
Child Care and AFDC Recipients in Illinois

Digest of Findings and Conclusions

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Introduction

The need for child care has grown in this country in direct proportion to the increase of women in the labor force. During the last 25 years, the United States, like other industrial countries, has witnessed a dramatic increase in the number of women who are working. Three out of every four women with school-age children are now employed outside the home. Nearly 6 in 10 women with preschool children have jobs. A majority of the mothers who work are in two-parent families. One out of four working mothers, however, are the household heads of single-parent families. Obviously, in families with young children in which both parents work and in single-parent families some form of child care is needed. In the case of single-parent families with young children, there would be no earned income without child care. In most of these families child care is a prerequisite to keeping the mother and her children out of poverty and off the public assistance rolls.

While there is a growing body of research literature on a wide array of child care issues, the particular child care needs and problems of low-income families and families on public assistance have not been studied in a comprehensive way. And yet, focusing on these families is particularly important at a time when efforts are being made to reform the public assistance system in this country and find ways to enable those on assistance to become self-sufficient.

This study is an examination of the child care needs and experiences of single-parent AFDC families who have been the clients of the Illinois Department of Public Aid (DPA).

Research Questions. Four general research questions drove the design of the research.

- 1) Who is taking care of the children?
- 2) What factors influence the types of providers used?
- 3) To what extent do these families use state child care subsidy programs?
- 4) How is child care implicated in the willingness or ability of these parents to enter work or training situations?

During the course of the research many other related issues emerged.

Study Population. The specific population studied in this research consisted of families receiving AFDC in the state of Illinois during the month of November, 1990. Not all AFDC families were included in the study, but only those headed by single parents with children under 14 years of age. The parents in these families were judged to be those most in need of child care in order to work or attend school. They represented 72 percent of all AFDC cases at the time of the study. Also included in the study were persons who had recently left AFDC due to the earnings of parents.

Within this study population, which totaled 158,602 families, there were four subpopulations of interest, here called "study groups." The groups were:

1) AFDC recipients who were working. These individuals were eligible for subsidies through the earned income **child care disregard program**. Expenses for child care incurred by working AFDC recipients are subtracted from their total earned income when calculating welfare benefits. There were 8,524 cases in this study group.

2) AFDC recipients who were participating in Project Chance, the Illinois JOBS program. Participants who engage in educational or work-related activities may receive **Project Chance child care** assistance. There were 7,950 clients engaging in such activities.

3) Single-parent AFDC recipients who were neither working nor participating in Project Chance. A **majority** of the persons in the study population were in this group which consisted of 140,954 cases.

4) Former AFDC recipients who left public assistance because their income made them ineligible. If they are working, these individuals may be eligible for one year of **transitional child care** assistance. This group consisted of 1,174 clients.

The relative sizes of the four study groups and the relationship between the study population and the entire AFDC caseload at the time of the study are shown in Figure 1.

Research Design. A multi-method research design was employed for this project that included the following elements:

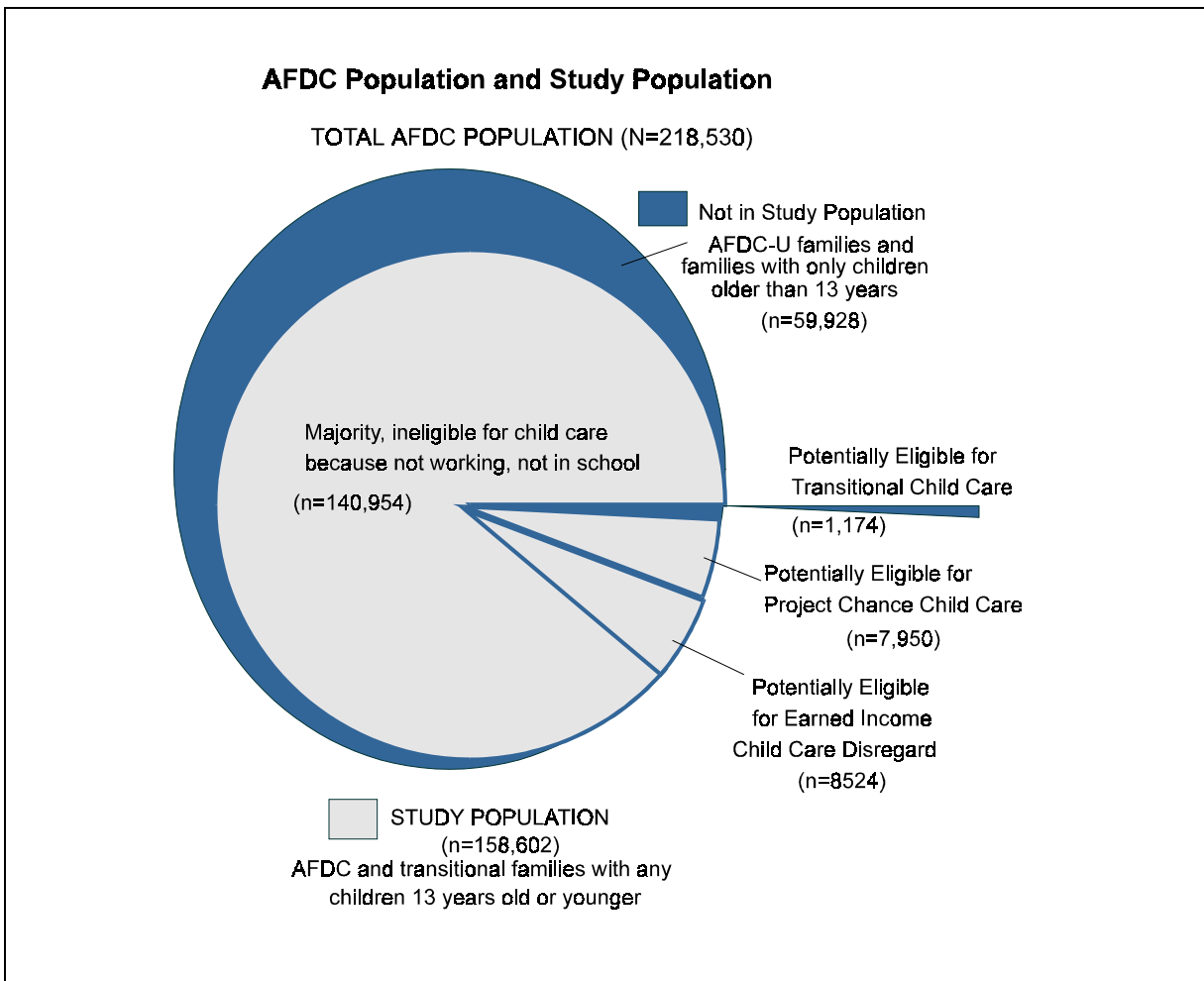


Figure 1

- a statewide mail survey to 7,168 present and former AFDC recipients from whom 3,779 (53%) responses were received;
- 14 focus group sessions involving 164 participants held throughout the state, five before the survey and nine following it;
- in-depth follow-up interviews with 121 survey respondents;
- a statewide survey of 1,001 child care providers (including child care centers, family day care providers, relatives and other providers) from whom 483 (48%) responses were received; and
- face-to-face interviews with over 70 key informants throughout the state, including state agency personnel within DPA (including Project Chance) and the Department of Children and Family Services (DCFS), child care providers, and child care advocates.

Social and Demographic Characteristics

Responses to the mail survey provided a valuable window into the lives and child care experiences of the entire study population and the four study groups. By using routine weighting procedures estimates of the social and demographic characteristics of the study population were made. A summary of these characteristics can be seen in Figure 2.

Nearly all of the single parents in the study population were women. Most (84%) were in their 20's and 30's, in what should be their prime work years. A relatively small percentage were teenagers, 7.5 percent. A majority who lived in the Chicago metropolitan area were black/African-Americans, while a majority in rural counties throughout the central and southern parts of the state were white. In the state's medium-sized cities the population was racially mixed. Overall, African-Americans comprised

63 percent of the study population, whites 31 percent, and Hispanic Americans 6 percent.

A majority had never been married and three out of four lived in households that contained no other adult. Sixty-two percent lived in households in which there was no other adult present nor any child older than 13. In these households there were no possible child care resources within the family unit other than the parents themselves. The average number of children under 14 in the families in the study population was 2.1; the average household size was 3.7 members. In over a third of the households there was at least one child younger than three years of age. Over 70 percent of the households had at least one preschool child under the age of six. Fifteen percent of the families had children with serious health problems or developmental disabilities.

Over a quarter of the total population studied was working (13%) or going to school (17%). Two percent were doing both. Although a majority who worked were employed part-time, many respondents were

working full time or nearly full time. Forty-one percent of those employed worked 35 or more hours per week. Seven percent worked more than 45 hours per week. Essentially all the work was in very low-paying jobs. The average take-home pay of those working was \$110.30 a week (\$4.00 per hour worked). Half of those who were employed worked at least some time during the evenings or on weekends.

A large majority (84%) of the entire study population had some prior work experience. The follow-up interviews revealed that for every one person working at the time of the interviews two had worked at some time during the previous 10 months. Their overall attachment to the labor market was weak. That is, they tended to be restricted to low-paying, low-skill jobs in the secondary labor market, generally in the service sector. These jobs generally pay little, have few benefits and are often referred to as "dead end" because they have little or no growth or career potential, are highly vulnerable to small changes in the local economy, and tend to be filled by workers who are viewed as easily replaceable.

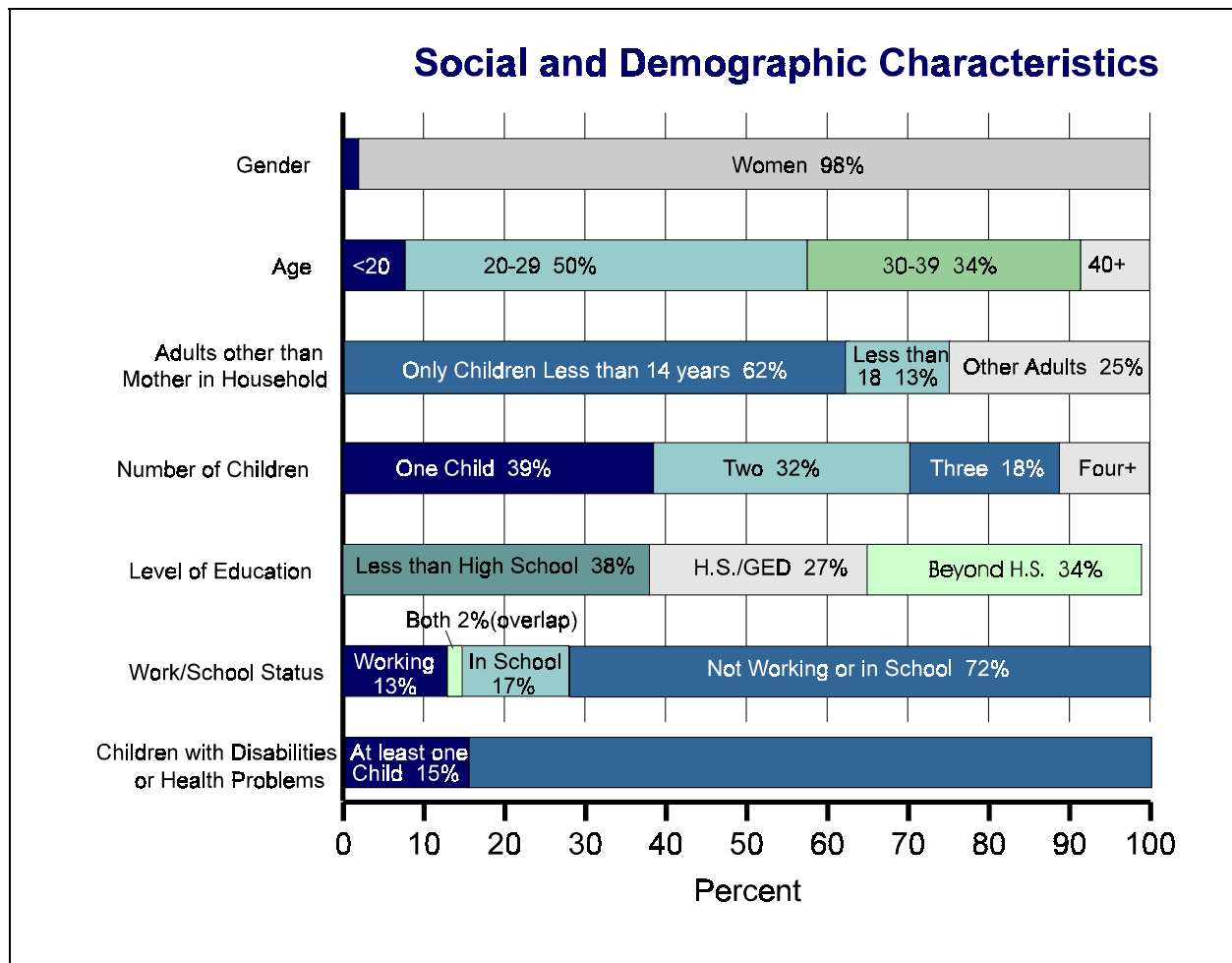


Figure 2

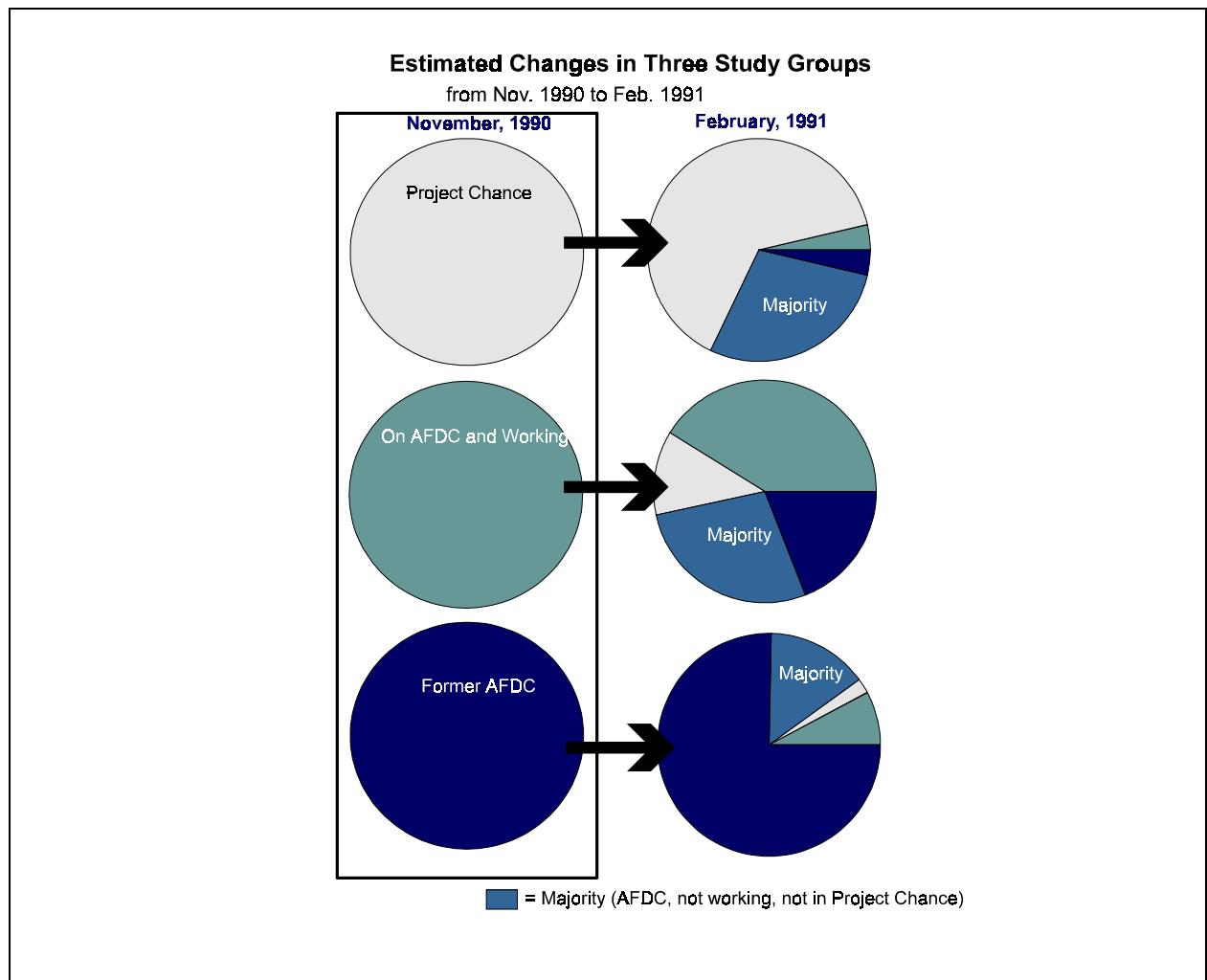


Figure 3

Most of those who were not working at the time of the study said they wanted to work or go to school.

The income of this population was very low. Average gross family income reported was \$450 per month (\$5400 a year). The average family in the study population had an income that was \$6437 below the 1990 poverty threshold. Thirty-four percent had not completed high school; 28 percent had only a high school diploma or GED. Only about a third, therefore, had any training or education beyond the high school level.

In general, AFDC recipients who were neither working nor in Project Chance tended to have the greatest needs. There were more teenagers in this group and a smaller percentage of persons who had ever been married. On average these households tended to have more and younger children and fewer other adults or older children present. They were also

more likely to have children with chronic illnesses or developmental disabilities. Fewer people in this majority group had completed high school or had any secondary education.

While the research was underway, there were many changes in the life circumstances of persons in the study sample. Within a period of about 90 days, for example, one-fourth of those who had left AFDC for employment had returned to public aid. Some of this change can be seen in Figure 3. A little more than one-fourth (28%) of those who were working while they received AFDC were no longer working. And, about 12 percent of those who were not working had obtained employment. Follow-up interviews revealed many other changes. These included changes in jobs, in the amount and times of work, in living arrangements and the composition of households, and changes prompted by health problems of family members. The interviews also revealed that these changes produce stress and feelings of anxiety and insecurity.

The overall picture that emerges is one of a large group of people, primarily women, with very limited resources, often undereducated and weakly attached to the labor force, whose lives lack stability and security. Not only are they very poor but few have more than marginal potential to achieve permanent self sufficiency without additional education or training and other assistance, including child care.

Types of Child Care Used

An estimated 19 percent of the families in the study population were using some form of child care while they worked or went to school at the time of the survey. This involved primarily individuals in the child care disregard, Project Chance and transitional study groups. However, 5 percent were parents in the majority study group who were attending school. The children in child care made up an estimated 15 percent of the children in the study population. (It is important to remember that this was a point-in-time estimate of child care usage by the AFDC and former AFDC population with children under 14 years of age. Over time a much greater proportion of the population uses child care while they work or go to school. The change

in work status over a 90 day period is an indicator of probable changes in child care usage.)

Informal Home Care. Persons contacted in the statewide survey relied heavily on informal home care, that is, care in the home of the child, often by a relative, or care in the home of a relative, neighbor or friend (cf. Figure 4). A conservative estimate is that at least 65 percent of the families using care were employing these types for all the child care they used. At least 77 percent were using informal home care as some part of their total mix of child care.

Much of this "informal" care is provided by relatives. Forty-nine percent of the parents in the study population used relatives as providers at least some of the time while they worked or went to school; 31 percent relied on their relatives exclusively to care for their children. When care was provided in the child's own home the provider was related to the child 63 percent of the time (including 28 percent of the time by the grandmother, 10 percent by an uncle or aunt of the child, and 10 percent by the child's older sister or brother).

About a third of the parents relied on care in the homes of nonrelatives. In most cases this involved the use of licensed-exempt providers, that is, providers

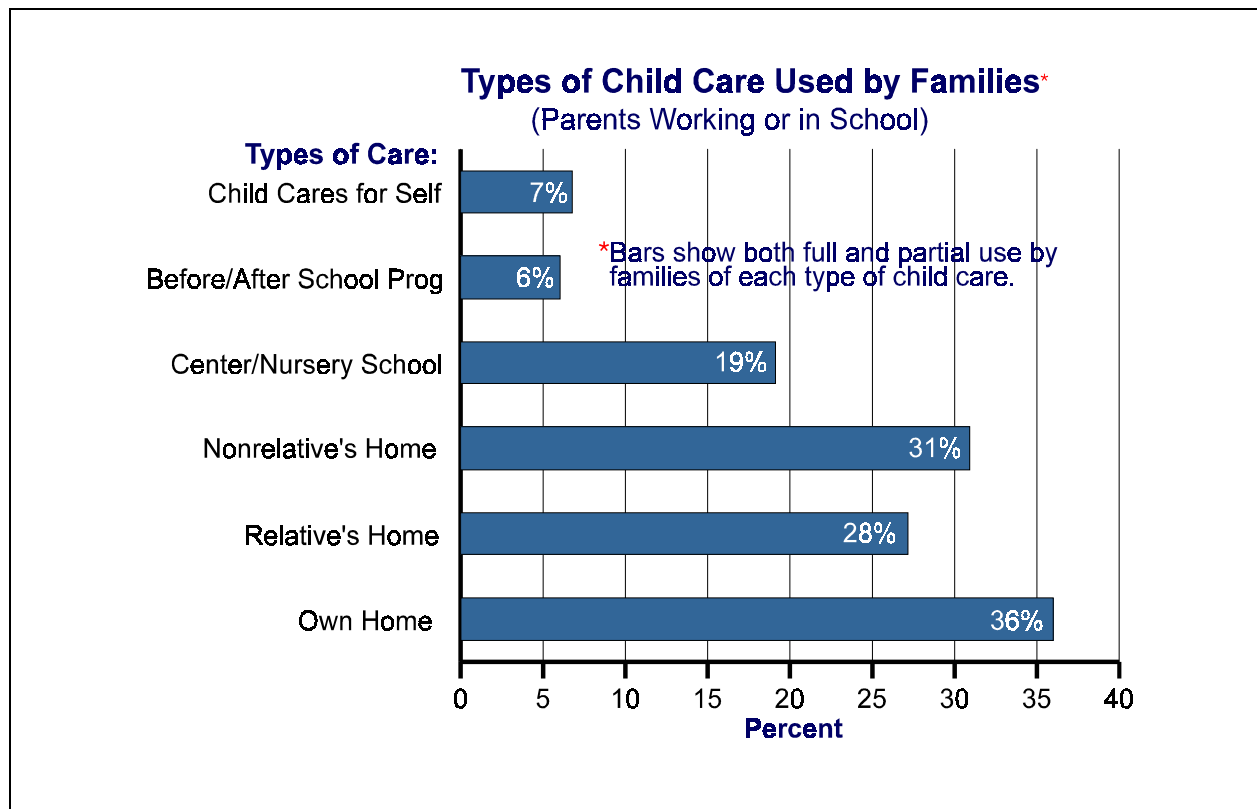


Figure 4

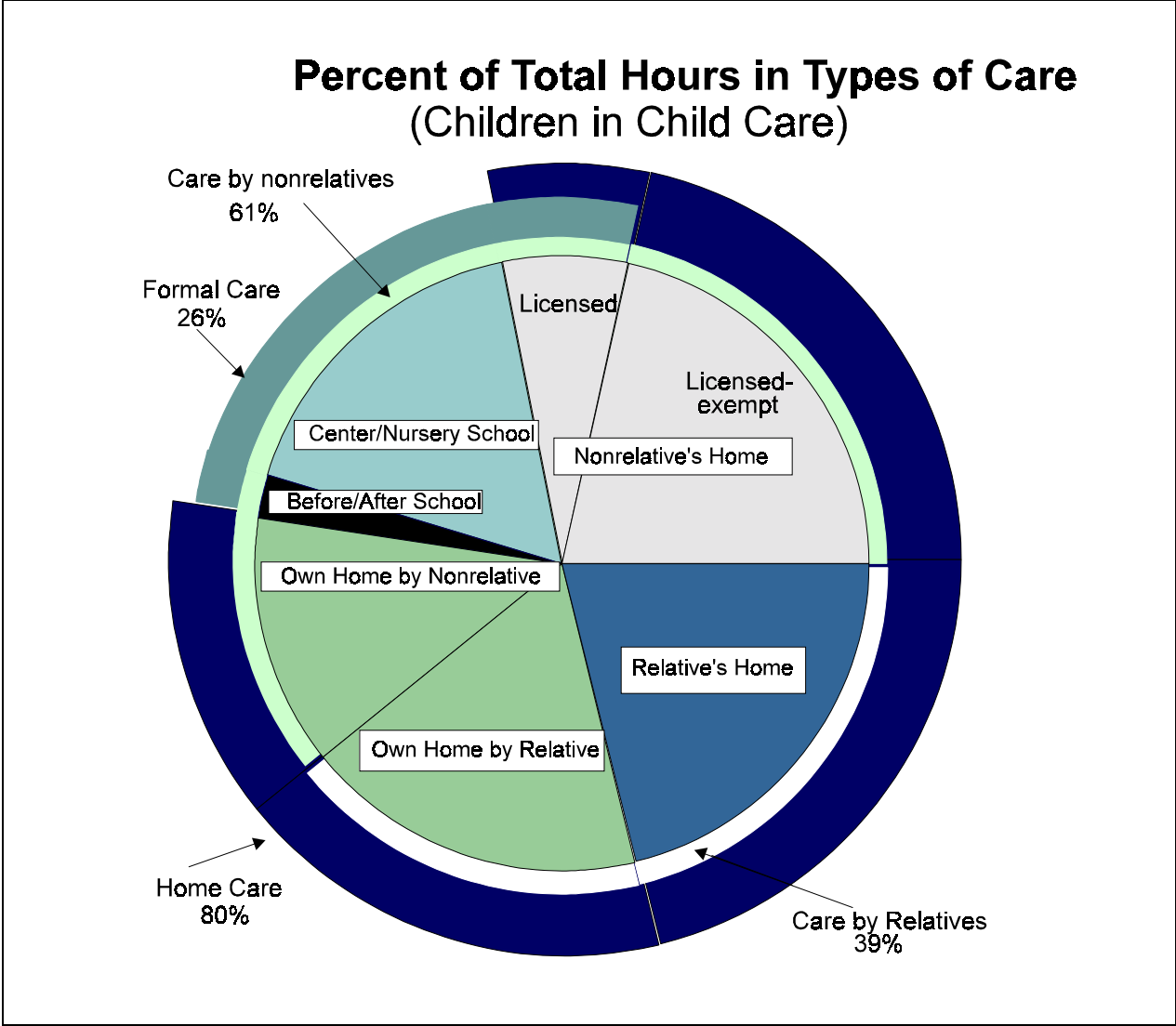


Figure 5

who care for three or fewer children at a time. In focus group and individual interviews parents regularly referred to these providers as "sitters" or "babysitters."

Licensed Family Day Care. Some of the care provided in the homes of others involved licensed family day care providers. Our best estimate is that between 4 and 7 percent of the parents in the study population used licensed family day care providers.

Care in Formal Facilities. Nearly 1 person in 5 (19%) in the study population who used child care used a formal facility (centers, nursery schools, and before/after school programs) as some part of their total child care arrangements. Twelve percent used them exclusively.

Amount of Care by Type. Figure 5 shows the proportion of the time that the children in the study population were in the care of different types of providers while their parents were working or going to school. We again see heavy reliance on informal arrangements, including those in the child's home and in the homes of relatives or "sitters." These arrangements account for about three of every four hours of care provided to the children of these parents. Care in day care centers, licensed family day care providers and before and after school programs account for about 26 percent of the total hours of care for these children.

Regional Differences. Care by a relative was somewhat more common in rural parts of the state than in other areas. Care in formal facilities was

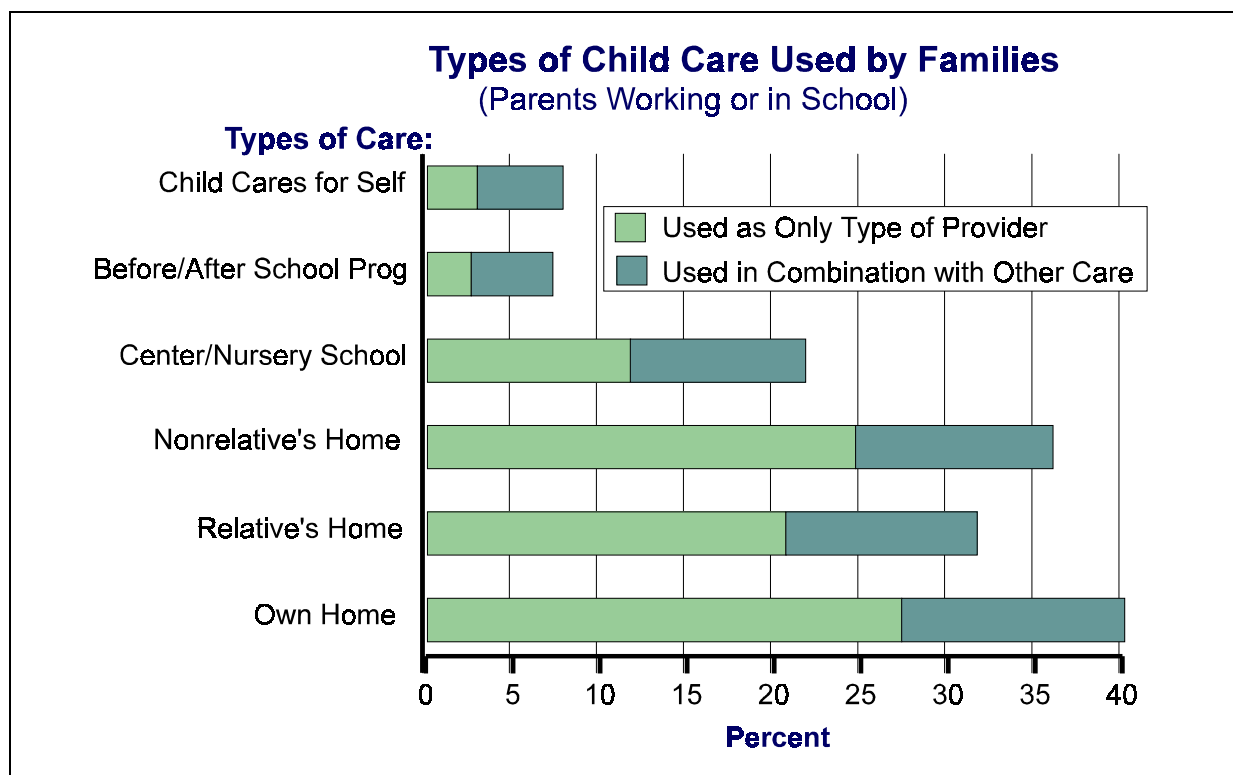


Figure 6

proportionately low in rural areas and in Cook County. Utilization of formal facilities for infant and toddler care was particularly low in Chicago where there was a greater reliance on nonrelative home care for these children.

Changing Providers. Focus group interviews as well as individual follow-up interviews revealed that informal care arrangements were often temporary in nature and sometimes unreliable. A majority of the parents in the follow-up interviews who used informal providers reported that they had had to make changes within the previous 90 days for a variety of reasons. Similarly, many parents who participated in focus group discussions who used informal care arrangements reported that they frequently had to change providers or were left without any child care when their primary arrangements fell through. Sometimes these situations were caused by changes taking place in the lives of providers, such as starting a new job, changing work hours, starting school, or moving out of the neighborhood. Sometimes it was because the providers could not be counted on consistently. One woman interviewed described how her sister would invariably be late in arriving at her house to care for her children. This caused her to be late getting to her job so frequently that she eventually had to quit. This woman, like many others who relied

on informal care, had no alternative or back-up to the arrangement she was using.

Not all parents who used informal providers experienced such problems. Some had relatives or found sitters who provided care that was dependable and relatively permanent. More often than not, however, reliance on informal arrangements led to recurring child care problems.

Multiple Providers. Twenty-two percent of the families who were using some child care were using more than one provider at the time they were surveyed. (Cf. Figure 6 which shows the percent of families who used different types exclusively or in combination with other types.) Sometimes the use of multiple providers involved different children who went to different providers. The more children there were in a family the greater was the likelihood of this happening. However, frequently individual children were cared for by more than one provider. Twenty-three percent of the children in the study population were being cared for by more than one provider in a given week, and some by more than two, at the time of the survey (cf. Figure 7).

Needing to rely on more than one provider and needing to change from one provider to another are

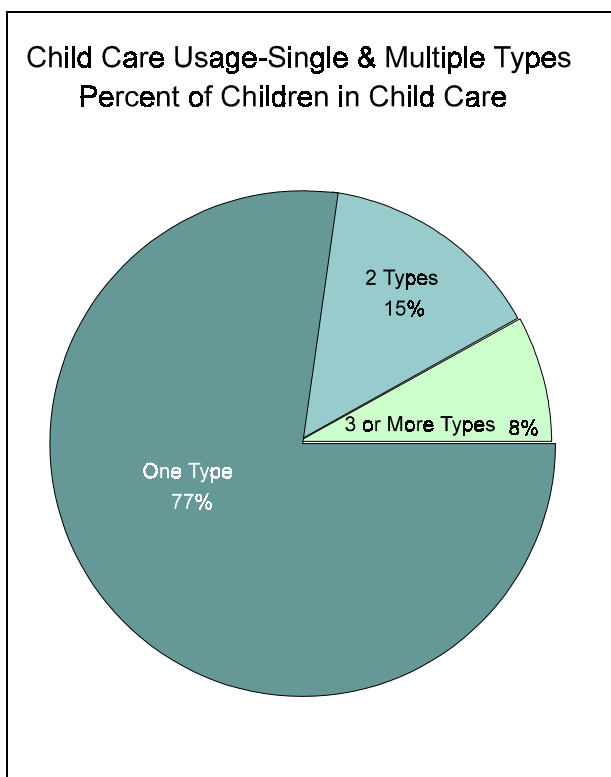


Figure 7

indications of the relative complexity and instability that characterize the lives of these single parents. Such instability makes their child care needs more difficult to satisfy and also raises concerns about the welfare of the children who must move from one provider situation to the next.

Factors that Affect the Types of Child Care Used

There are numerous factors that affect the type of child care used. Some are within the control of parents and help explain the choices they make. Others are outside of their control and restrict the choices they make, sometimes leaving them with a "take it or leave it" situation in which there are no alternatives.

Age of Children. As can be seen in Figure 8, the age of children was related to the type of child care used. For infants and toddlers under 24 months of age, there was heavier reliance on home care of all types. Center care was most heavily used for children two to five years of age and peaked for three and four-year old children who as a group used center-based care about 30 percent of the time. Care in the child's home or in the homes of relatives was used more heavily for the

care of school-age children. Self care began in a meaningful way only for children over 10 years of age, although even for these children there was a continuing use of some type of care.

Care for children who are developmentally disabled or who have serious medical problems mirrors care for infants in the heavy reliance on home and relative care.

Preferences. Preferences for particular child care arrangements clearly influence the arrangements selected. Nevertheless, utilization should not be confused with preference. Many individuals voice a preference for a particular type of care but use another.

Stated Preferences. Over half the parents who were using some form of child care at the time of the survey indicated a preference for formal child care facilities (centers, nursery schools, before/after school programs). About one-fifth said they preferred care in their own home and another fifth said they preferred care in a relative's home. About seven percent said they preferred care in a nonrelative's home. Figure 9 shows the percentage of parents who indicated a preference for different types of care for their children. The figure also shows the percentage who used each type.

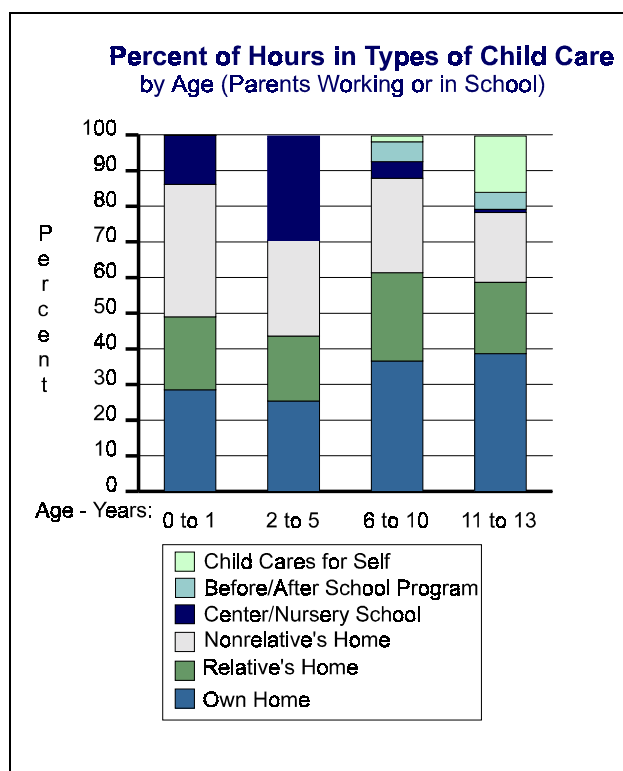


Figure 8

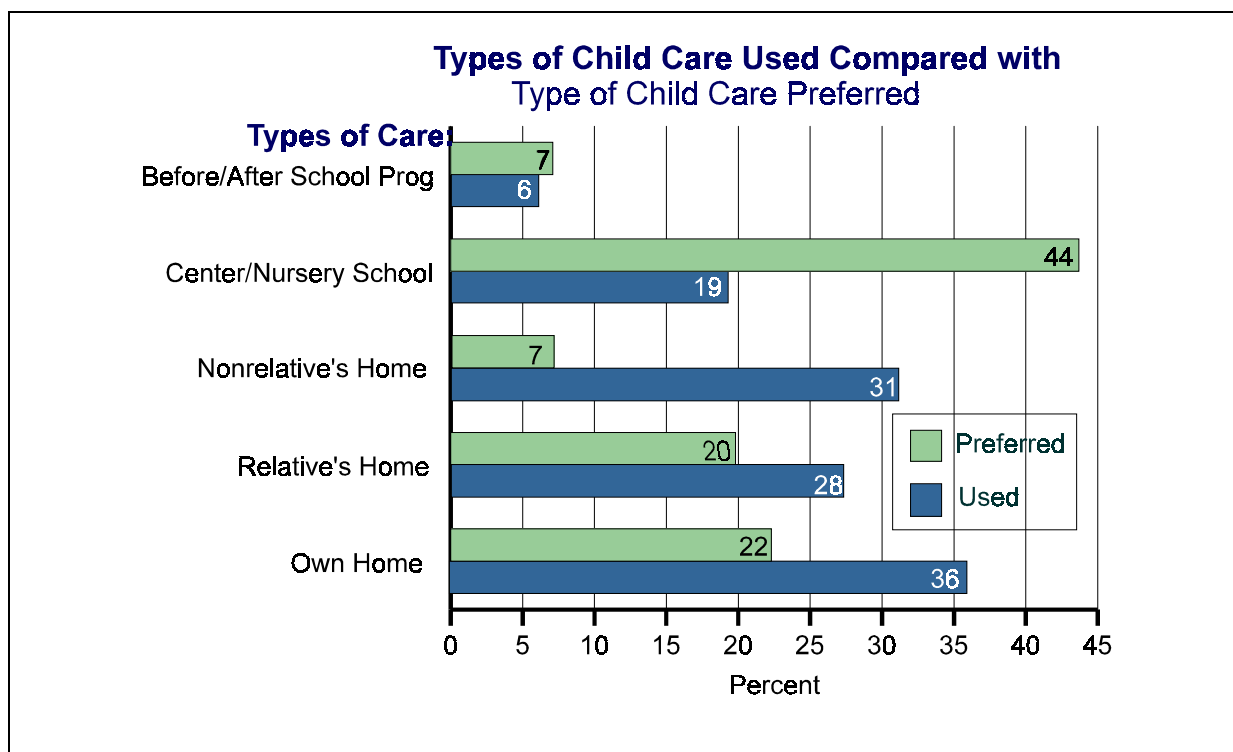


Figure 9

Gaps between Type Preferred and Type Used. Fewer than half those individuals who wanted center-based care were using it. Most of those who preferred informal care, especially care in their own home or a relative's home, were using this type of care.

Underlying Motivations. A stated preference for a particular type of care is a reflection of what parents want out of child care and their values and concerns about the welfare of their children. As with most human behavior their values and concerns are multiple and mixed. Two key concerns involve the safety and quality aspects of care.

Safety/Trust. Concern for the safety of their children drove parents to rely on persons and situations they trusted. For some this meant individuals they knew or lived with, such as their mothers. For others it meant preferring a structured, monitored environment with a trained staff such as found in a center. Many AFDC recipients live in high crime inner-city areas, where violent behavior and excessive drug use are common occurrences. Concern for the safety of children in these settings often takes precedence over everything else.

Quality of Care. A large majority of parents surveyed and interviewed expressed a concern for quality care. This most often meant a concern for care

that was nurturing and attentive to their children. For many it also meant care that was educational and not just custodial. These concerns led many to prefer center-based care. However, for parents who found persons, such as relatives, who could ensure caring and familiar environments for their children, these nonformal arrangements were often preferred.

Mixed Motivation. In some cases mothers who were interviewed stated a desire for characteristics that they perceived in two different types of care. For example, many wanted the increased educational emphasis often found in center care while, at the same time, desiring the familiarity, lower cost and practicality of home and relative care.

Practical Constraints. There were a number of critical practical constraints that limited options and affected the type of care used. These factors help explain why more parents may prefer formal arrangements yet actually use informal ones more frequently.

Cost/Affordability. A parent cannot use care that she cannot afford. The cost of care was the most frequently cited constraint and led many to rely on informal care, often by relatives. Few could afford, without subsidy or a tuition scholarship, the cost of center care. The average cost of care reported in our

survey of child care centers was \$83 a week (or about \$350 a month). This is 47 percent of the gross wages from a full-time minimum wage entry-level job. It is 78 percent of the average cash income of the families in the study population. The more children there are in a family, the less likely is the family able to afford the costs of center or licensed family care.

Availability. A parent cannot use care that does not exist. AFDC families, like the general population, are affected by child care availability problems when and where they occur. There are areas across the state in which there is little formal child care available, including some relatively large areas without any licensed child care centers or licensed family day care providers. Furthermore, in some areas where such care is now available, current demand greatly exceeds available supply, as evidenced in long waiting lists at many centers. In addition to these problems, however, AFDC recipients, and low income families generally, experience special and unique availability problems. For example, demand for child care is most likely to exceed supply in the poorest sections of the state (cf. discussion on pages 21-23).

Interviews with key informants indicated that one factor affecting the availability of formal care in low-income, inner city neighborhoods in Chicago were city codes that prevented the establishment of child care centers in existing housing stock and public housing projects.

Accessibility. A parent cannot use child care she cannot get her children to. Accessibility is a problem for many people in the general public, but it is especially acute for low-income families which more often lack private transportation and the money to use public transportation where it exists. Thus the cost of transportation limits access by AFDC families to formal care that may exist in their communities and promotes the use of care nearby, which is more likely to be informal and more likely to be a relative. A person who does not have private transportation lives in a neighborhood that is geographically smaller and, therefore, even less likely to contain a center, a licensed family provider, or even a licensed-exempt provider.

Working. Working parents in the study population tended to hold very low paying jobs in the secondary labor market. The jobs were often part-time. They frequently had intermittent and changing work hours. Half of those who worked had jobs that required at least some work during evenings and on weekends. Few child care centers are open after 6 p.m. or on weekends, and most are reluctant, if not unwilling, to accept children on an intermittent and

changing basis. These same factors also limit access to licensed family day care providers, and promote the use of informal sitter and relative care. They also lead to the use of multiple providers.

School. Persons attending community colleges were more likely to use center care because of its availability on campuses. On the other hand, persons who attended night classes or who mixed school and work often had to rely on informal sitter and relative arrangements and had to use several providers more frequently.

State Subsidy Programs. State child care subsidies permit current and former AFDC recipients to work or go to school. Many would not be able to engage in these activities without this help. At the same time, participation in these subsidy programs affects the type of child care used. This can be seen clearly in Figure 10.

The front row in this figure shows the pattern of child care used by AFDC parents who were either not eligible for a child care subsidy or did not use it. Without the state programs, reliance on informal arrangements, and the heavy use of relatives, would be even greater than it now is (as reflected in Figure 4).

The Earned Income Child Care Disregard Program, through its payment procedures in which participants may be reimbursed for their child costs 30 to 60 days after they have been incurred, promotes the use of the least expensive care alternative. This results in extensive use of informal care arrangements by participants as can be seen in Figure 10. In most respects, the pattern of use among this group is similar to the pattern among parents without any subsidy. The exception to this is an increased use of nonrelatives on the part of child care disregard participants. This is an indication that many AFDC recipients who do not have relatives to provide care for their children are able to work because of the child care assistance available through this program.

Project Chance participation increases usage of center-based care because it provides rate subsidy and transportation assistance, and because participants often are able to access formal care provisions maintained at community colleges. If additional funds for child care were available to all Project Chance participants the use of formal care would probably be greater and even closer to the preference pattern shown in Figure 9.

Transitional child care also increases the ability of persons to use center-based care. The continued heavy reliance by this group of former AFDC recipients on

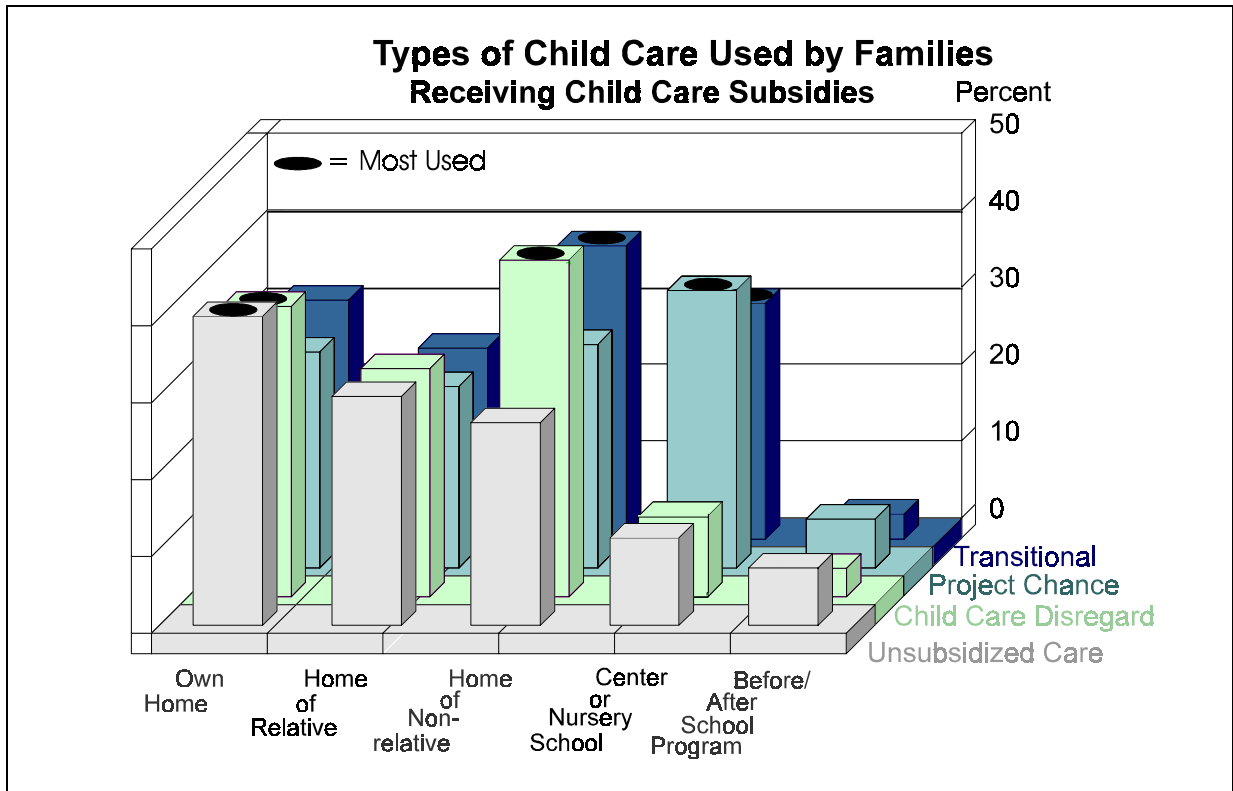


Figure 10

nonrelative care, which primarily involves licensed-exempt sitters, despite the state subsidy and their strong preference for center-based care, is an indication of the general availability problem that exists with center care. Nonetheless, the transitional child care program and the child care available to Project Chance participants result in an increased use of the type of child care preferred by parents and a reduction in the gap that otherwise exists between preference and utilization.

Payment Rates and Delayed Payments.

Numerous persons interviewed and surveyed cited difficulties finding nonrelatives willing to accept state rates, particularly from other AFDC recipients whose benefits would be reduced because of this income. It is probable that these rates have the effect of increasing reliance on relative care when relatives are available. At the same time, many respondents indicated that they were unable to get relatives to accept the rates and were left with no care at all.

Any delay in payments to providers from the state causes resistance from licensed family day care providers and child care centers as well as licensed-exempt providers and increases the need for AFDC parents to rely on relatives, if any are available.

Multiple Providers. Use of more than one provider reflects the complexity of the work and school arrangements of some families. Those who worked evening or weekend hours used two or more providers with greater frequency. This included parents who used center-based care. Similarly, single parents who worked part time or who both worked and went to school were more likely to use multiple providers.

Changing Providers. The factors that promote reliance on informal care involving relatives and licensed-exempt sitters also promote the problems that often accompany this type of care. The arrangements are more likely to be temporary or unreliable, especially when compared with licensed center or family care. Promoting informal child care arrangements will, therefore, lead to more situations in which parents find it necessary to change providers frequently or are left without any care at all.

"I use my baby's father. I use his (father's) mother. I use my mother. I use my friends...(and) I have just one child."

"I started my first semester of college, but I was only able to complete one class because my babysitter was unstable. There were times when she was tired or did not feel like babysitting. I can't keep starting something and not finishing it. I'd like to go to college and complete college, but I can't really do anything right now until my son gets a little older; and my mother works, so that leaves me with nobody. My sisters are also all out on their own working."

Left Without Care. Factors that promote informal care also leave many parents without any care at all. Parents were asked in the survey whether they had any friend or relative, inside or outside of their immediate household, who could provide care for their children. Sixty-seven percent said they had no one they could turn to on a regular basis. Without some type of formal care arrangements, including licensed family providers, and the means to afford it, these parents are without any child care. Moreover, many lack the resources for even emergency or back-up

support. Only 25 percent of the parents in the study population live in households in which there are other adults present. A majority live in families in which there are neither any other adults nor any children older than 13 who, at least potentially, might be able to provide some help. One parent in four said there was no other individual inside or outside their household they could turn to for assistance, even on an occasional basis.

Work, School and Child Care

Over a quarter of the parents in the study population were either working or going to school or both at the time of the survey (cf. Figure 11). Over 40 percent of those who were working, were working full time or at two jobs. Most of their jobs paid very low wages. Over the entire population, 94 percent were either working or going to school or indicated that they would like to be doing one or the other. The remaining 6 percent consisted primarily of persons whose capacities to work or attend school were severely curtailed--most often due to a personal health problem or disability (48%), and/or a child with a chronic illness or a developmental disability (25%), or because they were pregnant or had very young infants (28%).

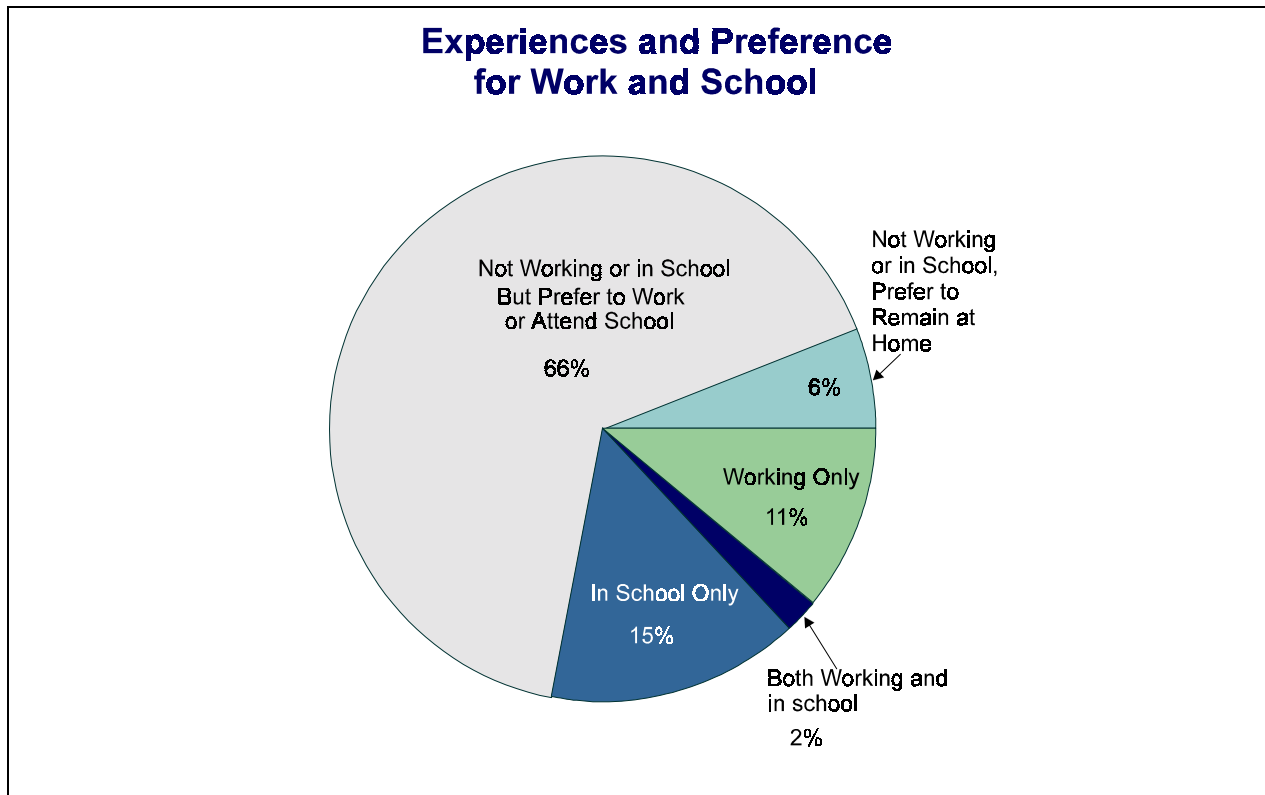


Figure 11

Asked if they would rather work at a job they wanted while using the type of child care they preferred, or stay at home with their children, 91 percent of the parents said they would prefer to work. One woman, who summarized the views of many, said:

"I would rather work and use child care because that way I could provide for my baby and get him the things that he needs, the things that I didn't have when I was a child."

In the focus group interviews participants expressed concerns and values--about their children and about work and school--that were remarkable primarily for being so unremarkable. These discussions resonated with an ethos that is generally viewed to be typical of the American middle class. One woman, who was working and receiving AFDC, eloquently described her dream of a "normal" life:

"I am working and I want so much to be a normal person as far as work because my fiance comes to my house after he gets off of work and he watches the kids while I go to work and it is like. I want to go to work when it is daylight out and come home at a decent hour, cook supper for my kids, eat supper, do baths and bedtime and the whole bit."

The desire to work was consistently affirmed in focus group sessions held throughout the state. However, many participants recognized that educational deficiencies limited their opportunities to obtain the type of job they needed to become self-reliant, and they saw school or vocational training as the life line out of poverty and dependence on public assistance. Eighteen percent of the single parents on AFDC at the time of the survey were in school or a training program. Some parents, however, expressed frustration at not being able to go to school because they needed to work.

"I can't go to school and get my diploma because I have four kids to support and my husband don't help. Therefore I have to work a full-time job and a part-time job just to pay rent and try to buy clothes for me and my kids every now and then."

Child Care Problems as Barriers to Work or School. Respondents to the mail survey reported that child care problems have a significant impact on their ability to work and go to school. Estimates of the problems experienced by the entire study population based on survey responses are summarized in Figure 12. Reportedly, child care problems prevent 42 percent from working full time. Another 24 percent who wanted to work part time were similarly unable to do so. In addition, over a third of the population (38%) reported that they were unable to go to school because of child care problems.

"My mother has to work and I didn't have anyone else, so I had to stay home (from high school). My mother's job is during school hours."

The impact of child care problems on being able to work or go to school is often very immediate. Figure 13 shows the percentage of persons in the study population estimated to have had specific problems within the last year due to difficulties with child care. Twenty percent reported that they had to quit school or a training program and over a third had serious work-related problems. An estimated 20 percent of the persons in the study population returned to public assistance within the last year in part because of child care problems.

"I was going to school last year trying to get my GED. I had my mom babysit for me but there was days she couldn't make it so that meant that there was days that I couldn't go to school. If you miss so many days of school they try to drop you out. So I quit."

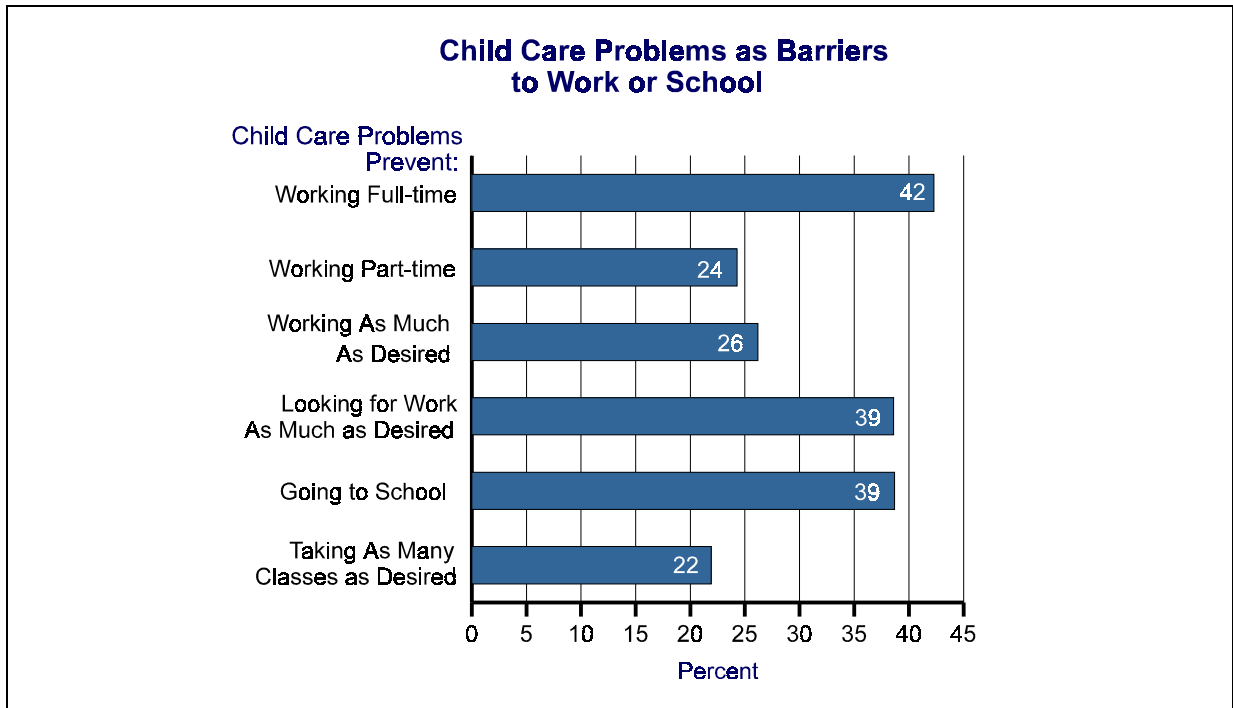


Figure 12

Age of Parents. Parents in their twenties and thirties more often reported problems being able to work full time or as much as they wanted. Fifty-nine percent of teen-age parents said these problems had at one time prevented them from going to school and 42 percent said they had to quit school within the last year because of difficulties with child care.

Age of Children. Those with children five and under more often could not work (either full time or part time), look for work or go to school because of child care problems compared with those whose children were all of school age. Those with preschool children were significantly more likely to have quit school or a training program within the last year because of child care problems than their counterparts with school-age children.

Type of Child Care Used. Generally, those who relied on informal child care arrangements reported more work and school related problems due to these arrangements than those using center-based care.

Types of Child Care Problems. Individuals who had worked or attended school at some time during the last year were asked what specific problems they had experienced with child care. Their responses (shown in Figure 14) can be summarized as follows:

Affordability. Eighty-one percent of those who

worked or went to school at some time during the 1990 calendar year reported that the cost of care was a problem for them. Over half (55%) called it a "major problem." Focus group participants repeatedly discussed problems arising from their not being able to afford to pay for child care. In addition, this was the most frequently reported problem cited during follow-up interviews. Participants in Project Chance were least likely of all respondents to report cost to be a problem.

Accessibility. Nearly three out of four (73%) reported transportation problems. Transportation was a serious problem because many cannot find child care near their homes (66%).

Availability. Over half of the parents surveyed (52%) reported having trouble finding care without a long wait for an opening. Many people in the study population (64%) had trouble finding child care when they needed it during evenings and on weekends. Nearly two-thirds (64%) reported having trouble finding child care on holidays and during the summer when their children are home from school. About the same proportion (62%) also indicated problems with care when their children are sick. Of parents with children who are chronically ill or disabled who worked or went to school, 60 percent reported difficulties finding a provider.

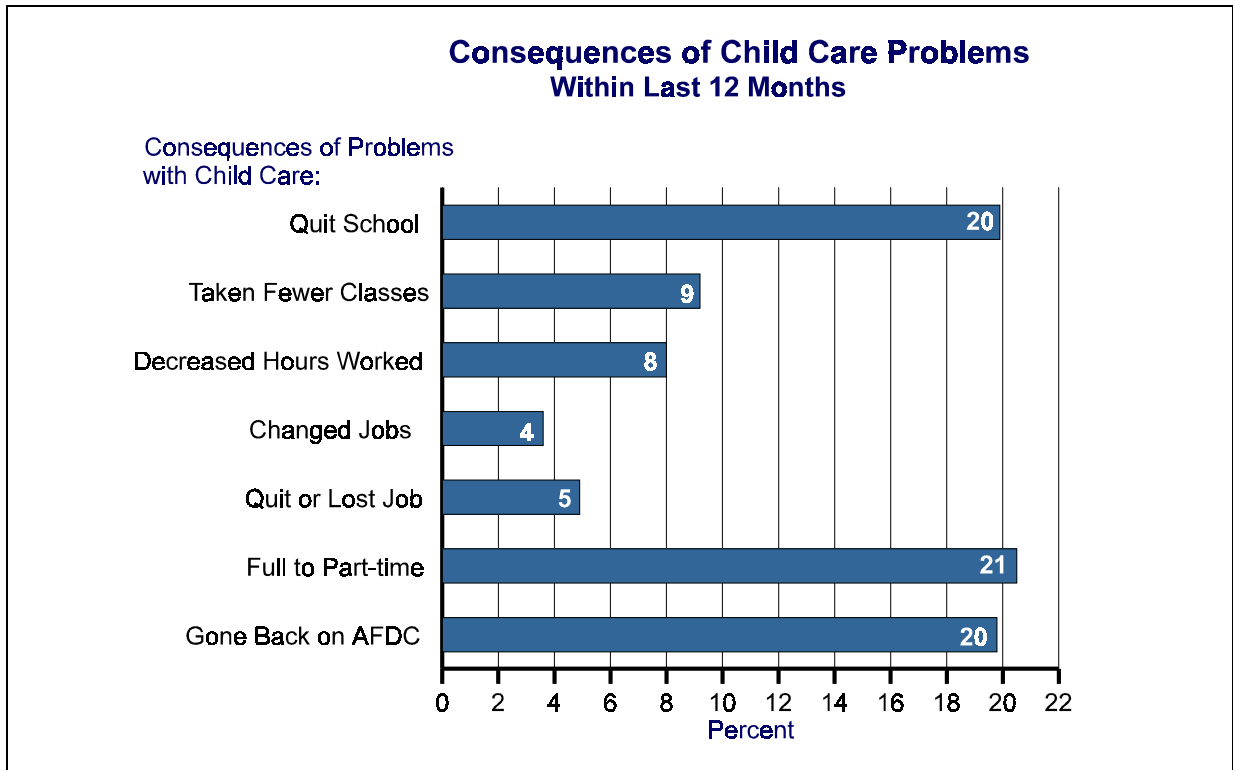


Figure 13

Reliability. Seventy percent of the parents in the study population had problems finding care when their usual child care arrangements fell through. These were all parents who relied on informal providers: relatives, friends and other "babysitters." Focus group participants and parents interviewed individually frequently described using a series of informal arrangements.

Quality of Care. Sixty percent of the respondents who had worked or gone to school in 1990 reported difficulties finding care "that is good for my child." Asked to define what quality child care is participants said it involved "individual attention," "taking time with each child," "teaching them," "really caring about them and their well being," and being "trained" and "qualified to care for children."

"I am fortunate that I have good quality day care. (My daughter) is really quiet so people don't pay attention to her that much. My day care provider knows the needs of all the different kids, knows their different personalities."

Safety. Sixty-five percent of the survey respondents indicated problems finding care that they were confident was "safe."

Parents who were not working at the time of the survey were more likely to report serious child care problems, particularly regarding the cost of care, problems related to accessibility and their own transportation problems, reliability, and finding quality care.

Parents with younger children were significantly more likely to report problems related to child care, particularly problems related to cost, quality, long waits for openings, and finding care when primary arrangements fell through.

Factors Associated with Beginning Work. Some of the single parents who were not working when initially selected for the study had found work by the time the mail survey was conducted (a period of approximately 90 days). Those who found work were significantly more likely to have:

- only one or two children;
- no children under two years of age;

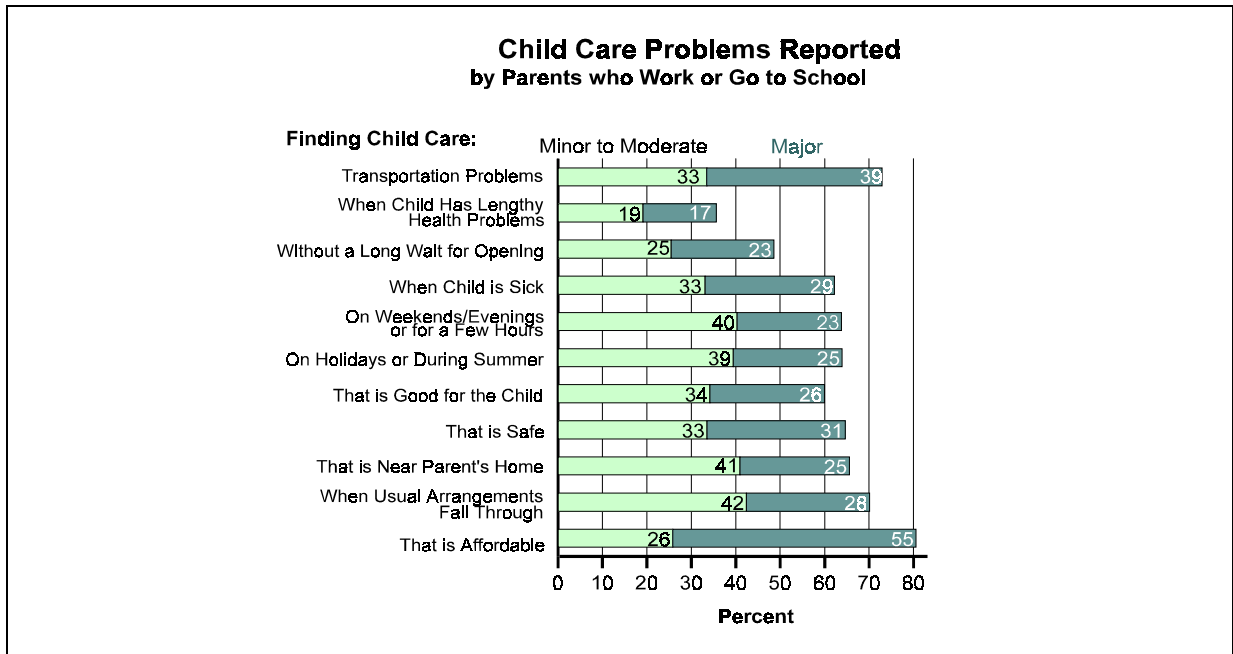


Figure 14

- higher levels of education;
- a friend or relative able to provide child care on a regular basis;
- an adult over 18 years of age living in their home (especially a mother, grandmother or sister);
- no children with serious disabilities or health problems;
- no older adults with disabilities living in their households.

In addition, those who had found work were significantly less likely to have reported problems:

- finding any child care;
- finding child care of satisfactory quality; and
- knowing what child care is available.

Persons who were not working at the time of the survey more frequently cited problems related to child care than did persons who were currently employed. Problems finding child care that was affordable, accessible, available when needed, safe and of acceptable quality were all issues that separated those who were working from those who had worked in 1990 but were not currently working.

Factors Associated with Returning to Welfare.

Persons who had left AFDC for employment but had returned to welfare by the time of the survey differed from their peers who did not return to AFDC in three important respects:

- they more often experienced serious transportation difficulties;
- they were less likely to have applied for and to have received transitional child care services; and
- they were more likely to have lost their jobs by the time of the survey.

Utilization of State Child Care Assistance Programs

Utilization of three state child care assistance programs was examined. These were the earned income child care disregard, available to persons on AFDC who are working; child care available through Project Chance; and transitional child care for persons who have recently left AFDC and are working.

Of the people surveyed who were judged to be potentially eligible for one of these three assistance programs, over half (53%) reported that the Department of Public Aid or the Department of Children and Family Services helped to pay for their

child care. Nearly all participants in these programs viewed them as important sources of assistance. Only a very few reported that they would have been able to pay the cost of their current child care arrangements without this help. A significant majority reported that they would be unable to work or go to school without the assistance programs.

Child Care Disregard Program. The earned income child care disregard program is the primary state child care assistance program for AFDC recipients. It is designed to help those who work defray the costs of child care. The rules and procedures under which the program operates, however, are complicated, and it is likely that many who are eligible for it and benefit from it do not fully understand how it works.

It works this way: Income from work reduces a recipient's AFDC benefits. If a recipient reports child care costs along with the amount of earnings received for a given month, the child care costs (up to a maximum of \$200 per month) are deducted from the earnings amount in calculating the amount of AFDC benefits the person is entitled to. Earnings and child care costs reported for one month (month 1) are entered into the state's computerized MIS the next month (month 2) and used in calculating the specific AFDC payment amount which the recipient receives the following month (month 3).

The design of the program has specific consequences. Because parents have to make out-of-pocket payments to their providers well in advance of the reimbursement they receive, some find the program completely unusable. For those who do use it, the process promotes the use of less expensive providers, such as relatives and sitters, rather than licensed homes or facilities.

Moreover, the benefits from the program diminish as a person's income grows and full reimbursement for child care costs is unlikely. In addition, the complexities of the child care disregard program make rational decision-making in individual cases very difficult. For example, at some point, when AFDC benefits are reduced, the person would be better off going off AFDC and onto transitional child care and extended Medicaid coverage, but this is a decision that is reportedly difficult for clients to make.

Fifty-five percent of the parents eligible for the child care disregard program reported that DPA or DCFS helped pay their child care costs. Fifty-two percent reported that they received reimbursements for their child care costs through the disregard program. Some working parents (12%) who are eligible for the

program reported that they did not need it. These were primarily persons who had school-age children and worked while their children were in school or who were receiving assistance through another source. Sixteen percent of the parents eligible for the subsidy were not receiving it due to some reported communication problem or misunderstanding about the program. A majority of these were persons who said no one had ever talked to them about the program. Others said they did not think they were eligible for any child care benefits.

A large number of parents eligible for the program described problems finding a provider to care for their children. Program policies require the names of providers to be reported to the Department of Public Aid. For providers who are themselves AFDC recipients such income results in a reduction in benefits, that many reportedly are unwilling to accept. This exacerbates an already serious supply-side problem. Coupled with the hesitancy to leave children in the care of people the parent does not know personally, many AFDC recipients, especially those in areas with high concentrations of public aid recipients, face a situation in which they can find no provider, at least, not one they can afford.

"It's hard to find child care when you live in subsidized housing and most of your neighbors are on Public Aid. They do not want to turn it in to Public Aid because they are afraid that their check or food stamps will be reduced."

Nearly all who reported benefiting from the child care disregard saw it as critical to them. Asked if they would be able to pay the cost of their child care arrangements themselves without this assistance, only 5 percent said yes. Very few thought they would be able to find child care they could afford without this help. Beyond this, a majority (67%) were doubtful they would be able to keep their job without this subsidy.

Project Chance. Project Chance is the State of Illinois's welfare-to-work program. It pre-dated the federal Family Support Act and is now the state's implementation of JOBS as specified in the Act. Participants in Project Chance are potentially eligible for child care assistance while they are in school, traveling to school or engaged in school-related activities. Payments are made directly to providers for verified expenses. Standard DPA/DCFS payment rates are employed. At the time of the survey, 47 percent of the respondents who said they were in Project Chance

reported that they were receiving some child care assistance from DPA or DCFS. Forty-three percent indicated that the assistance was through Project Chance.

"Project Chance has made a difference in my life. It has given me the opportunity to return to school. I would never be able to afford transportation and child care without it. It has given me hope. I know that I will not have to remain on Public Aid, and after completing my education I will be able to find a job that will pay enough to provide my children with the things they need."

As was seen in Figure 10, Project Chance participants who received child care assistance were more likely to use the type of child care they preferred than were other AFDC clients, including those in the child care disregard program. This was because the cost of care was paid directly by the program and because of the availability of center-based care at many of the

community colleges they attended.

Payment for child care played a significant role in allowing participants to remain in school and complete their academic or training program. Three out of four said they were doubtful they would be able to stay in school without the child care assistance that Project Chance provided.

Transitional Child Care. Individuals who have exited from AFDC because income from a job has made them ineligible for public aid are entitled to one year of child care support if they need child care to keep working. Any "legal" provider may be used to provide the child care. This includes licensed centers and family providers, licensed-exempt family providers and relative care. Standard DPA/DCFS payment rates are employed. Payment is made directly to providers.

Of those judged eligible for transitional child care at the time of the survey, just over a third (37%) reported that they had applied for assistance from the program, and 19 percent said they were receiving benefits. Some of the former clients had been notified by letter about the program while others had been told about the program from their caseworker. A larger

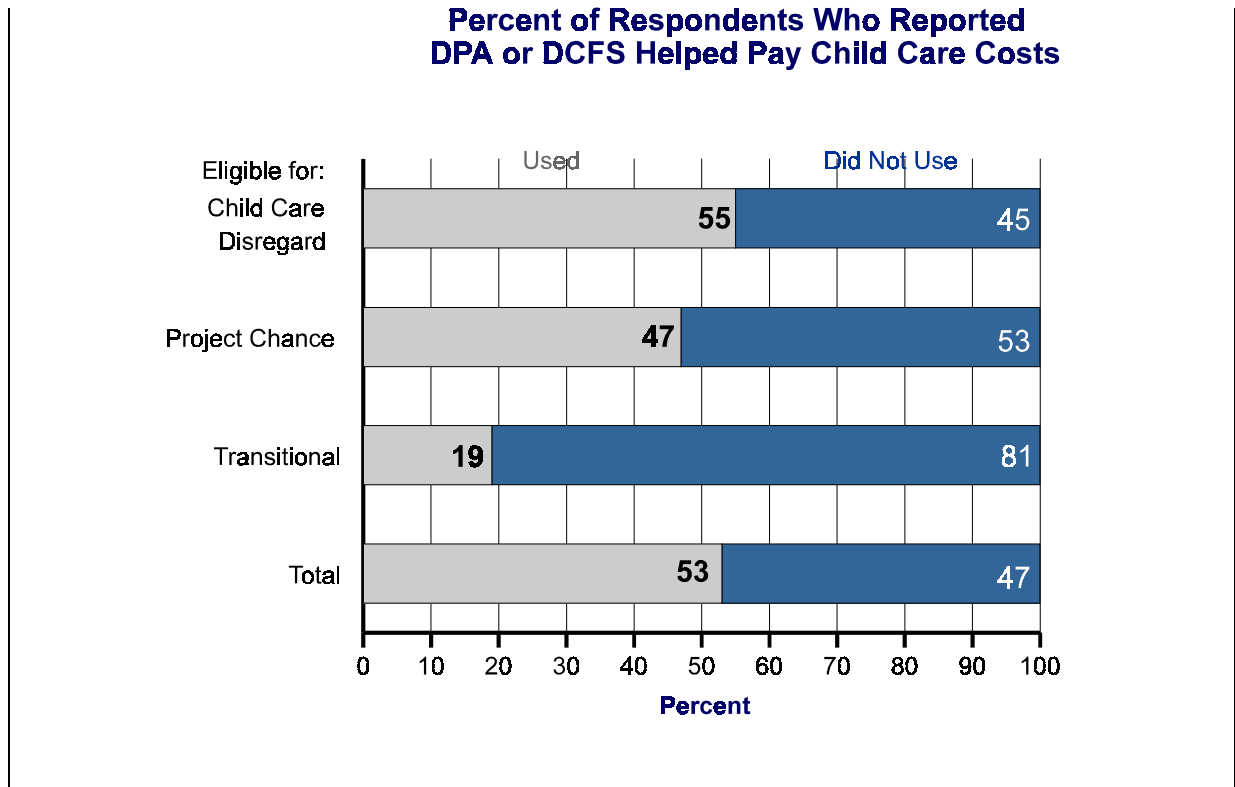


Figure 15

proportion of those who were told about the program by their caseworker applied for the program (54 percent) compared with those who said they received the letter (29 percent).

Working parents whose child care was being paid through the transitional child care program saw the help they were getting as critical. Many expressed concerns about what would happen when the assistance stopped at the end of the 12-month period. Only 4 percent were confident they would be able to pay the cost of their current child care arrangements when assistance stopped. Nearly half feared they would not be able to keep their jobs beyond this point, and others thought they would have to reduce the number of hours they worked.

Child Care Programs as Incentives for Leaving Welfare. The earned income child care disregard and transitional child care programs have the potential to provide incentives for AFDC recipients to work and to move off of AFDC. However, this potential is often not realized because many clients do not become aware of the programs until they are eligible for them.

The lack of awareness of the programs was confirmed in follow-up interviews. Slightly over half (53%) of those interviewed were aware of earned income disregard child care and about a quarter (26%) had heard of transitional child care. In general, focus group participants who were not receiving child care subsidies rarely had a clear understanding of the programs and how they worked. Many were completely unaware of them.

Program Differences. Based upon the focus group and individual interviews it appears that differences in procedures, forms, and payment processes among the various programs caused confusion among the eligible populations and possibly underutilization of the programs.

Locating Providers. While the assistance programs help pay child care costs they are not designed to help parents locate providers. This is a significant problem for many; for some it is unsurmountable. Clients often looked to their workers for help in finding a provider. Sometimes they were given help, such as the name of a provider in the area or an agency with a referral service, but often they were not.

A majority of survey respondents expressed general satisfaction with the services they received from DPA. At the same time, many respondents as well as focus group participants complained about problems they experienced in trying to access services

or obtain information from DPA field workers. Many criticized workers for being unresponsive to their requests for help and insensitive to their needs.

Programmatic Challenge. The degree of flux in the lives of single-parent, AFDC recipients undermines their own efforts to stabilize their situation and become less dependent on public aid programs. At the same time, it also complicates the efforts of policy makers to design effective programmatic strategies that address individual needs and life situations that are frequently changing.

Child Care Providers

A representative sample of child care providers accessible to low-income and AFDC families was surveyed. These included child care centers, licensed family day care homes, and relatives and other informal child care providers.

Times When Care is Available. Only a relatively few child care centers (8%) reported that they were open or provided care after 6 p.m. and even fewer (3%) were open on weekends. A majority (74%) of the centers surveyed reported that they were open on school holidays. Three out of four centers surveyed (72%) said they were able to provide care to school-age children before and after school. Family day care providers were much more likely to provide care during evenings and weekends (35%) than were centers. They were also somewhat more likely to provide care on school holidays (82%) and before and after school (86%) than were child care centers. Six of every ten relatives and other informal providers reported providing care to children after 6 p.m. and on weekends.

Enrollment and Turnover. The median number of children cared for in the child care centers surveyed was 70. Enrollment was highest for children in the preschool group. The average number of preschool children in the centers was 52.5. The centers enroll an average of 9.3 infants and toddlers and 37.1 school age children.

All the family day care centers surveyed had a licensed capacity of eight children. These providers averaged 4.1 infants, toddlers, and other preschoolers, and 1.3 school-age children in care.

Relatives and other informal child care providers provided care to an average of 1.71 children, including 1.0 child five and under, and took care of an average of 2.45 children overall.

About 1 child in 20 left a center during the first two months of 1991. During the same period, 1 child in 3 left the care of a family day care provider. The relatively small number of children leaving center care helps explain why many parents have a difficult time finding an opening in a center when they need one. The greater amount of turnover among family providers suggests more opportunities for new enrollees. It also indicates that care in family day care situations tends to be less permanent than care in centers.

Most centers were operating near capacity most of the time. Two out of three family day care homes said that they could care for an average of 2.7 more children than they do now.

Ages of Children in Care. Over half (53%) of the children in centers were preschoolers (ages 3-5). Of these children, three in four were in care full time while one in four were in care part time. Infants and toddlers made up only a small portion of centers' enrollments (cf. Figure 16). Just over a third of the centers in the primary sample (38%) accepted infants younger than 12 months; 42 percent accepted children who were younger than 24 months.

Very young children were found in larger proportions in family day care settings and in the informal care of relatives, friends and neighbors.

Infants and toddlers were cared for in these two provider settings as often as older preschool children.

Children in need of part-time care (less than 40 hours a week) were also more likely to be in family or informal day care than in a center.

Waiting for Care. Six out of every ten centers maintained waiting lists. The demand for care relative to supply was greater for infants and toddlers than for older children. For centers which cared for infants and toddlers and maintained a waiting list for them, there were 1.4 infants and toddlers on waiting lists for every 1 in care. For centers which cared for preschool children aged 3 through 5 the ratio was .8 children on waiting lists for every 1 in care. For centers caring for school-age children 6 and over the ratio was .55 to 1 (cf. Figure 17).

The average number of infants and toddlers on waiting lists kept by centers who cared for this age group was 30. For preschool children (3-5 years old) the average was 48.6, and for school-age children it was 22.7.

For three to five year-old children the average waiting time for enrollment in centers was nearly 20 weeks. For infants and toddlers the wait averaged 28 weeks and for school-age children, 22 weeks (cf. Figure 18). Within one month's time, the centers

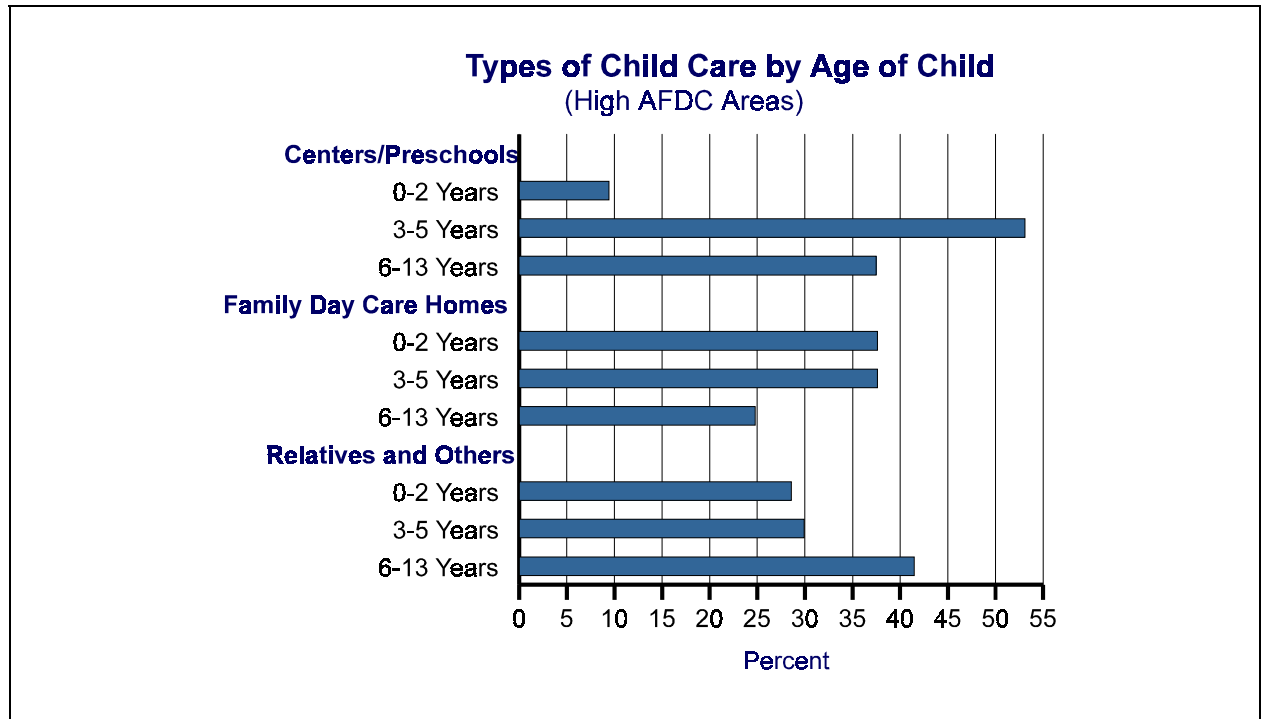


Figure 16

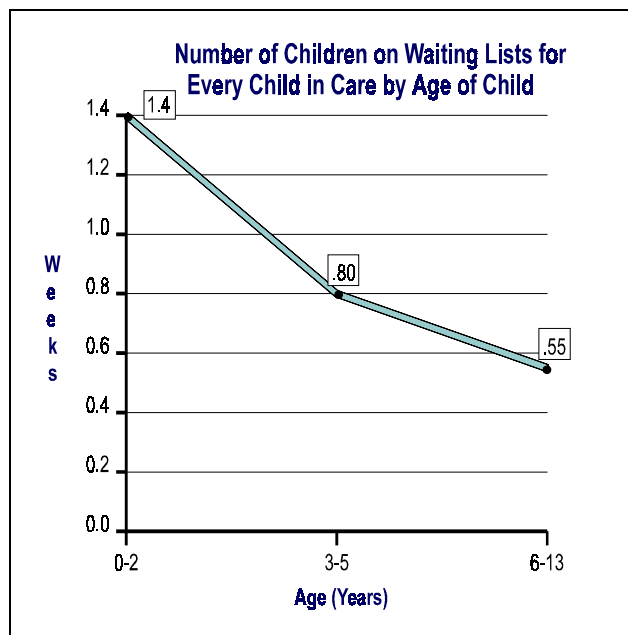


Figure 17

surveyed averaged 26 new requests to care for infants and toddlers, 33 requests to care for other preschoolers, 19 requests to care for school-age children and an additional 13 requests to provide part-time care.

Just three family day care providers in ten maintained waiting lists. The average number of children on these waiting lists was 3.6. This yields a ratio of .67 children on waiting lists for every 1 in family care. The average length of wait for care was reported to be over 8 months. Family day care providers averaged 4.6 new requests for care each month.

Just over one-third of the relatives and other providers said that other people had asked them to care for their children during the last month. They reported that they were asked to care for very young children more often than any other age group.

Children with Special Problems. One in three centers (34%) in high AFDC areas reported that they can care for children with physical disabilities and nearly as many (27%) reported they were able to care for children who were mentally retarded. A large number (70%) said they could care for children with asthma. Fewer centers (23%) said they were able to care for children who were chronically ill, although some said they could. About one center in eight (12%) said it was able to provide care to children who were sick (e.g., children who have colds, fevers or the flu).

While a relatively large number of centers said they were able to care for children with developmental

disabilities or chronic illness (42%), a smaller percentage reported that they were actually caring for any such children when surveyed (25%).

About two-fifths (44%) of family day care providers said they could care for physically disabled children. Fifty nine percent said they would care for children who have colds, fevers or the flu. An equal percentage (59%) said they could care for children with asthma.

Only a relatively small proportion of the children cared for by relatives and others were physically disabled. About one in five has asthma. A very large percentage of these providers said they continued to care for children when they were sick. Most also said that they have a physician's phone number for each child they care for as well as a signed medical release in case of emergencies.

Staffing. The estimated average ratio of children to direct care staff among the centers surveyed was 7.2 to 1. The average number of full-time equivalent adults per family day care provider was 1.3. The child/adult ratio (based on actual hours children were cared for and helpers work) was 3.95 children per adult. A majority of the family day care providers surveyed operated without assistance from any helpers (52% for high AFDC areas). A few had helpers who assisted them full time (19%). Most of the helpers assisted providers on a part time basis only.

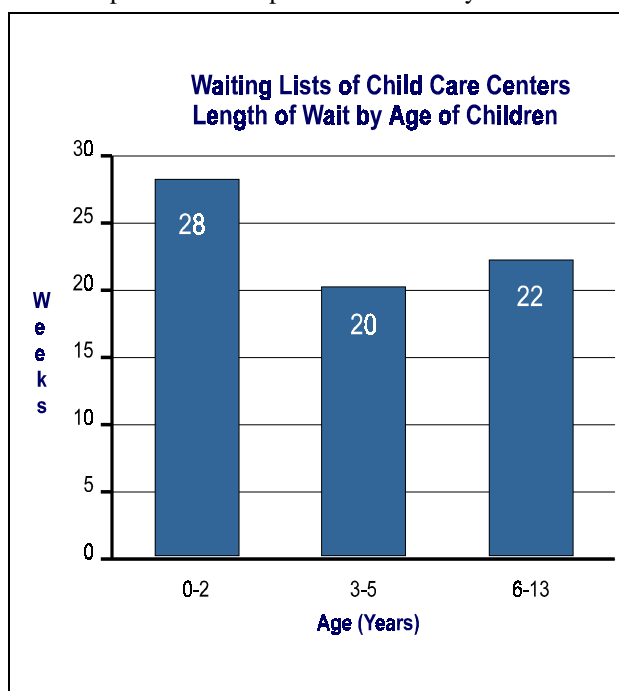


Figure 18

Staff Turnover and Pay. During the 12 months preceding the survey, for every 100 full-time direct care staff positions in the child care centers surveyed, 32 new direct care staff had to be recruited and hired due to turnover. One out of four workers who left stayed in the child care field and took positions with other child care programs. More than one in three left for a better paying job. The average hourly wage for direct care workers among the centers surveyed was \$5.68.

A large percentage of the administrators of facilities surveyed reported that retention and recruitment of qualified staff was a problem for their agencies.

Fees. The average weekly cost of full-time care for infants and toddlers in centers sample was \$82.92. For preschool children (ages 3 through 5) the average fee charged by these centers was \$67.06. The cost of caring for school-age children before and after school averaged \$36.66 per week in centers in the primary sample.

Many child care centers lowered their rates substantially for low income families. The average for these families was nearly half (54%) the normal rate for infants and toddlers and 63 percent of the normal rate for preschool children. The rate for before and after school care for older children was also often reduced for low income families, although generally not as much--the cost averaged about 70 percent of the regular fee. One in five centers in the primary sample reported that they had scholarship programs for low income families who were not eligible for state child care subsidies. Children on scholarships averaged 19 percent of the total enrollments in these centers.

The average weekly cost of care in family day care providers was a notch below the cost of center care. For infants and toddlers this was \$65.20, \$59.34 for preschool children, and \$33.95 for school age children. Relatives and other providers had the lowest weekly rates: \$41.11 for infants and toddlers, \$37.98 for preschoolers, and \$31.97 for school age children. These providers cared for infants and toddlers an average of 35 hours a week, pre-schoolers 31 hours a week, and school-age children an average of 19 hours a week.

Experiences with State Child Care Programs.

A substantial majority (93%) of the child care centers surveyed in areas with a high concentration of AFDC recipients reported that they accepted children from one of the following four state child care programs: Project Chance child care; transitional child care; Title XX child care; or Protective child care. At the time of

the survey, 90 percent of the child care centers surveyed in these areas were caring for at least one child with a subsidized fee.

Child care centers which did not accept children whose fees were subsidized or had never provided care for such children were asked why this was. Concern over delays in receiving payments for child care was the issue cited most frequently. Parents who may need child care on an occasional basis was also cited by over 40 percent of the respondents and viewed by many as a critical issue. Other issues cited by over 40 percent of the respondents included concerns related to parent payments and concerns over obtaining clear information on program requirements.

Child care centers which have cared for children whose fees were subsidized through one of the four programs were asked about their experiences with these programs. The most frequently mentioned problems related to delays in receiving agency payments. Other problems were mentioned by a minority of respondents. Overall, more centers reported problems related to Project Chance than any of the other programs. However, even here the percentage of centers reporting specific problem areas was a minority, often a small one. In general, centers in Cook County tended to report a greater number of concerns regarding Project Chance, transitional child care and Title XX child care. Centers in rural areas were more likely to note concerns with Protective child care.

More frequently than any other factor, the state rate paid for child care was described as limiting providers in serving more children whose care was subsidized. Many who provide care to children whose care is paid for through a state program reported that they had to limit the number they could accept. Half (51%) of the providers reported that state rates did not meet their actual cost of care. They indicated that the rate fell short by an average of 23 percent of actual costs.

"The children's mother works full time and goes to school full time. If I didn't have the kids so much I wouldn't be able to afford to watch them. The state pays low rates for child care. I baby sit 7 days a week a minimum of 5 1/2 hours. Every other day is at least 9 hours. I don't make very much considering the hours I put in. It is hard to find good child care with low payment rates."

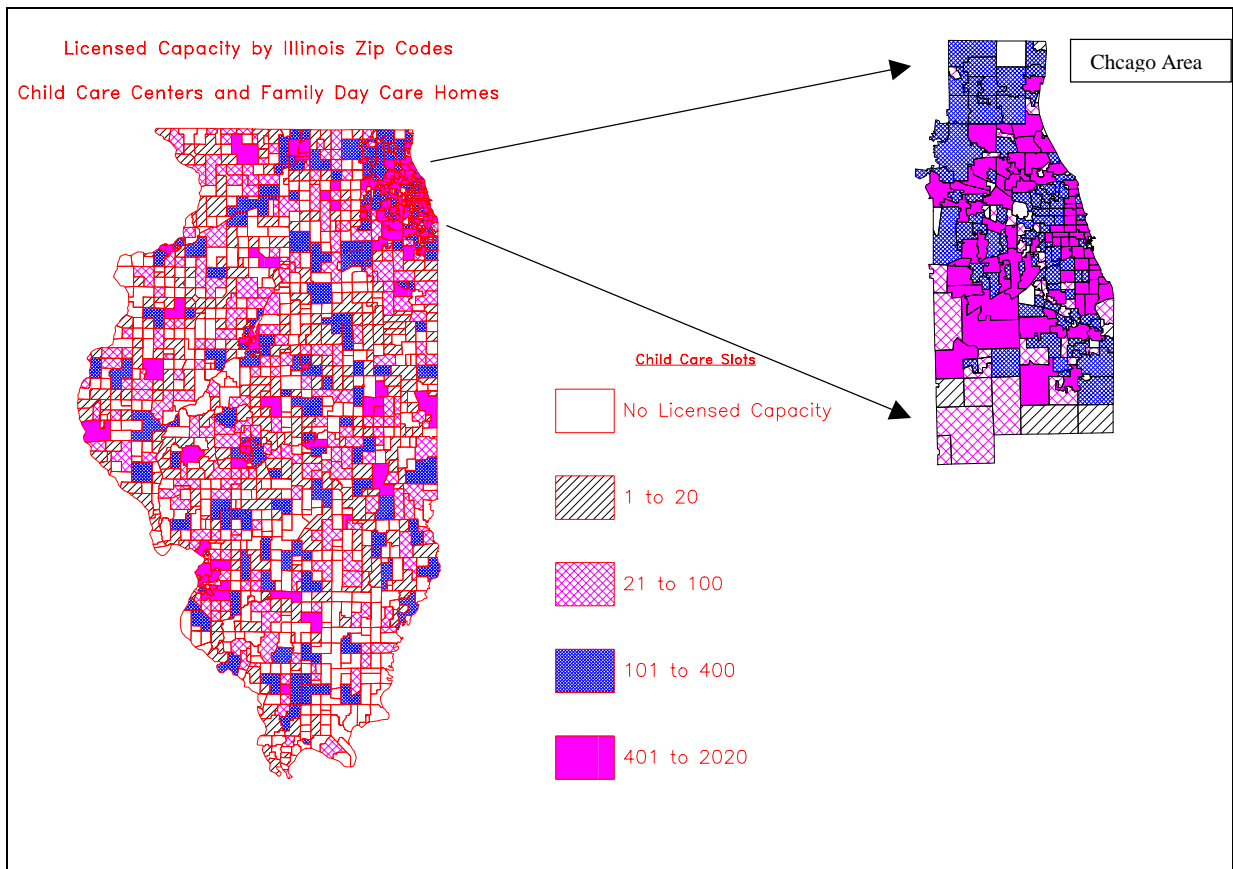


Figure 19

Availability of Child Care and Relative Need

The issue of the availability of child care relative to its need is of crucial importance and warrants attention. Figure 19 is a map of the state, with an inset showing the Chicago metropolitan area (including Cook, DuPage, Will and Lake counties). The map shows the 1,286 inhabited zip code areas in the state. Some of these areas do not have either a licensed child care center or a licensed family day care provider (based on printouts received from DCFS dated February 20, 1991). These are 438 such zip code areas, 34 percent of all zip code areas in the state. They are the white areas on the map with "no licensed capacity." Two entire counties in the southern rural part of the state, Pope and Gallatin, are without any licensed day care slots. It is generally the case that the darker areas on the map, indicating greater capacity, are areas with greater density of population. This might lead to the conclusion that scarcity of child care is a rural phenomenon. While care is often scarce in rural regions, there are also parts of urban areas with few licensed child care slots.

Zip code areas with the highest concentrations of low-income families were less likely to have child care centers and licensed family day care providers than other areas. This can be seen in the following table. The zip code areas were separated into five groups depending upon mean household income. In the poorest quintile, 46 percent of the zip code areas had no licensed child care providers. In the richest quintile, just 16 percent were without any licensed care. The mean population density of the quintiles indicates that the richest group tended to include more urban areas, whereas groups 2, 3, and 4 tended to include more rural areas, particularly group 3. The poorest group, quintile 1, included a combination of both rural areas and inner-city urban areas. This means that while there are some rural parts of the state where licensed child care is scarce and where capacity building efforts should be directed, the bigger problem is found within low-income, inner city areas.

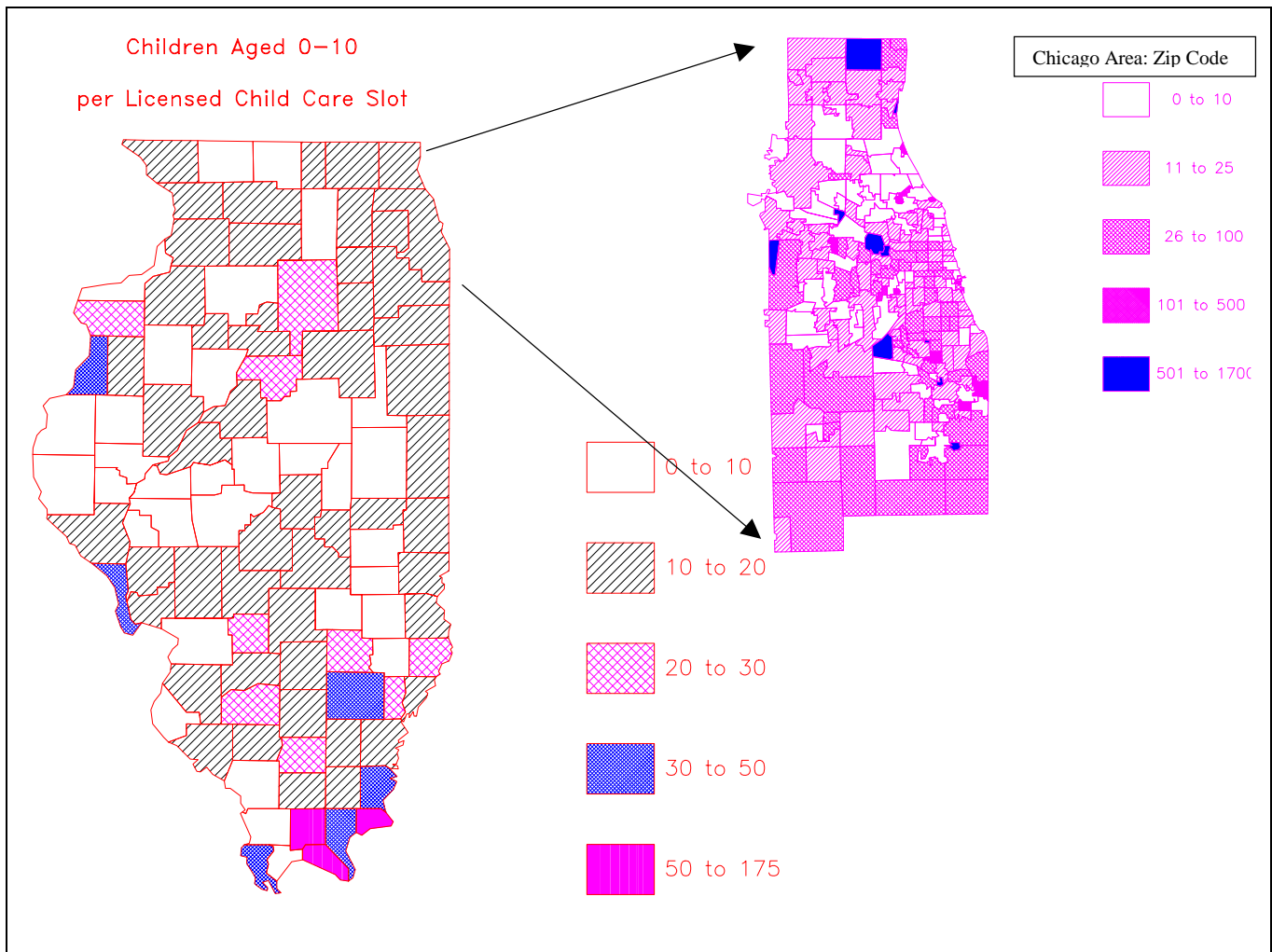


Figure 20

**Table 1
Zip Code Area Income Quintiles**

Income Quintile	No. Licensed Capacity	Average No. Of Children Age 0-10	Children Per Slot	
Lowest	1	46%	1,325	16.1
	2	38%	915	10.5
	3	37%	650	13.7
	4	32%	943	12.6
Highest	5	16%	2,043	10.3

Potential demand for formal care exceeds supply throughout the state. In low-income neighborhoods and areas the supply/demand problem is most acute. Statewide, there were 1,886,700 children age 10 and under in the 1990 and 157,616 licensed child care slots. This yields a ratio of 12 children per slot. In the richest quintile, this ratio was 10.3 children per slot. In the poorest quintile, the ratio was 16.1 per slot. Within this quintile, the ratio for inner city zip code areas was 18

to 1, while the ratio for rural areas was comparable to the state average.

Figure 20 is a map of Illinois counties, with an inset showing zip code areas in the Chicago area. The map shows the ratio of children aged 0-10 per existing licensed slot throughout the state. This map provides an indication of the areas where relative scarcity exists and is most useful in showing which rural areas have fewest providers. However, such a map can be very misleading. Despite the conclusion reached above about the relative need in low-income, inner-city urban areas, Figure 20, like Figure 19, may appear to support the conclusion that the bigger need is concentrated in the more rural areas. However, this is not the case.

Figure 21 represents an attempt to show where children who may need child care live. An estimated 65 percent of the children 0- 10 have working mothers. These children represent the potential population of young children in need of some form of child care. This number has been calculated for each county and

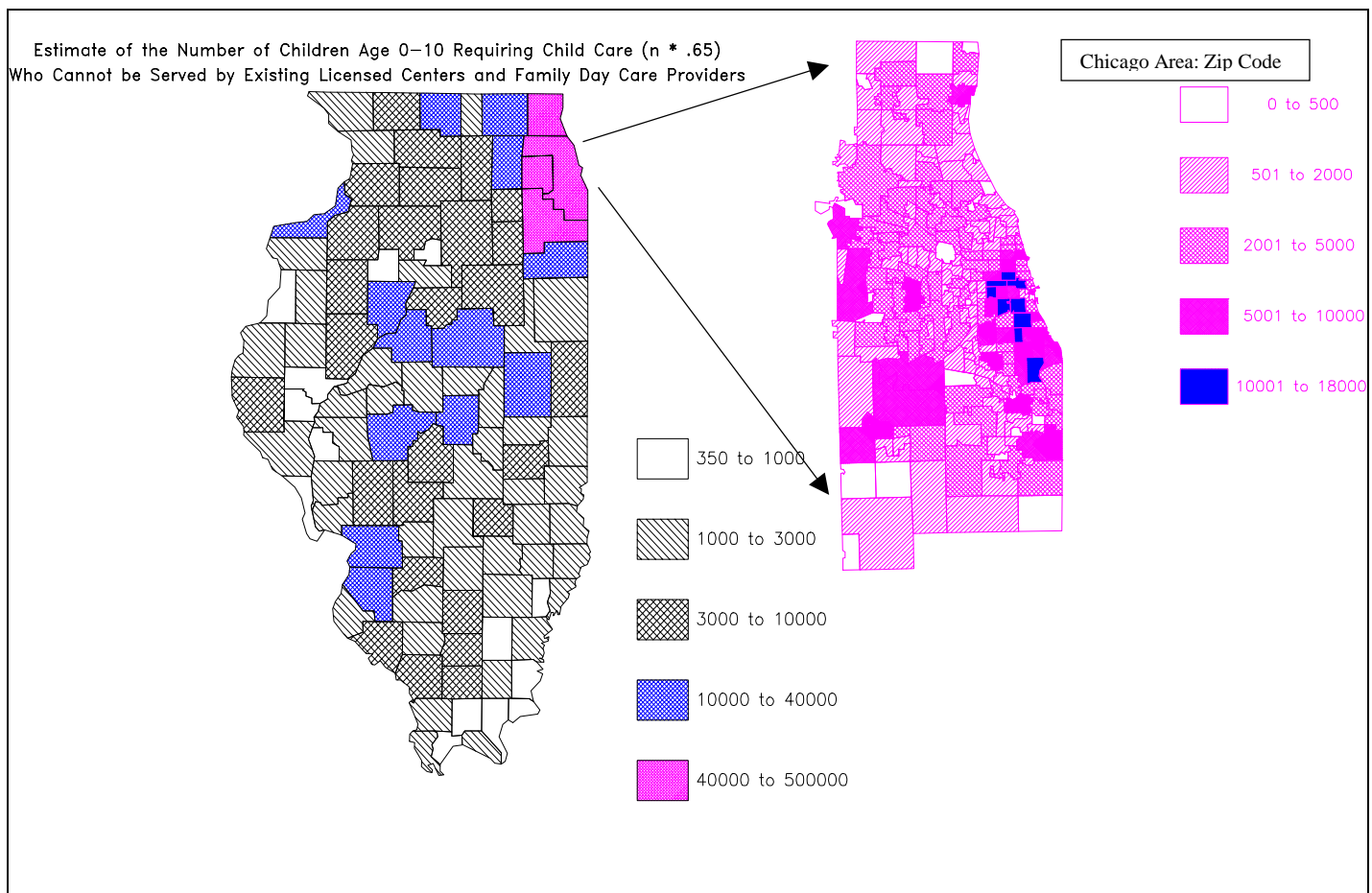


Figure 21

zip code area in the state. From this number was subtracted the total number of licensed child care slots available in these areas. This yields an estimate of the number of children who are likely to require some form of child care but for whom a licensed slot would not be available. This does not assume that all such parents would choose a licensed center or licensed family day care provider were one available. But it does provide an indication of the relative number of children whose parents are restricted in their choices of providers by the limited capacity in current licensed facilities.

As Figure 21 shows, there are areas where the demand for child care completely overwhelms available supply, at least licensed capacity. The Chicago area in particular has large areas where existing capacity is severely strained. Both parents and administrators of child care centers who were surveyed and interviewed during this study described long waiting lists in Chicago as well as other areas.

The following is a list of the 20 zip code areas in the state where the unmet need for center-based care

and family day care providers is greatest based upon the calculation depicted in Figure 21. All of these areas are in Cook County and all have large concentrations of AFDC recipients.

- | | |
|-------|-------|
| 60623 | 60617 |
| 60609 | 60624 |
| 60647 | 60411 |
| 60608 | 60621 |
| 60628 | 60629 |
| 60622 | 60653 |
| 60644 | 60505 |
| 60651 | 60643 |
| 60636 | 60637 |
| 60620 | 60612 |

Conclusions

Few Child Care Resources. An examination of the basic characteristics of the families in this study supports the conclusion that child care subsidies are essential if single parents with young children are to leave welfare. It is not simply that nearly all are single parents--mothers with no husbands to help with child care--but that many are unable to use the more affordable care that might be offered by friends and relatives. They seldom have other adults in their homes who can care for their children. A large proportion have no relatives or friends available to call on for child care when they need it. On the other hand, the extremely low income of these families constrains them from using more expensive child care providers outside the circle of friends and relatives. The difference in income is not large between families with working heads and those in which the parents are unemployed. The jobs they find are not high paying jobs. Going to work does little to enhance the capabilities of these parents to purchase child care.

Changing Circumstances. Another basic characteristic of this population is that relationships to work, school and AFDC are subject to change in relatively short periods of time. This is particularly true of those who are trying to escape welfare through work or school. Their progress is frequently characterized by stops and starts, progress and regression. For many, perhaps most, it is not a continuous process. Furthermore, those who are working often have marginal jobs. Many work part-time in jobs with hours that change from week to week. Evening and weekend hours are common and are also subject to change. The hours of those in school change as well, although perhaps not as frequently.

The lives of many individuals examined in this study are characterized more by flux than regularity; they cannot depend on their situation being the same from week to week. The comments of mothers who were interviewed about health and stress attest to the consequences of this kind of life.

Many life changes bring on many shifts in needs for child care and in patterns of utilization. This basic characteristic framed our interpretation of child care needs and arrangements. It should also be a fundamental consideration in the development of programs to assist with child care.

Use of Any Child Care. Slightly fewer than one in five families among all those studied were using child care while the parent worked or attended school. This proportion is a snapshot of the AFDC (and former AFDC) population with young children at one point in

time. Many of those not using child care at the time of the study indicated that they had used child care during the last year. This difference is also a reflection of the on again-off again relation to work and school of those individuals striving to escape welfare.

Child Care by Relatives, Friends and Neighbors. Most of the families in the study were using informal types of care by relatives and friends and other licensed-exempt homes of nonrelatives. Relatives were the predominant providers of such care. The broad array of factors found to be associated with this kind of care occur in different combinations and strengths throughout the families in the study. Some families prefer such care for many reasons: their children are very young; they do not trust other providers; they prefer to have their children in a safe environment; they want to avoid the extra expenses associated with transporting their children to child care, to name a few. But, the overriding reason for using care by relatives, friends and neighbors was that these families were uniformly very poor and such care was all they could afford.

Age of Children. The homes of nonrelatives (sitters) were used more frequently for children under two years of age, and this usage gives way to more center care for the two to five year old children. The usage for very young children reflects the dearth of child care center slots for very young children. Fewer than half of the child care centers contacted in the provider survey accepted infants and toddlers, whereas nearly 9 in 10 family day care providers did. The latter are important resources for parents of very young children, and it is important for them to be listed by resource and referral agencies. Family day care homes were also used more frequently for young school age children as a form of before-and-after school care.

Centers, Nursery Schools and Before/After-School Care. Nearly a fifth of the families used child care centers, nursery school and before/after-school programs for some portion of their total child care arrangements, although a much smaller percentage used centers for all their child care. These types of care are used most frequently for children two to five years of age and are strongly associated with the availability and use of subsidies like Project Chance and transitional child care assistance, that provide payment directly to providers.

Child Care Needs for School-Age Children. The need for child care is not limited to preschoolers. The number of hours in care was highest for children under six years of age at 24 to 27 hours per week. This indicates that the predominant need for child care exists in families with preschool children. Child care

of school-age children, however, averaged fully half as many hours per week, showing that a substantial need remains for child care for these children. This was most true of families with six to ten year-old children, since self-care begins to be used for children 11 years old and older. The child care needs of children in school are limited to before/after-school care on school days, but full-time care is necessary for evenings, weekends, holidays and summer.

Disabled and Ill Children. There is a higher incidence of families with children who are disabled or seriously ill among poor families. It is often very difficult for these parents to find affordable child care for such children with which they can feel comfortable. Consequently they more often use home and relative care or they choose not to work at all. Asthma was a relatively common medical problem among the children in the study and there was some indication that there are difficulties in finding child care for these children as well. The child care needs of mothers receiving welfare with disabled and ill children merit consideration and further investigation.

Child Care Preferences. Since the kinds of child care most often preferred--centers, nursery school, and before/after-school programs--are the least often used, child care preferences for this population cannot be deduced from the kinds of child care being used.

The attitudes and beliefs that underlie preferences are complex and mixed. These include the desire for quality care, early childhood education, social development, affordable care, accessible care, safe care, trustworthy providers, and so on. In some instances the same concerns lead to preferences for different types of care. For example, notions of what types of care are safest vary from one parent to another.

Early Childhood Education is Valued and Important. Although the education level of these respondents as a group was low, there was a strong interest expressed in early educational experiences for their children. This was one of the motivations behind the stated preferences of many parents for center-based care. This preference and motivation are supported by the findings of research on differences between children cared for in child care centers and those cared for in homes, by sitters and in family day care arrangements. Children in centers tend to be more socially skilled and intellectually advanced. Interest in early educational experiences was also expressed by many parents who, for various reasons, stated a preference for home and relative care. However, given the large number of parents who want center care and strong research evidence of the benefits of such care, it follows that every effort should be made to make

center-based care more available to the children of poor families and families on public aid.

Parents' concerns with education also lend support to efforts to increase the availability of early childhood education programs, such as Headstart. The positive effects of Headstart in the lives of children from impoverished families are now widely recognized. Efforts should be made to assist child care centers that desire to upgrade the quality of their educational programming to insure that they are more than just custodial operations. Results of the provider survey concerning low levels of pay of staff and high staff turnover demonstrate the difficulty and expense likely to be associated with such efforts.

Cost of Care is the Major Factor Mediating the Type of Child Care Selected. The most important practical constraint on the types of child care that these families can select is the cost of care. Few have high enough incomes to permit them to select other than the most informal and inexpensive types of care. The provider survey showed that the cost differential between relative care and center care is large and will lead many low-income families to rely on informal care arrangements rather than centers and family day care providers.

Studies of child care over the last twenty years have consistently shown that mothers who work full-time and have increased earnings use child care centers more frequently. In this study, the families with the highest earnings showed no greater use of such care; few, if any, had reached the income threshold which would permit them true choice in their type of care.

The importance of programs that offered subsidies is very apparent in this context. The distribution of types of child care selected by individuals participating in the child care subsidy programs more closely resembles the distribution of child care preferences. Simply stated, these programs enable parents to select the kinds of child care they want. They promote parental choice.

Availability and Accessibility Restrict Child Care Options. Availability of child care has a different meaning for the AFDC recipients than for the general population and cannot be separated from problems of accessibility. With regard to nonrelative care and, especially, to care in child care centers, acute transportation problems affect the definition of availability. Child care within a few miles of home that might be reasonably defined as "available" to middle class families is unavailable to most families in this population.

Waiting lists are clearly a factor in restricting the use of child care centers. Data gathered from families and from providers support the importance of this problem in restricting choice of providers. The size of waiting lists and the length of waits for child care are direct indicators of the extent of the need that exists for more services. The length of time it takes to move from a waiting list to enrollment at child care centers is longest in child care centers for infants. The relative demand for care for infants and toddlers is greater than for older children given the available supply of care for these children and indicates that this is an area of particular need. Relatives and other informal providers reported that they were asked to care for infants and toddlers more often than preschool or school-age children.

On the other hand, there are availability and accessibility problems for those who prefer to use informal providers or have no other alternatives. The lack of availability of adult friends or relatives able to care for children, as noted above, may mean that effectively no care is available. For those who live in areas where the majority of their neighbors are themselves poor and receiving public assistance of various kinds, availability is further restricted. Many reported that individuals who might have been able to provide care would not because reporting income from child care would effectively reduce their public assistance payments.

Work and Informal Child Care. Low-paying jobs, jobs that are part time and jobs with changing and intermittent work hours, often involving work during evening hours and on weekends are all characteristic of the kinds of employment most find while they are on welfare and after they leave welfare. This type of work requires the least expensive and most flexible kind of child care and naturally leads to greater reliance on home and relative care, to the use of multiple providers and to changes in providers. Our survey of providers revealed that in most cases, the hours of operation for child care centers parallel the traditional work week. Relatively few are open after six p.m. and fewer on weekends. Family day care providers are more likely to be available at these times, although less than half are. Parents who need child care during nontraditional work hours or because they are attending night classes and parents with very little means often must turn to relatives and friends. The heavy reliance on such informal care has important effects. It can make full-time work difficult or impossible, since such care is the most likely to be undependable. Relatives and friends are more likely to be like the mothers themselves, with low incomes and shifting work schedules.

Thus, AFDC parents are often trapped in a

debilitating circle moving between the type of work they can get and the type of child care they can afford and must rely on. This type of child care, in turn, makes it more difficult to sustain full-time employment or training programs. This circular relationship (and predicament) between work and child care for low-income families is depicted in Figure 19.

Other Factors Influencing Child Care Selection.

The low reimbursement rates offered by the state for licensed-exempt care increases the likelihood of care by relatives. This is another factor that limits availability of various types of care. Payment delays were cited in written comments of mail survey respondents, in focus groups and interviews, and by providers themselves. Administrative changes made while the study was in progress reduced payment delays.

A number of characteristics of families and children affected the selection of child care providers. Families with many children usually gravitate to lower cost home and relative care. They also use multiple providers more frequently. Provider selection varies by age of children. A high proportion of the families in the study had children with disabilities and health problems. Those with the most seriously disabled and chronically ill children use home care most often. But many whose children have less serious problems indicated in interviews that these led to difficulties in finding and maintaining child care for their children.

Selection of Multiple and Serial Providers.

Over one in five individual children were placed with two or more providers during a given week. The frequency of this practice was greatest for preschool children, including infants and toddlers. This practice arises principally because of difficulties parents experienced in matching their work and school schedules with the schedules of providers. In addition, because of the many changes that go on in the lives of the families examined and in the lives of their child care providers, they frequently change providers. Changing providers is associated more strongly with child care provided by relatives, friends and neighbors because this type of care falls apart more easily and needs to be replaced.

Frequent use of two or more providers, whether simultaneous or sequential, has policy implications. The logistics and expenses in time and travel are disincentives to the mother to work or attend school. The effects on the children's development of many and changing providers are more likely to be debilitating than constructive, particularly for very young children.

Working One's Way Off Welfare. The abilities

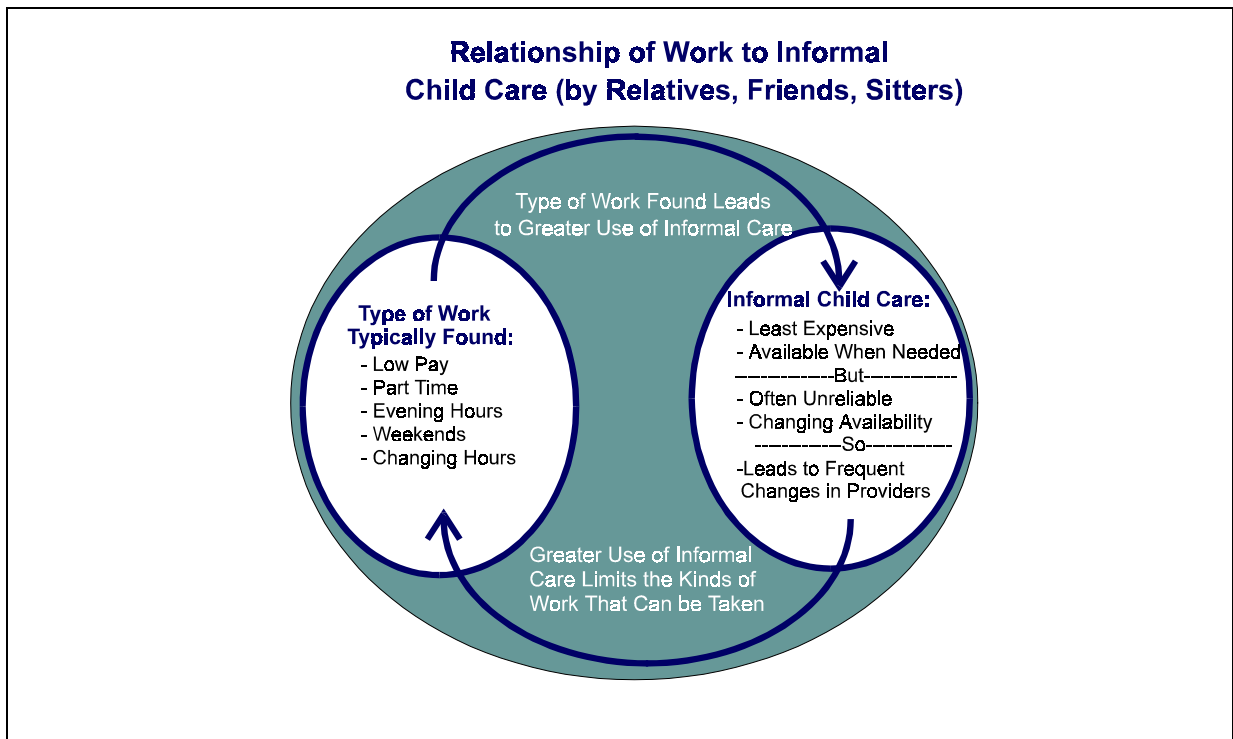


Figure 22

of these families to escape welfare through work is related to a broader reality than simply their child care needs. The problem is not unwillingness to work but difficulty in surviving economically simply through earnings from work. A number of factors combine to decrease the likelihood of single parents finding work that pays a wage capable of supporting a family. Many economists argue that the average real value of the earnings paid to young workers has been stagnant or has declined over the past two decades. This means that more and more young families of all types that depend on wages as their principal source of income find they cannot earn enough to stay above the poverty line. Two-parent families can compensate to some extent for low wages through entrance of both parents into the labor force. This is not an option for the mother-only families examined in this study. A mother with two children working full time and year round at a job that pays at or slightly above minimum wage cannot earn enough to keep her family above the official poverty line.

Furthermore, even this is not an option for many because full-time work is more difficult to obtain. Since 1970 American businesses have come to rely increasingly upon part-time workers. Recent Bureau of Labor Statistics figures indicate that while the nonagricultural work force grew 54 percent from 1970 to 1990, the number of involuntary part-timer workers jumped 121 percent.

Low levels of education tend to limit these parents to those jobs that require the least amount of skill and pay the lowest wages.

The data obtained in this study indicate that a preponderance of the women found only part-time or very low-paying jobs. Interview data indicated that changes in work hours were common. These types of jobs are typically unskilled and in the service sector. They usually do not have notable benefits, especially health care. This is a critical factor for the parents of young children, particularly for parents in poverty, whose children, for a variety of reasons, are more prone to chronic illness and disabilities.

Training One's Way Off Welfare. The average education required for employment in this country is at 13 years and increasing. This presents problems for a population of individuals who in large part have 12 years or less of education and training. The jobs that realistically offer a way out of welfare dependency for mother-only families are knowledge-intensive. They require literacy, basic math skills, specialized training, on-the-job training or higher education. However, public spending on job training and education for adults has diminished over the last decade.

Willingness to Work. The overwhelming majority of AFDC recipients want to lead self-reliant, independent lives. Most would prefer to work, if they

had the opportunity, to staying at home with their children. At the same time, many are realistic about the likelihood of escaping public assistance and see the need for additional education or training. The problem does not appear to be motivation, but the constraints the women experience--chiefly the absence of resources needed to work or attend school. Child care difficulties are one class of such constraints, and as such are powerful disincentives to finding and retaining employment or beginning and staying in school.

Child Care and Beginning Work or School.

Life-circumstances were clearly and significantly associated with finding work or starting school. These included basic factors that were not necessarily associated with child care problems, such as educational deficiencies. In addition, all the factors associated with child care that make it more likely that any parent will remain at home also affect these mothers. The presence of children with disabilities, infants and young toddlers in the family, the need to care for older disabled adults, three or more children in the family, lack of other adult support among family or friends, were all circumstances that retarded entrance to the labor force and school.

Child Care Problems have Consequences in Work Lives. Difficulties in finding child care at all or of sufficient quality affects the capability to maintain a stable job. Changing jobs, reduction in hours worked, going from full-time to part-time work, quitting jobs all were reported to be associated with child care problems. These problems make it more likely that employment will be discontinued, either because it is too difficult to continue working or because employers cease to tolerate employees who are chronically late or miss work. The most telling statistic was that one out of five women who worked during the previous year had returned to welfare because of problems associated with child care. Solving such child care problems is likely to decrease the probability of job loss and return to welfare. The evidence available in this study is that transitional child care helps former AFDC recipients remain off public assistance and increases the chances that they will be able to sustain employment.

Quitting School and Dropout Prevention. There is an urgent need for additional programs and resources throughout the state to help people who want to work or go to school but who cannot because of a lack of child care. We have seen that a significant proportion of the study population quit school because of child care problems during the last 12 months. The proportion was particularly high among the teens contacted. There is a pressing need for high school-based child care programs. Only a handful exist now in Illinois. These programs keep young parents in

school, provide parenting training, and ensure that at least minimum basic educational needs are met. They also provide opportunities for practical child development and child welfare education to be integrated into the curriculum. Because they attack the educational problem at its root, they promise to be, like other dropout prevention programs, particularly cost-beneficial. (An exemplary school-based program in the Chicago suburb of Harvey was visited during the course of this project that represents a potential model to be emulated.) Such programs are to be encouraged and where necessary instituted or expanded.

The Nature of Child Care Problems that Affect School and Work.

The basic problems that influence the type of child care selected are also implicated in the relation of child care to work and school. The most pressing problem is the cost of child care. Discussions with women interviewed showed that this problem is related to the issues of quality and safety. Their concern was not simply finding the lowest cost care but finding care that was both affordable and of high quality. Since concerns about quality and safety were so strongly expressed, programs must address the cost of care in this context. To be effective they must provide funding necessary to enable mothers to select the kinds of care which they believe is best for their children and in which they are comfortable leaving their children.

Cost of care does not cease to be a problem when someone leaves public aid with a job. Many of these jobs are low paying and could not be kept without the help of transitional child care. It is essential to continue to support the efforts of those striving to stay off of public aid. Arbitrarily removing this support after a 12-month period, rather than tying it to some measure of need, frustrates the efforts of individuals trying to become self sufficient and undoubtedly leads many to return to AFDC.

A variety of availability problems were cited by large percentages of the women who had worked or gone to school in previous year, including waiting lists, care on evenings, weekends, holidays and vacations and sick care. There is an undeniable need to increase the capacity of licensed center and family-based child care particularly in areas with large concentrations of AFDC recipients.

Many single parents on AFDC do not have any resources within their immediate families for child care backup. Some rely on extended family resources but the availability of relatives can vary from week to week, if not day to day. Many who have informal child care arrangements with neighbors, friends or family members do not have the necessary backup when these

arrangements fall through either intermittently or permanently. These individuals often require more stable and formal arrangements such as would be provided in a family day care setting or a child care center in order to sustain regular and productive employment or educational activities.

The percentage of families reporting some disability among their children was relatively large, about one in seven. Although the types and severity of the problems varied greatly, the sheer number of cases would suggest that effective child care programs must address the issues of availability and access common to these families. Single parents who have children who are chronically ill or who have severe intellectual or physical disabilities require special attention and assistance. A large proportion of providers indicated they would accept disabled children but most were caring for very few.

Child care problems are often aggravated by transportation problems among poor single parents. This reemphasizes the need for financial support for transportation expenses. It also points up the need for child care to be more universally available. School-based and work-site programs need to be encouraged and their development assisted. Awareness of existing resources may also be a problem.

Child Care Programs are Valued by Participants. AFDC recipients recognize the value of the child care assistance they receive from state child care subsidy programs. Most reported that they would have been unable to obtain paid child care without this help and, therefore, would not have been able to work or go to school at all or as much as they did.

The Value of Transitional Care in Maintaining Employment. Those individuals who made use of transitional care were more successful in keeping jobs after leaving welfare than those who did not use the program. Extending the availability of this subsidy further will increase the number of persons who retain their jobs and remain permanently off AFDC.

Awareness of Programs. It was evident that parents often do not understand the programs designed to subsidize child care. This includes first a simple awareness by AFDC clients of the existence of child care programs before they are actually in need of child care services. Secondly, differences in procedures, forms and payment process among various programs are a source of confusion for those eligible for programs and may lead to underutilization. A major challenge for the service system is to develop a single child care program that is responsive to the needs of persons whose lives are often characterized by

discontinuity. To be effective such a program must be able to meet individual and diverse needs and be relatively simple to understand and access.

Accessing Services. It is imperative that DPA workers in local field offices have a comprehensive understanding of all child care subsidy programs. Currently, working knowledge of the transitional child care program is the most deficient. It is also important that workers provide all clients with a clear explanation of each program, including eligibility criteria, the application process and payment procedures. The disregard reimbursement and transitional child care are potentially valuable incentives to encourage AFDC clients to work themselves off public aid. It is essential that workers themselves have an incentive for providing child-care related information to clients including an explanation of how to access the provider resource and referral service. The only meaningful way to do this is to include the sharing of child care information in the evaluation of worker performance. Finally, it is imperative that all workers be given a clear understanding of the expectations of the department regarding their professional conduct when speaking and interacting with clients.

Participation of Providers in Subsidized Child Care. Child care centers that have participated in various state child care assistance programs have tended to be elastic in the face of changing procedures and policies. Many have been willing to take children of DPA clients on a part-time and intermittent basis despite the staffing and programmatic disruptions this causes. A major complaint involving delays in payments has apparently been remedied by recent changes. While only a minority of the centers surveyed specifically cited state payment rates as a problem, a majority reported that because these rates do not cover their full costs they are limited in the number of children they can care for whose fees are subsidized

Broader Context. Child care programs for AFDC recipients do not exist in a vacuum. Their potential, singlehandedly, to help individuals lift themselves out of situations of dependence on public aid and into lives of self-reliance on a permanent basis is minimal. Impoverished single parents on welfare have multiple and complex problems and needs. There will always be a few individuals on AFDC for whom child care is the one thing that is needed and, if provided, will be sufficient to allow them to escape their predicament. But these will always be a very small minority of cases. Unless child care programs are viewed as part of a broader set of social programs--of education, training, employment assistance, housing, and other supports--they cannot be expected to accomplish much. But

neither can education and training. Each is an essential part of a support package that must be melded together into a coordinated system to accomplish the goal of each individually.

Beyond this, existing needs for child care assistance for working and impoverished residents of the state, particularly those who are single parents without their own support systems, are extensive and beyond the scope and capacity of existing programs. There is a significant need for additional public resources to be brought to bear to address this fundamental problem. There is a need both to expand eligibility to a wider set of families and to extend assistance longer than it is currently available. New federal assistance will help, and there are actions the division and agency can and should take separately and in coordination with other agencies and programs.