

Testimony on HB 2013

House Committee on Human Services and Housing

Roberta Weber, Ph.D.
Faculty Research Associate, Oregon State University

Madame Chair, Vice-Chairs, and Members of the Committee, I am Bobbie Weber, a Faculty Research Associate in the Family Policy Program at Oregon State University. I am here today testifying on the importance of investing in supports for Family, Friend, and Neighbor (FFN) caregivers.

Family, friend and neighbor (FFN) care typically refers to home-based care that is not regulated. It includes care given in the home of the child or the caregiver and is provided by relatives, friends, neighbors, or nannies.

About 60% of Oregon children under age 13 are in nonparental care (paid and unpaid). In Oregon as in the nation as a whole, FFN is the major form of nonparental care for children from birth to age three as well as for school age children. Almost two in five children below age three are in FFN care whereas less than one in five are in center or other organized care.

The FFN care used by families in the subsidy program represents a small percentage of all FFN care. Fewer than 5% of Oregon children under age 13 receive care from a FFN caregiver who receives payment from DHS for that care. At the same time almost half of children in the subsidy program are in FFN care. Employment conditions of low-wage workers are associated with the use of FFN care. Their work schedules are marked by odd hours, variable shifts, short notice of work hours, and weekend hours. Home-based providers (both Family Child Care and FFN caregivers) are more likely to accommodate these nontraditional work schedules.

Given that FFN caregivers play a critical role in the development of Oregon's young children it seems important to support the quality of that care if we want all children entering kindergarten with an equal chance of success. Research consistently shows that successful strategies for supporting FFN are very similar to those that have proved effective in supporting parents. These include home visiting and play and learn groups in which adults and young children assemble with trained educators for sessions that include appropriate activities for children along with opportunities for the caregivers to learn. Both home visiting and play and learn groups involve active learning in which adults actually practice new behaviors. They have both been shown to lead to improved school readiness outcomes.

In the last ten years many states have tested strategies to improve the quality of FFN care. A recent review of the research literature shows substantial evidence of the effectiveness of both home visiting and play and learn groups on improving

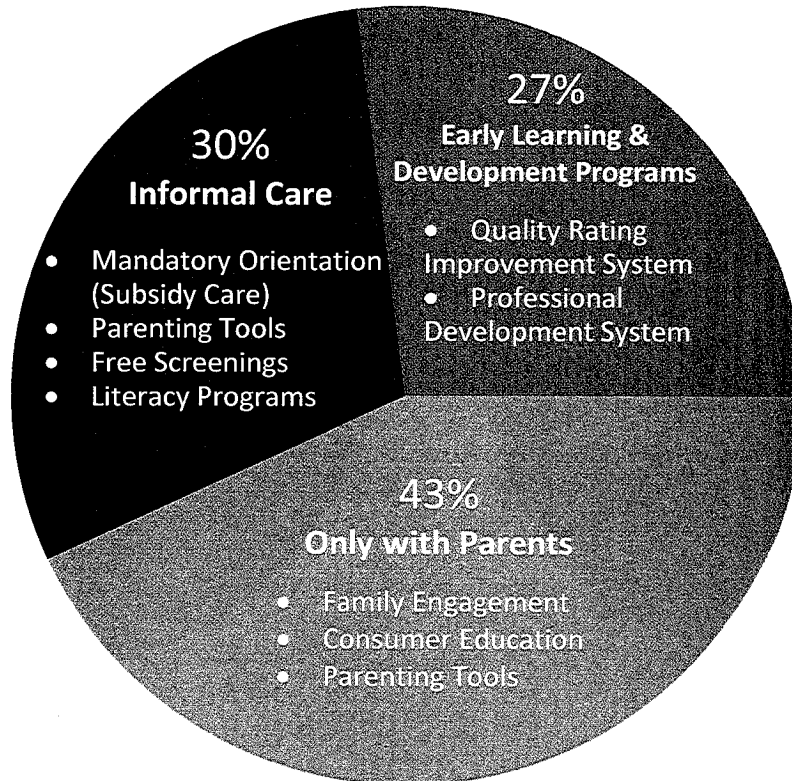
developmental outcomes of children in FFN care.

No single strategy will support all types of care. Strategies found effective for center and other more formal care and education settings have not been found effective for FFN caregivers. A Tiered Quality Rating and Improvement Systems (TQRIS) is a case in point. Although TQRIS holds great promise for increasing the quality of formal child care and education, it is not a good fit for FFN. Substantial portions of FFN caregivers are grandmothers of the children in care. Few states want to rate grandmothers or other informal caregivers. In addition, the improvement strategies that are built into TQRIS are those that have been found effective with centers and formal family child care homes. The vast majority of states implementing TQRIS require that facilities be regulated in order to enroll in TQRIS.




In summary, FFN care is an important support for the development of Oregon's young children. If we want all children to be ready for kindergarten we will need to find ways to support FFN caregivers. It is especially important that we support the quality of care provided to children in the subsidy program. Research has documented the ability of some FFN quality improvement initiatives to improve child outcomes, specifically home visiting and play and learn groups have been shown to do so. TQRIS, although holding great promise for center and other forms of formal care, is not an effective or appropriate strategy for improving the quality of FFN care.

Where are Young Children in Oregon?

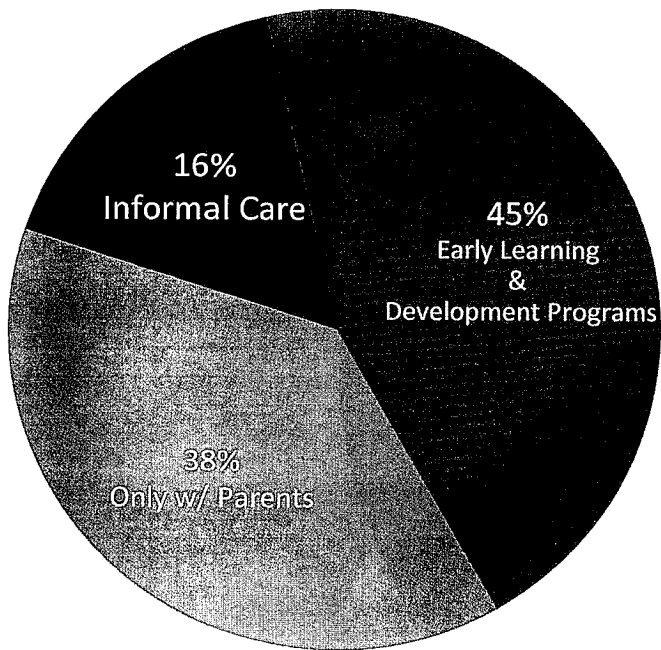
Quality Improvement Activities that Support Kindergarten Readiness



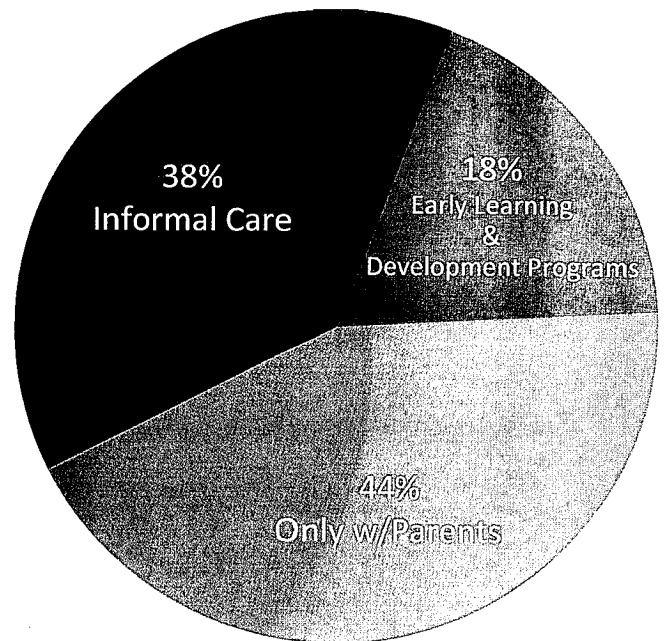
All Children Under Age 5

-  **Early Learning and Development Programs** - includes licensed center and family child care, Head Start, Oregon Pre-K, paid care in nonrelative's home, and group activities
-  **Informal Care** - Care in a child's home by a relative or nonrelative, care in a relative's home, and unpaid care in a nonrelative's home
-  **Only with Parents** - includes children whose parents reported "no child care or educational program, paid or unpaid, for this child"




Age of Child Affects Where Children Are



Children Ages 3 & 4



Children Under Age 3

-  **Early Learning and Development Programs** - includes licensed center and family child care, Head Start, Oregon Pre-K, paid care in nonrelative's home, and group activities
-  **Informal Care** - Care in a child's home by a relative or nonrelative, care in a relative's home, and unpaid care in a nonrelatives's home
-  **Only with Parents** - includes children whose parents reported "no child care or educational program, paid or unpaid, for this child"