



FAMILY, FRIEND AND NEIGHBOR CARE: Achieving Healthy Child Development by Strengthening Families

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This policy brief is intended to help states build a coordinated and comprehensive early childhood system of policies, programs, and services that is inclusive and responsive to the strengths and needs of families in all their diversity. Additionally, the approach detailed in this brief effectively promotes healthy growth and development, preventing health disparities and the academic achievement gap, and prepares children for future success.



Family, friend and neighbor (FFN) care is the most prevalent form of “substitute care” for children birth to school-age.

Formal child care – child care centers, nursery schools, preschools, and licensed or registered family child development home care – play a significant but smaller overall role. For infants and toddlers (birth through age two), grandparents are involved in providing care for one in four children in the United States, while fewer than one in five are in a formal child care setting.

Many children receive care from other relatives or non-relatives in informal settings.

For preschoolers (ages three and four), more than two in five are in formal child care arrangements. Yet grandparents still are caregivers for one in five children, and relatives and non-relatives account for another large segment of care.

Family, friend and neighbor care from a child development perspective

The role of substitute care

When families seek someone to care for their infants or toddlers, they most often turn to grandmas. Family, friend and neighbor (FFN) care is the most prevalent form of “substitute care” for children birth to school-age. According to the most recent report from the Census Bureau, *Who’s Minding the Kids*, the majority of families with young children – particularly infants and toddlers – either provide care solely by themselves or draw upon family, friends, and neighbors for that care.

A preferred source of care for some families

While some of this choice is due to financial circumstances and ability to pay, family, friend and neighbor care is a preferred source of care for most families and in under many circumstances. When children are very young, parents – across income levels, cultural groups, and languages – want someone they trust to care for their child. They want someone

who knows and values their child, shares fundamental family customs and values, and can provide intimacy in providing that care.

Many families need care during nontraditional work hours and times – when formal care is generally not available. Family, friend and neighbor care is also commonly used when children have special care needs. Further, in many cultures, family elders have a much more prominent role as authorities and family decision-makers, particularly around child rearing and the transmission of language and cultural values, than they do in America’s dominant largely Western European culture.

For most parents and families, the first aspect of child care quality is that the care provider knows, values, and cares about their child. Formal child care arrangements can, of course, fulfill this role, but this aspect of quality is already embedded in most FFN care.

Current efforts to build early childhood systems have recognized the importance of family, friend and neighbor care to many families. However, most of the policy emphasis in building these systems has been on strengthening formal child care arrangements. States have the responsibility to license and register formal child care providers as businesses, and to ensure that they meet societal standards for health and safety. Particularly through quality rating and improvement systems (QRIS), states are seeking to improve the quality of care that children receive in those formal care arrangements. States are also establishing further expectations for promoting children’s healthy development and learning.

A need to enhance care

Some states are integrating family, friend and neighbor care into early learning quality improvement efforts, but have generally done much less to support FFN caregivers to enhance the quality of care they provide. In general, states have rejected the notion of “licensing” or “regulating” grandma and other FFN providers, recognizing that government should not intrude upon parental choice in selecting care for their children. However, federal law is explicit in enabling such caregivers to receive payments under the child care development block grant subsidy program. A significant portion of child care subsidies in many states go to unregistered, unlicensed providers selected by parents to provide care. Particularly in poor neighborhoods and communities, such subsidies can help otherwise financially strapped family, friend and neighbor caregivers make ends meet. This is true also for the families they serve.

A better way

From a child development perspective, the first years of life are critical ones. This time is especially important for stimulating healthy brain growth, nurturing language development, establishing attachments with caring and consistent adults, and exploring the world in safe environments. Young children do not develop in isolation, but require constant attention and response as they explore and grow.

Family, friend and neighbor care could simply be regarded as a marvelous benefit if all family, friend and neighbor caregivers not only had personal connections with the children and families in their care but also had the knowledge, skills, emotional well-being, time, energy, and resources to provide safe and developmentally stimulating environments. FFN would be one of the many important family and community resources that enrich life – and do not require policy action.



Unfortunately, however, just as many families struggle to make ends meet and to invest in and impart skills to their children, many family, friend and neighbor caregivers struggle as well. Families headed by lower-wage and lower-skilled parents with limited educational backgrounds are likely to have FFN caregivers with the same skills, income, and education backgrounds.

Immigrant families often are learning the culture and its expectations for educational and economic success in their new society at the same time they are seeking to impart foundational skills to their young children to live in that new society. They may have been raised in a world with very different expectations about education, and their children's FFN providers may be in a similar situation.

Many family, friend and neighbor caregivers are grandparents who are struggling financially, have physical or mental health conditions that compromise their activities, experience isolation without much contact with other adults, or simply find contributing to raising another generation a source of additional stress in their lives. There also can be generational issues, as the world facing their grandchildren may be quite different from the one their children faced as they were being raised.

Focus groups of FFN caregivers reveal that many feel challenged in relearning how to provide guidance and care in a much different world. They struggle with how to learn to use tools and technology that did not exist when they were raising their own children.

While many family, friend and neighbor caregivers provide wonderful care and most have the underlying attribute of truly valuing and loving the child in their care, too many struggle in their caregiving roles. Since this is a predominant form of substitute care in the earliest years, this also has consequences for

the healthy development of children – particularly for those most vulnerable to starting school or even preschool at a distinct disadvantage.

From a public policy perspective, to prevent these early readiness gaps and future educational achievement gaps, the question becomes:

- What can be done, as a society, to close the resource and opportunity gaps for children in FFN care?
- And what can be done to support and strengthen FFN caregiving without intruding upon the rights of families to select what they feel is the best source of care for their children?

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A framework for strengthening FFN care to achieve healthy child development

There is, of course, no “one size fits all” approach to strengthening family, friend and neighbor care. The diversity of such FFN caregivers is at least as great as the children and parents they serve.

Family, friend and neighbor care typically has been viewed as either an informal type of child care, as part of the social support system for families, or as both. Consequently, improvement strategies commonly involve opening access to materials, training, and/or technical assistance to improve the quality of FFN care or opening access to family support services to enhance overall family health and child development.

The framework in this brief integrates and expands these two approaches. FFN caregivers must be recognized and engaged on their own terms. This means they should have access to a full array of services and supports by broadening eligibility to existing programs and services generally designed for formal care providers. This also means that more informal public and private resources and activities should be developed or tailored to address the needs and interests of FFN subgroups.

Making these resources available, on a voluntary basis will then produce the following impacts:

- Family, friend and neighbor caregivers will connect with the opportunities that best suit their circumstances to meet their basic and social support needs. They will reduce their stress and isolation and improve their health and psychological well-being. Additionally, they will gain knowledge of child development and caregiving skills to improve the safety and quality of their care, better meet the needs of individual children, and improve the early literacy and learning environment for the young children in their care. Children cared for by FFN caregivers will receive more developmentally appropriate and enriching guidance to improve their health status, language and literacy skills, social skills, and social-emotional development.
- FFN caregivers also will reduce the stress experienced by parents or guardians and transfer knowledge about the child's development that enables parents or guardians to strengthen their nurturing role.
- Ultimately, FFN caregivers will more effectively promote child health and achievement.

of the child's family or at least considered extended family members, and this literature is relevant to FFN caregivers as well as to parents.



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Five protective factors to strengthen caregiving

This framework draws on the work of the Doris Duke Foundation's Strengthening Families through Early Care and Education, which has identified from the research field five key protective factors to preventing child abuse that are equally pertinent to improving overall healthy development of young children and their readiness for school. In essence, strengthening these protective factors strengthens parents' abilities to be their child's first teacher, nurse, safety officer, nutritionist, and guidance counselor:

- Parental resilience
- Social connections
- Concrete support in times of need
- Knowledge of parenting and child development
- Social and emotional competence of children.

While these protective factors were developed with strengthening parenting in mind, they can easily be adapted to apply to strengthening caregivers in their care-giving roles, as well. An adaptation of these protective factors is shown on the next page.

The adaptations show the importance of the five protective factors to family, friend and neighbor caregivers as well as to parents, but they also suggest that FFN caregivers not only may apply these to their own lives and relationships with the children in their care, but also to their relationships with the child's parents or guardians. FFN caregivers need resilience, social connections, concrete support, knowledge, and social and emotional competence in their triangular relationships with the child and with the child's parents.

The resiliency, reciprocity, asset, and risk and protective factor literature all point to the importance of strengthening families to ensure healthy child development. Often, family, friend and neighbor caregivers are part



By increasing eligibility and access for family, friend and neighbor care to:

Home visits with public health nurse and early childhood behavioral specialists
Depression screening and mental health care

Self-help networks
Play+learn groups and other fun and developmental activities and outings in community settings

Child development training and professional development resources
Parenting and grandparenting education
Individual and group sessions with child care coaches and parent educators
Adult basic education and early literacy programs

Public assistance and supports for meeting basic needs (WIC, SNAP, housing, emergency cash assistance)
Maternal and child preventive health care and developmental screening
Care coordination and referral to needed health and social services

Family, friend and neighbor care will:

Improve their own psychological and physical well-being
Increase their responsiveness and consistency of nurturing

Increase their own and their children's social support
Reduce isolation and stress

Increase their knowledge of child development
Improve their skills to meet social-emotional and special needs of individual children
Improve the safety and effectiveness of their home early-learning environment
Increase transmission of information to parents and guardians that supports the nurturing and guidance of children

Improve their own health and ability to meet basic needs

Children will improve their overall health and development, including:



This brings us back to the public policy question, but with additional context: What can be done to strengthen FFN caregiving, particularly through strengthening FFN caregiving protective factors?

While very few explicit public policies have been established to address these issues for FFN caregivers, a growing number of communities are creating programs and practices to strengthen FFN caregiving. (Minnesota, Washington, and Hawaii remain among the few states that have developed specific public funding support to address such care.)

The next section describes some possible resources and strategies for more effectively supporting FFN care. It is organized around the five protective factors, and outlines the potential early and intermediate outcomes for children associated with them that set the stage for school readiness as well as later accomplishments and school success.

The diagram, which follows, depicts the various opportunities and resources that can be made available to FFN caregivers, and the associated indicators for tracking progress in improving outcomes for FFN caregivers and the children in their care.

Resources and strategies for strengthening FFN care in ways children will benefit

Family, friend and neighbor caregivers' resilience

Motivational interviewing and appreciative inquiry often are viewed as first steps in fostering resilience in persons who are discouraged, stressed, and overwhelmed with day-to-day life experiences. Outreach and engagement of such individuals can start with home visiting and the development of a trusting relationship with a wise counselor who

understands the circumstances and stresses on the individual and still sees opportunities for growth.

For some, this requires persistent and creative outreach through trusted intermediaries and, if necessary, access to mental health services, where there is little existing hope or belief either in self or society. There is significant policy attention and financial support to develop home visiting strategies with public health and early learning specialists -- both through new federal funding and many existing state programs. Particularly for new parents, there is support to build these connections, as well as to establish parenting education programs and other family support opportunities for them.

“ There is significant policy attention and financial support to develop home visiting strategies with public health and early learning specialists... Screening for depression and other stressors that may inhibit healthy caregiving for optimal child development are also components of some nurse home visiting services. Similar approaches could be used or developed to strengthen the resiliency of FFN caregivers to ensure they are able to provide the consistent nurturing and responsive care that young children need to stimulate healthy brain growth and to establish secure attachments.

In fact, in states like California, Iowa, and North Carolina, which provide communities with flexible financing to support young children's development, there are projects that are geared specifically to supporting family, friend and neighbor caregivers -- particularly grandparents and relatives. These projects sometimes start with home visiting and often involve hands-on help by modeling care-giving practices with the child and the FFN caregiver together. In addition, states like Washington, Minnesota, and Illinois have supported community activities that bring FFN caregivers together in appreciative settings, such as Community Cafes, to both recognize their own value and see potential for growth.

Social connections

Just as families can be isolated from sources of support, family, friend and neighbor caregiving can be a solitary endeavor, where providers feel unconnected to others. Much of the caregiving occurs within either the caregiver's or the family's home, where only the caregiver and the young child are present. These can be isolating, as well as enriching, experiences.

At the same time, however, family, friend and neighbor caregivers often face similar challenges and can benefit and help one another. While they may feel they are the only individuals faced with a particular challenge, they really are not alone. In any neighborhood, there likely are other FFN caregivers with similar backgrounds that are facing similar challenges. Creating mutual assistance or self-help networks of FFN caregivers is one way to connect them. There often is a natural affinity among FFN caregivers and an opportunity to meet and share responsibilities when children are in care.

Senior centers and organizations also may have a lot to offer grandparents serving as FFN caregivers. In the San Francisco area, the Stuart Foundation established a very successful network of grandparents raising their grandchildren, which created stronger social connections that also built resiliency and improved the quality of caregiving. In Rochester, New York, child care centers have served as hubs for FFN caregivers in providing opportunities both to connect with one another and to receive child development information and support.

In Des Moines, Iowa, family, friend and neighbor caregivers and other family child development home providers were supported in their desires to get together regularly for half-social, half-informational gatherings, with funding for the information and training provided through a Reading First grant. These gatherings turned into regular meetings, in which participants exchanged information, provided direct educational tools for use in developmental activities with young children, and created a mutual



support system that also provided an advocacy voice for FFN care.

Hawaii's Good Beginnings' Play+Learn groups are a frequently replicated model for engaging family, friend and neighbor caregivers. In these groups, the children participate in play groups with children in community settings, such as churches or parks, or in licensed settings while the FFN caregivers, often along with licensed providers, share information and support each other.

An outgrowth of these efforts and activities has been the emergence of authentic leaders from within the family, friend and neighbor community who can help inform policymakers, administrators, and practitioners on how better to engage and respond to this caregiving community. When FFN caregivers reduce their isolation and gain social support, the children in their care also benefit, through a more enriched home environment as well as through greater opportunities to interact with peers and to improve their social skills. Children also gain an appreciation for themselves as part of their family and its traditions and culture within the larger society.

Concrete support in times of need

Many family, friend and neighbor caregivers are in the same economic circumstances of the families they serve. In poor, immigrant, and other under resourced communities, FFN caregivers often find themselves sacrificing to provide the child and family they serve with additional supports. Yet, they are often ineligible for public services and supports to which the parents may be entitled – including TANF benefits, WIC, SNAP benefits, housing assistance, and, in some instances, health care.

Even child safety-proofing their homes may be a challenge, let alone addressing environmental hazards such as lead paint or allergy-inducing molds. Again, there are steps that communities have taken to extend help to family, friend and neighbor caregivers and to locations where children spend a significant share of time, even if these are not in the child's own homes. Some communities and child care resource and referral (CCR&R) programs have developed home child proofing inspections and attendant complimentary electrical guards and fire extinguishers and car seats. These not only are of direct help to family, friend and neighbor caregivers and the children in their care, but they also help initiate relationships and connections of FFN caregivers with others in the community. Some communities have emergency pools of flexible funds to respond to unexpected needs, such as a ruptured sewer

line, a broken bed or crib, or a utility payment to avoid shut-off. Extending the availability of these beyond parents of children to FFN caregivers can avoid crises in providing FFN care that also can turn into overall child and family crises.



In Minnesota, for example, to comply with federal and state law, counties are required to provide authorized, legal unlicensed providers (i.e., registered FFN caregivers who go through background checks) *materials* on health, immunizations, nutrition, safety, early childhood development, and school readiness. The provision of these materials could be extended to all FFN caregivers and expanded to include providing outreach and access to preventive health care, developmental screenings, counseling and mental health services, and care coordination and referrals to other related services, not just materials. This would improve the health and well-being of the children while in FFN care.

Knowledge of developmentally appropriate care and child development

Generally, FFN caregivers appreciate information regarding the development of the children in their care. They welcome information that is:

- In a format that they can use (including the tools or resources they need to use it),
- Respects them in their role, and
- Makes their work more fulfilling and not simply more complicated.

Most FFN caregivers, however, view their role as a “voluntary” and not “professional” one. They are not looking for training or professional advancement as workers and programs in formal child care systems may be. They are looking for tips and insights on their particular child's growth and learning, and how they can support that growth.

One step that many child care resource and referral networks have taken is to open up any training and educational resources they provide to interested family, friend and neighbor caregivers. In some instances, CCR&Rs have developed particular resources and tools geared to FFN caregivers, including resources specifically focused upon what grandparents or aunts and uncles can do with their grandchildren or nieces and nephews.

Speaking directly to that special relationship helps to establish direct connections with many FFN caregivers, and it also can provide advice on how to serve the dual role of parent and grandparent in the caregiving process. Cooperative extension offices also have taken on this role, providing resources and advice.

Some states, like Washington, have been explicit in translating child development materials into multiple languages. The state has a large Pacific Northwest Native American population, which also has developed educational materials that reflect the culture and customs of that community, again with distribution throughout the tribal community and extending to FFN caregivers as well as parents.

Family Place Libraries have developed around the country to provide a wide array of programs, resource materials, and activities that support children, youth, and families. Libraries often represent a welcoming, safe and accessible gathering point for family-child activities.

Among their programs, some Family Place Libraries have created special activities for grandparents and their grandchildren or for other caregivers and the children in their care. In doing so, they often have enlisted the talents and leadership from those grandparents and caregivers in designing programs and activities that have particular relevance. The libraries have found this to be very effective in community outreach and overall support.

In Chicago and through Parent Action and the Community Organizing and Family Issues (COFI), family, friend and neighbor caregivers and other family home providers have been provided direct access to support through the statewide preschool program. There four-year olds in their care can participate in the preschool program four days a week (while the FFN caregiver retains any subsidy received for the child). On the fifth day the preschool teacher visits FFN caregivers and provides them with information and advice.

This has freed FFN caregivers to devote more attention to any infants and toddlers they have in their care while the preschoolers are away and provided additional overall support. This has also provided recognition for the work that family, friend and neighbor caregivers do through their involvement with the preschool program. It has created partnerships between the formal and the much more voluntary systems of care.

Moreover, several states, including Minnesota, have used the National Infant and Toddler Child Care Initiative strategic planning process and tools to create a plan for systematically supporting family, friend and neighbor caregivers within the early care and education system. Home visiting models, such as Parents as Teachers and Early Head Start, have been extended to home-based child care settings, including to FFN care.

Supporting family, friend and neighbor caregivers in their roles as caregivers and the child's "first" teacher, these visits usually include an activity with the child and the FFN caregiver, discussion of a child development topic, and a home safety check. Finally, among family, friend and neighbor providers with limited reading ability, extending eligibility to family literacy programs can help to improve the early literacy environment for children.

With each of these strategies, FFN caregivers are provided opportunities to better meet the needs of individual children. And children benefit by improving their language and literacy skills and overall development.

Social and emotional competence of children

As with other caregivers, FFN caregivers play a critical role in addressing any special needs that children in their care may have, whether physical, emotional/behavioral, social, or developmental. At the same time, however, most also have a close relationship with the parents that extends well

beyond the time they have children specifically in their care. Children need consistency and stability in their lives and can face significant confusion and stress when treated one way in the home and a fundamentally different way in care.

Typically, when professionals seek to address a young child's social and emotional needs, they work with the family. However, this usually does not include the family, friend and neighbor caregiver, even when the caregiver plays a prominent role in the child's care and guidance (which is the norm rather than the exception in many cultures).

For example, similar to licensed settings, FFN caregivers could have access to behavioral consultants for help with a child's challenging behaviors. Specialists could be available to work with FFN caregivers in assessing children's special needs and identifying ways to adapt the environment to meet those needs.

Within the child welfare system, there is growing use of family team decision-making to address issues of child maltreatment and safety. Parents not only participate themselves, but they include other significant people in their children's lives – most commonly grandparents, relatives and close friends with strong ties to their children.

These family decision-making teams then develop strategies to keep the children safe, with agreements regarding different roles. In these instances, family, friend and neighbor caregivers become integral partners – with clear roles and responsibilities and authority – in implementing the team decisions.

While a formal child care provider is sometimes involved in such decision-making, it is much more common for FFN caregivers to be involved and to take on significant new roles. In fact, development of Community Partnerships for Protecting Children, an initiative of the Clark Foundation, found that FFN

caregivers represented a key resource that was largely untapped in formal child welfare responses but that played a key role in long-term child safety and success.

In efforts to develop more effective responses across systems to address young children's social and emotional concerns, Michigan has pioneered an overall training and certification program on healthy mental development that is being replicated

and adapted in other states. There is work in developing analogous information and support for more voluntary and informal caregivers in the lives of children, as well.

At the community level, mutual assistance groups and networks have been developed to address specific needs, including support groups for families with a child with autism and families with a child with AD/

HD. This also includes national groups with local chapters such as Parents Anonymous and the Federation of Parents for Children's Mental Health.

Particularly when the FFN caregiver is a member of the family, encouraging and permitting FFN caregivers to participate – and in some instances having their own groups – represents an emerging area of promise for supporting FFN caregivers.

Finally, the Center for Law and Social Policy (CLASP) has described how to adapt or extend home visiting services to family, friend and neighbor caregivers, and has compiled an overview of models and partnerships that make these providers an integral part of improving the quality and continuity of interactions with children at risk of abuse or developmental delays. CLASP provides examples of home visiting models that provide a variety of services and support that can be used in FFN caregiving settings and that can support the caregivers, who may have their own separate health and social service needs, and the child in home environments (Johnson-Staub, 2012).

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With each of these strategies, FFN caregivers are provided opportunities to better meet the social-emotional and special needs of individual children. Children benefit by improving their safety, attachment, social-emotional development, and abilities to self-regulate their emotions.

Clearly, the description of activities within each of the five protective factor areas is somewhat arbitrary. Each is really a starting point for strengthening all protective factors for both family, friend and neighbor caregivers, and the caregiver's child and child's family. The preceding also has devoted most of its attention to FFN caregivers who provide care due to their close relationship with the child and family, and are not planning to make caregiving a career or occupation. In fact, some FFN caregivers start out in this manner and then find they can or would like to care for other children, as well.

Most of the activities described above also can benefit family, friend and neighbor child care providers, who may be unregistered and not participating in the state's formal child care system. There is not always a clear demarcation between FFN caregivers who are providing care for voluntary reasons and those for whom it is a source of income and job. At the same time, however, the great share of FFN care provided today falls much more on the voluntary, unpaid side, where additional support may be needed but where policies do not extend to a regulatory level. The examples of community and state policies and actions that can support FFN care described above relate to the more voluntary side of FFN care – but clearly can benefit more formal FFN care as well.

Conclusions

Many of the youngest children most in need of opportunities for healthy development and early learning, and at risk of school failure, are cared for by family, friend and neighbor caregivers who see themselves as just taking care of their grandchildren or helping out their neighbors.



Yet a quarter of children age five and younger in the United States are in poverty, and babies of color are a majority of all births. Strengthening FFN caregiving in ways that are inclusive and responsive to the strengths and needs of families in all their diversity is an urgent policy challenge. Health disparities and school readiness gaps will accelerate if more attention and investment are not provided to expand access to opportunities for FFN caregivers. Expanded opportunities will help them meet their own health and social service needs while improving the quality of their caregiving.

Policy dialogues must move beyond either demonizing family, friend and neighbor caregivers as inferior to licensed providers and center-based programs, or romanticizing their place in the realm of child care choices. This can produce gridlock, which fails either to provide the regulation and financial support needed for formal child care providers or the resources necessary to support informal care.

Policies, moreover, must move beyond simply integrating FFN caregivers primarily into formal

Who's minding the kids?

Sources of care for children 0-4 in the United States

Sources of care	0-2 year-olds	3-4 year-olds	0-4 year-olds
No other source of care	40.6%	35.9%	38.7%

Relative care other than parent

Grandparent	24.8%	20.8%	23.2%
Other relative	10.6%	10.9%	10.7%
Non-relative care	7.6%	7.2%	7.4%

Organized care facility	14.3%	38.3%	23.4%
Family day care	4.5%	4.2%	4.4%

Source: U.S. Census. *Who's Minding the Kids? Child Care Arrangements Spring 2010. Table 1A: Child Care Arrangements of Preschoolers Under the Age of 5 Living with Mother by Employment Status and Select Characteristics: Spring 2010.* Retrieved at: <http://www.census.gov/hhes/childcare/data/sipp/2010/tables.html>.

Note: No other source of care means not even the care that might be provided by a spouse. Figures for “parental care,” which involves one of the parents while the other works would raise this figure substantially. Figures add up to more than 100% because families may make use of more than one type of care. An organized care facility includes a child care center, a nursery school program, and a Head Start or preschool program.

DEFINITION:

Family, friend, and neighbor (FFN) care is regular care (generally, more than 10 hours per week) provided to a child because of the caregiver's close personal relationship with the child and family, usually without pay.

early learning efforts and offering them materials and training, to integrating them into a comprehensive early childhood system. Taking into account family and community connections in a cultural context, early childhood policies must recognize that FFN caregivers essentially have the same strengths and needs as the parents of young children in their fundamental role of raising healthy children.

In short, federal, state, and local policies must be shaped to make a difference in children's healthy growth and development, and there are public resources that can support and strengthen FFN caregiving. However, these involve additional approaches to those provided for formal caregiving – approaches that are more voluntary and enabling than regulatory and directive.

This bridge between the public and private or the professional and the voluntary or government and the family truly relates to providing opportunity and public access and support, not to engaging in social regulation and control.

States and the federal government are continually grappling with this issue as it relates to family policy – but often within an “either-or” context of whether policies should seek to regulate and control or take a hands-off policy. The Strengthening Families framework has helped to better define another public sector role that serves as a support to and not substitute for family. Communities and states have the opportunity to do the same as they define what their roles should be in supporting family, friends, and neighbors (FFNs) who also are playing critical roles in the care and development of the nation's children.

This approach also has strong implications to leadership and community building within poor, disinvested, and often immigrant and minority communities. Such FFN affinity-based networking and capacity development holds promise in creating more sources of leadership and social cohesion in neighborhoods and communities where social capital and pathways for human capital development most need support.

Protective factors for strengthening family, friend, and neighbor caregiving

Family, friend and neighbor caregiver resilience

No one can eliminate stress from caregiving, but an FFN caregivers' capacity for resilience can affect how the caregiver deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in everyday life. It means finding ways to solve problems. It means building and sustaining trusting relationships, including relationships with the child in your care and the child's parents or guardians. It also means knowing how to seek help when necessary.

Social connections

Peers, friends, neighbors, and community members provide emotional support, help solve problems, offer care-giving advice and give concrete assistance. Networks of support are essential to FFN caregivers and also offer opportunities for caregivers to "give back" and help one another in taking on the important FFN care-giving role. This reciprocity is an important part of self-esteem as well as a benefit for the community. Isolated FFN caregivers may need extra help in reaching out to build positive relationships.

Concrete support in times of need

Meeting basic needs for children in their care – food, recreational space, child safety features, books and other materials, cribs, etc. – is essential for FFN caregivers to fulfill their role. Likewise, when FFN caregivers encounter a crisis such as domestic violence, physical illness, mental illness or substance abuse – in their own lives or in the lives of the child's parents or guardians – adequate services and supports need to be in place to provide stability, treatment and help to get through the crisis. In the instance of parental crisis, FFN caregivers may require support to expand their own involvement and roles to ensure the most stability and continuity and support for the child.

Knowledge of developmentally appropriate care and child development

Accurate information about child development and appropriate expectations for children's behavior at every age help family, friend and neighbor caregivers see children in their care in a positive light and promote their healthy development. Information can come from many sources, including parents as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time FFN caregivers need it to understand the children in their care and put the knowledge to immediate use and that also helps to assist parents or guardians in their own parenting of the child. FFN caregivers who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children as they apply to caregiving. FFN caregivers who are bridging two cultures or languages may need help in translating experiences and providing bridges for the children and their families.

Social and emotional competence of children

A child's ability to interact positively with others, self-regulate behavior and effectively communicate feelings has a positive impact on the child's relationships with family, other adults, peers, and FFN caregivers. Challenging behaviors or delayed development create extra stress for FFN caregivers and for parents or guardians, and early identification and assistance that sets forward consistent strategies across parenting and FFN caregiving can help head off negative results and keep development on track.

Adapted from the Strengthening Families Protective Factors descriptions as applied to parents.

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About the BUILD Initiative

The BUILD Initiative helps states create comprehensive early childhood systems – coordinated, effective policies that address children's health, mental health and nutrition, early care and education, family support, and early intervention. BUILD's vision is at the center of an emerging and vibrant state-based policy movement in the early childhood development field. We work with those who set policies, provide services and advocate for our youngest children to make sure that they are safe, healthy, eager to learn and ready to succeed in school.



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