

Human Services Issue Brief

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Informal Child Care in Philadelphia

Informal child care, also known as family, friend, and neighbor care, is a critical component of the child care ecosystem, along with licensed, center-based care and home-based care (known as formal care). Informal care is, by some measures, the most common type of early care and education (ECE) in the United States.^{1,2} It is particularly common for infants and toddlers and for children experiencing poverty to receive care by informal providers.³ Millions of school-age children also receive care from informal providers when not in school.⁴

What is informal child care?

We define informal child care as care provided by someone other than a child's parent or guardian outside a licensed child care center or family child care home. The provider might be a family member, a friend, or a neighbor; the care might be regular or occasional; and it might take place in the home of the provider or the child. Other terms for informal child care are family, friend, and neighbor care; relative care; kith-and-kin care; and unlicensed, unlisted, or license-exempt care. ▲

We have limited information about informal care at the national level. In addition, details about informal care in Philadelphia, specifically, are sparse. Some communities in the city have limited formal care. Preliminary findings from a recent child care gap analysis suggests that the child care supply in Philadelphia was sufficient to serve nearly 88 percent of all children in the city, while high-quality supply was sufficient to serve 32 percent of children.⁵ With this data, it is reasonable to assume some families in those communities rely on informal care. In addition, more than 1,500 informal providers who are

related to the children they care for (relative providers) took part in Pennsylvania's child care subsidy program in 2020, though this is only a subset of the informal providers in the city.⁶

Research questions

1. What are the perceived benefits of informal care? Why do parents choose informal care, and why do providers offer it?
2. What types of quality do children experience in informal child care settings?
3. How do parents and informal providers perceive available resources, including the subsidy program?
4. Where do parents and providers go for support and information related to child care?
5. What are promising recommendations and approaches to support informal child care? ▲

The William Penn Foundation (WPF) has long been dedicated to building evidence, improving quality, expanding service, and supporting advocacy efforts that impact policy change to yield long-lasting educational improvements for Philadelphia's children. In December 2020, WPF engaged Mathematica to carry out the Informal Child Care in Philadelphia research project to learn about the city's informal care landscape and the networks and supports available to informal providers. The project also sought to identify opportunities for enhancing the quality of the care. COVID-19 provided an additional impetus to better understand issues relevant to informal care, with Philadelphia's formal child care centers closed or operating with reduced capacity. This brief summarizes findings from several formative evaluation activities that took place from February to August 2021.

What are the perceived benefits of informal care? Why do parents choose informal care, and why do providers offer it?

Parents, providers, and state and local leaders offered four main reasons for choosing informal care: (1) it is flexible, (2) it is affordable, (3) they trust their provider, and (4) it is more likely to meet their cultural preferences than other types of care. Providers described offering care to support families, friends, and neighbors, and about half mentioned financial reasons for providing care.

Study activities

Interviews with parents and informal providers.

Interview topics included perceptions of informal care, Pennsylvania's child care subsidy program, and resources and supports in the community, both existing and those wished for. The interviews also explored how COVID-19 influenced parents' use of informal care. The study included parents and providers in 16 Philadelphia zip codes. We invited parents and providers to participate in the study via social media posts and word of mouth. We also asked state and community leaders we spoke to as part of the study to share the invitation with the parents and informal providers they served or knew. We interviewed 12 parents and 13 providers from March to May 2021. In all but one case, parents and providers were not connected to one another.

Interviews with early child care state and local leaders of community-based organizations.

The leaders included early care and education experts who worked directly with issues of child care and early education in private and public sectors. They included leaders in the community that served several populations in Philadelphia, encompassing Latinx, African, Caribbean, and Indo-Chinese communities, as well as other American and immigrant and refugee communities. The purpose of the interviews was to learn about the prevalence of informal care among various groups, and the strengths and unmet needs of informal providers. In collaboration with local stakeholders we identified state and local leaders. We recruited them by email and phone and conducted nine interviews between February and August 2021. ▀

“They [the parents] know I’m always available if they need anything...she [one of the parents] was pregnant with her second child. Every time she [needed me], I dropped everything [to go care for the first child].”

–Informal provider

Informal care is flexible

Parents, providers, and leaders described informal care as more flexible and dependable than formal care because providers are available whenever parents need child care. Although the parents and providers we interviewed often had an established child care schedule, they reported that providers were willing to care for children outside of the scheduled time, such as when parents' work schedules changed, or during emergencies. Formal, licensed care often cannot offer families this same flexibility. This flexibility, as leaders noted, was especially important to families who earn lower incomes and work in industries with nontraditional work hours (for example, the health care and hospitality industries).

Parents need affordable child care

Parents who are unable to afford formal child care chose informal care because it is often low cost or free. Even when payment was expected, the cost was substantially less than what formal providers charge. One leader estimated that informal care can be “40 to 50 percent” less expensive than formal care.

“I can’t afford center care!”

–Parent

Parents trust informal providers

Parents, providers, and leaders agreed that trusting relationships between parents and providers were essential. Parents who used informal care said they felt more comfortable that their children were safe, loved, and well cared for with their providers than they would be with strangers in a formal child care program. Parents emphasized this point by sharing negative experiences they had in formal care that

involved children not receiving enough attention and experiencing other types of neglect. Providers, parents, and leaders said children benefited from loving relationships with their providers. For example, one provider said, "I love the bond that [the children and I] have." She said, "When I'm not with them, I miss them. That's one of the benefits of having relative care."

Parents want care that meets their cultural needs

Some parents said they chose informal care because they wanted their children to be cared for by someone who shares their culture. One local leader offered that in the African immigrant communities that their program serves, informal care is the preferred choice for this reason. Parents and state and local leaders noted that a shared culture is an important component of trust. For example, another key informant said that, for parents and children, having a provider who "speaks the same language as them, looks like them, and acts like them" builds trust, which enables providers, parents, and children to develop relationships faster and more easily. One parent shared how important it was to her that her children be cared for by a provider that spoke Spanish to help her children maintain their bilingualism in Spanish and English.

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Average parent and provider participant characteristics

- 12 parents and 13 providers participated.
 - The average age was 35 (based on 21 respondents).
 - 100 percent were female.
 - 32 percent were African American (based on 23 respondents).
 - 44 percent spoke languages other than English. After English, Spanish was the most common language spoken.
 - 48 percent had at least a college degree, 4 percent attended some college, 32 percent had a high school diploma/GED, and 8 percent had less than a high school education. ▲
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“Culture is huge. You can almost not even name all the impacts it has. That cultural piece is not as valued in Western society.”

–State/local leader

Providers are motivated to help their family, neighbors, and friends; not all providers are interested in making money or becoming licensed.

More than half of the providers we interviewed provided informal care to help their family, neighbors, and friends. They spoke about filling a need when parents needed to work, when formal child care programs were closed because of COVID-19, and when parents needed help with their children. Many providers expressed how much they enjoyed engaging with children and the unique perspective children brought to their life. One provider commented that she gets personal satisfaction from knowing she has an impact on the child’s life, such as by helping her with schoolwork. Another provider said she was motivated to help her daughter raise her grandchildren. She noted, “I want them to know who I am. I want to invite them in. Because they are my heart; they are mine.”

“This is the first time in my life where I love my job!”

–Informal provider

About half of the providers we interviewed mentioned the financial benefits of providing care. For some, it helped fill income gaps by helping them “make ends meet;” for others, it was a primary source of income. The majority of providers, however, were not interested in pursuing a career in child care, and only a few expressed interest in becoming licensed. For example, one provider reported that she was uninterested in licensure because she believed it had cumbersome requirements. She believed she would need to spend much money and time to ensure her home would pass inspections related to licensing and did not have those resources to spare, suggesting that she may be interested in licensure if more support was available. Key informants that discussed licensure disagreed on whether providers are interested in becoming licensed, based on their perceptions of providers’ desires as opposed to experiences offering licensure opportunities to providers. Half of the experts

reported that providers want to become licensed, and the other half reported that they do not. For example, one key informant reported that women with young children of their own are interested in making a business out of providing informal care. A different key informant said that informal providers, especially relative providers, are not interested in income; they are providing care to help their family. The variation in providers' interest in licensing could be attributed to their motivations for providing care. Additional exploration into the topic of licensure by directly asking providers about their perceptions, hesitations, and concerns would likely yield additional insights.

What types of quality do children experience in informal care settings?

We sought to understand parents' and providers' definitions of safe, high quality child care and what resources, activities, and factors promote this care.

Providers, parents, and key informants felt that providers' homes were safe, secure, clean, and offered space for children to play and rest. Regarding neighborhood safety, parents and providers were equally as likely to express concerns about neighborhood safety as they were to say that the neighborhoods in which children receive care are safe. Children tended to have access to outdoor spaces—either a backyard, a nearby park, or another space to play.

Parents and providers demonstrated an understanding of the factors that contribute to high quality child care. All providers and most parents reported that informal providers offered children learning opportunities. Providers and parents described a variety of activities, including teaching children colors, shapes, the alphabet, numbers, body parts, math, science, reading, writing, and how to count money. In addition, about half the providers said they offered opportunities for physical exercise. Providers talked about the value of a routine for children. Most providers and a few parents noted that the time the child was with the provider had a predictable structure, which included dedicated time for activities such as morning reading, supervised play, lunch, naptime, and free play time. Most providers and parents also reported that informal

providers take children on outings, such as walks and to visit parks, museums, and grocery stores.

“Now, my daughters enjoy books more and ask me to read to them before bed because that is what their provider does.”

—Parent

Providers' ability to offer educational activities depended on their early childhood educational background. Key informants noted that informal providers' formal educational backgrounds varied. Some, such as grandmothers, brought rich lived experiences. Others had formal training in child care or experience providing formal child care through licensed programs. Still others had little prior training or background and operated on their own understanding of child development, which might or might not be based on best practices. Despite this, when we asked parents in our interviews if they would change anything about their informal care situation, only two parents expressed concern that their child care providers did not offer enough educational activities.

Parents and providers wanted children to experience outings and activities such as trips to museums or playdates with other children; however, transportation was a challenge. When we asked parents and providers about additional resources they sought, they were quick to note that transportation barriers made participating in learning-oriented outings difficult for providers. Some providers said they did not have access to a reliable car, and parent and provider resources were limited to pay for public transportation or rideshares (and parents were sometimes uncomfortable with these options).

How do parents and informal providers perceive available resources for informal care, including Pennsylvania's subsidy program for license-exempt relative providers?

To examine the financial and nonfinancial resources available to parents and providers for informal care, we asked respondents to discuss financial compensation for child care and their awareness of the state's subsidy program.

“The requirements for Child Care Works don’t match the pay!”

—State/local leader

Most parents and informal providers reported paying or receiving payment for child care. The majority of parents in the study paid their child care providers. Providers reported mostly being paid in cash. Four of the 13 providers interviewed received the subsidy (see box describing Pennsylvania’s subsidy program) in addition to a cash payment from families. Only one provider, a grandmother, did not receive any payment. Among the three parents who did not pay their providers, they exchanged goods and services for child care, including food, gas money, and lawn care.

Most of the parents we asked about the child care subsidy program were not aware of the program. State and local leaders we interviewed agreed that the subsidy program is underused. They attributed this to (1) inconsistent messaging about the program and eligibility requirements, (2) low reimbursement rate for providers to apply for the subsidy program, and (3) families’ and providers’ immigration status. Individuals without legal status in the United States are less likely to seek out state aid and are less likely to be aware of state-run programs.

Providers are aware of the subsidy program but say the payment is too low to cover child care time and expenses. Of the four providers that reported using the subsidy, only one felt that it adequately covered her time and expenses. The other three providers who received subsidy noted that the subsidy amount was inadequate. These same providers reported that they were compensated with cash payments in addition to the subsidy.

Providers found the process of applying for the subsidy to be straightforward, but parents found it overwhelming.⁷ Given the lack of awareness of the subsidy, only a few parents and providers in our study could speak to the process of applying for and receiving the subsidy. The providers who discussed the application process said that the process was

straightforward and not burdensome. However, parents are responsible for completing most of the paperwork. Parents who discussed the application process reported that it was overwhelming. Parents said it was challenging to coordinate between employers and child care providers to submit the necessary information for the application. Two parents also noted that once they submitted their paperwork, they were placed on a waitlist, as the subsidy funds were insufficient to meet the demands of the program at that time. A few state and local leaders, including those directly working with the subsidy program, noted that parents can remain on a waitlist for a year. In addition, families need to be recertified by the program annually. The subsidy program is sometimes unable to reconnect with families to recertify them (for example, if the family moves and updated contact information is not available), and families are sometimes dropped. One leader shared that the application and recertification process can be frustrating and demoralizing for families.

“For families, the hassle for meeting the requirements to maintain the subsidy outweigh the flexibility of it”.

—State/local leader

Where do parents and providers go for support and information related to child care?

To understand how parents learn about quality child care and where parents and providers learn about child development, we identified parents’ and providers’ sources of support and information.

Parents and providers primarily seek support and information from personal connections. Parents and providers most frequently cited family members, peer support groups, friends, grandparent groups, virtual communities, and in a few cases, medical professionals, as trusted sources of information for child care. For example, one provider turned to other informal providers she knew for their advice on child care and child development. About half the parents interviewed named an online group or in-person

social groups as places to connect with other parents for support and to share information and resources. One leader noted, “The key common feature of places where parents and providers meet is that there has to be space for children to gather and feel welcomed.” Parents and providers said they gathered in houses of worship, homes, parks, community centers, libraries, and playgrounds.

Few available resources are tailored to the needs of informal providers. Organizations that offered programs or resources for child care often did not offer supports specific to informal providers. Key informants were unaware of opportunities for informal providers to meet other informal providers to discuss issues specific to this type of care. Parents and providers also could not identify supports specific to informal providers. However, parents, key informants, and providers noted that some local programs included and welcomed informal providers, such as parent engagement programs, a community after-school program, adult health and wellness programs, and programs at public libraries that aim to enhance child development. A key informant described parent and provider networks called Parent Cafes and the Community Umbrella Agencies as sources of support. State and local leaders also mentioned Keystone STARS, which is for licensed providers but is open to informal providers who desire licensure.

What are promising recommendations and approaches to support informal providers?

Our work aimed to gain a deeper understanding of the parents and providers who participate in informal care in Philadelphia. We knew from prior research that many informal providers care for children from communities that do not have equitable access to opportunities, resources, and supports. This includes families of color affected by inequities, as well as families from immigrant backgrounds, with low incomes, and living in areas of concentrated poverty.^{8,9} Our findings suggested several opportunities to further enhance the quality of care and ensure that children and the families who use informal care are successful.

Pennsylvania’s Child Care Works Subsidized Child Care Program

The Child Care Works Subsidized Child Care Program, known as Child Care Works, offered by the state of Pennsylvania, is a subsidized child care program that helps families who earn a low income pay for child care. State dollars pay for a portion of the child care cost to supplement payment from families.

This state-run program is for residents of Pennsylvania who have a child needing care while parents work or attend an education program. Generally, families must earn 200 percent or less of the federal poverty income guidelines and must be working or in a training program a minimum of 20 hours of week or work at least 10 hours a week and participate in an approved training program at least 10 hours a week. The child must be a U.S. citizen.

In Philadelphia, informal providers can participate if they are related to the child they care for as a grandparent, great-grandparent, aunt or uncle, or older sibling. Nonrelative providers are not eligible. ▀

Providers need more training and resources that are tailored for informal care. Informal providers require more training and resources to consistently provide high quality care. Providers, parents, and leaders agreed that informal providers need additional programs and resources to enhance the care they provide to children, and that training needs to be tailored to the unique needs of informal providers. State and local leaders recommended trainings; webinars; and information on licensing, child care regulations, child development, social and emotional wellness, and nutrition. A few leaders noted that trainings should also have a social and emotional component to acknowledge that informal care can often be challenging, lonely work.

“They [relative informal providers] are Hawaii. We [program that supports formal care] are the main states. They are out there [isolated].”

—State/local leader

Although there were resources and supports available to child care providers, these resources were often not tailored to informal providers. Leaders noted that state systems like the Quality Rating and Improvement System in Pennsylvania; Keystone STARS; and other efforts to improve child care quality, such as coaching, were only available for licensed providers. They suggested that the state can do more to offer resources and supports to informal providers. One leader used the physical distance between Hawaii and the contiguous United States as a metaphor to describe informal providers' lack of connection to the ECE system.

Parents expressed a desire for the providers to be trained on issues of child safety, including how to make their homes safer by removing lead paint and installing safety gates, and how to maintain personal safety during COVID-19 (for example, use of masks, and cleaning supplies). Some providers sought out these types of training. Two parents desired that CPR training be offered to informal providers.

Training and supports offered to informal providers should be community informed and community led. Leaders recommended gathering input from providers on the training or support offered to them to ensure it meets their needs. One leader noted the importance of making informal providers feel welcomed and valued and to build on the strong sense of community. She noted, "neighborhood connections are very powerful in Philadelphia." Creating space for informal providers to connect and continue to develop peer support networks should also be considered. Community-based organizations, along with their partners, should come together to ensure solutions are equitable among all informal providers. For example, trainings or workshops should be offered during evenings or weekends, in multiple languages, and for free or a reduced cost, and should include transportation

“Ensure that trainings and supports are inclusive and honor the services the providers offer to those in their care.”

—State/local leader

when necessary. This recommendation builds on our work with state and local leaders, parents, and informal providers in the Bay Area and Detroit. Lessons from that work suggests that additional training and supports are needed to enhance the quality of care offered to young children. For instance, in the Bay Area, we learned that parents and providers relied on each other for support and information. Interventions and programs should consider targeting both groups and encouraging regular communication between them. In Detroit, we learned how critical it was to have the solutions come from, and be led by, community members. Identifying trusted champions in the community facilitates parents' and providers' trust in and continued participation, in efforts to support informal care (see box for information learned from other projects that could inform future supports for informal providers).

Offer incentives to providers to participate in trainings. As previously noted, informal providers are often motivated to provide child care as a favor to family members. They might not be interested in becoming licensed providers. Some providers may feel as if they already have substantive knowledge of child development or not see themselves as early childhood educators. These providers might not see value in attending trainings or receiving additional resources. Two leaders acknowledged these challenges and noted that a financial incentive could help encourage providers to enhance the care they offer young children.

Identify and implement strategies to increase parents' and providers' awareness and use of the subsidy program. Findings suggested that while some parents and providers are aware of the program, more could be done to increase parents' awareness of and interaction with the Child Care Works program. Partnering with both community-based organizations and parent advocacy groups to advertise the subsidy may drive awareness and uptake of the subsidy. Consider a multilingual campaign effort utilizing various platforms including social media. Findings also suggested that parents and providers may benefit from a navigator to walk them through the subsidy application.

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Learning about informal providers in the Bay Area and Detroit

- In California, the Packard Foundation partnered with Mathematica to explore several related topics regarding informal child care. These included reasons for providing/using informal care, use of the state subsidy, the varied roles of parents and informal caregivers, their strengths in caring for children, their needs for information and support, and barriers they face in accessing caregiving resources. It also provided recommendations for outreach methods, programs, and policies to address their needs. More information about the project and related briefs can be found here: <https://www.mathematica.org/projects/early-learning-strategy-informal-caregivers-research-project>
 - In Detroit, the W. K. Kellogg Foundation partnered with Mathematica to design and implement promising strategies for enhancing the quality of informal child care and family well-being. Mathematica partnered with three community organizations in Detroit for this effort. We formed a learning collaborative to develop, test, and implement strategies to meet the needs of informal providers; provided technical assistance to community organizations to organize and guide the strategies; and conducted a formative evaluation to support measurement and continuous quality improvement of the strategies. More information about the project and related briefs can be found here: <https://www.mathematica.org/projects/informal-child-care-in-detroit>. ▲
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Continue to acknowledge the value informal care offers parents and communities. Nearly all providers, half of the parents, and half of the state and local leaders, said that parents' use of informal care had increased during the COVID-19 pandemic. They

suggested three reasons for this: (1) formal child care centers were unable serve children; (2) informal providers offered nontraditional hours, which was critical for parents who lost their jobs because of the pandemic and might be working new jobs with non-traditional hours; and (3) informal providers served fewer children than formal providers, which minimized risks associated with COVID-19. At the same time, some leaders noted that some families have not used child care during the pandemic because of becoming newly unemployed or working from home and trying to keep children with them at home. Providers, parents, and state and local leaders noted that the pandemic has increased public attention on child care needs broadly, and on informal care specifically. One provider noted that they feel more appreciated because of the scarcity of child care during the pandemic.

Informal providers are essential stakeholders in the ECE ecosystem. They provide care that is valued by parents and fill gaps for care in locations with limited licensed ECE programs. However, this group of providers is often overlooked by the ECE system and policymakers. Given the extensive use of informal care, efforts should be made by the ECE system and policymakers to bolster informal providers' ability to offer high quality ECE, which can positively affect children's readiness for kindergarten and future success.

“If we continue to see a trend of family and friends taking care of children, we need to make building out the infrastructure a priority.”
—State/local leader

Endnotes

¹ National Survey of Early Care and Education Project Team. "Characteristics of Home-Based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education." OPRE Report #2016-13. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2016.

² Thomas, J., K. Boller, C. Jacobs Johnson, M. Young, and M. Hu. "Setting the Stage: The Importance of Informal Child Care in California." Princeton, NJ: Mathematica Policy Research, 2015.

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⁴ Datta, A.R., C. Milesi, S. Srivastava, and C. Zapata-Gietl. "NSECE Chartbook - Home-Based Early Care and Education Providers in 2012 and 2019: Counts and Characteristics."

OPRE Report #2021-85. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021. Available at <https://www.acf.hhs.gov/opre/report/nsece-hb-chartbook-counts-andcharacteristics>.

⁵ Reinvestment Fund. "Preliminary Findings from 2021 Childcare Gap Analysis." Philadelphia, PA: Reinvestment Fund, September 2021 (forthcoming)

⁶ Per project team communication with the Director of Early Learning Resource Center (Region 18).

⁷ For more information about the application process, see <https://www.dhs.pa.gov/Services/Children/Pages/Child-Care-Works-Program.aspx>.

⁸ Thomas et al. 2015.

⁹ National Survey of Early Care and Education Project Team 2016.

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