STABILITY OF CHILD CARE IN RURAL LOW-INCOME FAMILIES

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy
in the Graduate School of The Ohio State University

By
Margaret S. Hart, M.S.

*****

The Ohio State University

2006

Dissertation Committee:
Michael Glassman, Advisor
Kathy Reschke
Linda Lobao

Approved by

Advisor
Human Ecology
Changes in welfare laws have lead to a growing number of mothers returning to the workforce, creating a growing need for stable non-maternal child care arrangements for young children. Stable child care arrangements benefit families in many ways, including allowing mothers to maintain employment and encouraging positive developmental outcomes for the children. Finding and maintaining stable child care arrangements can be especially problematic for low-income women living in rural areas of the country. Accessibility and availability may be especially limited to these families due to factors such as irregular work schedules and financial constraints. The goal of the present study was to better understand what factors contribute to mothers’ decisions to change their child care arrangements. Specifically, what types of changes in child care are being made, what leads up to the decision to make a change, why are women making these changes in care, and what relationship does instability in child care have with maternal employment.

Data from a national research endeavor called Rural Families Speak (N = 474) were utilized. The present study (N = 249) focuses on a subsample of those women. Inclusion required women to have at least one child 5 years old or younger. The mean age of mothers at the time of Wave 1 data collection was 27 years (SD = 6.65). Data
were collected from families with an income at or below 200% of the poverty line and who were living in rural counties with population centers of less than 20,000. Data were collected from mothers in their households by trained interviewers using a semi-structured interview protocol.

Results indicated that the most utilized type of care in this sample was informal care (40.7%). The reasons mothers gave for using informal care included having a trusting relationship with the caregiver, irregular work schedules, and financial reasons. More stability than was hypothesized was found with 67% of families who reported no change in child care arrangements.

Most mothers (86.4%) changed child care arrangements because of some precipitating event. In 37% of the cases, these were events that the mother had some control over or she initiated the event in some way, such as getting a job. Only 18.5% (N= 15) of mothers made statements indicating that they felt stress due to the event that had lead them to change their child care arrangements.

It was hypothesized that employment issues would be one of the main reasons why women changed child care arrangements. Of the 81 cases experiencing change, 45.7% indicated that the change in their child care arrangements was related to their employment. Three reasons given for changes in care were work related; the mother got a job or began attending school (23.5%), the mother stopped working or attending school (14.8%), or a change in the mother’s work schedule (5%).
Interview transcripts revealed seven non-work related categories of responses when considering what specifically motivated mothers to change child care arrangements including; the person who was currently providing child care became unavailable or unwilling to continue, financial considerations, and moving from the area. In light of these findings, current policies were discussed and changes were suggested that may encourage more stable child care for young children.
ACKNOWLEDGMENTS

I wish to thank my adviser, Michael Glassman, for his feedback and encouragement in the writing of this dissertation. I would also like to thank Kathy Reschke for her guidance and support in utilizing the Rural Families Speak Data and qualitative research software and many thanks for reading and editing numerous early drafts. I’m also grateful to Linda Lobao for her support and kindness throughout this process. I would also like to acknowledge the financial support I have received from the Human Development and Family Science Department, specifically Al Davis (former chair) and Julianne Serovich (current chair) for the opportunity to teach while I pursued my research project.

I would like to thank my friends and family for their never ending support of my educational endeavors. Krista Kist, it has been close to a decade now, you certainly have been busy listening to me whine. I’ll knock that off very soon. My sister, Becky, and brother-in-law, Mark, who have taken up so much of my slack to allow me to continue my graduate school career, thanks for everything. A special thanks to my parents, John and Mary Hart, for the years of emotional and financial support. Yes, I’m finally going to get a “real job” now. Lastly, Martha Herman, who has always been a wonderfully inspiring force in my life, thanks for always being there and always willing to help!
VITA

October 26, 1975...............................Born- Staunton, Virginia

1997............................................B.S. Psychology, Bridgewater College

2001.............................................M.S. Psychology, Old Dominion University

2001-present..............................Graduate Teaching Assistant,
                                       The Ohio State University

PUBLICATIONS


FIELDS OF STUDY

Major Field: Human Ecology
Minor Field: Child Development
Cognate: Developmental Psychology
TABLE OF CONTENTS

Abstract ........................................................................................................... ii
Acknowledgments ......................................................................................... v
Vita .................................................................................................................. vi
List of Tables ............................................................................................... ix

Chapters:

1. Introduction ............................................................................................... 1
   Child care stability in rural and low-income communities .................... 2
   Purpose of the present study ................................................................. 3
   Research questions ................................................................................. 4

2. Literature Review ..................................................................................... 8
   Selection of child care arrangements .................................................... 9
   Stability of care ...................................................................................... 13
   Child care stability and the relationship with maternal employment ...... 15

3. Method .................................................................................................... 17
   Sample .................................................................................................... 19
   Measures and data analysis ................................................................ 20

4. Results .................................................................................................... 24
   Use of non-maternal child care ............................................................ 24
   Change in care ....................................................................................... 26
   Life events leading to change in child care ........................................... 27
   Employment related reasons for change .............................................. 30
   Non-employment related reasons for change ..................................... 33
5. Discussion...............................................................................................40

   Stability of care.......................................................................................43
   Precipitating events leading to change in arrangements.......................45
   Relationship with employment...............................................................47
   Changes to current child care policies to increase stability...................50
   Limitations and future research............................................................54

References...............................................................................................67
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Summary of type of child care being used in wave 1 and wave 2</td>
<td>25</td>
</tr>
<tr>
<td>4.2</td>
<td>Changes in type of child care arrangements</td>
<td>27</td>
</tr>
<tr>
<td>4.3</td>
<td>Reasons mothers changed primary child care arrangements</td>
<td>35</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

An increasing need for stable nonmaternal child care arrangements for young children is a direct outcome of changes in welfare policy. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 changed Aid for Families with Dependent Children (AFDC) to Temporary Aid for Needy Families (TANF). This law placed a time limit on cash benefits for families; meaning that many women, who might have chosen to stay home with their young children, will instead enter the workforce and need nonmaternal care arrangements for their young children.

Stable child care can benefit families in multiple ways. Maintaining care arrangements can help low-income mothers sustain employment (Hofferth & Collins, 2000) which increases the likelihood that they can pull themselves out of poverty. Research also recognizes that stability of care is an important element in insuring positive developmental outcomes for children (Fuller, Kagen, Caspary, & Gauthier, 2002; Phillips, 1987). Loeb, Fuller, Kagen, Carrol (2004) found that children, who had attended their current child care arrangement setting for more months before data collection, displayed higher cognitive proficiencies. Similarly, some suggest that placing at risk children in stable academic settings at an early age may serve as a protective factor
against possible negative outcomes associated with poverty (O’Brien-Caughy, Dipietro, & Strobino, 1994).

**Child Care Stability in Rural and Low-Income Communities**

Finding and maintaining stable child care arrangements may be challenging for women living in rural areas. A comparison of rural and urban employment patterns has shown that rural areas have a higher concentration of minimum wage, part-time, and/or seasonal jobs compared to urban areas (Weber, Duncan, Whitener, 2001; Lichter & Eggebeen, 1992), thus making formal child care difficult to afford. Accessibility to child care also may be limited in rural communities because services are typically spread out over a greater geographic area, extending travel times and making arrangements less convenient for parents. Specifically, Atkinson (1994) found that fewer than 15 daycare centers or preschools were estimated to exist in the rural areas of the county being studied compared to over 70 in the urban areas. Clinton & Bean (1989) found similar results suggesting that the lack of group care is likely due to less dense population and fewer children within driving distance. The lack of public transportation in many rural areas can also add to the lack of accessibility to formal care for these families (Burtless, 1997).

These barriers are one reason that women living in rural areas are more likely to choose informal types of child care arrangements (Atkinson, 1994; Hofferth, Brayfield, Deich, & Holcomb, 1991; Siegel & Loman, 1991; Walker & Reschke, 2004). Informal care includes care by a relative, friend, or neighbor as opposed to care arrangements by licensed child care providers. Research indicates that informal care arrangements fail
more frequently than formal arrangements (Henly & Lyons, 2000), but mothers may choose it because it is typically cheaper and more accommodating to non-traditional hours such as evenings and weekends.

Women with limited income living in rural areas may have an especially difficult time finding and maintaining stable child care. For many low-income families the high cost of formal child care negates the benefits of working. Low income families are paying a higher percentage of their income for care. On average, a low income family spends up to 19% of their income on child care compared to 6% spent by middle income families (Giannerelli & Barsimantor, 2000). The availability of formal care is most constrained in low-income communities (Queralt & Witte, 1998). As a result, many families choose to use care by a relative, neighbor, or friend even if they would actually prefer a different type of care for their child (Kisker, Hofferth, Phillips, & Farquhar, 1991).

Hofferth and Collins (2000) found that mothers earning wages between $6.00-$8.00 per hour were most sensitive to price and likely to experience instability of care because they do not have the public assistance to fall back on like low-wage mothers and they don’t have the additional care opportunities of high wage earners.

Purpose of the present study

The existing literature on child care includes mostly cross-sectional studies. This limitation makes understanding the stability of child care arrangements across time difficult and limits our understanding of why women choose to change child care
arrangements. Stability of child care has not been adequately studied; nor has previous research identified what causes parents to change arrangements once they have selected one. Utilizing a longitudinal approach to children’s child care placements enables us to gain a better understanding of the selection process, how and why women choose care, what barriers women face when searching for and maintaining suitable arrangements, and patterns of change over time. Previous research suggests that low-income families living in rural areas face unique challenges in terms of finding and maintaining child care. The goal of the present study is to better understand the nature of child care changes in this group of mothers. Additionally, most studies of child care are purely quantitative. The present study sought to expand this approach to include anecdotal experiences of this traditionally understudied group.

Research Questions

Use of non-maternal child care

1. What types of child care (formal, informal, part formal-part informal, or maternal) are mothers using at Wave 1 and Wave 2 data collection?

**Hypothesis:** Extensive previous literature (Atkinson, 1994; Walker & Reschke, 2004) suggests that more low-income mothers living in rural areas will chose informal care arrangements than formal arrangements. Due to the unstable employment patterns of this population, it is likely that a significant percentage of families will be using maternal care.
Patterns of change:

2. What proportion of families experienced change in child care arrangements over the one year period?

*Hypothesis:* There will be significant instability in child care arrangements. Previous research is inconsistent concerning how often changes occurred and whether or not those changes were reliably linked to a particular type of care. Some research suggests that informal care is more stable than formal care (e.g. Hofferth, 1995). Other research suggests that informal care arrangements are very likely to breakdown (e.g. Knox, London & Scott, 2003).

3. When a change occurred, did the type of care change (e.g. from formal to informal or from informal to formal) or did only the provider change, but the type remained the same?

*Hypothesis:* Limited child care options in rural areas (Atkinson 1994; Clinton & Bean, 1989) will lead many mothers to stay with the same type of arrangement they were using, changing only providers rather than type of care.

Life events as a reason for change:

4. Was the change in child care a direct result of a precipitating event unrelated to the care itself (such as a change in mother’s employment status)?
Hypothesis: Mothers will change care for a variety of reasons, including both variables associated with the care itself as well as other events that occur in their lives.

5. Was the precipitating event initiated by the mother or was it something outside of her control?

Hypothesis: In most circumstances mothers will initiate the event (such as obtaining or quitting a job).

6. Did the mother perceive the precipitating event as negative or stressful?

Hypothesis: Depending on the nature of the event and whether or not it was mother initiated, some mothers will report experiencing stress.

Employment related reasons for change in child care

7. What proportion of mothers cited employment issues as the primary reason she changed child care arrangements?

Hypothesis: Ecological theory suggests that many factors in an individual’s life influence other aspects. It is hypothesized that as a mother gains and/or loses employment and makes necessary adjustments to work schedules, that subsequent changes in her child care arrangements follow.
8. Did a change in employment cause a change in child care arrangements or was the change in child care arrangements the reason the mother’s employment status changed?

*Hypothesis:* Although difficulty in finding and maintaining child care is often considered a barrier to full-time employment (e.g. Robbins, 2003), it is hypothesized that a change in employment more often causes changes in child care arrangements (e.g. Knox, London, & Scott, 2003) rather than mothers changing or quitting jobs due to lack of child care options.

*Non-employment related reasons mothers change child care arrangements*

9. What were the non-employment related reasons mothers changed child care arrangements?

*Hypothesis:* Many changes in care will be linked to employment issues, but others will change arrangements for other reasons such as, a caregiver becomes unavailable, and a family’s ability to pay for nonmaternal care changes (Lowe, Weisner, & Geis, 2003).
CHAPTER 2

LITERATURE REVIEW

Stability of child care arrangements is relevant to many areas of family functioning. Ecological theory provides a framework suggesting that families make constant accommodations to their changing lives all of which further impact the family. This is especially true for child care. Lowe, Weisner, and Geis (2003) view changes in child care arrangements as accommodations to shifting features of the family ecocultural context. Given the centrality of child care arrangements in the organization of family activities, child care changes also have reciprocal effects on other features of family life such as maternal employment. Specifically, stable child care arrangements allow mothers to find jobs and maintain employment, thus allowing them to become more self-sufficient.

Limited research suggests that stable child care can have a positive influence on children’s development (Fuller, Kagen, Caspary, & Gauthier, 2002; Phillips, 1987). Loeb, Fuller, Kagen, Carrol (2004) found a strong and consistent positive impact of stability of formal care on cognitive skills. Specifically, children who had attended their current arrangement for more months before second wave data collection displayed
higher cognitive proficiencies as measured by the Bracken Basic Concept Scale. Similarly, some suggest that placing at risk children in stable academic settings at an early age may serve as a protective factor against possible negative outcomes associated with poverty (O’Brien-Caughey, Dipietro, & Strobino, 1994).

Selection of Child Care Arrangements

In order to better understand women’s decisions to change child care arrangements, it is necessary to identify factors that women use in selecting child care initially. There are many reasons that mothers may choose a certain child care arrangement. Generally, women choose caregivers based on their personal values and attitudes about child care. That is, mothers select caregivers who have values like their own. Bromer (1999) found that conflicts most often arise when parents hold different beliefs about children’s expected behavior or an adult’s appropriate response to that behavior. Pungello and Kurtz-Costes (1999) found that mothers that cited feeling comfortable with the person caring for their child as very important. A mother’s preference and beliefs about the purpose of care is important. If a mother values educational development she may prefer a more formal arrangement, with an academic curriculum in place. On the other hand, if the mother desires more “family-like” care she may view the child care provider role as a “surrogate” parent rather than a teacher. If this is the case, the mother may prefer a more informal relationship with someone with whom she is familiar, such as a friend or family member (Utall, 2002).
Another factor is the presence of more traditional gender role ideology, where women’s main role is homemaker and mother, while men are traditionally the family’s breadwinner. Some may believe that women should not be participating in the workforce at all, especially in jobs traditionally allocated for men, but rather should be staying at home and caring for the children herself. Women who possess these gender roles themselves or live in a community or family where they are common can face additional barriers, such as guilt, when going to work. One study found that women who preferred employment, but remained at home after their child’s birth reported higher levels of depressive symptomology compared to women who wanted to stay home with their child (Hock & DeMeis, 1990).

Van Horn, Ramey, Mulvihill and Newell (2001) found that structural factors, like availability, convenience, and cost were among the most commonly cited by parents as important factors when selecting child care arrangements. Siegel and Loman (1991) found that over 32% of their survey participants perceived finding safe child care arrangements as a major problem for their family. Availability of care encompasses many aspects of the selection process. In order to be useful, a child care opening must meet a mother’s specific need. Just because there are adequate numbers of day care centers in a particular community does not mean that one particular center will have an opening for a certain age child at any one time. Availability also may be influenced by the age of the child. Formal care for infants can be more difficult to find and more expensive than care for older children (Phillips & Adams, 2001). This may be one reason
relative, home-based care is the most commonly used arrangement for infants and toddlers (Capizzano, Adams, & Sonenstein, 2000; Fuller, Holloway, Rambaud, & Eggers-Pierola, 1996).

The availability of care may be limited due to other structural variables such as inconvenient hours of operation. Low-wage and part time jobs may be all that is available to some women who lack formal education or job skills and experience. Many times these jobs bring with them irregular schedules. That is, employees may be required to work longer than 8 hour work days, evening or weekend shifts, holidays and may not be provided with benefits, such as sick days. A national survey found that approximately one-third of working poor parents worked on weekends, 10% worked evening hours, and almost half had a rotating or changing schedule (Hofferth, 1995). This may make it difficult for these parents to find care, especially formal center-based care, since most centers are only open Monday through Friday during traditional working hours. Many centers also do not offer part time attendance or payment options (Kisker, Hofferth, Phillips & Farquhar, 1991) which could eliminate them as a choice for low-income mothers who are working part-time.

Finances are an important factor in selecting and maintaining child care arrangements. Child care expenses can be a significant portion of a family’s income, especially for poor households where child care can cost an average of 20-35% of their income (U.S. Census Bureau, 2002). The cost of care differs greatly based on type of care, as well as geographic location. Center based care tends to be the most costly
followed by home based daycare providers. Relative care, on average, costs the least with some relatives not being compensated at all. Greater flexibility in payment and scheduling makes informal care a more viable option for some low-income women (Henly & Lyons, 2000).

Difficulty with transportation is another common barrier for low-income and rural women trying to find and sustain both employment and child care arrangements. Taylor (2001) found that 63% of women transitioning off of welfare cited transportation as a barrier for finding and keeping child care arrangements during work hours. Siegel and Loman (1991) found that 73% of their sample of low-income families reported transportation as a major problem in finding child care and 40% reported this as a major problem for them. Women living in rural areas may have to travel greater distances to reach the location of their child care arrangements. Traveling this additional distance is costly in terms of both time and money to pay for gas. Some argue that transportation is less of an issue for those living in metropolitan areas where there is a greater availability of public transportation (Burtless, 1997). However, one national study indicated that only 40% of child care centers were located near public transportation (Kisker, Hofferth, Phillips, & Farquhar, 1991). The location of the care arrangement in relation to the mothers home and place of employment also is an important factor. Hofferth and Collins (2000) found that mothers who did not have convenient access to a center-based program (within 10 minutes) were nearly twice as likely to leave their jobs as mothers who did.
Stability of Care

Past research shows some inconsistencies in typical stability rates for different types of child care, perhaps due to the limited longitudinal data available. Floge (1985) found that mothers made frequent changes in care, but these researchers did not record the duration of each individual arrangement. Similar instability was found in low-income samples. Siegel & Loman (1991) found the majority of families using informal care reported that they had made changes in child care arrangements within the last 90 days. By the end of their first year in California’s JOBS program, more than half of participants had changed their primary child care arrangement at least once, disrupting the continuity of care their child was receiving (Gilbert, Berrick, & Meyers, 1992). However, Blau and Robins (1988) found relatively low rates of change in child care arrangements in their study concerning how child care was affected by the labor market. In their 1998 study, using the National Longitudinal Survey of Youth data, they found that of those families using paid child care, 21% switched to unpaid care and 17% left care because of unemployment (Blau & Robbins, 1998). Likewise, Hofferth et al., (1991), found that the median duration for care ranged from 8-15 months depending on the type of care, with informal care having the greatest stability.

Stability may be affected by rurality. Atkinson (1994) compared child care arrangements in rural versus urban areas. She found that rural mothers were more likely to use child care by relatives, but rural mothers left their children in arrangements, on average, significantly longer than urban mothers. Perhaps this difference in stability is a
reflection of the limited care options available for rural families. In other words, maybe women left their children in care arrangements, simply because they felt that there were not other viable options available at the time, as opposed to mothers living in urban areas where child care centers are much more numerous.

Maternal preferences and satisfaction also are important when considering stability. A mother who is satisfied with her child care arrangements is less likely to change those arrangements than a mother who is dissatisfied (Sonenstien & Wolf, 1991). Mothers may change child care arrangements when they feel that the care that their child is receiving is inadequate or if their values are not similar to those of caregivers. Fuller, Holloway, Rambaud, and Eggers-Pierola, (1996) found that the professional norms of those working in preschools did not match the models of parental authority of the Latino families in their study. Uttal (1999) found that mothers of color were more likely to find grandparent care as desirable, whereas others (e.g. Hofferth, 1995) have found that mothers prefer center-based care. It is important to remember that satisfaction is based on the mother’s perception of factors, such as child safety and how her child is treated when she is not present.

Researchers have found that many mothers stay with a particular arrangement, even when they would actually prefer a different one. Forty-one percent of single, employed, poor mothers would prefer another child care arrangement, most wanting center-based care (Hofferth, 1995). This may be due to more structural variables and barriers such as availability and affordability of the preferred type of care. Utall’s (2002)
research suggests that mothers may even choose not to confront caregivers with problems that they have about the care their child is receiving and many leave their children in arrangements in which they are dissatisfied. Utall states that women may be hesitant to bring up problems because of the repercussions for the child. Mothers fear that their child will be treated differently if they question the caregiver. Some women may view the caregiver as an “expert” and instead question her own understanding of what constitute quality care when she disagrees with the caregiver. Utall also suggests that women may choose not to remove their child from an arrangement because of the difficulty in finding an alternative option that is affordable, convenient, and serves the needs of the family.

*Child care stability and the relationship with maternal employment*

Previous studies do not allow for the direction of causality in the relationship between child care and maternal employment to be determined. Many studies consider the supporting role that stable child care plays in allowing mothers to find and maintain employment. For instance, an analysis of the NICHD study of early child care data indicates that children’s total number of hours in child care is associated with higher maternal wages and more hours of employment (Bub & McCartney, 2004). Youngbult, Brady, Brooten, and Thomas (2000) examined women’s barriers to employment, showing that problems finding and affording child care was a significant problem. Additionally, Siegel and Lomean (1991) found that 70% of the families in their sample of AFDC recipients, reported employment problems due to a breakdown in child care.
This clearly suggests that stable child care enables stable employment. However, other studies, such as Lowe, Weisner, & Geis (2003) found that 65% of families in their sample experienced changes in care due to changes in the parents’ daily routine (like work schedules), suggesting that perhaps difficulties maintaining employment is what leads to instability of child care. Using longitudinal data, the present study strives to better understand the link between instability in child care and maternal employment. Are changes in child care a cause of employment problems or is instability of care a result of women’s inconsistent employment?

Considering the possible positive outcomes of stable child care arrangements, it is important to further our understanding of why women choose to change child care arrangements. Ecological theory (Bronfenbrenner, 1979) suggests that there are several layers of interrelated influences. The microsystem includes roles and interpersonal relationships, such as the mother’s view of herself as a parent and an employee. The mesosystem is the interrelationship among two settings in which the mother actively participates, such as the work place and the home. The exosystem includes the more indirect influences through settings that the mother has no direct participation. Finally, the macrosystem includes more global influences such as values and beliefs of a particular culture, such as whether a particular society values mothers working outside the home and what policies are in place to facilitate it. The present study considers elements of Bronfenbrenner’s (1979) interconnected systems to better understand why women living in rural areas choose to change their child care arrangements.
CHAPTER 3

METHOD

The data included in this study are from a national research endeavor, *Rural Families Speak*. This longitudinal, multi-method project focuses on the well-being of rural low-income families in the context of welfare reform. Beginning in 2000, data were collected from families in rural counties meeting a rurality criterion of 6 or greater (Butler & Beale, 1994), meaning they had population centers of less than 20,000 and were not adjacent to an urban area. Participants were recruited through programs that serve low-income families, such as Women, Infants, and Children (WIC) and Food Stamps Program. Individual inclusion criteria were that participants were mothers with at least one child under the age of 13 years living at home and had an income at or below 200% of the poverty line. Data were collected from mothers in their households by trained interviewers using a semi-structured interview protocol. All participants’ names, as well as references to communities were replaced with pseudonyms. To date, two to three waves of data have been collected. The present study focuses on Wave 2 interview data and the youngest child living with the family served as the target child.
Because participants were not randomly selected, demographics of the *Rural Families Speak* sample were compared to a Current Population Survey (CPS) subsample of low-income, rural families with minor children and similar incomes (200% of poverty or below). Compared to the CPS families, the ethnic representation in our sample was comparable to that of the national CPS subsample. The *Rural Families Speak* mothers, however, were younger, less likely to have a high school diploma or GED, less likely to be married, and had more children. *Rural Families Speak* households had lower incomes and were more likely to receive government assistance. In sum, compared to other low-income, rural families with children, the *Rural Families Speak* sample represents families at greater risk for poor outcomes and more likely to be using social services. With a significant proportion of poor families living in rural areas (U.S. Bureau of Census, 2002), and with rural poverty tending to be deep and persistent (Rogers & Dagata, 2000; Whitener, Weber, & Duncan, 2002), our study provides rich longitudinal data about a largely ignored at-risk population.

For construction of the national data set, researchers in each state sent completed interview transcripts to a centralized research center for initial data coding and entry. The tenets of grounded theory (Glaser & Strauss, 1967) and qualitative analysis techniques (Berg, 2003; Strauss & Corbin, 1990) were employed to guide coding. Using MAXQDA software, segments of all Rural Family Speaks interviews were coded using the following 18 codes: child care, family issues, family of origin, housing, well-being, making ends meet, food security, current jobs, education and training, job history,
transportation, welfare, health, mental health, social support (agencies), social support (family and friends), community, and the future. Coding of all transcripts was check-coded with at least one other researcher on the Rural Families Speak team. The present study used only data coded as “child care” or “current jobs” and demographic variables that had already been quantified and recorded in a SPSS file.

Sample

The Rural Families Speak sample totaled 474 participants. The present study focuses on a subsample of those women. Inclusion in the present study required women to have at least one child 5 years old or younger (who will serve as the target child) and they must have taken part in both Wave 1 and Wave 2 data collection. The subsample includes 249 women. The mean age of mothers at the time of Wave 1 data collection (in 2001) was 27 years (SD = 6.65). The subsample was comprised of 63% (N = 157) non Hispanic, White mothers, 19% (N = 47) Hispanic mothers, 14% (N = 34) African American mothers, and 4% (N = 10) multi-racial mothers. Thirty-three percent of the sample (N = 82) reported completing some high school, 30% (N = 75) were high school graduates, 34% (N = 85) completed some type of specialized vocational training or some college, and 3% (N = 7) were college graduates. At the time of Wave 1 data collection, 49% (N = 122) of mothers reported being employed. Of those reporting the number of hours they work, 48% (N = 58) were working full time (35 hours or more per week). Annual income ranged from 0 to $55,078 with a mean of $15,436 (SD = $10,074).
At Wave 2 data collection, 42% of mothers (N = 105) were employed, with 36% (N = 43) working at the same place as Wave 1, 37% (N = 45) were working at a different job since Wave 1, and 27% (N = 38) were working at Wave 2 but were unemployed at Wave 1. Thirty-two percent of all participants (N = 79) reported having received education or training since the previous data collection. Mean annual income reported at wave 2 was $22,516 (SD = 15,361).

Measures & Data Analysis

In order to better understand child care stability, reasons women living in rural areas change child care arrangements, and the relationship between child care stability and maternal employment, a mixed method design was utilized.

Only the interview segments coded as “child care” and “current employment” were utilized to answer the present research questions. In order to assess patterns of change in child care arrangements, during the Wave 2 interview, participants were reminded what arrangement they had described previously (during Wave 1 interview) and were then asked, “Have you made any changes in your child care arrangements since the last interview?” Analysis focused only on the child’s primary caregiver. The primary caregiver was defined as the person who cares for the child on a routine basis when the child is not in maternal care. A change in the primary caregiver was defined as having a different person at the time of Wave 2 data collection when compared to the arrangements at the time of Wave 1 collection. Having additional caregivers does not constitute change as long as the same individual is serving as the primary arrangement.
Reliability was established using check coding between two independent coders on 10% of the interviews. Ninety percent agreeability was obtained. Code definitions were clarified and disagreements were discussed before the remaining interviews were coded. In those cases where a change in child care arrangements had been made, further analysis were conducted to gain a better understanding of what types of changes were made and the reasons why women change child care arrangements. Interviewers asked, “What has changed?” “Do you have a new provider?” and “What brought about those changes?” Responses to these interview questions were used to address several research questions. First, was the change in child care arrangements a change in type of care (from formal to informal or vise versa)? Content analysis of interview transcripts was necessary to determine if the change was from formal to informal or informal to formal because this specific information was not quantified in the national data set. The type of care was determined for both Wave 1 and Wave 2, and then a comparison was done to determine if there was a change in type of care over time. Formal care was defined as a licensed day care center or licensed provider keeping the child in their home. Informal child care arrangements were defined as a nonlicensed individual (including family and friends) serving as the primary caregiver. In some cases, the mother did not know or indicate the type of care. These cases were coded as “undetermined”. A reliability analysis was conducted on a small percentage of cases, where agreement on 83% of the cases was obtained before the remaining cases were coded.
Reasons for change in child care were studied to determine if the change was a result of a precipitating event unrelated to the care itself. A precipitating event was defined as a life occurrence or change in circumstances that directly lead the mother to make a change in her child care arrangements, such as losing or gaining employment. A content analysis of the mother’s response also addressed whether the mother initiated the precipitating event. A mother initiated event was defined as a circumstance where the mother had control over the event or made a decision herself, such as obtaining employment. An event not initiated by the mother is an occurrence that was outside of the mother’s control, such as her caregiver became unavailable or her child became eligible for Head Start/kindergarten (by turning 3 or 5 years old). The mother’s perception of the precipitating event also was considered. A negative precipitating event was defined as an occurrence that increases feelings of stress on the mother or family. All cases where the mother indicated that the event increased her feelings of stress were coded as stressful/negative event. However, if the mother made no indication that the event increased her feelings of stress, the case was coded as not stressful or negative. Again, reliability analyses were conducted on a small number of cases, where 92% of agreement was reached and discrepancies were discussed before the remaining cases were coded.

Finally, constant comparison was used to determine specific categories for why women make changes in child care arrangements. Each unique reason was noted and categories were continually revised until saturation occurred at which time all interviews
were coded. A reliability analysis on the primary reason for change yielded 93% agreement. Then it was determined if the primary reason for change was employment related or unrelated to employment and the cases were coded as either employment related or unrelated. Those cases that were employment related were then analyzed to determine if employment caused the change in care or if the change in care caused the problem with employment. One hundred percent code agreement was reached on 10% of the cases and then the remaining cases were coded.
CHAPTER 4

RESULTS

In order to better understand child care stability, reasons women living in rural areas change child care arrangements, and the relationship between child care stability and maternal employment, both quantitative and qualitative analyses were utilized.

Use of Non-maternal Child Care

Content analysis of maternal interviews concerning the care arrangement of the youngest preschool aged child revealed considerable variability in the use of non-maternal care (see Table 3.1). At Wave 1, 18.5% (N = 46) of children were in formal care, 40.7% (N = 101) were in informal care, 6.2% (N = 16) were in part-day formal and part-day informal, 25.9% (N = 65) were in full time maternal care, and 8.6% (N = 21) were undetermined. At Wave 2 data collection, 22.2% (N = 55) of children were in formal care, 38.3% (N = 96) were in informal care, 17.3% (N = 43) were in part-day formal and part-day informal, 17.3% (N = 43) were in full time maternal care, and 4.9% (N = 12) were undetermined.
Table 4.1: Summary of Type of Child Care Being Used at Wave 1 and Wave 2

<table>
<thead>
<tr>
<th>Type</th>
<th>Wave 1</th>
<th></th>
<th>Wave 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Formal</td>
<td>46</td>
<td>18.5</td>
<td>55</td>
<td>22.2</td>
</tr>
<tr>
<td>Informal</td>
<td>101</td>
<td>40.7</td>
<td>95</td>
<td>38.3</td>
</tr>
<tr>
<td>Part-day formal</td>
<td>16</td>
<td>6.2</td>
<td>43</td>
<td>17.3</td>
</tr>
<tr>
<td>Maternal</td>
<td>65</td>
<td>25.9</td>
<td>43</td>
<td>17.3</td>
</tr>
<tr>
<td>Undetermined</td>
<td>21</td>
<td>8.6</td>
<td>12</td>
<td>4.9</td>
</tr>
</tbody>
</table>
At both data collection times, informal care was the most popular choice for mothers. Reasons for this choice were exemplified by participants’ comments. One mother cited the lower cost of informal care to be important when she was asked why she chose to change care, “The cost is pretty high. I pay my sister-in-law, but I just do not pay her as much as I would pay a licensed daycare provider.” Flexibility of informal care is another advantage for working mothers. Another participant stated, “before Mom started watchin’ ‘em I was havin’, April [her former child care provider] who has a little one herself. And if she was sick, or if Dean [April’s child] was sick, she didn’t want to watch him. And it was just different stuff like that. But since Mom took over child care I have no problem with that.”

Another reason low-income mothers might have chosen to use formal care is that formal care is more likely to be available only during traditional work hours as this single mother of three children expressed, “I want to work, but the daycares end at five, and I go to school so there is no way that I can do it. I have no one to watch the kids.” Being unable to find care in the evenings or on weekends prevented mothers from being able to choose formal care arrangements for their child.

**Change in Care**

A lack of previous research in the area of stability in child care warranted the present study to explore if instability in child care was even an issue for this population. Descriptive statistics were calculated to determine what proportion of families experienced change in child care arrangements over the one year period. Frequency
distributions indicated that of the total subsample (N= 249), 168 cases (67%) showed no change in child care arrangements of the target child from Wave 1 data collection to Wave 2 collection and 81 (33%) did make some type of change in their arrangements.

Those cases that did experience a change in child care arrangements were analyzed further to see if the type of care changed (e.g. from formal to informal or from informal to formal) or if families discontinued the use of non-maternal care. A change in type of care was experienced by 61.7% (N = 50) of families, while 38.3% (N = 31) of families did not change types, but rather just changed providers. Of those families who were using formal care at Wave 1 (N = 8), 50% (N = 4) changed to informal care, 1 family changed to part-day formal and part-day informal, and 37.5 % (N = 3) of cases changed from formal to maternal care. Of those families using informal care at Wave 1 (N = 24), 37.5% (N = 9) changed to formal care, 20.8 % (N = 5) changed to part-day informal, and 41.6 % (N = 10) changed to maternal care. Of those who were using maternal care at Wave 1 (N = 18), 75 % (N = 13) changed to informal care and 25% (N=5) changed to part-day formal and part-day informal (see Table 3.2).

*Life Events Leading to a Change in Child Care*

Ecological theory suggests that women’s child care decisions may be influenced by other aspects of her life. To better understand why low-income mothers living in rural areas decided to change their child care arrangements, interviews were read to determine if the change in care was a direct result of a precipitating event unrelated to the care itself (such as a change in mother’s employment status) or did mothers choose to change care
because of some issue stemming directly from the care their child was receiving? Content analyses of interviews revealed that most mothers (86.4%, N= 70) changed child care
<table>
<thead>
<tr>
<th>Arrangement Wave 1</th>
<th>Formal (N=8)</th>
<th>Informal (N=24)</th>
<th>Maternal (N=18)</th>
<th>Part-day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50.0%</td>
<td>41.6%</td>
<td>75%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Formal</td>
<td>37.5%</td>
<td>12.5%</td>
<td>20.8%</td>
<td></td>
</tr>
<tr>
<td>0.0%</td>
<td>75%</td>
<td>25.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.2: Changes in Type of Child Care Arrangements (N=50)
arrangements because of some precipitating event, while 13.6% (N = 11) changed
arrangements because of the care itself.

Further analysis was conducted to determine if the precipitating event leading to
the change in child care was initiated by the mother or was it something outside of her
control? Of the cases where change was due to a precipitating event (N = 70), 42% (N =
30) were events that the mother had some control over or she initiated the event in some
way, such as getting a job. The remaining 54% (N= 38) were situations in which the
mother did not initiate the precipitating event, like in cases where the current caregiver
became unavailable or wished not to continue caring for the child. There were two cases
(2.8%) where interview transcripts did not reveal if the precipitating event was initiated
by the mother. For example, one mother explained that her child care arrangements had
changed because her work schedule was different, but the interview did not reveal why
that change in schedule occurred, whether it was at the mother’s requested (coded as
mother initiated) or if the employer required the mother to change (coded as not mother
initiated).

The segments of the interviews coded as “precipitating event” were further
analyzed to determine if the mother gave any indication as to whether or not the event
itself was perceived as negative or stressful. It was hypothesized that stress levels would
be high in this population and therefore many mothers were likely to change child care
arrangement in response to stressful life events such as being fired from a job or having
to move from their home. However, only 18.5% (N= 15) of mothers made statements
indicating that they felt stress due to the event that had lead them to change arrangements.

*Employment Related Reasons for Change*

It was hypothesized that employment issues would be one of the main reasons why women changed child care arrangements. Previous literature does not allow for a directional analysis of the relationship between employment issues and child care. Therefore, interviews were reread in an attempt to determine if a change in employment or school/training attendance caused a change in child care arrangements or if the change in child care arrangements was the main reason the mother’s employment status changed? First, it was determined whether or not each mother’s reason for changing child care was related to her current employment status. Of the 81 cases experiencing change, 37 mothers (45.7%) indicated that the change in their child care arrangements was somehow related to their current employment status or attendance at some type of school or training program. An analysis of the interview transcripts coded as “work related” suggests that in the majority of cases (86.4%), changes in work status caused changes in child care rather than the breakdown of care being the reason mothers lost their employment.

However, for some women, like Clorinda, a married 24 year old mother of one, lack of child care served as a barrier to employment. She expressed her frustration saying, “And when I was over there in Westlake I couldn't even go look for a job because nobody never had the time to watch him. So that's why I had to stay at home.” Similarly, another single mother of three children stated, “I take them [her children] to someone
who I really trust. But if I can't and I've always said, that if I can't find that person, I'd rather stay to take care of my daughters then go to work. And that's also how people criticize by saying ‘that one is lazy by using the excuse of their daughters.’ That's how it is. My daughter's come first.”

While lack of child care is an important barrier to gaining employment, in the present sample, only 4 (4.9%) cases indicated that issues with child care were the reasons why they lost employment. For instance, Jocelyn a 26 year old mother of three expressed her frustration when asked, what do you do if your child gets sick? She answered, “I stay home. And then I end up losing jobs.” And when she was asked, “what happens if your child care provider is sick?” She answered, “Same thing, there ain't no back up babysitter, cuz there's nobody”.

The extent to which child care issues may lead to changes in employment status (e.g. getting fired for missing work when arrangements fail) depends largely on the opinions and policies of employers for which mothers work. Some women expressed that their supervisors were sympathetic about their absences from work due to child care issues. For example, one single mother answered “They understand, no problem” when asked “when you missed work [to take care of your sick daughter], how did your supervisor react?” Other women reported more negative reactions from their employers. Jocelyn described her experience with her employers by saying, “they [her supervisors] tell you they're understanding, being, you know, you're a single parent. That's bullcrap. They don't care…but my kids come first.”
Three specific reasons given for changes in care were work related. The first category included cases where the mother got a job or began attending school; 23.5% (N = 19) of mothers responded that this was their primary reason for changing their child care arrangements. In 14.8% (N = 12) cases, mothers stopped working or attending school which lead to a change in arrangements. Maternal work issues were cited by an additional 5% (N = 4) who changed arrangements due to a change in the mother’s work schedule including changes in either work days or times. For example, Flora, a 45 year old mother of 2 explained why her arrangements changed, “Well, I guess because I was working a different job, getting trained in as a hostess, and I would work like four days a week. Now, I work like, Monday, Wednesday, and Friday nights.”

*Non-employment Related Reasons for Change*

Interview transcripts revealed seven other (non-work related) categories of responses when considering what specifically motivated mothers to change child care arrangements (see Table 3.3). The breakdown of current arrangements was a big concern for some mothers in the sample. Specifically, 17.3% (N = 14), of moms reported that changes in child care arrangements were made because the person who was currently providing child care became unavailable or unwilling to continue providing that service, therefore, the mother was forced to find new arrangements. Lark, a 27 year old single mom, shared her experience with the instability of informal care, “Donna [former caregiver] decided she wanted to get a job at State University so she went there. She kind of left me in a lurch. She just up and got the job and did not give me any notice…which
really irritated me…so I had to use my mom's mother-in-law for a few weeks.” Many
different reasons were cited as to why caregivers chose to quit providing care. Reasons
rangd from gaining other employment, starting school, illness, pregnancy, and moving
from the area. Also, experiences differed on the advanced notice that mothers were given
<table>
<thead>
<tr>
<th>Reason</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother gained employment or started school</td>
<td>19</td>
<td>23.5</td>
</tr>
<tr>
<td>Mother stopped working or attending school</td>
<td>12</td>
<td>14.8</td>
</tr>
<tr>
<td>Change in mother’s work schedule</td>
<td>4</td>
<td>5.0</td>
</tr>
<tr>
<td>Child started Head Start or kindergarten</td>
<td>16</td>
<td>19.8</td>
</tr>
<tr>
<td>Caregiver became unavailable</td>
<td>14</td>
<td>17.3</td>
</tr>
<tr>
<td>Mother became dissatisfied with care</td>
<td>5</td>
<td>6.2</td>
</tr>
<tr>
<td>Cost of care</td>
<td>5</td>
<td>6.2</td>
</tr>
<tr>
<td>Received child care assistance</td>
<td>2</td>
<td>2.5</td>
</tr>
<tr>
<td>Family moved</td>
<td>3</td>
<td>3.7</td>
</tr>
<tr>
<td>Change in custody arrangement</td>
<td>2</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Table 4.3: Reasons Mothers Changed Primary Child Care Arrangements
before their caregivers quit. In some cases, mothers knew well in advance that their caregiver would be leaving in other cases, such as Lark’s (above) mothers had very little if any time to secure new arrangements.

In choosing child care arrangements, women typically try to find caregivers who have beliefs similar to their own when it comes to how their child should be cared for and treated. Finding such a person decreases the anxiety that mothers often feel when having to leave their children, increases a mother’s sense of trust in the caregiver, and typically increases general satisfaction with the arrangement (Utall, 2002). Although circumstances of women in this sample differed, dissatisfaction with the care that their child was currently receiving was cited by 5 (6.2%) mothers. For example, 24 year old Ruthanne’s experiences showed differences in opinion about what is considered appropriate care and her feelings toward the caregiver when she mentioned her concerns. In her interview, Ruthanne stated “She [her only child] used to go to Pleasantville Community Child Care when she had infant care, and they really messed up there. They kept her in the infant room for way too long. They didn't move her up to the toddler room. I felt that she was starting to regress, and the lady up there was really unresponsive to me.” Communication with caregivers is very important to resolving differences in opinion about caregiving. As in Ruthanne’s case, mothers may not feel that the caregiver responds to their concerns appropriately which may lead to a change in care.
Differences in opinion about what constitutes good caregiving also was obvious in Paloma’s answer to the question of why she changed her child care arrangements. She said, “I got rid of her [her only child’s caregiver] because she was fat, lazy, and didn't do nothing. All she did was yell at my daughter. Man I came home from court one day and she was yelling at my daughter at top of her lungs. She wouldn't get up and do stuff for her. She'd just do it or whatever. Yell at her, "do this, do that". It's like no man. Let Brianna eat what ever she wanted. Her pop, her candy, her chips, whatever. It's like no, so I got rid of her real fast.” Twenty-one year old Margo on the other hand was more concerned with the physical environment. She expressed, “I had a few issues with the day care center. I didn't feel comfortable with (my son) being there. He was always sick. The germs were just passed around in that place really bad.” The interviews confirmed that each mother had their individual concerns and ideas about what was most important to them in terms of their child’s care, but overall, the sentiment among those who were dissatisfied was that change was necessary for the well-being of their child.

In some cases, mothers’ choice to change care was not as much of a personal preference as it was a result of more structural factors such as their child’s age or their financial situation. Specifically, 19.8% (N = 16) of mothers changed their child care arrangements because their child started either Head Start or kindergarten. While it seems publicly funded programs such as these would facilitate working mothers in finding and maintaining employment, in many cases these programs are only part-day and nearly always seasonal. Grace, a 26 year old mother of two children, exemplifies this
issue, “Now she's [her youngest child] in school, but she's only there for a half a day. They give her a half a day, which is from nine until one. There is no way I could find a job from nine until one, and I don't have anybody that could come here and pick her up off the bus and then watch her until I could get out of work.” Clearly, these programs are not helping some mothers secure the full-time employment that will be necessary for them to pull their families from poverty.

Financial considerations were another reason why some mothers changed their child care arrangements. Specifically, the cost of child care was referenced by five mothers as the reason why they decided to change child care arrangements. Even with some form of assistance, some women still found the cost of care too expensive for their personal financial situation. For example, Neena, who is single and has one child, states “Stanmore Bay [child care center] charge $2.50 [per hour] and the state only pays $1.93, so I ended up paying more out of my pocket than I'm supposed to. I had a $45 co-pay and I always ended up paying like $100 out of my pocket. And I just can't afford that.”

For other women, interviews revealed that gaining financial assistance through child care subsidies was the reason that 2 (2.5%) participating mothers changed. In some cases, the child has to be placed in a formal (licensed) child care arrangement for the mother to receive assistance, which may force the mother to change arrangements if she is currently utilizing an informal child care situation. Sybill, a married mother of four children, talked about some difficulties she experienced trying to use her subsidy with informal care. “I had applied for it [child care assistance], but my friend [former
[318x113]39
caregiver] did not want to make the changes that she had to…her family members had to get a shot and they had to do some different things to qualify and she did not want to do that so…I had to change daycare providers.” So the cost of child care, whether women are using formal or informal, and whether they are receiving assistance or not, is an important factor when deciding whether to change child care arrangements.

More structural issues were involved in the remaining cases where three families (3.7%) moved from the area and 2 mothers (2.5%) stated that their losing or gaining custody (of the target child) during the period of study as the primary reason they had to change child care arrangements. While circumstances such as these were not common among participants, they characterize the often chaotic life circumstances of women living in low-income situations.

In summary, informal child care was the most popular arrangement being used by the mothers in this sample. Despite the use of informal care, instability of care was a concern only for approximately 1/3 of women, with employment issues being the most common reason why women changed their child care arrangements. In addition, there were several other reasons why a number of mothers changed care, suggesting that successful policy for helping to reduce instability could come in a number of different forms.
CHAPTER 5

DISCUSSION

The present study was designed to further our understanding of the dynamics of child care choices among low-income families living in rural areas of the country. It investigated the types of child care arrangements that are being used by low-income mothers living in rural areas, the prevalence of change from different types of arrangements, as well as an evaluation of the reasons why these women change child care arrangements. As supported by previous literature (Atkinson, 1994; Hofferth, Brayfield, Deich, & Holcomb, 1991), results indicated that the majority of low-income women in this sample chose to use informal child care arrangements. Results also showed that when changes in care occur it is often a change to informal or maternal care rather than to formal arrangements. Previous literature has consistently documented several reasons why informal care is more common in low-income populations (e.g. Hofferth, 1995).

One reason why low-income families are more likely to use informal care than more formal arrangements is due to the irregularities of their work hours when compared to the hours of operation of most child care centers. Smith’s (1995) study of Illinois Department of Public Aid data found as many as 72% of working parents either worked
nights, weekends, or had varying work schedules. Similarly, Hofferth (1995) found that 1/3 of working mothers with annual incomes below poverty and ¼ of working mothers with incomes near poverty (less than $25,000 per year) work weekends. She also found that almost 50% of working poor parents have rotating schedules. But only 10% of child care centers and 6% of family day care homes provide care on weekends and most give precedence to families who need full time rather than part-time care. It is very difficult for low-income workers to find jobs during regular business hours that would then enable them to use center based care. Therefore, many rely on informal care (such as family members) which can provide more flexible arrangements.

Another reason low-income women may choose to use informal care is that it tends to be cheaper, which is often a deciding factor in this population. Affordability was cited as a problem by 81% of low-income participants or a major problem by 55% (Siegel & Loman, 1991). Informal care is often easier to find, especially in rural areas where regulated care, such as day care centers are limited or can require driving significantly longer distances (Atkinson, 1994).

Implications for the use of informal child care lie in the fact that such arrangements are often unregulated, meaning there are no health or safety standards imposed on informal caregivers because they have not obtained a license or certification from the state. While licensure does not equate to high quality of care, as there exists both high and low quality care in all types (center, home-based, and family care) of arrangements, previous research has consistently linked lower levels of quality with
unregulated care (Hayes, Palmer, & Zaslow, 1990). A plethora of previous research has linked positive cognitive and social outcomes (e.g. NICHD, 1998, 2000) and advanced language development (e.g. McCartney, 1984; NICHD, 2000) to receiving high quality child care. Therefore, it is of great concern that so many children, especially those considered high risk due to poverty, are receiving care primarily in informal arrangements.

Policymakers should continue to find better ways to help women locate high quality care in their community. Specifically, states should expand reference and referral services to help women locate licensed child care homes and centers in their community. There has been great debate over whether lawmakers should make subsidy use dependent on using formal care instead of the current system, in most states, where mothers can use vouchers to purchase care with unregulated neighbors and family members. Supporters believe that allowing vouchers only for formal arrangements would increase the number of children in higher quality care. However, the present study highlights the importance of informal care for low-income women living in rural areas; therefore, removing assistance for these types of care would further limit mothers’ choices. Instead education programs may be effective in teaching mothers what constitutes high quality care and what advantages it can have for their child to be placed in such an arrangement. States also could provide more extensive training and education programs for caregivers of young children.
The problem of accessibility could be addressed by policies that encourage child care centers to open and operate in low-income and rural neighborhoods, making them more accessible to families living in those areas.

Stability of Care

The present study found that overall child care use in this population is more stable than hypothesized. This finding supports some previous literature such as, Miller (2005) who found that less than 4% of families dropped care for a month or more and about 1/3 of families had dropped care at some point over the two year period. However, when stability is defined by changing to a new arrangement rather than quitting nonmaternal care, Miller (2005) found that more than ½ of the women changed care arrangements at some point over the study period.

There are several possible explanations for why child care remained stable in many families despite often chaotic life circumstances. One possible explanation may be that mothers are diligent in their initial search for a caregiver and therefore are typically satisfied with their choice and have no reason to change their child care arrangements. Further, many women in this sample were using family members as caregivers which introduces an interesting dynamic to the parent-caregiver relationship. Specifically, this arrangement may foster a sense of trust due to the family relationship, but it also may hinder a mother’s ability to express her dissatisfaction about the care her child is receiving.
Some mothers may have chosen to keep their current child care arrangements even if they preferred a different arrangement because they perceived that they did not have any other options. Limited availability of high quality care has been previously documented (Blau, 2001). Searching for and securing new child care arrangements can be a difficult and lengthy process. Utall (2002) found that many women felt like they did not have the time and resources (like time off from work or transportation) to devote to finding new arrangements. This may force mothers to leave their child in the present arrangement even though they would prefer a different one. When problems arise or a mother becomes dissatisfied with care, women may wait a period of time before bringing their concerns to caregivers out of fear that their child may be treated differently if she questions the caregiver. Mothers consider a number of complex factors when deciding which child care arrangement was best for their child. But since participants in the present study were not directly asked how satisfied they were with current arrangements it is difficult to determine if mothers did not change because they were happy with the care their child was receiving or if they did not change for other reasons. Future research should focus more on the role of satisfaction and the perception of other child care options in order to better understand how maternal satisfaction impacts stability in child care.

For those mothers who are dissatisfied with their care and want to change arrangements, several policies may be beneficial in increasing stability. Education for caregivers (perhaps as part of training for licensing) can highlight the importance of
communication in the parent-caregiver relationship. Helping mothers learn to express to their child’s caregiver what they think is important prior to agreeing to an arrangement may increase stability. Caregivers having an open door policy and encouraging communication with the parents about caregiving expectations may help both parties solve small disagreements before they escalate into a reason to break the arrangement.

Precipitating Events Leading to Change in Arrangements

Results from the present study also indicate that life events tend to lead to change in care more than dissatisfaction with the care itself. This lends support to Bronfenbrenner’s model suggesting the interdependence of different aspects of the mother’s life and the subsequent impact on other aspects of her life. Results showed that life events typically lead to changes in child care rather than an isolated decision to change the arrangement. It seems that many women are making a conscious decision concerning these precipitating life event, such as going out and getting a job, and changes in child care are a result of this other decision rather than a deciding factor. Many women may not consider how their decisions are going to have an impact on other aspects of their life before they make a choice. Helpful interventions may include, case managers or job education programs that may help women see the bigger picture of how making certain decisions like quitting their job, could have costly effects down the road like making them ineligible for child care assistance.

Other people’s decisions, such as employers and caregivers also impacted mother’s decisions about changing care. In some cases, the mother had no control over
the event that caused her to change child care arrangements, but she still had to adjust accordingly. In these cases, it was expected that there would be higher levels of stress associated with the decision to change child care arrangements. However, this was not the case. There are several possible explanations as to why very few women reported experiencing stress or negative reactions to the precipitating event. First, the women were not directly asked in the interview if they felt stress over the life event precipitating the change in child care. Therefore, some may have in fact been experiencing stress, but were not given the opportunity or chose not to share those feelings with the interviewer since they were not directly asked to do so. Another consideration is that low-income families are more likely to be experiencing stress on a regular basis (Hall, Gurley, Sachs, & Kryscio (1991), and they may be accustomed to dealing with chaos and change in their everyday lives. So perhaps they did not feel as if an uninitiated change in child care was all that stressful.

One situation where mothers in this sample did report stress was when caregivers became suddenly unavailable. This was especially an issue for mothers using informal child care arrangements when caregivers can decide for whatever reason that they do not wish to continue providing care for the child. It is up to the caregiver to decide how much notice the mother is given before care is discontinued and in some cases caregivers gave very short notice leaving parents with no one to keep their children. Many parents may not have a substitute arrangement in place. Siegel and Loman (1991) found that 70% of the low-income mothers surveyed said that they had no friend or relative who
could provide backup child care if their primary arrangement fell through or if their child was ill. This can lead to missing work and even losing employment if it is a frequent or permanent breakdown in care.

Policies supporting more elaborate resource and referral programs for low-income women may help mothers be able to line up temporary backup child care in advance, before they actually have a breakdown in the primary arrangement. Having some kind of backup child care arrangement ready may provide mothers with a peace of mind and prevent her from having to miss work if this stressful precipitating event should occur.

**Relationship with Employment**

Unstable maternal employment is related to instability in child care, but causality is difficult to determine. Schumacher & Greenberg (1999) suggest that lack of available child care hinders women from finding and keeping jobs. But the present data indicate that child care changes are more often a result of employment changes rather than the reason women lose their jobs. Similarly, Miller (2005, p.3) found that “some women lost child care before leaving employment, but that outcome was relatively rare among current and former welfare recipients with unstable employment.” The present study supports previous findings that while women see child care as a barrier to employment, unstable child care is not the reason why women lose their jobs. Siegel and Loman’s (1991) study of women transitioning off of welfare found that only 5% or their sample cited a breakdown in child care as the primary reason they lost/quit their job, 4% said it was the reason they changed their job and only 8% stated that they decreased their work
hours due to child care related problems. Miller (2005 p.3) states that “child care instability can contribute to job instability, but that is not the major reason women leave their jobs.” This highlights the finding that instability of child care arrangements is more often a result of employment instability rather than the cause.

Since it appears that instability in employment most often leads to instability in child care arrangements, policies that enable low-income rural women to obtain stable employment will in turn increase stability of child care. There are many state programs helping women to transition from public assistance into the workforce. However, expanded programs are needed that help all low-income women, regardless of welfare use, to get and keep jobs. Lower levels of formal education, lack of job skills/training, and lack of work experience are often serious barriers to obtaining stable employment that will enable low-income workers to pull themselves and their families from poverty. Through community and state programs, low-income mothers can receive professional training about how to locate, obtain, and keep a job. Information such as the importance of showing up to work on time, knowing how to dress, how to act on interviews, as well as learning specific job skills, like computer skills and customer service skills can help young mothers with little job experience get higher paying jobs that are more likely to enable her to pull her children out of poverty. So in conclusion, these findings suggest that while child care is an important topic related to employment, there may in fact be larger barriers to stable employment.
Employers play a role in creating job stability through policies and benefits they provide their employees. Specifically, providing workers with paid vacation and sick leave may enable working poor mothers to take the necessary time to stay home with her sick children or give her the time necessary to find and secure new child care arrangements when her current arrangements breakdown. Another policy that can be utilized by some employers is more flexible work hours. The advantages of flexible work hours are described by one mother named Aggie, “I’m doing, well since I’m a home health aide now I can swing my hours around, so you know, with him goin’ to school and stuff…right now they cut my hours back on Wednesday and Friday. They shut down my day about two, three o’clock…If I have to work a weekend, which right now it’s every sixth weekend I have to work, and if I have to work they only give me like one or two clients so I’m not away from him [her son] too long. They’re really great down there.”

While not all employers are able to provide these family friendly benefits, when they are implemented they may add to the employment stability of the mother and thus lead to more stable child care arrangements.

In cases where child care instability is a result of unavailability of caregivers, interventions helping mothers find other possible child care arrangements may be helpful. Education about available agencies and information on ways caregivers may advertise openings in their specific community may help mothers sustain employment by lessening the time it takes for them to find a replacement arrangement when their caregiver becomes unavailable. Programs supporting the use of formal arrangements (such as
making it a requirement to receive assistance) may be helpful because formal
arrangements, while inflexible in things like hours of operations, are less likely to
become suddenly unavailable.

Changes to Current Child Care Policies to Increase Stability

The federal government has programs designed to help low-income mothers
afford child care arrangements so that she can obtain employment. The Child Care
Development Fund (CCDF) allocates funds to be provided to families making less than
85% of their state’s median income. In most states, parents must be working or
participating in some type of job training program and have a child under the age of 13 in
order to qualify for federal child care assistance. The vast majority of these funds are
distributed through vouchers which parents can use to help pay for child care
arrangements, including family members as well as licensed day care arrangements in
most states (Blau, 2001).

The primary goal of the federal child care subsidy program is to enable mothers of
small children to enter the work force. Economic research on the program indicates that
it is effective in increasing labor market participation. A study by the United States
General Accounting Office (1994) found that subsidies boost participation for poor
mothers (those whose income falls below the poverty line) from 29 up to 44%. Similar
increases were found for near poor mothers (defined as incomes ranging from 100% to
185% of the poverty line) where their employment rose from 43% to 57%.
Furthermore, employment increased as the level of subsidy being received increased with greatest participation among those who received fully subsidized child care.

But there are problems associated with subsidy programs that may prevent them from being effective. The principal form of government assistance comes in the form of child care subsidies which have the goal of allowing low-income parents to afford the child care of their choice. But receiving subsidies does not address the problems associated with availability and accessibility of the child care market. If there are not adequate choices available to the mother or if she does not know how to locate quality arrangements in her community then having vouchers to pay for it is not particularly helpful. More of the CCDF needs to be used in referral and education services to help mothers locate and access high quality arrangements (Adams & Rohacek, 2002).

In 2001, there were over two million families receiving subsidies to help pay for child care expenses (Adams & Rohacek, 2002). However, it is estimated that fewer than 25% of federally-eligible children receive these subsidies (U.S. Department of Health and Human Services, 1999). Specifically, the National Study of Children in Low-Income Families shows that 15-20% of eligible children were served in the 17 states surveyed (Layzer & Collins, 2001).

There are several reasons why eligible families may not be using child care assistance. More than half of states pay at less than market rates, so some providers may limit the number of subsidized children they accept. Even when using subsidized care, some families can not afford the copayment they are charged to keep their children in
formal care. Some states also may require parents to pay for care and be reimbursed as much as two months later, something many families can not afford to do. Other barriers to child care assistance may include formidable administrative issues (Adams, Snyder, Sandfort, 2002). Parents may have to fill out extensive paper work to be eligible as well as be frequently recertified. People with irregular and unstable employment may find eligibility frequently changing, as small increases in income or short periods of unemployment may lead to ineligibility (Lowe & Weisner, 2004).

Ineligibility to receive assistance may in some cases lead to instability in child care because mothers may no longer be able to afford or may no longer need current child care arrangements. This instability in care could be lessened or eliminated by allowing parents longer grace periods when no longer meeting eligibility requirements. Another change that could lead to more stability in child care is allowing mothers to qualify for assistance for a set period of time (like 6 months or a year) before eligibility is reevaluated. This would at least ensure some level of stability because brief changes of employment status or wages would not instantly make the family ineligible for assistance.

Research does suggest that when subsidies are being used they do provide more stable child care. The Greater Minneapolis Day Care Association Study (1995) found a significant difference in the stability of arrangements between families with partial child care subsidies and families on the waiting list. Those on the waiting list experienced less stable care than those receiving the subsidy.
Another difficulty concerning the use of subsidies to enable mothers to gain employment is that this program assumes that there are viable options available to women in their communities. Previous research (e.g. Hayes, Palmer, & Zaslow, 1990) suggests that particularly in rural and low income areas, options may be limited, especially when factoring in the complexities of maternal preference and comfort level with different types of arrangements. Policymakers should consider economic development policies that may directly or indirectly expand choices for women. When arrangements are available, additional federal funds should be used to help women locate child care arrangements in their communities that meet their needs as well as their personal preferences.

Another federally implemented policy is the Head Start program that was designed to help at-risk children succeed academically. However, in many areas, Head Start programs operate only part of the normal work day and only during the normal public school year, which may not be helpful for mothers who need to find and maintain full time employment. Another barrier to the use of Head Start is that the program requires (or at least encourages) parental involvement, which can be difficult for mothers working full-time. Also, working full-time may increase family income to a level where the child is no longer eligible for the Head Start program.

While both subsidy and the Head Start program target and aid low-income families, integration of program goals may be more successful. Specifically, the subsidy program is focused solely on facilitating employment of low-income parents while the
Head Start program is designed to aid in the cognitive and socioemotional development of at-risk children. But by combining these goals and making Head Start a full-day/year round program, children can continue to receive the high quality care that Head Start provides, while allowing mothers to maintain full-time employment which is more likely to help her achieve self-sufficiency. Brush, Deich, Traylor, and Pindus, (1995) provide a similar suggestion in that subsidy funds should be used to provide “wrap around” services to Head Start children, again extending federally funded care so mothers can work more hours while not jeopardizing the quality of care the child is receiving.

Policymakers also should consider the advantages of making Head Start a full day program to help support maternal employment. Currently, most Head Start programs operate only 3-4 hours a day, which makes full-time employment difficult for mothers who still need to secure child care arrangements for the rest of their work day. By extending Head Start hours to those similar to public elementary schools, mothers will be able to utilize after-school programs that are already in place for older children. This change would facilitate full time maternal employment.

Limitations and Future Research

There were several limitations to the present study that should be addressed by further research. One limitation is the definition of change in child care arrangements. This study looked at change over a one year period, but did not consider the number of changes that occurred during this time. Only the arrangements at Wave 1 and arrangements at the time of Wave 2 were analyzed. There could have been many other
changes in care in the interim that were not considered. Future research should ask
families more frequently about child care arrangements, perhaps monthly, so that patterns
of change and reasons for frequent changes can be analyzed more closely.

The present study also was limited due to the fact that only the primary child care
arrangement for only one child was analyzed. Many low wage earning families need
multiple arrangements at the same time in to coincide with their more nontraditional
work schedules (Hofferth, 1995). Miller (2005) found that almost 20% of women used
two or more arrangements in most months. The complexity of securing multiple child
care arrangements for one child was not captured by the present study due to the fact that
only the primary arrangement was considered. Therefore, future research should
consider arrangements for multiple children including investigating care arrangements for
school aged children. The present study also did not separately analyze the relationship
that child care has with continuing maternal education. Due to a limited number of cases
where the mother was enrolled in school, education and employment were analyzed
together while clearly attending school and maintaining an educational plan requires
different things from the mother than sustaining employment. Future research should
address maternal education separate from employment to determine what relationship is
shared with stable child care arrangements.

Another limitation is that the present study did not take into account the season
that the data were collected. There are seasonal differences in child care arrangements
that correspond with school breaks and availability of employment of migrant workers.
This is especially a concern when studying older children, which also should be considered by future researchers. Even though children begin full day formal schooling at the age of 5-6, child care arrangements are still a concern for low-income mothers for several more years. Future research should address stability and change in mother’s choice of after school and summer programs for their older children also.

Additional analysis comparing instability of child care arrangements in rural vs. urban settings also would be helpful. Many of the differences between urban and rural samples have been highlighted (Atkinson, 1994), but comparisons of instability in child care between low-income families living in rural vs. urban settings remain very limited.

In conclusion, there is considerable variability in the child care arrangements being used by rural, low-income mothers, with the majority of mothers using informal arrangements. Stability in child care arrangements is related to stability in maternal employment. Therefore, if policy changes at the state, community, and individual level are made to increase the stability of employment of low-income mothers then stability of child care arrangements will be increased for low-income families living in rural areas.
REFERENCES


for Employment Research.