Child Care
Within the Family

Caroline Zinsser

Who cares for the nation’s infants and toddlers? For one of every two children under age three whose mother works, the face of the caregiver belongs to a family member—a parent or a relative. This pattern has held steady for decades, despite dramatic changes in families and child care options. Mothers (and grandmothers) have increasingly entered the labor force, divorce and single parenthood have restructured families, and young parents are likely to live at a distance from their own parents. A growing number of child care centers now serve infants and toddlers, advertising the educational opportunities they offer to the very young. Even so, children under age three are less likely to spend their days in a center than they are to be with a relative, such as a grandmother or an aunt.¹

Controversy has come to surround this traditional form of care, however, as the child care profession has matured. The care that relatives provide is often disparaged as nothing more than “baby-sitting.” Because many relative caregivers lack child care training, are invisible to state authorities, and work for little or no compensation, their work is seen by some child care advocates as threatening the drive toward professionalism in the child care field. These criticisms have sharpened in recent years, as public child care subsidies have increasingly been used to reimburse relatives, whereas before the 1990s, public subsidies were often reserved for care provided in formal child care settings that were licensed by authorities. Although there are those who view public support of relative care as an undesirable trend,² others stress its value to families who find this form of care best suited to their needs.

Despite differing opinions about these policy issues, however, most observers agree that much remains to be learned about the child care that occurs within families.³,⁴ This article briefly describes an ethnographic study of unregulated child care in a working class community in the Northeast (dubbed East Urban).⁵ As described in Boxes 1 and 2, this study documented the child care choices and experiences of working families in East Urban, many of whom trusted and preferred care by relatives to other child care options. The study concluded by discussing what it means to respect parental choices, judgments, and values concerning child care—even when these choices differ from those that professionals might make. This article builds on the study’s insights by describing current thinking about how to judge and strengthen the quality of the care that relatives offer to children.

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Who Relies on Relative Care?

In the eyes of the working class families in the East Urban study, a willing maternal grandmother would be the ideal caregiver for infants and toddlers. A mother would trust her own mother, as she would trust no one else, to take good care of her baby. Grandmothers and other close relatives were assumed to be bound to the best interests of the child by deeply emotional and lifelong love. Relatives were relied upon as repositories of family values, traditions, and sometimes language. Relative care might also bring the advantages of convenient location, flexible hours, and low cost. More important, in this community at least, trust in a relative counted far more than the child care credentials of any stranger. Although relative care is somewhat more commonly used by families who are of color and are poor, it is relied on by parents of all income levels and ethnicities.

As mentioned above, a national survey conducted in 1997 found that relatives cared for 27% of children under age three whose mothers were employed, whereas parents themselves retained the care of another 27%. The steady proportion of families who rely on relatives for child care reflects the continued strength of traditional support systems, even in a rapidly changing society. Contrary to expectations, demographers have found that intergenerational ties not only remain intact, but are in some respects growing stronger. Although families in older ethnic neighborhoods have scattered to the suburbs, new immigrant-extended families have taken their place. Strong family ties are reflected in patterns of child care use, and while the percentage of children under age six in child care centers tripled during the 30 years from 1965 to 1994, the portion of children who spent their days in the home of a relative scarcely changed at all.

Box 1

Undertaking an Ethnographic Study of Caregiving

A little more than 10 years ago, while working for an agency dedicated to improving the quality of child care through public policy, I undertook a study of unregulated care in a working class community in a small city in the Northeast that I called “East Urban.” By studying one community, I hoped to explore what we at the time called “the underground,” those unlicensed child care arrangements about which researchers knew the least.

Because I had just completed a survey of the abysmally low day-care staff wages in New York State, I was well aware of the long and hard-fought battle of child care workers to be recognized as professionals deserving decent salaries, and their view that “baby-sitters” without specialized training, working “off the books” at low rates, undermined these efforts. My assumption, on initiating the study, was that all such unregulated care was of low quality and used as a last resort by desperate parents who were unable to afford or to find the more desirable licensed care by trained professionals. Because my research method was ethnographic, however, I tried to suspend my biases and to instead learn from what the community itself had to say.

I talked to many people in East Urban about child care, not only parents and providers, but bus drivers, shopkeepers, schoolteachers, ministers, families who had recently arrived as immigrants, families living in housing projects, and families who still lived in the same tenements in which they were born. Some of these discussions were casual as I made my way about town; but others were longer, pre-arranged sessions with people telling me the stories of their lives, often as we sat at kitchen tables lingering over cups of coffee.

In these stories, the care of children was intertwined with the demands of employment that was too often low wage, lacking benefits, subject to seasonal layoffs, and hard to come by. Such employment was resented as an economic necessity that forced women out of their homes and away from their families. Within this context, most parents and the community as a whole were in agreement that child care within the family circle, particularly from relatives on the maternal side, was the best solution to the inevitable conflict between women’s employment and their family obligations.
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**Relative Care as a Policy Issue**

The fact that the child care provided by relatives has become a legislative and public policy issue is, however, a shift. The change came with the advent of welfare reform, when several federal child care funding streams for low-income families were combined to create the Child Care and Development Fund. That funding stream allows parents to use subsidy vouchers to pay for a wide range of child care options, including relative care and other forms of care that are legal but not regulated by state authorities. As previously noted, some feared that the use of vouchers would drive up the use of care that is not required to meet quality or regulatory standards, at the expense of regulated child care settings. However, a recent report on how 13 states have implemented child care subsidy policies since welfare reform found that, over a three-year period, the proportion of subsidies that go to relative caregivers increased in five states, decreased in five states, and remained stable in three other states. In other words, no dramatic shift has occurred.

Nevertheless, the fact that public funds now flow to unlicensed caregivers has raised questions about the use of public funds for care of unknown quality. It has also fueled debates about the feasibility of extending child care regulations to cover this segment of the child care universe. As a result, researchers are studying the quality of relative care, and both policymakers and professionals are searching for the means to improve it.

**Judging the Quality of Care**

According to recent studies, the quality of relative care does not differ substantially from that of other forms of care, whether it is regulated or not. As judged by standardized research measures, relative care varies widely in quality (as do other forms of child care), with most children in arrangements that are less than what researchers would call optimum. In a 1994 study of family and relative child care (including family child care businesses), only 9% of home-based care was rated as more than “adequate.” A 1995 study of child care centers revealed...
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an equally discouraging result: Only 8% of centers caring for infants were rated as “good” or “excellent.” Based on indicators of quality, comparisons between center-based and home-based care reveal uneven profiles of quality with strengths and weaknesses on both sides.

Of course, researchers who rank child care settings according to standardized measures recognize the difficulties of comparing care by grandmothers at home to care by professionals in centers. Child care quality measures include program features such as activities, materials, schedules, and procedures, as well as conversations and interactions between children and caregivers. Such measures do not work as well in the home of a grandmother caring for two toddlers as they work in a center setting. Comparisons based on aggregated figures can mask the delicate adjustments between individual children, parents, and providers that are so necessary to children’s optimum development. Moreover, structured observations do not capture the full extent of the bond between the relative caregiver and the child—a bond that is broader and more long lasting than the child care arrangement they share.

It is the affective qualities of relative care that distinguish it from other nonfamily child care arrangements and link it more closely to parental care than to professional care. Recognizing this, experts have proposed that different child care arrangements be viewed as a continuum or spectrum that extends from parental care at one end; through “informal” care by relatives, friends, neighbors; to licensed family child care providers; and to professional, center-based care at the other end. By substituting horizontal gradations for a hierarchical ladder with professional care at the top and “informal care” at the bottom, policymakers can treat each form of care as an appropriate choice for parents to make, as long as the care is of good quality and suitable to family circumstances. The spectrum view also encourages those who are working to improve the quality of child care to focus separately on each segment of the spectrum, judging each on its own terms and acting accordingly, rather than trying to apply uniform standards of professionalism that are often more suited to centers than to family and relative child care.

Supporting the Quality of Care

What does it mean to tailor quality-improvement efforts to suit the interests and needs of relatives who are caring for children? A comprehensive scan of research findings reveals that although relative care providers have “a great thirst” for information about children’s development, they often do not seek the training that is provided by professionals, nor the training required by the authorities who license child care providers. Even quality-improvement projects that offer resources and training in hopes of encouraging relatives to become licensed child care providers have, to date, attracted few takers.

In searching for better ways to reach relative providers, states and localities are now trying new strategies that are based on models of family support rather than professional career building. Some of the most promising strategies are communitywide efforts to boost the quali-
ty of all forms of child care, including relative care. They may, for instance, offer providers free safety kits and fire extinguishers or lend equipment, such as a crib, slide, water table, or tricycle. Other successful efforts have been organized in response to surveys of caregivers who are “license-exempt.” The surveys indicate that about three in four are interested in get togethers or support groups, where they could learn more about child care by talking with each other. Working within a context of family support and parent involvement, such community-based resource centers respect parent preferences and recognize the strengths of child care arrangements that are based on the enduring bonds between family members—the affection, nurture, identification, instruction, reciprocity, and mutual dependency that characterize relative care at its best.

Relative care, like other forms of child care, continues to pose challenges for policymakers concerned with protecting children’s welfare. But when it is regarded as a valid extension of parent care, rather than as a deficient sector of the professional field, child care within the family can be seen for what it is: a valuable and much-needed complement to other types of care.

ENDNOTES