

FACTORS AFFECTING CHOICE OF KITH AND KIN CARE BY FAMILIES RECEIVING CHILD-CARE SUBSIDIES

*Grace F. Fong, Barbara DeBaryshe, Sarah C. W. Yuan, Sylvia Yuen, Rick Caulfield
Mary Ann Nemoto, and Traci Hisatake*

Reasons for use of different types of child-care arrangements by parents receiving government-sponsored child care subsidies, similarities or differences among these parents, and characteristics of kith and kin providers caring for the children of subsidy recipients were examined. Age of child; parent's ethnicity, education, and marital status; and type of reason for selection of child-care option were significant predictors of use of licensed care versus license-exempt kith and kin care. Parents who identified themselves as Hawaiian/Part-Hawaiian, were never married, had a high school or less education, or for whom "homelike" or "pragmatic" reasons were most important were more likely to choose license-exempt kith and kin care for their children ages birth–5. Policy and program development implications are discussed.

CORRESPONDENCE MAY BE SENT TO:

Grace F. Fong, Center on the Family, College of Tropical Agriculture and Human Resources,
University of Hawai'i at Mānoa, 2515 Campus Road, Miller Hall 103, Honolulu, Hawai'i 96822.
Email: gfong@hawaii.edu

Hāhili: Multidisciplinary Research on Hawaiian Well-Being Vol. 1 No.1 (2004)
Copyright © 2004 by Kamehameha Schools.

It is widely recognized that the quality of children's early care and experiences is integrally linked to their school readiness and success. As a consequence, there has been increasing emphasis on providing young children with the care that enhances their growth and provides the foundation for developing school readiness skills. There are many factors that influence a child's readiness for school—the child, the child's family, and the child's early environment, including schools and neighborhood. For economically disadvantaged children especially, quality child care and early educational experiences are associated with enhanced school readiness, higher academic achievement, and adult successes (Kagan & Neuman, 1997). However, these are the very children who are least likely to receive quality early child care and education (Wertheimer, 2003).

The enactment of the Family Support Act of 1988, followed by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (more commonly know as welfare reform) and Public Law 104-194 (the Child Care and Development Fund that mandates states to allow parents receiving public subsidies to use any legal form of child care), brought increased attention to the differentials in child-care settings. These settings are frequently categorized as follows:

- *Kith and kin care* in which license-exempt care is provided by a relative or friend of the family.
- *Family child-care homes* in which providers care for several children in their own home. Licensed providers meet state minimum standards for health, safety, and adult–child ratio.
- *Child-care centers* in which child care is provided in places set up specifically for this purpose. These include day nurseries, preschools, parent cooperatives, and group child-care homes. Licensed centers meet state minimum standards for health, safety, staff qualifications, and adult–child ratio.

Although there is limited empirical evidence assessing the quality of kith and kin care, there is a perception among early childhood professionals that it is lower in quality when compared with licensed facilities (Collins & Carlson, 1998).

Consequently, there is mounting concern that the many low-income children being cared for by kith and kin caregivers are at a disadvantage in terms of school readiness and that they would be better served in child-care centers.

Data from the Hawai'i Department of Human Services indicate that approximately 60% of the families whose incomes are low and who qualify for child-care subsidies select kith and kin care for their children ages 5 or younger (G. Kemp, personal communication, July 2000). This choice persists despite the availability of higher subsidies for licensed care. Of interest is the fact that almost half (49%) of the families choosing to place their children with relatives or friends identify themselves as Hawaiian/Part-Hawaiian. What motivates these and other families to place their children in a certain setting? Do parental values in choice of child care have implications for public policy and educational programs? The purposes of the present study are (a) to identify the reasons underlying selection of different types of child-care arrangements by parents receiving government-sponsored child-care subsidies, particularly parents of Hawaiian/Part-Hawaiian ancestry, (b) to compare the similarities and differences among parents selecting the different types of care, and (c) to identify the characteristics of kith and kin providers who care for the children of subsidy recipients.

REVIEW OF THE LITERATURE

To some extent, the quality of children's early experiences is tied to their parents' selection of child-care arrangements. Low-income families generally want the same qualities in a child-care provider as do more financially advantaged families, such as safety for their child and a warm, caring provider (Brown-Lyons, Robertson, & Layzer, 2001). However, the use of kith and kin care is more prevalent among poor families. Larner indicated in 1993 that 60% to 70% of the nation's poor children were cared for by an extended family member, and more recent studies (Brown-Lyons et al., 2001; Capizzano, Adams, & Sonenstein, 2000; Galinsky, Howes, Kontos, & Shinn, 1994) continue to show that poor, less-educated families are more likely to use kith and kin care for their young children.

There is limited research on why low-income families choose the type of care they do. The available findings suggest that multiple factors influence parents' choice

of child care. These include parental values and views about quality care; the child's age; parent's scheduling needs; environmental constraints and the availability of alternatives, including culturally competent care; and the cost of child care. Parents' beliefs and preferences appear to weigh most heavily in the child-care decision, taking precedence over factors such as the child's age and the cost of care (Child Care Law Center, 1996; Fuller, Holloway, Rambaud, & Eggers-Pierola, 1996; Jackson, 1997; Kuhlthau & Oppenheim Mason, 1996; Puhn Pungello & Kurtz-Costes, 2002). Families that use relatives and friends indicate a preference for care providers that they know and trust and with whom they share similar religious or cultural values, have like views about child rearing, and are sufficiently similar so that the care they provide is like the care that parents themselves provide (Brown-Lyons et al., 2001). Parents prefer the more homelike attributes of kith and kin for infants and toddlers and a more learning-oriented environment found in child-care centers or preschools for 3- and 4-year-olds (Capizzano et al., 2000). Certain ethnic groups, particularly Hispanics and to some extent Blacks, are more likely to use kith and kin care (Brown-Lyons et al., 2001). Hawaiian families also show a preference for kith and kin child care. According to a beneficiary study conducted by the Queen Lili'uokalani Children's Center (1999), 58% of respondents said "family/friends" when asked "Who do you first turn to for child-care assistance?"

While many low-income families express a preference for kith and kin care for their young children, their choices may reflect constraints imposed by practical issues such as the availability of care that matches parents' often inflexible or irregular work or school schedules, lack of affordable center-based programs, or limited availability of formal child-care centers within a geographical area (Brown-Lyons et al., 2001; Child Care Law Center, 1996; Peyton, Jacobs, O'Brien, & Roy, 2001). The families facing these constraints are more likely to consider practicality over quality when selecting their child-care arrangement (Peyton et al., 2001).

The concern over the quality of care provided by kith and kin focuses on provider qualifications and knowledge of developmentally appropriate practices that support early learning and optimal development. According to Brown-Lyons et al. (2001), kith and kin care providers tend to have less education than do regulated providers, although many have more years of experience caring for children. They also have different motivations for being care providers. Many kith and kin providers view themselves as "helping out" and are not interested in becoming regulated providers, nor do they see themselves as needing training in

child care and development. Henly and Lyons (2000) suggested that kith and kin providers view their caregiving contributions as part of an ongoing family relationship in which assistance will be reciprocated at another time and possibly in a different form.

METHOD

A telephone survey was conducted using a stratified random sample of families receiving government-sponsored, need-based child-care subsidies for a child under age six in the state of Hawai'i in 2001. Eight hundred ninety respondents provided information on the child-care arrangements for 1,190 children. Approximately 63% of the children were in licensed settings (52% in licensed centers; 11% in licensed family-care homes), and 37% were in license-exempt kith and kin care while their parents were at work, in school, or in a training program. This pattern is roughly the same whether child care for just the oldest child or for all of a family's children in this age range is considered (see Table 1). Parallel procedures were used to survey 310 providers who were either license-exempt kith and kin providers (67%) or licensed family child-care providers (33%) who care for children of families receiving state subsidies for child care.

Table 1. Distribution of children in different care settings

Children, ages birth to 5	Type of care setting						
	License-exempt care (kith & kin)		Licensed family-care home		Licensed child-care center		N
	n	%	n	%	n	%	
Oldest child in age group	333	37	126	13	431	48	890
All children in age group	444	37	127	11	619	52	1,190

Parent respondents were asked to identify their primary reason for selecting their child-care arrangement from a list of 16 reasons that were later categorized into three groups: quality reasons, homelike/trust reasons, and pragmatic reasons (see Table 2). Data were analyzed using logistic regression, controlling for the child’s age at the time of first use of the current care arrangement and parents’ demographic characteristics, to predict use of licensed care. Given the small number of children in family-care homes, the analysis was based on only two types of care settings: licensed centers and license-exempt kith and kin care.

Table 2. Reasons for choosing primary care provider

Quality reasons	Homelike/trust reasons	Pragmatic reasons
<ul style="list-style-type: none"> • Provider teaches child cultural values important to family. • Provider offers high-quality care. • Provider has high-quality facilities. • Appropriate group size or number of children per provider. • Provider is an experienced caretaker. 	<ul style="list-style-type: none"> • Parent feels comfortable with person caring for child. • Care is delivered in a homelike atmosphere. • Provider is a family member or relative. • Provider is someone family knows very well. 	<ul style="list-style-type: none"> • Fees are affordable. • Provider is available at times that match family schedule. • Provider cares for infants and toddlers (ages birth to 2). • Provider cares for children free of charge. • Provider cares for children with special needs. • Provider is the only alternative. • Provider is reliable, available every day.

RESULTS

Family Sample

The demographic characteristics of the families are summarized in Table 3. The responding families were predominantly Hawaiian/Part-Hawaiian (42%), followed by Filipino (12%), and White (12%). The majority of respondents (57%)

were in their 20s; 50% were married and the others were single parents (32% never married; 18% widowed, divorced, or separated). Forty-five percent had some college education, whereas 42% had a high school diploma or did not graduate from high school. A majority (52%) had only one child between the ages of birth to five years; 38% had two children in this age range.

Table 3. Demographic characteristics of families receiving child-care subsidies for children ages birth to 5.

Variable	Category	License-exempt care (kith & kin)		Licensed family-care home		Licensed child-care center		Total	
		n	%	n	%	n	%	n	%
Ethnicity	Hawaiian/Part-Hawaiian	219	49	45	35	236	38	500	42
	Filipino	67	15	17	13	62	10	146	12
	White only	29	7	12	9	101	16	142	12
	All other	129	29	53	42	216	35	398	34
Age (years)	17–19	13	3	7	6	3	0	23	2
	20–24	121	27	30	24	125	20	276	23
	25–29	142	32	49	39	135	33	397	34
	30–34	97	22	20	16	146	22	252	21
	35+	69	16	20	16	327	24	235	20
Marital status	Married/cohabitating	204	46	60	48	327	53	584	50
	Widowed, divorced, or separated	59	13	27	22	130	21	215	18
	Never married	178	40	38	30	161	26	377	32
Education	High school or less	233	52	53	42	216	35	502	42
	Some college	166	37	60	47	312	51	538	45
	College graduate	45	10	14	11	89	14	148	13
No. of children ages birth to 5	1	195	44	74	58	346	56	615	52
	2	184	41	48	38	222	36	454	38
	3	53	12	4	3	35	6	92	8
	4	12	3	1	1	16	3	29	2

Provider Sample

The demographic characteristics of the providers are summarized in Table 4. The providers, particularly the kith and kin providers, shared similar characteristics with the families surveyed. A large percentage (46%) of providers identified themselves as Hawaiian/Part-Hawaiian, followed by White (16%) and Filipino (9%). More family-care home providers (30%) identified themselves as White compared with kith and kin providers (10%). Family-care home providers were also younger (45% vs. 27% under age 40) and had more education (53% vs. 33% with some college or college degree) than their kith and kin counterparts. The vast majority (85%) of kith and kin providers were related to the children they cared for; 58% were the children's grandparent. In contrast, 85% of the family-care home providers were not related to the children in their care. The length of time providers were involved in caring for someone else's children varied, with a fairly large number having less than three years' experience. However, 25% of kith and kin providers and 33% of licensed family-care home providers had served as child caregivers for over 10 years. Most kith and kin providers did not consider their provision of child care to be a business, whereas the opposite was true for licensed family-care home providers.

The following demographic characteristics were found to be significant ($p < .05$) predictors of choice for licensed centers versus license-exempt kith and kin care settings:

- *Age of child.* This was a major determinant in the selection of licensed center versus license-exempt kith and kin care. Children three years and older were more likely to be in licensed centers.
- *Ethnicity.* Hawaiian/Part-Hawaiian and Filipino parents used kith and kin care to a greater extent than did Whites and other ethnic groups, even for children three years and older.
- *Education.* Parents with high school or lower levels of education were more likely to use kith and kin care.
- *Marital status.* "Never married" parents were more likely to use kith and kin care.

Table 4. Demographic characteristics of non-center-based care providers for families receiving child-care subsidies

Variable	Category	License-exempt care (kith & kin)		Licensed family-care home		Total	
		n	%	n	%	n	%
Ethnicity	Hawaiian/part-Hawaiian	104	51	35	35	139	46
	Filipino	20	10	7	7	27	9
	White only	20	10	30	30	50	16
	All other	61	29	28	28	89	29
Age (years)	18–29	30	15	8	8	38	13
	30–39	24	12	37	37	61	20
	40–49	53	26	29	29	82	27
	50–59	61	30	18	18	79	26
	60+	35	17	7	7	42	14
Education	High school or less	140	67	47	47	187	61
	Some college	57	28	41	41	98	32
	College graduate	10	5	12	12	22	7
Relationship to child	Grandparent	122	58	6	6	128	36
	Aunt or uncle	39	19	56	6	95	26
	Other relative	17	8	3	3	20	6
	Not related	31	15	86	85	117	32
No. of years providing child care	Less than 3 years	99	48	20	20	119	39
	3–6 years	34	16	30	30	64	21
	6–10 years	21	9	18	18	39	13
	More than 10 years	51	25	33	33	84	27
Consider child care a business	Yes	46	25	93	96	139	49
	No but interested	23	13	2	2	25	9
	No and not interested	115	63	2	2	117	42

The type of reasons parents gave for selecting a particular care option was also found to be a significant ($p < .05$) predictor of choice of licensed centers versus license-exempt kith and kin care settings:

- Parents for whom “quality” reasons were given as the most important factors in their choice of child care were four to five times more likely to select a licensed child-care center.
- Parents for whom “homelike environment/trust” or “pragmatic” reasons were primary in their choice were more likely to use kith and kin care.

DISCUSSION

The results indicate that there are distinct differences in the characteristics and motivations of low-income parents who select licensed center-based versus license-exempt kith and kin child care. The parents who place their children with relatives and friends tend to be younger, less educated, and single or never married. Given their demographic characteristics, many of these parents may not be fully aware of their child-care options or the importance of early experiences in children’s development and later academic success. This has implications for parent educators whose programs should reach out to both younger (parents and potential parents) and older (grandparents who often serve as child-care providers) clients. Information that can help members of the former group make knowledgeable decisions about which child-care setting can best meet the needs of their family and children includes the following:

- different child-care options that are available
- characteristics, potential advantages, and possible disadvantages associated with the different child-care options
- characteristics that distinguish “good quality” from “poor quality” care

- questions to consider in making the decision about which child-care option to use
- importance of children's early experiences and need for a caring and stimulating environment to ensure school readiness and success
- importance of establishing a mutually supportive working relationship between parents and care providers for the benefit of the child.

Hawaiian families, in particular, show a strong preference for, and use of, kith and kin care, even for three- and four-year-old children, despite the availability of higher subsidies for licensed care. This choice may be rooted in the value placed on the family, or *'ohana*, in which the extended family is the basic social unit and relationships are maintained and reinforced by mutual support and sharing. When child nurturance and care are needed, it is not unusual for Hawaiian and part-Hawaiian grandparents or other relatives to provide these services. This is in keeping with a culture that cherishes children and views children as not belonging exclusively to their biological parents (Pukui, Haertig, & Lee, 1972). Moreover, the value placed on reciprocity and generosity in interpersonal relations might be viewed as better fostered in a home environment among trusted relatives and friends of the family, rather than in a larger, more formal classroom situation in which individual mastery and achievement are stressed.

The assumption that the quality of all kith and kin care is inferior to that of center-based care should be questioned. Rather than accepting the broad generalization, identifying and understanding the factors that constitute "quality" would better assist policymakers and early childhood educators to advance children's development and school readiness. For example, parents may associate quality with indicators such as cultural compatibility and trust in the care provider rather than more traditionally accepted indicators such as trained staff and educational curricula. Anecdotal reports reveal that some of Hawai'i's most prominent and successful citizens who can readily afford licensed center-based child care elect to call on grandparents to serve as care providers for their children, especially those age two years or younger, for similar reasons. Also, studies on child-care patterns of infants and toddlers suggest that while families at all income levels use nonparental

child care, many would prefer to keep their children at home or in a homelike environment for at least their first one or two years, if it were economically feasible to do so (Ehrle, Adams, & Tout, 2001; Fong, Yuen, & Nemoto, 2002).

How can parental values in choice of child care be respected while ensuring the quality of children's early experiences and care? To start, child-care policies and programs should not focus exclusively on promoting center-based early education. A broader perspective is called for, one that provides a range of supports to achieve high-quality, developmentally appropriate practices across child-care settings. This approach does not demand attendance in a specific type of child-care arrangement but, rather, respects the preferences of families regarding the early care of their children. In so doing, it recognizes and honors family, the cultural diversity of Hawai'i's people, and the range of differences relating to child-rearing practices, work needs, and value systems.

Kith and kin child-care providers have been ignored and underserved by the early childhood educational system for too long. They are an extremely important group in the lives of many low-income children and can be influential in preparing these children to be successful in school and life. Increased attention and effort are needed to make available to kith and kin care providers information and educational opportunities that increase their awareness of developmentally appropriate practices that can promote early learning. However, the supports currently available to professional child-care providers—scholarships to pursue certification, improvement to facilities, training, and mentoring—may be inappropriate for this population. Many kith and kin providers are not in the business of child care; they are motivated by “helping out” family members. Thus, different strategies must be used to assist this diverse and more difficult-to-reach group of care providers. Criteria for innovative strategies to reach kith and kin care providers include easy access to “user-friendly” and culturally competent information that addresses their specific needs and motivations. Implementation of such strategies will allow families to continue to provide care for their children in a setting of their choice that is consistent with their needs as well as their cultural values and practices.

REFERENCES

- Brown-Lyons, M., Robertson, A., & Layzer, J. (2001). *Kith and kin—informal child care: Highlights from recent research*. New York: National Center for Children in Poverty. Retrieved from: <http://cpmcnet.columbia.edu/dept/nccp/kithkin.html>
- Capizzano J., Adams, G., & Sonenstein, F. (2000). *Child care arrangements for children under five: Variations across states* (New Federalism: National Survey of America's Families, Series B, No. B-7). Washington, DC: The Urban Institute.
- Child Care Law Center. (1996, Summer). *Regulation-exempt family child care in the context of publicly subsidized child care: An exploratory study*. San Francisco: Author.
- Collins, A., & Carlson, B. (1998). *Child care by kith and kin: Supporting family, friends, and neighbors caring for children*. New York: National Center for Children in Poverty.
- Ehrle, J., Adams, G., & Tout, K. (2001). *Who's caring for our youngest children? Child care patterns of infants and toddlers* (Occasional Paper No. 42). Washington, DC: The Urban Institute.
- Fong, G. F., Yuen, S., & Nemoto, M. A. (2002). *Factors influencing parents' choice of child care* (Report prepared for the State of Hawai'i Department of Human Services). Honolulu: University of Hawai'i.
- Fuller, B., Holloway, S., Rambaud, M., & Eggers-Pierola, C. (1996, April). How do mothers choose child care? Alternative cultural models in poor neighborhoods. *Sociology of Education*, 69(2), 83–104.
- Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). *The study of children in family child care and relative care*. New York: Families and Work Institute.
- Henly, J. R., & Lyons, S. (2000). The negotiation of child care and employment demands among low-income parents. *Journal of Social Issues*, 56, 683–706. Retrieved from http://www.findarticles.com/cf_0/m0341/4_56/70460021/print.jhtml
- Jackson, A. P. (1997). Effects of concerns about child care among single, employed Black mothers with preschool children. *American Journal of Community Psychology*, 25, 657–673.
- Kagan, S. L., & Neuman, M. J. (1997). Defining and implementing school readiness: Challenges for families, early care and education and schools. In R. P. Weissberg, T. P. Gullotta, R. L. Hampton, B. A. Ryan, & G. R Adams (Eds.), *Healthy Children 2010: Establishing preventive services* (pp. 61–96). Thousand Oaks, CA: Sage.
- Kuhlthau, K., & Oppenheim Mason, K. (1996). Market child care versus care by relatives. *Journal of Family Issues*, 17, 561–578.

- Larner, M. (1993). *Promoting professionalism through family day care networks*. New York: National Center for Children in Poverty.
- Peyton, V., Jacobs, A., O'Brien, M., & Roy, C. (2001). Reasons for choosing child care: Associations with family factors, quality, and satisfactions. *Early Childhood Research Quarterly*, 16, 191–208.
- Puhn Pungello, E., & Kurtz-Costes, B. (2002). Working women's selection of care for their infants: A prospective study. *Family Relations*, 49, 245–255.
- Pukui, M. K., Haertig, E. W., & Lee, C. (1972). *Nana i ke kumu*
Look to the source (Vol. I). Honolulu: Queen Lili'uokalani Children's Center.
- Queen Lili'uokalani Children's Center. (1999). *Beneficiary study*. (1999). Honolulu, HI: Author.
- Wertheimer, R. (2003). Poor families in 2001: Parents working less and children continue to lag behind (Publication No. 2003-10). *Child Trends Research Brief*. Retrieved from <http://www.childtrends.org/HomePg.asp>

ABOUT THE AUTHORS

Grace F. Fong, EdD, is professor of family resources in the Department of Family and Consumer Sciences in the College of Tropical Agriculture and Human Resources at the University of Hawai'i at Mānoa. Barbara DeBaryshe, PhD, is an associate specialist at the Center on the Family in the College of Tropical Agriculture. Sarah C. W. Yuan, MA, MS, is a statistician at the Center on the Family. Sylvia Yuen, PhD, is director of the Center on the Family. Rick Caulfield, PhD, is assistant professor of family resources. Mary Ann Nemoto, BEd, is senior project coordinator at the Center on the Family. Traci Hisatake, BA, is a project specialist at the Center on the Family.

