

**Welfare-to-Work  
Transitions for  
Parents of Infants:  
In-Depth Study of  
Eight  
Communities**

July 27, 2001

*Gretchen Kirby*

*Christine Ross*

*Loren Puffer*

*Mathematica Policy Research Inc.*



*U.S. Department of Health and Human  
Services*

Administration for Children and Families  
Office of Planning, Research, and Evaluation



## EXECUTIVE SUMMARY

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 changed cash welfare from a system of income maintenance as an entitlement to low-income families to one in which assistance to families is both limited and temporary, and in which work and economic self-sufficiency are emphasized. The emerging emphasis on work has led many states to significantly narrow the exemptions from welfare-related work requirements. Under prior Federal law, states could opt to adjust the young-child work exemption from its Federally-mandated level, which exempted parents with a child under three years old, to exempt only parents with a child under one year old. In 1998, 22 states used the new flexibility granted under PRWORA to require parents to work if their *youngest* child was less than one year old. This report examines the state and local policies and practices that encourage and support the activities of welfare-reliant parents of infants who are required to engage in work and school activities.

Juggling work and family responsibilities is a formidable challenge for two-parent families with young children, but it is even harder for single parents, who make up the majority of the welfare caseload. Even more challenging for single parents who work is the task of caring for an infant because infant care is generally less available, more expensive, and harder to assess in terms of quality. As states seek ways to support families with infants in their transition from welfare to work, many questions emerge for researchers and policymakers alike. How successful is the welfare-to-work transition for parents of infants? What special challenges do these parents face in balancing their parenting activities with required work or school activities? What supportive services are critical to continued participation in work and school activities, and ultimately, to a successful transition from welfare to work? Is continuous, reliable, affordable, and good-quality infant care available to these parents? Have states taken the opportunity to link these families with child care that can promote the health and development of infants?

### STUDY PURPOSE AND CONTENT

In an effort to answer these questions and, ultimately, to address the issue of providing infant care for single, working, low-income parents, the Administration for Children and Families (ACF) of the U. S. Department of Health and Human Services contracted with Mathematica Policy Research (MPR) to conduct the Study of Infant Care Under Welfare Reform. The study was designed to provide information about the strategies states and communities are using to help parents of infants make the transition to school or work while promoting the health and development of their infants, and about the policy and program challenges states and communities are facing in this effort. The information is intended both to inform policymakers about the experience of several communities and to build a foundation for future research on the effectiveness of particular programs, policies, and strategies in supporting the transition to work or school while promoting infant health and development.

The study has three phases:

- ***A general information-gathering phase***, focusing on the work-, school-, and child care-related policies and programs in 22 states that required parents of infants to work in 1998, when the study was launched.<sup>1</sup>
- ***An in-depth study phase***, focusing on welfare and child care program policy and practice in eight communities, and on the experiences of welfare-reliant parents of infants in these sites.
- ***A research design phase***, focusing on the evaluation of programs, policies, and strategies designed to support parents' transitions to work and their infants' health and development.

This report presents the findings from the first two phases of the study, with an emphasis on the second phase. We end with a summary of research directions, which will be expanded upon in a forthcoming report.

The devolution of cash welfare programs to states (and, in turn, to localities in some states) has led not only to substantial policy changes, but also to variation in policies across states and across communities within a state. In addition, the integration of funding streams for Federal child care programs and the increases in the Federal funding available for child care have spurred expansions in child care support in many states. This report provides an in-depth look at the policies and practices that have affected TANF parents with infants as they moved into work in eight communities in California, Florida, Iowa, Michigan, Tennessee, and Wisconsin in 1999.

Appendices to the report present summary information on each of the 22 states that required welfare-reliant parents of infants to work in fall 1998. A majority of these states required parents to begin work activities three months after the birth of the child, which is consistent with the amount of unpaid leave certain employers are required to provide to new parents under the Family and Medical Leave Act. In fiscal year 1999, the proportion of welfare-reliant families with an infant varied across states, from approximately 10 to 25 percent.

A forthcoming report will discuss optional evaluation designs to examine the impacts of promising policies and programs on the transition to work and on infant health and development.

---

<sup>1</sup>Because TANF policies were still in flux during the study period, the list of states that currently require parents of infants to work is somewhat different from what it was in the fall of 1998 when we began this work. Three states in our list of 22 states now exempt parents of infants from work (Indiana, Vermont, and Wyoming). Four other states not on our list of 22 states now require parents of infants to work (Alabama, New York, West Virginia, and Washington) (State Policy Documentation Project, June 2000 [www.spdp.org]).

## **SITE SELECTION AND APPROACH TO THE IN-DEPTH STUDY**

The objectives of the in-depth community study were to explore the welfare-to-work or -school transition for parents of infants; the challenges parents face as they balance work or school with their parenting responsibilities; how available and affordable infant care is, and whether it is continuous and of good quality; and how well the welfare, child care, and supportive service policies help parents of infants. We made a special effort to learn about these issues for teenage and non-teenage parents, and for parents in urban and rural settings.

To explore these issues, we sought out states and communities that had already begun to address the challenges of supporting the work and schooling activities of low-income parents of infants. Therefore, the states we chose had relatively large populations and were far along in implementing TANF work requirements. From this group, we selected states with diverse geographic, social, economic, and policy characteristics. Table 1 lists the study states and communities, and our rationale for choosing each.

We conducted two-day site visits to the eight communities during the spring and summer of 1999, in which we spoke with administrators and staff of welfare, child care, and supportive service agencies, and with welfare-reliant parents of infants. We also conducted focus group discussions with parents of infants in six of the eight study sites.<sup>2</sup> These focus groups provided a varied, but not statistically representative, group of parents. The overall goal of the focus groups was to capture the broad themes related to how parents are coping with the dual responsibilities of family and work, and the factors that contribute to or detract from their success in achieving an effective balance.

This study has some limitations that diminish the extent to which the findings can be generalized. First, the states and communities should be considered exemplary, but not representative of the 22 states that originally required welfare-reliant parents of infants to engage in work or school activities. As mentioned, the states and communities in the study were chosen because of their caseload size and because they were relatively far along in implementing their TANF programs. Our findings may therefore not apply to states with smaller caseloads and at earlier stages of implementation. Moreover, there are state-to-state differences in program emphasis that may not be reflected in our choice of states. Second, the parents and program staff we interviewed for the study were selected in various ways and are therefore not fully representative of all parents of infants or of all program staff in the sites. Third, the information obtained from discussions with parents and program staff is subjective and may have been influenced by their experiences and goals. Finally, welfare and child care program policies continue to change as states modify approaches to serving low-income families.

Despite these limitations, the study findings provide a comprehensive picture of how TANF, and child care policies and practices fit together under certain conditions to encourage and support work activities for welfare-reliant parents of infants in a diverse set of communities.

---

<sup>2</sup>There were no focus group discussions in Nashville and in New Port Richey. The Nashville focus group was cancelled due to inclement weather. In New Port Richey, none of the confirmed attendees arrived for the discussion.

TABLE 1

SITES INCLUDED IN THE IN-DEPTH STUDY:  
STUDY OF INFANT CARE UNDER WELFARE REFORM

State	State TANF Caseload with an Infant (%) <sup>a</sup>	Community (County)	County TANF Caseload <sup>b</sup>	Rationale for Site Selection
California	10.2	Bakersfield (Kern)	19,039	California has a large population and the work requirement for parents of infants is a county option. Kern is the largest county that requires parents of infants to work.
Florida	12.1	St. Petersburg (Pinellas)	4,275	Urban area with strong child care licensing standards and innovative programs to support families with young children.
		New Port Richey (Pasco)	1,512	Rural county chosen to examine how a work-first approach to cash assistance is implemented in a rural area within a large state.
Iowa	15.9	Waterloo (Black Hawk)	1,652	Iowa implemented work requirements for parents of infants in 1993. This small city in a largely rural state was making a special effort to coordinate services for young children.
Michigan	10.3	Grand Rapids (Kent)	3,040	Mid-sized city with goal of reducing to zero the number of welfare households without earnings (Project Zero site).
		Detroit – Warren/Conner District (Wayne)	90,574 (1,793)*	Inner-city region with goal of reducing to zero the number of welfare households without earnings (Project Zero site).
Tennessee	13.0	Nashville (Davidson)	8,650	Tennessee has a relatively high teenage birth rate. Nashville provides strong supportive services for teenage parents.
Wisconsin	24.4	Milwaukee – Region 2 (Milwaukee)	9,764 (1,245)*	Wisconsin has dramatically reduced welfare caseloads. Region 2 is an area with established community programs to support parents of young children in the state's largest city.

\*TANF caseload of specific study area in the city.

<sup>a</sup>U.S. Department of Health and Human Services, Administration for Children and Families. "Temporary Assistance for Needy Families (TANF) Program: Third Annual Report to Congress." August 2000; and data provided by the study sites.

<sup>b</sup>Caseload numbers were provided at the time state-level interviews were conducted in April–June 1999. Data represent February 1999 caseloads for Kern County, the two Florida counties, the two Michigan sites, and Milwaukee. Data represent May 1999 caseloads for Black Hawk County and Nashville.

## KEY FINDINGS FROM THE IN-DEPTH STUDY

The findings from the in-depth study fall into four categories: general findings, or issues that cut across policy areas; TANF policy and practice; child care assistance, information, and choices; and case management structures and supportive services.

### General Findings

► *Parents of infants were not generally viewed by case managers in the study sites as a group with categorical needs that were substantially different from those of the broader TANF population.*

Welfare administrators and staff did not perceive that parents of infants as a group had unique needs as they made the transition from welfare to work. Administrators and staff did, however, view other groups as needing special attention and assistance, including parents with a mental health or substance abuse problem, parents of children with chronic health problems or disabilities, and teenage parents.

► *Parents of infants face greater challenges in the transition from welfare to work or school than do parents of older children.*

Transportation and child care are common challenges for welfare recipients making the transition to work or school activities, but these challenges are more intense for parents of infants. Parents of infants expressed concern about the health of their infants as a result of waiting for a long time for buses in the cold. Infant care is generally less available and requires more time from caregivers than does care for older children. Infants have more intensive care needs than do older children, and parents responding to these needs may feel greater strain in their efforts to balance work and family.

► *Families in different communities within the same state may be subject to different policies and may have different supports available to them as they make the transition from welfare to work.*

Welfare reform has increased not only the diversity of cash assistance policies across states but also the diversity of policies and practices within states. Even for state-administered TANF programs, local agencies have some discretion in their interpretation of policies. States may also devolve authority for important policy decisions to counties or other local entities. Moreover, there are community-level differences in the resources for low-income families with children and in the types of child care support provided. In recognition of this variation, we sought information not only on state policies but also on community-level programs and practices. Hence, the in-depth study provides a great deal more information than state policy data could provide on the transition from welfare to work or to school activities. Moreover, we found important differences across communities within a state in TANF and supportive service environments. The information-gathering requirements for future welfare program studies that are implied by this finding are substantial.

## Findings on TANF Policies and Practices

► *Despite differences among the sites in policies on work requirements, sanctions, and time limits, the sites, with few exceptions, did not treat parents of infants differently from other parents in applying these policies.*

After the work exemption period ends, parents of infants are subject to the same policies that are applied to other TANF recipients. As a result, the local TANF offices we studied did not have any distinct mechanisms in place to collect information or to track the activity and participation specifically of parents of infants.

Case managers seemed to be more aware of significant barriers facing subgroups of parents of infants—for example, teenage parents, parents with special-needs children who require more intensive child care services, or parents with multiple children who need the same child care placement. Notably, the issues facing these subgroups of parents of infants are likely to follow the family beyond the infant’s first year of life.

► *Across the study sites, the number of required hours per week of work activity was positively related to the range of activities that were approved for meeting this hours requirement.*

The lower the number of required hours of work activity—for example 20 or 25 hours per week—the narrower the range of approved activities. The sites that required closer to 40 hours per week of activity allowed a much broader set of activities, which included education and training, participation in specialized programs like substance abuse or mental health treatment, or parenting and early intervention activities.

► *Unlike parents of infants more generally, teenage parents did seem to be a salient subgroup in the view of welfare administrators and case managers.*

The study communities applied the Federal live-at-home requirements in a variety of ways, and many had used the flexibility built into Federal law to require unmarried minor teenage parents not only to attend school but also to participate in supportive service programs. The majority of the sites required teenage parents to participate in special supportive service programs. The specialized programs typically involved intensive case management to keep teenage parents in school and to connect them with support services. The programs also provided parenting classes and information on early intervention programs, and in some cases, they included home visits.

► *Adult TANF recipients with infants were, for the most part, similar to other TANF recipients in their work and work-related participation decisions within each state.*

The participation rates in work or in work-related activities among adult TANF recipients with and without infants did not differ substantially within each of the states. In all but two of the states (Florida and Tennessee), the proportion of employed TANF recipients relative to all TANF recipients participating in work or work-related activities was very similar for recipients with and without infants. Finally, the distribution of TANF recipients by hours of work per week did not differ substantially between recipients with and those without infants in the six states in this study.



**► *Parents in focus groups across six study sites had similar reactions to work requirements despite the fact that the sites varied in the number of required hours of work activity and in the range of activities that can meet the work requirement.***

Parents of infants, both teenagers and older parents, had a very clear overall understanding of the school attendance and/or work requirements. The greatest concern with the work requirements, which was expressed in focus groups in most of the sites, was the fact that participation in post-secondary education programs could not be counted toward the required weekly hours of work-related activity. Parents of infants would also have liked to see more flexibility in how self-sufficiency plans are developed and in how sanctions are applied. Although the majority of parents in the focus groups believed that they were managing to balance their work or school responsibilities with their parenting responsibilities, some parents in nearly all of these groups expressed the concern that their work and school activities left them with too little time and energy for their children.

**► *The study sites appeared to offer greater flexibility to TANF recipients and to parents of infants than might be expected solely on the basis of state sanction and time limit policies.***

Local office staff believed that they had a great deal of discretion in the application of sanctions, but less so in the application of time limits. The study sites generally did not have discretion over *the extent* of the benefit reduction, as this is largely defined by state policy. But they did, however, have discretion over *when* to impose sanctions, and they varied slightly in their practices with respect to how long they were willing to work with clients until they deemed a sanction necessary. The use of sanctions in the sites was guided in part by local philosophy, but it was also largely influenced by the ability to monitor client participation in required activities.

At the time of the site visits, it was too early to assess the effects of time limit policies, since clients had not begun to reach any limits in seven of the eight sites. However, it was clear that time limits would eventually affect some clients.

## **Findings on Child Care Policies, Assistance, and Choices**

**► *None of the six study states had expanded income eligibility criteria for child care subsidies to the extent allowed by Federal law.***

Legislation establishing the Child Care and Development Fund (CCDF) allows states to provide child care assistance to families with an income up to 85 percent of the state median income (SMI), an increase from the previous limit of 75 percent of SMI. Only California had set income eligibility for child care assistance as high as the previous limit of 75 percent of SMI. The other five states' income eligibility limits were substantially lower, ranging from about 50 percent to 60 percent of SMI.

**► *Only some of the states had changed their child care assistance programs so that eligibility is based on income without regard to welfare status. Respondents in sites that had made such changes maintained that access to and continued receipt of child care assistance was generally easier than it was before the change.***

Under PRWORA, four distinct Federal child care funding streams were combined into a single program that eliminated distinctions based on welfare status. States thus had the opportunity to create integrated child care subsidy systems that base eligibility on income without regard to welfare status. Nevertheless, not all states had changed their child care assistance programs to create a single integrated system.

Administrative structures can help determine the degree to which child care assistance can continue without interruption for TANF families as they make the transition from welfare to work. Staff at child care agencies in sites with integrated child care systems reported that it had been relatively easy for families to maintain child care assistance during the transition to work. In these sites, families submitted one application for child care assistance, and continued assistance was based on income, with recertification every six months, regardless of TANF status. In the other sites, administrative procedures for reapplication or recertification reportedly made it difficult for families to continue their child care assistance.

**► *Child care assistance can bring the cost of child care within reach for families who receive subsidies, but in half of the sites, families still struggled to afford child care.***

Subsidies can help make child care affordable to low-income families, but whether these subsidies actually do so can depend on state policies governing both the family co-payments in the child care subsidy program and reimbursement rates to providers. In one site, family co-payments were set relatively high, reaching 11 percent of family income for families with an income of 150 percent of poverty. In this site, various welfare and child care staff reported that many families struggled to make the co-payments. In addition, reimbursement rates affect providers' decisions about whether to accept children whose care is subsidized and whether to charge their parents more to cover their costs beyond the state's reimbursement rate. In three sites, it appeared that reimbursement rates either constrained child care choices or increased costs for families receiving child care subsidies. In these sites, it was not unusual for providers to charge families an additional amount, beyond the required co-payments, to make up the difference between their costs and the reimbursement rates. This practice could pose greater difficulties for parents of infants if the cost of infant care, typically more expensive in centers, greatly exceeds the subsidized payment rate for such care. In one site in particular, respondents repeatedly said that the cost of child care is the greatest challenge they face, and that affordability is the greatest influence on parental choice of child care.

**► *Regulatory standards varied across states, and these variations suggest that at the low end, actual quality may vary as well.***

In all six states, center-based child care providers were required to obtain a license to operate, but in just five of the six states, center licensing regulations were backed up by unannounced inspections every one to two years. In (a slightly different) five of the six states, the regulations for center-based care required one adult for every four infants, consistent with professionally

recommended ratios, but the ratio was one to five in one of the states. Only two states had set a maximum group size for infants, and only one state's standard met the recommendations of the National Association for the Education of Young Children (NAEYC).

Pinellas County in Florida, which had the most stringent licensing requirements among the communities in this study, had discretion over child care licensing because its standards were higher than state standards. The county required centers to maintain a ratio of three infants per staff member and a maximum group size of six infants. Unannounced inspections of centers took place two to four times per year.

In most states, licensing standards and inspection practices for home-based child care become tighter as the number of unrelated children in care increased, although among the states in this study, two required licensing when one unrelated child was cared for in the home. In all of the sites, unregulated home-based providers were required to self-certify that they met basic health and safety standards, and five states required a background check.

**► *Special concerns about child care supply focused on care during nonstandard hours, care for two or three children from the same family, and care for children with special needs. Care for sick children was also a concern for parents.***

Shortages of child care can constrain parents' employment choices in ways that can keep them from meeting welfare-to-work requirements. Focus group discussions revealed that a lack of child care covering nonstandard or variable work hours, or for children with chronic health conditions or disabilities, can influence the child care and employment choices of low-income families. Finding a care arrangement to accommodate two or three children together could also be challenging.

The focus group participants who worked in the evenings or on weekends indicated that their child care choices were limited by a scarcity of center-based and regulated home-based infant care during these nonstandard hours. Most participants relied on relatives or friends to care for their infants during nonstandard hours or if their work schedule was variable. It was often difficult for parents to arrange care at these times, and even when they were successful, the care tended to be unreliable in both the short- and long-term.

Parents with children who had chronic health conditions or special needs faced great difficulties finding suitable and stable child care arrangements. These parents described frequent changes in child care arrangements because providers said they could not respond to the child's intensive needs, and one parent stopped working because the child care hurdles were too great.

**► *Although Federal regulations instruct TANF and CCDF agencies to inform parents about the penalty exception to the TANF work requirement based on an inability to find child care (for specified reasons), this was not yet common practice in the sites.***

With the exception of one site, case managers in the study sites reported that they did not discuss the penalty exception with TANF recipients before the need arose. That is, parents had to come to the case manager and specifically say that they could not find child care in order to learn that they

would not be penalized for failing to meet work requirements because of an inability to find care. As reported in many sites, case managers withheld information about the exception because they felt that parents might otherwise not be as resourceful as possible in seeking child care.

In half the study sites, the TANF and CCDF administering agencies were the same, so case managers in these sites were responsible for informing parents of the penalty exception under the final CCDF rules that were effective as of July 1998. In the other half of the sites, it is probable that, at the time of the site visit, TANF case managers were not yet aware of their responsibility to inform parents of the penalty exception given that the site visits occurred only shortly after the final TANF rule was released.

**► *Parents of infants have been responding to the pressure of work requirements and arranging child care as necessary, but possibly not with the ease suggested by staff and not necessarily in their preferred child care arrangement.***

While TANF administrators, case managers, and child care workers indicated that it is not easy to arrange child care, especially infant care, very few had encountered any families with a need for child care that could not be met within a relatively short period. However, approximately half of the participants in each of the seven focus groups felt that it was difficult to arrange care for their infants. The reasons for these difficulties included the questionable quality of providers they visited, the inability to find a provider who would care for multiple children from the same family, the sheer lack of openings for infants in center-based care, the special health care needs of some infants, and the lack of child care at nonstandard hours. The need for infant care can exacerbate these difficulties, but they are not necessarily unique to infant care.

**► *Focus group participants in most sites reported receiving little help in selecting a child care provider for their infants, although the majority of the sites had made an effort to provide families with information that would help them to make informed child care decisions.***

In general, sites varied in two main areas related to assisting parents in finding care. First, they varied in the extent to which they provided information to all TANF parents seeking child care assistance and when such assistance was provided. In six of the eight sites, clients received general child care consumer information only if they sought assistance in locating child care from the local Child Care Resource and Referral Agency (CCR&R). Many clients, however, never reached the CCR&R. Case managers and child care workers across the sites reported that the majority of TANF clients who sought child care assistance had already identified a provider when they applied for a subsidy.

Sites also varied in the extent to which they provided assistance in locating child care for particular needs. Six of the eight sites provided free enhanced resource and referral services to TANF recipients who sought such assistance. These services included not only consumer information about choosing child care, but also a list of four or five providers that met the parent's criteria for location and type of care as well as other features of providers who were likely to have openings. These enhanced child care resource and referral services were most intensive and were co-located with TANF services in the two Michigan sites.

## **Findings on Supportive Service Environments**

► *While caseloads in the sites were generally high, prohibiting effective individualized case management for TANF recipients, some sites had created intensive case management programs for certain subgroups of the TANF population.*

The frequency of contact between clients and case managers varied across the study sites and was closely related to caseload size. In general, we heard concerns in all sites except Milwaukee that large caseloads were a barrier to strong case management. It appears that when caseloads approach 100, case managers believe that they cannot spend enough time with individual clients to be effective. Despite high caseloads, a number of sites had programs intended to increase case management services for some TANF recipients. Five sites had intensive case management programs for teenage parents, and one site had a program for parents of infants under 10 months.

► *Work-related supportive services provided through the local TANF offices we visited were generally strong, but the connections between the local TANF offices and specialized services, including early intervention and parenting programs, appeared to be weak.*

The local TANF programs we looked at offered a relatively wide range of supportive services to individuals making the transition to work. For example, each site provided TANF recipients with some form of transportation assistance and some level of assistance for work-related expenses such as the purchase of uniforms, books, or tools. Five of the eight sites offered assistance with emergency financial needs in order to help an individual maintain employment, and potentially, to stay off cash assistance. Case managers reported that TANF recipients are routinely informed about available work-related supports.

In contrast, case managers in only one site systematically referred parents of infants to an intensive case management and parenting support program. While all sites had an early intervention or parenting program, and while the targeting criteria for many early intervention programs are based on income, these programs were not well-connected with the TANF office and typically conducted their own outreach efforts directly with families. The likelihood that a TANF recipient would receive any referral for a specialized service in the community appeared to depend on the knowledge, interest, and time of their TANF primary case manager rather than on any standardized connections or agreements between the TANF office and the specialized service provider.

## **RESEARCH DIRECTIONS**

The Study of Infant Care Under Welfare Reform has helped us to identify characteristics of TANF, child care, and supportive service environments that affect the nature of the transition from welfare to work for parents of infants. The study has also shown that the transition is different for parents in different circumstances. For example, parents with a special needs infant, parents of infants with minimal social support, teenage parents of infants, and parents with different levels of job flexibility are not likely to experience the transition in the same way. However, our knowledge of these experiences should be extended in a number of ways that could not be adequately addressed in the present study.

First, this study focused on the experience of TANF parents of infants who must meet work requirements. Extending the study beyond the period during which the parent receives TANF, and extending the range of respondents to include a representative sample of parents would strengthen what can be learned from the study. Second, the scope of this study did not include gathering information on the level of infant care quality, either from a developmental perspective or even systematically from a parent's perspective. Adding information on the quality of child care in different sites would be valuable.

Beyond these extensions to the present study, it may be useful to look more broadly at initiatives that address not only infant care but also toddler care. Some states or areas may have innovative approaches to improving access to and quality of toddler care in ways that could support low-income working parents in their efforts to remain employed, and that could be expanded and/or replicated to assist parents with infants.

Finally, future research should evaluate policies and programs designed to support parents' transition to work and infants' health and development. To this end, it may be useful to examine the impact on longer-term parental employment and the child's development of exempting welfare-reliant parents of infants from work requirements. It may also be useful to examine the impacts of policies or programs intended to enhance the support given to parents of infants making the transition to work, including parenting and child development programs and stronger, more comprehensive case management.

## **CONCLUSION**

Overall, parents of infants in the study sites appeared to be managing the dual responsibilities of work and parenting, but the level of difficulty they faced varied across sites and across individual circumstances. In many ways, TANF, child care, and supportive service policies, along with service delivery structures were not focused on the needs of parents of infants, largely because the system did not view them as a group with unique categorical needs. And while it may be true that parents of infants faced the same problems as other parents in the transition from welfare to work, their difficulties were clearly intensified by the presence of a very young child.

Further research should examine the diversity of parents' experiences more systematically than was possible under this study and evaluate the impact of policies and programs that might help parents balance the need to work and participate in work activities with the need to care for, and support the development of, their infants.