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Out of Their Hands: Patching Together Care for Children When Parents Move from Welfare to Work

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The authors welcome comments and discussion.

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This working paper is a joint production of the Project on Devolution and Urban Change and the Next Generation. Urban Change is a project designed to understand how devolution and the Temporary Assistance for Needy Families (TANF) block grants play out in four large urban areas. The Next Generation is a project that examines the effects of welfare, antipoverty and employment policies on children and families.

Research partners
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Acknowledgments

Introduction

In 1996 Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act to reform the federal welfare program to aid low-income families with children. The central goal of this reform was to move welfare-reliant parents into the labor force by imposing strict work requirements and time limits on welfare receipt. Between 1994 and 2001, the welfare rolls declined by 57 percent (Corbett 2002) and the employment of low-income single mothers increased by almost 10 percentage points (Blank and Schmidt 2001). By implication, work stipulations and time limits require single parents to find alternative sources of child care to replace the unpaid caring labor they were performing while on welfare. In this paper, we examine how women responded to the work mandates of welfare reform and provided alternative care for their children once they moved into the paid labor force. Our findings come from analysis of in-depth, longitudinal data from interviews with 38 women residing in the most disadvantaged neighborhoods in Cleveland. The interviews were conducted under the auspices of MDRC's Project on Devolution and Urban Change.

Central to parents' ability to move from welfare to work is their ability to shift the burden of their carework to other sources — either to *formal care*, which we define as child care centers or family child care homes[1], or to *informal care*, which we define as the care provided by grandparents, aunts, fathers, boyfriends, friends, older siblings, or children's self-care. While historically mothers in low-income families have worked less in the paid labor force and have been more likely to care for children themselves or rely on relative care, expanded center-based care is and has been crucial to expanding female labor force participation (Fuller et al., 2002; Huston 2002; Newman 2001). Thus, in assessing the impact of welfare reform on children, some of the key questions include: What are the alternative arrangements of care for children, and how are they faring? Initial studies seeking to answer these questions have focused on funding for, and access to, child care (including questions of supply and demand), as well as on the quality of the care arrangements. Below, we briefly outline some of these findings from initial evaluations of the impact of welfare reform on children.

Anticipating the increased need for child care, under the provisions of PRWORA Congress reorganized federal subsidies into Child Care Development block grants to states and substantially increased funding for child care (Fuller et al., 2002; Greenberg et al., 2002; Huston 2002a). Further, states were permitted to spend TANF funding on child care subsidies (Fuller et al., 2002; Greenberg et al., 2002). Many, including Ohio, chose to do so. Although it is difficult to calculate the exact increase in funding for subsidies, estimates range from a 60 percent increase

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[1]Often the family child care homes are unlicensed and unregulated, but here we include them in our definition of formal care.

(Besharov and Samari, 2001) to more than a 100 percent increase in the decade between 1991 and 2000 (Huston, 2002a). The number of children served increased from 1.0 million in 1996 to 1.9 million in 2000 (Adams and Rohacek, 2002a). However, by most estimates there were still not enough subsidies to meet potential demand (Adams and Rohacek, 2002a; Greenberg et al., 2002). States vary enormously in the proportion of low-income families receiving child care subsidies, but studies suggest that only 10-30 percent of eligible families are receiving assistance (Adams and Rohacek, 2002a). For a variety of reasons, not all eligible families need or request assistance (Adams and Rohacek, 2002a; Besharov and Samari, 2001), yet researchers and policy makers are still concerned with the adequacy of funding for, and access to, subsidies.

Subsidy use can be affected by a range of circumstances: for example, parents' beliefs about appropriate care for their children (Lowe and Weisner *forthcoming*); the promotion of formal care and the quality of services provided by caseworkers who help people find providers (Gennetian et al., 2002); and the extent of bureaucratic difficulties in maintaining eligibility for subsidies (Clampet-Lundquist et al., 2002; Huston, 2002). Further, subsidy use is affected by limited supplies of center-based care or family child care homes. Child care providers must be willing to accept subsidies (which often do not reimburse at market rates so often they cannot afford to do so), and centers must be located in reasonable proximity to parents' homes and/or workplaces. Low-income neighborhoods like those we studied in Cleveland have limited supplies of center-based child care options (Fuller et al., 2002; Huston, 2002a). Most child care centers do not provide services during non-standard work hours or allow for the flexibility some parents need when they are working multiple jobs and erratic hours. There is a substantial need for before and after school care for school-age children. Work schedules and the additional time required to travel to and from work often require parents to be gone before school starts in the morning and after school ends. Without adequate formal before and after school care, work requirements force parents to seek alternatives, sometimes relying on network members or relying on their children to care for themselves during those periods.

With welfare reform, more children are in alternative care arrangements. Analysis of the National Survey of America's Families in 1997 and 1999 indicates that among single-parent low-income families, there was no change in the use of center-based care for pre-school children, but the use of relative care increased significantly for school age children (Sonenstein et al., 2002). Among two-parent low-income families, center-based care declined for pre-school children, but there was no change in relative care for either age group (Sonenstein et al., 2002). Research involving experimental employment programs for welfare recipients clearly shows that programs that increase parents' employment also increase their use of paid child care (Gennetian et al., 2002). Those programs with expanded child care assistance increase the likelihood

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that parents will choose center-based care (Gennetian et al., 2002; Huston, 2002a).[2] However, the federal Child Care Development Fund and often state sources of funding for subsidies have sought to allow maximum parental choice in the type of care they choose, including in-home caregivers, relatives, family child care homes, and child care centers (Adams and Rohacek, 2002b). The ability of families to use subsidies to pay for care outside of child care centers has been crucial particularly for low-income families needing care during nontraditional work hours, or whose work hours are irregular (Adams and Rohacek, 2002b). But, because child care functions both to enable maternal employment and to aide child development, researchers and policy-makers have also been attentive to the question of quality of the care and the well-being of children, particularly in low income neighborhoods.[3]

The quality of the home environment and non-parental care is critical to children's development (Adams and Rohacek, 2002a; Huston, 2002b). Research indicates that many programs do not cultivate children's development, and this is especially true in low-income neighborhoods (Adams and Rohacek, 2002a; Zaslow and Tout, 2002). Yet research also demonstrates that high quality care — care that provides cognitive, linguistic, and physical stimulation and challenge — is good for children, again particularly low-income children. Consistently, studies show that children's cognitive and language development is positively related to high quality care (Huston 2002b; NICHD Early Child Care Research Network, 2000; Wolfe and Vandell, 2002). Further, the structure of care arrangements seems to matter. On average, preschool children in child care centers show better cognitive and language development (but not social-emotional development) than do those cared for in informal settings. School age children also benefit from participation in after-school programs. They have better performances in school, and exhibit less anti-social behavior than children who do not attend structured programs or are unsupervised after school (Huston, 2002b). Finally, although a substantial minority of children from both low- and higher-income families have multiple care arrangements (Capizzano and Adams, 2000), when these arrangements are unstable then children's emotional well-being and behavior can be negatively affected (Huston, 2002b). So, how and where children are cared for is important, but it is not essential that they are in the full-time care of their parents. Quality, structure, and stability matter.

In this paper we examine the shifting burdens of care in the first three years after the implementation of welfare reform in Cleveland, Ohio. What did welfare-reliant parents do when

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[2]Programs with expanded child care assistance offered some combination of services in addition to standard assistance: programmatic promotion of formal care, direct reimbursement of care providers, access to child care resource and referral agents, and easier transitions to other sources of funding when people left assistance (Gennetian et al., 2002).

[3]Researchers are also seeking to evaluate the impacts of other program components on children, such as mandatory work requirements and expanded income assistance, which we don't discuss here. See for example, Morris et al., 2001; Zaslow et al., 2001.

faced with the mandate that they work 30 hours per week and get off of welfare within 3 years? While much of the focus in the literature on child care and welfare reform has focused on access to and use of formal care, as well as the quality of the formal care and the implications for children in the families of welfare-leavers, we took an in-depth, longitudinal look at the various arrangements parents made, and then asked what this might mean for children growing up in very poor urban neighborhoods in the era of welfare reform.

Data and Methods

Data come from the ethnographic component of MDRC's Project on Devolution and Urban Change in Cleveland, Ohio, one of the four cities in which the study is being conducted (see Quint et al., 1999 for additional details on the design of Urban Change). At the initiation of the study, we selected three neighborhoods with moderate to high concentrations of poverty (at least 30 percent of individuals or families living in poverty) and welfare receipt (at least 20 percent of families receiving welfare). We selected two predominantly African American neighborhoods and one predominantly white neighborhood.[4] We defined the white neighborhood and one of the African American neighborhoods as moderate poverty neighborhoods (30-39 percent of families or individuals lived in poverty). We defined the second predominantly African American neighborhood as a high poverty neighborhood (40 percent or more of families or individuals lived in poverty).

Next, we recruited 12 to 15 welfare-reliant families residing in each neighborhood by posting flyers in the neighborhoods, going door-to-door, and asking women we had already enrolled in the study to refer to us one or two welfare recipients who might also want to participate in the study. Respondents were promised payment for participation in the study, which was an incentive for their own participation and referral of friends or relatives.

By screening at the recruitment stage, we were able to recruit a sample that was diverse along theoretically important dimensions. By drawing a sample from highly disadvantaged neighborhoods, we hoped to study welfare reform where it might have its worst impact. In addition, we sought to select a sample from within these highly disadvantaged neighborhoods that varied in disadvantage by factors that predict welfare receipt, such as education and work history (Danziger et al., 2000). Thus, half of the sample had characteristics of short-term welfare recipients (e.g., a high-school diploma or GED, at least two years of formal-sector work experience, two or fewer children) and half had characteristics more typical of long-term welfare re-

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[4]Neighborhoods were defined as one to four contiguous census tracts that, according to the 1990 Census, met the specific poverty, welfare receipt, and racial/ethnic criteria stipulated by the research design. Neighborhoods defined in terms of census tracts do not necessarily map onto neighborhoods defined in other terms.

cipients (e.g., no high-school diploma, little formal work experience, three or more children). We minimized the participation of women who had substantial additional economic supports, such as subsidized housing or SSI, in order to evaluate better the effects of welfare reform where they were likely to be the most negative.

Sample recruitment and baseline interviews were conducted from the Summer of 1997 through the Summer of 1998. Three main follow-up interviews were conducted at one year intervals thereafter through the Summer of 2001. At each main interview, we asked open-ended questions about a broad range of women's life experiences; the third and fourth main interviews contained an enhanced module of questions that aimed to map closely children's child care arrangements throughout the day and year. Given that the primary goal of the ethnographic component of Urban Change is to closely document welfare recipients' perspectives and experiences as they negotiate the transition from welfare to work or alternative sources of financial support, our interviewers were trained to conduct them in a conversational manner and to probe liberally to get women's stories and perspectives. Baseline and main follow-up interview each typically lasted about 2-10 hours and were often completed in multiple sessions; shorter interim interviews were conducted in-person and over the phone approximately three times over the year to document changes in women's lives and to maintain contact with the women..

Approximately two-thirds of the sample had children under the age of six when the study started, and by the end of the study almost half still had pre-school age children. At the beginning of the study, more than half had young school-age children (age 7-12), and almost one half had teens or children who aged into their teen years during the course of the study. Thus, this sample provides an opportunity to consider the different concerns about the care for children of all ages and the complex care arrangements negotiated across the age spectrum.

Data for this paper come primarily from the third and fourth main interview, with background and supplemental information drawn from the first two main interviews, field notes, and transcripts of the short interim interviews done between these main interviews.

Results

Like welfare recipients nationally, approximately 60 percent of our sample moved from welfare to work between 1998 and 2001. While they were optimistic about the benefits of work when the study began, most of these recipients moved into very low-wage labor with no health insurance or other fringe benefits. Their incomes increased on average from $1000/month to $1500/month, but this was accompanied by substantial increases in their cost of living due to the expense of work and the loss of other benefits such as Food Stamps (see Clampet-Lundquist, Edin, London, Scott, and Hunter, 2002). Thus, many (but not all) of these recipients did not immediately realize the financial gains from work that they hoped would

improve the material well-being of their families and thus compensate for their absences from the home. With little initial financial improvement realized from work, most of the women in our sample took on the often daunting task of balancing the demands of work and family with few extra resources.

Among our sample, the general patterns of care post-welfare reform tended to be age-specific. For preschool age children (infants until first grade), the care arrangements shifted from the mothers to a combination of subsidized formal care and informal care by relatives. Almost all of the women with preschool age children had subsidies and used either child care centers or family child care homes to cover at least some, sometimes all, of their child care. We were not surprised by this finding. In Cleveland, where we conducted this study, the welfare department quite successfully provided child care subsidies for families leaving welfare with preschool age children (Brock et al., 2002). Only a few women with very young children in our sample did not have subsidies, but they chose not to seek alternative care for their children. Even though they had lost their cash benefits, most of them were not doing paid work; they were relying on financial contributions from both family and boyfriends or fathers of children so they could continue to be the primary caretakers of their children and make ends meet. In two instances, the mothers of very young children had lost custody by the end of the study.

Young school age children were cared for primarily by relatives, including older siblings, when they were not in school. The use of after school programs was extremely rare in this sample. During the fourth year of the study, one respondent consistently used an after school program, however the care was not subsidized. This respondent's income was too high, so she no longer qualified for a subsidy. Middle school and high school age children tended to care for themselves, and sometimes they provided care for their younger siblings.

Although rare in our sample, when women moved from welfare to work, occasionally the care arrangements shifted from the mother to other arrangements that they perceived to be stable, trustworthy, and of high quality. In these instances the families seemed to be no worse off, and sometimes better off if the family income increased with paid work. Linda's story illustrates this more unusual positive scenario in our sample:

Even though she had one pre-school age child at the start of the study, Linda moved relatively quickly from welfare to a fairly decent full-time job. This was possible, she said, because she had what she called a "stay-at-home dad" to manage the child care and household labor. Her husband was at home full time because he was disabled. Without him, she thought her ability to work full time would be seriously compromised: "I'd be in a creek without an oar. Because I really don't know anybody that I can call on." At the time of the final interview, their three daughters were 19, 10, and 7. The eldest had moved in with her boyfriend and was pregnant. The two younger girls were cared for by their dad after school. She trusts him, thinks he's

a good dad and house-husband. When asked what the costs and benefits to her work were, Linda said:

> I think the benefits outweigh the costs. But then again, I'm a two-parent family. If I were a single mom, I might not be saying that. Because I feel very comfortable, very very comfortable and very settled in my ways when it comes to Mark taking care of the kids while I'm at work. If it wasn't that way, my answer would be different.

When asked how she managed the house while working full-time and when asked specifically "when do you get time to cook, clean, shop, do laundry, run errands, pay bills," Linda's response was brief: "Mark." She elaborated:

> He's the answer to most of my questions. He does the grocery shopping, he does the cleaning, he does the cooking. He's marvelous. I love him to death. I don't know what I'd do without him.

Needless-to-say, Linda's situation was anomalous.

More often the parents in our sample relied on a patchwork of child care arrangements that changed during the course of a given day or year. Families patched together care in an attempt to respond to a range of problems that arose, or circumstances that changed, in either formal or informal care. They patched together care when school schedules shifted into summer schedules. They patched together care to cover long hours or to provide care for different aged children with different needs. They patched together care to cover schedules that differed during the weeks and weekends. Finally, they patched together care to cover multiple jobs, or erratic schedules. For all these reasons (and undoubtedly more), families struggled to maintain alternative care for their children.

Sometimes the patchwork of care was strategic and seemed to work well. It was stable and reflected both different family demands and resources. At other times, the patchwork reflected a degree of chaos and lack of resources. Always, however, relatives and informal care constituted the crucial lynch pin in this shifting burden of care. Without the care provided by grandmothers, aunts, older siblings, cousins, boyfriends, and husbands, there would be large holes in this patchwork of caring labor. Yet, we found that the quality of relative care varied substantially. The contributions of informal networks to the patchwork of care were often positive; sometimes the most stable, reliable and high quality part of the patchwork of care was provided by women's mothers, sisters, husbands, and fathers of children. However, many women talked about the problems they encountered in relying on their personal networks to provide care for their children. Problems were particularly common when the care was provided by older siblings or boyfriends.

In the remainder of this paper, we examine some of the circumstances that drove the shifting care and the need to patch together arrangements, either in a given day or over the course of a year or two. We first examine circumstances that caused shifts and patching over longer periods of time (a year or two): problems with the logistics or quality of care, or changes in circumstances such that caregivers were no longer available. We then examine circumstances that caused parents to patch together care in a given day or week: long hours away from home; multiple needs of different age children; and multiple jobs and erratic work schedules.

Shifting Care: The Long View

Problems with Logistics or Quality of Care

The fact that most of the women with pre-school age children in our sample were using subsidized care did not entirely surprise us. The welfare department in Cleveland aggressively enforced both work requirements and time limits, and so too did it attempt to make child care subsidies available to women moving from welfare to work. Survey data collected during the same time period in Cleveland indicates that among eligible respondents, the percentage who received child care subsidies increased from 15% to 27% between 1998 and 2001 (Brock et al., 2002). Much of this increase was among former welfare recipients.

About one-third of the women in our sample of 38 women used licensed child care centers or family child care homes. Almost all of them had preschool age children and many expressed satisfaction with the providers. They felt their children were well-cared for, appropriately challenged cognitively and physically, and quite happy in their child care settings. This greatly facilitated mothers' abilities to sustain their employment and maintain household routines.

Yet, the use of child care centers or family child care homes was not without problems. Parents sometimes talked about difficulties they had with obtaining or maintaining vouchers (Clampet-Lundquist, Edin, London, Scott and Hunter, 2002). Parents talked more extensively about the difficulties they had finding care they considered stable and trustworthy, particularly with providers in family child care homes. Respondents sometimes shifted care arrangements in response to problems. The problems and the frequent search for new arrangements were sources of instability of care that was common in our sample.

Alice described repeated changes in her child care arrangements over a two year period, most of them due to inadequate care. She had three children, two very young school-age children and one pre-school age child. Alice had to be at work early in the morning, so she needed someone to get the older two off to school. She was lucky to find a provider in a family child care home to care for the baby during the day and watch the other children before and after school (for an additional fee, which Alice paid out of pocket above her co-pay for her voucher

for the preschool age child). Alice dropped all three children there on the way to work and the older two walked to school from there. Yet, Alice described "some crazy things going on." Alice said, "The woman was going to sleep all morning," while she cared for numerous children on any given day. She also "used to hit [the children] on the arms with a ruler." Finally, when the provider began taking a day off each week, despite being paid for a full week of care, Alice decided she had to find alternative care.

Alice's preference would have been to find a day care center for her youngest child, but she knew of none in her neighborhood. Her mother stepped in to help until Alice found another in-home provider. Again, she dropped all three children at the provider's at 7:00 am and the oldest two got ready for school, walked from there, and returned after school. The youngest child spent the day there. When her hours of employment changed, Alice began taking the kids to school and taking the youngest to the provider in the late morning. All three children stayed there until 9:00 pm when Alice picked them up after her shift was over.

These arrangements were also unsatisfactory, however. Alice found the kids playing outside unsupervised. Therefore, she shifted them to the care of her pregnant sister for a few months until she found another care provider in a family child care home, whom she described as a good provider — "she's got a lot of activities and she's involved with the kids." However, she also described concerns about "chaos," including a large number of animals and other people at this site. She stated, "They own a taxidermy shop. And um, and she's also a notary of the public. So she has, every time I go over there, there's different people there. And that kind of bothers me." Alice still had a preference to place her youngest in a child care center, and she mentioned one that she could investigate if things didn't work out at the current setting.

Similarly, Sarah also had a series of formal (licensed and registered) child care arrangements during the course of the last two years of the study. Her arrangements shifted for a variety of reasons, sometimes because of problems with the quality of care, and other times because of problems with payment or scheduling. Sarah was the only respondent to have reported problems with center-based care. Generally, our respondents expressed more concerns about the care provided in family child care home settings. This exception exemplified an unusual and extreme situation: one of Sarah's four year old twins was left at the zoo. The providers did not realize that he was missing. Sarah discovered the problem when she received a call from the police. Needless to say, she removed her children at that point, although she had already been dissatisfied because of how many children were at the facility and how often her kids got colds. She had lost at least one job after staying home to care for her sick children. She said:

> I lost that job because if you miss seven days you are out. I had more than
> seven days missed. The reason why? Because one of my twins gets sick, the

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other gets sick. I have to stay home. They're not allowed at daycare when they get sick. So, that was the days I had to take off.

Sarah then placed her kids with a provider in a family child care home. However, because she paid out-of-pocket and her child care expenses were reimbursed by the welfare department, she fell behind on her payments to the provider. According to Sarah, the welfare department suspended her subsidy because her caseworker believed she was misspending her allocation. As a result, she had to move the twins again. After implementing a payment plan and reinstituting her child care vouchers, Sarah placed the kids with yet another provider in a family child care home, but after a sustained attempt by the provider to convert Sarah to Jehovah's Witnesses, and her insistence upon taking the children to church, Sarah removed them from this woman's care. Finally, Sarah found a provider she was happy with. She noted that even though she was not a center-based provider, she was "more active with them, helps them with their names and numbers, their ABCs….She really don't have to do that, being a home provider. She helps them out, and takes them places."

During this entire period, Sarah also switched jobs quite frequently. She typically found work far from her home and her kids' child care, requiring her to rise very early in the morning. When she worked at a factory far from her home, she had to get up at 3:30 am and catch two buses and a train to get to work by 7:00 am. Another job required "only" two buses, hence she could sleep until 5:00 am and still get to work by 7:00. Unfortunately, a subsequent job at a hotel required her to rise at 4:00 and arrive at work at 6:00 am. Clearly, it was imperative that she find a provider willing to take the children as early as 4:30 or 5:00 in the morning.

Other respondents mentioned various problems which provoked them to remove their children from care in family child care homes: ringworm, providers allegedly swearing at children, and children expressing great distress when left with the provider. Often this meant considerable scrambling to find new care arrangements, sometimes with different providers in family child care homes, as in the cases of Alice and Sarah, and sometimes shifting children to the care of other relatives or sibling care. For example, Tonya decided to remove her children from a family child care home when she thought her children, ages 5 and 8, were being mistreated:

> I happened to be talking on the phone with the babysitter, talking about something. And then in the background [I hear] cussing my daughter out. Didn't know I was on the phone I guess. Or I guess she just didn't have enough respect for me to give a damn.

She put them first in the care of her aunt and then later her children went back to another provider in a family child care home, but she didn't work out either. Tonya described the provider "whooping and hollering at my daughter and [my daughter] was sobbing so hard she couldn't

catch her breath." After that, her children cared for themselves after school. Tonya described them as "happier." She explained:

> They could stay home. See, my aunt lives upstairs. I try not to leave that re-sponsibility on [my aunt], it's my daughter. [They] stay home, but I know it's an adult in the house. They can watch out, learn how to be independent. It's teaching her [the older child] responsibility, and she gets rewarded now [for caring for her brother and doing chores.]

Although the children were still young at this point (6 and 9), Tonya did not see prob-lems arising and thought that they were doing well overall. Yet, even with an adult in the apartment upstairs, this circumstance was far from ideal. She worked two jobs for more than 65 hours a week, which left them home alone for considerable amounts of time. When school was not in session they spent even more time home alone. Tonya's inability to find satisfactory for-mal care urged her to rely first on the informal care of her aunt, and then on her children's abil-ity to take care of themselves while they were still very young.

Changing Circumstances and the Availability of Network Care

As the stories above indicate, relatives were important sources of care, both between the shifting arrangements with formal care providers, and as preferred resources for child care. Most of the mothers in the sample used relatives at some point for child care. Relatives tended to supplement other care arrangements – to fill in the gaps left between mother's work and chil-dren's school hours, or, for younger children, between mother's work and formal child care. For the most part, relatives watched younger pre-school and school-age children. Teenagers were generally left to care for themselves when they weren't in school, although there were cases of teenagers spending some days with grandparents by their own choice. Mothers of respondents and boyfriends or husbands were the most frequent sources of child care. Aunts (primarily sis-ters of respondents) were the second most common source. Care by older female cousins was also not uncommon. Male relatives (excluding fathers, stepfathers, and siblings) were much less frequently involved as caregivers – there were two cases of grandfathers providing child care and another of incidental care by an uncle.

Yet relatives were not always stable sources of care, thus they too became part of the pattern of changing arrangements of alternative care. For example, pregnant or periodically un-employed relatives provided care, however this was temporary, lasting only until the relative resumed work or delivered the baby. Sometimes care was provided by ill or disabled relatives. It was not *always* the case that relative care was unstable, however it was frequently so due to changing circumstances. Nonetheless, this was a critical component of the patchwork of care.

As discussed previously, between providers in family child care homes, Alice relied on her mother, and later on her pregnant sister, to care for her preschool child and her two school age children. Her mother was employed in the school system, and thus was available to step in between formal providers during the summer when she was not working. Because she preferred her mother's care, Alice attempted to get her certified as a child care provider but was unsuccessful. The documentation and paperwork required proved too big an obstacle, to Alice's dismay. Therefore, her mother returned to work when the school year began and Alice had to find yet another provider.

Tamara had three sons, two of them older (one in jail, the other still living at home and in his early twenties), and an 8 year old at the time of the last interview. She received welfare from 1973 to 1998. When she rejoined the labor force she had to find child care for her young son (5 years old then). She was concerned that a stranger would mistreat him. For the first couple of years she had her brother watch him but when Tamara's own mother became ill her brother had to take care of her. She then had her older son watch her younger one. Tamara half jokingly claimed that this was the reason she allowed her older son to remain at home even though he had reached maturity: "That's just basically the reason I keep [my older son]." She claimed that only she and the older son were able to stop the younger boy from crying. In 2000, the care arrangements shifted again. The younger son began school. At the same time, the older son married and moved out of the house. At the last interview, the older son's pregnant wife had stepped into the caretaking role he had previously played. She watched the young boy before and after school, when school was not in session, and on emergency occasions. She also began to fill in for Tamara at parent-teacher conferences. Despite the frequent changes in relative care, Tamara felt good about the arrangements and liked that she had been able to rely on family. To her mind, this constituted satisfactory continuity. Tamara laughingly remarked, "Nothin' much changes at our house."

Rochelle received vouchers for after school care for her two boys, ages 5 and 10, during the second year of the study. However, in the last interview she told us that she no longer had the vouchers because the process for renewing the vouchers had become so cumbersome. She described it this way:

> When I first got the vouchers I had no problem. They would mail it every three months. I would have the voucher for three months at a time, you know? Then they [the welfare department] started acting stupid. For the after-school program they wanted to give me one voucher at a time. One month at a time. Everybody else was getting 6 months. And I had to take off. I'm just getting this new job and she wants me to take off and come down there and sit all day for that bullshit. So that's why I left 'em alone [and stopped getting vouchers.]

With no vouchers for after school care, Rochelle relied on her mother to watch her children. This arrangement was not ideal, however:

> I feel comfortable, but I wish I could do something different because I don't like to put 'em on her. With her being sickly and stuff like that, I know that she can't do it really well.[5] But if my brother is there he kind of looks out for 'em. He keep them in order.

Rochelle's mother's illness meant that she was permanently out the labor force and therefore could always be counted on to be available if she was well enough. Rochelle hoped that with her brother's presence, the burden of caring for her two boys was not too great for her mother. Whoever, she worried about how long her mother would be available to provide this care.

Changing employment, health, marital status — these were among the various circumstances that led to instability in relatives' availability to provide care for working mothers in our sample. While mothers often expressed a preference to have relatives care for children, for many this was not a stable source of care as provider availability shifted with these changing circumstances. For some, neither was it a safe source of care, as some of the cases in the next section illustrate.

Covering the Day with a Patchwork of Care

Elsewhere we have described the jobs women in our sample moved into between 1998 and 2001, and their struggles to manage work and family responsibilities (Scott, Edin, London, and Kissane, forthcoming; London, Scott, Edin, and Hunter, 2001). Like many welfare recipients in other urban areas (Hotz, Mullin and Scholz 2002; Loprest, 2002; Polit et al., 2001), most of the women we interviewed found low wage jobs, and often worked part-time in multiple jobs, in temporary positions, or on second and third shifts. Their erratic schedules and long days required them to patch together creative child care arrangements, usually relying on a combination of resources: schools, formal child care and preschools, relatives, and children caring for themselves. During the course of a given day, child care could be provided by various caregivers, seemingly delicately coordinated. Sometimes these arrangements worked well and, although mothers and children missed one another, the mothers believed the care was stable and loving. These instances represented a creative combination of available resources. We present some examples of such cases in the first section below. Sometimes the arrangements appeared

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[5]In our first interview with her, Rochelle described her mother as gravely ill and expected to die. At that time, Rochelle anticipated she would be unable to work due to her caretaking obligations to her mother. In the second year of the study, her mother had surgery to remove "spots" from her lungs. Still, by the end of the study, her mother was still living, albeit disabled from illness.

more precarious, and at times even unsafe. We present examples of those cases in the second section below.

Stable Patchworks of Care

By our last interview with her, Sarah's situation illustrated the strategic balance of reliable, high quality care that made it possible for her to meet her work obligations. Sarah (discussed above) recounted many changes in her children's care resulting from her dissatisfaction with providers in child care centers and family child care homes. These changes concluded with a provider she felt good about. However, her vouchers did not cover sufficient hours during the day to allow her to work from 8:00-5:00 and travel one hour each way. Luckily, her sister-in-law stepped in, picking up the twins at 4:30 in the afternoon and caring for them until Sarah could get home at 6:30. For this help, Sarah paid her sister-in-law $50.00/week. Without her sister-in-law's assistance, she may not have been able to keep a job that required her to travel two hours each day. This critical care was stable (for the time being), and Sarah trusted her sister-in-law. She had no qualms about this arrangement.

Not unlike many working two-parent families, Debbie and her husband managed the care of their four children (ages 10, 7, 4, and newborn when we last interviewed her) by working different shifts from one another. Together they juggled the carework when their children were not in school or child care. Prior to the birth of the newest baby a few weeks before the interview, Debbie had worked a day shift and planned to go back to work after her unpaid maternity leave. Her husband worked the night shift. They had very structured routines for their child care responsibilities. She got their preschooler ready and took him to child care on her way to work. He switched from a family child care home to center-based subsidized care, and Debbie loved the child care center he went to in the last year of the study. Debbie would also see their oldest son off to his school before she left for work. Her husband would get their daughter up and ready for school. The daughter was profoundly disabled and was transported to a special school via bus (for additional details, see London, Scott, and Hunter 2002). After school, either her husband or the children's grandmother was there to get the daughter off the bus and care for the kids until Debbie got home. In the last year of the study, their 10 year old boy spent about a half hour home alone before the grandmother or father returned. He was neither expected, nor able, to watch his sister, so an adult was always there when she came home from school (as required by law). Without the participation of her husband in the child care, Debbie believed she could not manage: "Without him, shoot, I'd be stuck. I wouldn't be able to work." Although their alternate work shifts meant that they saw little of one another, coupled with child care and schools it was the strategy by which they managed the care of four children, one with extensive special needs. Thus far it was working and their income was improving substantially with dual earners in the household.

Different shifts of work, child care, school, relative care, self-care — Debbie and her husband employed each of these resources in a given day to effectively patch together the care required by different aged kids with differing needs. They had a relatively high household income compared to others in our sample, a stable marriage, and lived in close proximity to a grandmother who was available to provide care on a regular basis, as well as aunts and older nieces who also provided occasional care.

Living in close proximity to her family also helped 19-year-old Geraldine care for her young school-age daughter. Until the last year of the study, she had lived with her mother. She worked and shared child care duties with her mother. When planning to move out of her mother's home, Geraldine said:

> I want to stay in the neighborhood. I don't want nobody else watching my daughter but my mother.

Thus, after the move she continued to rely on her mother for child care after school. Geraldine's daughter would walk to her grandmother's house (along with seven other relatives – cousins, and young aunts and uncles) and stay there until Geraldine returned from work. For Geraldine, it seemed natural to rely on her family. She claimed this was not "one of those type of arrangement things – we just knew we had to deal with it." The grandmother also watched Geraldine's daughter during school holidays and vacations. Sometimes Geraldine watched her own younger sisters in exchange for the care her mother provided. Recently, both Geraldine and her mother took jobs at a local sandwich shop and Geraldine's younger sisters began to occasionally "baby-sit" for short periods of time when their work shifts overlapped:

> Yeah, I got another sister. She used to watch her [my daughter]. My other sister, she used to watch her [this past year]. We just, we got a lot of people to watch these kids.

Geraldine didn't worry about the children staying home alone under the care of her adolescent sisters because her family and other families had lived there a long time and she felt she could rely on her neighbors to help out:

> We've lived here for like 12 years so they all right [staying home without an adult]. I mean anybody around here do [leave kids], cause everybody on this street been on this street for years. Ten or more years. And we like family.

Although her daughter's caregivers varied from day to day, they were all members of the family. Geraldine was very happy that her family was raising her daughter. When asked what she liked best about her daughter's care, she replied: "That she was with family." Geraldine had been offered a child care subsidy, but given her satisfaction with the family-based care

she declined. Like most school-age children in our sample, Geraldine's daughter never attended an after school program.

Although all three of these women managed by carefully patching together different care arrangements on a daily basis, work and family were stable. They had stable day time jobs, decent formal child care for young children, and/or family members they could count on to provide additional care for preschool age or school age children when they were not in school. None of them were contending with currently abusive relationships, which contrasts with all three of the cases we present below. Their move from welfare to work, while not easy, was going more smoothly than it was for many other women in our sample, in part because their children were reasonably well-cared for.

Unstable Patchworks of Care

Other respondents patched together care that was both more chaotic and seemingly less positive for the children. Maria, the mother of four children ranging from teen to preschool age, worked many different jobs during the time we knew her, both daytime and nighttime shifts. She worked two jobs when we last interviewed her: a daytime shift as a cashier at a grocery store, and an evening shift delivering pizza from 5:00 until midnight or one o'clock in the morning. With all of her jobs, she relied on a complicated arrangement that enlisted a variety of relatives in providing child care. At the end of the study, her arrangements were as follows. Maria dropped the children off at her mother's in the morning where they got ready for their various schools (including Head Start for the youngest). Either her mother or, more commonly, her sister, who lived with her mother, drove three of the children to and from school (along with the sister's own kids). Her sister also took the youngest to Head Start, and Maria picked him up on her way home from her day job.

In the afternoons after school, the eldest daughter (aged 12-15 during the course of the study) assumed responsibility for the children. In the evening, either Maria brought the two youngest children with her while she delivered pizza, they stayed with her mother and sister, or their older sister cared for them. When asked if she paid her daughter to take care of the kids, Maria responded: "No, that's just what she does." However, the care provided by the eldest daughter was not ideal. Maria reported that neither did the children listen to her, nor was she attentive to them. She talked on the phone or chatted on the computer more than she watched the children. When Nicole was 14, she became involved with a pedophile on-line and even met him in person. Eventually this man was caught by the police, but Nicole's use of computer chat rooms did not appear to diminish. Despite these problems with her child care arrangements, still Maria stated that she felt comfortable with the child care she relied on. However, she also acknowledged that she had no other options. She admitted that she used to help her kids with

homework, but now it's up to them. When she's away at night, they spend most of the time watching T.V.

Managing the kids' care and paid work was a carefully orchestrated event from the minute they got up in the morning. Maria's long hours working two jobs that kept her away from home until late at night left her with almost no capacity to care for her own children, thus this burden shifted to various family members and arrangements that changed from day to day.[6]

Janice also relied on the resources immediately available to her as she struggled to find and sustain work, and provide for her children. But Janice's resources were limited and inadequate, even unsafe. She faced many barriers to work: she had been abused and neglected as a child, had no high school diploma, did time in a juvenile detention home when she was a teenager, and had a history of domestic violence as an adult. She had spent many years cycling on and off of welfare and she had only intermittent work in factories, as a waitress, and a "bar maid." During the first couple of years that we knew Janice, she insisted that she could not work because she would not leave her children in anyone else's care — she emphatically stated that she did not trust strangers. During the third interview, she said that she never left her children alone, unless they were in the care of her adult son's 16 year old girlfriend for short periods of time, for example while Janice ran an errand.

Despite what seemed to be almost paranoia about her children's safety, she lived with a violent boyfriend when we knew her.[7] Apparently a very troubled woman, Janice made decisions that only make sense in the context of the chaos of her life and the impairments she may have suffered as a result of the long history of neglect and abuse.

For example, when finally forced to find a job under the constraints of work requirements and time limits, she allowed her three younger children (ages 12, 8, and 4 at the time) to care for themselves or she left them in the care of her violent boyfriend. She worked a number of jobs, most recently for a security company. Her boyfriend also worked for a security company. They worked different shifts and thereby could share the child care, although their shifts were irregular making it difficult to organize the care. When Janice worked third shift, her boyfriend got the kids up and off to school, and watched the 5 year old until Janice returned from work. He worked during the day, and then cared for the kids again in the evening. Sometimes Janice worked afternoons and evenings, so the children would have to fend

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[6]Above we state that there was domestic violence in all three of the cases in this section. We do not discuss Maria's experiences with domestic violence because by the third and fourth interviews, her husband was no longer in the house and therefore was uninvolved with the children's care.

[7]Our interviewers never witnessed any acts of abuse (either verbal or physical). Had we ever believed that we had conclusive information that a child was in danger, we would have reported the case to child protective services.

for themselves after school until he got home from work. She would leave them food to warm up for dinner and call home to check in with them. With the work shifts frequently changing, there was no regular child care arrangement. The arrangements consisted of a patchwork of inadequate care provided by either the boyfriend (who had abused her) or by the young boys. Janice's own carework was compromised by her sleep deprivation from working night shifts and caring for her youngest during the day. Yet, contrary to the year before, when we asked Janice how she felt about the arrangements she had made, she responded: "I feel fine. I don't have to worry about them [when they are with the boyfriend.]"

Apparently social workers disagreed. This boyfriend had a history of violence against Janice (see Scott, London, and Myers 2002), and had been jailed at one point for breaking her cheekbone. Although he was taking medication to control his mood swings and thought he would be okay, social workers ordered Janice to attend domestic violence programs and ordered the boyfriend to leave the house. Still, the social workers were concerned enough about the children's well-being that they placed them in foster care.

Karen patched together care arrangements that included Head Start for her young niece, self-care and care for the youngest by the adolescent kids in the household, and care by her husband. Karen lived with her husband, three children, and her niece. Her boys were 15, 14, and 10 when we last interviewed her. Her niece was 5. Karen moved in and out of employment, trying to find work that she could manage with her illness and with the schooling she was trying to pursue. She had been diagnosed with Multiple Sclerosis early on in the study, but was not considered sick enough to qualify for disability. She got her GED in the second year of the study, and subsequently took college classes when she could. She worked off and on in jobs in a local grocery store and in fast food restaurants. Her husband was also employed off and on in similar jobs.

When Karen was at work or school, the older boys often cared for themselves and/or watched their younger brother and cousin. However, Karen reported that one time she came home and found the boys asleep and her niece "hanging out the window." Another time she found her niece poised at a light socket with a fork in hand. When he was available, her husband provided care for the children. But his care was not reliable, nor did Karen trust him with the kids.

Karen described her husband as an alcoholic: "He likes to run the streets and drink. He would spend more money out in the streets when the kids need a pair of shoes." He was jealous of her employment and would ask her to quit her jobs. However, when she did, she found his employment too unsteady and thus their income unstable: "The bills got behind because he partied with the money." The struggles with her husband went on throughout the time of the study, and she filed for divorce.

Karen's sons were having a lot of difficulties during this period. They were having problems in school. Early on in the study, when Karen worked second shift, she would call her

children and check in during her breaks, but she saw little of them. That year, her oldest children failed and were required to attend summer school. She felt that her absence from the household in the afternoons and evenings was taking a toll on her children's well-being and their performance in school. A year later, Karen had been in and out of a series of jobs and reported that her oldest sons seemed to act up more when she was working: "When they knew I was working, and couldn't be there [at their school], oh it just got out of control."

Both of the older boys were developing serious behavior problems. Her oldest son refused to do his homework, refused to come home when she was home in order to avoid his chores, and was hanging out with dangerous kids. She said, "The other day I wasn't here, one of his friends came here with [her son], the boy had a gun in my house and he was pointing it at my middle son. Them the type of friends he hangs with." Karen's middle son was diagnosed with Attention Deficit Disorder and was seeing a psychologist, as well as taking medication. He had been skipping school, was suspended, and failed 6th grade for the second time. Her sons continued to have serious problems in school throughout the study involving suspensions, more school failure, and eventual placement in different schools (her oldest in a school for kids with behavior problems and her middle son in a school for kids with learning disabilities).

Karen attributed some of her sons' problems to the tensions between her and her husband, and to their mistreatment by her husband. Frustrated, Karen lamented: "It's constantly conflict [with her husband] and the kids is being mistreated and talked to in the wrong ways, it's just more stress for me and that is maybe why they going to school and acting out." She continued: "He verbally abuses them. You know, sayin' things to them that, you know, he shouldn't. Callin' them names and stuff like that. Bring their self-esteem down." Karen reported that he restrained himself somewhat when she was there (although our interviewer witnessed one of these screaming tirades in which he called the children names and swore at them). She thought the worst of it occurred when she was at work, and she worried about her absence from the home: "I worry about protectin' them from like hearing it. From having to hear that from him. When I'm here, he'll do it and then I step in and cut it off. So I know when I'm not here he would do it a lot."

Like many of the women with young school-age children, Karen did not rely on formal care arrangements, except for Head Start for her niece. Her erratic work hours were matched by equally erratic and unreliable child care, a patchwork of highly problematic family-based arrangements. Her husband was abusive and the teenagers irresponsible and in serious trouble themselves. With these inadequate, even dangerous, resources available to her, Karen struggled to juggle her work and family obligations.

We tell the stories of these women in considerable detail in order to illustrate the multiple substantial problems in their lives — low educational attainment, health problems, histories

of abuse, poor work skills, and uneven work experiences. Facing many barriers, it was not clear that these respondents would be able to sustain employment and support their families without the assistance of cash welfare and substantial other supports. Respondents with complicated arrangements of unreliable informal care givers were more likely to be working multiple jobs, or different jobs with erratic schedules over the course of a year. Thus, it was difficult to make stable arrangements when care needs changed frequently. The inability to make adequate arrangements for their children, especially for their school-age children, was just one of many potential obstacles to stable employment that they faced.

Discussion

The parents we interviewed lived in highly disadvantaged neighborhoods. Although their educational attainment and work histories varied, many faced considerable barriers to work. Thus, they may represent that subset of the welfare population usually referred to as the "hard to serve." Faced with strict work requirements and time limits, these parents scrambled to find alternative care for their children with limited choices and resources. They stated that the needs of their children would always come before a job (see Scott, Edin, London, and Mazelis, 2001). Yet despite this overriding concern for children's welfare, parents sometimes selected care from a range of highly inadequate choices. Our findings accord with those of other studies of welfare-leavers (Williams, Francis, and Glikman, 2002) — too often care arrangements involved multiple caretakers, considerable instability, and sometimes (in the parents' assessments) poor quality ranging from inadequate to unsafe.

While they juggled low-wage, part-time jobs that changed frequently, the parents in our sample patched together care for their children that was typically distributed across various resources during the course of a given day, to provide for different aged children or to provide care during odd shifts and over the many hours that mothers were absent from the home. The patchwork was often unstable. In family child care homes or child care centers, parents' dissatisfaction with the quality of the care seemed to drive the instability. With relatives, the instability was a product of changes in the lives of the care providers: sisters and mothers of the respondent found jobs, recovered from illnesses, had their babies, or experienced other life changes that made them unavailable to continue providing the care; and husbands, fathers of children, and older siblings could not always be counted on.

The care for pre-school age children shifted into a patchwork of arrangements that typically combined child care centers or family child care homes and relative care. The care for young school-age children shifted to reliance on public schools and the care of relatives or older siblings, but extremely rarely to subsidized after-school programs or sitters. Older school-age children attended school, were often unsupervised after school, and sometimes cared for their younger siblings. They almost never participated in formal after-school or athletic programs.

As expected, the move from welfare to work did encourage greater reliance on subsidized formal child care arrangements, at least for the pre-school children in our sample. Given the benefits of high-quality formal care to very young low-income children, this may bode well for this population. If stimulated cognitively, socially, and physically while in child care or pre-school settings, children show greater school-readiness and better future cognitive and language skills (Adams and Rohacek, 2002a; Huston, 2002a and b; Wolfe and Vandell, 2002). But quality is the key here, as the mothers in our sample knew from their own experiences. A number found child care centers they thought were high quality and stimulating to their children in exactly the ways that researchers have found is beneficial. Not surprisingly, those children remained in the same center and experienced the least instability.

Other parents were only able to find care in family child care settings, or preferred to place their children in such settings as they perceived the care would be more nurturing and therefore better for their young children (see also Lowe and Weisner, forthcoming). Family child care homes can be more available than child care centers because they require much less initial investment. Thus, the supply can more rapidly expand to meet increasing demand and may therefore become a common source of care for welfare recipients moving into work in low-income communities. Family child care homes often offer more flexibility in scheduling care, longer hours, and convenient locations. However, the quality of care in such settings often rates lower than the care provided in center-based settings (Coley, Chase-Lansdale, and Li-Grining, 2002; Fuller et al,, 2002). This was reflected in our sample: parents reported that the quality of care in family child care homes was much more variable, and they shifted their children frequently from one provider to the next, in search of better care. These frequent shifts in care are of concern as other researchers have found that instability of care arrangements can be associated with increased behavior problems (Huston, 2002b). Further, we found that sometimes parents chose to shift their children into informal care that appeared to be unsafe, or they resorted to allowing young school age children to care for themselves.

Almost none of the school age children in our sample attended formal after-school programs, or went to formal child care. Unfortunately, we do not have the data to explain this. Among the questions raised by this finding are: Were eligible families not offered subsidies for school-age children? Were there few such programs or facilities for older children, or did parents not know of programs in their neighborhoods? Did they prefer relative care (as they said they did for younger children) and perceive the imposition of an older child on a family member to be less substantial and thus more acceptable?

Thus, informal care was a critical resource to most parents' abilities to manage their work and family responsibilities. Pre-school age and younger school-age children were cared for by relatives and older siblings when they were not in formal child care or in school. However, as the stories of our respondents indicate, informal care was not always ideal, and the

concerns about quality and instability apply as well to informal care provision by relatives and siblings. For the school-age children in our sample, the potential negative effects of little structure, and poor supervision or sometimes no supervision, may not be revealed for some time, perhaps when it is too late to intervene efficaciously. The social-emotional and cognitive development of these children may be compromised with diminished monitoring of homework and activities outside of school. Yet, that may not be identified until there are health problems, accidents, or clear behavioral problems.

Some of the potential effects of the increased absence of parents may be showing up among the teens in our sample, and they may provide some indication of what we might expect from the younger school-age children as well. While some of the teens responded positively to the pressures to take on more responsibility for themselves, the household, and younger siblings when their parents were working (processes of adultification), many did not. Many exhibited increased problems with school and often behavior problems, too. Further, the care they provided for their younger siblings was too often mediocre or even unsafe.

In those families in which there was still a stable, reliable adult around to monitor children's behavior and school work, the children and teens seemed to be doing okay. In other families, too many children exhibited very serious problems, many of which may have occurred with their parents present in the home, but some of which may not have.

These are families of children at high risk, with disproportionately high needs. They have high rates of illness and disability, live in dangerous neighborhoods with poor quality schools, and are in need of constant monitoring to keep them "out of trouble and on track," as their mothers often put it. Yet through welfare's new work-first policies we have removed one of the more consistent sources of that monitoring from the homes and often the neighborhoods without fully working out who will replace those caregivers. The redistribution of this labor is not yet complete. If we are to persist with social policy that values paid labor above unpaid caring labor, then we must provide adequate resources to get this redistribution of caring labor right, lest we face an entirely new set of problems with the generation coming up now.

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