

The Invisible Work of Family, Friend, and Neighbor Caregivers and Its Importance for Immigrant and Dual Language Learner Families

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Executive Summary

Child care provided by relatives, friends, and community members in unlicensed settings makes up a large but often overlooked sector known as family, friend, and neighbor (FFN) care. Despite being the most commonly used form of child care across the United States, FFN care providers and settings are often unresourced, unsupported, and largely invisible in child-care policy conversations.

Increasing support for FFN caregivers is an important strategy for states and localities seeking to more equitably support immigrant and DLL families.

While many U.S. families rely on FFN care, it is particularly prevalent among immigrant and Dual Language Learner (DLL) families. Formal center-based child care is often expensive and frequently lacks the flexible scheduling options, multilingual staff, and culturally and linguistically responsive practices these families look for in a care provider. By contrast, FFN caregivers are far more likely to share a language and culture with the families of the children in their care, leading to an enhanced sense of trust and safety and offering a high-quality experience that is responsive to these families' priorities and

needs. For some families, parents' irregular work schedules and the high cost of licensed care may also mean that FFN care is their only feasible child-care option.

Young children of immigrants and DLLs possess many strengths, including their linguistic and cultural assets. However, considerable research shows that these children are less likely to access early childhood programs and subsidies than their peers, and points to gaps in later educational and other outcomes for these groups. There is thus a pressing need for early childhood programs that are responsive to this population's characteristics and needs. Increasing support for FFN caregivers is an important strategy for states and localities seeking to more equitably support immigrant and DLL families.

A. *FFN Caregivers and Barriers They Face to Accessing Support*

FFN care providers are disproportionately likely to be immigrants, Limited English Proficient (LEP), low income, and women of color. The majority remain unrecognized by state child-care systems, are unlisted in child care registries, and work without pay, and many experience food insecurity and other threats to their economic security and well-being. While some immigrant FFN care providers may seek a path

to professionalization and licensure, many do not desire or feel able to pursue this option. Regardless of this choice, adequate compensation for the true cost of care is important for both caregivers' well-being as well as their capacity to provide nurturing and responsive care. At the same time, many families are unable to realistically shoulder this cost, pointing to a critical need for public support.

FFN care providers face significant challenges in accessing the resources and support they need to thrive in their work, and this is particularly true for immigrant and LEP providers. The federal Child Care Development Block Grant (CCDBG) is the primary source of support through which families and providers receive child-care subsidies, but only a small percentage of these subsidies reach FFN care providers relative to the size of their role in the child-care sector. FFN caregivers who speak a language other than English, moreover, are less likely to receive subsidies than their English-speaking peers. Similarly, while the federal American Rescue Plan, a COVID-19 stimulus package passed in 2021, has language that is inclusive of both licensed and unlicensed FFN care providers, few states are investing significantly in this sector—a particularly striking omission, given how critical such caregivers have been to many immigrant and DLL families and the U.S. economy during the pandemic, enabling parents to continue working even as many formal child-care centers closed.

Structural barriers in funding and regulatory systems can also contribute to the lack of support for FFN caregivers. The mainstream organizations that traditionally receive state and federal funding to support child-care workers, such as child-care resource and referral agencies, may be disincentivized from working with immigrant and LEP FFN caregivers due to policies that tie funding to the number of licensed providers they support. Meanwhile, small community-based organizations (CBOs) that have the diverse staff, linguistic and cultural skill sets, and commu-

nity relationships needed to work effectively with immigrant FFN caregivers are less likely to receive sustained public funding because these funding streams do not recognize the unique value of these strengths and capacities. In addition, laws in some states that threaten punitive action against unlicensed child-care providers can further the isolation of certain segments of the FFN caregiver population, including unauthorized immigrants who may be unable to seek licensure but provide valuable care to their communities nonetheless.

B. Promising Practices and Opportunities for Action

Opportunities to improve equity in child-care systems by supporting immigrant and DLL families and the FFN caregivers who serve them include:

- ▶ reducing legislative and administrative barriers to child-care subsidies and other critical public supports for immigrant and other FFN care providers, including by simplifying application processes and providing meaningful language access support;
- ▶ supporting CBOs that are working successfully with immigrant and LEP FFN caregivers, and promoting the expansion and replication of effective strategies;
- ▶ funding home visiting services as a strategy to support immigrant and other FFN care providers alongside the children and families they serve;
- ▶ increasing federal child-care funding with explicit guidance for states to invest in supporting FFN care providers;
- ▶ improving data systems and promoting research to highlight equity gaps in early

childhood systems affecting immigrants and other populations as a way to promote accountability and responsive policy changes; and

- ▶ expanding the visibility of the FFN care sector by including FFN caregivers and families who rely on them in early childhood policy conversations.

Young children in immigrant families comprise a sizeable proportion of all young U.S. children, and FFN caregivers provide vital support to them and their families. Elevating attention to this valuable form of child care and making significant investments to ensure that caregivers have the capacity and resources to offer a high-quality, nurturing environment are thus important strategies for addressing inequities in the early childhood system.

1 Introduction

One in four young children (ages 5 and under) in the United States lived in an immigrant family as of 2013–17,¹ and one in three was a Dual Language Learner (DLL), meaning they had at least one parent who spoke a language other than English in the home. These children are disproportionately likely to be in family, friend, and neighbor (FFN) care rather than in formal center-based child care. This sector is thus critical for the well-being and future outcomes of this sizeable population of U.S. children.

The child-care system in the United States has historically failed to adequately serve many families due to its high costs and limited availability, with low-income families most likely to struggle to find options that suit their needs. Existing public support for child care is highly limited, reaching only a small fraction of the eligible population. For this and other reasons, FFN care is the most commonly used form of child care among all families across the United States by far. However, FFN caregivers are largely un-

BOX 1 What Is Family, Friend, and Neighbor Care?

FFN care is a subset of what is known as family child care (FCC), which includes any child-care arrangement provided by caregivers in their own home, as opposed to a designated child-care center. FFN care providers typically include relatives, friends, neighbors, grandparents, *comadres* (godparents), and other adults caring for children in their homes.

Unlike formal child-care providers, who must be licensed, FFN providers have some flexibility and can operate with or without a license, depending on their state of residence. Regulations for FFN care vary significantly across states. For example, five states allow caregivers to provide license-exempt care if they watch fewer than five children at a time, while four states permit up to six children. In three other states, there is no limit on the number of children, provided they are all from the same family (even if they are not related to the caregiver). As the hidden backbone of many communities, providing affordable and high-quality child care for working parents, FFN care providers make it possible for families to pursue job opportunities while their children are well cared for.

Sources: Kathleen Snyder, Sara Bernstein, and Gina Adams, *Child Care Vouchers and Unregulated Family, Friend, and Neighbor Care* (Washington DC: Urban Institute, 2008); Maggie C. Kane et al., *Promising Practices in Policy for Home-Based Child Care: A National Policy Scan* (Washington, DC: Home Grown and Child Trends, 2020).

resourced, unsupported, and invisible in child-care policy conversations.

For immigrant families in particular, FFN care may be the first choice because it offers a familiar and reliable option. Formal institutions may seem unappealing or inaccessible due to bureaucratic barriers or a lack of linguistically and culturally relevant services. For many, FFN care may also be the only realistic choice due to constraints of affordability—or even availability. Areas where relatively large numbers of immigrant families reside are 13 percent more likely to be considered “child-care deserts” that lack formal

child-care options, compared to areas with fewer families with foreign-born parents.² Since early 2020, many have also been compelled to turn to FFN care as a result of the COVID-19 pandemic, which significantly limited care options even as parents needed to continue working in order to sustain their families.

Overall, a disproportionate share and significant majority of immigrant and DLL families rely on FFN care, and are therefore unlikely to benefit from the limited but growing public investments being made to assist families in accessing high-quality center-based care for their children. Ultimately, the invisibility of FFN caregivers and the associated lack of research and policy focused on the quality and nature of the care that many children in immigrant families receive contributes to major racial inequities in the U.S. child-care system; in short, many families who are furthest from educational justice are not benefitting from public investments that might help address such disparities. The lack of support flowing to FFN caregivers creates gaps in quality of care that can negatively affect the well-being and future outcomes of the children being served.

The invisibility of FFN caregivers and the associated lack of research and policy focused on the quality and nature of the care that many children in immigrant families receive contributes to major racial inequities in the U.S. child-care system.

A wide, well-established research base clearly demonstrates the importance of investing in high-quality early childhood services to advance children's long-term educational success and well-being. As the United States seeks to rebuild its early childhood systems in a way that promotes eq-

uity, policymakers must understand and respond to the child-care choices immigrant and DLL families make.

This policy brief discusses the importance and benefits of FFN care for immigrant and DLL communities and the barriers that FFN care providers serving these communities face in accessing subsidies and other resources. Based on desk research and interviews with representatives of community-based organizations (CBOs) supporting FFN providers and other experts conducted in 2021, the brief points to policy implications as well as promising practices and policies from several states that could be expanded and replicated to effectively support immigrant-serving FFN care providers and the many families they work with.

2 Who Uses FFN Care?

Because of the high cost of care, a lack of multilingual staff, rigid schedules, and limited programming that is culturally and linguistically responsive, formal child-care centers historically have not fully met the needs of immigrant communities, and particularly low-income immigrant communities. While culturally and linguistically responsive, formal child-care centers do exist, access to such programs is constrained by limited availability and relative unaffordability. And with access to equitable and high-quality formal child-care centers a persistent problem, research suggests that FFN care has long been a crucial piece of the U.S. child-care system that helps to fill the significant gap in child-care options.³

Known for its accessibility, flexibility, and affordability, FFN care is by far the most common form of nonparental care in the United States, even as it has limited visibility in early childhood policy discussions. It is estimated that 60 percent of children in the United States, or approximately 5.2 million children, are in FFN care.⁴ Of these children, research

estimates that 31 percent are Black, 25 percent are Hispanic, 23 percent are Asian American or Pacific Islander, and 23 percent are White (non-Hispanic),⁵ highlighting the racial and ethnic diversity among those who rely on FFN care. Data also suggest that children of low-income, foreign-born, and Limited English Proficient (LEP) parents are significantly less likely than their peers to have a regular nonparental care arrangement outside of their homes,⁶ indicating that many of these children are likely cared for by an FFN care provider.

Many immigrant families report choosing to rely on family, friends, and neighbors for child care not only because it is accessible, flexible, and affordable but also because it offers high-quality, culturally and linguistically competent care that meets their specific needs and preferences.⁷ With FFN care providers far more likely to share the values and heritage of their communities, it is perhaps not surprising that families feel more satisfied with their services.⁸ For example, according to a study in Illinois, immigrant families report not only trusting FFN care providers to help keep their children safe but also believing that they can help their children develop a positive cultural and linguistic identity.⁹ In many cases, traditional measures of quality used in formal child-care and early learning systems fail to account for these critical elements that many immigrant families view as priorities.¹⁰

In addition, many immigrant parents working nontraditional hours have long utilized FFN care because other child-care solutions are not flexible enough to accommodate their schedules.¹¹ The challenging conditions created by the COVID-19 pandemic, with many formal child-care centers temporarily or permanently closing their doors due to safety concerns and a lack of sufficient funds, have only increased the number of families who rely on FFN care providers. Since September 2020, the percentage of households using FFN and other home-based child care has exceeded pre-pandemic levels.¹² Addi-

tionally, FFN care is uniquely supportive of the needs of working immigrant families, who are over-represented among those working in “essential” sectors. Recent data suggest that one in four foreign-born parents of children ages 0 to 10 were employed in an industry essential to the pandemic response.¹³ In 2020, when the pandemic forced some parents, and particularly mothers, to leave the workforce in order to care for children at home, FFN care providers made it possible for immigrant parents to continue to participate in demanding, time-intensive jobs and provide for their families.

3 Who Provides FFN Care?

As of 2012, there were 3.77 million home-based providers caring for children under age 6.¹⁴ While data on the demographics and immigration status of the FFN caregiver population are sparse, research suggests that over the past ten years, much of the growth in the early childhood education workforce overall has occurred among new immigrant providers, who are significantly more likely to be employed in family child care than formal centers.¹⁵ Generally speaking, the early childhood workforce is highly stratified by race and ethnicity, with those in the field who have lower credentials and earnings more likely to be people of color compared to those with higher professional standing, who are more likely to be White.¹⁶ Approximately 30 percent of home-based providers overall speak a language other than English,¹⁷ but this is likely true of an even larger proportion of FFN care providers. For example, in a survey conducted by the National Women’s Law Center in 2021, which received approximately 338 responses from FFN care providers across six states, 64 percent of respondents were Spanish speakers.¹⁸

While FFN care providers—disproportionately immigrant and LEP women of color—provide a critical service to their communities, many bear steep finan-

cial burdens.¹⁹ Because many FFN caregivers provide child care out of a sense of familial or community duty, many offer their services free of cost. According to one study, from 2018, nearly three-quarters of FFN care providers were unlisted in child-care registries and working without pay.²⁰ Among those who are paid, the average price of care is just \$3.80 per hour,²¹ and many others work in exchange for goods or services in place of wages.²² At the same time, many FFN caregivers experience significant financial hardship. A 2021 survey, for example, found that 34 percent of FFN care providers were experiencing food insecurity.²³ Thus, there is an urgent need to increase support for these individuals who provide much-needed care to so many children.

While many FFN care providers are interested in becoming licensed, others see themselves as only temporary caregivers.

Policymakers often encourage FFN care providers to seek licensure as a way of both increasing the supply of licensed care and of increasing providers' wages. Yet, the preferences and needs of individual caregivers vary. While many FFN care providers are interested in becoming licensed, others see themselves as only temporary caregivers and are not interested.²⁴ Regardless of whether caregivers are seeking a route to licensure, however, adequate compensation that aligns with the true cost of care is important both for supporting caregivers' well-being as well as their capacity to provide nurturing and responsive care. Failure to invest sufficient public funds and other forms of support in FFN care provision comes at the expense of quality child-care environments for an enormous share of low-income children and children in immigrant families, as well as their caregivers' livelihoods.

4 Barriers Restricting Immigrant FFN Care Providers' Access to Resources and Support

FFN care providers—particularly those who are immigrants and LEP—face many barriers to accessing the resources and support they need to thrive in their work. Perhaps most importantly, they are not recognized by most policymakers as child-care providers in spite of the important role they play for families, communities, and the U.S. economy. Conversations about “child-care deserts” generally ignore the work of FFN care providers who are, indeed, providing essential child-care services, in many cases without recognition or pay. Among policymakers and administrators of child-care systems, the idea that FFN caregivers do not provide “real” child care persists despite the large share of U.S. children these caregivers serve. Several factors contribute to this situation. They include the lack of representation of FFN needs and voices in most conversations about state early childhood policies. State early childhood workforce registries—used to provide information about professional development and other workforce needs among early childhood workers—also have extremely limited information about FFN care providers, contributing to their invisibility within these systems.

As a result, child-care funding, for the most part, does not reach this segment of the caregiving workforce. State plans to disburse child-care relief and support under the *American Rescue Plan Act of 2021* demonstrate the impact of the relative invisibility of FFN caregivers within the child-care sector. Although the language of this federal legislation is inclusive of licensed and unlicensed FFN care providers, few states appear to be investing signifi-

cantly in FFN care through these funds despite FFN caregivers' major role in sustaining families and the economy during the pandemic.²⁵

This is part of a long-standing pattern of limited support for FFN caregivers. The Child Care Development Block Grant (CCDBG), which is the primary federal policy vehicle through which families and providers receive child-care subsidies and other support, provides few resources for this population. The reach of CCDBG is limited. One study estimated that only 8 percent of federally eligible children were participating in the program as of fiscal year 2016 due to insufficient funding.²⁶ Within this narrow reach, children in immigrant and DLL families are underserved relative to their peers,²⁷ and children in FFN care overall are also significantly under-represented. While FFN care is the most commonly used form of care in the United States, only 9 percent of children accessing CCDBG subsidies as of fiscal year 2016 were in FFN care.²⁸ In 2021, moreover, a study conducted by the National Women's Law Center found that surveyed Spanish-speaking FFN care providers were half as likely to be accessing subsidies as their English-speaking peers.²⁹ Research emphasizes that many FFN care providers are simply unaware of child-care subsidies, as well as of other resources and information that may be available to them.³⁰ This lack of awareness is likely compounded for speakers of languages other than English, and for those who have limited access to technology and internet connectivity.

Many states do make subsidies available to some degree for license-exempt FFN care providers, with several requiring background checks, fingerprinting, and CPR and/or first aid training in order to access this support.³¹ However, the amount offered by these subsidies to FFN caregivers remains extremely low relative to what is offered to providers of other forms of care. In Washington State, for example, the hourly subsidy rate for FFN care providers is \$2.65 per hour.³² While some compensation is better than

none, this amount is clearly insufficient to cover the true cost of the care provided, including the opportunity cost of providing care rather than seeking paid employment, nor can most of the largely low-income families relying on this care afford to shoulder this cost.

Many FFN care providers are simply unaware of child-care subsidies, as well as of other resources and information that may be available to them.

Structural barriers related to immigration status also contribute to the isolation and invisibility of some FFN care providers. While concrete data on the share of FFN care providers who are unauthorized immigrants are unavailable, many reports from the field suggest that such providers compose a substantial proportion of the FFN caregiver population.³³ Despite the fact that many families rely on these providers and are unable to secure child care elsewhere, many states prohibit FFN care providers who are unauthorized immigrants from accessing subsidies or from operating on a legal basis. Consequently, these caregivers generally provide this work without pay. In states such as Florida and North Carolina, which have threatened punitive action for FFN care providers who operate illegally,³⁴ some caregivers may experience considerable anxiety about performing this work, even as it is valuable to their communities. Some other states, by contrast, have taken steps to ensure that such providers are able to operate above board and access the resources they need to provide quality care and earn wages. Colorado, for example, passed a law eliminating lawful presence in the United States as a possible factor in determinations of eligibility for any state or local public benefit, including child-care subsidies for care providers, in its 2021 legislative session.³⁵

Beyond compensation and subsidies, many practitioners who work to support immigrant FFN care providers indicate that state policies and practices disincentivize child-care resource and referral agencies from helping such providers access the support they need to thrive, and to help the children in their care do the same.³⁶ For example, resource and referral agencies may be funded based on the number of licensed providers they support, creating a disincentive to undertake the often time-intensive work of supporting immigrant and LEP FFN care providers who are not seeking licensure but who could benefit enormously from professional development and other opportunities for connection and growth. The tailored, culturally and linguistically inclusive approaches that some organizations use to effectively engage immigrant FFN care providers are also likely to be underfunded and undersupported, if they are resourced through public funds at all. CBOs that have the diverse staff, knowledge, relationships, and skills needed to work well with this population often have difficulty securing needed funds for their work due to structural barriers, including complex and rigid funding practices that do not prioritize these organizations' unique strengths.

5 Promising Practices and Opportunities for Action

Based on interviews and a scan of practices across the country, this section identifies several promising approaches and opportunities to improve support for immigrant FFN care providers, thereby expanding and promoting high-quality experiences for the large proportion of young children entrusted to their care. Promising practices address this need through multiple angles, including increasing access to quality and safety supports, improving remuneration regardless of a provider's desire to seek professionalization, and providing tailored, culturally relevant professional development and licensing options.

A. *Reduce Legislative, Administrative, Language, and Other Barriers to Public Subsidies and Resources*

While federal funding streams such as CCDBG and relief bills such as the American Rescue Plan allow states to utilize funds to support FFN care, few have chosen to support this sector in a way that provides equitable assistance to families who rely on it. In many cases, state and local legislative and administrative barriers prevent immigrant and LEP FFN caregivers and the families they serve from accessing funding and other resources. As described above, several states bar FFN care providers who are unauthorized immigrants from accessing subsidies. Beyond taking legislative action to make support for FFN care more inclusive, as Colorado has done,³⁷ states, counties, and cities can support immigrant and LEP FFN care providers by simplifying application processes for subsidies and other resources.

In addition to child-care subsidies, FFN care providers may be unable to access programs that could offer critical nutritional support to the immigrant and DLL families they serve through the Child and Adult Care Food Program, depending on state policies. Easing state-level restrictions for this program and conducting outreach to immigrant FFN care providers could support them by providing reimbursements for the meals offered to children in their care and potentially improve these meals' nutritional quality.

Finally, LEP caregivers and immigrant families themselves face significant institutional language and cultural barriers that can prevent them from accessing resources and support. Meaningful and comprehensive language access is needed to make information and resources available. At the state level, information about subsidies available to FFN caregivers is rarely translated into Spanish, and even more rarely into less common minority languages, even as they

are increasingly prevalent across states and communities.³⁸ And even when this information is translated, some immigrant and LEP caregivers' limited access to the internet and digital devices renders this information difficult to find in the absence of meaningful community engagement and outreach. CBOs such as the ones discussed below often undertake the skilled, relational work of filling these gaps in state services.

B. Support CBOs Working Successfully with Immigrant and LEP FFN Care Providers and Expand Effective Strategies

In many states, CBOs have assumed the responsibility of training and providing general support to immigrant and LEP FFN care providers, both because of the important service FFN care providers offer their communities and the lack of state support for them. By embedding themselves within the community, hiring multilingual staff, and offering flexible class schedules, these initiatives have been successful in reaching FFN care providers and equipping them with supplemental training critical to ensuring a safe and high-quality learning environment for the children in their care. During the pandemic, many CBOs

have played a critical role in providing direct support to immigrant families often considered "hard to reach" by mainstream programs.³⁹

For example, Candelen, an Arizona-based group formerly known as Kith & Kin, has played a critical role in supporting FFN care providers thanks to its command of capacities and skill sets that governmental and other traditional institutions lack. By hiring staff who have experience with FFN care and centering participants' cultural and linguistic backgrounds, Candelen has been successful in reaching and supporting immigrant and LEP FFN care providers. Candelen offers a fifteen-week bilingual program that aims to improve the quality of child care through training that increases providers' knowledge and understanding of early childhood development as well as health and safety issues in child-care environments. In this way, Candelen has complemented the quality of care already being provided and equipped FFN care providers with the skill set needed to excel in their roles.

Candelen is not alone in its efforts to support FFN care providers. Organizations such as PASO in Colorado, La Red in Minnesota, and organizations implementing the Kaleidoscope Play & Learn program in Washington State, which also predominantly serve immigrant and LEP FFN care providers, have developed training programs focused on children's

BOX 2

Program Spotlight: Latinas Unidas por los Niños y Niñas de América (LUNA)

As more and more immigrant FFN care providers pursue licensure, organizations such as LUNA encourage and support informal, unregulated, or license-exempt providers who are Spanish speakers in obtaining licensure. By leveraging technology, LUNA aims to significantly increase the accessibility and scalability of its program. LUNA offers a ten-module prelicensing program called ESCALERAS that is aligned with Child Development Associate (CDA) standards and that not only meets but exceeds Child Care Development Block Grant requirements for licensing and operating a family child-care program. By training and supporting Latina FFN care providers, ESCALERAS aims to close significant equity gaps for Dual Language Learners who are growing in number across the country and who significantly underutilize child-care subsidies due in part to the type of unrecognized care many rely on.

Source: Author interview with Pilar Torres, President of LUNA, July 5, 2021.

safety and brain development. These programs also address caregivers' need for social connection and community, providing valuable spaces and opportunities for those who might otherwise be isolated to support one another in their work.

While not all FFN care providers wish to become licensed, organizations such as La Red and PASO offer tailored support and information about this possibility. PASO, for example, aligns its curriculum with Child Development Associate (CDA) requirements. Similarly, La Red models its training program on county licensing requirements. In this way, not only are these organizations able to immediately complement the quality of care that FFN caregivers provide, they also contribute to the supply of high-quality, linguistically and culturally responsive licensed care. Each of these organizations, however, is committed to supporting all FFN care providers (and the children in their care) regardless of whether they seek to continue on the path of professionalization.

A 2020 study found that slightly more than one-third of the surveyed FFN care providers had accessed some form of training, and less than 5 percent of these providers had received any kind of face-to-face support.⁴⁰ This suggests that the majority of FFN caregivers have not received training or support, pointing to an acute need to expand services that are successfully reaching these caregivers. Generally speaking, this same survey found that Spanish-speaking caregivers were considerably less likely to receive any kind of support than their English-speaking peers,⁴¹ and a similar gap may also exist for speakers of other languages. There is thus a particular need to expand supports that are accessible and relevant to immigrant and LEP care providers.

As FFN care continues to be the most commonly used form of child care in the United States, expanding support for CBOs through public funding is an important strategy to reach and support FFN care

providers through proven strategies. Many CBOs are well positioned to conduct outreach and are trusted members of their communities, and increased investments in their work and unique skill sets can increase child-care systems' capacity to serve immigrant FFN care providers and support them in providing the best care possible for the families they serve.

C. Fund Home Visiting to Support Immigrant and Other FFN Care Providers alongside the Children and Families They Serve

Home visiting, a proven two-generation program model that improves a wide range of outcomes for young children, is primarily viewed as a means of reaching parents alongside their young children. Yet it is also in many ways ideal for engaging and supporting hard-to-reach FFN caregivers and the families they serve. Immigrant and LEP FFN caregivers can face substantial hurdles to participation in traditional professional development opportunities, including transportation, child care for the children in their charge, and language and cultural barriers. And, as stated earlier, caregivers may not seek out these opportunities if they do not wish to pursue licensure.

The ParentChild+ program is a national model that successfully supports immigrant FFN caregivers alongside the children and families they serve. The vast majority of those reached through the program are immigrants and/or speakers of a language other than English. Through this program, FFN caregivers receive 48 home visits over 24 weeks during times when children are in their care. Caregivers are supported in using materials such as books, toys, and art supplies that promote early learning in a way that also supports home language development.⁴²

Home visiting offers another important advantage over other FFN service delivery methods as well: Because services are delivered in the home environment, they can engage and foster increased connection between FFN caregivers and the parents they work with, encouraging partnership and leading to a shared sense of the importance of the providers' work among all parties involved.⁴³ In this way, the whole ecosystem of care surrounding a child can be nurtured and supported.

Given that many FFN caregivers look after their own children alongside the others in their charge, visiting them at home may be especially beneficial.

Finally, leveraging home visiting to serve FFN caregivers would significantly improve the reach of home visiting initiatives themselves, which research has shown currently underserve DLL and immigrant families.⁴⁴ Given that many FFN caregivers look after their own children alongside the others in their charge, visiting them at home may be especially beneficial from a program efficacy and efficiency perspective, enabling home visitors to reach multiple families in the same visit.

D. Increase Federal Funding with Explicit Guidance for States to Invest in Supporting FFN Care

The U.S. child-care system as a whole is extremely under-resourced relative to families' needs. CCDBG serves a scant proportion of eligible families, and reimbursement rates, especially for FFN and other home-based care providers, are not sufficient to support a family-sustaining wage. And while FFN care is an allowable use of federal funds, few states choose to substantively invest in this sector. Indeed, some states do not provide any support for FFN care at all through federal child-care funds.⁴⁵ Additional invest-

ments, as well as pointed guidance specific to FFN caregivers that leverages the successful strategies listed above, are needed to connect providers and the families they serve with needed resources and quality supports.

E. Improve Data Systems and Research to Highlight Equity Gaps in Early Childhood Systems and Promote Accountability and Policy Changes

Developing and improving policies to support FFN care providers is difficult due to the scarcity of available data and research regarding these caregivers and their experiences. In most cases, early childhood administrators have scarce knowledge of how many FFN caregivers are working in their states, counties, or cities; what their experiences are; what languages they speak; which supports they are or are not accessing; and where they provide care. State early childhood departments and workforce registries could work to encourage and incentivize FFN care providers to participate in their systems (to the extent they wish to be involved), and this would contribute important information that could then be used to meet their needs. Additional research on the experiences, needs, and characteristics of this population would also aid in the development of policies to support this group and the families they serve.

Relatedly, due to the limitations of existing early childhood data systems, policymakers have very little information about the early childhood experiences of DLLs and young children of immigrants. While inferences about their families' disproportionate preference for FFN care can be made through existing research, important gaps remain. For example, very little is known about the experiences of DLLs in FFN care.⁴⁶ Additional information about the types

of care these families choose and their experiences with it could contribute to more equitable policy decision-making and accountability for this population. While some states have already made strides toward identifying DLLs in their early childhood systems, much work remains to be done to increase the visibility of this population.⁴⁷

F. Make the FFN Care Sector More Visible in Policy Conversations by Involving FFN Caregivers and Families Who Rely on Them

The FFN sector will continue to be an afterthought in early childhood policy conversations so long as it remains unrepresented in local, state, and national policy discussions. Ensuring that a diverse array of stakeholders have a meaningful voice throughout the process of early childhood policy development is necessary to move toward a system that recognizes and values the preferences and choices of the large proportion of families who opt for this type of care. Successfully including immigrant FFN caregivers and

the immigrant families who rely on them in such processes may require accommodations such as language access measures and stipends. Thus, engaging these communities must be central to planning at the outset and throughout the policy development process to build in the appropriate resources to promote success.

6 Conclusion

As this brief illustrates, there are a number of effective approaches that can improve support for FFN care providers and the DLL and immigrant children in their care. FFN caregivers, regardless of whether they see themselves as professional providers, have long played an important role in supporting families, communities, and society as a whole, and demand for their services is likely to remain strong. As public investments in early childhood systems expand to meet the needs of families, policymakers must recognize and support the critical role of FFN care. Expanding, replicating, and building on the strategies discussed here can help to ensure that immigrant families and others relying on FFN care are served equitably.

FFN caregivers, regardless of whether they see themselves as professional providers, have long played an important role in supporting families, communities, and society as a whole.

Endnotes

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