

Understanding Informal Systems of Care

the David and Lucile Packard Foundation

A Research Report for the Children, Family, and Communities program

12.12.2014

Introduction

The Children, Family, and Communities Program (CFC) at the David and Lucile Packard Foundation started exploring opportunities to improve early childhood outcomes in informal systems of care in 2014. As part of its initial exploration of this space, it provided a grant for Concept Hatchery to conduct research about the people, needs, and motivations of people using and working in informal care. Concept Hatchery is an innovation consultancy that uses qualitative, ethnographic-style research to uncover the complex environmental, cultural, and social factors that drive human behavior.

The objective of the research was to develop an understanding of the experiences of informal care providers in California. Our aim was to uncover needs and opportunities that would inform and inspire positive change in the quality of informal child care in California. Specifically, we structured the research to provide insights into:

- stakeholder perspectives and interactions between parents and care providers
- needs and challenges for informal care providers
- information and support systems relied on by informal care providers

Methodology

Qualitative research seeks to understand a few people in greater depth rather than many people in passing. Building empathy for their lives, hopes, fears, and challenges helps us understand how people make decisions and trade-offs in their busy lives. Human beings are also social creatures; our thoughts and actions are subtly shaped by the people around us. Because of this we looked to understand systems of people, not just the individuals.

Through journaling exercises and in-depth, in-context interviews with six families and their care providers in California, the research team identified the different mindsets and motivations of various categories of care providers (mothers, grandmothers, aunts, hired help) in the system, the delicate balance of interactions between adults that drive care, and the need hierarchy that care providers struggle with in providing high quality care.

Research focused in two locations; three sets of participants were identified in the San Francisco Bay area, and three in the greater Los Angeles area. For this research, we spoke with the mother who was the primary parent, although we recognize the growing role fathers have in providing care. With only one exception, families were low to middle income. We also spoke with the informal care providers working with these families: all unlicensed, none currently receiving government support for childcare. They ranged in age and experience from a 22-year-old friend of the mother with no children of her own, to a 63-year-old grandmother who had already raised 8 children now grown.

Research participants kept a journal for five days that provided information on their activities with the child, other adults who are present, and their thoughts and feelings at the time. Interviews were conducted separately to allow mothers and care providers to talk freely about their interactions, and lasted for two hours. Interviews were conducted in context at the place where the adult interacted most with the child. In the case of mothers, this was always in the family home. For care providers, this was either their own home or the child's home. In addition to interviews with the adults, the research team also observed the care provider in everyday interactions with the child – cleaning the house, taking a walk, watching television. To allow people to share freely, interviews were casual but structured conversations to encourage personal stories and free sharing. Conversations were subtly guided to specific topics such as trusted information sources, challenges in adult interactions, and personal histories, motivations, and hopes.

Mothers and providers

<p>Amara, 24 Unprepared but coping</p>   <p>Michaela 4 months</p>  <p>Ranisha, 45 Grandmother Devoted & disconnected</p>	<p>Elsa, 38 Progressive & lacking time</p>   <p>Jose 14 months</p>  <p>Sofia, 63 Grandmother Diligent & engaged</p>	<p>Sasha, 33 Affluent & well connected</p>   <p>Sam & Tom 2 & 4 years</p>  <p>Emilia, 50 Hired help Sensible & undervalued</p>	<p>Noreen, 42 Overwhelmed & informed</p>   <p>Johanna 3 years</p>  <p>Tara, 45 Aunt Respectful & stabilizing</p>	<p>Antonia, 21 Disconnected & weary</p>   <p>Roberto 1 year</p>  <p>Carmen, 41 Hired help Generous & isolated</p>	<p>Beth, 21 Supported & anxious</p>   <p>Peter 4 months</p>  <p>Jackie, 22 Family friend Confident & parent-centric</p>
---	---	--	---	---	---

A snapshot of one system

We looked at each parent/child/care provider in the study as a single system of interactions. This is one example of the different challenges and experiences within the system.

Snapshot of an informal care system



This is Antonia. She is the Spanish-speaking 21 year old mother of an energetic one-year-old boy. She works long 12-hour shifts in food prep. Antonia would really like to learn English to improve their living situation and there are free classes nearby, but between work and making dinner, the classes would take away the few hours of quality time she could really spend with her son. With her mother far away in Honduras, Antonia is struggling with knowing what she needs to do as a mother.



This is Roberto. He's the only child of two working parents. Sometimes he is still sleeping when his mother drops him off at Carmen's house at 3am, because she has to start work so early. He loves to dance in front of the TV, and to watch the show "Annoying Orange." He's very energetic, and sometimes Carmen will tell him to sit down and be still if he is dancing too much. When he does, she will give him a cookie instead.

This is Carmen. Antonia met Carmen at a laundromat, and thought that she looked friendly. She asked Carmen to watch her son. Carmen takes care of several children in the small apartment that she shares with her partner and two sons. She makes \$15 per day per child, and even though she loves each child, she wishes she could find a job with benefits instead. However, she doesn't know English and doesn't know how to drive. Having recently returned to the world of caregiving, she also doesn't have a network of other providers and feels alone and unsupported.



Types of providers

We found notable differences in the motivations and permissions that different types of care providers have. These differences drive the way they see their role with the child and family, what they believe they could do to care for the child, and how willing they are to make changes and sacrifices for the well-being of the child. Understanding these different types of care providers also start providing the first insights into how to reach them.



GRANDMOTHERS

- Trusted matriarch
- Experienced
- Strong ties to baby
- Takes care of baby + parents



FAMILY AND FRIENDS

- Trusted
- Relationship with family
- Sounding board to new parents



HIRED HELP

- Word of mouth reputation
- Frequently experienced with caring for children
- Set of hands to help with baby and housework

Experiences and motivations

Care providers fall into one of two primary modes in the way they engage with the child and work with the family, depending on how the type of relationship the care provider had to the family. Often, people who have close personal relationships with the family are helping on a temporary rather than long-term basis.



Family and close friends are on a “road trip”, knowing they will be connected with the family and child in the long haul.

- Discovery - everything is new
- Important to enjoy as a family or friend group
- Invested in the specific child in their care and understanding her unique needs
- Love is the primary motivator: the expectation is that this is a long-term emotional bond with the child and family

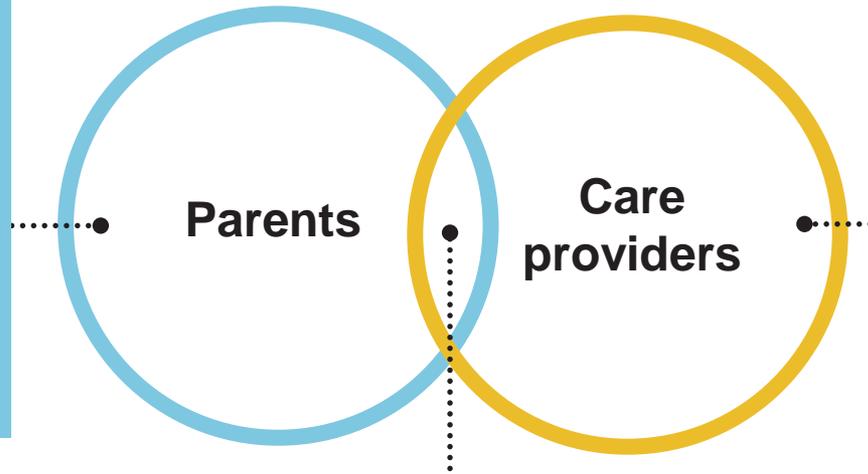
Hired professional informal care providers are on a “track.” They have defined patterns of work with the same age range of children for a variety of families, sometimes over decades.

- Safety – valued for trustworthiness in keeping child safe Little professional recognition; no motivation to build expertise
- Important to support the family’s journey, but not seen as taking part in the journey. Parents generally don’t turn to them for advice
- Invested in long-term jobs, so careful not to challenge parents or take risks in being proactive
- Functional expectation: hired outside care providers are filling in to help keep things moving

Challenges and dynamics

Within the informal care system, the different stakeholders have unique challenges given their situation and motivations. However, they overlap when it comes to logistics and decisions in the care of the child, which leads to a dynamic of care between the care provider and family.

Parents of new infants are overwhelmed. Their desire to do the best for the child, combined with the impression that they're not keeping up, leads to feelings of guilt. Too much conflicting information is available, leading parents to seek other parents like themselves who can help filter information. They care little about expert advice; focusing instead on learning how to be the best parents for their own unique children.



Care providers often do care about the child, especially in family or friend situations. However, their role is primarily parental support rather than child development, which limits the type of permission they perceive for teaching. Since child-rearing is so personal, care providers defer to the parents, and it's even harder for non-family care providers to provide advice, since they are seen primarily as a pair of hands to keep the child safe, rather than as teachers.

This intersection is where dynamics define the quality of care. Parents need information and are overwhelmed, while providers often have information but are undervalued. As parents are defining their new identity and learning how to be responsible for their children, they are sensitive to criticism and challenges. Care providers respond to this by deferring to what a parent wants, or what they think parents want. The critical challenge for improving quality of care in informal care is for parents to see care providers as part of the development team.

Information seeking

Parents are seeking information about what's best for their kids. Care providers, in general, are not.

Parents' questions are broad and deep, functional to self-defining, short term to long term. Questions can be child centric, mom centric, family centric. They are motivated to discover how to do what's best for the child. Family and friends, being motivated more by care and experience, ask similar questions on a smaller scale. Since many of them have raised their own children and can't make decisions for the parents, they often aren't seeking information at all.

Hired care provider questions are focused on safety and career development. They often love the children but are more valued by parents for the safety they provide. They are usually not seen as "preschool" so neither they nor the parents who pay them are seeking to help inform them on brain development.

Parent questions

Empathy & Validation

How do I deal with this stress?
Am I the only one who... ?
When will I have time with my husband?...

Identity

What kind of parent am I?
How much screen time?
When to start solids?
How to discipline?...

Expert Advice

Is the baby doing what sh/e is supposed to be doing (milestones)?
What is this rash (or other health questions)?...

Ideas

What events/products/activities?...

Hired provider questions

Immediate personal

What do I do if I'm sick?
What can I do with this monotony?

Immediate business

What do parents want?
How much can I charge?
Should I get first aid certified?
Who can cover for me?

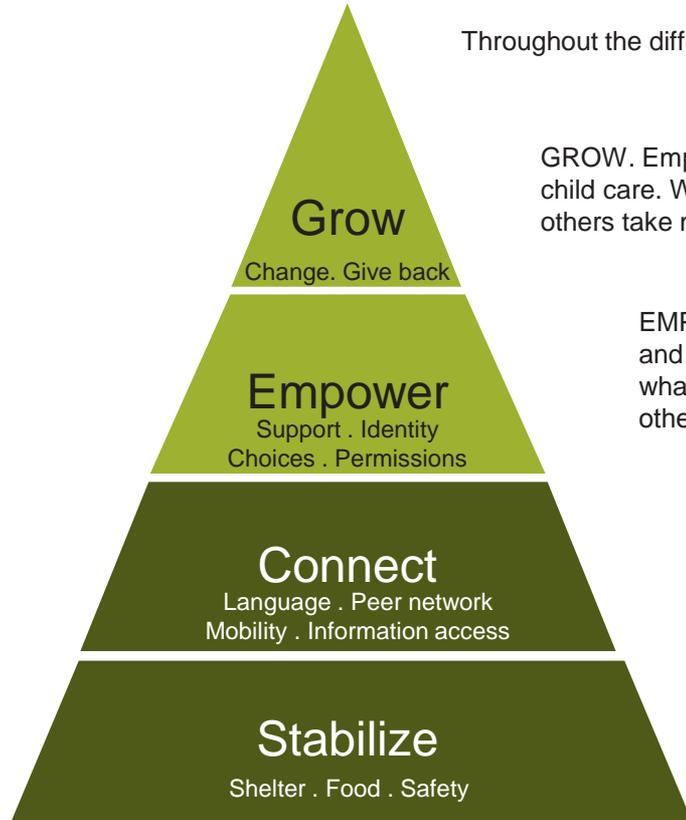
Relationship Management

What are the house rules?
How do I keep a good relationship with the parents?

Long term

How do I expand/get paid more?
How do I find a family that treats me well?

Needs Hierarchy



Throughout the different families, we saw four distinct stages of needs each building on the previous.

GROW. Empowered with choices and support, people can grow and make changes in their approach to child care. With a fresh perspective, many choose to share their knowledge and experience to help others take more positive steps.

EMPOWER. With solid foundational blocks established, people can become more confident and savvy in their roles as parents and care providers, opening them up to new possibilities of what they might be able to provide for the children in their care, and what they might ask of other adults in the children's lives.

CONNECT. The desire to grow can be hampered by lack of connection to resources. This can happen when the core tools of *language*, *physical mobility (driving, bus fares)*, and *access to information resources* are deficient. It can also happen when the individual is isolated. Networks serve as catalysts, offering individuals validation, inspiration, and *trusted advice* to explore new territory.

STABILIZE. Without secure shelter, food, and safety, parents and care providers alike do not have the capacity to engage in learning new skills or providing developmental opportunities for young children.

Strategy & Recommendations

Three directions that we believe can have the most impact in the field of informal care.

Strategy 1. Strengthen the connect level

While the basics needs required for stabilization are covered by government and aid assistance programs, there is a great need to **connect** people so they are ready to reach out for resources.

These connection needs such as language skills, mobility, and internet accessibility may seem mundane, but there is an immense difference when a person is given these tools - it gets people out of isolation. It opens the doors to the higher levels of the need hierarchy.

Strategy 1. Strengthen the connect level

Go where they are

Once people have their basic needs of food, shelter, and safety met, they still are only scraping by, many trapped babysitting at home for long hours with no way to discover what else might be available to them. Even if their neighborhood may have a resource center, just getting out of the house can be enough of a challenge.

Help people become aware of the possibilities of best in class care by being present where they are. This may be physical presence (for example providing mobile resource venues to get to providers without transportation, or being at a place they already frequent, such as a neighborhood Laundromat) or a virtual presence (mobile web sites accessible by smart phone rather than computer).



Example: From bookmobiles to gyms on wheels, new services are bringing resources to people who would not otherwise be able to use them.

What might mobile resources bring to home-bound care providers?

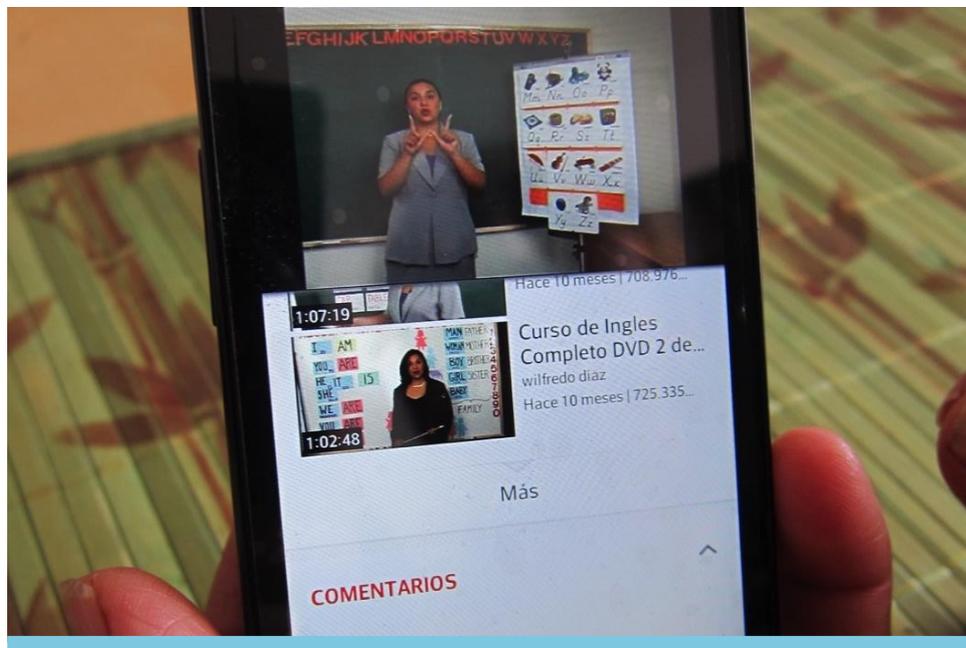
Strategy 1. Strengthen the connect level

Provide tools

People need three basic tools in order to be able to connect to available resources. These are English fluency, physical mobility, and access to the internet.

English is often needed in order to access resources such as government web sites or libraries. Simple things like a \$2 bus fare for going to a resource center become out of reach when the daily pay for babysitting is \$10. And although many low-income people don't have home computers, an internet-enabled smart phone can be the difference between a care provider who is empowered and one who is trapped.

Having these tools that build connections open up a world of possibilities for care providers to get out of their box.



Example: Sofia spends the day in the house with her grandson, but can still learn English on YouTube on her smartphone when he takes a nap.

How might we provide tools that are appealing and flexible to use?

Strategy 1. Strengthen the connect level

Develop hubs

Sometimes the basic tools of language, mobility, and internet access is not enough. Even people who can drive and speak English can get stuck in a rut of doing the same thing, either because they are too exhausted to look beyond the day or because they are on auto pilot.

However, the drive to connect with people is a motivator that breaks people out of ruts. Trusted friends can help catalyze new behavior. Develop hubs or networks where care providers and parents can meet trusted peers. Connecting to a trusted community of peers is key to sparking a hunger for information awareness, access, and support.



Example: Emilia has been a care provider in the same neighborhood for over two decades. She knows the sitters, nannies, and grandmothers, and meets with them regularly at the park where they care for children.

How can someone like Emilia help us tap into provider networks?

Strategy 2. Empower providers

Informal care providers are key members of the stakeholder network that care for the child. However, they are often left out of the picture when it comes to creating a curriculum for child development.

Strategy 2. Empower providers

Look beyond licenses

Family members are the first people new parents look to for support and help. They often have their own lives and will step back once the parents are stabilized. Although they have good intentions, they frequently rely on previous experience and are not up to date on new information or local resources. They are hard to reach through standard care provider channels and may need specific solutions to their intrinsic motivations.

Even full-time long term informal care providers may not have the means or interest to get licensed. Whether the barrier is cost, immigration, housing stability, or other factors, licensing is sometimes not an option. Provide rigorous career support and certifications of accomplishment that doesn't require a license. For those aspiring to be licensed, provide support to overcome language and financial barriers.



Example: Magnolia Place offered classes to informal care providers in the local communities and through them they learned how to raise the bar in their level of care.

How might we inspire providers to raise their own level of expertise when they are not seeking licensing?

Strategy 2. Empower providers

Build provider identity

Informal care providers themselves often have skill built over decades of experience that they don't even recognize themselves. Too often, especially for lower-income levels, they see themselves as merely an adult who keeps the child safe.

Help providers see the role they have as more than just a pair of hands. Give them tools for becoming better providers and pride in their expertise, tools, connections, and know-how.



Example: A report from the Alliance for Excellent Education and the Mozilla Foundation details digital badges can improve learning and outcomes for students and adults. These badges convey value while overcoming barriers required for traditional licensing.

How might develop untraditional but common ways of conveying value?

Strategy 2. Empower providers

Develop provider value

Parents, particularly mothers, may have a difficult time accepting the critical role that a care provider has in helping a child flourish. A care provider who is too proficient (or who might be called “mommy” by accident) is a threat to their newly budding identity as a parent. While they want what is best for their child, they often don’t realize how much a part the care provider can play beyond being an extra pair of hands.

Work with parents to help them see the value in the care provider’s experience. Help them be more comfortable with the provider’s role in building a relationship with the child, and learning from the care provider’s knowledge and experience. Help parents realize the important attributes they should seek in a care provider beyond safety and convenience.



SitterCity ads emphasize the importance of a babysitter in the development of the child.

How else might we communicate provider value to help parents see care providers as more valuable resources?

Strategy 3. Address stakeholder needs

There is no single approach for the informal care space comprised of many different types of stakeholders. Each adult – parent, family, career care provider – holds only a part of the puzzle in developing an approach for child care. They have different needs and motivations. They also have influence over each other.

Building solutions for each type of stakeholder independently as part of an interconnected system will be required to impact the quality of informal child care in California.

Strategy 3. Address stakeholder needs

Design for relations

The informal care system is full of fluid relationships that are personally complex. The person who cares for your child may also be a mother, a neighbor, a friend, with existing relationship patterns and power dynamics. The relationships are critical a part of the system as the stakeholders themselves. Sometimes the barrier to information, resources, or improved care is in relationship dynamics. Mothers may not know how to update grandmothers about the changing knowledge around nutrition or allergy needs. Care providers might need a way to make parents feel more a part of the day's activities, even while they are away.

Uncovering and addressing these relationship needs will provide a more complete system of care for young children.



A care provider who is a close friend with the parent can serve as a stabilizing force and sounding board. However we observed that even people who have grown up together will be reluctant as a care provider to volunteer information to a new parent, or take on an activity (such as going to a playgroup) seen as a parent-child activity. There are still gaps in communication.

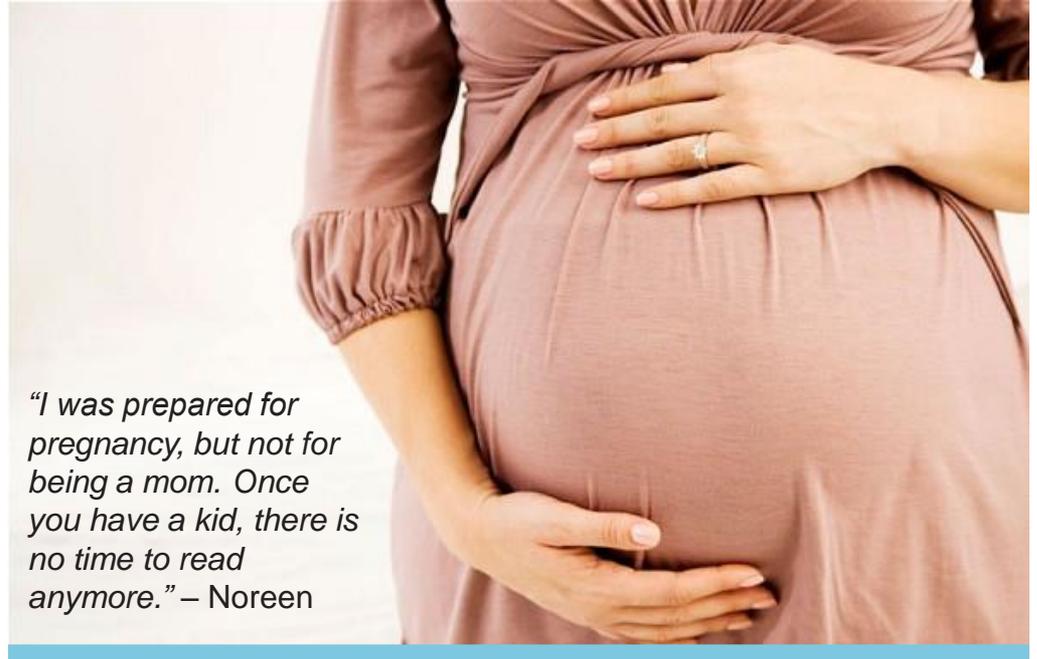
How might we offer tools to support the interactions and dynamics between parents and care providers?

Strategy 3. Address stakeholder needs

Timing is everything

Parents are the primary adult making decisions for children, and they are also the most inexperienced, stressed, and low on time. They are often rushing from one place to another or one need to another. For example, pick-up time at day care may not be the ideal time for care provider to parent communication because she needs to get home to start cooking.

Find daily moments and situation when parents are receptive to information. Often these are key points in their journey when things are changing and they have the bandwidth to engage. Leverage arterial pathways that are commonly used, such as WIC programs or public libraries, so people might stumble onto information. Consider a range of pathways to access information, knowing that flexibility will play an important role.



“I was prepared for pregnancy, but not for being a mom. Once you have a kid, there is no time to read anymore.” – Noreen

Example: Pregnancy is a period when parents are very receptive to information. However, they focus on the pregnancy rather than on motherhood. People wish they were more prepared for what happened after the baby’s arrival.

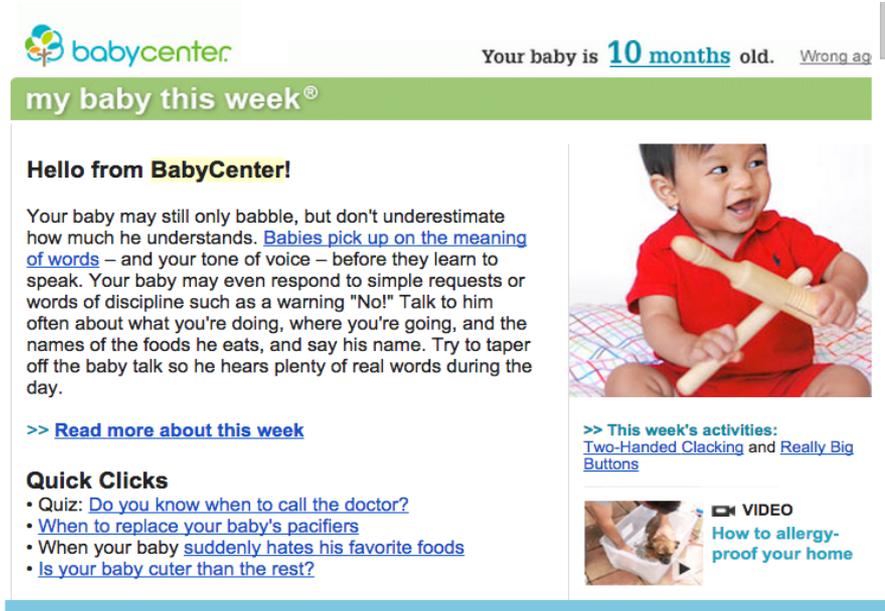
What other periods are information-seeking opportunities – for parents? For informal care providers?

Strategy 3. Address stakeholder needs

Target specific providers

Creating solutions for “informal care providers” does not address the vastly different needs and motivations of different types of care providers. Parents seek to be experts in only their own children, learning and adapting quickly and then moving on. Hired care providers want recognizable and marketable expertise for the specific age range they work in, and skills for keeping life interesting and fulfilling while they work for year after year in the same job. However, if they are exhausted and running on auto pilot, they may need additional short-term incentives to draw them in to programs with long-term benefits.

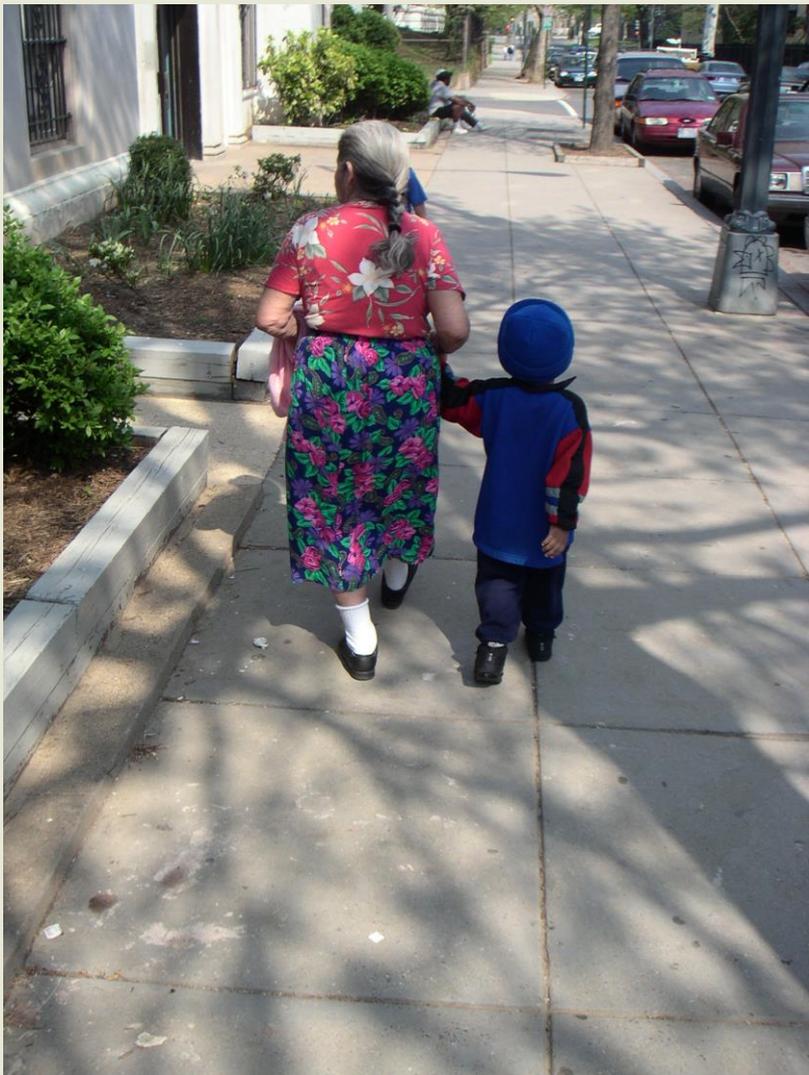
While being exclusive isn't necessary, being specific when designing a program – whether for parents, grandparents, aunts, or hired help – will allow for speaking directly to the needs, motivations, and challenges each of these distinct groups face.



The screenshot shows the BabyCenter website interface. At the top, it says "Your baby is **10 months** old." followed by "Wrong age". Below this is a green header with the text "my baby this week®". The main content area is divided into two columns. The left column has a yellow header "Hello from BabyCenter!" followed by a paragraph of text: "Your baby may still only babble, but don't underestimate how much he understands. [Babies pick up on the meaning of words](#) – and your tone of voice – before they learn to speak. Your baby may even respond to simple requests or words of discipline such as a warning 'No!' Talk to him often about what you're doing, where you're going, and the names of the foods he eats, and say his name. Try to taper off the baby talk so he hears plenty of real words during the day." Below this is a blue link: ">> [Read more about this week](#)". The right column features a photo of a baby in a red shirt holding a wooden toy. Below the photo is a blue link: ">> [This week's activities: Two-Handed Clacking and Really Big Buttons](#)". At the bottom right of the screenshot is a video thumbnail with the text "VIDEO How to allergy-proof your home".

Example: Babycenter.com is a popular parent online resource. Expecting mothers receive weekly updates on their pregnancy and as the baby grows up. It also connects them to other mothers having similar experiences. Babycenter targets parents by speaking to the journey and discovery they are experiencing.

How might we offer a resource targeted specifically to the needs of the different informal care providers?



Thank you

For more information about this research, please contact

Ana Chang

ana@concepthatchery.com

A note about privacy

Our research process relies on the generosity and openness of ordinary families and care providers who allow us into their homes and share their experiences, joys, and fears. To protect their privacy, all personally identifiable information have been changed in this report. We have used photos chosen from Flickr Creative Commons that reflect - as much as possible - the personality and characteristics of the people we met. We are grateful to the participants as well as to the photographers who have made their work available for public use. Photos in this report are published under the Creative Commons attribution license:

Title photo: Tom <https://flic.kr/p/7y377D>
Michaela: Ian Grove-Stephensen <https://flic.kr/p/5uy1xX>
Jose: epSos.de <https://flic.kr/p/a2YpJY>
Roberto: Crystal Marie Lopez <https://flic.kr/p/6aTvBk>
Sam: Rod Library <https://flic.kr/p/ei3PFv>
Tara: Rod Library <https://flic.kr/p/ei9zGG>
Emilia: Noite Latina <https://flic.kr/p/93GHGR>
Elsa: AFGE Headquarters Hispanic Month Program <https://flic.kr/p/pCFcES>
Ranisha: AFGE Headquarters Hispanic Month Program <https://flic.kr/p/oHVbaW>
Jackie: Leonid Mamchenkov <https://flic.kr/p/5xb4Ky>
Johanna: Bob <https://flic.kr/p/8twTvs>
Amara: Lauren Powell-Smothers <https://flic.kr/p/957wfS>
Noreen: Ismael Valladolid Torres <https://flic.kr/p/4cnehEY>
Sofía: Ms. Phoenix <https://flic.kr/p/7sNy2k>
Beth: Emily Mills <https://flic.kr/p/qH9mhp>
Beth and Jackie (friends): Elmira College <https://flic.kr/p/8JShRQ>
Sasha: epSos.de <https://flic.kr/p/7PqU6o>
Antonia: John Hedtke <https://flic.kr/p/byK8ZV>
Carmen: US Army <https://flic.kr/p/8rZ1wP>
Grandmother and child walking: Daniel Lobo <https://flic.kr/p/7cP44>