A critical audience in Cooperative Extension's efforts to strengthen the quality of child care in the U.S. is the informal provider. Informal care, care by kith and kin, and relative care are labels given to child care provided by an immediate family member or friend - often the child's grandmother, or other female adult relative. Recent estimates report that about half of all workers caring for children are unpaid relatives; relatives make up one third of all paid careworkers (Center for the Child Care Workforce 2002). Parents use informal care because of familiarity and trust of family members, lower cost, convenience, flexibility, and/or care availability during times and for ages of children (especially toddlers) when regulated arrangements are not available (Brown-Lyons, Robertson & Layzer 2001).

Over the last decade, the early care and education field has embraced the reality of informal care as an option used by many low income parents for their children. For some this hasn't been easy. Studies comparing the quality of care in informal and regulated environments have found relative care to be lacking (e.g., Kontos et. al. 1994; Coley, Chase-Lansdale and Li-Grinig 2002). Informal care is, for the most part, less stimulating, provides little structured, planned activity for learning, and at its worst may be unsafe. Thus, to some, acknowledging informal care may seem tantamount to supporting low quality care or ignoring the need for regulation and standards. For others, when resources in early care and education are minimal, it may seem difficult to support the investment of dollars in ways other than enhancing the quality of regulated care.

Yet, to 'start from where the children are' is to recognize a situation of need for young children, many of whom are the very children whose development and readiness for school is at risk due to the conditions in which they live and limited resources for their learning. This ethic extends to all care arrangements - parental, relative, regulated, in home, in others' homes, in centers and schools - and encourages public and private support to all caregivers who directly influence children's well-being. Supporting all caregiving environments for children also recognizes and respects the choices parents make willingly and forcibly and through compromise as long as the availability of regulated early care and education remains inadequate to meet the volume of children or flexibility needs of parents' work.
Informal caregivers provide special challenges for technical and resource support. They don't fit into neat boxes of traditional parenting education or child care training, yet their educational and support needs are similar to both. Bank Street College's 'caregiving continuum' characterizes the spectrum of arrangements and individuals responsible for children's early care and learning, with parents at one end and regulated child care centers at the other [http://www.bnkst.edu/kithandkin/p2research.html](http://www.bnkst.edu/kithandkin/p2research.html). Informal caregivers are closer on the continuum to parents than to professional providers given their relationship to the child (kin), non-formal nature (possibly unpaid, a service to a family member), and involvement with the child as a relationship based on care rather than education. Like grandparents raising their grandchildren, relative caregivers can benefit from reminders about what children are like as they age, what to expect as they develop, and how to handle their behavior. Because of the regular hours that they spend with young children and the power they have to determine how children spend that time, relative caregivers may appreciate information about ways to keep children active and happy, and support (or guide) parents' interests in helping children learn and get along with others. Yet, they are not interested in formal training and certifications.

Promising efforts are in place to reach and support informal caregivers, yet none widespread nor consistent (for a review, see Stahl et. al. 2003). Program efforts vary, in part, because informal caregivers' interests and needs are so varied and lend themselves to a spectrum of parent education, family support and/or child care training models. Funding for such programs is scarce, and may be tied to specific outcomes (e.g., home environmental safety; early literacy). Existing strategies offer information (e.g., newsletters), education and/or consultation (e.g. home visitation; group education settings), or resources (e.g., activity kits, smoke alarms and first aid kits; books) directly to informal caregivers, or indirectly by targeting broad groups of parents and caregivers and/or early childhood professionals.

Cooperative Extension is well-suited to join others in the support of informal caregivers. Most obviously, the topics and methods mentioned above are familiar to most state Extension programs. Our activity and expertise in parent education and child care training allows us to determine the most appropriate message, level of information and medium for the relative caregiver. Including informal caregivers as an additional audience would not be difficult. Identifying informal providers may be a challenge, however. Child care subsidy lists (in the states the permit payments to informal providers) may be one source that would enable us to identify, then invite them to participate in programs, or to send materials. Other successful recruitment strategies may be word of mouth and public notice to all "parents and others who care for children," or to "child care professionals, and others who care for children."

Another value to Extension's work supporting relative caregivers is our neutrality. We don't license, inspect or regulate caregivers as other agencies in our states do, nor do we investigate or intervene on issues of parental competency. Unlike other agencies that offer training and
technical assistance to the child care professional community, Extension training may be perceived as applicable to broader caregiving audiences on topics beyond those specific to the interests of child care professionals.

Finally, Extension has a community presence and a level of respectability among the very population groups likely either to be relative caregivers, or have contact with those who care for relative children. Our outreach efforts through the decades have made us a friendly, reputable source for reliable, accurate and current information on a range of topics related to the health and well-being of children. We need to recognize and capitalize on that reputation as we find ways to support this target population.

We can provide support to informal caregivers alone, or in partnership with others. Natural partners include local child care resource and referral agencies, and school readiness initiatives aimed at enhancing in-home and out of home environments to stimulate children's early literacy and language development. Extension has already marched into this arena through targeted efforts, such as the "Children in My Care" newsletter series from Cornell Extension. Other states, such as Iowa and Penn State Extension have included outreach to informal providers in traditional child care training efforts. Yet many more of us who conduct parenting education and/or child care support activities as part of our programming efforts could adapt our work to reach the informal caregiving audience. With so many young children in the care of relatives it is critical to include this caregiver audience in our efforts to promote safe, stimulating and nurturing early learning environments.

References


Author

Susan K. Walker, Ph.D.
Assistant Professor, Family Studies, Family Life Specialist
Maryland Cooperative Extension
1204 Marie Mount Hall
University of Maryland
College Park, MD 20742
(301) 405-8339
(301) 314-9161 (fax)
swalker1@umd.edu.