

Caregiver Motivation, Identity, and Resilience

A Study of Family, Friend, Neighbor (FFN), and Nanny Care in California - Part Two

By Anna Powell, Tobi Adejumo, Lea J.E. Austin, and Abby Copeman Petig



Photo courtesy of the San José Public Library FFN Caregiver Support Network.

This report was generously supported with grants from the Conrad N. Hilton Foundation and the David and Lucile Packard Foundation.

Table of Contents

Introduction	4
Study Background	5
Methods	6
Core Findings	7
Caregiver Characteristics	7
Demographics	11
Entry Into Caregiving	12
Current Motivations	14
Aspirations	16
Self-Perception	18
Care Arrangements	22
Children in Care	22
Schedules	23
Financial Arrangements	25
Locus of Care	28
The Typical Day	29
Economic Well-Being	31
Earnings	31
Benefits	32
Economic Challenges	33
Caregiving Supports	36
Connection to Other Caregivers	37
Training and Resources	38
Social Support and Mental Health	39
Child Care Subsidies	41
Recommendations	44
Advancing the Policy Agenda	44
Developing Policy Strategies	45
Supporting FFN Caregivers and Nannies	46
Conclusion	47
References	48

List of Figures and Tables

Table 1. Sample Demographics	11
Figure 1. Entry Points Into Caregiving	13
Figure 2. Current Motivations for Caregiving	15
Figure 3. Likely Role in Three Years	16
Figure 4. Self-Perception: Motivation, Qualities, and Ability to Communicate Strengths	20
Figure 5. Self-Perception: Work Exploration, Networking, and Career Control	22
Figure 6. Children in Care, By Age Group	22
Figure 7. Days of the Week Caring for Children	23
Figure 8. Weekly Hours Caring for Children	24
Figure 9. Percentage of Caregivers With Variable Schedules	25
Figure 10. Financial Arrangements for Caregiving	26
Figure 11. Caregiving Expenses: Who Pays For...?	27
Figure 12. Caregiving Outings	29
Figure 13. Median Hourly Wage	31
Figure 14. Access to Health Insurance and Retirement Savings	32
Figure 15. Source(s) of Health Insurance	33
Figure 16. Caregiver Participation in Public Assistance Programs	34
Figure 17. How Would Caregivers Pay for a \$400 Emergency Expense?	35
Figure 18. Economic Well-Being: “I Worry About...”	36
Figure 19. Meeting Up With Other Caregivers	37
Figure 20. Attended a Training in the Past Year	38
Figure 21. Interest in Training or Resources	39
Figure 22. Percentage of Caregivers Experiencing Challenges “Sometimes” or “Often”	41
Figure 23. Maximum Monthly Subsidy Payments, By County	42

Introduction

Built on a trusting relationship between a family and a provider, child care is deeply personal. Perhaps the most intimate form of early care and education (ECE) is with a family member, friend, neighbor, or nanny, who offers a level of closeness and trust that may not be feasible in the larger groups of licensed settings. Family, friend, neighbor (FFN), and nanny care arises organically and is wholly exempt from state licensing. Such care may be paid or unpaid; a small number of caregivers are compensated through a child care subsidy.

Families who use FFN or nanny care often value its relative affordability and flexibility, but additional factors skew towards the personal. Black and Latine parents, in particular, associate these caregivers with the value they place on their own cultural backgrounds and native languages. Some parents even consider FFN or nanny care to be the ideal child care arrangement, especially for children under age three (Powell et al., 2023).

While our first report in a three-part series focused on the parents' perspective (Powell et al., 2023), this second report shares findings about FFN caregivers and nannies in California: their motivations, day-to-day experiences, challenges, and more. Previous literature on FFN or license-exempt care largely focuses on household- or parent-level studies of ECE utilization. The National Survey of Early Care and Education provides both household-level data as well as provider-level data (National Survey of Early Care and Education Project Team, 2021). Additionally, the federal Administration for Children and Families has sponsored a research agenda dedicated to home-based early care and education (Del Grosso et al., 2021). Within these data sets, however, FFN caregivers may be blurred with licensed home-based family child care (FCC) providers. In practice, FFN caregivers outnumber their licensed counterparts but distinguishing them and understanding their self-perception as caregivers can be challenging (Del Grosso et al., 2021; Home Grown & ParentChild+, 2021). Our study sample filters out licensed caregivers and limits our scope to California to provide richer data applicable to our state's policy context.

This study offers a deeper analysis of caregiver motivations, self-perception, and goals, building on the framework of Alarcon and Sangalang (2015), who segment caregivers based on their motivation: FFN caregivers may be on a lifetime “journey” with their loved ones, or they may be on an “occupational track” and cycle through families. Grandmothers embody the former end of the continuum and nannies, the latter, while other relatives and friends fall in between (Alarcon & Sangalang, 2015). After exploring the variation in the caregiver experience in California, we offer recommendations for California and FFN-focused policies more broadly.

Clarifying Early Care and Education Terms

In our report on parent preferences, we described FFN arrangements as “care provided by any family member other than a parent or by a nonrelative who is not a professional caregiver (e.g., nanny).” With our parent surveys, we asked participants to specify whether their caregiver was an FFN provider or nanny. Our research suggests, however, that caregivers often fill multiple roles, so they may need to be counted under more than one label. For instance, a caregiver may be looking after a grandchild for free while being paid as a nanny for a second child from outside the family.

To make practical recommendations, we want to understand how caregivers’ journeys differ, depending on their relation to the children in their care and whether they receive payment. As such, our report explores trends across the full caregiver sample, and where we disaggregate, we group caregivers into three categories:

- Grandparents, paid or unpaid;
- Other relatives, paid or unpaid, and friends and neighbors who are unpaid;
- Nannies and au pairs, paid.*

An individual with a grandchild who nannies for a second child would appear in two groups.

*A note about nannies: In many cases, nannies have no prior relationship with the families in their care. In this report, we use the term “nanny” to describe caregivers in a paid arrangement with someone outside their family. As such, neighbors or friends who are paid would also be counted as nannies for the purposes of this report.

Study Background

In 2022, the Center for the Study of Child Care Employment (CSCCE) launched the Study of Family, Friend, Neighbor, and Nanny Care in California. The study included two surveys of parents with children under age six and a combination of surveys and focus groups with family, friend, neighbor (FFN), and nanny caregivers. CSCCE partnered with the RAPID Survey Project at the Stanford Center on Early Childhood to implement the survey components.

Our study aims to expand the knowledge base regarding the utilization and nature of FFN arrangements, as well as the experiences and well-being of FFN caregivers themselves. This study also seeks to inform effective strategies for reaching out to and engaging with FFN caregivers to allow for additional resources, training, and support, in service of their caregiving roles. This brief highlights findings from our survey and focus groups with FFN caregivers and nannies.

Methods

The study uses a mixed-methods approach to learn about FFN caregivers and nannies. First, we conducted a caregiver survey in October 2022. We recruited participants through referrals from parents in the study as well as targeted outreach through organizations. The latter included support from resource and referral agencies, Child Care Providers United (CCPU), Parent Institute for Quality Education (PIQE), and the FFN Learning Community (Teng et al., 2020). Ultimately, we connected with 375 FFN caregivers and nannies statewide. The survey comprised roughly 85 questions covering demographics, care arrangements, payment, well-being, motivation, and support. Participants could complete the survey in English or Spanish. To be eligible to participate in the study, a caregiver needed to be an adult residing in California with at least one child under age six in their care (not counting their own children).

Following the survey, CSCCE held caregiver focus groups with a subset of participants from the survey sample who agreed to be contacted for additional research activities. To accommodate the different schedules of caregivers, some participants joined a one-on-one interview instead. Focus groups and interviews followed the same sequence of questions, which covered: entry into caregiving; care arrangements and financial agreements; and the caregivers' successes, challenges, and needs. Sessions took place between May and July 2023, with 35 participants in total. Seven participants attended a Spanish-language session; the remaining caregivers participated in English.

Both our survey and focus group samples are convenience samples, which may not reflect the full population of caregivers in California. For instance, based on our outreach to organizations supporting subsidized child care, we likely oversampled FFN caregivers who receive subsidies through programs such as CalWORKS or an Alternative Payment Program. However, estimating the scope of the true population of caregivers is an infeasible task, since state and national datasets do not track unpaid caregiving in a systematic fashion. As such, our study provides a rare opportunity to learn about the experiences and needs of FFN caregivers in California.

Core Findings

Caregiver Characteristics

- **Entry into caregiving:** The most common theme was responding to the need of a loved one, typically a family member: “My sister needed me, so I was there.” Some grandparents pointed to their role in the family: “I became a grandparent, so I became a caregiver.” Nannies were somewhat more likely to have previous experience in education or care work, or they needed a job or source of income.
- **Current motivations:** Helping loved ones (most often the parents of the children in their care) once again topped the list. For nannies, however, earning money was the most common motivation, and a subset identified this role as a personal calling or a step toward a career in child care.
- **Aspirations:** Three years from now, about one half of grandparents expected to be “still looking after the same children,” and almost none planned to take on a different group. A minority of other caregivers expected to be caring for the same group: only 33 percent of other relatives and friends, along with 13 percent of nannies. Instead, they had a mix of plans: some envisioned a new group; others considered joining the licensed ECE workforce.

Self-Perception

To explore caregivers’ understanding of themselves and their roles, we adapted questions from the Career Competencies Questionnaire (CCQ) (Akkermans et al., 2012). The first set of questions spans topics such as reflection on motivation and reflection on qualities. The second group focused on work exploration, networking, and career control. We included these questions for caregivers who selected one or more “career-oriented” motivations in a prior question.

- **Self-perception of grandparents:** Across all items in the motivation, qualities, and communication domains, grandparents showed the greatest confidence. For instance, 80 percent of grandparents strongly agreed with the statement, “I know my strengths as a caregiver,” compared with 68 percent of other relatives and friends and 52 percent of nannies.
- **Self-perception of caregivers of color:** Caregivers identifying as Black or Latina¹ reported stronger beliefs about themselves and their caregiving roles than their

¹ Because the early care and education workforce is overwhelmingly composed of individuals who identify as women, we use the gender-specific term “Latina” to describe members of the ECE workforce who identify as part of the Latin American diaspora. However, we know that data collection has not always accounted for gender diversity beyond a male/female binary. We gratefully acknowledge the contributions of early educators who identify as men, nonbinary, or another gender identity and recognize that the gendered oppression of women in the ECE workforce is related to the gender-based oppression of nonbinary, trans, and genderqueer educators.

White counterparts. For instance, 99 percent of Black caregivers either strongly or somewhat agreed with the statement “I know my strengths as a caregiver,” along with 95 percent of Latina caregivers but only 79 percent of White caregivers.

- **Lower certainty in work exploration, networking, and career control:** Caregivers identified as being “career motivated” reported lower levels of agreement with questions around exploring career options, networking, and control over their career, compared to the first set of domains. Scores were lowest for networking: for instance, only 41 percent of relatives strongly agreed with the statement “I am able to approach the right persons to help me with my child care career,” along with 29 percent of nannies. These findings suggest a gap between caregivers’ perceptions of their caregiving capacity and their ability to act on career motivations.

Care Arrangements

- **Children in care:** The majority of caregivers in our sample had either one or two children in their care, not counting any children of their own. The majority looked after at least one child age three to five.
- **Schedules:** Caregivers typically provided five days of care per week, Monday through Friday. Caregiving hours ranged from five hours per week to more than 60 hours. For all three categories of caregivers, at least one half provided 30 or more hours of care per week. Black caregivers reported the longest median hours (35 per week). Caregivers working longer hours were more likely to be paid.
- **Flexibility/variability:** One third to one half of caregivers managed variable schedules, often aligned with payment: unpaid caregivers were more likely to accept variation. Last-minute care can contribute to unpredictability in scheduling. Around 15 percent of caregivers reported providing care last minute on a weekly basis or more; 32 percent did so monthly.
- **Finances and payment:** The caregivers in our sample were often paid, since part of our sample was recruited through resource and referral agencies. Some caregivers received nonmonetary support in addition to payment. Most frequently, parents offered nonmonetary support in the form of food or supplies for the caregiver’s own use; occasionally, parents provided housing.
- **Spending out of pocket:** Related caregivers often incur expenses for transportation, supplies, food, and even diapers; nannies did so less frequently. In focus groups, many caregivers mentioned paying for subscription-based apps to provide consistent enrichment. The majority of caregivers covered at least one type of expense, including most grandparents (89 percent, compared to 80 percent of other relatives/friends and 75 percent of nannies).

- **Locus of care:** FFN caregivers and nannies tended to offer child care in their own homes (85 percent of relatives and 67 percent of nannies) rather than the home of the family. In addition, they routinely visit local parks, libraries, and other community locations. Caregivers most often visited public parks or nature trails: one half of respondents did so weekly or more often.
- **The typical day:** Caregivers described blending activities that engage children and attend to their basic needs. Indoor activities ranged from playtime and reading to arts and crafts. Caregivers also shored up children’s routines, ranging from breakfasts to bedtime stories. Autonomy over scheduling and activity selection varied across the sample of caregivers.

Economic Well-Being

- **Earnings:** A subset of caregivers in our sample were unpaid. Among those who received wages, earnings hovered around \$8 per hour. Nannies earned a wage similar to educators working in a licensed center (\$17 per hour); 10 percent of nannies earned \$40 or more per hour.
- **Benefits:** FFN caregivers and nannies largely do not have benefits such as health insurance, and nearly two thirds have no retirement savings. Medi-Cal was a vital source of coverage for all categories of caregivers. Among paid caregivers, only 13 percent of relatives reported receiving paid days off (sick days or vacation), along with 29 percent of nannies.
- **Challenges:** Caregivers in our sample were much more likely than average working Californians to enroll in one or more public assistance programs. For instance, our sample of caregivers was four or five times as likely to use the Supplemental Nutrition Assistance Program (SNAP or CalFresh) than the California workforce. Caregivers in our sample (7 to 13 percent) were also less likely to be able to pay outright for an emergency \$400 expense, compared to the national average (26 percent).

Caregiving Supports

- **Connecting with other caregivers:** The majority of caregivers do meet with other caregivers, though typically not regularly. Grandparents had the least amount of contact with other caregivers: one in three reported that they do not meet up with others providing care.
- **Training and resources:** Our survey asked about training in two topical areas: 1) children’s development and learning and 2) health and safety. About one third of grandparents attended trainings within each topic, along with one half of other

relatives and friends and two thirds of nannies. White caregivers were more likely to have participated in these trainings previously, but caregivers of color were more likely to be interested in attending future trainings. Caregivers interested in becoming licensed were also more likely to have participated in training in one or both areas. When we gauged caregivers' interest in a longer list of resources or workshops, health and nutrition was most commonly selected (54 percent), followed closely by child development and early learning activities (53 percent each).

- **Social support and mental health:** Focus group participants frequently felt supported by their loved ones but expressed mixed feelings about their broader community. Some subsidy-paid providers cited the support of playgroups or a union. For many, caregiving itself could be mentally draining, but conversely, it was its own source of joy and fulfillment. Caregivers reported a variety of challenges to their mental health and well-being: changes or disruptions to sleep were the most common issue (66 percent), followed by concerns related to COVID (56 percent).

Child Care Subsidies

- **Pay is incredibly low:** Gratitude for the financial support afforded through subsidies was largely eclipsed by frustration at the low wages. In San Bernardino County, for example, a caregiver watching an infant and a preschooler full-time would earn \$1,122 per month, at most.
- **Caregivers have varied experiences with onboarding in the subsidy system:** While some FFN caregivers felt the process of submitting time sheets and receiving payment was relatively straightforward, other participants characterized the process as cumbersome and lacking clarity and responsiveness. Participants lamented the delay between the submission of attendance forms and receiving payment, which could take up to 45 days.
- **Unionized caregivers are grateful for the support:** This group stressed the importance of union support in raising their wages and improving their status as subsidized caregivers. These caregivers, however, were also more likely to be aware of how low their earnings were in comparison to licensed providers.

Caregiver Characteristics

Demographics

Akin to members of the licensed ECE workforce, the majority of FFN caregivers and nannies are women of color (CSCCE, 2022). Our sample of caregivers reflects these demographics, as shown in **Table 1**. One quarter of FFN caregivers and one fifth of nannies speak Spanish, and a subset were born outside the United States, similar to the families in their care (Powell et al., 2023).

In our sample, nannies tended to have higher educational attainment than grandparents and other relatives and friends, though a majority of all caregivers had some college credit or more. Grandparents had the greatest amount of experience—a median of 10 years caring for children besides their own—compared with other relatives and nannies (five years).

Table 1 also reports on the languages that caregivers speak. Those who speak Spanish, Chinese, or another language typically use this language with the children in their care. For instance, 83 percent of Spanish-speaking caregivers use this language with the children.

TABLE 1. SAMPLE DEMOGRAPHICS

California, 2022

	Grandparents (N=145)	Other Relatives and Friends (N=156)	Nannies (N=114)
Personal Characteristics			
Median age	54	34	37
Median years as a caregiver*	10	5	5
Female	92%	96%	78%
Married	60%	64%	82%
Have children of their own under age 6	1%	40%	30%
Race/Ethnicity			
Asian	6%	7%	8%
Black	27%	20%	16%
Latina	43%	38%	24%
White	18%	34%	51%
All other races	10%	7%	3%

TABLE 1. SAMPLE DEMOGRAPHICS, CONTINUED

California, 2022

Country of Birth			
United States	70%	85%	83%
Another country	26%	12%	14%
Prefer not to disclose	4%	2%	4%
Language(s) Spoken			
English	92%	93%	92%
Spanish	25%	24%	19%
Chinese	2%	2%	2%
Other	2%	1%	3%
Educational Attainment			
High school or less	53%	36%	30%
Some college	26%	35%	25%
Associate degree	12%	15%	11%
Bachelor’s or graduate degree	9%	14%	34%
Employment			
Paid for caregiving	60%	55%	100%
Paid via child care subsidy	29%	15%	29%
Works another job	20%	28%	13%

Source: Center for the Study of Child Care Employment, University of California, Berkeley

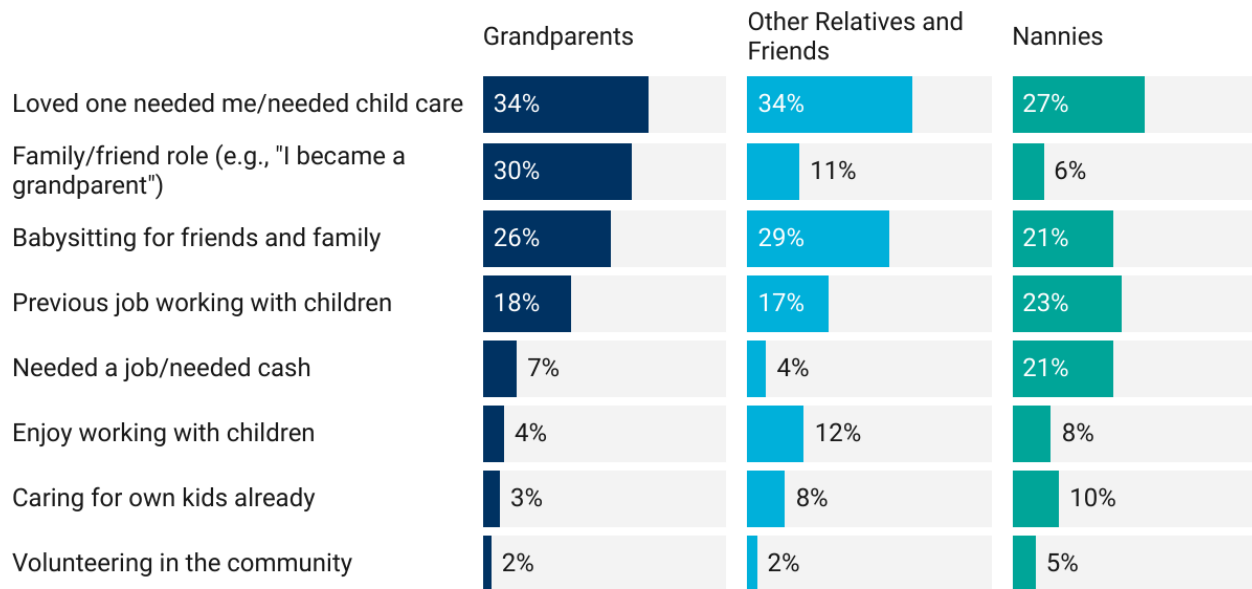
*Excludes years caring exclusively for their own children.

Entry Into Caregiving

Our survey included an open-ended question about how FFN caregivers and nannies got started caring for children besides their own. Across the 250 responses, the most common theme was responding to the need of a loved one, typically a family member (see **Figure 1**). For instance, one grandparent wrote, “I had to help my daughter with child care so she could work. The financial toll is heavy when one parent stays home as a full-time parent. My job allows me to help my daughter one to two days a week.” An aunt caregiver said, “My sibling needed child care for her kids. She received a voucher from CalWORKS, and she decided that it was best for someone in our immediate family to care for her kids.” Some nannies shared similar stories, but others were more likely to have previous experience in education or care work—or they needed a job or source of income.

FIGURE 1. ENTRY POINTS INTO CAREGIVING

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley
 Grandparents N=115, other relatives and friends N=103, nannies N=62

Relatives—especially grandparents—often referenced their family role as the reason for becoming a caregiver. Some stated simply, “I became a grandparent.” Another wrote, “I started with my first grandson, at the age of two months. So I continued with the others.”

Helping a loved one in need was the most common reason across caregivers of all racial and ethnic identities, with the highest concentration among Latina caregivers (38 percent). Across caregiving roles, Black caregivers were most likely to mention their family/friend role (31 percent), and White caregivers were least likely (11 percent).

The focus groups provided more insight into how FFN caregivers and nannies became caregivers. Similar to our survey findings, the need to assist a loved one was a consistent factor. For instance, one caregiver from Santa Clara County described how her friends and neighbors required support during the pandemic, particularly for newborns and children around three years old. Driven by circumstances and the evolving needs of the community around them, her caregiving responsibility gradually expanded, demonstrating an organic growth pattern among the FFN caregivers’ roles. Her experience points to a pattern among caregivers who were unpaid, underscoring the drivers of personal relationships and community needs.

For nannies, entry into caregiving may also be initiated by personal circumstances but subsequently shaped by individual motivations. Nannies and paid relatives frequently described how their skills grew to be recognized and sought after by others within their community.

For caregivers of color, cultural context and personal relationships emerged as key themes in the focus group discussions. For instance, a Latina FFN caregiver from Santa Clara County explained how she started taking care of her siblings' children due to her family member's needs, which aligned with her own: "I am actually the youngest of four siblings [...] and normally it was my turn to help them.... Later on, when I had my own daughter [...] I preferred to stop working to dedicate myself to her."

Another pattern observed by these caregivers is the interplay between their expectations and the emotional intensity of their roles. A grandparent described the daunting task of looking after her grandchildren, especially when it involved caregiving activities she had not performed for many years:

"It was like starting over again to raise another child, practically [...] because it had been many years since I had last cared for a child. Little by little I adapted to them [...] and thank God, so far, I'm fulfilling those needs they have."

— Grandparent caregiver, Los Angeles County

Despite their initial challenges, caregivers described becoming resilient and adaptable, drawing from their love for the children, their sense of responsibility, and their commitment to providing the best care possible.

Current Motivations

In addition to probing the origins of their caregiving story, our survey also included a question about what currently motivates caregivers. Participants could select up to three reasons, but about one half of respondents selected only one or two. Helping loved ones—most often the parents of the children in their care—once again topped the list for FFN caregivers (see **Figure 2**). For nannies, earning money was the most common motivation (54 percent), but not necessarily a personal calling or a step to a career in child care.

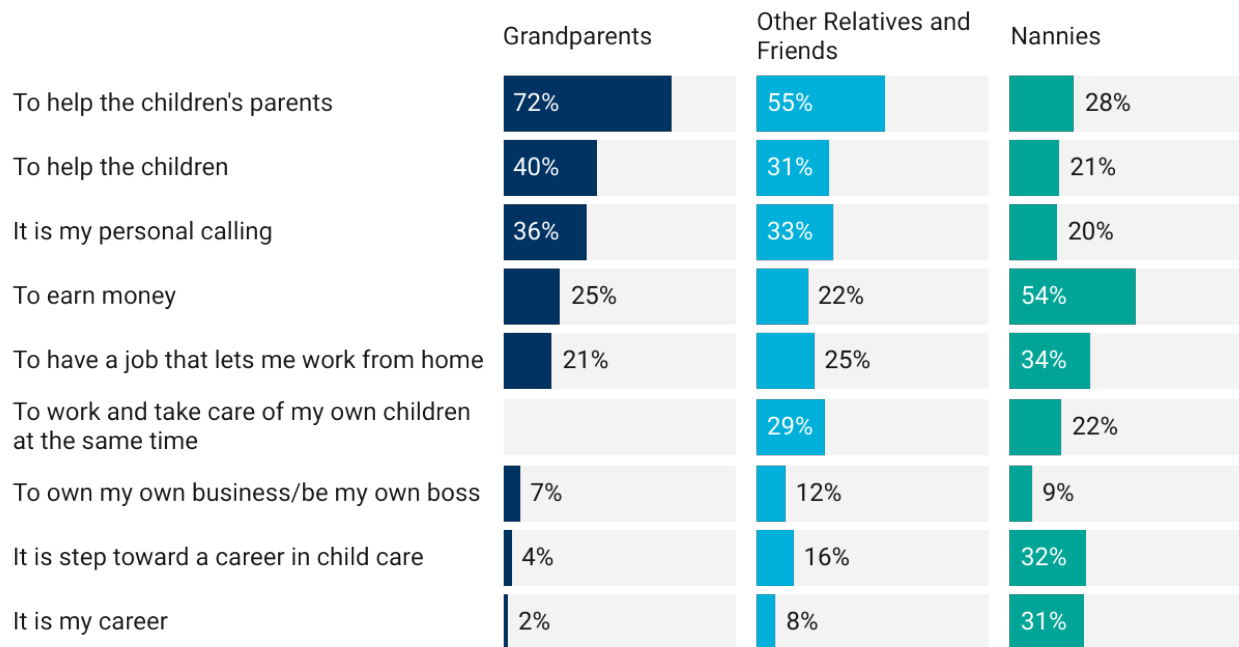
An open-ended question allowed participants to elaborate on their current motivations. We received 133 responses. Among relatives, supporting a loved one who needed care remained the top motivator (around one half of responses). Additionally, about one third of relatives wrote about their enjoyment of caregiving and feelings of fulfillment. Among nannies, this motivation was the most prevalent (nearly one half of respondents). A third notable theme surfaced among 20 percent of grandparents: their role as a protector or safe harbor. As one respondent wrote:

“I started this job a long time ago, and I saw the need that parents had to leave their children with someone they trust, and I was glad to know that their parents trust me and above all that they leave with the confidence that they are leaving them in a safe and reliable place. I even have children who are adults, and they bring their children to me, and it makes me very proud to know that I have done a good job.”

— Grandparent caregiver, Los Angeles County

FIGURE 2. CURRENT MOTIVATIONS FOR CAREGIVING

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley
Grandparents N=137, other relatives and friends N=146, nannies N=109

Career Motivations

In our report, we sometimes group caregivers who expressed a career-related motivation. In **Figure 2**, these caregivers included anyone who selected one or more options among “it is my career,” “it is a step toward a career in child care,” “to own my own business,” or “other.”

Aspirations

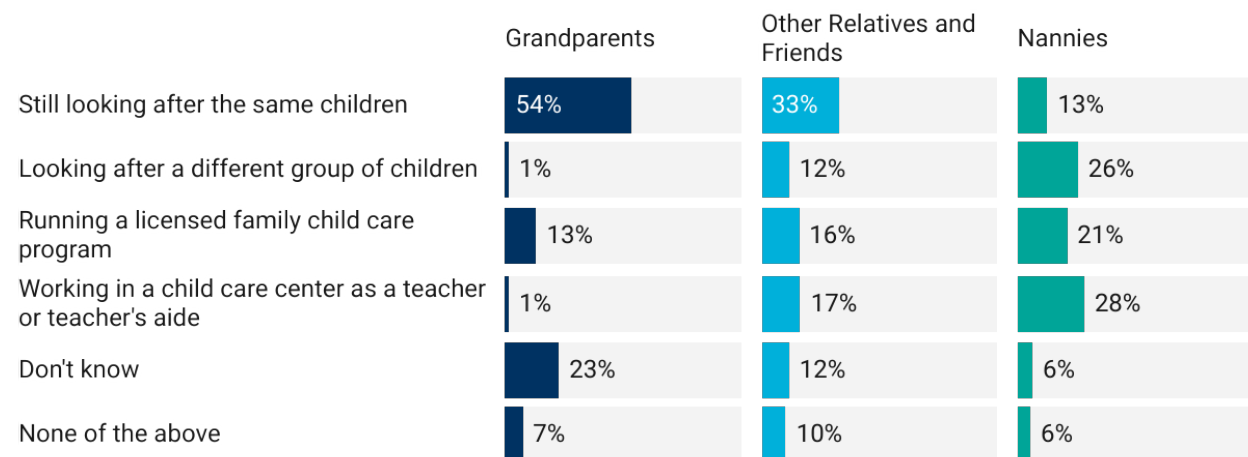
Continuing our exploration of caregivers' connection to their role, our survey asked where they saw themselves in three years (see **Figure 3**). About one half of grandparents expected to be “still looking after the same children”; only 1 percent of grandparents envisioned caring for a different group. A minority of other caregivers expected to be caring for the same group: only 33 percent of other relatives and friends, along with 13 percent of nannies. The latter were somewhat more likely to have a new group (26 percent).

Across caregiver types, few respondents envisioned becoming a licensed family child care provider—though nannies were the most likely (21 percent). Nannies were also more likely to intend to work in center-based child care (28 percent). Grandparents were most likely to select “don't know.” This response may relate to their motivation to provide care while they are needed; in other words, it may depend on what their loved ones ask of them in the future.

Across caregiving categories, Latina caregivers were somewhat more likely to be interested in licensure: 23 percent, compared to 16 percent of caregivers from all other races/ethnicities. Caregivers with an associate degree also expressed greater interest (26 percent), compared to those with either a high-school equivalent or bachelor's degree (17 percent each).

FIGURE 3. LIKELY ROLE IN THREE YEARS

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley
 Grandparents N=136, other relatives and friends N=144, nannies N=109

Licensure Aspirations

In our report, we sometimes group caregivers who expressed an interest in becoming a licensed family child care provider within three years. A few of these caregivers may have previously been licensed and want to renew, while others are curious about obtaining their first license. In both circumstances, however, this group is a source of potential members of the ECE workforce. They are eligible for numerous state- or locally funded programs, such as the Child Care Initiative Project (CCIP), which assists providers on their journey to becoming licensed (California Child Care Resource & Referral Network., n.d.).

Our focus groups gave participants the opportunity to speak in greater depth about their plans. Many grandparents and other relative caregivers demonstrated a strong commitment to their current caregiving roles, often driven by their emotional connections and sense of responsibility to family. Nonrelative caregivers, in contrast, often viewed their roles as a professional pathway or temporary arrangement, contemplating expansions or transitions in their caregiving capacities. “Child care is something that I’m very passionate about,” shared one nanny from Alameda County. “To climb up the ladder to maybe become a director of a place where there are a lot of children... That’s my passion.”

As they discussed their future plans, focus group participants referenced current financial or logistical hurdles. For one caregiver interested in licensure, higher compensation made licensure appealing, but she felt limited as a renter:

“I’ve taken several classes, and it has helped me a lot to believe that I’m already a little bit further ahead [...] but the other problem would be to look for a place to live. Because in my case, right now I’m living in an apartment. I think I want a place close to a park.... Those little details.”

— Nanny, Alameda County

For caregivers like her, the current size or status of their living space does not fit with their goals. There is also a recurring need for support and education, with caregivers expressing desires for resources that could help them achieve their diverse and individualized goals. “I’d like just more educational classes, like to give you more ideas on how to go about teaching smaller kids or even introducing stuff to the older kids,” a caregiver from Alameda County shared. “I’m very big on nutrition so I would love that.”

Self-Perception

To explore caregivers' perceptions of themselves and their roles, we adapted questions from the Career Competencies Questionnaire (CCQ) (Akkermans et al., 2012). An instrument that universities use to assess students' ability to plan for careers while they're in school, the CCQ questions span domains such as reflection on motivation, reflection on qualities, and ability to communicate strengths (see **Figure 4**).²

In our survey, we substituted terms like “my work/career” with “caregiving” in most cases. For instance, the original CCQ scales include the item, “I know my strengths in my work,” which we modified to be “I know my strengths as a caregiver.” For those caregivers who identified a career-oriented motivation (see **Figure 2**), we included additional domains from the CCQ on networking, work exploration, and career control (see **Figure 5**).

We adapted the CCQ tool to explore FFN caregivers' views of their strengths and needs. As we use this tool, we acknowledge that caregiving is only a “job” in some cases; nonetheless, an individual's self-perception can influence whether they act on their aspirations, and acting on their aspirations can reinforce their self-perception (Muuss, 1995).

In **Figure 4**, we display results from the first three domains from the CCQ: reflection on motivation, reflection on qualities, and ability to communicate strengths. Across all items in the scale, grandparents demonstrated the strongest clarity and confidence in their role. For instance, for “I know my strengths as a caregiver”: 80 percent of grandparents strongly agreed, compared with 68 percent of other relatives and friends and 52 percent of nannies. The narrowest gap occurred for “I am familiar with my shortcomings as a caregiver”: 56 percent of grandparents strongly agreed, along with 55 percent of other relatives and friends and 44 percent of nannies. Taken together, these scales reinforce grandparents' particular clarity and connection to their role as caregiver. This effect is present, but somewhat diminished, for other relatives and friends.

Examining responses of caregivers from different races/ethnicities, we find that caregivers of color tend to have greater agreement across these three domains. For instance, 99 percent of Black caregivers either strongly or somewhat agreed with “I know my strengths as a caregiver,” along with 95 percent of Latina caregivers, but only 79 percent of White caregivers. An even greater gap occurred for “I can show the people around me what is important to me as a caregiver,” with 98 percent of Black caregivers and 95 percent of Latina caregivers either strongly or somewhat agreeing, but only 74 percent of White caregivers. These findings suggest a potential difference in how caregivers from different races/ethnicities perceive

² In the original CCQ, Akkermans titles the third domain “self-profiling,” which he defines as “presenting and communicating personal knowledge, abilities, and skills to the internal and external labor market” (Akkermans et al., 2010). We describe this domain as “the ability to communicate strengths” for clarity.

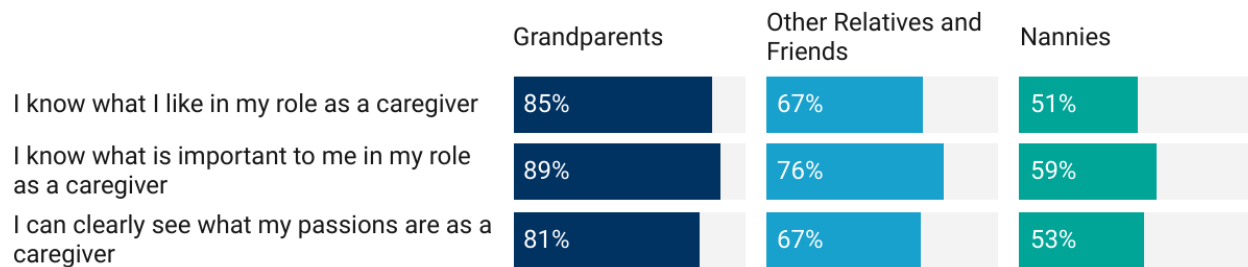
themselves in their caregiving roles. White caregivers, though largely confident in their qualities and motivation, are somewhat less clear on their status.

Caregivers with either a career motivation or an interest in licensure tended to agree less strongly with the scales in **Figure 4**, compared to the rest of our sample. For instance, for “I know my strengths as a caregiver,” 82 percent of both career-motivated and license-inclined caregivers either strongly or somewhat agreed, compared with 94 percent of other

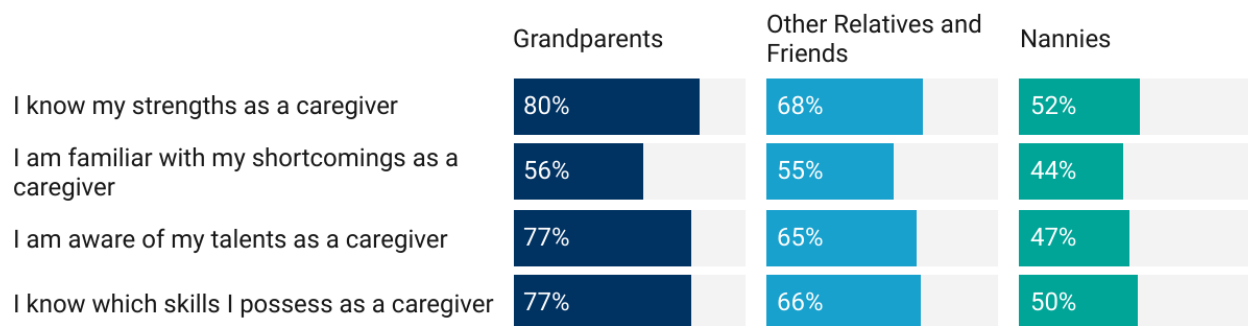
FIGURE 4. SELF-PERCEPTION: MOTIVATION, QUALITIES, AND ABILITY TO COMMUNICATE STRENGTHS

Percent of Caregivers Who **Strongly Agree**; California, 2022

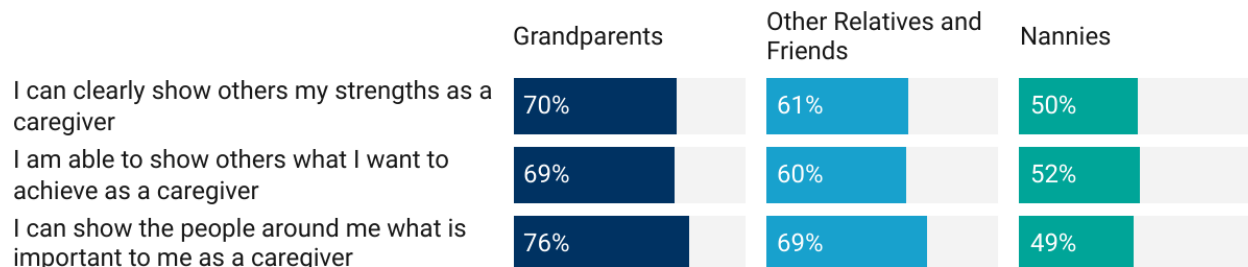
Motivation



Qualities



Ability to Communicate Strengths



Source: Center for the Study of Child Care Employment, University of California, Berkeley
Grandparents N=133, other relatives and friends N=144, nannies N=108

caregivers. This gap may be related to the lack of grandparents in these groups; grandparents tend not to be career motivated and are less likely to be interested in pursuing a license.

Despite the lower scores for career-motivated caregivers, they still demonstrate high clarity and confidence in their self-perception as a whole. To better understand their vision of their career, we include three additional areas from the CCQ in **Figure 5** below: work exploration, networking, and career control. Here, our sample sizes are smaller, so readers should interpret with caution.

Across the domains depicted in **Figure 5**, overall levels of agreement are lower compared to the rest of the CCQ domains. Scores were lowest for networking: for instance, only 41 percent of relatives strongly agreed with the statement, “I am able to approach the right people to help me with my child care career,” along with 29 percent of nannies. Compared to the previous figure, these findings suggest a gap between caregivers’ perceptions of their skills and their ability to act on career motivations by exploring job options or networking. As one respondent shared:

“If there were resources or a way that I could do a home daycare center, I’d start it tomorrow. I’d probably go back to school and try and become a teacher again.... I don’t know. I wouldn’t know what type of support you would need to be able to start a [licensed] home.”

— Paid aunt caregiver, San Bernardino County

In **Figures 4** and **5**, nannies reported lower levels of clarity in their role and their career goals. This finding is somewhat surprising, since all nannies already provide care for pay (and only some relatives and friends do)—in other words, they may already be connected to caregiving as a career.

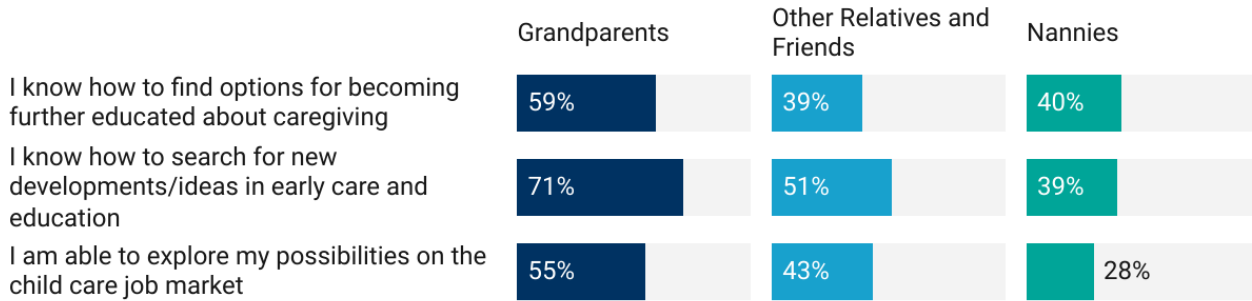
“I’ve taken classes to get my license, but I’m not sure if that was really the last step... I see it a little bit hard, in the sense that maybe I haven’t looked so much into the costs and all that, but I think it’s a little more hard to be able to have it as affordable as possible for me.”

— Nanny, Alameda County

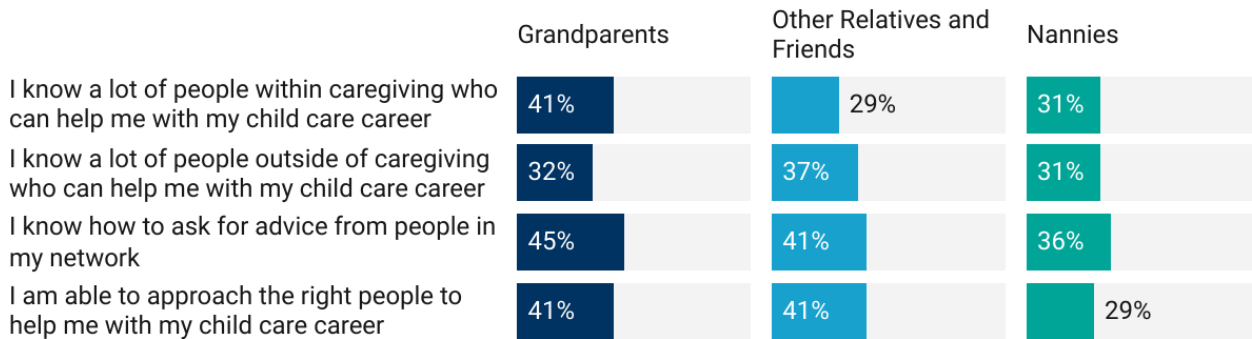
FIGURE 5. SELF-PERCEPTION: WORK EXPLORATION, NETWORKING, AND CAREER CONTROL

Percent of Caregivers Who **Strongly Agree**; California, 2022

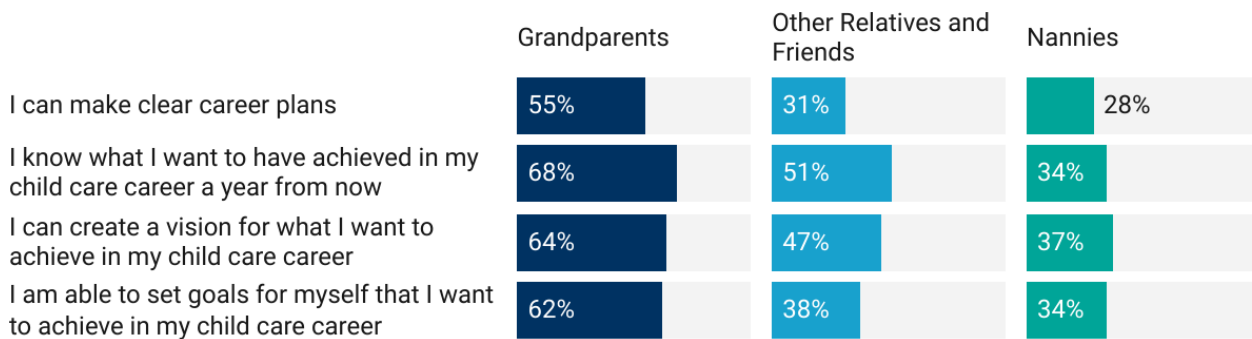
Work Exploration



Networking



Career Control



Source: Center for the Study of Child Care Employment, University of California, Berkeley

Grandparents N=22, other relatives and friends N=49, nannies N=67

Note: For grandparents and other relatives and friends, each sample size contains fewer than 50 individuals. Interpret with caution.

Care Arrangements

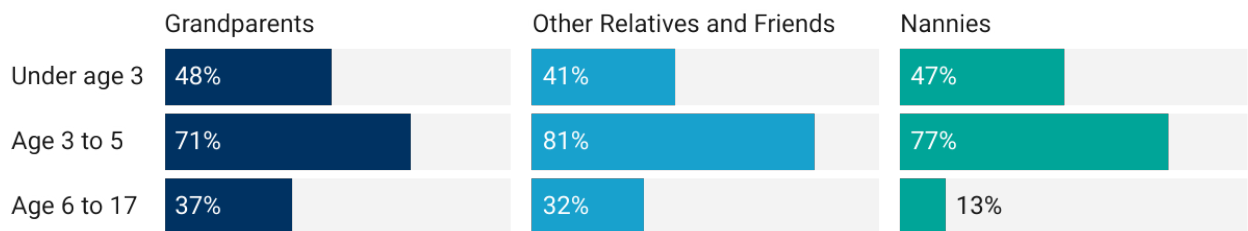
Care arrangements often flow from the needs of the parents: for instance, some parents prefer a family, friend, or neighbor for their infant or toddler but are more likely to pursue a split schedule between an FFN caregiver and a licensed provider for their preschool-age children (Powell et al., 2023). In this section, we explore ages in care, group sizes, schedules, payment, and daily activities.

Children in Care

The majority of caregivers in our sample had either one or two children in their care, not counting any children of their own (75 percent). **Figure 6** shows the proportion of caregivers caring for a child in each age group. Caring for a child age three to five was most common (71 percent of grandparents, 81 percent of other relatives and friends, and 77 percent of nannies). Caring for school-age children was less common due to our study requirement of caring for at least one child under age six. Caregivers with two or more children in their care tended to support a single household (70 percent).

FIGURE 6. CHILDREN IN CARE, BY AGE GROUP

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley
Grandparents N=145, other relatives and friends N=156, nannies N=114

Caregivers of color were more likely to care for infants and toddlers: 47 percent, compared to 36 percent of White caregivers. Additionally, caregivers of color were more likely to be providing one-to-one care: 65 percent, compared to 48 percent of White caregivers.

Three quarters (76 percent) of nannies with children of their own under age six reported that they sometimes or always cared for their children and other children simultaneously. Among other relatives and friends, the figure was much higher: 98 percent. For caregivers with young children of their own, child care for others is an extension of child care arrangements for their own children.

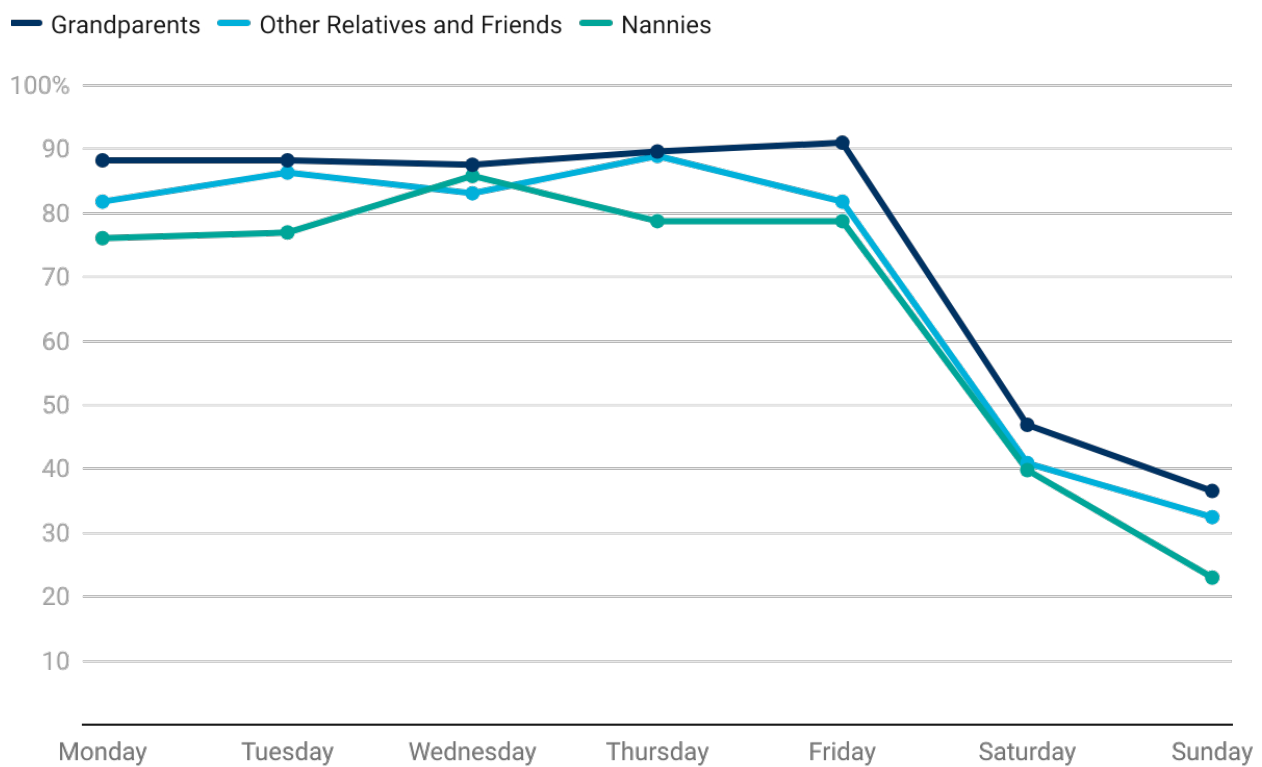
Caregivers in our focus groups echoed these patterns. Many were already providing care for their own young children, an aspect that frequently facilitated their entry into caregiving for others. For instance, some focus group participants revealed that they were approached by friends or family members due to their status as stay-at-home parents or because they were considering staying at home. One caregiver from Santa Clara County explained, “I was a stay-at-home mom. Someone else needed help with child care, and I’m already at home, so I could help out.” An aunt from Merced County recounted, “I actually started with my own children. My first child was a premature child, and I had nobody willing to take care of him. So I stayed at home. Once I stayed at home, people were like, ‘oh, well, since you’re home, could you watch mine?’”

Schedules

Caregivers provided a median of five days of care per week. **Figure 7** shows the share of FFN caregivers and nannies providing care each day in a typical week. About one half of our sample provided at least one hour of weekend care on a regular basis.

FIGURE 7. DAYS OF THE WEEK CARING FOR CHILDREN

California, 2022



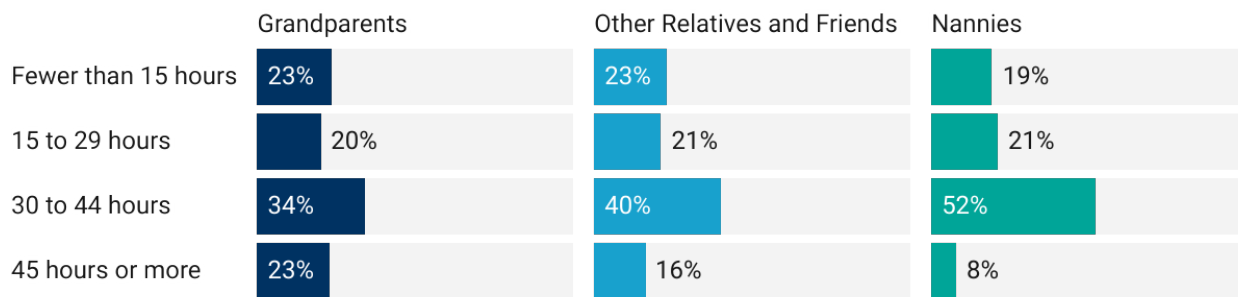
Source: Center for the Study of Child Care Employment, University of California, Berkeley

Grandparents N=145, other relatives and friends N=154, nannies N=113

Caregiving hours ranged from five hours per week to more than 60 hours. **Figure 8** shows the distribution of caregivers by their hours with children. For all three types of caregivers, at least one half provided 30 or more hours of care per week.

FIGURE 8. WEEKLY HOURS CARING FOR CHILDREN

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley
Grandparents N=145, other relatives and friends N=156, nannies N=114

Black caregivers reported the longest median hours (35 per week). Longer hours also correlated with paid care. For instance, unpaid caregivers related to children in their care spent a median of 27.5 hours with children, compared to 40 hours for paid relatives. Unpaid friends, by contrast, spent around 17 hours caregiving per week. Caregivers interested in becoming licensed were more likely to already provide care full time: 63 percent reported 30 or more hours of care per week, with 15 percent covering 45 or more hours.

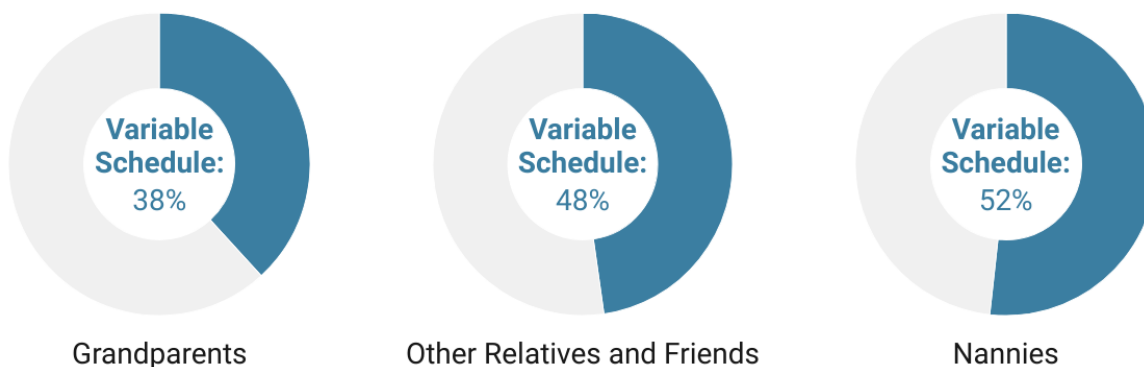
Caregivers' total hours are typically not limited to time with children. Around 90 percent dedicated at least one hour each week to tasks such as preparation, shopping, or cleaning, with a median of two "administrative" hours. **Figure 8** does not include this time, and similarly, caregivers compensated by a subsidy do not count this time towards their weekly hours.

Table 1 (on pages 11-12) shows that roughly one out of five caregivers holds another job. Some were employed in other caregiving roles or in education; others worked in retail, clerical, or cleaning jobs. These FFN caregivers and nannies spent a median of 25 hours caregiving and 22 hours working in their other role.

Unlike licensed child care providers whose schedules are typically regular, FFN caregivers and nannies frequently can accommodate parents' needs to change schedules. **Figure 9** shows the proportion of caregivers whose hours tended to vary, with grandparents least likely to report variable hours (38 percent).

FIGURE 9. PERCENTAGE OF CAREGIVERS WITH VARIABLE SCHEDULES

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley
Grandparents N=144, other relatives and friends N=155, nannies N=114

For family caregivers, variable schedules often align with unpaid care: unpaid relatives (including grandparents) provided variable hours 53 percent of the time, compared to only 37 percent of paid relatives. Subsidy-paid caregivers of any relation were even less likely on average (33 percent). Schedules most often varied based on family need (60 percent) rather than caregiver availability (40 percent). The latter was more common for White caregivers (55 percent).

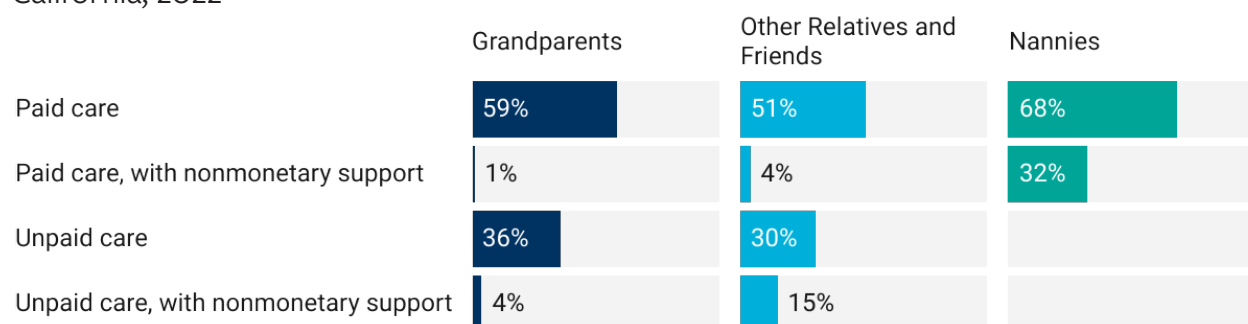
Last-minute care can contribute to unpredictability in scheduling. Around 15 percent of caregivers reported providing care last minute once a week or more often; 32 percent did so monthly. Paid relatives were most likely to handle last-minute requests once a week (21 percent), and nannies were least likely (9 percent).

Financial Arrangements

The majority of caregivers in our sample received payment (see **Figure 10**), driven in part by our sample recruitment through resource and referral agencies. Some caregivers received nonmonetary support in addition to payment. Most frequently, parents offered nonmonetary support in the form of food or supplies for the caregiver's own use; occasionally, parents provided housing. Ten percent of friend caregivers exchanged reciprocal child care.

FIGURE 10. FINANCIAL ARRANGEMENTS FOR CAREGIVING

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley
 Grandparents N=135, other relatives and friends N=155, nannies N=114

Asian caregivers were most likely to be unpaid in our sample (45 percent, with an additional 14 percent receiving only nonmonetary support). Black caregivers were most likely to receive payment (73 percent, with an additional 11 percent receiving pay and nonmonetary support). Meanwhile, caregivers interested in becoming licensed providers were also more likely to be paid already (60 percent, with an additional 20 percent receiving pay and nonmonetary support).

In addition to providing their time and skills—in some cases without pay or support—caregivers often incur expenses for transportation, toys/learning supplies, food, and even diapers (see **Figure 11**).

The majority of caregivers covered at least one expense out of their own pocket, including most grandparents (89 percent, compared to 80 percent of other relatives/friends and 75 percent of nannies). A subset of caregivers covered all four types of expenses, with grandparents leading the way once again (30 percent, compared to 16 percent of other relatives and friends and 11 percent of nannies). Across races/ethnicities, Black caregivers were most likely to cover all four categories of expenses (32 percent, compared with 12 percent of all others).

FIGURE 11. CAREGIVING EXPENSES: WHO PAYS FOR...?

California, 2022

■ I pay ■ We share the cost ■ The parents pay

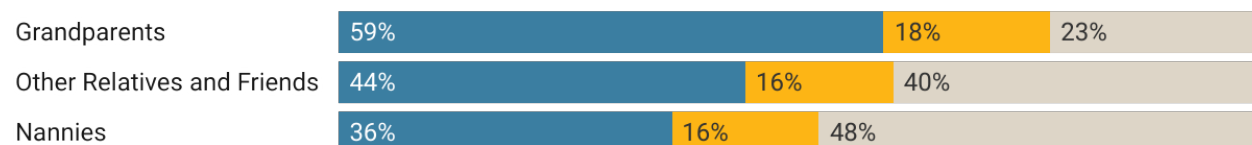
Transportation



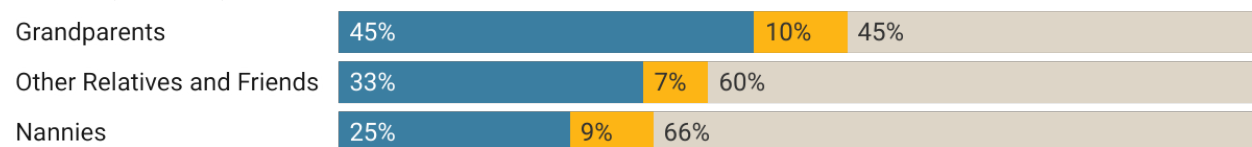
Toys/Learning Supplies



Food



Diapers (if needed)



Source: Center for the Study of Child Care Employment, University of California, Berkeley
Grandparents N=122, other relatives and friends N=125, nannies N=110

Caregivers in our focus groups elaborated on their financial arrangements with parents. Relatives like aunts and grandparents tended toward informal arrangements without strict financial expectations. Instead, they embraced what “happened to work” or naturally evolved over time. A paid caregiver from San Bernardino County said, “It’s not like [my sister] is making all this extra money. If she has it to give it, then she’ll say, ‘Hey, sis. I have an extra \$100 or I have an extra \$200 that I don’t need. Do you want it?’ Most of the time I need it, so I’ll take it.” Financial considerations were secondary to the trust, understanding, and familial connection. As a caregiver from Santa Clara County shared, “There is no financial arrangement, I simply look after her because she is family.” Similarly, expenses for outings

to amusement parks or memberships were often incurred on an ad-hoc basis without any financial agreement. Others rely on informal exchanges, such as parents providing specific supplies or potluck-style sharing of resources and favors.

Consistent with our survey results, many of our focus group discussions included paid individuals, such as caregivers compensated through child care subsidies. In these paid scenarios, themes of flexibility and empathy for the parents were prominent. For instance, one caregiver faced repeated delays in getting started with subsidy payments, but she continued to provide care and said she will likely not ask the parent to cover the weeks that went unpaid. A caregiver from Alameda County described a similar situation: “At first I wasn’t getting paid from any [subsidy] program. I was the main care option because in the beginning, before the program paid, she was just paying me cash. [...] I just charged like \$100, \$150, because the parents really didn’t have it.”

Locus of Care

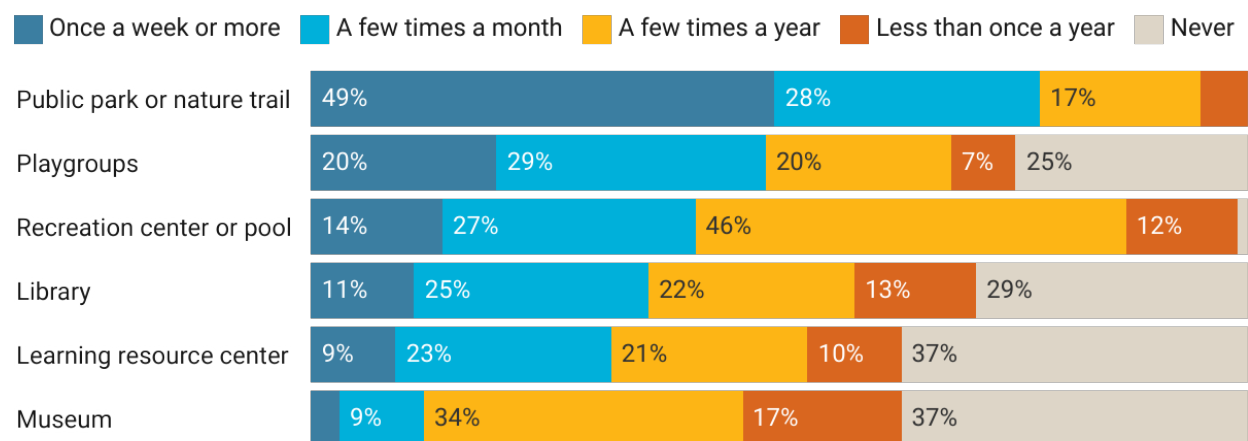
Similar to licensed home-based providers, FFN caregivers and nannies tended to offer child care in their own homes (85 percent of relatives and 67 percent of nannies) rather than the home of the family. In addition, they routinely visited local parks, libraries, and other community locations. As shown in **Figure 12**, caregivers most often visited public parks or nature trails, with one half (49 percent) going at least weekly.

Trends varied only somewhat by caregiver group, though some differences emerged by race and ethnicity. Weekly trips to the library were most common among Latina caregivers (17 percent); Black caregivers were the most frequent participants in weekly playgroups (34 percent); and weekly park visits were most common for Asian caregivers (83 percent).

Caregivers interested in becoming licensed were somewhat more likely to visit the library or museum. For instance, 85 percent reported visiting the library at least once a year (compared to 65 percent of other caregivers), with 11 percent going once a week or more often; 72 percent visited a museum at least once a year (compared to 61 percent of others), with 2 percent going once week or more often.

FIGURE 12. CAREGIVING OUTINGS

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley
FFN caregivers and nannies N=325-342

The Typical Day

In our focus groups, participants had the opportunity to give a moment-by-moment description of their typical day as a caregiver: their routines, the activities they engage in, who decides what, and how they go about choosing activities, resources, and materials.

Caregivers describe a blend of activities structured to engage children and attend to their basic needs. Starting with essential morning routines such as meal preparation and school drop-offs for older children, the day transitions into rich combinations of indoor and outdoor experiences for infants, toddlers, and preschoolers.

“My sister starts work at nine, and she usually has the kids over by like eight o’clock. I’m already awake, have coffee, usually have breakfast ready for everyone... When the girls get dropped off, everybody sits down, we all eat together, and we usually play.”

— Unpaid aunt caregiver, Santa Clara County

Inside, activities range from playtime and reading to arts and crafts, often accompanied by musical toys (e.g., maracas, flutes, drumming) and storybooks like Eric Carle’s *The Very Hungry Caterpillar*. Outdoors, caregivers and children enjoy walks to the park, excursions to local venues with programming for young children, or active play at the local park.

“We get ready with their extra clothes, everything we need to go out to the park. We go out. We go to story time. Usually the bookstores offer story time at 10:30 in the morning.”

— Paid caregiver, Alameda County

As the day progresses, the focus returns to structured routines, culminating in relaxation time with TV and bedtime rituals. For example, a paid aunt caregiver from San Bernardino County shared her evening routine: “By 6 o’clock, we’re eating dinner [...] 7:30 it’s showers, getting ready for bed [...] we’re in bed by 8:30. My sister comes home at about 11:00, 11:30.” Though we did not ask focus group participants about screen time, most caregivers described imposing a scheduled window or time limit.

Caregivers stressed their intentional approach to choosing children’s daily learning experiences. Their sources varied, ranging from online platforms to nearby schools and child care centers. Most caregivers mentioned a web- or app-based activity like Starfall, ABCmouse, or CoolMath games. Some of these programs have fees, which the caregiver typically pays themselves. Some caregivers mentioned webinars or workshops as complements to programs offered at museums, parks, and libraries.

Caregivers who receive subsidies were particularly likely to turn to organizations in their community, including a resource and referral agency, First 5, or library. Caregivers in this group readily expressed gratitude for free or discounted resources, like take-home kits, workshops, and playgroups. An unpaid caregiver from Glenn County elaborated: “We use our local library as a resource. They have take-home kits. I also attend virtual classes once a month that offer really good incentives like a free sensory tub.”

Our focus group discussions also brought to light the push–pull of collaboration with parents and autonomy over their routines. For unpaid relatives, the decision-making power varies: in some instances, parents make specific requests such as teaching children how to write their name or playing educational games; in other cases, caregivers select activities based on the children’s interests or draw from their personal childrearing experiences. One grandmother who takes care of her son’s daughter shared, “I’ve raised three boys. My son knows how I am, how I raised him. So he kind of wants me to do the same with my granddaughter.” In general, paid caregivers (related or unrelated) described greater agency in setting the schedule.

Caregivers looking after school-age children sometimes connect with the elementary school: for instance, a paid aunt in San Bernardino County described a close connection to the teacher of her school-age nephew with a disability: “I try and go to parent-teacher nights with my sister... I’m always the one like, ‘What could he use? What could he do?’ [...] She had my sister’s number, but she used my number a lot more.”

While the particulars of their typical days varied, focus group participants shared their intention to engage children educationally, socially, and creatively. They frequently highlighted how seriously they take their role, supporting not only the children, but their family more broadly.

Economic Well-Being

Earnings

Our study sample skews towards paid caregivers, as shown in **Figure 10** (on page 26). In most cases, child care is not subject to minimum wage laws, with the exception of those classified as employees under the Domestic Worker Bill of Rights (Department of Industrial Relations, 2014). This law explicitly excludes family members from its definition, as well as “anyone who provides child care pursuant to certain child care acts” such as subsidized CalWORKS child care.

Hourly earnings for friends and family caregivers are much lower than minimum wage (see **Figure 13**). For caregivers paid via subsidy, earnings hover around \$8 per hour. Nannies earn a wage similar to educators working in a licensed center: assistant teachers earn approximately \$16 per hour, and lead teachers earn \$19. Certainly, nannies’ wages can run much higher: in our sample, 10 percent of nannies earn \$40 per hour or more.

FIGURE 13. MEDIAN HOURLY WAGE

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley
Grandparents N=51, other relatives and friends N=45, nannies N=92

*Sample contains fewer than 50 individuals. Interpret with caution.

Despite their higher wages, most nannies in our sample (78 percent) live at or below 80 percent of area median income—along with the vast majority of FFN caregivers (92 percent of grandparents and 81 percent of other relatives and friends). We estimate a median annual household income of \$57,900 for nannies, compared with \$25,200 for grandparents and \$42,000 for other relatives and friends.

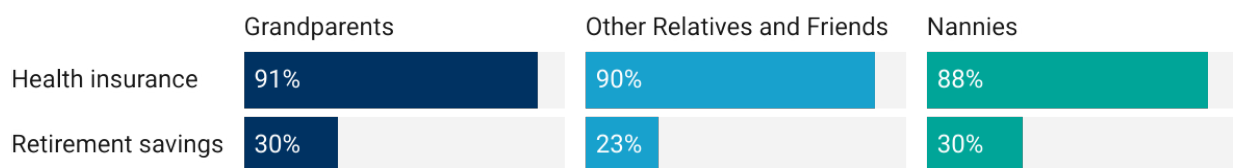
Benefits

Since FFN caregivers (and some nannies) may not meet the California standard for employees, they do not receive benefits such as health insurance or retirement. Among paid caregivers, only 13 percent of relatives reported receiving paid days off (sick days or vacation), along with 29 percent of nannies.

Instead of being an employee benefit, health insurance and retirement are economic necessities that caregivers must obtain either from a spouse or by deducting and saving from their meager wages. **Figure 14** shows the share of caregivers with any health insurance or retirement accounts. While the vast majority of caregivers do participate in a health plan, nannies were somewhat less likely to be covered: 88 percent, compared to 90 to 91 percent of FFN caregivers. Meanwhile, few caregivers have any retirement savings: less than one third in all the caregiving categories, much like licensed family child care providers in California, only 21 percent of whom have savings for retirement (Montoya et al., 2022).

FIGURE 14. ACCESS TO HEALTH INSURANCE AND RETIREMENT SAVINGS

California, 2022



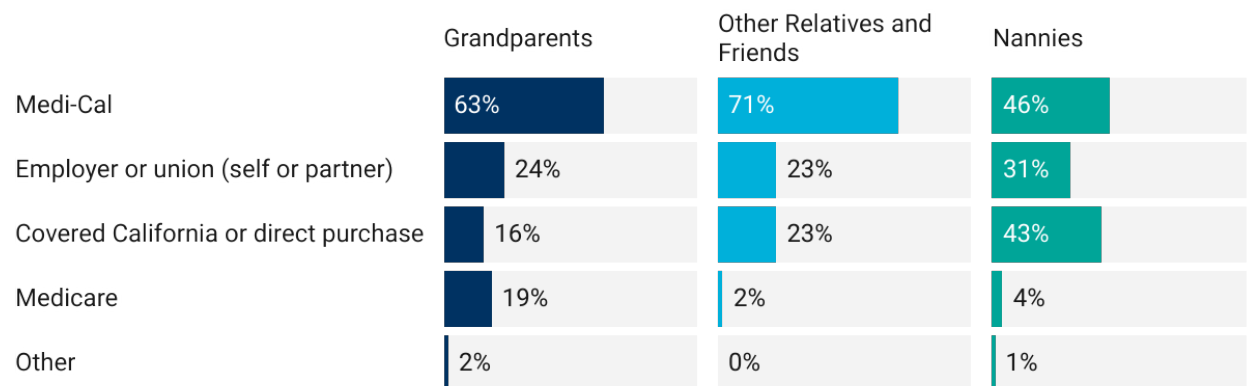
Source: Center for the Study of Child Care Employment, University of California, Berkeley
Grandparents N=117, other relatives and friends N=123, nannies N=105

Paid relatives were less likely to have health insurance (86 percent) or retirement (17 percent). Caregivers born outside the United States were also less likely to have either (13 percent have retirement savings, and 80 percent have health insurance).

Most FFN caregivers and nannies in our sample accessed their health insurance through Medi-Cal (**Figure 15**). This source of coverage was especially common among caregivers without a spouse or partner (76 percent each). Employer- or union-sponsored plans covered 32 percent of married caregivers (including plans held by a spouse).

FIGURE 15. SOURCE(S) OF HEALTH INSURANCE

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley

Grandparents N=101, other relatives and friends N=103, nannies N=89

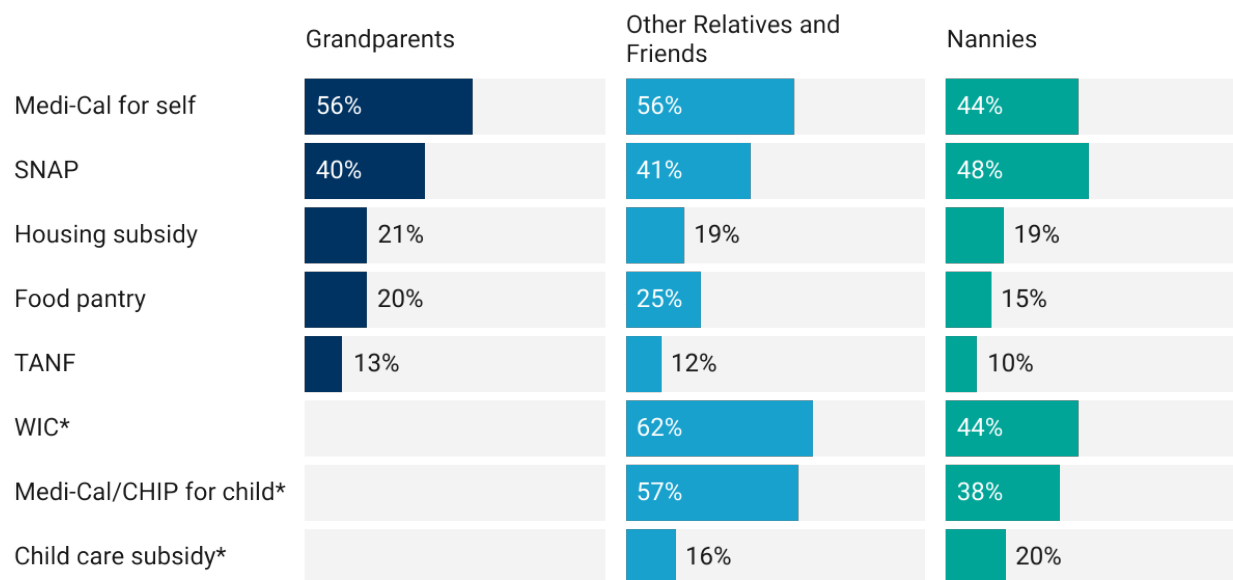
Note: Estimates do not sum to 100 percent because individuals may have two or more sources of coverage. “Other” includes sources such as TRICARE and VA.

Economic Challenges

Like members of the licensed ECE workforce, FFN caregivers and nannies sometimes rely on public assistance programs to meet their household’s needs. **Figure 16** shows the most common usage of these support programs. Caregivers in our sample are much more likely than average working Californians to enroll in one or more programs: for instance, in 2020, around 15.5 percent of all California workers enrolled in Medi-Cal for themselves, compared to 44 percent of nannies in our sample and 56 percent of grandparents, other relatives, and friends. For the Supplemental Nutrition Assistance Program (SNAP or CalFresh), around 9 percent of California workers use the program, compared to 40 to 50 percent of caregivers in our sample (Powell et al., 2022).

FIGURE 16. CAREGIVER PARTICIPATION IN PUBLIC ASSISTANCE PROGRAMS

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley

Grandparents N=128, other relatives and friends N=139, nannies N=108

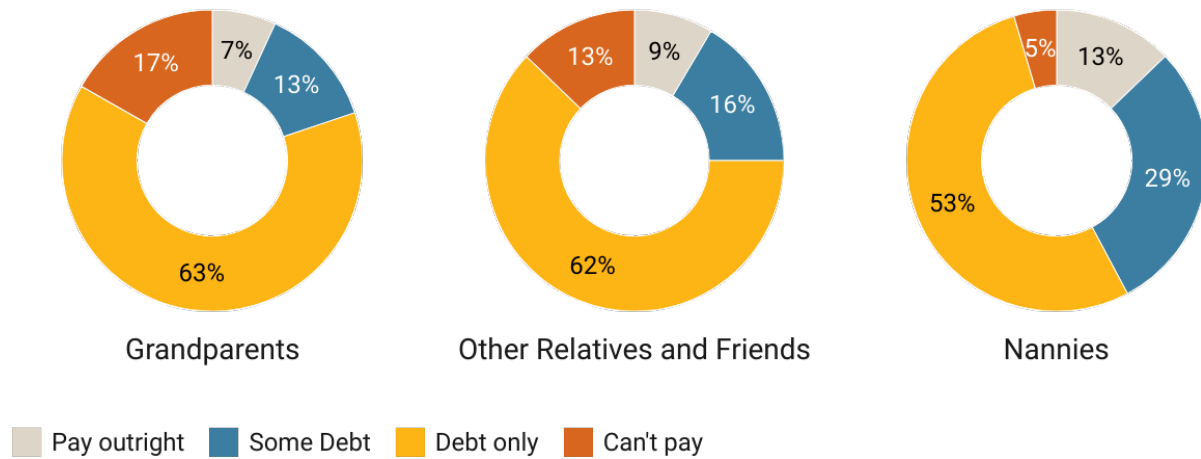
Note: Estimates for Medi-Cal participation differ from **Figure 15** due to differences in the analytic samples.

* These programs are only available to parents. Our estimates accordingly exclude responses from individuals without age-eligible children.

Another metric of economic well-being comes from the Survey of Household Economics and Decisionmaking (SHED). In the event of an unexpected emergency expense of \$400, how would a respondent pay? Around 26 percent of working adults in the United States would pay outright, either using cash or credit card (and paying off the credit card in full at the next statement). The remainder would use some form of debt, except for the 8 percent who could not find a way to pay at all (Powell et al., 2022).

Figure 17 shows how our caregiver sample responded to the same question. Taking on debt would be the most common choice, either alone or in combination with other options. These options included paying off credit card debt over time, borrowing from friends and family, selling something, obtaining a loan from a bank, or relying on a measure of last resort like overdraft, a deposit advance, or a payday loan. Relative caregivers were also somewhat more likely to be unable to pay compared to the national average of 8 percent. Paid relatives were most likely to select “can’t pay” (20 percent).

FIGURE 17. HOW WOULD CAREGIVERS PAY FOR A \$400 EMERGENCY EXPENSE?
California, 2022



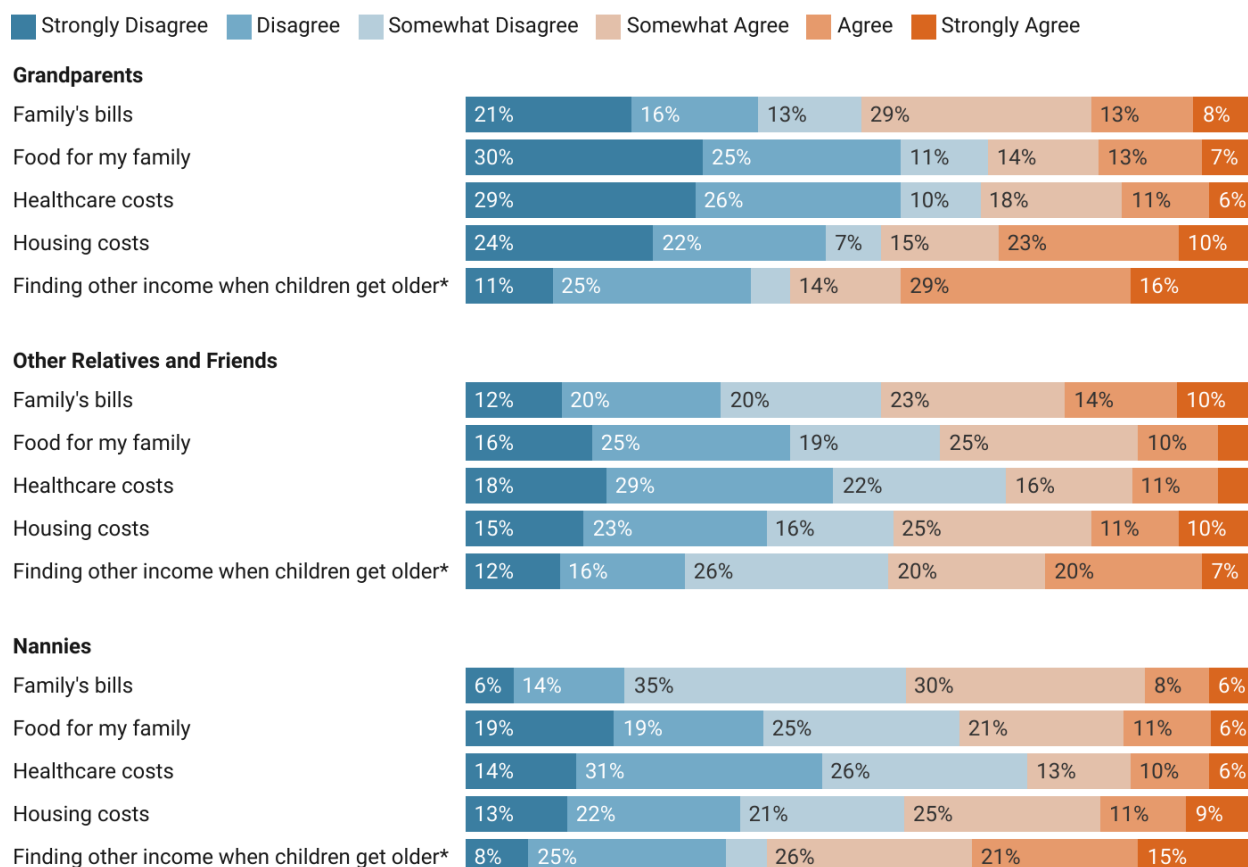
Source: Center for the Study of Child Care Employment, University of California, Berkeley
Grandparents N=131, other relatives and friends N=140, nannies N=109

To better understand how financial stresses impact caregivers, we asked them to rate their level of worry on a list of topics (see **Figure 18**). The greatest areas of concern were their family’s bills and housing costs. Paid caregivers are also often worried about finding other sources of income when the children in their care get older.

Caregivers born outside the United States expressed concern more often: for instance, 56 percent worried about bills and 64 percent about housing, compared to 54 percent and 50 percent for U.S.-born caregivers, respectively. Caregivers interested in becoming licensed providers also expressed greater economic worries: 60 percent worried about bills, compared to 45 percent of those not interested in licensure.

FIGURE 18. ECONOMIC WELL-BEING: “I WORRY ABOUT...”

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley

Grandparents N=136, other relatives and friends N=147, nannies N=112

*Paid caregivers only.

Worries about having enough food were most prevalent among Latina caregivers (48 percent) and caregivers living in the Bay Area (49 percent). Meanwhile, among paid caregivers, one half or more worried about finding sources of income once the children in their care got older.

Caregiving Supports

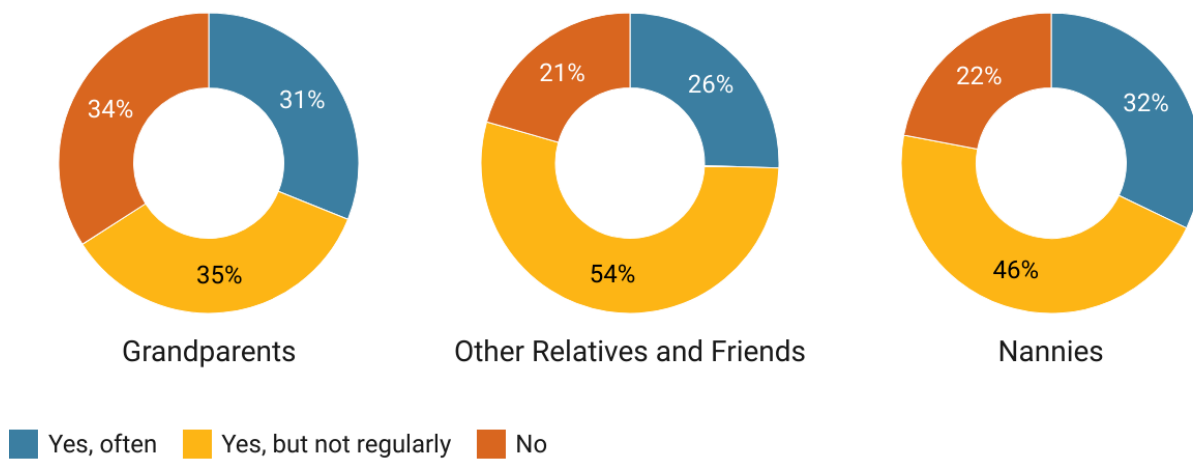
Our survey included a series of questions on caregivers’ connection to resources. These resources included other caregivers and training opportunities. In this section, we explore how FFN caregivers and nannies perceive their support, with a discussion of their mental health.

Connection to Other Caregivers

Working with young children can be very isolating. By that same token, connecting with fellow educators or caregivers can be a source of personal and professional support (Bostic et al., 2023; Schlieber et al., 2019; Whitebook et al., 2016). **Figure 19** shows the frequency that FFN caregivers and nannies meet with other caregivers. The majority of caregivers in our sample do connect with others, though typically not regularly. Grandparents had the least amount of contact: one in three reported no meet-ups.

FIGURE 19. MEETING UP WITH OTHER CAREGIVERS

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley
Grandparents N=135, other relatives and friends N=141, nannies N=109

Caregivers in Southern California and Los Angeles were more likely to have no contact with others (32 percent), as well as caregivers who are Black or those born outside the United States (37 percent each).

Our survey included an open-ended question about where FFN caregivers and nannies would (or could) go to meet with other caregivers. Around 110 providers wrote in comments. The most common answers were the library and the park (16 for each). Seven participants mentioned connecting online. Another 15 caregivers mentioned a resource and referral agency or a similar organization.

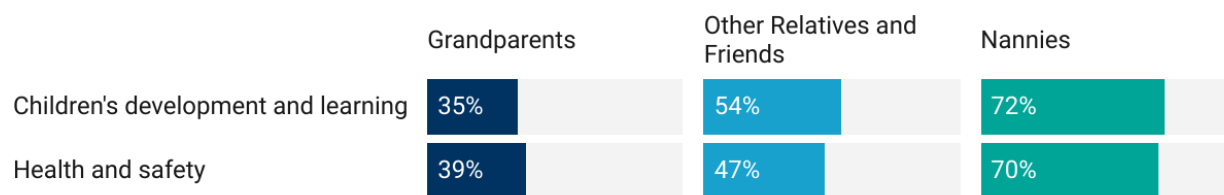
One quarter of the caregivers in our sample participated in a union.³ Union membership was greatest among Black caregivers in our sample (34 percent) and lowest among Asian caregivers (8 percent). Membership was also particularly high among nannies (34 percent).

Training and Resources

Some FFN caregivers and many nannies attend trainings to expand their knowledge and enhance their skills (see **Figure 20**). Our survey asked about participation in trainings in two topic areas: 1) children’s development and learning and 2) and health and safety. About one third of grandparents attended training in each area during the past year, along with one half of other relatives and friends and more than two thirds of nannies.

FIGURE 20. ATTENDED A TRAINING IN THE PAST YEAR

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley
Grandparents N=135, other relatives and friends N=139, nannies N=109

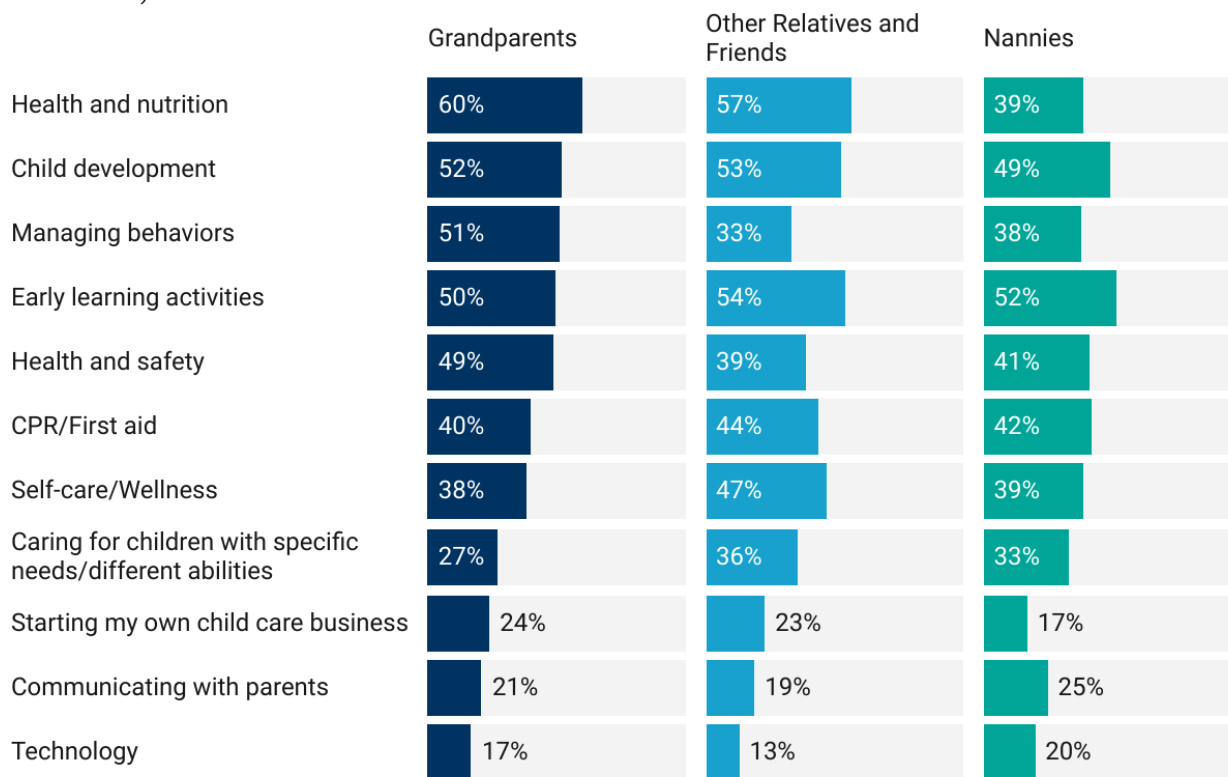
Married caregivers were about twice as likely to have attended either type of training (60 percent, compared to 30 percent of unmarried caregivers). White caregivers also reported high levels of attendance: 69 percent attended a developmental training, and 72 percent attended a health and safety training. Caregivers interested in becoming licensed were also more likely to have attended a developmental training (62 percent, compared to 44 percent of other caregivers), but they were not more likely to attend a health and safety training (51 percent, compared to 50 percent of other caregivers).

We also asked caregivers which types of trainings or resources would interest them (see **Figure 21**). There was significant interest in a number of training topics, with health and nutrition the most commonly selected (54 percent), followed closely by child development and early learning activities (53 percent each). Grandparents were additionally interested in learning more about managing behaviors (51 percent, compared to 35 percent of other caregivers).

³ Our sample recruitment included outreach to Child Care Providers United (CCPU), the home-based ECE provider union in California.

FIGURE 21. INTEREST IN TRAINING OR RESOURCES

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley
 Grandparents N=131, other relatives and friends N=135, nannies N=106

While White caregivers were more likely to have attended a training in the past year, caregivers of color were more likely than their White peers to be interested in future trainings on CPR/first aid (47 percent, compared to 33 percent of White caregivers), child development (59 percent, compared to 41 of White caregivers), or nutrition (63 percent, compared to 38 percent of White caregivers). Caregivers who hoped to become licensed were more likely to be interested in support related to caring for children with special needs (44 percent, compared to 29 percent of other caregivers), challenging behaviors (49 percent, compared to 40 percent of other caregivers), and starting a business (33 percent, compared to 16 percent of other caregivers).

Social Support and Mental Health

Focus group discussions revealed an array of opinions from FFN caregivers and nannies on how supported they felt, either by their loved ones or their broader community. Some subsidy-paid caregivers cited the support of playgroups or a union. In each case, the caregiver

frequently connected the support to their well-being. For instance, an unpaid grandparent emphasized, “The support I receive from my daughter, the child’s mother, is what keeps me going.” An unpaid aunt in Santa Clara County noted the impact of community support: “I feel a lot of support from the community.... The FFN program [at the library] provides us with workshops where they help us learn more about how to offer better care for the children.”

On the other hand, unpaid caregivers, like grandparents and aunts, often value emotional connections and assistance within the family, using descriptions such as “feeling supported” and “mutual trust.” Many caregivers even referenced the children as a positive force for their mental health. For instance, one caregiver described the joy of celebrating holidays together and cooking meals, reveling in the enhanced family bonding.

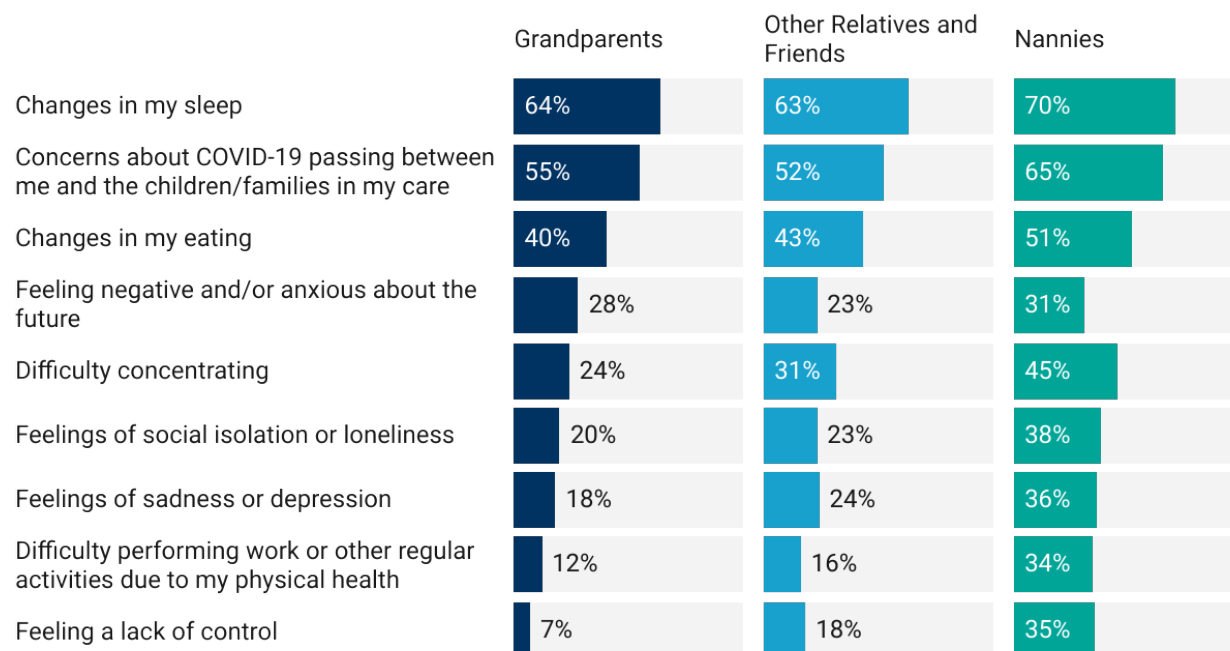
Conversely, other caregivers identified stressful elements of caregiving that detracted from their mental health: for instance, one paid cousin caregiver struggled to straddle the roles of family member and caregiver, particularly with setting boundaries and gaining respect as a professional. Caregivers tried to separate “work from family” and navigate between authority and love. One unpaid aunt in Santa Clara County fretted: “I didn’t want to be the mean auntie. My sister said, ‘When I’m not here, you’re their mom. So, you can’t worry about upsetting them.’”

In general, caregivers in our focus group discussions highlighted positive trends of increased closeness, including improved communication with families over time. FFN caregivers and nannies commonly spoke of a deep bond with the families, transcending the paid or unpaid nature of the care, leading to a greater sense of shared respect and trust. An unpaid grandparent in Alameda County explained, “We have a really strong bond, mutual trust... I’m always thankful they decided to live near us, leading to a closeness.”

In addition to asking about social support, we approached the topic of emotional and mental well-being in another way, asking about a variety of worries, emotions, and behaviors. **Figure 22** shows the proportion of caregivers who “sometimes” or “often” experienced select challenges in the past month. Changes in sleep (66 percent) and eating (44 percent) as well as COVID concerns (56 percent) were the most prevalent among all caregivers. In general, nannies reported greater impacts on their mental health. For instance, 38 percent of nannies reported feeling social isolation or loneliness, compared to 20 percent of grandparents and 23 percent of other relatives and friends. One third (35 percent) of nannies felt a lack of control, compared to 7 percent of grandparents and 18 percent of other relatives and friends.

FIGURE 22. PERCENTAGE OF CAREGIVERS EXPERIENCING CHALLENGES “SOMETIMES” OR “OFTEN”

California, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley

Grandparents N=135, other relatives and friends N=147, nannies N=110

Note: Respondents were prompted to consider whether they experienced the feelings on the list in the past month “almost never,” “sometimes,” or “most of the time.” This figure combines the latter two categories.

White caregivers experienced social isolation or loneliness more often than caregivers of other races/ethnicities (39 percent, compared to 21 percent) as well as feeling sad or depressed more frequently (43 percent, compared to 20 percent).

Child Care Subsidies

Around one quarter of our survey participants were caring for at least one child with a subsidy through CalWORKS or an Alternative Payment Program, along with one third of focus group participants. Earnings from subsidy payments are set by legislation at the state level and adjusted by region. **Figure 23** shows examples of the maximum pay a license-exempt caregiver could earn through a child care subsidy at the time of our survey in Fall 2022 (California Department of Social Services, 2023).

FIGURE 23. MAXIMUM MONTHLY SUBSIDY PAYMENTS, BY COUNTY

California, 2022

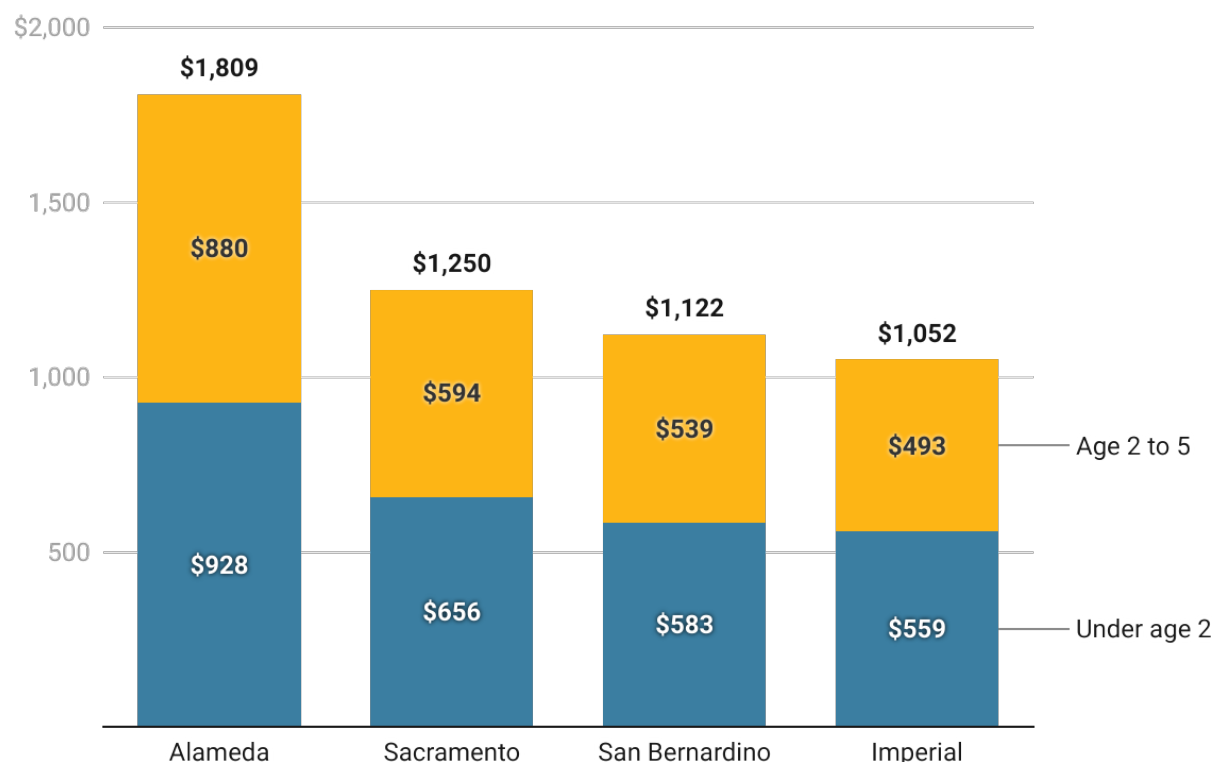


Chart: Center for the Study of Child Care Employment, University of California, Berkeley

Source: Reimbursement Ceilings for Subsidized Child Care, California Department of Social Services

Note: Chart depicts a scenario of payment for full-time care for one child under age two and one child age two to five.

For a caregiver watching only one or two children—the norm in our sample—the subsidy payment falls below minimum wage, even at the maximum levels shown in **Figure 23**. Nonetheless, 63 percent of subsidy-receiving caregivers confirmed that the payments constituted all or almost all of their child care earnings. In a similar vein, the vast majority (87 percent) of this group lives at or below 80 percent of area median income, based on their total household income.

In focus groups, participants who were paid through a child care subsidy described being unfamiliar with the subsidy process when they began providing care. As one nanny from Los Angeles described, “Well, first, the parent took me [to the payment agency] because, to be honest, I didn’t even know where the office was. I had never worked with that before... I didn’t know much about it.”

Caregivers expressed mixed feelings of appreciation and frustration. Several grandparents expressed gratitude for the monetary support but wished it covered more of their needs, such as retirement savings or time off. One relative caregiver from Kern County reflected: “I’m now getting paid.... Though it’s very little, it does help cover costs.” One grandparent from Los Angeles County lamented the low pay compared to the demands of the work: “It just seems like what we get paid isn’t enough for the things that we do.” Another caregiver from Oakland echoed this sentiment: “Just put it like it is: it’s really very little.” While another added, “We are one paycheck away from being homeless anyway.”

Several caregivers commented on the frequency and process of receiving subsidy payments. More than one FFN caregiver recommended paying bimonthly. Unionized caregivers emphasized the importance of advocacy for improved wages and benefits.

The complexity of navigating the subsidy system was a second major theme. While some FFN caregivers felt the routine of submitting timesheets and receiving payment was relatively straightforward, other participants characterized the process as cumbersome and lacking in clarity and responsiveness. One nonrelative caregiver expressed frustration with her onboarding experience. By missing one step in her process, her application remained incomplete, resulting in nonpayment for her first four months. A caregiver from Santa Clara County described entering the program “blindly,” uncertain of the payment process. For her, learning the process and the paperwork was challenging but bearable. Other caregivers have faced delays and or hiccups in receiving payment, leading to uncertainty and frustration. One participant explained that the delay between the submission of attendance forms and receiving payment can take up to 45 days, making the payment system appear inflexible and slow to respond to caregivers’ needs.

Finally, caregivers in our focus group offered some insight into how the system could improve. Nearly all FFN caregivers paid with subsidies advocated for higher earnings. One caregiver expressed the need for “a more suitable level” and even suggested minimum wage as a preferable option. As another participant aptly summarized, they want to be paid at a rate that allows them to “live.”

Recommendations

In ECE policy, FFN caregivers and nannies are primarily defined by what they are not: specifically, they are license exempt, therefore they fall outside most policies designed to uplift the ECE workforce. The “family, friend, and neighbor” label also lumps them together, blurring the many differences within this vast group of caregivers: differences in motivation, self-perception, and experiences. Our study helps California to see FFN caregivers and nannies differently, recognizing their specific role and distinct needs. In this context, we offer several recommendations for policy and practice.

Advancing the Policy Agenda

Assist stakeholders and legislators in updating their mental image of FFN caregivers and nannies. Discourse around choice in early care and education skews heavily towards licensed options, especially when competency and quality enter the conversation. This framing is out of step not only with parents’ preferences, but also with the confidence and commitment of caregivers to their role. In our first report in this study, we found that many parents value family, friend, neighbor, and nanny care, and they are just as likely to see it as an ideal arrangement for infants and toddlers (Powell et al., 2023). Meanwhile, their caregivers internalize constant messaging that minimizes their value or takes their contributions for granted. This bias exists even for caregivers who look after children full time, who have effectively taken on caregiving as a job, regardless of whether they are compensated or not. As a result, caregivers are demoralized and feel unsupported by those outside their immediate family.

Prioritize solutions that improve the pay and economic well-being of FFN caregivers and nannies. For caregivers with low or moderate household incomes, care comes at personal expense. Relative caregivers frequently cover the food, transportation, and supplies consumed during the course of their care, as do some nannies. Some grandparents retire early to provide unpaid care, while some aunties put off returning to paid positions to continue supporting loved ones. California’s policy priority must be the improvement caregivers’ wages and economic well-being.

Include nannies in policy discussions on license-exempt early care and education. Currently, research and advocacy focused on FFN care has an ambivalent approach to nannies, especially since the FFN label does not necessarily include them. However, because nannies provide care in a license-exempt format, it is impractical to group them with other wage earners. While nannies may earn more than most FFN caregivers, their wages may be akin to those of teachers or assistants in child care centers, and they too may struggle to make

ends meet. Just like FFN caregivers, nannies desire recognition and support. Consequently, research and advocacy focusing on FFN care should strive to include nannies in their scope.

Developing Policy Strategies

Fund robust public investments in the full mixed-delivery system. Families have widely different needs and preferences in early care and education, including a deep value for FFN care at all income levels (Powell et al., 2023). Families with low incomes deserve an authentic choice between well-funded ECE options, including licensed-exempt care. California must invest in home-based caregivers as deeply as center- and school-based providers. Without these investments, families cannot afford to pay more for care, and ECE provider wages cannot increase.

Ensure reimbursement rate reform raises subsidized FFN earnings to the minimum wage or higher. Caregivers being paid by subsidy are acutely aware of their poor earnings, but they continue to provide care out of passion and loyalty to their community. Our current rate structure exploits their dedication and labor, and California’s forthcoming shift to new rates can greatly improve their well-being. Similarly, subsidy rates should not be contingent on a growing list of training requirements or conditions.

Advocate for removing the mediating requirement of parent eligibility from policies supporting caregivers wherever possible. Child care subsidies, the primary mode of FFN support, are predicated on a parent’s enrollment in a subsidy program. In other words, caregivers are not able to unlock financial support on their own. Could rate reform be paired with a shift away from parental eligibility? A more targeted ECE policy framework could also embrace mechanisms like direct payments to caregivers. California could join the burgeoning basic income pilots for FFN caregivers and nannies.⁴ For grandparents who retire early from a wage-earning job to serve as a full-time caregiver, California could build out a more robust paid-leave system that includes this group.⁵

Catalog and assess community resources available to FFN caregivers and nannies as cities and counties map their ECE landscape. Just as counties monitor the conditions of licensed ECE programs, local leaders should monitor the quality and distribution of FFN “hot spots.” This endeavor could look like tracking the status of parks, libraries, and other community hubs and investing in caregiver resources at these sites or evaluating whether free programs for parents are inclusive of other caregivers. If other city or county agencies are already undertaking a version of this work, how can ECE leadership tap into their efforts? Could mapping assets for FFN caregivers be folded into an ECE needs assessment?

⁴ Home Grown’s Thriving Providers Project is a leading example of basic income pilots for FFN caregivers (Home Grown, 2022).

⁵ For a national example of proposed legislation, refer to the FAMILY Act (National Women’s Law Center, 2023).

Supporting FFN Caregivers and Nannies

Programs supporting the licensed ECE workforce should continue to expand access and content for the license-exempt audience. For instance, the Infant and Early Childhood Mental Health Consultation (IECMHC) Network maintains a virtual Community of Support inclusive of FFN caregivers, and the helpline welcomes their calls (California Infant and Early Childhood Mental Health Consultation Network, 2023). Organizations that support early educators typically serve much greater numbers of licensed providers, who are likely outnumbered by FFN caregivers and nannies. Embracing a strategy that explicitly targets nannies and other paid, license-exempt caregivers could help grow the impact. This effort may require new funding with an emphasis on building the capacity of organizations to tailor outreach and content.

Support caregivers in their specific context and stage of development by differentiating the design of supportive programs. When developing a workshop, for example, consider whether the content is truly a good fit for all license-exempt providers. Is this program going to have the right content and messaging for both a seasoned grandparent caring for relatives only and a young nanny who plans to support a dozen families in the next ten years? Does the program design match up with the typical learning goals and aspirations of the target population? Are programs culturally responsive and affirming?

Focus resource distribution and trainings on the basics of child health and development. For resources and training, caregivers are most interested in support with the basics: health and nutrition; child development; early learning activities. Content addressing wellness fell lower in their priorities. Nonetheless, some caregivers do face loneliness and stress. To support this need, programs might pivot from offering workshops designed around wellness to embedding self-care strategies into content focused on nutrition or child development. In general, nannies and paid relatives are much more likely to attend trainings, but interest is high for all caregivers. Additionally, White caregivers are also more likely to have attended a workshop, but caregivers of color are more likely to be interested in doing so in the future. To close this gap, programs can have a powerful impact through direct outreach to communities of color—particularly when the content, facilitators, and language access align.

Prioritize city and county ECE leaders' partnerships with local parks, though libraries remain a valuable asset to FFN caregivers and nannies. Public parks are the most common caregiving destination outside the home by a wide margin. To support license-exempt caregivers, a thriving connection and shared programming with local parks is a must-have. Can the county offices of children and youth go beyond ad hoc or seasonal park programming? What would it look like to maximize shared planning and offerings that focus on FFN caregivers and nannies? Parks already offer family-oriented programs and events

that could be expanded or tailored specifically to FFN caregivers and nannies. Additionally, parks are an ideal place to inform caregivers about available resources.

Support caregivers who are interested in licensure, but avoid making licensure the focal point of programs targeting FFN caregivers or nannies. The majority of FFN caregivers and nannies—especially relative caregivers—are unlikely to pursue licensure. Most supportive programs recognize licensure is not usually the top aspiration for caregivers. Focusing on caregivers who already care for children outside their immediate family (less often grandparents) can be a good start. Additionally, while some FFN caregivers and nannies are interested in becoming licensed, a similar share may prefer to become a teacher or an assistant in a center. Programs that support on-ramps to both home- and center-based opportunities are best suited to help these caregivers. For those interested in the family child care route, startup costs and logistics are strong deterrents. Most FFN caregivers don't know that family child care providers do not need to own their home to be licensed. But regardless, home ownership may still feel like a prerequisite to opening their own business. Programs offering support in licensure should emphasize supportive pathways to homeownership and other financial stabilizers, following the model of the Child Care Initiative Project.

Continue linking FFN caregivers and nannies to public assistance programs while wages remain low. Programs that connect caregivers to programs like SNAP (CalFresh) are providing a strong foundation to stabilize their well-being. Agencies like resource and referral agencies or Alternative Payment Programs typically can facilitate enrollment in public assistance, potentially even for caregivers who are not currently receiving subsidies. Food pantries and diaper banks should also emphasize outreach and support for caregivers (separate from outreach to parents). However, these programs are not a substitute for a dedicated source of income. In the long term, California should invest in payments to caregivers that would reduce the need for enrollment in public assistance.

Conclusion

The caregivers in our study shared rich narratives that illuminate their passions, goals, and personal journeys. Their stories reveal joy and satisfaction in caregiving, along with a readiness for new chapters like travel or retirement and varied aspirations such as community involvement and academic growth. The caregiving role comes with complex emotions, love for children, and personal sacrifice—most of which are underappreciated outside their immediate circle. Policies for early care and education should acknowledge not only the prevalence, but also the power of caregiving, with investments that reflect their value.

References

- Akkermans, J., Brenninkmeijer, V., Huibers, M., & B. Blonk, R. W. (2012). Competencies for the contemporary career. *Journal of Career Development* 40(3), 245-267. <https://doi.org/10.1177/0894845312467501>
- Alarcon, I., & Sangalang, B. (2015). *Informal child care in California: Current arrangements and future needs*. The David and Lucile Packard Foundation. <https://www.packard.org/wp-content/uploads/2015/06/INFORMAL-CHILD-CARE-IN-CALIFORNIA1.pdf>
- Bostic, B., Schock, N., Jeon, L., & Buettner, C. K. (2023). Early childhood teachers' sense of community and work engagement: Associations with children's social, emotional, and behavioral functioning. *Journal of School Psychology* 98, 133-147.
- California Child Care Resource & Referral Network. (n.d.). *Child Care Initiative Project (CCIP)*. California Child Care Resource & Referral Network. <https://rrnetwork.org/ccip>
- California Department of Social Services. (2023). *Reimbursement ceilings for subsidized child care*. <https://rcscc.adm.dss.ca.gov/index.aspx>
- California Infant and Early Childhood Mental Health Consultation Network. (2023). *California Infant and Early Childhood Mental Health Consultation Network services*. <https://iecmhcnetwork.org/services/>
- Center for the Study of Child Care Employment. (2022). *Profiles of the California early care and education workforce, 2020*. University of California, Berkeley. <https://cscce.berkeley.edu/publications/profiles-of-the-california-early-care-and-education-workforce-2020/>
- Del Grosso, P., Bromer, J., Porter, T., Jones, C., Li, A., Atkins-Burnett, S., & Aikens, N. (2021). *A research agenda for home-based child care*. OPRE Report #2021-218. Washington, D.C.: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/opre/report/research-agenda-home-based-child-care>
- Department of Industrial Relations. (2014). *The domestic worker bill of rights (AB 241)*. State of California.
- Home Grown. (2022). *Thriving Providers Project Launch*. https://homegrownchildcare.org/_events/thriving-providers-project-launch/
- Home Grown & ParentChild+. (2021). *Supporting and strengthening FFN care: Honoring family choice and recognizing the need for flexible care*. https://homegrownchildcare.org/_resources/supporting-and-strengthening-ffn-care/

- Montoya, E., Austin, L.J.E., Powell, A., Kim, Y., Copeman Petig, A., & Muruvi, W., (2022). *Early educator compensation: Findings from the 2020 California early care and education workforce study*. Center for the Study of Child Care Employment, University of California, Berkeley. <https://cscce.berkeley.edu/publications/report/early-educator-compensation/>
- Muuss, R. E. (1995). Erik Erikson's theory of identity development. In R. E. Muuss, *Theories of adolescence* (pp. 42-57). McGraw-Hill.
- National Survey of Early Care and Education Project Team. (2021) *Chartbook: Home-based early care and education providers in 2012 and 2019: Counts and characteristics*. OPRE Report, No. 2021-85. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/sites/default/files/documents/opre/NSECE-chartbook-homebased-may-2021.pdf>
- National Women's Law Center. (2023). *Time to care: Paid family and medical leave and the FAMILY Act*. <https://nwlc.org/resource/time-to-care-paid-family-and-medical-leave-and-the-family-act/>
- Powell, A., Adejumo, T., Austin, L.J.E., & Copeman Petig, A. (2023). *Parent preferences in family, friend, neighbor, and nanny care*. Center for the Study of Child Care Employment, University of California, Berkeley. <https://cscce.berkeley.edu/publications/report/parent-preferences-in-family-friend-neighbor-and-nanny-care/>
- Powell, A., Chávez, R., Austin, L.J.E., Montoya, E., Kim, Y., & Copeman Petig, A. (2022). "The forgotten ones"—*The economic well-being of early educators during COVID-19*. Center for the Study of Child Care Employment, University of California, Berkeley. <https://cscce.berkeley.edu/the-forgotten-onesthe-economic-well-being-of-early-educators-during-covid-19/>
- Schlieber, M., Whitebook, M., Austin, L.J.E. Hankey, A., & Duke, M. (2019). *Teachers' voices: Work environment conditions that impact teacher practice and program quality — Marin County*. Center for the Study of Child Care Employment, University of California, Berkeley.
- Teng, S., Campos, M. M., & Saldaña, E. (2020). *Families, friends, and neighbors learning community network: Network mapping, participation, and development research summary and recommendations*. The David and Lucile Packard Foundation. <https://www.packard.org/insights/resource/families-friends-and-neighbors-learning-community-network-network-mapping-participation-and-development-research-summary-and-recommendations/>
- Whitebook, M., King, E., Philipp, G., & Sakai, L. (2016). *Teachers' voices: Work environment conditions that impact teacher practice and program quality*. Center for the Study of Child Care Employment, University of California, Berkeley.

Caregiver Motivation, Identity, and Resilience

A Study of Family, Friend, Neighbor (FFN), and Nanny Care in California - Part Two

© 2023 Center for the Study of Child Care Employment. All rights reserved.

Suggested Citation

Powell, A., Adejumo, T., Austin, L.J.E., & Copeman Petig, A. (2023). *Caregiver Motivation, Identity, and Resilience*. Center for the Study of Child Care Employment, University of California, Berkeley. <https://cscce.berkeley.edu/publications/report/ffn-caregiver-motivation-identity-resilience>

Acknowledgements

This report was generously supported with grants from the Conrad N. Hilton Foundation and the David and Lucile Packard Foundation.

Many thanks to our outreach partners at the California Child Care Resource & Referral Network and Child Care Providers United. We express gratitude for our research partners from the RAPID Survey at the Stanford Center on Early Childhood: Dr. Phil Fisher, Cristi Carman, Shreya Mishra, and Alex Wagnon. Thank you to our colleagues who gave feedback on our preliminary findings: Carolina Castillo Quintero (California Child Care Resource & Referral Network), Mary Ignatius (Parent Voices), Kelly Reynolds (Early Edge), and Mikaela Chant (BANANAS). Finally, thank you to Claudia Alvarenga for assisting with the document design and publication.

The views presented herein are those of the authors and may not reflect the views of the report's funders or those acknowledged for lending their expertise or providing input.

Editor: Deborah Meacham

About CSCCE

The Center for the Study of Child Care Employment (CSCCE), founded in 1999, is the national leader in early care and education workforce research and policy. CSCCE provides research and analysis on the preparation, working conditions, and compensation of the early care and education workforce. We develop policy solutions and create spaces for teaching, learning, and educator activism. Our vision is an effective public early care and education system that secures racial, gender, and economic justice for the women whose labor is the linchpin of stable, quality services.

Center for the Study of Child Care Employment
Institute for Research on Labor and Employment
University of California, Berkeley
2521 Channing Way #5555, Berkeley, CA 94720
(510) 642-2035 | cscce.berkeley.edu

