

Child care of welfare families in Iowa

by

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ABSTRACT

The purpose of this study is to examine child care practices of 22 families who were receiving cash welfare benefits from the Family Investment Program (FIP) in Iowa in the summer of 1997. Qualitative data from the first three waves of interviews of the families participating in the research project, "Family Well-Being and Welfare Reform in Iowa", are used.

Among the original interviews with 35 families, the 22 families who had at least one child under the age of 11 and who reported information about child care were included in the analysis. Current child care, child care histories and the influence of child care on parental well-being were analyzed within the structure and context of the family and the community in which the family lives. The child care arrangements were different among the families in this study but there appeared some similarities; with limited resources for child care, the parents did their best to obtain satisfactory care for their children.

Affordability, availability, difficulties in caring for children with special needs, and the influence of child care on parental employment emerged as the major issues. A lack of availability and affordability increased the burden in these families who already had economic hardships. The social networks such as family and friends played a big role as alternative care providers while providing affordable care. Free child care services, child care subsidies and reimbursement also lessened the child care burdens of these families. In a family with a disabled child, a lack of availability of quality child care

increased the parental responsibility for child care as well as economic hardships. The difficulties in child care were related to the parental decision-making about employment as well as to parental well-being. In conclusion, the results in this study suggest that enabling families, through both social support and public funding, find affordable and quality child care would be one pathway to foster self-sufficiency in these families.

This study suggests four issues that have implications for the current practice of family policy on child care and welfare reform: (1) the importance of child care as a precondition of moving into labor force; (2) reinforcement of the current policy on child care funding; (3) the reinforcement of child care services; and (4) the urgent needs of quality child care for children with special needs.

CHAPTER 1. INTRODUCTION

The purpose of this study is to examine child care practices of families receiving cash welfare benefits from the Family Investment Program (FIP) in Iowa. To accomplish this purpose, data from a series of semi-structured interviews from the “Family Well-Being and Welfare Reform in Iowa” project are analyzed. Child care experiences in welfare families are explored and as a result, major themes are identified. The findings of this study are used to inform the field of family studies and child development, and assist in monitoring and evaluating welfare policy at the state level.

Importance of This Study

Welfare reform has brought dramatic changes to low-income families. Major fiscal reform, which was initiated in federal fiscal year 1997, emphasizes work participation and self-sufficiency more than ever (Kerrey, 1998). Recipients of Temporary Assistance to Needy Families (TANF), the block grant to the state that replaces Aid to Families with Dependent Children, are required to work at least 20 hours per week or participate in a work program to receive further assistance after two years of TANF receipt (Blank, 1997b). Moreover, a family cannot receive cash assistance from TANF longer than 60 months during its life time. Indeed, welfare reform has pushed parents in welfare families to work (Blank, 1997b). These changes in welfare policies have increased the number of working parents and the demand for child care.

The increasing number of working parents caused by welfare policy changes and the large number of female-headed families among the welfare population suggest the

need for child care programs. According to the data from Current Population Survey in 1998, 17% of poor families in the United States are headed by females (U.S. Bureau of the Census, 1999). In single-mother families, children who were cared for by their mothers before welfare reform may be cared for by someone else because of their mother's employment. If a single mother lacks available child care, she may have great difficulties participating in the labor market.

In addition to single mothers, poor dual-working families have great demands for child care. In 1993, 40% of all poor families in the United States who had children were headed by a married couple and most poor families (63%) whose incomes were below the officially-designated poverty line had at least one worker (Blank, 1997a). Because of the lifetime limits of welfare, parents who used to care for their child at home may have to work outside the home. Thus this transition creates the need for child care.

Two major purposes of child care are supporting maternal employment and promoting child development (Hofferth, 1992; Scarr, 1998). Child care supports parental employment for individual families and for the economy. Child care also can promote child development with high-quality early childhood programs whether or not a child's parent(s) is (are) employed. Scarr (1998) suggests that child care has been used as an intervention program that helps the economically disadvantaged and ethnic minority children by socializing them into the cultural mainstream. Many studies have reported that intervention programs promote healthy child development and compensate for educational opportunities lacking in a poor family environment (Caughy, Dipietro, & Strobino, 1994; McLoyd, 1998; Posner & Vandell, 1994).

Most studies on child care in low-income families have focused on the child care choice and the quality of the child care settings (Caughy et al., 1994; Johansen, Leibowitz, & Waite, 1996; Mason & Duberstein, 1992; Philips, Voran, & Kisker, 1994; Scarr, 1998). By employing factors such as parental work schedule, social support, geographic location, age of child, parental income, and cost of child care, researchers have tried to explain child care choice and availability of quality child care among low-income families.

Child care by the mother has been neglected by the researchers, however, even though the majority of primary child care is done by the child's mother. The mother has been the primary caretaker of the child and the ideology of maternal care has been pervasive in U.S. society. Thus, studies of child care have focused on the secondary care that replaces maternal care. And most studies have employed quantitative methods, which are limited in their ability to explain the family dynamics in regard to child care: What is the child care choice? Why do families make that choice?

Therefore, in this research, a qualitative approach is used to develop an in-depth understanding of child care among families receiving welfare benefits: "What is going on in the welfare family under welfare reform?" This approach fosters the understanding of the unique child care experiences of welfare families. The research results are a part of the task of monitoring the effects of current welfare policies and programs on poverty and child care in Iowa. For welfare reform to succeed, attention must be given to the child care issue.

Iowa Context: Welfare Reform and Child Care in Iowa

Welfare reform, which emphasizes work participation and self-sufficiency, has brought dramatic changes to low-income families. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 has influenced individual states' administration of welfare policies. But in Iowa, the changes of welfare programs began earlier than the federal reform in the fiscal year 1997.

Iowa began a comprehensive package of welfare reform in 1993. Aid to Families with Dependent Children was replaced with the Family Investment Program (FIP) (Nixon, Krauff, & Losby, 1999), which integrated several previous (welfare) programs. FIP emphasized self-sufficiency and incentives for employment such as job training, child care, and transportation (Fletcher, Winter, & Gaddis, 1998). Of interest in this study are the child care of families who once participated in FIP, for they provide the context for this research.

In 1996, the total population of children under 14 in Iowa was 588,704 (Goudy, Burke, & Hanson, 1998). According to National Child Care Information Center (NCCIC) (1999), the average number of children under 6 in poverty in Iowa from 1992 to 1996 was 45,228 and during the same period, the poverty rate of children aged under 6 was 17.1%. In 1995, 25% of the children under age 13 lived in low-income families with working parents, producing the need for child care (NCCIC, 1999). In 1998, there were 1,555 licensed child care centers, whereas in 1997, there were 5,087 licensed/regulating family child care providers reported in Iowa (NCCIC, 1999).

Iowa has several ongoing programs for child care: Child Day Care Assistance (CDCA), Transitional Child Care (TCC), At-Risk Child Care, Protective Day Care, Resource and Referral Grants, and Child Care Development Block Grant (Iowa Department of Human Services, 1998d). The programs either reimburse or subsidize child care provided in a licensed child care center, school-based programs, a registered or nonregistered family day care, or relative care at a provider's home or the child's home. Child care funding programs are provided to families who meet both income and program criteria. For income criteria, the family's income must be below 110% of the federal poverty guideline, and for the family with a child who has special needs, the income must be below 155% of the federal poverty guideline (Iowa Department of Human Services (Iowa DHS), 1998c, 1998d, 1998e). For the program criteria, parents must be in vocational or academic training, or be employed at least 20 hours per week. The family also is eligible for the program for a limited period of time when the family is in protective services – the parent(s) is (are) absent because of hospitalization for physical or mental illness or death and when the parents are looking for employment (a maximum of 30 days) (Iowa DHS, 1998c, 1998d, 1998e). For a family with a child who has special needs, the State of Iowa funds the Family Support Subsidy program (Iowa DHS, 1998b).

The Child Day Care Assistance Program provides care “in the absence of parents for a portion of the day, but less than 24 hours, protection, and experiences for each child's social, emotional, intellectual, and physical development” (Iowa DHS, 1998c). Funding for this program comes from both federal and state sources. To be eligible for

this program, the recipient must be meet both criteria of income and program participation. During fiscal year of 1996, this reimbursement program served 1,528 children per month and the average cost per child per month was \$249 (Iowa DHS, 1998c).

The Child Care Development Block Grant Program includes various child care services such as “child care subsidy, activities to improve quality and availability of child care, expansion of early childhood development programs, and before- and after-school child care programs” (Iowa DHS, 1998a). This program is funded by the Child Care and Development Block Grant from federal funds and used for resource and referral agencies, training child care providers and “wrap-around care for Head Start settings and at-risk preschool programs,” before- and after-school care and licensed centers for infants and toddlers. Eligibility for this program requires the family to meet both income and program criteria as explained above. During fiscal year 1996, \$5,316,299 was spent and 3,110 children benefited per month from this program. The average cost for a child per month was \$244 (Iowa DHS, 1998a).

The Transitional Child Care (TCC) Program reimburses child care costs for families who have lost FIP eligibility because of increased earnings (Iowa DHS, 1998e). Funding for this program comes from the “Family Support Administration JOBS supportive funds” and state funds are matched at the federal Medicaid match rate. Under welfare reform, previous FIP recipients who lost their eligibility due to increased income are eligible for 24 months of TCC assistance. Families are assessed “a co-payment based on a sliding fee schedule” (Iowa DHS, 1998e). During fiscal year 1996, \$2,949,217 was

allocated to this program, serving 888 children per month, at an average cost of \$276 per month (Iowa DHS, 1998e).

The Family Support Subsidy Program pays some of the child care costs for a child who has special needs. This family subsidy is funded by the state. During fiscal year 1997, a total of \$1,344,000 was spent on 304 families which received monthly subsidy payments of \$313.34 (Iowa DHS, 1998b). An additional 442 children were on a waiting list. To be eligible for this program, the disability of the child must be verified by a physician. The child must reside with his/her parent(s) or legal guardian and the parent(s) or the legal guardian must meet the income criterion: "the family's net taxable income for the preceding year did not exceed \$40,000" (Iowa DHS, 1998b).

Not all of the children in poverty are served by these programs due to insufficient funding. The lost of eligibility may be another reason for the gap between the number of children in poverty and the number of served children. Within the context of these programs, this study was conducted. The low-income families in this study were recipients at one time of FIP and potentially eligible for some of the programs described.

Definitions

Definitions for key words or phrases used in this study are:

Maternal care — primary care given by a child's mother.

Family day care — care for children in a provider's own home. Family care homes are for-profit independent providers. In Iowa, a family care home that cares for

more than six children is required to be licensed. The regulations for family care vary from state to state (Scarr, 1998).

Day care center care — care for a group of children in a nonresidential setting for all or part of a day. Most care centers are located in buildings owned by churches and other organizations. Day care centers may be either for profit or not for profit (Spedding, 1993).

Self care — care of the child by himself or herself (Spedding, 1993).

In-home care — full or part-day care provided by an adult in the child's own home. If the care is on a regular, paid basis, the caregiver is considered a household employee (Spedding, 1993).

Relative care — care provided by a relative of the child. It can be provided either in the child's home or the relative's home. Relative care is provided by siblings or extended family members such as aunt or grandmother (Scarr, 1998).

Father care — care provided by child's biological father as well as adoptive father or step-father. In this study, the care provided by a father figure such as the mother's cohabiting partner is considered as father care when it satisfies all of the following criteria: 1) the care is provided on a regular basis, 2) the care is provided free, and 3) the father figure is a household member of the family (he lives in the same house as the child). In this study, father care is treated as a specific kind of relative care because many studies treat father care as relative care (Hertz, 1997; Mason & Duberstein, 1992; Scarr, 1998).

School-based care — care provided in organized facilities whose primary purpose is education rather than care. Such care emphasizes child development and includes Head Start programs, kindergartens, nursery schools, public school preschools, and after school care programs.

CHAPTER 2. LITERATURE REVIEW

There are two main streams of child care research: child care arrangements and child care quality. In addition to these two major issues, literature is reviewed focusing on the influence of child care on parental well-being to look at the bidirectional nature of parent-child relationships. This literature review focuses on the previous research that includes low-income families and/or welfare families. Thus, the research that is only about middle-income families or does not include low-income and/or welfare families is not reviewed in this chapter. Child care is limited to the care of children who live with their parents; child care replacement such as foster care is not pursued in this literature review.

Child Care Arrangements

Child rearing is the most important parental task. According to Hertz (1997), dual earner parents believe that providing love, caring, and nurturing by parents is critical to rearing a child to become a successful adult. Most parents give priority to child rearing and construct their lives to meet the needs of the child. Parents attempt to schedule their work to maximize the time the mother is at home even when they need additional income (Glass, 1998; Hertz, 1997). Increasing the working hours of the father is the most common strategy employed to solve economic hardships, whereas increasing working hours of the mother is the least employed strategy (Hertz, 1997).

In a study of 1,104 mothers of preschoolers in the Detroit Metropolitan Area, the most common care provider for both families of mothers working for pay and mothers

not working for pay is the mother, followed by the father and a sibling or relative at home (Kuhlthau & Mason, 1996). There is not a large difference in time spent in child care activities between mothers at home and mothers in the labor force (DeMeis & Perkins, 1996). Both mothers at home and mothers in the labor force invest similar amounts of time in mothering practices, such as monitoring the child's diet or stopping their activities to play with the child. A mother not working for pay only spends significantly more time watching educational TV programs with her children than a mother working for pay. But the perception of the performance of the mothering role differs. The mothers working for pay felt they should spend more time with their children than mothers not working for pay (DeMeis & Perkins, 1996).

Because the mother has been the primary caretaker of the child and the ideology of the practice of mothering has been pervasive in U.S. society, studies of child care have focused on the secondary care that replaces maternal care. Many studies of child care arrangements reported that most of the children in America are cared for at home by relatives or parents' friends (Spedding, 1993; Wolf & Sonenstein, 1991). The portion of child care done in organized facilities such as school-based care and day care centers amounts to only a small portion of the total child care arrangements. In 1987, 24% of the children were cared for in organized child care facilities, whereas 31% of the children were cared for at home and 37% of children were cared for in a home day care setting (Spedding, 1993). In 1994, the portion of child care done by organized facilities increased slightly to 29%, whereas almost 50% of the children were cared for by

relatives, either at the children's homes or in the provider's home (U.S. Bureau of the Census, 1998).

The preference for child care in welfare families is not different from those of other families. According to Wolf and Sonenstein (1991), most AFDC families used relative care either outside or inside their homes, even though the child care costs were fully funded or paid by welfare service agencies.

Most studies on child care have emphasized the factors that affect the child care choice (Glass, 1998; Hertz, 1997; Johansen et al., 1996; Kontos, 1995; Meyers, 1995; Presser & Cox, 1997; Scarr, 1998), whereas approaches within a family context, such as cultural aspects or special conditions related to child care arrangements, are rare (Edin & Lein, 1997; Holloway, Fuller, Rambaud, & Eggers-Pierola, 1997). Many studies of child care have reported that the parental choice of child care arrangements is influenced by parental beliefs, the number of available adults in the family, the cost of child care, parental income, the number of children in a family, age of children, geographic proximity of child care settings, and time flexibility (Glass, 1998; Hertz, 1997; Johansen et al., 1996; Kontos, 1995; Meyers, 1995; Presser & Cox, 1997; Scarr, 1998).

Parental Beliefs and Available Adults in the Family

Parental beliefs about child rearing and the existence of an available adult in the family are the major factors (Glass, 1998; Hertz, 1997) and/or special conditions (Edin & Lein, 1997) in the choice of child care arrangements among working families. In general, parents, especially mothers, do not want to leave their children with strangers. They want

their children in the care of someone they see as trustworthy, such as relatives or friends. The father plays a great role in replacing the mother. Among the families of mothers working for pay, fathers cover 72% of the work hours of part-time working mothers and 50% of the work hours of full-time working mothers (Glass, 1998). When parents work opposing shifts or the mother works part time, the father's involvement in child care and his coverage during the mother's working hours increase.

In addition to the father, grandparents, especially grandmothers, often serve as trustworthy child caregivers. In 1994, 15.4% of the children who had a mother working for pay were cared for primarily by their grandparents (U.S. Bureau of the Census, 1998). According to the National Survey of Black Americans, grandmothers are nominated as someone to go to for child care assistance and parental guidance (Hunter, 1997). Especially when the family has a nonnormative transition, such as single parenthood or poverty, African-American grandmothers play a critical role.

The availability of an adult in the family may influence child care choice. In addition to the father and grandparents, siblings or nonrelative adults often take care of children when the mother is working outside the home for pay (Kuhlthau & Mason, 1996). Two-fifths of the children in families headed by a single mother live with adult relatives, nonfamily members, or the mother's cohabiting partner within the household (Manning & Smock, 1997).

Economic Factors

Scarr (1998) suggests that the primary problem in child care for low income-families is a poorly funded child care market because of both limited parental income and low state subsidy. Low-income communities have fewer child care providers than more affluent ones because of the parents' inability to pay for care.

Affordable, organized facilities for infant and toddler care are rare because the regulation of the facilities requires a low ratio of children per staff member. This regulation results in expensive service, creating a short supply of infant and toddler care placements (Scarr, 1998). Thus, welfare families who have an infant or toddler without subsidy may have more hardships than other families because of their relatively low income in relation to the cost of the care.

The affordability issue is the cost in relation to income. Low-income families have great difficulties in finding quality care because of the high cost in relation to their incomes (Kontos, 1995). The number of children in a family has a significant influence on the cost of child care and the choice of the arrangements because more children meaning the parent has to pay more money for child care. Thus, families with large numbers of children are likely to choose a relative as a caregiver because this option is likely to be less expensive than other care forms. On the average, child care costs \$63 per week per child overall, but only \$44 per week for care by a relative (Kimmel, 1995); for single mothers, child care ranges between 15 and 30% of the earned income. Therefore, if a grandmother is available, a mother is more likely to choose the

grandmother as the caregiver than any other option because that choice is less expensive and is generally more reliable than the other settings (Johansen et al., 1996).

Child's Age

Age is another influential factor for child care arrangements. Older preschool children are more likely than infants and toddlers to be left in center care. From 1965 to 1994, the use of center care for infants and toddlers increased from 3% in 1965 to 23% in 1994 (Scarr, 1998). Younger children are still more likely than older children to be cared for by their own mother. In a study of AFDC recipients in California (Meyers & Heintz, 1999), 67% of the children aged younger than two years were cared for by their mothers, whereas 42% of the children older than six years were in maternal care. In a study of the parents from the Job Opportunity and Basic Skills program (JOBS) in California, family or friend care for infants was preferred over center care, whereas center care for a preschool-aged child was preferred over family or friend care. Care for nonfamily members in a caregiver's home setting is the least preferred by parents of infants and preschool children (Meyers, 1995). Child care arrangements for older children are less stable and more informal than infant and preschooler care (Meyers, 1995; Wolf & Sonenstein, 1991).

Geographic Proximity

Geographic location also influences the choice of child care among welfare mothers. Most relatives who provide child care live within 10 miles of the child's house

(Scarr, 1998). On the average, the JOBS mothers in California commuted 15 minutes between home and their children's care, and 30 minutes between care and work or school (Meyers, 1995). For welfare mothers in rural areas, the long distance to an available quality child care setting such as school-based care is reported as one of the hardships of child care arrangements. The distance may prompt mothers to choose a relative care setting instead of a school-based setting (Edin & Lein, 1997). Among African-American families, family proximity may increase the possibilities of parenting support from a grandmother (Hunter, 1997).

Time Flexibility

The work schedule of the low-income family has been shown to influence child care arrangements. To a large degree, welfare parents are drawn into working nonstandard hours by a lack of choice because they are more likely to have less skill and less education than nonwelfare parents (Presser & Cox, 1997). This trend increases the demand for child care during evenings, nights, and weekends. Only 3% of the centers and 17% of the family care providers offer service during evenings and on weekends (Scarr, 1998). The nontraditional work situation is more problematic for the single-parent family than the dual-parent family because, if a single mother has to work at night, the available options for child care are limited. Mothers working for pay over 30 hours a week are more likely to choose home care than school-based care, such as morning-only nursery school (Johansen et al., 1996).

When a mother works for pay at night and weekends or when she has more than one preschool child, the father is likely to supply some of the child care because of the limited available options and high cost (Mason & Duberstein, 1992). When a couple works different shifts, the father is more likely to care for his children than when both parents work day shifts (Casper & O'Connell, 1998; Glass, 1998). When both parents work second and third shifts, fathers are 2 to 2.5 times more likely to care for their children than when both parents work day shifts (Casper & O'Connell, 1998). These results show the possibilities of the father's involvement in child care in a welfare family.

Child Care Quality

Some studies on the quality of child care for poor children have focused on the comparison among the different child care settings and on the developmental effects of child care (Caughy et al., 1994; Ijzendoorn, Tavecchio, Stams, Verhoeven, & Reiling, 1998; Petr, 1994; Phillips et al., 1994; Scarr, 1998), whereas only a few studies have focused on the interaction between economic factors and child care quality (Howes & Olenick, 1986; Phillips et al., 1994). Children's participation in a well-programmed day care is beneficial to the children's development. Using the National Longitudinal Survey of Youth (NLSY), Caughy et al. (1994) compared the developmental outcomes of children who did not participate in day care to those who participated in day care. Day care participants reported higher reading scores and were more likely to achieve optimal development than nonparticipants. The results showed that day care participation experiences were more beneficial for low-income children because the day care program

could provide a better environment than was available in their homes (Caughy et al., 1994; Scarr, 1998): poor and immigrant children could be fed, immunized, given English language experience, behaviorally trained, given an orderly schedule, and so forth (Scarr, 1998, p. 96).

Studies have compared the quality of the different types of child care settings (Caughy et al., 1994; Ijzendoorn et al., 1998; Posner & Vandell, 1994). When maternal education, race, and family income are controlled, poor children who are attending an afterschool program show better academic achievement and social adjustment as compared to their counterparts in other forms of child care arrangements (Posner & Vandell, 1994). Day care participation during the first three years of life is positively related to subsequent development of mathematics and reading skills for children from poor families (Caughy et al., 1994).

The poor appraisal of family care settings may be due to the poor regulation of quality. Because family care is unsupervised and often unlicensed, children are more likely to be exposed to violence on TV, abuse, and neglect than children in other care settings. Such influences are not conducive to optimal child development (Scarr, 1998). Moreover, in relative care, the caregiver does not always follow the parent's child rearing preferences such as feeding routines (Scarr, 1998).

The agreement between parenting attitudes and caregiving attitudes also affects the quality of child care and child development. Ijzendoorn et al. (1998) compared the correlation between parents' and caregiver's caregiving styles. Their results show that, when caregivers are more authoritative than mothers, children feel significantly less at

ease in the care setting. When caregivers are less supportive than mothers, children also tend to feel less an ease in the care setting.

Income level and affordability of quality child care are significantly related (Howes & Olenick, 1986; Phillips et al., 1994). Phillips et al. (1994) examined the quality of care provided to children from low-income families in the United States. The results show that community-sponsored child care centers have fewer children per teacher for preschoolers but employ less well-educated and well-compensated staff than those of the Head Start program. The Head Start program has the recommended ratio of children per teacher but has a higher turnover rate than other settings. In the overall appraisal, the centers that chiefly serve children from upper income families and welfare families provide a higher quality of care than those that mainly serve children from middle and lower income families. The results are not surprising when considering the fact that higher income families can afford the high quality child care, whereas welfare families are supported by government child care programs. Children from families with single employed mothers and low incomes are more likely to be found in low quality care than those families in high income or welfare mothers (Howes & Olenick, 1986). A low-maternal wage level, a low level of education, and a small number of working hours are significantly related to less use of organized group care such as school-based care and day care (Mason & Duberstein, 1992).

Perceived child care quality by parents differs according to child care settings. Among those who used child care, the most satisfied AFDC parents have significantly lower probabilities of ending their child care arrangement per half-month period than

dissatisfied AFDC parents. Even though their child care costs are fully funded by welfare agencies, most AFDC parents used relative care because they are more satisfied with this type of care than with any other type (Tracy, Wittaker, Pugh, Kapp, & Overstreet, 1994).

Influence of Child Care on Parental Well-Being

The influence of child care on parental life has been studied in terms of marital satisfaction, quality of parent-child relationships, and work attitudes. Supportive and stable child care increases parental well-being. Belsky and Steinberg (1979) report that supportive day care produces improved quality of parent-child time and marital relationships. Also, marital satisfaction is significantly related to satisfaction with child care (Belsky, 1980).

In contrast, unstable child care or poor quality child care causes stress on parents who are working outside the home. When child care arrangements break down, employed parents are likely to be absent, late, report being unable to concentrate on the job, have high levels of stress, and have stress-related health problems (Galinsky, 1992). Moreover, the ideology of mothering ('a child should be cared for by his or her mother') and maladjustment behavior due to the absence of the mother may produce constraints on the working hours of the mother (Glass, 1998; Johansen et al., 1996). Among AFDC mothers of preschoolers, the stress caused by the problematic behaviors of the child such as retarded development or negative behavior is higher than that of any other stressors (Orthner & Neenan, 1996).

The responsibility of child care in families with a disabled child also strongly influences parental stress and employment. The presence of a child with disability such as autism means that the child demands a high level of care that may require special care services (Floyd & Gallagher, 1997). In a study of Latina mothers with and without children with retardation, the mothers with disabled children showed significantly higher levels of depression related to the child care burden than mothers without disabled children (Blacher, Lopez, Shapiro, & Fusco, 1997). According to Norton and Drew (1994), the presence of an autistic child in a family is a family stressor because of the difficulties in care and financial hardships. For children, having a disabled sibling is related to sensitization to everyday family stress. They experienced more emotional stress and more expected involvement than those without a disabled sibling (Nixon & Cummings, 1999).

The existence of a disabled child is related to economic hardship, especially among welfare families. Welfare recipient families in California with childhood disabilities and chronic illness experienced higher out-of-pocket costs and difficulties related to the care burden than other similar families (Meyers et al., 1998). Moreover, the great responsibility of child care and economic hardships related to medical costs in welfare families with a disabled child influence parental decision-making about employment. Because of the lack of alternative qualified caretakers and expensive child care costs, mothers of children with special needs are less likely to work outside the home and more likely to stay on welfare than mothers without a disabled child (Acs & Loprest, 1999; Meyers et al., 1998).

Support from a partner and job control are very important to the working mother's stress level. In a study of Canadian mothers (Roxburgh, 1997), mothers working for pay were significantly less distressed than mothers not working for pay when the partner's support for child care and household chores and job control were high. In contrast, when the partner's support for child care and household chores was low and when job control was low, role demands were high. Under these conditions, mothers working for pay were more distressed than mothers not working for pay (Roxburgh, 1997). The child's age and number of children may affect the parenting stress level. The greater the number of children and the younger the age of the child, the higher the stress level among working mothers (Glass, 1998; Roxburgh, 1997).

Child care by the father is not always beneficial. Among dual-earner families, when the parents work different shifts, the stress of child care arrangements is low but marital satisfaction and parenting distress of the father increases (Glass, 1998).

Social support for child care may contribute to parental well-being. Grandmothers, in particular, play large roles in relative care, supporting young mothers by co-parenting or by performing household chores (Spieker & Bensley, 1994). These activities have positive impacts on family functioning. According to Watson (1997), grandmothers are significantly more involved in teaching grandchildren than grandfathers. According to a study of social networks of unemployed parents (Tracy et al., 1994), extended family members (29.9%), household members (21.8%) and friends (21%) are reported as major social network components. Among unemployed parents, 85.4% report that emotional support is always or sometimes available from network

members, whereas 75.4% report that instrumental support is always or sometimes available. These results are not surprising when considering the fact that most child care in America is provided by relatives, other household members, and friends.

Government supports for child care also benefit parental well-being. Child care subsidies may increase the average employment income of welfare families by 32% when free child care is provided and by 20% when a sliding-scale fee subsidy is used (Kimmel, 1995). For families with a disabled child, government support for special care costs also is helpful in lessening the economic burden. In a study of AFDC families with a disabled child in California, families without SSI benefits (60%) had a greater probability of hardship than the families with SSI (38%) (Meyer et al., 1998).

Although child care costs in welfare programs are likely to be high, they also are likely to be effective in encouraging the 'welfare-to-work' transition. Moreover, compared to Sweden and France, the child care budget in the U.S. is relatively low (Bergmann, 1996). Bergmann (1996) proposes a "Help for Working Parents (HWP)" program modeled after the Swedish and French welfare policy practices that includes generous cash allowance, heavily subsidized child care, and universal health insurance. In scenarios depicting leaving welfare by a family that has two children, she suggests that free child care or subsidizing child care are essential for the family to avoid poverty:

[HWP] would subsidize all child care costs for the bottom 20 percent of families with children, subsidize it partially for the next two quintiles, and provide health insurance for all families with children now without it. The cost would not be trivial. We would have to spend perhaps \$100 billion a year over and above what

we are now spending. Some reconfiguration of existing programs would also have to take place. For example, kindergarten and Head Start would have to become full-day, multiyear activities. (p. 36)

Qualitative Research on Child Care in Welfare Families

The qualitative approach to studying child care allows an in-depth understanding of child care experiences. Research with a qualitative approach on child care in welfare families, however, is rare compared to studies based on quantitative data; only a small number of studies, such as work by Edin and Lein (1997) and Holloway et al. (1997), have highlighted the unique aspects of child care experiences in welfare families through qualitative studies.

Edin and Lein (1997) and Holloway et al. (1997) illustrate very similar pictures of child care experiences of welfare families, including the use of a variety of strategies for child care arrangements. Child care is one of the influential conditions for a mother's employment; it influences the parental decision to stay on welfare or to seek work outside the home (Edin & Lein, 1997). In many poor families, especially those headed by a female, child care costs increase their economic burdens. In addition to affordability problems, difficulties in arranging child care and the lack of supervision for the child are related to the noneconomic cost of work, producing a parental attitude of reluctance toward employment (Edin & Lein, 1997).

Some similarities appeared in the history of child care arrangements in welfare families, suggesting cultural models about child care; how they select child care

arrangements, the preference about the care provider, and expectations about child care (Holloway et al., 1997). By using a variety of child care arrangements, single mothers can work full time. They prefer relative care and expect their relatives to take care of their infants; they consider formal centers as cold and impersonal. There are some special conditions that promote parental employment in welfare families, including child support, low-cost child care, child care subsidies, having a dependable care provider, and a flexible parental working schedule (Edin & Lein, 1997). Work by Edin and Lein (1997) and Holloway et al. (1997) are based on data gathered before the implementation of PRWORA; the impact of the changes in welfare policy has not been probed through qualitative methods. This study will partially fill this gap.

Post-PRWORA Research on Child Care in Low-income Families

The literature reviewed thus far covers research completed prior to the implementation of PRWORA. This section focuses on the post-PRWORA literature. Much of the post-reform literature focuses on issues related to the administration of child care programs (Administration for Children and Families (ACF), 1999; Long, Kurka, Waters, & Kirby, 1999), legislation (Greenberg, 1998) and program participation such as subsidy utilization (Bos, Huston, Granger, Duncan, Brock, & McLoyd, 1999; Pawasarat & Quinn, 1999; Schumacher & Greenberg, 1999).

Welfare reform began nationwide in 1996 and, as a result, the evaluation of the impact of welfare reform on child care is just beginning. Most research has been largely limited to state and local studies (Bos et al., 1999; Gray, 1999; Pawasarat & Quinn,

1999), and is often only a small part of larger studies on self-sufficiency (Holcomb, Pavetti, Ratcliff, & Riedinger, 1998; Litt, Gaddis, Fletcher, & Winter, in press; Rangarajan, 1998).

According to the Administration for Children and Families (1999), there will be a greater child care demand in the future because of welfare reform, and reliable and affordable child care are important issues for parental employment. Based on results from in-depth conversations with staff from 11 early childhood programs, initiatives, policy-makers, foundations, and others, Knitzer and Cauthen (1999) suggest the development of formal arrangements at the state and local levels for early childhood programs to carry out tasks related to the self-sufficiency plans of families.

One child care capacity study in Montana showed increased demands for child care after welfare reform (Gray, 1999). In October 1999, the U.S. Department of Health and Human Services (U.S. HHS) released the first national figures regarding child care utilization (U.S. Department of Health and Human Service, 1999). This report shows that, in 1998, only 10% of the families eligible for federal child care assistance received child care help (U.S. HHS, 1999). Schumacher and Greenberg's (1999) study shows that most families who were formerly using welfare are working without a child care subsidy and a lack of information on child care subsidy is the major reason. In their review of state-level surveys on child care utilization, they also found that most former welfare families who are not using the subsidy are likely to rely on friends or relatives for child care. In contrast, families who use the child care subsidy use center care more often than their counterparts. In another review of some local studies on child care, affordability

related to child care subsidy was found to influence parental employment and financial well-being (ACF, 1999). According to the review, in California, 29% of the parents who are eligible for a child care subsidy, but do not use it, do not work outside the home for pay because they cannot find affordable child care. Thirty-two percent of the parents in the same study reduced their work hours for child care. Another study found that 57% of the parents who are on a waiting list for a child care subsidy in Seattle reported they use their savings to pay for child care and 13% reported they gave up their health insurance for care cost (ACF, 1999).

The influence of child care support on the family as well as the community are factors addressed in the literature. According to Pawasarat and Quinn (1999), the growth of child care subsidies after welfare reform increased the availability of child care in the community. In Milwaukee County, the overall number of child care providers has increased over the last few years. Licensed family day care providers have increased from 196 in 1996 to 337 by 1999 and the number of licensed group providers has increased from 229 to 303 during the same period. This increasing capacity of child care influences parental choice. Mothers who participate in a public support program that includes child care subsidy in Milwaukee report increased utilization of center care and after-school programs (Bos et al., 1999). The teachers of the children in program-participating families report that participation in structured care programs positively affects children's social competence, school performance, and classroom behavior (Bos et al, 1999)

Child care practices after PRWORA in Iowa are partially addressed in a study on mothers' self-sufficiency (Litt, Gaddis, Fletcher, & Winter, in press). The data from

family interviews indicate that obtaining quality child care is one of the most difficult obstacles in the pathway toward self-sufficiency. Informal supports from family and friends moderate the financial difficulties and provide safety-nets.

With the exception of Litt et al. (in press) and Knitzer and Cauthen (1999), the studies used to develop state and local profiles of utilization of child care, child care subsidies, and influence on child development have been based on quantitative data. The perspective of the parents as they seek to move off welfare has not been a prominent area of research. The purpose of this study is to develop an understanding of issues related to child care through the eyes of the parents as they make the transition from welfare to work.

Chapter Summary

Children have an important meaning in a family and most parents put their children first in their lives. Most Americans believe that the primary caregivers of a child should be the child's parents. The ideology in American society that has guided child care research has focused on secondary care that replaces parental care; primary care given by parents, particularly mothers, has been neglected in the studies of child care. Most research on child care has emphasized factors related to child care arrangements and child care quality using quantitative approaches; only a few studies have employed a qualitative approach to look at family actions about child care.

The results from previous studies have shown that parental beliefs, number of available adults in the family, cost of child care, parental income, child's age, geographic

proximity, and time flexibility are related to child care arrangements. Parents prefer a person they know well and trust as a caregiver. Thus, large numbers of children in America are cared for at home by relatives or parents' friends.

The quality of child care is an issue for poor children. The income level of the family and affordability of quality child care are significantly related. Therefore, government support for child care programs for poor families is essential. High quality child care can counterbalance developmental damage to children from disadvantaged family environments.

Child care has a significant relationship with parental well-being. Unstable child care arrangements or poor quality child care hamper parental participation in the labor market, whereas social support from the spouse, grandmother, and government can lessen the burden of child care.

Results from post-PRWORA literature imply there needs to be increased focus on child care issues. From a parental view, child care practices, preferences, and affordability should be probed.

Research Questions

The results from the previous studies on child care point to the need for studying child care practices through the eyes of parents. By studying child care with a qualitative approach, the child care practices of the low-income families after the implementation of PRWORA may be understood within the family context and social context. Research questions guiding this inquiry include: What are the child care experiences in welfare

families? What situations of context are related to child care arrangements in welfare families? How does child care influence parental well-being? How is child care related to parental stress? How does child care influence parental labor force participation? What kinds of social supports are available for child care among welfare families?

CHAPTER 3. METHODS

The purpose of this study is to examine child care practices of low-income families who received cash welfare benefits from the Family Investment Program (FIP) in Iowa. Daily routines and decision-making processes related to child care practices are probed through analysis of semi-structured interviews and major themes in child care practices in these low-income families emerge from the data. This chapter describes the research methods and procedures for conducting this study.

Qualitative Methods

A qualitative approach was employed in this study to gain a depth of understanding and interpretation of child care in welfare families. The subjectivity in understanding and interpretation is a unique nature of the qualitative approach (Krathwol, 1998) that allows the researcher to explain the topic within the family context and the related surroundings (Merriam, 1988). The complexity and hidden characteristics of daily family life may be explained through the qualitative approach (Krathwol, 1998; Merriam, 1988).

To accomplish the purpose of this study, existing data gathered through semi-structured interviews were used. The technique that was used for data collection, the interview, is one of the major tools of qualitative inquiry. The open-ended nature of the semi-structured interview provides a wealth of information to access the research questions and gives clues for the repeated patterns and ideographic explanations (Merriam, 1988). The “processes and mechanisms in specific situations” (i.e., what are

the child care experiences of a welfare family?) and “what is significant about a person or situation” can be probed well by employing the interview technique (Krathwol, 1998, p. 286). Thus, the research questions of this study may be properly explored by employing this technique.

Moreover, this research has some advantages of secondary analyses. First, the data for this study are based on interviews designed and collected by professionals; thus the process of data collection and the quality of the data collected are high. Second, the data were analyzed by a researcher who did not conduct the interviews and was from a different cultural background than the interviewers and the informants. The differences may be beneficial to this study because hidden aspects that might be overlooked or taken for granted by one from the same culture may be more easily found by someone with a different cultural perspective (Glesne, 1999).

Data

The Original Data: 35 Family Interviews

Data for this research were drawn from the “Family Well-Being and Welfare Reform in Iowa” project that was conducted by Iowa State University Extension and the Iowa State University Center for Family Policy. The overall purpose of the project was monitoring welfare reform in Iowa by focusing on current state policies and programs and the influences of the policies and programs on communities and families (Fletcher et al., 1998). For the project, seven communities in Iowa were chosen based on “population

size, presence or absence of a sizable Hispanic population, adjacency or non-adjacency to metro area, and geographic dispersion across the state” (Fletcher et al., 1998). The communities selected were Cedar Rapids, Fort Madison, Hampton, Marshalltown, Manchester, Mount Ayr, and Storm Lake.

From each community, fifteen families were randomly selected as potential respondents from the Family Investment Program (FIP) list provided by the Iowa Department of Human Services. The fifteen potential respondents received a letter (in English or Spanish) describing the project and informing them that two members of the Iowa State University Extension (ISUE) staff might visit their home to conduct an interview (Fletcher et al., 1998). During the late summer and early fall, 1997, ISUE field staff members conducted 60 to 90 minute interviews with five of the fifteen individuals on the list. Individuals were contacted in order; the interviewing team stopped when five families had been interviewed.

The initial interviews were audio-recorded and summarized through cross checks between the two interviewers but not transcribed. The questions in the interview were adapted from the protocols of Edin and Lein (1997) and Weisner et al., (1995) whose studies of low-income families examined similar topics. Attempts were made to interview the 35 families every six months over the next two years; subsequent interviews were transcribed. Data from the first three interviews are used in this study. By the third wave, only 25 families were interviewed because of case attrition. It should be noted that this study is based on data not collected specifically to examine child care issues. Thus, there

were limitations related to analyses; some families had partial information on child care that was not sufficient to answer some of the research questions in this study.

Case Selection

Families who had at least one child under the age of 11 and who had information on child care were included in this analysis because the purpose of this study was to explore child care in welfare families. Twenty-seven families met the first criterion; among them, five lacked information regarding child care. Thus, only 22 families were used for analysis. Among the 22 families, only 18 families remained by the third wave of the interviews: two families participated in the first interview, and two families had only the first and the second interview data. For current child care arrangements, 18 families from the third wave of data and four families from the first wave of data were included in the analysis. To analyze both child care history and the influence of child care on parental well-being, all waves of data available up to and including the third wave were examined.

Characteristics of the 22 Families

The characteristics of the 22 families used in this study are presented in the table in the Appendix. Respondents were not asked their race and ethnicity. Data on race and ethnicity were drawn from the interviewers' description in the first interview. Among the 22 families, one was Latino, two were African-American, and one couple was interracial. The remainder were assumed to be Euro-American. Seven families were headed by a married couple, whereas 15 families were headed by a single mother. Eight of the 15

single mothers were cohabiting with partners; some of them were the child's biological father. The mothers' ages ranged from 22 to 41 years of age. Five families reported that they received Supplemental Security Income (SSI): three eligible families had a child with special needs, one family received SSI for a mother's disability, and one family reported that the mother's partner received SSI for his disability. At the time of the first interview, 13 mothers were not working outside the home for pay, whereas, at the time of the third interview, eight mothers were not working outside the home for pay.

Among the 22 families, eight families included a child under two years of age. The average number of children in a family was 1.9. At the time of the third interview, ten families reported they used early childhood programs; three families used kindergarten programs, four families used a preschool program, and four families used a Head Start program (one family used two different programs).

Data Analysis

The data analysis procedure for this research was adopted from the qualitative data analysis by Glesne (1998) and Krathwol (1998). The analysis started with reading and rereading and hearing and rehearing the taped interviews to capture the picture of "what's going on in these families." The audio tapes and written descriptions of each case were studied without data reduction.

After the researcher became familiar with the whole data set, tentative categories were developed. The transcripts and descriptions by the original interviewers were coded with a short summary or log for each case to focus on repeating themes. The coding

scheme was double checked by the primary researcher and another researcher from Iowa State University. The review of relevant studies was examined to assess validity of the categories and coding. The coding scheme used in this study is shown in Figure 1.

The results of the coding were studied and three analysis categories were identified — current child care arrangements, child care histories and the influence of child care on parental well-being. For the snapshot of child care arrangements within these low-income families, current child care arrangements were studied. Child care history was studied for the picture of changes in child care arrangements within a family and for more information on child care in the family context. The last analysis category, the influence of child care on parental well-being, was selected based on the multidirectional nature of family action. From the analysis, several themes emerged: affordability, availability of affordable child care, difficulties in child care for children with special needs, and the influence of child care on parental employment and stress.

For reporting the analysis, verbal quotes from the data were chosen to represent each of the themes and are used to make descriptive statements. Among the diverse child care practices in these low-income families, several child care arrangements as a daily routine of the families emerged. The current child care experiences of nine families represent regular care arrangements. For in-depth understanding of changes in child care across time, three child care histories are presented. Then tentative generalizations were drawn and the data studied to find evidence opposing the generalizations. Finally, the generalizations were noted. When evidence is presented from a particular family in chapter 4, a family identification code is noted. The code refers to the chart in the

1. Choice of Child Care
 - 1.1 Settings –
 - 1.1.1 Maternal Care (MC)
 - 1.1.2 Father Care (FC)
 - 1.1.3 Relative Care (RC)
 - 1.1.4 Family Day Care (FDC)
 - 1.1.5 Day Care Center (DC)
 - 1.1.6 School Based Care (SC)
 - 1.1.7 Self Care (SEC)
 - 1.2 Arrangements – Combinations i.e., MC only, MC+FC, MC+RC ...
 - 1.3 The Reason of the Choice –
 - 1.3.1 Cost
 - 1.3.2 Child Characteristics
 - 1.3.2.1. Age
 - 1.3.2.2. Health
 - 1.3.2.3. Child's Reaction
 - 1.3.3. Availability
 - 1.3.4. Proximity
 - 1.3.4 Parental Appraisal
 - 1.3.4.1 Satisfaction
 - 1.3.4.2 Reliability
 - 1.3.4.3 Stability
2. Child Care Experience
 - 2.1 When it started?
 - 2.2 Source of Information
 - 2.3 Parental Preference on Child Care Setting
 - 2.4 Problems/Difficulties
 - 2.5 Parental Appraisal of Care Arrangement
 - 2.6 Why changed?
3. Child Care Activities (Quality)
 - 3.1 Maternal Care (MC)
 - 3.2 Father Care (FC)
 - 3.3 Relative Care (RC)
 - 3.4 Family Day Care (FDC)
 - 3.5 Day Care Center (DC)
 - 3.6 School Based Care (SC)
 - 3.7 Self Care (SEC)
4. Parental Advocate Activity about Child Care
 - 4.1 Parents with Disabled Child
 - 4.2 Parents with School Aged Child
5. Social Support Networks
 - 5.1 Free Care
 - 5.2 Low Care
 - 5.3 Care Exchange
6. Financial Support
 - 6.1 For Child Care
 - 6.2 For Over All
7. Public Service
 - 7.1 Child Care Service
 - 7.1.1 Current Utilization
 - 7.1.2 History
 - 7.2 Child Care Funding
 - 7.2.1 Current Utilization
 - 7.2.2 History
8. Child Care Influence
 - 8.1 Family Economic
 - 8.2 Stress
 - 8.2.1 Parental Stress
 - 8.2.2 Others in a Family
 - 8.3 Parental Employment
9. Child Care Need
 - 9.1 Ideal Child Care

Figure 1. Coding Scheme

appendix. For anonymity, the names are replaced with the pseudonyms when the cases are presented.

CHAPTER 4. RESULTS AND DISCUSSION

“I am not comfortable with other people looking after my kids... because [I] would feel guilty if anything happened.”

This chapter consists of three sections: a description of current care arrangements, three child care histories, and the influence of child care on parental well-being. Current child care arrangements are the analysis of the most recent child care arrangements of eighteen families from the third wave of the data and of four families from the first wave of the data. Based on an analysis of the data from the first, the second and the third waves, child care histories and the influence of child care on parental well-being are identified.

The Current Child Care Arrangements

In this section, current child care arrangements of welfare families are explored. Several different arrangements were found, including maternal care, relative care, school-based care and family day care. In general, the primary caregiver is the mother of the child and many previous studies of child care have emphasized secondary care as an alternative when the primary caregiver is not available. However, in reality, some families have often used different types of child care in a single day. The child who is primarily cared for by his or her mother also can be cared for by other relatives such as the father or grandmother, or he or she can go to school-based care if one is available in the community. The analysis of child care arrangements of the families interviewed showed several arrangements: maternal care only, maternal care plus relative care,

maternal care plus school-based care and maternal care and school based care plus family day care. Relative care is a broad term that includes father care, sibling care and grandmother care. Thus, to distinguish father care from the care by other family members, this study also used the term “father care” as a type of care setting. Among the 22 families in this study, five families reported maternal care only, four families reported maternal care plus relative care (of the four families, three families reported father care), 11 families reported maternal care plus school-based care, and two families reported maternal care and school-based care plus family day care. Of the 22 cases examined, current child care experiences of nine families are described in depth and discussed to enhance an understanding of the issue.

Maternal Care Only

Maternal care only is defined as the situation in which the majority of the child care is done by the mother with other care settings occurring very rarely. All of the families who used mother care only were headed by single mothers.

Jill (Case 9) is a single mother of a 2-year-old son and a 5-month-old daughter. Her son, David was born prematurely and very weak. He has asthma and already has been hospitalized twice. Jill was not working outside the home for pay when she was interviewed; thus, her two children were cared by her at home.

Sue (Case 17) is 22 years old and lives with her partner, Oscar. Sue has two children, an 18-month-old daughter, Nancy, and a 7-month-old son, Eric. Oscar is the biological father of Eric. Sue is not working outside the home for pay because of her

health problems. In her check up after her son's birth, some abnormal cells were found but she has not had further examinations because she said she lost her eligibility for Medicaid (Title 19). At the time of the third interview, the primary caregiver for her two children was Sue.

Jennifer (Case 22) is a single mother of two children and lives with her partner, Jack. Because she had not been happy with day care before, she works as a day care provider to take care of her children. Her 8-year-old daughter goes to school and most of the after-school hours are covered by Jennifer. The 4-year-old daughter also is primarily cared for by Jennifer. Jennifer works full time as a day care provider.

Availability and affordability are related to the choice of maternal care only. If the mother is at home and can take care of her own child, she is more likely to choose mother care than any other care setting. The five mothers of the families who reported maternal care only were not working outside the home; among them two were working at home providing day care. Nearly all child care settings except parental care involve payment. Thus, it is not surprising that maternal care was preferred among those low-income families because it costs no money. When the mother has no job outside her home, maternal care is an obvious choice.

The age of the child may be related to the choice of child care arrangements. All of the families who used maternal care only had children younger than 4 and three families had children younger than 24 months. The mothers of young children may feel uncomfortable relying on others for child care. Sue said that her children have never been in a day care center. She mentioned that she was not comfortable with other people

looking after her children. Another mother, Jennifer, provided child care at her home; thus, she could take care of her children while she was working for pay.

The health problems of family members can be an important contextual factor in decision-making about child care arrangements. Maternal and child health problems were related to use of maternal care only arrangement. Among the five mothers, three had serious health problems. Jill had a child with a health problem, asthma. The history of the child's disease may be a barrier to the choice of other child care settings such as relative care or family day care. In this case, special care was needed for this child. But the special child care may cost more than care for an average child (Meyers et al., 1998). It could be difficult for the mother to obtain a job with sufficient income to be able to afford such special care.

Maternal Care and Relative Care

This arrangement is defined as the combination of mother care and relative care done by at least one adult relative on a regular basis. In previous studies, the most frequent relative child caregiver is the father, including a step father or a father-figure such as the mother's cohabiting partner. After the father, the next most frequent relative caregiver is the grandmother. Thus, the availability of an adult relative either in the household or outside is necessary to be able to select relative care.

Maternal care plus father care. In this research, one father did child care as a daily routine while the mother went to school. Glen is 24 years old and receives Supplemental Security Income (SSI) for a disability. He used to live with his partner, Naomi (Case 7),

and his 3-year-old son, Ted, providing all the child care for his son. Currently, Glen and Naomi are separated and Glen lives with his mother near Naomi's home. But Glen still cares for his son at Naomi's home while she is in school. Naomi says that Ted sometimes goes to a day care run by his step grandmother, which is free to him. Use of this day care is not on a regular basis. Ted is too young to go to preschool. The parents are expecting that Ted will go to preschool in the spring.

Maternal care plus relative care by grandmother. Marge (Case 13) is 24 years old and has two children, a 5-year-old daughter and an 18-month-old son. She lives in her mother's house and pays rent. Marge's daughter goes to school but the information about the school program is not clear. Currently, she is just starting a job training program and her mother has agreed to take care of her two children in the evening; she pays \$1 per hour (the data are unclear whether it is per child or for both children) for relative care. She hopes that she will be able to work at night after she completes the job training program, so child care could be covered by her mother.

The situation of these families supports the idea that, for maternal care and relative care, the availability of mother and at least one other relative such as father or grandmother, is necessary. To use the father as a caregiver in the previous studies, the parents adopted the strategy that mother and father worked different shifts (Glass, 1998). In this study, the parents who used father care either worked different shifts or father was not working outside the home. Thus, the child care was covered by both parents or the mother and her partner. Marge also wanted to work a different shift from her mother to use her mother as a caregiver. Therefore, availability of social support networks that can

provide reliable and affordable child care may be beneficial for mothers working outside the home. Marge had her mother and Naomi had Glen; thus, they were able to work outside the home. Even when Marge did not work outside the home, her friends and family sometimes helped her with child care, giving Marge some break from child care responsibilities.

In addition to availability, the age of the child and parental emphasis on child care also are related to selecting this child care arrangement. These two families have a child younger than three. Ted did not have day care on a regular basis even though the day care was free. Naomi and Marge might have been able to receive reimbursement for child care while they were attending school, but they chose relative care because the children are young and the relative providers are at home thus, maternal care plus relative care is available and a convenient option.

Maternal Care Plus School-Based Care

This arrangement refers to the combined child care arrangement of mother care and school-based care on a regular basis. The school-based care includes preschool programs, such as Head Start. Because Iowa funds a preschool program for low-income families, one criterion of this child care arrangement relates to the child's age. Because a preschool program is more likely to have structured educational programs than other child care settings, such as family day care or relative care, the parents in this study who emphasize their child's education may prefer a preschool program. They may suppose that it is beneficial to their child's proper development, and it is funded by the state. Even

though a preschool program is not the same as child care, the families interviewed used such programs as a means of child care.

Leshelle (Case 10) is a 24-year-old single mother who lives with her two-year-old son, Tim. She was in the process divorcing Tim's father at the time of the first interview. She is attending school and wants to be a registered nurse. Because she took human development courses at college, she has a great interest in her child's education. She says that she never wants to use family day care for her child because she does not feel comfortable leaving him with somebody in their home. Thus, she has sent her son to the day care center as a routine since he was six weeks old. Fortunately, the town in which she lived previously had a day care center that did infant care, so she had no problem finding child care. Moreover, the cost of child care while she was in class was reimbursed through the Job Training Partnership Act (JTPA), thus lessening the burden of child care costs. In addition to the available child care center, her mother lived nearby and helped her in emergency situations such as when Tim was sick. The grandmother has been a good back-up for the mother. She still comes to Leshelle's house to take care of her sick grandson even though Leshelle has moved to a different community.

Brenda (Case 5) is 31 years old and lives with her husband. She has two sons, 7-year-old Brian and 3-year-old Dennis. Brian goes to an alternative school and receives SSI because of a disability; he is an autistic child and has difficulties in mobility. Dennis is healthy and goes to Head Start. Because of the special care needs of Brian, Brenda is not working outside the home. Thus, the after school hours are primarily covered by maternal care. As one of the SSI benefits, Brian has 36 hours day care benefits per

month, and Brenda utilizes it. It lessens her burden of care responsibility and gives her a break. In addition to care services, she has a parent education service that supports her as a parent of a child with a disability. Brenda is satisfied with these services and the services are available in her community.

In these cases, the child's age is not related to the choice of child care arrangements; rather, the choice is related to availability and affordability issues. The availability of the day care center in the same community is related to the parental decision-making about care arrangements. Because there is a day care center for infants in her community and because she had the child care reimbursement with JTPA, Leshelle could send her son to a day care center that is close. Brenda also is able to use child care services and Head Start because her family lives in an urban area that offers these services and they are funded by the government.

In addition to the availability and affordability issues, the parental perception of child care also is related to child care choice. Tim goes to the child care center because his mother says that she prefers it to family day care. She considers the educational quality of the child care setting; thus she avoids using family day care or a baby sitter. Even though Brian has autism, Brenda is planning to send him to a camp that is provided by the child care service.

"We've got it set up for one time. [Using the camp] eats a lot of the [care service benefit hours], but I think it is something that he would really enjoy."

And the existence of an available social support network for child care such as a grandmother also makes the mother feel comfortable using the day care center. Leshelle did not have to worry about child care arrangements, even in an emergency.

“... he had pink eye one time and couldn't go to day care, so [his grandmother] came up and watched him.”

This mother did use relative care but it was not on a regular basis. Leshelle only asks for help from her mother when the baby is too sick to go to the center. Brenda also has a support group that helps her with some tips for parenting. This assistance from a social support network permits Leshelle to continue her schooling and helps Brenda to provide proper care for her child with special needs.

Maternal Care and School-Based Care Plus Family Day Care

This arrangement refers to the child who has day care arrangements at these three different settings as a daily routine. This situation may happen when the mother works outside the home and cannot cover the after-school hours for child care. This child care arrangement was found in a family that was experiencing the transition from welfare to employment.

Linda (Case 11) is a single mother who works as a sales woman. She works seven days a week full time. Her daughter, Stephanie, is four years old and goes to preschool three days a week from 9:00 to 11:30 a.m. The preschool is a church-sponsored program and she said that it is the only one in the community. The other four days and the three afternoons Stephanie goes to a baby sitter. She has had the same baby sitter for four

years. The baby sitter is a licensed family day care provider and Linda is satisfied with the provider. Linda prefers school-based day care rather than in-home care but that option is not available in the community. She has been thinking about educational issues in her daughter's child care recently and said that the combined services of preschool and daycare would meet her needs best.

Gale (Case 19) is an employed mother who has three children, including a step-child at home. Her cohabiting fiancée is also employed, but they both are working at minimum wage jobs and experiencing economic hardships. They have no telephone at home and get financial support from their parents from time to time. At the first interview, Gale had no job and the children were cared for by her. By the third interview, Gale had a job and needed child care for the after-school hours. Fortunately, she has a friend nearby whom she knows and trusts who is a family-daycare provider. She only pays \$3 per hour for the care for her three children and low cost is an important consideration for her decision-making about child care arrangement.

For these families, the availability of child care settings is related to the child care arrangements choice. The mother is not available because Linda has a full-time job but alternative settings are available. The community has a preschool and she found a trustworthy family day care setting not far away from home.

Affordability also is important for these low-income families. For Gale's family, the economic issue is more important than any other issue. Even though they are a dual-earning family, they have unstable jobs and low wages. When Gale's first child was young, she was sent to a licensed family day care setting but the child care cost consumed

most of the mother's income. Thus, she changed child care to a cheaper alternative by hiring her friend.

"I took them to a different babysitter before Chris started school. That was \$120 for one week. I couldn't afford that. That would be more than half of my paycheck."

Linda has a child care voucher from a community organization, the Regional Housing Authority. This subsidy may lessen the economic strain for this single mother and helps her to keep using family day care. If she did not have financial support for day care, she might have to abandon the family day care because the cost would be a large share of her income. Her parents live near her home and they help her with child care from time to time. They pick up Stephanie from preschool and take her to the baby sitter when Linda is out of town working, but they are not involved in regular routine care.

In addition to availability and affordability, it seems that parental emphasis on child rearing may play a significant role when the mother decides the child care setting in this family. Linda took a parenting course before she became pregnant and had a good idea about what her child needed for proper development. Thus, even though she was satisfied with her daughter's baby sitter, Linda hoped that Stephanie could be cared for in a more structured educational situation.

The number of children may be related to child care choice of the parents. Gale has three children and the large number of children means high child care cost; thus, she changed the child care arrangements into a more affordable setting.

The child's reaction to the child care setting and mother's appraisal of that setting also have an influence on the choice of child care arrangements. Because the child really loves the preschool and Linda has been satisfied with the preschool and with the family day care provider, Linda has kept her daughter in the preschool and with the same day care provider for four years. She stated that Stephanie is in heaven when she is in preschool and that the baby sitter is an experienced child care provider.

Issues in Current Care Arrangements

Every family had a different story. The 22 families were different in their child care arrangements and gave different reasons for their selections. Nevertheless, there were common themes in their child care. To give their children the best care, they chose the best child care arrangement *among the available alternatives*, but their available alternatives were limited primarily by economics. The mothers tried to take care of their children by themselves, if possible. If the mother was working outside the home, she tried to find the best substitute for mother care in her own situation. These efforts converged into the four different child care arrangements; maternal care only, maternal care plus relative care, maternal care plus center care, and maternal care and school-based care plus family day care.

The key constraints on child care choice are availability and affordability, the characteristics of the child, and the social support available to the mother. These constraints have complex relationships with each other and provide multiple effects on decision-making about child care arrangements.

The availability of the mother, the availability of relatives, such as the father or grandparents, and the availability of day care settings were important. If the mother of the family does not work for pay, the family is likely to use the strategies of mother care only or mother care plus center care. When the father is available, the family uses relative care as the alternative to mother care. The availability of parents is related to parental health and job status. The families that have disabled parents adopted maternal care only or maternal care plus relative care strategies. One mother who has health problems preferred to stay at home and to watch her child by herself. A father with a disability that prevented holding a job takes care of his child while the child's mother works outside the home.

The child's health and age seem to influence decision-making about child care, as well. Families that have children with health problems are more dependent on maternal care than on any other care type (Floyed & Gallagher, 1997). One mother with an asthmatic child did not want to leave her child with a day care provider. That decision influenced her job status.

In some families, the child's age is related to using Head Start programs or other preschool programs as a means of child care. Iowa has funded preschool programs for low-income families and the families benefited from the school programs. If the child was old enough for the preschool program, the child usually went to a preschool or Head Start program even when the mother was available. This result suggests that the choice of school-based care is related to the quality issue as well as the issue of affordability.

Funded child care may be important for low-income families. One mother who had a child care voucher used it for after-(pre)school hours' day care so she could keep her full-time job and raise her four-year-old son by herself. Therefore, it seems likely that support from the public sector through funding for preschool and reimbursement or vouchers for child care has a strong influence on decision-making about child care arrangements and is beneficial for parental job security.

In addition to support from the public sector, social support from the private sector also was an important contextual factor for the families in this study. Relatives and friends gave free or low cost child care to the parents, and those services lessened both the economic burden and the potential stress related to child care. Like the results of Edin and Lein (1997), Holloway et al.(1997), and Tracy et al.(1994), relatives, household members and friends were the major social network components.

Grandparents, especially grandmothers, were a great back-up for emergency child care and they were usually there when the kids and the mothers needed them. In addition to child care, grandparents also may support these families financially in various ways. From diapers to medical fees, these families got support for themselves and their children from their relatives. These hidden hands had strong impacts on the child care arrangements.

Child Care Histories: Three Different Stories

In this section, the history of child care arrangements is discussed. This history includes information about how child care arrangements have changed among these

families, including explanations of the reasons for the changes and the difficulties of a particular child care arrangement.

For the analysis, the first, second, and third waves of data were used. Some interviews did not have very much information about child care history, whereas some had a plethora of information. The ultimate goal of this study is to understand diverse child care experiences in these families; therefore, all cases were used for analysis to find out the general flow of the changes in child care over time. Among the 22 families, one family changed child care arrangements five times and one family changed them four times, whereas two families had no change in their child care arrangements. Nine families changed child care arrangements less than three times: three families changed once, four families changed two times and two families changed three times. Data for the remaining eight families were too limited to described change accurately.

The most important issues in changes in child care arrangements are the child's characteristics such as child's age or health, cost, the mother's job and funding availability. The stories of three families are provided in this section to illustrate the interplay of these contextual factors. The child care history of the first family provides structural and contextual explanations about the general flow of child care arrangements. The first story gives some lessons about reasons for child care arrangements and changes in these arrangements; the remaining two stories provide an in-depth understanding of the hardships in child care these low-income families face. Child care cost is a burden, especially for the families who do not have child care subsidies. The second story

describes also how a family managed to maintain its child care without a social support network or public funding and/or services.

Among the families in this study, five families reported they had a child with health problems. The third story is about the family who has a child with special needs. The child care of children with health problems may be different from those of children without health problems. The third story provides a detailed story about the child care for special needs children and the difficulties related to the providing of care.

The First Story: The General Flow of Child Care Arrangement Changes

Betty (Case 2) is a single mother who has a 7-year-old daughter, Kim. Her child care history shows she changed Kim's child care arrangements because of her employment status and available resources for child care.

Maternal care plus school-based care. Betty chose maternal care plus school-based care when child care was provided as a part of her education in high school. Betty was a teenage mother when Kim was born. When Kim was an infant, she went to a day care center located in the high school Betty attended. Even though Kim was very young, Betty used the day care center because it was available, free, and very convenient. At that time, she had no one who could offer child care in her family because her mother had her own young children who needed care.

Betty was satisfied with the arrangements. The day care center also provided parent education as well as child care. The parents of children attending the center had to

participate in the center's activities once a week. Betty enjoyed the parent education program immensely.

Maternal care only. After Betty graduated from the alternative high school program, the child care arrangement changed to maternal care. Because Betty did not work outside the home, she cared for Kim. It is not clear how long she was not working outside the home.

Maternal care plus relative care. Later, Betty participated in the job training program and worked part time. The child care arrangements of this family then became maternal care plus relative care. She chose that option because it was convenient as well as available and affordable. She worked 20 hours per week, making \$8 per hour. While Betty worked outside the home, her mother, who lived just downstairs, took care of Kim. The child care was a reciprocal exchange between Betty and her mother. Betty's mother also had her own young children, so Betty often cared for her younger brother and sister. Kim had stable child care and Betty was satisfied with it.

Maternal care and relative care plus school-based care. When Kim was three and a half years old, she began attending the Head Start Program. Kim's child care arrangement changed to a combined arrangement of maternal care and school-based care plus relative care as she continued to be cared for by her grandmother. Betty was informed about the Head Start program by the Job Training program. Kim went to a succession of preschools for three years and those experiences helped her prepare for elementary school.

Maternal care plus in-home care. When Kim entered elementary school, the child care arrangement was adjusted because of changes in family composition and mother care availability. At the time of the first interview, Betty was attending college and was juggling two jobs to keep her eligibility for FIP.

“I get home from school.... at 4:00 p.m. and I go to work at five... I work from five [until] nine or ten...She[Kim] gets home and she can't find [me], you know...I don't see her.”

While Betty was working outside her home at the time of the first interview, two friends provided after school care for Kim. A girl friend provided free child care and dinner for Kim while Betty worked. In addition, Betty's boy friend came to her house on Monday, Wednesday and Friday and provided child care. Thanks to these social support networks, Betty could have affordable child care arrangements even though she was not receiving a child care subsidy; she was on the waiting list for the subsidy because she did not have enough hours of work to be eligible for child care support.

The decreasing number of hours of mother care, however, produced guilt for Betty and dissatisfaction for Kim. Betty was really sorry not to have enough time with her daughter. Kim also showed stress, and behavior changes were reported by her teacher. That was a very difficult time for Betty because she did not have child care support and her mother was not available any more because she was pregnant.

Maternal care plus father care. At the time of the third interview, Betty was working full time as a Certified Nurse Assistant and was pregnant. Her boy friend, who provided child care for Kim before, was now living with her. Because he was working at

night, he was available during the day, and care by him was the best option for this family; it was free and dependable. This family still is experiencing economic hardship even with Betty's full-time job. Thus, this free and dependable child care option was very attractive and was the only affordable option for this family.

Interviewer : "if you didn't have [your boyfriend], where would you go to look for child care?"

"I wouldn't be having a baby."

In this family, from one situation to another, the child care arrangements changed according to the available resources. This mother combined available resources for child care from the child's birth onward. When the infant day care setting was available at no cost, Betty utilized it; when the Head Start program was available, she did not miss the opportunity.

In addition to the availability of formal supports provided by the government, another factor in her decision-making about child care arrangements was the availability of the informal support from family and friends. She was fortunate to have no-cost child care arrangements that enabled her to have a job. If she did not have these social support networks for free child care, she would have had a difficult time working outside the home for pay. However, even though the free child care was beneficial for Betty, it might be a burden for the family and friends who provided the free child care. Thus, if she had child care support, it might lessen the burden to her as well as for her family and friends. These decision-making processes of this family about child care demonstrate the importance of child care support for the family making the transition from welfare to

employment. The increasing number of the mother's employment hours produced both the increased numbers of child care hours and the increased cost for child care.

In addition to the importance of child care support programs, the child care history of this family may show the importance of maternal care. When there was a low number of maternal care hours, both the mother and the child expressed frustration and stress in their relationship. As outlined by Kim, the child's behavior at school may be influenced by the low amount of mother-child interaction.

While Betty was fortunate to be able to find available free or low cost child care, the next history of child care arrangements presents a less fortunate situation for a mother without available social support networks and an extreme example of low amount of maternal care.

The Second Story: Low Amount of Maternal Care

Robin (Case 6), 31, is employed full time outside the home. She has a 9-year-old son, Bobbie, and is living with her husband, Jeff. Jeff is not the biological father of Bobbie. Because Bobbie's father had drug problems and was violent, he and Robin divorced.

Maternal care plus in-home care. When Bobbie was born, Robin was in the Army. Because Bobbie was an infant, he was cared for by a baby sitter in his home until he was 6 months old. But information about the care provider, cost, and number of hours covered by the provider is not clear.

Maternal care plus father care. After Robin left the Army, she worked full time at a factory in Arkansas. She worked the second or third shift and Bobbie was cared for by his biological father while Robin worked outside the home for pay. But she quit her job because her husband wanted her to stay at home.

Maternal care plus relative care. After Bobbie's father came back from Desert Storm, Robin and Bobbie's father divorced. Robin worked two jobs and went to college while divorcing. When she worked outside the home, her mother-in-law provided child care. It is not clear whether the care was free. But after Robin met Jeff, the relationship between Robin and the mother-in-law became worse and she quit her job to take care of Bobbie.

"So I was cleaning houses, trying to go to school, and working at a pizza place at night. I had my ex-mother-in-law at the time so she would help me take care of [Bobbie]...[but] Everything was getting too chaotic. It wasn't good for [Bobbie]"

Maternal care plus school-based care and in-home care. Soon after Robin left her job, she went back to work outside the home for pay because she needed the money. She did not receive any cash benefits but received Food Stamps and housing assistance. At that time, she worked at a discount store. Bobbie went to Head Start but information about the use of this care setting is not clear. While Robin worked outside the home, Bobbie was cared for by her boy friend, Jeff. But this arrangement wasn't working, so she quit her job again.

"[Jeff] was doing his own thing. – I was having a hard time. We were going through a really difficult time. He wouldn't watch [Bobbie]. I lost the job because

I did not have anybody to watch [Bobbie] because I did not have any family around or anybody.”

But she went back to work again, and worked the second shift at a convenience store and Bobbie was cared for by Jeff. They decided to move to Iowa for a better job and for social support networks; her family lives in southeast Iowa.

Maternal care plus father care. After they moved to Iowa, they received FIP cash benefits for three months. At the time of the first interview, Robin and Jeff were married. Jeff worked the first shift, from 8 a.m. until 3 p.m., and Robin worked the third shift (11 p.m. to 7 a.m.), so the parents could take turns caring for Bobbie. By the time of the third interview, the situation had changed. Robin changed her work schedule from the third shift to the second shift (2:30 p.m. to 10:30 p.m.), thus the primary caregiver of Bobbie became the stepfather and not the mother.

Currently, Jeff works from 8.00 a.m. until 3 p.m. but, often, his working hours extend to 6:00 p.m. After coming home, he helps Bobbie with homework and gives him a bath and supper. Jeff shares household duties. On afternoons when Jeff is off at 3 p.m., he picks Bobbie at school and they are home by 3:30 p.m., Bobbie has a snack, does homework and watches cartoons. When Jeff has to work late, Bobbie walks home from school and is not supposed to leave the house until Jeff comes home. He sometimes goes to his friend's house but leaves a message telling where he is.

Robin changed her work shift from the third to the second because she could make more money on the second shift rather than the third shift. She does not think it was a good decision because it is hard on her son. When she worked the third shift, she could

see her son at night and in the morning. The care of Bobbie while she works outside the home is, in the current situation, totally in Jeff's hands. For Robin, it is a very stressful situation because she cannot check what her son is doing.

"I am not there to help him as much with the homework. I tell my husband, 'make sure he gets his homework done.' I can't call every single night. Sometimes he doesn't remind him and sometimes it doesn't get done. I have to get on him in the morning. Then it's just an on-going battle."

Actually, stress related to, in part, inadequate child care was the motivation for Robin quitting her job twice in the past as stated above. Even though her work schedule produces problems in this family's life, Robin will probably keep this schedule; they need the money. This family still experiences economic hardship because of the unstable employment of both parents. Jeff's employment changed from full to part time and Robin's current job history is short; thus it is difficult for her to switch her employment to first shift to match Bobbie's school hours. Moreover, a layoff was a concern of this mother. She said *"I've gotten used to the fact that I know pretty much when I'm going to get laid off. As time goes on I'm more and more prepared."*

This family still depends on financial support from parents. Robin's stepfather owns the trailer in which Robin, Jeff, and Bobbie live, thus they pay minimum rent. When she moved to the current community from another state, Robin's mother and stepfather paid two months' rent for her until she found her job. In addition to financial support, the social network is the supportive back-up for emergency child care. When Bobbie was sick but Robin could not be excused from her work, his grandmother was

there helping with child care. The existence of social support networks in the same community may be beneficial for maternal employment.

“...But Bobbie had [to go] to the emergency room. He was back and forth with a temperature of 104. I said ‘Mom, I can’t miss work. I’m on probation. Can you be there?’ That’s my mama. Getting along great.”

The child care history in this family showed that unsatisfactory child care was a motivation for the mother’s leaving employment, whereas the economic need of this family made this mother go back to work outside the home for pay. With changes in family structure (divorce and remarriage), the child care arrangements also changed. Robin has been in and out of the labor market; her child care arrangements have changed according to the availability of a dependable care provider. The availability of social networks in the same community that can provide dependable child care has important meaning in this family.

Recently, the economic need of this family pushed the mother to work third and second shifts and that decision led to a sacrifice of mother care hours. The low amount of mother care hours is a burden to the stepfather, who has to take care of Bobbie, and for Robin, because she does not know how her son is doing. Stress related to the unsatisfactory child care arrangements made Robin quit her job twice. The child care arrangements were quite different from those of the previous studies on low-income families. According to Glass (1988), families prefer to maximize maternal care hours.

The child care history of this family clarifies that their choices were influenced by their economic hardships and affordability. In some families, however, the responsibility

for child care is more important than their economic hardship. The next child care history shows the choice by a mother with a disabled child when child care and financial needs conflict.

The Third Story: A Family with a Disabled Child

June (Case 12) is a 36-year-old mother of two sons, 7-year-old Sam and 5-year-old Nick. The 38-year-old father of the children, John, is a truck driver. June's oldest son, Sam, has autism; thus her life is tied to care for Sam. Because of autism, Sam needs special care and receives Supplemental Security Income (SSI) benefits. He gets 591 hours per year of day care center benefits but the availability and the proximity of the day care service have been difficulties for this family. Moreover, the benefits for the day care are lost if the service is not used.

"I didn't use it [the care service] one month—the month of November when we had all the bad weather. I didn't use it one month, so they canceled it. And you have to use it once a month. When he's in school, it's hard to get up there between 4 and 6. So I've had a real problem with that."

The special care demands in this family are related to the high level of parental involvement and also are associated with health care. For the diagnosis for Title 19 eligibility, for example, the parents had to drive for 240 miles round trip. Later the parents found a special doctor 80 miles away, which is closer, but it still has been a problem for the mother to drive such a long way. Because of Sam's special health problems, June often has to drive a long way to provide proper health care for him.

Because Sam was diagnosed with autism when he was three, he had in-home workers before he started preschool, then he had the special care service 15 minutes a week at preschool. However, June said that she needed more information about caring for an autistic child and there was a lack of support groups around her such as a specialist or parent's group of autistic children.

"I should be able to have that same team that comes down to the school. That same team should be able to come in and help me—in my eyes."

In addition to the lack of a support group, the unsatisfactory school programs and program aides produced increased parental involvement. She felt she had to be on the school all the time to make sure things were going well. Because of autism, Sam is very sensitive to any change; thus it is very important to have a person with whom he can form an attachment. He has experienced many changes of his aides; an inexperienced aide sometimes causes stress for him and makes it more difficult to adjust to the school environment.

"He does not know how to tell us he is hurting...[He is] getting more frustrated with things that they [aides] are trying to keep going with him. More and more is being pushed on him, so his frustration is high. He looks forward to days when there [is no] school."

Sam's autism also influences the other family members; June has been so busy caring and advocating for her autistic son, she does not see how she could hold down a job. Her husband would like her to work for pay because of the family's needs for additional income. Pressure from him has been stressful for her.

In addition to the responsibility for child care, the neighborhood environment also has been a stressor. She said that her children always cry whenever they use the school bus. The neighborhood kids bothered her children with flying papers, threatened Sam and Nick with a knife, and the boys have been robbed. Her younger son was sexually abused by another child in day care, and the victim and the perpetrator still have to ride the same school bus.

The child care history of this family is an example of the parental responsibility for proper child care for a disabled child. The issues are availability and the difficulties of using the special care services. In addition to the stressful parental responsibility for child care, a lack of social support networks, affordability, and harmful peer and school environments for the disabled child also were stressors for the parents.

For this family, providing proper care for Sam was the main problem in their life, more important than the need for additional income, as in other low-income families. A lack of available professional care facilities in the same community is related to child care availability problems. Special child care settings tend to be located in urban cities; for parents who live in rural areas, their location is a problem.

This family's child care history may indicate a lack of funding for special care programs and a lack of investment in human resources, such as training programs for school aides or teachers. Sam has been cared for by someone with minimal training who may be an unqualified care provider. Thus the school itself can be a harmful environment for the child.

The existence of the disabled child in a family has significant impacts on the well-being of other family members. Sam's mother will have difficulties finding a job that will permit her to care for Sam, especially in a rural area. Like other mothers with a disabled child (Acs & Loprest, 1999; Meyers et al., 1998), the caring responsibility for Sam was a burden to June. This situation has influenced the child care arrangements for the other child in the family. Sam's younger brother, Nick, used to go to day care because his mother had to take care of his older brother. If June had had quality child care for Sam, Nick might have had more time with his mother.

For this family, child care responsibility is more important and urgent than the financial needs in the family. A lack of special care services in the same community makes it difficult for this family to provide child care for the autistic child. In addition, this family does not have any available social support networks for child care in the same community. The situation also influenced the child care arrangements; if there was an available relative or friend who could care for Nick, he might not have had to go to the harmful day care setting. Sam's experiences of using special care and his school environments are an indication that the services for families who have children with special needs are far behind the actual needs of the families.

Issues in Child Care Histories

Child care arrangements histories provided a picture similar to that of the current child care arrangements. Availability, affordability, eligibility for child care support, the

child's reaction, parental employment, and the economic situation of the family influenced decision-making about changes in child care arrangements over time.

The availability of a day care center in the same community and the availability of a relative who can give child care influenced parental choices about child care. To the mother with a disabled child, however, a lack of available special care services was sometimes an enormous problem. Special care facilities are more likely to be located in an urban area; thus proximity is an issue for the family who lives in a rural area.

Affordability was related to available options for child care and also was related to child care support. When a mother had child care support from any resource, she would try to use the benefit. But when a family did not have any formal support for child care, the family adopted the strategies of assembling available resources for dependable child care arrangements. Family members and friends were very important resources for child care because they usually provided free or relatively low cost care. The providing of care by a relative and a friend might produce a heavy burden on those people because they are not paid or are paid below market rates. The stories of Robin and Betty showed how families struggled with child care arrangements without funding for child care. Betty, as a full time student, was juggling two different jobs while her daughter was in the care of her two friends at night. The situation was very stressful both for the mother and the daughter. Robin was stressed because she could not look after her son and her husband also was stressed both with child care and household chores. Even though the parents were aware of problems in their child's care arrangement, they could not change the arrangements easily. The economic hardship and insecure employment were the

important contextual factors in this family. These results point to the fact that child care supports from the formal sector, either as cash assistance or as service benefits, are essential to families who are making the transition from welfare to stable employment.

Although affordability was an important issue for the parents who do not have a disabled child, for the parents of a disabled child, supporting proper child care was the main problem. June's story gave the picture of a vigilant mother with a disabled child.

Child care arrangements also influenced the mother's employment status and the child care arrangements for the other child in the family. Because the autistic child needed special care, his mother allocated a majority of her time to care for him, sacrificing her career and the maternal care of another child in the family. The unsatisfactory care quality in the school environment increased parental responsibility and increased the burden of care.

The Influence of Child Care on Parental Well-Being

In this section, the relationships between child care arrangements and parental well-being are examined. The influence of child care on parental employment and parental stress are analyzed. The results of the analysis partially explain why some welfare mothers go to work outside for pay but some do not.

The Influence on Parental Employment

The clear influence of child care on parental employment can be found in parental efforts to secure child care. The efforts of the parents, in turn, affect their decision about employment.

Parental employment status (security). The child's health, age, and any change in family structure, such as divorce or a new baby, may influence parental employment. For example, a mother's pregnancy was the major reason given for not working outside the home. Many mothers said that they quit their job before, because of pregnancy or birth. The existence of an infant was related to maternal care and the mother's lack of employment outside the home.

Marge (Case 13), whose story was told in the previous section, is a single mother who has a 5-year-old daughter and an 18-month-old son. She used to work for the telephone company but quit when she became pregnant. She said "*I ended up pregnant. It's a very high stress job and I almost lost the baby [her son].*" Marge also was enrolled in a nursing program for three years, but had to drop out because of her son's medical problems. Another single mother (Case 17) of two children younger than 18 months also expressed her hesitance about working outside the home because of child care for her 18-month-old daughter and 7-month-old son.

Interviewer: "What is the main thing preventing you from being employed at this time?"

"Kids..."

Interviewer: "If you were to go back to work or school, is there adequate day care around or day care that you would feel comfortable leaving your kids?"

"[Am I] comfortable leaving them? No. I don't feel comfortable leaving them anywhere like that. But if I have to go to school, I'll have to. But I won't feel comfortable doing it."

In addition to the existence of a young child in a family, having a child with health problems also was an important contextual factor in a mother's employment situation. Among the 12 mothers not employed in this study, four decided to stay at home to take care of a special needs child. Tom (Case 5) is 5 years old and autistic. His mother, Brenda, said that Tom's health and his corresponding need for special care prevent her from working outside the home. Two years ago, she had child care for Tom but she was not satisfied with its quality; she found that the day care provider kept Tom in a room down at the end of the hall by himself all day and the other children in the day care were calling him names. That experience made Brenda reluctant to consider outside employment.

To care for a child with health problems often involves complicated paper work and long trips for meetings with a special doctor. June (Case 12), the mother of an autistic child whose story was told in the previous section, sometimes has to stay overnight in a faraway town to keep an appointment with Sam's special doctor. Taking care of a disabled child may mean special sacrifices on the part of the parent. One of the sacrifices often is parental employment for the mother because it is not easy to find an employer

who understands the need for flexibility. June said that she did not think about a job because of the responsibility of the care of her autistic son.

“There’s no way I could have a full-time job. I don’t know how parents do [it] full time and deal with it. My girlfriend...her son’s autistic and she just gave up. They aren’t even getting any state help—nothing—because she can’t keep up with it and work, too. It’s okay to have that, but with Sam’s age, I need all this extra assistance. So I have to stay on it [Sam’s care] full time.”

For an employed mother who has a normal child, the health problems of a child, such as an illness, often produce difficulties in the mother’s job. When Marge’s (Case 13) 5-year-old daughter and 1-year-old son were sick, she took care of them even though her mother was providing child care. She said that her employer did not like it when she had to leave work to care for her children. She was not offered permanent employment because of the amount of time she missed.

“I got along with everybody that I knew...My kids got sick and I had to leave. [The supervisor] said that was the reason I didn’t get hired on—because the kids got sick.”

Interviewer: “You left the job when the kids got sick?”

“Yes.”

Even though mothers knew that an absence or leaving early because of child care threatened the security of their employment, they often chose child care instead of employment when their children were sick.

Influence on parental preference in working schedule. The parental intent for secure child care arrangements influences preference in their working schedule. Mothers who had young children preferred part-time jobs or a flexible work schedule. Dora (Case 1) has two sons younger than four. After she had the second child, she wanted to get a part-time job and preferred to work first or second shifts

Interviewer: "If you could describe the ideal job, what would it be? Time of day?"

"First shift--unless there were babysitting conflicts, then I would do second shift so we [she and her husband] could just switch off."

To secure child care arrangements, many employed parents adopt the strategy of working different shifts. One mother (Case 20) of an 8-month-old infant and a 5-year-old girl worked full time on a different shift from her husband to accommodate care for her children.

"I would work [at] nights [she worked 11 p.m. to 7 a.m.]. [My husband] would have the kids. I would come home in the morning. [My husband] would go to work [he worked the first shift], but he would come back and get [the 5-year-old daughter] ready and take her."

In addition to different work schedules, another strategy of parents to secure child care is working at home for pay. One example is providing day care to other families. Six mothers in this study said they had the experience of providing care for other children either for pay or a part of an exchange. Amber (Case 16) is the one of the mothers who did day care for pay at her home to take care of her child.

“I did day care from my home so I could stay with the kid. [I did that] until Kari [the youngest child] was four. Then I started school. So I was home with them.”

Providing day care at home for pay allows maternal care for the mother while she is working for pay. Another mother, Chris (Case 21), did day care at her home with the same motivation as Amber. At the time of the first interview, she took care of three children with her own child at her home.

Influence on Parental Stress

Child care also is related to parental stress. Insecure child care has a negative affect on parental stress. Because the responsibility of children belongs to their parents, mothers especially feel strong responsibility to their children. The lack of secure child care can interrupt a mother’s employment. A single mother has to play the role of both parents as well as a bread-winner. In this study, the majority of the families were headed by single mothers. Secure child care arrangements and child care support may be beneficial to their employment and serve to lessen their parenting burden.

The availability of a reliable child care provider. Secure child care arrangements were related to the availability of a reliable child care provider. Most of these families preferred maternal care and relative care to other care settings. Thus, the most common child care arrangement was maternal care and relative care. When the mother was unavailable, the majority of the families in this study used grandmother care, father care or care by the mother’s cohabiting partner. The existence of another adult in the household was helpful for the mother’s employment. Among the nine families in which

the mother was working outside the home either for pay or as a student at the time of the third interview, five families used father care or father-figure care.

The availability of a grandparent also was important to these families. When parental care was not available, the most reliable person in the eyes of the parent probably was the grandparent, especially the grandmother. Four families interviewed replied that they moved near their parental home to get support from their parents. In many cases, it was the grandparents who provided a safety net for low income parents, offering support for housing and transportation as well as child care.

Even though a parent did not have another reliable adult whom she could call upon, if there was a reliable day care setting and she could afford it, then the parent faced fewer difficulties in participating in the labor market. The three mothers who were employed at the time of the third interview had reliable and affordable day care. Linda (Case 11), a single mother of a four-year-old girl, has used the same family day care for four years because she was satisfied with the provider.

"I have a day care provider here in town. She's[her daughter] been going there since she was three weeks old."

Interviewer: "So you had a good relationship with your day care provider?"

"Wonderful. She does it right in her house. Fantastic. Wouldn't trade her for the world."

The lack of a reliable child care provider was a stressful situation for these parents, whereas the availability of a reliable child care provider lessened the burden of parenting. Lora (Case 14) is the mother of two young children. Recently, she moved

closer to her mother because she expected her mother to provide child care while she went to school and to her job. After she moved, however, her mother turned down her request saying that she wanted to be a grandmother, not a babysitter. Thus, Lora had to stay at home to care for her children.

Parental work schedule. Most of the parents in this study who were working outside the home worked the second or third shift and often worked on weekends. These nonstandard working hours were not likely to be matched with child care service hours, which sometimes became a major problem for the parents. Although working second or third shift is sometimes helpful for arranging child care when the family contains two parents, for a single parent family, a second or third shift schedule posed problems because of the unavailability of a nonrelative day care from 3 or 4 p.m. until 7 or 8 a.m. Also, the limited service hours of a day care provider can be a stressor for parents who have to work on weekends. Parents in this study who reported that sometimes they had to work on weekends said that it was very difficult for them to find child care. One mother (Case 10) of a seven-year-old girl had to work every Saturday, but she could not find a day care setting that offered weekend service; thus, she had to ask her mother to provide her child care.

When the mother worked second or third shift, her work schedule lessened the mother-child contact in families with school-aged children. The decreased hours of mother care could be a stressor for both mother and child. In addition to the low amount of mother care, balancing between work and child care also was stressful for the mother who had to work the third or second shift. Ann (Case 20) is a 24-year-old mother who

lives with her 22-year-old husband, Patrick. At the time of first interview, she worked full time. By the time of the third interview, she had quit her job. She described her life as 'hectic' balancing between work and family at the time of the first interview. To keep her children out of day care, she worked at night and only slept four hours. Her husband cared for the children while she worked outside the home. This stressful routine influenced her parenting behavior. She said that she was an impatient parent.

"...I've been a rotten parent. I'm not ashamed to say that. I've been stressed out. I've been irritable, I get to the point of asking 'why am I a parent--can't stand this'...but a lot of it is stress. That's exactly what it is. When I quit working and [became] a full-time parent, things [didn't] bother me. It's like... no big deal...even a kid screaming or whatever... it doesn't bother me any more. So many people comment on how calm I am now. It's like...good...I'm not stressed. Between being worried about work, taking care of the kids, feeding, bathing, housework, laundry, cooking meals, etc. Now it's like just taking that big chunk of work out of there has made an exception. It's so much better."

Sometimes, the lack of a facility for older children pushed their parents into an unendurable situation. Amber (Case 16) is a mother of 12-year-old and 8-year-old girls. At the time of the second interview, she was planning to get a job, and her oldest daughter's child care was the big problem because many day care providers said they would not take 12-year-olds. To solve the problem, she had to find work while the children were in school.

Unpredictable parental working hours also produce problems for child care arrangements. When the father or father-figure on whom usually the mother relied for child care worked an unpredictable work schedule, this problem was especially acute.

“Usually he watches [children], but this is the first time since we have been together that he’s worked--and he’s worked this whole week... So I have been trying to find a babysitter all morning. I have been calling people. [But]I can’t find anybody.” (Case 19)

Flexibility of parental working schedule and a family-unfriendly place of employment were related to parental stress. Betty (Case 2), whose story was told in the previous section, was distressed with the job requirements that made it difficult for her to meet family obligations..

“...They have a thing where...call-ins. You can only have so many. Which even if they are excused, you can only have so many.--- If I am over for the month I can’t...or I get disciplinary action toward me. \$0.25 is subtracted from my pay-- .25 per hour.”

Interviewer: “So how many do they give you?”

“10 a year.”

Interviewer: “Do you feel comfortable with that?”

“No not really. [My daughter] did something at school and cut open her chin, we were going to go and get stitches. That was one against me—even though it was excused (I had a doctor’s excuse). Being sick was one against me.”

Child's reaction. The transition from welfare to employment sometimes accompanied relationship changes of family members. In some families, the transition meant decreasing the time of mother-child contact and supervision of parents. The low level of parental care hours may be related to the child's behavioral problems and stress of parents. At the time of the first interview, Betty (Case 2) was attending school and had two different part-time jobs. Thus, she rarely could see her 7-year-old daughter, Kim. Kim was cared for by two of Betty's friends. Kim was very angry with the limited contact with her mother and showed behavioral problems; "*She is short tempered with me and it is not the same... we don't have the same bond... there is more stress.*" Later, Betty was working full time as a nursing assistant. She worked the first shift and reported there were few problems because her working hours coincided with Kim's school attendance.

Unlike Betty, who coped with her problems by having a first shift job, another mother (Case 6) could not change her work schedule even though she knew that it was detrimental to her son's development. In this family, the mother could not change her work shift to the first shift because her employment history was so short.

Affordability. Many parents experienced having large shares of their income spent on child care; thus, finding relatively cheap child care was an important task of the working parents in this study. The number of the children, of course, was related to the total cost of child care. For mothers with more than one child, inexpensive child care cost was essential.

“ \$5.65, so that’s more than half of what I’m making—just for a babysitter. To me it’s better off if I just stay home tonight. I wouldn’t have to—I’ll be lucky if I find someone who will take that. I’ll be having to pay \$4 or \$5 an hour for these [three] kids. From 2:00 p.m. – 11:00 p.m. that’s like 9 hours. I’m going to be paying a big hunk of money.” (Case 19)

A social support network that could provide inexpensive child care was very helpful to mothers working outside the home. This mother later found an inexpensive care provider. One of her friends provided her child care for only \$1 per hour per a child, a cost she could afford. Thus, she worked full time and could keep her job even though she had three young children.

Because inexpensive child care still took a large portion of parental income, many mothers in this study experienced free child care or child care as a reciprocal exchange. Jennifer (Case 22) did child care at her home; thus, she was unable to take her daughter to school in the morning. But she had a friend who was able to provide transportation and Jennifer often watched the friend’s child as a reciprocal exchange. At the time of the first interview, Marge (Case 13) took care of her niece at night because her sister-in-law could not afford day care. Especially among women not working outside the home, child care exchange was very common. That care gave some break to the mothers for shopping or time for themselves. At the time of the first interview, Gale (Case 19) did not work outside the home. She traded child care with one of her neighbors. Thus, they could each go grocery shopping without the children.

For mothers employed outside the home, this free child care or child care exchange can be very supportive to their employment. The mothers considered the relative care to be reliable and affordable. In addition to the free child care from relatives, child care funding was always beneficial to the low-income parents. Especially for the parents who lacked a social support network, this funding seemed critical.

Why Some Mothers Go to Work Outside for Pay While Some Do Not.

Like the results from many previous studies, the results of this study showed that stable, satisfactory, and affordable child care arrangements are supportive to parental well-being, whereas unstable and unsatisfactory child care arrangements inhibit parental unemployment and cause stress. For the families in this study, it seemed that the main causes of a mother's not working outside the home were her pregnancy or serious illness, a child's health problems, existence of a young child in the family, or stress related to child care arrangements. A frequent motivation for ending their previous jobs was pregnancy or a child's illness. In addition, mothers with an infant avoided placing their children in the care of others by not entering the labor market. For the families with a disabled child, the child care responsibility itself was the stressor. All the mothers in this study who had a disabled child sacrificed their time to meet their child's special needs for care and were not working outside the home for pay. The lack of special care facilities and unsatisfactory child care quality increase the importance of mother care, but further increase the child care burden on the mothers.

To cover child care, many parents in this study worked different shifts but this strategy was related to the availability of other adults in the family. The availability of a relative care provider, such as the father, father-figure, or grandmother, was an important resource for child care in these families. In addition to availability, affordability of child care was related to parental well-being. Because the parents in this study made relatively low wages, child care costs were a relatively large share in their income. Thus, the availability of inexpensive child care was essential for parents to work outside the home in these families. In this study, parents working outside the home preferred a relatively low-cost child care provider such as relatives or friends, whereas parents not working outside the home used free child care or child care as part of an exchange. Thus, for the working parents without a social support network for child care, child care subsidies, and child care services are necessary for their employment.

Parental working schedules were influenced by child care arrangements and vice versa; work hours also had an impact on the relationships within the family. In this study, many people working outside the home for pay worked the second or third shifts and the decreasing numbers of hours of mother care sometimes were related to the mother's guilt and the child's behavioral problems.

The influence of child care on parental well-being may provide a partial explanation for parental decisions about employment. The situations related to child care arrangements were influential for parental employment as well as parental well-being. The context of stable child care arrangements was always supportive for parental employment; the availability of a reliable child care provider, affordable child care

arrangements, flexible working schedules and child care funding were the factors promoting mothers' working outside the home for pay.

However, unstable and unsatisfactory child care arrangements were likely to make the parents reluctant to work outside the home for pay. Unstable child care arrangements, lack of a reliable child care provider, high child care cost, and the needs of disabled children were related to parental stress and had impacts on their decisions about employment.

CHAPTER 5. SUMMARY AND CONCLUSIONS

The purpose of this study was to examine child care practices of families who were, at one time, receiving cash welfare benefits from the Family Investment Program (FIP) in Iowa. To accomplish the purpose of this study, data gathered through semi-structured interviews from the “Family Well-Being and Welfare Reform in Iowa” project were used. Among the original interviews with 35 families, the 22 families who had at least one child under the age of 11 and who reported information about child care were included in this analysis. The current child care arrangements, the history of child care arrangements and the influence of child care arrangements on parental well-being were analyzed.

Major Findings

This study focused on regular child care arrangements in low-income families. A variety of pictures of child care arrangements were evident, as families combined their available resources for child care. One of the striking findings from this study is the struggle by parents to provide good care among the available alternatives. The social network such as family and friends played a big role as alternative care providers. It was possible for a mother of a 3-year-old to continue her education with her partner’s support for child care. When Betty (Case 2) worked 20 hours per work, her mother took care of her young daughter.

The analysis of child care histories showed how the child care arrangements changed across time. Every family has a different story in their child care experiences. In

the best interests of their children, parents made decisions about child care arrangements when child care needs conflicted with other family needs. When their economic needs and child care needs conflicted, mothers with young children were likely to choose their children. Ann (Case 20), who once worked at night to keep her children out of day care, gave up her full-time job to care for her children. This decision would be difficult for the families who had used up their life time limitation of cash benefits.

When a child was seriously ill or needed special care, the parents in this study reported high involvement. They often sacrificed their opportunities for working outside the home for pay. June (Case 12) and Brenda (Case 5), mothers of autistic children, did not think about a job because of the responsibility of the care of their sons. The stories of child care in families with a child with health problems showed the difficulties in their care arrangements as well as difficulties in economic hardships, and also gave the picture of vigilant mothers who tried their best to provide the proper care for their child despite difficulties.

In turn, child care arrangements influenced parental well-being. For example, child care arrangements of a family changed according to the mother's hours in school and the number of hours of working outside the home. Child care issues such as unstable arrangements, a child's illness, or a negative reaction of the child toward a child care arrangements also resulted in the mother's reluctance to work outside the home. In turn, child care arrangements influenced the mother's employment security and work schedule. The essential lesson from this study is that child care arrangements are decided in the multiple context of the family and the community in which the family belongs.

Affordability

Finding relatively inexpensive child care was an important task of the working parents in this study. The families in this study experienced having large shares of their income spent on child care. The number of children and the child's health were related to child care cost in this study; thus a family with a large number of children (Kimmel, 1995) and with a disabled child (Meyers et al., 1998) had difficulties finding affordable child care arrangements.

Support from social networks for child care such as low cost and/or free child care by a grandmother, father, or father-figure lessened the economic burden of these families, while providing dependable care. In addition to support from private sectors, child care support from the public sector such as child care funding or services were beneficial for the families. The results of this study showed that the family who either lost their eligibility or was not eligible for child care funding had great difficulties in finding and maintaining affordable child care arrangements. Lora (Case 14), who was planning to have a job and education, had to stay at home to care for her children, thus postponing her plan. The findings are consistent with Edin and Lein (1997) and Holloway et al. (1997), who reported there are some special conditions for child care in welfare families such as the availability of affordable child care options. Therefore, the results in this study suggest that enabling families, through both social support and public funding, find affordable and quality child care would be one pathway to foster self-sufficiency in these families.

Availability of Reliable Child Care

The availability of a reliable care provider had important meaning in these families. If the mother of the family did not work outside the home, families were likely to use maternal care. When the mother was not available, the most frequent care providers were other relatives including grandmothers and fathers or father-figures such as the mother's partner. These people offered generally dependable care, as well, at free or below-market costs. Lack of availability of a child care center was a problem in the families who lived in rural areas. Linda (Case 11), mother of a 4-year-old child, preferred school-based care day care rather than in-home care but that option was not available in the community. June (Case 12), who lived in a rural area, had to drive a long ways to use day care services or special care services for her son and it was a burden to her, whereas Brenda (Case 5), who lived in a city, used the services within the community. The results from this study indicate the need to assure community's child care service for meeting the family's needs. Child care service hours also were a problem for parents who worked a nontraditional work schedule such as the second or the third shift and/or weekends. These results imply the need for child care services with extended hours.

Difficulties in Caring for a Child with Special Needs

The analysis of families with a disabled child in this study showed greater parental responsibility for child care than in those families without a disabled child. Providing proper care was the main task of these parents. Like the results from previous studies, the presence of a disabled child was a family stressor (Floyd & Gallagher, 1997)

producing difficulties in care and financial hardships (Meyers et al., 1998; Norton & Drew, 1994). Special care required sacrifices of the mother's time and a high level of parental involvement in care. Thus care decisions influenced parental decisions about employment in this study; like the mothers in the study by Acs and Loprest (1999) and Meyers et al. (1998), mothers with disabled children were not working outside the home so they could take care of their children. The results from the child care history of a family with a disabled child also highlighted problems occurring because of the lack of quality child care facilities within the same community and the difficulties in maintaining eligibility for special care services.

The Influence of Child Care Arrangements on Parental Well-Being

Difficulties in maintaining stable child care arrangements were related to parental stress and influenced parental decisions about employment. Like the results from previous studies (Belsky & Steinberg, 1979; Galinsky, 1992), the analysis of the 22 families shows that stable and satisfactory child care were supportive of parental well-being and that unstable and unsatisfactory arrangements caused parental stress and acted as impediments for parental employment. Like Glass' (1998) results, a woman's pregnancy and a child's health problems were the most frequent reasons that prevented mothers from employment. The mothers who had infants or young children exhibited their reluctance to go back to work outside the home for pay. To spend more hours with their young children, they preferred a part-time job to a full-time job. In some families, the parents worked different shifts so that child care could be handled completely by

parents. This strategy gives the parents secure and dependable child care arrangements but is not always beneficial. Like the results from Orther and Neenan (1996), Betty (Case 2), who was juggling two jobs and education, reported that the decreasing number of hours with her child caused behavioral problems in the child and parental distress.

The results of this study give partial explanations about a mother's decision for employment. The availability of a reliable child care provider (Casper & O'Connell, 1998; Glass, 1998), a flexible parental work schedule (Roxburg, 1995), optimal child reaction toward the care settings (Johansen et al., 1996) and affordability (Kimmel, 1995; Meyers et al., 1998), assured through child care support, lessen the child care burden and stress of the parents. But lack of a trustworthy child care provider, an unpredictable parental work schedule, and the lack of congruity between mother's work schedule and a child care's service schedule turn out to be discouraging conditions for parental employment.

Implications

The results of this analysis of current child care arrangements, child care history, and the influence of child care arrangements on parental well-being may give some lessons on the current policy on child care and welfare reform in Iowa. The findings clearly highlight the importance of child care for low-income families.

Child Care, a Precondition for Moving into the Labor Force

The results from this study indicate that stable child care arrangements are a necessary condition for a successful transition from welfare to steady life time employment. Low-income parents must trust they will find stable and trustworthy child care arrangements while they work outside the home.

The clearest theme in this study was the importance of child care in these families. Whereas the results from previous studies, which used quantitative data, showed that parental child care choices were related to the availability (Glass, 1998; Johansen et al., 1996; Mayer, 1995; Scarr, 1998), quality of child care (Phillips et al., 1994) and affordability (Kimmel, 1995), the actions of the parents in this study indicated that child care choice was related to the multiple context of family and the society: the contextual factors are related to each other in complex ways that influence parental decisions about child care.

Reinforcement of Current Policy: Child Care Funding

Because these families are low income, child care takes a large part of the parental income; thus the affordability of child care is related to their economic hardships (Edin & Lein, 1997), which further influences parental decisions about their employment (Holloway et al., 1997). For the successful transition off welfare, child care support from the formal sector may be a precondition for parental employment. In this study, it appears that child care funding, such as reimbursement and subsidies, is helpful for low-income families; it lessens the economic burden related to the child care cost of the parents. The

results in this study showed the difficulties and stress of the families who lost or were without child care support. Especially for single parents who lack social support networks, formal child care support is essential for their working outside the home.

The results of this study suggest modifications of the current policy of subsidizing child care for the first two years after the transition from welfare. The transition from welfare to work means that increasing numbers of child care hours need to be covered for an individual family. Formal child care supports that include quality child care service, child care subsidies, and reimbursement are needed by low-income families who are no longer receiving cash benefits and for families who are in the process of making the transition from welfare to work (i.e., who are participating in the job training program and/or working outside the home for pay but still receiving cash benefits).

The current Iowa policy on child care funding only supports the transitional family for 24-months, and child care assistance only reimburses child care expenses for families below 110% of the federal poverty line (Title VI, 1996). Thus, if a family is not well-off at the end of the 24 month period, the family will struggle with child care payments. Moreover, if a family's income is just above 110% of the federal poverty line, it does not mean the family is well-off and therefore does not need any kind of funding for child care (Meyers & Heintz, 1999). The results of this study support those of previous studies (Kimmel, 1995; Meyers & Heintz, 1999) suggesting the need for the modification of the threshold for child care reimbursement or the extension of the period of Transitional Child Care.

Reinforcement of Child Care Services

In addition to funding, child care services such as childhood programs also are related to the parental motivation for working outside the home. The results of this study indicate the use of preschool programs as a means of child care among this group of low-income families. The State of Iowa has funded preschool programs for low income families; those programs covered 84% of the total eligible children in 1996 (Ripple, Gilliam, Chanana, & Zigler, 1999). Previous studies (Ramey, 1999; Scarr, 1998) have reported that, as well as readiness for school, quality school-based care is beneficial for children from low-income families because such programs promote children's social and emotional development and provide a safe environment to play. According to Bartlett's (1997) in-depth study of family environment, the most significant problem of environment in a low income family is a lack of easy access to safe outdoor play space for children, often complicated by limited indoor space for play. Public preschool programs and Head Start are likely to provide quality environments for children's play. Most of the parents in this study took advantage of the opportunities when they were eligible for Head Start programs or other preschool programs and further, they reported their satisfaction with these programs.

Although the funding and quality of care were beneficial for the parents in this study, the schedule of the programs produced some difficulties; most of the programs were scheduled three days a week, with half-day services. Thus the hours not covered still remained a parental responsibility, producing needs for child care services with all-day service hours five days a week. An integrated child care service after school held in

the same setting is necessary because providing transportation from school to other care settings can be a problem for parents working outside the home. In addition to integrated and extended service hours, the results of this study on work shifts indicate the need for care for nonstandard shifts such as the second or the third shift, and weekend services. In this study, most of the families who worked the nontraditional shifts reported that child care during their working hours was covered by relatives or friends. Funded child care service for nontraditional parental work shifts might be helpful for the parents who lack available social support networks.

Urgent Needs of Quality Child Care for Children with Special Needs

The need for available quality child care services is suggested for families with a disabled child; for them, the availability of proper child care services poses the most important problem in this study. Unsatisfactory child care prevents the mother from seeking employment and causes the maternal care burden to increase; the child's needs for special care mean more involvement and responsibility for the parents. The lack of child care facilities within the same community that meet the special needs of the child and the child's experiences of care by inexperienced and unqualified care providers imply the need for more investment in child care services for disabled children. Difficulties of accessibility and strict regulations for the eligibility for special care benefits increase the child care stress of the parents, suggesting modifications of the regulations.

Summary

The results in this study suggest that, in the transition off welfare, the parental needs of child care must be fulfilled first. Based on the results of this study, reinforcement of formal child care support such as subsidies and reimbursement for families who are transitioning from welfare to paid employment and who are no longer receiving cash benefits are suggested. In addition to the importance of child care funding, the importance of public preschool and Head Start programs as a means of child care for these families and the critical needs of extended care service hours are recommended. For families with disabled children, more investment into special child care and modification of the regulations for the care benefits also are suggested.

Future Studies

This study is about the child care experiences of families who are in and/or leaving a cash benefit program. In future studies, as a follow up to this research, studies on child care experiences of these families after leaving welfare are needed.

In addition to this study, comparative research within and between groups on child care practices of low-income families is suggested. Comparison research on child care between low-income families who have child care support and who do not is needed. Group comparison studies of child care, such as the comparison between welfare families and low income and/or middle income families, will give more lessons for the current child care policy.

There needs to be an evaluation of the current preschool programs and Head Start programs as a means of child care. Even though the ultimate purpose of a preschool program is not child care, the results of this study show that low income parents use it as child care as well as an educational program.

To broaden the understanding of child care practices of low-income families, integrated methods in the study of child care are suggested. Research that adapts a combined approach of qualitative and quantitative methods will give more opportunities to learn about child care in low-income families.

This study used secondary analysis and had some limitations in examining child care experiences in low-income families. In future studies, a qualitative approach specifically for child care practices is needed.

APPENDIX

The Characteristic of 22 Families

Case	Family Composition	Age	Marital Status	Education (Graduate or Years)	Employment	
					1 st Wave	3 rd Wave
1	Mother	23	Married	12	N	Y(F)
	Father	23	Married	GED	N	Y(F)
	Son1	6		Kindergarten		
	Son2	1				
2	Mother	24	Single	13	Y(P)	Y(F)
	Daughter1	7		1		
	(Partner)	20	Single	14	NA	Y(P)
3	Mother	31	Single	13	N	Y(P)
	Daughter 1	9		4		
	(Partner	37	Single	10	Y(F)	Y(F)
	Partner's Son)	12		7		
4	Mother	30	Single	14.5	N	STU
	Son1	12		7		
	Daughter1	10		5		
	Son2	8		3		
	(Partner)	36	Single	12	?	Y(P)
5	Mother	31	Married	2	N	N
	Father	35	Married	16	Y(F)	Y(F)
	Son1	7		2		
	Son2	3.5		Head Start		
6	Mother	31	Married	13.5	Y(P)	Y(F)
	Father	32	Married	11	Y(P)	Y(P)
	Son1	9		4		
7	Mother	23	Single	12+	STU	STU
	Son	3				
	Partner	25	Single	11	N	N
8	Mother	41	Divorced	12	N	N
	Daughter1	18		11		
	Daughter2	6.5		1		
9	Mother	26	Divorced	GED	N	N
	Son1	2				
	Brother of M.	20	Single	15	Y(P)	Y(F)
	Partner	24	Single	GED	N	Y(F)
10	Mother	24	Divorced	14	Y(P)	N
	Son1	2				
11	Mother	26	Single	14	Y(F)	Y(F)
	Daughter1	4		Preschool		
12	Mother	36	Married	12	N	N
	Father	38	Married	11	Y(F)	Y(P)
	Son1	7		1		
	Son2	5		Preschool		

13	Mother Daughter1 Son Grandmother	24 6 1.5 48	Divorced Divorced	15 12	N	Y(P)
14	Mother Son1 Son2	22 4.5 2.5	Divorcing	12 Head Start	N	*LOST
15	Mother Father Daughter1 Daughter2 Son1	28 34 10 8 4	Married Married	GED GED 5 2 Head Start	N Y	*LOST
16	Mother Daughter1 Daughter2	32 12 8	Single	14 7 2	STU	Y(F)
17	Mother Daughter1 Son1 Partner	22 1.1 0.6 36	Single Divorced	8 14	N ?	N Y(F)
18	Mother Daughter1 Daughter2	33 6 4	Single	13 Kindergarten Head Start	N	N
19	Mother Daughter1 Daughter2 Partner StepSon1	22 5 1.1 35 7	Single Single	12 Preschool 14 2	N ?	Y(F) Y(P)
20	Mother Father Daughter1 Daughter2 Son1	26 24 6 2 0.1	Married Married	12+ 12 Preschool	Y	N
21	Mother Father Daughter1 Son1	24 22 5 0.4	Married Married	11 12 Kindergarten	Y(F) Y(F)	Y(F) Y(F)
22	Mother Daughter1 Daughter2 Partner	33 8 4 34	Divorced Divorced	GED 2 12	Y(F) Y(F)	Y(F) Y(F)

Note: Employment: Y= employed, N= unemployed, F= Full time, P= Part time, and STU = Student NA means the individual was not in the household in that wave.

GED means the general equivalency degree. Changes between the first interview and the third interview are based on the 1st and the 3rd wave of data except case 3,13, 14, and 15. Because of the attrition, case 3 and 13 only include waves 1 and 2 and case 14 and 15 were only interviewed in wave 1.

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