Welfare, Work and Child Care
Among Single-Parent and Unmarried-Couple Families

Description
The session began with a description of the patterns of child care use by socio-economic status and marital status recently documented using data from the National Survey of America’s Families (NSAF). This introduction set the stage for understanding the differing patterns of care among children in the very low-income (vs. higher income) segment of the population and among single parent vs. married couple or unmarried two-parent families. Discussants briefly presented their most recent findings from work using data from experimental studies of welfare and employment programs and the Fragile Families study. These findings focused on the relation between increased employment, child care use, type and stability of care settings, and children’s outcomes between very low-income single parent and unmarried couple families.

Moderator
Lisa Gennetian, MDRC

Discussants
• Marty Zaslow, Child Trends
• Kathryn Tout, Child Trends
• Lisa Gennetian, MDRC
• Jeannette Brooks-Gunn, Columbia University

Scribes
• Anna Johnson, Columbia University
• Anne Wolf, DHHS Office of the Assistant Secretary for Planning and Evaluation

Issues
• What more would we like to understand about transitions from welfare to work, use of child care, and children’s outcomes?
• What circumstances appear to influence certain patterns of child care use among welfare or working poor single parents?

Documents in the Session Folder
• Child Care Participation of Young Children in Low-Income Families
• Child Care Quality Under Different State Policy Regimes
• Welfare Reform and Changes in Employment, Child Care, and Families: Implications for Children
Discussion Notes

Marty Zaslow, et. al. (Child Trends, Inc.)

- The purpose of my remarks is to set the context for discussion by providing national data on child care in low-income families from the National Survey of American Families. Information about NSAF can be found on the web at www.urban.org/center/anf/nsaf.cfm.

- Too often, descriptive data only provide an “overall” picture.

- These are national data. However, patterns actually look very different by family structure type.

- The NSAF 1997 and 2002 waves of data focus only on families with household incomes at 200 percent of the federal poverty level.

- This presentation draws out 3 family types: single parent, married, and cohabiting (not distinguishing between biological and non-biological families).

- Our focus is on young children, 0-5 years old.

- Families with children 0-5 in 1997 and 2002 changed over time:
  * First, there was a reduction in single-parent families: in 1997, 43 percent were single parents; in 2002, 37 percent were single.
  * Second, there was an increase in cohabiting families.

- Levels of use of any non-parental care were higher for single parent families than for married or cohabiting families.
  * Married vs. cohabiting families showed no statistically significant difference in their overall use of care.
  * Overall use of child care was partially related to presence of another adult.
  * Half of the children were in some type of child care.
  * Single parent families’ use of non-parental care increased from 74 percent to 80 percent.
The patterns of child care use among single-parent families also changed over time.

• When the analysis was restricted to children who were in some type of non-parental care:
  
  * In 1997, children from single parent families were significantly more likely to be in full-time care.
  
  * In 2002, there was no statistically significant difference between single and married parents in the use of full-time care.
  
  * In 2002, the percent of cohabiting families using full-time care was higher and no longer statistically different from single parent families.

• The distribution in types of care was different for cohabiting families only:
  
  * They used much more relative care.
  
  * They looked like married families in their use of any care and use of full-time care.

• We need to pay more attention to cohabiting families:
  
  * There is an increase overall in the proportion of cohabiting families.
  
  * They look like married-parent families in their overall use of care.
  
  * Once a child is in care, they are more likely to rely on relatives.
  
  * Their patterns are similar to those of married families in some ways and distinctive in other ways.

Jeanne Brooks-Gunn, et. al. (National Center for Children and Families, Teacher’s College, Columbia University)

The study I will describe is a Child Care Bureau research scholarship grant to Columbia University Teacher’s College, National Center for Children and Families (http://nccf.tc.columbia.edu/). Co-authors are Elizabeth Rigby, now at the University of Wisconsin, and Rebecca Ryan, now at the University of Chicago. This research is based on data from the Fragile Families and Child Well Being Study (http://www.fragilefamilies.princeton.edu/).
• The sample was drawn from 20 cities throughout the United States: Cities with populations of 200,000 or more (6,000-7,000 families in all cities).

• We over-sampled unmarried families because we were interested in individual characteristics and state-level policies that promote or discourage father-level engagement, marriage, etc.

• We obtained a national birth cohort of babies born during 2000-2001 in 75 hospitals.

• We interviewed unwed fathers. Fathers came to the hospitals, even if they were no longer in a relationship with the mother.

• Both parents were interviewed when children were born and when they were 1, 3, and 5 years of age.

• Among the single mothers (2/3 of the sample), half of them were living with their child's father.

• Cohabit ing parents were more likely to break up than married couples – half are broken up now.

• The present study looks at child care in 13 of the cities, about 1,800 child care settings.

• We are focusing now on kids at age 3.

Study Questions:
• What kinds of care are the children getting (kith, kin, family child care, non-profit centers, and for-profit centers)?

• Does quality differ?

• Are differences in state child care policies associated with quality of care?

Measurement:
• Provider survey

• Quality measures:
  * ECERS (Early Childhood Environmental Rating Scale)
  * FDCERS (Family Day Care Environmental Rating Scale)

• Policy measures
Child Care Bureau data were used.

Policies examined include subsidy eligibility and spending, center regulations, teacher training requirements, and CCDF (Child Care and Development Fund) spending.

Findings

- See "State Child Care Policies" table in the session folder.
- See "Description of Four Child Care Types" table in the session folder.
  - Kith and kin care was the lowest quality, then family care, then for-profit centers, then not-for-profit centers.
  - It’s interesting that non-profits look better than for-profit centers.
- Across the 13 states:
  - We obtained means for subsidy eligibility and spending;
  - Standard deviations and ranges are large;
  - There is huge variability between states.
- Standards are based on all state policies - not just 13 states.
  - Low, Medium, High; high is better.
  - Lenient, Moderate, Stringent; stringent is better.
- Multi-level model results:
  - Effects for kith and kin: state subsidy spending was negatively associated with quality.
  - Effects for non-profit centers: more eligibility and spending were positively associated with quality and state policies.
  - Quality was higher in states that require training.
  - For-profit centers were not affected by state policies.

Kathryn Tout, et. al. (Child Trends, Inc.)

I am reporting on a study entitled Welfare Reform and Changes in Employment, Child Care, and Families: Implications for Children.
Five states (Minnesota, Iowa, Connecticut, Florida, and Indiana) were funded to add a study of child outcomes to their evaluations of welfare reform experiments that had taken place before the 1996 reforms.

Child Trends collaborated with the evaluation teams for each state (which included researchers from MDRC, Mathematica, and Abt), the NICHD Network on Family and Child Well-Being, state policymakers, and federal partners.

The partners developed a conceptual model for examining welfare reform and its effects on child outcomes.

- One of the constructs identified in the model was "change" or "turbulence."

- Some of the policies that states experimented with were work requirements, time limits, child care assistance, and family caps (for additional children).

  * Given those packages of policies, authors predicted employment and child care changes and how those changes would be related to child outcomes.

  * Hypotheses: Some changes such as child care arrangements of quality and increased family income would be good, whereas last minute changes or many changes in child care settings would be negative for child outcomes.

  * We also wanted to understand how changes in each domain, controlling for the others, are linked to child outcomes.

- Samples:

  * Our sample included 5 states (6 samples, because Minnesota had two sites).

  * Samples included single mothers as defined by the welfare program (thus, they may have been defined as single even if cohabiting).

  * We focused on families that had a child age 5-12 (school-age group).

  * The follow-up period for surveys ranged from 2.5 to 6 years.
The experimental group was composed of families who experienced welfare reform policy and the control group was AFDC recipients.

- **Analysis**
  - We were not able to look at the nature of changes in care arrangements (for example, whether a family changed from a lower quality to a higher quality setting.)
  - We did look at the number of employers, length of employment spells, number of child care arrangements, and length of spell of each arrangement.
  - We hypothesized that more changes and shorter spells would be associated with poorer child outcomes.
  - Child outcome variables were school engagement, school performance, health status, and social competence.
  - The analysis used a child care calendar that spanned a 2-year period.

- **Findings:**
  - There were no consistent associations with number of employers and child outcomes.
  - We found slight evidence in two samples that mean length of employment was associated with positive child outcomes.
  - The number of different types of settings increased in 4 of 6 samples. In 2 samples, having more types of child care arrangements was associated with negative child outcomes.
  - In 5 of 6 samples, having more child care arrangements was associated with more behavior problems.
  - The mean length of spell increased in only 1 of 6 samples; there was no consistent association with child outcomes.
  - Family change was measured as no change or some change in family circumstances – residential moves, lack of housing, parent-child separations, school changes, changes in couple relationships.
    - We found very few impacts of welfare reform on family change.
In Iowa and Connecticut there were more changes – fewer parent child separations in both states.

* Of the family measures examined, school changes were consistently associated with negative child outcomes; this was true for every child outcome and for every state.

* Child care changes and school changes were related to negative outcomes for children.

Summary: Of the measures of change examined in this study, child care and school changes were the most consistently related to negative outcomes for children.

Lisa Gennetian, et. al. (MDRC)

This study examined economic, child care, and child outcome effects of employment-based programs for families by prior levels of disadvantage.

• Research question: Do effects of welfare and employment programs differ for families of young children with varying initial levels of disadvantage?

  * Positive effects have been observed in the past on employment, earnings, and income.

  * The present study relied on 5,400 observations of very low-income children from 6 experimental studies (pooled).

• Research question: Was there a subset of children who did NOT experience benefits observed in prior analyses?

  * We considered subpopulations like married/cohabiting/single parents, number of children in family, initial levels of education, prior earnings, prior welfare receipt, and other SES-relevant factors.

  * Findings seemed to point to "middle risk" group.

  * We did not see clustering in a high-risk group as expected.

• Based on those individual characteristics, we came up with more general measure called "level of disadvantage."
* This construct was made up of past earnings, education, and prior welfare experience.

* The most disadvantaged were those with no earnings, long welfare receipt, and no high school graduation.

• Summary of findings:

* No effects were found among the least disadvantaged.

* Increased employment, earnings, and income occurred among the most disadvantaged and the moderately disadvantaged.

* Effects on children’s achievement, type of care settings, maternal depression, and parenting aggravation differed statistically for children of the most disadvantaged versus children of moderately disadvantaged families.

* Among the most disadvantaged families, we found no effects on achievement, increased use of home and mixed care, increased depression and aggravation.

* Among moderately disadvantaged families we found: increased achievement, increased use of home and center care, no mom depression.

* We found a statistically significant effect on earnings for most and moderately disadvantaged families.

* There was no effect on exclusive use of center-based care, increased use of home care, mixed care.

* There was no impact on child achievement.

* Among moderately disadvantaged families, there was a positive pattern for use of only center care, positive and large for child achievement. There was no impact on mixed. Bars in opposite directions for those constructs that were negative for the most disadvantaged children are positive for moderately disadvantaged children.

• The findings of this study imply that we need to invest in center-based care, increased family income, and increased employment.
Comments and Questions

For Lisa Gennetian:

**Question:** Did effects differ by intervention?

*Lisa:* Patterns were consistent across programs among subgroups. Initial characteristics trump policies.

**Question:** If mental health is a factor in a welfare-receiving family's life, how much of an effect can other interventions have?

*Lisa:* There are some baseline measures of mom’s depression. We can look at the treatment by depression interaction. In IHDP (Infant Development and Health Program), depression was measured when moms were still in the hospital, so our measure was kind of tainted, which may explain why we found no interaction between mom’s depression and treatment. In the Early Head Start evaluation, the measure was not tainted and they did find an interaction effect. The IDHP website is: [http://www.childtrends.org/Lifecourse/programs/InfantHealthDev.htm](http://www.childtrends.org/Lifecourse/programs/InfantHealthDev.htm).

For Jeanne Brooks Gunn:

**Question about stability issue**

*Jeanne:* Those working in the retail industry, with unpredictable work hours, show greater stress in children. See Julia Henly's work (qualitative). With little notice, parents can't always rely on their child care provider so they tend to package caregivers, which end up with less stability for kids.

*Marty Zaslow:* This is likely to have an impact on the policy level more than on program level. Some other thoughts - what about taking human capital indicators and seeing if we get similar findings in IHDP and Early Head Start? Use Lisa's categories of risk in IHDP and EHS.

**End of Session**

*Breakout session notes are brief summaries of issues, findings and ideas discussed by participants and do not necessarily reflect the views of the Child Care Bureau or other members of the Child Care Policy Research Consortium.*