarly, the familial or friendship relationship may place constraints on caregivers asking for



compensation or other necessary resources. For these reasons, guidance or support on handling difficult conversations may be helpful for some caregivers.

## Developmental Needs

Caregivers varied as to how they described a child's developmental stages but in each case recognized that children of different ages had different needs. In most cases, caregivers were relying on their own experience in picking child activities, although there were exceptions in caregivers that were in training or had received more formal education in health or child development. Caregivers were open to receiving support on activities; this support could include guidance on developmentally-appropriate activities for children of different age groups.

## Special Needs

Sometimes caregivers provide care for children with special learning, health, or developmental needs. Some caregivers reported that they already were working with local support groups that were helping them work with children who may have delays. However, parents are not always open to referrals. When this happens, the caregivers may benefit from additional supports that help them accommodate the needs or help them work with parents to follow-up on the needs (e.g., pursue formal diagnostics or treatment). Caregivers who do not have formal training or experience in identifying special learning or developmental needs may benefit from guidance; caregivers were open to opportunities to receive support from professionals when they had questions about child development.

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## REFLECTIONS

Upon reflection, the interview and case study process helped crystallized several emerging themes about FFN care. First, **FFN care is not necessarily a rejection of licensed and regulated care**. In fact, some caregivers and parents also were using licensed care. Rather, in some cases FFN care complemented other caregiving arrangements or provided care that met family needs.

Some caregivers gave their opinion that FFN care may be considered a safe form of care, in which children received the level of attention that they needed or could not otherwise obtain in formal care environments. Informal caregiving such as FFN care may promote bonding and trust that is highly valued by some families.

Second, **there still is much to learn about how FFN caregivers support families**. Feedback from caregivers and surveys indicate that some caregivers feel a bond and relationship with parents, such that caregivers might turn to these parents for help if it was needed (Table 2). The nature of FFN care is such that this type of bond between caregiver and parent may exist prior to and pave the way for the child caregiving to occur. There also is **more to learn about how FFN care differs from services such as babysitting and au pair/nannying**. These may be considered professional services that may differ from FFN care in the nature and depth of relationship between children, family, and caregiver. However, it is too soon to make definitive hypotheses regarding the difference in FFN and professional, home-based, services.

Third, **FFN care can be high quality that responds to multiple aspects of child development.** This stated, a study of FFN care may cause the larger community to reconsider what it means to provide high quality early learning. The presence or implementation of formal routines or paperwork will vary across caregivers. However, in FFN care, there are multiple opportunities for learning activities grounded in household and family activities, such as cooking, gardening, cleaning, and other household chores.

Fourth, **the strengths exhibited by FFN care can also bring challenges,** which deserve attention. For example, FFN care is characterized by the informality of its communications and expectations. This may support a natural flow of information and an environment in which a family can work with a caregiver to set its own expectations for care. That stated, there may be instances in which important information does not have a venue or “allocated time” for discussion. As a result, difficult topics (e.g., costs, concerns regarding child development) may not be (fully) addressed. In addition, parent and caregiver expectations regarding care may not always be developmentally-appropriate (e.g., disciplinary practices, diet, use of electronics).

The family setting can promote safety, trust, and holistic developmental experiences. At the same time, there may not be sufficient attention to child socialization and group experiences. In addition, the informal and home-based environment may be isolating such that there is insufficient attention to developmental needs. Without the structure of licensed care, FFN caregivers may lack the networks and resources needed to support children with special learning or development needs.

Finally, **FFN care is not going anywhere.** The tradition of seeking out and receiving support for child rearing greatly precedes more modern approaches to, government-supported, formal caregiving. This form of care is in many ways hiding in plain sight and a common experience across families, of every income, race, ethnic, or other characterization. The commonality of FFN caregiving may prove to be an asset as the larger community seeks out better ways to support families.

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