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# ‘You have to push it—who’s gonna raise your kids?’: situating child care and child care subsidy use in the daily routines of lower income families

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## Abstract

We use qualitative and quantitative data from a multi-year study of low-income families included in New Hope, an experimental anti-poverty intervention in Milwaukee, Wisconsin to understand why low-income families’ use of program-based child care as well as subsidies offered to pay for such care is often low and/or episodic. Ethnographic analyses from 38 families in experimental and control groups suggest that child care choices and subsidy use must fit into the family daily routines and with the beliefs people have about child care. Both ecocultural theory and parents’ own reports of child care decisions suggest four themes accounting for child care choice: material and social resources; conflicts in the family; values and beliefs about parenting and child development; and predictability and stability of child care. Child care subsidy programs can be more effective if they offer greater flexibility and a range of options that better fit into the varied daily routines of the low-income families they are intended to serve.

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## 1. Introduction

Parents in all working families struggle to balance work and child care while pursuing their hopes and ideals for themselves and their children. The following

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three cases are examples of the stories of 38 low-income families whose child care arrangements and use of child care subsidies we discuss in this article.

Evelia, a Puerto-Rican single mother of four living and working in Milwaukee, Wisconsin in the spring of 1998 worked the second shift (15.00–23.00 h) as a casual employee of the US postal service. During that time she either kept her 3-year-old daughter at home with her three older children (the oldest was 13 at that time) or with nearby relatives while she worked in the evening, checking in on them from time-to-time by telephone. She did have some concerns leaving her youngest with her other children and she did occasionally consider looking for a child care center or in-home care provider at night for her daughter to ensure adult supervision. But, she never looked for one. Evelia did not believe her children would be safe in a formal care center and she also believed that it would be difficult to find a center that would be open as late as she needed it to be. Things changed in January 1999 when Evelia started working the day shift (7.00–16.00 h). Evelia's nearby family members were either unreliable or unavailable during the day at that time. Without available family support, she had no alternative but to take her child to a day-care center. After applying for childcare subsidies from the state office, she looked for a day-care center for her youngest child. Even so, Evelia remained ambivalent. She worried that her daughter might get sick or get lice from other children. Sometimes she felt that her daughter might be healthier in the care of trusted relatives. After a few months of this arrangement, however, Evelia was thrilled with her child's experiences in the day-care center. Evelia believed her daughter had really learned a great deal in the day care center in just a short amount of time—lessons she could never have provided at home. Evelia even remarked that her daughter would be the smartest of all her children as a result of having been placed in a formal care setting.

Franco and Martha, both working Mexican immigrants and the parents of three school-aged children, would only allow a few close relatives who lived nearby to take care of their children because, they believed, other people would abuse their children. Even in the care of these relatives, Franco and Martha believed their children were at risk for occasional violence. For Franco and his wife, non-parental child care could never be as good as parental care of children. Franco summed up his feelings as follows: 'We will suffer taking care of our children. They are our responsibility. We bring them to this world, then, we will suffer for them.' As a result of their strong convictions, Franco and Martha did not use child care subsidies for their children, even when subsidies were offered to them through a local anti-poverty program called New Hope.

Michol, a working African-American married mother of two had been receiving state child care supplements for her 10-year-old daughter's after-school care during the school year. However, a month before the school year ended, she was unexpectedly notified that the supplements were going to be stopped because the family's combined income had risen slightly above the mandated income threshold. Busy with the myriad of other concerns in her everyday life, Michol had no idea that her family income had crossed a program threshold. Since her wages fluctuated due to hours worked, job changes, and so forth, it would have been virtually

impossible for her to have anticipated this. When her family crossed this 'invisible' program limit, Michol had to suddenly readjust her child care arrangements. Michol placed her daughter for free with her sister who ran a day care out of her home as a temporary measure until a slot in a more affordable summer program opened up after a month or so.

The stories of Evelia, Franco and Martha, and Michol (all pseudonyms for parents in low-income working families in Milwaukee, Wisconsin) represent families trying to negotiate work and the care of their children. Their situations are similar to many working parents in the United States today who must decide whether or not to place their children in non-parental care so that one or both parents might find work and/or work more to improve the family's material conditions. The decisions these and other parents make surrounding the care of their children can have profound consequences for their ability to organize their daily routine, on their ability to improve their family's level of material well-being, and on their children's social, emotional, and cognitive growth and development. This is particularly true for low-income families, where access to reliable high-quality child care might improve the child's chances for future success as well as support their parent(s)'s ability to remain engaged in work (Phillips, 1995; Divine & Tvedt, 2000).

Child care policy for low-income families in the United States for the last four decades has been loosely organized around two often competing goals: promoting children's academic potential and helping low-income parents remain engaged in work (Phillips, 1991; Blau & Tekin, 2001). Currently, many states provide vouchers or subsidies to help working poor parents afford non-parental care for their children in child care centers or in paid-providers' homes. However, often to the surprise and puzzlement of providers, the use of subsidies for child care is frequently low and/or episodic. For example, the families in our report were part of the New Hope experimental intervention (Bos et al., 1999). New Hope offered a child care subsidy (as well as other benefits such as subsidies for health insurance, wage subsidies, and job assistance) to all participating parents who worked at least 30 h a week for each month. The subsidy could be potentially quite generous: the average monthly payment for child care benefits among all those using the benefit was \$751.20. However, more than 40% of the families enrolled in New Hope with children eligible for the child care subsidy did not use the New Hope benefit for any period during the first 2 years of the program (Bos et al., 1999, p. 362). Parents who did use the benefit did so episodically. They used the New Hope subsidy for less than 12 of the first 24 months on average (S.D. 6.0 months) over the course of three different spells<sup>1</sup> on average (S.D. 1.5 spells) (Gibson & Weisner, 2002).

In order to better understand the factors that can lead to the differential use of child care and child care subsidies among the working poor, it is important to study how low-income parents make choices in arranging non-parental care for their children, including the use of subsidies to secure care. In this study, we present evidence regarding the child care choices of 38 low-income families in Milwaukee

<sup>1</sup> A spell is 2 or more months in which child care was consecutively received.

who have been participating in a multi-year study since Spring 1998. We believe that the data we summarize in this report can help account for low and episodic patterns of child care benefit use, and provide some clues to what policies might increase benefit use.

### *1.1. Background and literature review*

There are many different settings in which children are placed for paid care (e.g. Head Start, 'nanny-care,' care by paid providers in their homes, center based day-care, etc.). Parents in our sample often divided care settings into two groups based on whether or not the care setting is formally organized to provide educational enrichment. We use a very similar distinction of two types:

- *Center-based care* that includes any type of care that takes place in an institutional setting: educationally enriching programs like preschool centers, Head Start, after-school programs, and other formal programs that offer care for children while their parents are working; and
- *Home-based care* that includes two care settings, care by relatives of the parent and care by non-relatives in any provider's home (including 'nanny care'). Most of the families in our sample who use home-based care options place their children in the care of relatives. Home-based care can be paid and the care provider licensed to provide care, but often it is neither. While educational content may be part of in-home and relative-care environments, it is generally not an explicit purpose of these care settings.

#### *1.1.1. Child care subsidies and patterns of child care use in the United States*

In the United States, parents make use of a common set of child care options at least some of the time. For example, data from the 1997 National Survey of America's Families (NSAF) show that 77% of children under five were in the care of non-parental care providers at least part-time (Capizzano, Adams & Sonenstein, 2000). Thirty-two percent of the children in the NSAF sample were primarily placed in a center-based setting and 45% were placed in a home-based setting (22% with non-relatives and 23% with relatives). The study also found significant regional variation in the rates of placement in these categories of non-parental care.

To help lower income families secure child care for their children, federal and state subsidy programs have been implemented over the years to help defray the costs associated with paid child care. Subsidy programs have been used to encourage labor force participation, to promote improved child outcomes, or both (Blau & Tekin, 2001). For example, the former Aid to Families with Dependent Children (AFDC) child care programs and the current Child Care Development Fund (CCDF) were designed to promote labor force participation by lowering the financial costs often associated with securing non-parental care for children during working hours (Blau & Tekin, 2001). Most of these programs subsidize care in center-based and home-based settings so long as they are certified or licensed by the state or county.

Very little to no emphasis is placed on the enriching qualities of these care environments. However, child care subsidized through Head Start or through Title I-A is designed to provide enrichment to children in low-income family environments. Some have argued that these early education incentive programs also provide a work incentive (e.g. Blau, 2000).

Until 1996, subsidized child care was made possible through four federal funding streams (Blau, 2000): Aid to Families with Dependent Children-Child Care (AFDC-CC), Transitional Child Care (TCC), At-Risk Child Care (ARCC), and the Child Care Development Block Grant (CCDBG). Both the AFDC-CC and the TCC were implemented to assist families who used welfare services with child-care supports either to facilitate job training activities (i.e. AFDC-CC) or to help families who have recently moved off of welfare to maintain employment (i.e. TCC). The ARCC and CCDBG programs funded subsidized childcare for low income families who were not on welfare (though perhaps at-risk for going on welfare due to lack of child care, i.e. ARCC) and to subsidize the improvement of care settings and to promote consumer education (i.e. CCDBG). Having child care subsidized through these four different streams often meant that subsidy programs were complicated to negotiate for consumers and, as a result, difficult to access and to maintain.

With the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), these four funding programs were reorganized into a single block grant to the states called the Child Care Development Fund (CCDF). The main purpose of this program was to provide funding for state subsidies for child care to help low-income families move off of welfare to work and to maintain their engagement in employment (Blau & Tekin, 2001).

Federal funding levels for the CCDF have risen markedly since the passage of PRWORA, rising from 3.13 billion in Fiscal Year 1996 to 9.13 billion in Fiscal Year 1999 (Blau & Tekin, 2001). However, even at the substantially higher 1999 funding levels, only approximately 12% of eligible children received these subsidies (US Department of Health and Human Services, 2000). The CCDF is a capped entitlement; it is not intended to fund at levels adequate to meet the child care needs of all eligible low-income families in the United States (Blau & Tekin, 2001).

Why is take up of child care subsidies so low in some cases? Subsidy programs are under funded and many low-income families cannot make the mandatory co-pays. Many states and counties report long waiting lists for subsidized child care slots. Also, some families find the arbitrary-seeming and often opaque rules and operations of state child care subsidy systems difficult and frustrating, perhaps discouraging them from using these programs.

However, in our view, low and episodic use is not just the result of the serious funding shortcomings of subsidy systems nationwide. Other features representing the fit between subsidy programs and the family context also matter. For example, employment and income issues may make subsidy use difficult for many low-income families. Employed women use non-parental sources of child care more than non-employed women do [(National Institute of Child Health and Human Development) NICHD Early Child Care Research Network, 1997a,b]. So, women who are not working, or are not earning enough to make it worthwhile to continue

working and place their child in subsidized child care, tend to care for their children themselves. Also, either because of cost or unstable/unpredictable work schedules, lower income families may prefer not to use paid sources of care such as formal centers or in-home providers, and as a result be less likely to use subsidies to pay for such care. There is evidence that lower income families tend to use non-paid sources of care as their primary child care arrangement more often than paid sources of care. For example, data from the 1997 NSAF show that less than half (44%) of lower income families (i.e. those below 200% of federal poverty levels) used paid sources as their primary care arrangement. However, well over half (59%) of wealthier families (above 200% of poverty) used paid sources of care as their primary care arrangement (Capizzano et al., 2000).

Family knowledge, beliefs, and values surrounding child care can limit their participation in child care subsidy programs. For example, eligible families may not know that the state programs are available (Wiseman, 1999), although it is difficult to assess this claim from the available literature. Certainly some states have been better at instituting consumer education programs regarding the child care subsidies available to low-income families than others. If knowledge of state welfare reform programs in general is any indicator, there is some evidence that public knowledge of programs is low. Bonney and Company (1999) report that only approximately 48% of Americans in their sample knew that their state had adopted post-TANF changes in the welfare system. This report found considerable variation between residents of various states, however. For example, 81% of respondents in Wisconsin (where the New Hope program was based) knew that their state had instituted major welfare reform programs (Wiseman, 1999). Even with knowledge of programs, many eligible families do not use subsidies. Again, consider New Hope: every participant in New Hope was informed by well-trained and concerned program representatives working exclusively for New Hope of their right to access child care and other supports so long as they maintained the minimum work effort. However, four out of every 10 eligible families never did so.

Parental beliefs and values are associated with childcare preferences, and co-vary with family income. These might also impact child care subsidy use. For example, among middle and upper income parents there is an emphasis on the 'quality' of care environments. 'Quality' for these parents means finding providers who are warm, loving, and experienced, and also provide opportunities for educational enrichment (Brayfield, Deich & Hofferth, 1993; Larner & Phillips, 1994). While low-income working families also want these kinds of child care environments, they have additional concerns (Brayfield et al., 1993). Low-income parents also tend to be more concerned about safety, trustworthiness, and flexibility of care (Brayfield et al., 1993; Larner & Phillips, 1994). Indeed, their concerns over safety and trust in particular may explain the greater use of relative care over center-based care (Brayfield et al., 1993; Phillips, 1995; Capizzano et al., 2000). Lower income parents may not be as trusting of unfamiliar paid care providers and, as a result, may be loathe to use such sources of care, even when the costs are subsidized.

One way of estimating whether better funding or better knowledge of subsidy programs would lead more families to take up child care subsidies is to look at

evidence from experimental antipoverty interventions. Often the programs in these studies are funded adequately to meet the child care needs of all those who are enrolled into the program, thereby eliminating funding caps or program waiting list barriers to use. Such was the case for the New Hope program based in Milwaukee. By all accounts, New Hope was well-funded, well marketed, and offered a very generous child care support to all participating families who had a child under the age of 13 so long as they were able to maintain at least a 30 h a week of work (Bos et al., 1999). The use of New Hope child care subsidies was about five times greater than the 12% reported for federally subsidized programs. Fifty-nine percent of families with eligible children in the New Hope program group used a child care subsidy at some time during the first 2 years of the program (Bos et al., 1999). The New Hope findings demonstrate that well-funded and well-managed programs can have much higher rates of subsidy use. However, those New Hope families who did use the child care subsidy tended to do so episodically (Gibson & Weisner, 2002). Adequate funding levels and effective program marketing alone may not promote more regular use of child care subsidies.

Hence, program constraints, resource issues, and issues surrounding the knowledge, belief, and values of targeted families all matter when considering why many eligible families fail to use child care subsidies and why use tends to be episodic among those who do use them. But how and when does each of these issues matter? What other issues besides these might also be important? More specifically, how do parents blend subsidies with their other family resources? What do families do when they suddenly find that they are no longer eligible for subsidized child care because of what appears to them to be invisible and uncontrollable income or work eligibility thresholds? What do they think a ‘good parent’ should do about child care? What are their views of age-appropriate care? How do they resolve conflicts among family members regarding what to do for child care? What if the jobs they are able to get are short lived yet subsidies depend on job stability? Empirical evidence at this level requires more grounded, open-ended qualitative data—data from the point of view of the parents and children themselves, which captures what matters to them, and what they actually believe and do about child care. It requires evidence ‘from inside the living rooms’ of working poor families (Weisner et al., 1999), using qualitative observations of and interviews with parents and their children (Weisner, 1996).

#### *1.1.2. An ecological–cultural approach to child care use*

The evidence suggests, and parents’ own reports confirm, that the reasons for episodic and/or low use of child care subsidies are often ecocultural (Weisner, 1984, 1997; Lamb & Sternberg, 1992)—shaped by cultural and ecological factors. That is, child care and subsidy programs must fit in to all of the regular activities that make up the family daily routine of life (e.g. paid work, food preparations, child care, cleaning, schooling, church and other community activities, etc.). The routines associated with child care are shaped by shared beliefs, values, and

associated practices about child care and parenting (i.e. cultural factors)<sup>2</sup> as well as by ecological factors such as social, legal-institutional and material resources (Weisner, 2002). Parents are more likely to use child care subsidies when those programs fit into their particular ecocultural circumstances. Subsidy programs that are designed too narrowly or implement rules that are too rigid and seemingly arbitrary are likely to benefit only the subset of families whose particular ecocultural circumstances fit into the program constraints. In the analysis that follows, we identify four features of the family cultural ecology that shape the construction of daily routines and examine how child care decisions are made in the context of managing that ecocultural daily routine.

These four features can be defined as follows: First, child care routines had to *fit the configuration of financial, material, institutional, social and time resources* characteristic of each family at a given period in time. Parents talk about the overall pressure on their resource pattern, not just financial resources. Resources typically are not interchangeable; help from a boyfriend or grandparent is not interchangeable with a cash subsidy for child care, for instance. Second, child care choices had to ‘make sense’—*be personally and culturally meaningful*—given parental goals and values as participants in a local community. Third, parents had to *balance* their choices among the often-conflicting interests present in the family. Balance was struck through the negotiations and renegotiations of their own internal conflicting goals, needs, and desires, as well as the disagreements and power struggles that inevitably emerge among family members, including their children’s own desires. Finally, parents struggled to ensure that their child care arrangements were at least somewhat *stable and predictable* for the parents’ and children’s sakes. A subsidy that comes and goes—requiring mothers to frequently change their fragile child care arrangements—may not be worth taking up. These features (resources, meaning, balance, and predictability) from ecocultural theory can account for parental decisions and concerns about child care. After describing our sample and the New Hope intervention experiment, we report our ethnographic data on child care decisions using an ecocultural framework, one that reflects the concerns and adaptive challenges of the working poor families in the New Hope study.

## 2. Sample and methods

### 2.1. Sample

#### 2.1.1. The New Hope project

The families in our study were all part of New Hope, an anti-poverty experiment aimed at moving welfare applicants to work and greater self-sufficiency. New Hope

<sup>2</sup> Culture is the shared schemas, scripts, models, premises and associated practices and activities that are distributed throughout a community or society (D’Andrade, 1995; Goodenough, 1956; Quinn & Holland, 1987). Culture is shared across populations as well as within communities. Some elements of culture may be widely shared by most parents in the United States, and other beliefs or practices only within various subgroups. It is an empirical question whether cultural beliefs and practices are specific to an ethnic group or not. We report in the article, how many parents held certain beliefs or engaged in various practices. While some of these beliefs may be more concentrated in certain ethnic groups when compared to others, we did not find that child care beliefs in particular differed strongly between ethnic groups in our sample.



was based in Milwaukee, Wisconsin and active between 1994 and 1998 (Bos et al., 1999). Families targeted by New Hope had to meet four eligibility criteria. Participants must have: (1) lived in one of the two targeted neighborhoods in Milwaukee; (2) been older than 18; (3) had an income at or below 150% of the poverty line; and (4) been willing to work 30 or more hours a week. Those who volunteered for the program were randomly assigned either to New Hope or to a control group. The New Hope program group offered a suite of benefits to eligible participants. New Hope offered a wage supplement (to ensure that their income remained above the poverty threshold for their family), subsidies for affordable health insurance, child care vouchers, and a full-time community service job opportunity for those unable to find work on their own. Members of control and experimental groups were free to seek out any federal or state public assistance programs, but only individuals in the experimental program in addition had access to New Hope benefits. After 2 years of New Hope, a Child and Family (CFS) subsample of 745 families who had at least one child between the ages of 1 and 10 at baseline was surveyed for study of the impacts of New Hope on child development and family functioning.<sup>3</sup>

### 2.1.2. *The New Hope Ethnographic Study*

To gain a richer, more detailed understanding of the impact of New Hope on participating families than could be gained from the CFS survey alone, the 3 year New Hope Ethnographic Study (NHES) began in Spring 1998, during the final year of the New Hope experiment. The NHES stratified random sample of 45 families was drawn from the full CFS with equal representation of both the experimental and control groups. One family dropped out very early in the study and one family did not begin until Spring 1999 leaving a final sample of 43 NHES families. For

Table 1  
Descriptive characteristics at baseline Child and Family Study (CFS) and the New Hope Ethnographic Study (NHES)

	CFS	NHES
% Black	55.0	53
% Hispanic	29.3	32
% Female	89.8	97
% Married parents	20.8	21
% Three or more children in family	46.0	50
% Of parents who have a GED or high school diploma	59.4	69
% Of parents working thirty hours or more	29.8	29
% Families receiving aid (AFDC, Food Stamps, etc.)	80.7	64
% Families with at least one Preschool aged child	NA	79
Parent's average age	29.4	30
Sample size	745	38

<sup>3</sup> The CFS also included 67 Hmong families. These families were omitted from the CFS survey sample due to very great cultural and language difficulties involved in working with these families, leaving a working CFS sample of 745.

this article, we were unable to use ethnographic data for five other NHES families because sufficiently detailed child care related information was unavailable in the case material. The final sample used in this article consists of 38 families (88.4% of the ethnographic sample).<sup>4</sup> In return for their participation, each family was given financial compensation amounting to \$50.00 for every 3 months of their participation in the study. Descriptive statistics for both the full CFS and the 38 families used in this study are presented in Table 1. More information is available in Duncan and Gibson (1999), Weisner et al. (1999) and Gibson and Weisner (2002).

### *2.1.3. Child care benefits for the New Hope sample*

New Hope's child care subsidy was offered to all program group families who had children under the age of 13 at random assignment provided they maintained at least 30 h of work each week. The subsidy paid for most of the costs of care in state-licensed or county-certified centers. Families who used the subsidy did have to contribute a co-payment that was but a fraction of the total cost of placement in the child care center (\$65.67 of \$751.20 on average, 8.7%, Bos et al., 1999). Prior to the start of federal funding through the Child Care Development Fund, New Hope child care benefits offered the comparative advantage over other subsidy program of offering subsidies for care that was seamless (i.e. allowed parents to find the arrangement they wanted and then paid most of the costs directly to the provider) and adequately funded to meet the levels of demand for every working parent who participated (Bos et al., 1999). New Hope caseworkers also helped families find child care for their children in a licensed setting. In at least two cases in our sample, New Hope helped program participants start a licensed child care business in their own home that could serve other New Hope families. Our parents generally report that they found New Hope's financial and practical assistance in finding reliable child care invaluable. Caseworkers treated parents with dignity and were more than willing to help families secure services if they could.

Similar praise was not as common among members of the control group who accessed state services. For members of the control group, accessing childcare subsidies was more complicated—at least for the first year or two of New Hope. Prior to the implementation of the latest state welfare-to-work strategy, Wisconsin Works (W2), in late 1997, parents could access child care supports through one of three different funding streams, AFDC Child Care, Transitional Child Care, and the Low-Income Child Care Program (Bos et al., 1999). Eligibility and implementation varied greatly between these programs, administration was often complex and opaque, and they were rarely funded at levels adequate to meet market demand. Under these programs, children could be placed in any legal setting for care, even

<sup>4</sup> There is no indication that the dropped cases were systematically different from the 38 families in our sample. One of these families was in the control group, four were in the New Hope program. Two of these four New Hope families used the child care subsidy, and two did not. Three families had younger school aged children, two only had older children in their early teens. These families used the same varying combinations of child care as the rest of the families, including center-based care (three of 5 families) and home-based care among relatives (two of 5 families).

in unlicensed or uncertified home-based care settings. All of the parents in our sample were aware of the implementation of W2 when the NHES study began in 1998. When New Hope ended at the end of 1998, the program group families could continue to use child care support from the state Wisconsin Shares program.

In Fall 1997, Wisconsin implemented Wisconsin Shares Child Care using funding from the federal Child Care Development Fund with the addition of state funds. Through the Wisconsin Shares program, eligible parents could place their child in any county licensed or certified care setting. Families were eligible for these supports so long as they were working, had a gross family income of not more than 185% of federal poverty levels, and had a child under the age of 13 who needed care. Families could continue to receive assistance until their income exceeded 200% of the federal poverty limit for two consecutive months. Like New Hope, Wisconsin Shares paid for most of the costs of child care with a family co-pay based on a sliding scale. Families had to apply for child care subsidies at public and private agencies that had contracted with the state to provide W2 services. While New Hope ended in late 1998, Wisconsin Shares has been in effect since 1997.

## 2.2. *Methods*

### 2.2.1. *Ethnographic methods*

When visiting families, fieldworkers used open-ended interviews to engage parents in conversations and descriptions of their lives, their concerns and hopes, and their everyday routines. The fieldwork team jointly developed a lengthy set of domains and topics to organize these discussions and home visits and to probe for material relevant to all of them. Fieldworkers also participated in family activities (e.g. meals, shopping, and church), and talked with the children about their home lives, school, and friends. After each ethnographic visit, fieldworkers wrote up the conversations and observations they had with the families of the NHES into visit summaries and more complete descriptive field notes. These field note entries were based on tape recordings made during each family visit and written notes made during and after the day's visit.

### 2.2.2. *Analysis of the qualitative data*

Excerpts related to the childcare choices for the 38 families used in this article were extracted from the corpus of ethnographic field notes dating between Summer 1998 and Fall 1999.<sup>5</sup> These excerpts include discussions of parental and non-parental child care arrangements for infants, toddlers, preschool and school-aged children, and their attempts to balance their child care needs against the other demands they faced in sustaining their family routine. All material was coded for analysis by the first author using conventional content-based qualitative analysis procedures (e.g. Bryman & Burgess, 1994). Once a list of themes relevant to child care was identified within the fieldnote texts, each family's notes were examined

<sup>5</sup> Data for any period after Fall 1999, when the analysis reported in this paper was conducted, were excluded.

Table 2  
Child care and subsidy use for the NHES (1996–1998)

	New Hope		Controls		all families	
Type of child care ever used for any child (n/%)						
None	0	0%	2	11%	2	5%
Any center-based care	13	68%	11	58%	24	63%
Only center-based care	5	26%	3	16%	8	21%
Any home-based care	14	74%	14	74%	28 <sup>d</sup>	74% <sup>d</sup>
Care by non-relatives	8	42%	7	37%	15	39%
Care by relatives	10	53%	13	68%	23	61%
Only home-based care	6	32%	6	32%	12	32%
Mixed center-based and home-based care	8	42%	8	42%	16	42%
N	19		19		38	
Ever used subsidy to pay for care (n/%) <sup>a</sup>	9	50%	4	21%	13	35%
N	18		19		37	
Out of pocket cost \$ [mean (S.D.)] <sup>b</sup>	85.29	(97.03)	101.03	(140.42)	94.28	(121.9)
N	12		16		28	
Most months on average any child in care [mean (S.D.)] <sup>c</sup>						
Center-based care	4.8	(7.2)	5.2	(6.4)	7.4	(8.5)
N	18		19		37	
Home-based care <sup>d</sup>	12.1	(10.3)	9.9	(10.0)	10.0	(9.9)
N	17		19		36	

<sup>a</sup> Data are per month used. Data were unavailable for one family.

<sup>b</sup> Data are for month prior to survey. Data were unavailable for 10 families.

<sup>c</sup> Data for number of months (out of 24 months) in center-based care were unavailable for one family.

<sup>d</sup> Data for home-based care were unavailable for two families.

and coded by the first author for the presence or absence of each theme. This process allowed a count of the prevalence of the various general themes, as well as the four ecocultural domains (resources, meaning, balance, and stability) across the 38 families.

### 2.2.3. Child care and subsidy use data

We also use child care and subsidy use data from the 1998 CFS survey for these 38 families. Parents reported whether or not any of the children were ever placed in any child care setting for the 2 years prior to random assignment. Parents also reported the number of months any child was placed in these care settings, whether or not they used subsidies from New Hope and/or the state to pay for various care options, and the out-of-pocket expenses they had for child care in the prior month. These data are used to describe the patterns of child care and subsidy use for this sample as well as the impact subsidies may have had on the out of pocket cost of care and the duration children were placed in various care options.

## 3. Quantitative results

### 3.1. Patterns of child care and subsidy use in the NHES

#### 3.1.1. General patterns of child care and subsidy use

Table 2 summarizes the patterns of center-based or home-based child care arrangements for any child in the 38 NHES families for any period during the 2

years leading up to the 1998 CFS survey. The child care arrangements listed at the top of Table 2 include: (1) those families who reported using no child care; (2) those families who used center-based care; (3) those families who used home-based care (including care by non-relatives and care by relatives); and (4) those families who mixed center-based and home-based care. The use of child care among these NHES families during the 2 year period these data cover was high. All but two of the families placed at least one child in a center-based or home-based setting during this time period. Of the two types of care, the families in our sample use home-based care more. Seventy-four percent of the 38 NHES families used some home-based care while 63% used some center-based care.<sup>6</sup>

NHES families were much more likely to have relatives care for their children than to have non-relatives. Indeed the non-relative option was least popular of all for this sample. Similar percentages of NHES families used either center-based or home-based care exclusively. However, the greatest percentage of families used some combination of home-based and center-based care. Finally, there is a slightly higher rate of use of only center-based care in the New Hope group, and significantly more New Hope families than controls were found to have used center-based care in the full CFS sample as well (Bos et al., 1999).

Table 2 also presents summaries from the CFS survey of self-reported child care subsidy use, either from New Hope or the state programs, during the first 2 years of the New Hope experimental intervention. About one-third (35%) of the NHES families used any subsidies to pay for either center-based or home-based care. However, the rate of use is 29% higher for the New Hope group than for the controls. We also found that subsidy use was higher for families with at least one preschool aged child (41%,  $n=29$ ) than for families with no preschool aged children (13%,  $n=8$ ).<sup>7</sup>

Finally, Table 2 summarizes parental reports of out of pocket child care costs in the month prior to responding to the CFS survey and the most months any child was placed in either a center-based or home-based care setting during the first 2 years of New Hope. The average out-of-pocket cost for the month was \$94.28 with a range from \$300.00 to \$0. The difference between the New Hope and control groups was not statistically significant. On average, children in the NHES sample were placed in center-based care for 7.4 months of the first 2 years of the New Hope program (range: 0–24 months). Children were placed in home-based care for a slightly longer period, 10.0 months, on average (range 0–24 months). Children in both New Hope and control groups were placed in center-based care and home-based care for roughly similar periods of time.

<sup>6</sup> The NHES figures are somewhat higher than reported for the larger CFS sample, where 65.8% of families used at least some home-based care, and 53.6% of families used at least some center-based care (Bos et al., 1999). In the survey, only the placement of the one or two focal children part of the CFS survey was measured. In the present ethnographic report, the placement of *any* child into care was included. Nevertheless, the magnitudes of the percentage differences are similar.

<sup>7</sup> Data on subsidy use were unavailable for one of the 38 NHES families.

Table 3

Effect of subsidy use on cost of care and most months any child is enrolled in center-based and home-based care options

	No subsidy use			Subsidy use			P
	n	Mean (\$)	S.D. (\$)	n	Mean (\$)	S.D. (\$)	
Cost of care in prior month <sup>a</sup>							
New Hope	4	120.37	(149.68)	8	67.75	(64.33)	ns
Controls	12	122.20	(152.96)	4	37.50	(75.00)	ns
All families	16	121.74	(147.11)	12	57.67	(66.25)	<0.1
Time enrolled in care <sup>b</sup>							
Center-based care							
New Hope	9	2.4	(4.1)	9	17.1	(8.3)	<0.005
Controls	15	4.8	(7.2)	4	6.8	(2.0)	ns
All families	24	3.9	(6.2)	13	14.0	(8.5)	<0.005
Home-based care							
New Hope	8	9.8	(9.4)	9	10.4	(11.0)	ns
Controls	15	12.1	(10.3)	4	2.0	(2.8)	<0.005
All families	23	11.3	(9.9)	13	7.9	(10.0)	ns

<sup>a</sup> Due to missing responses on 24 month survey items, data for child care cost are unavailable for 10 families.

<sup>b</sup> Due to missing responses on 24 month survey items, data for months enrolled in care are unavailable for one family in center-based care, and two families in home-based care.

### 3.1.2. The effect of subsidies on child care cost and duration of placement

As was stated earlier, child care policies in the United States are intended to either (1) increase parental engagement in wage work by reducing the costs associated with child care or (2) increase children's exposure to educationally enriching care settings such as those ostensibly offered by center-based care settings. Did subsidy use among the NHES families promote either of these policy goals?

Table 3 compares the out of pocket costs of child care and the most months any child was enrolled in a care setting for those who did not and those who did use child care subsidies. First, the average out of pocket cost of care does appear to be lower for the group who used subsidies ( $P < 0.10$ ). Second, those families who use subsidies do enroll their children in center-based care settings for significantly more months than is the case for families who did not use subsidies to pay for care. This difference was particularly great for the New Hope families who used subsidies. Those parents placed their children in center-based care for 14.7 months longer than New Hope families who did not use the NH child care subsidy. Finally, subsidy use did not reduce the number of months children were placed in home-based care, either for New Hope families or for the sample overall. However, control group families who did use subsidies placed their children in home-based settings for 10.1 fewer months on average than did the group who did not use subsidies.

### 3.1.3. Summary of quantitative results

Clearly there is demand for child care among these NHES families. Moreover, subsidies from both New Hope and the state welfare program did help promote

family movement toward the general policy goals. Families who used subsidies benefited from reduced out of pocket costs associated with child care on average. Children of families who used subsidies also potentially benefited from increased exposure to center-based care settings that, one might assume, offer more opportunities for educational enrichment than would home-based settings in these low-income neighborhoods.

However, patterns of NHES child care and subsidy use seem to be low for controls and episodic for both New Hope participants and controls. First, only about one in five control group families in our sample ever used a child care subsidy in the 24 months after random assignment. Second, the greatest percentage of families in our NHES sample placed their children in a *mixture* of home-based and center-based care settings over the course of the first 2 years of the New Hope intervention rather than using only one type. Finally, as Gibson and Weisner (2002) report for the NHES sample, families, on average, took their children out of and then re-started them in the same or another subsidized child care arrangement *three times* over the course of the first 24 months of the New Hope experiment. This is a lot of change and disruption in the world of a child as well as for parents.

So, if there is a demand for child care, and if child care subsidies can help lower income families secure child care by lowering the costs associated with paid child care and promote sustained employment (e.g. Gennetian, Morris & Vargas, 2001), why is subsidy use not higher and more stable? Why do parents use a mixture of care options rather than one or the other? We turn to the ecocultural contexts of families' lives to look more closely at these issues, using the four ecocultural features that we found are key to how families adapt and manage their family routines: (1) sets of material and social resources; (2) values and beliefs regarding parenting and care; (3) the amount of congruence and conflict in the interests of family members; and (4) the degree of stability and predictability in day-to-day activities.

#### **4. Qualitative results: child care and the family routine**

##### *4.1. Managing resources as part of managing a daily routine*

###### *4.1.1. Material and institutional resources*

Parents in the NHES often discussed their child care decisions and child care concerns in terms of the economic, institutional, and social resources available to them and their families. Although childcare subsidies were a significant portion of the overall resource picture for some, subsidies did not figure into the overall resource picture for others. Seventeen of the 38 NHES families (44.7%) specifically discussed how their child care decisions were shaped by family resource sets that afforded certain child care options while constraining others. These parents talked about resource *configurations* or patterns of resources within the family ecology, not necessarily particular amounts of resource availability for child care. Moreover, they discussed how their child care needs and routines fit into these resource

configurations. Subsidy resources were but one part of the overall configuration these families had to manage.

For example, in the summer of 1998, Samantha, an African-American single mother of two school-aged and two preschool-aged children and a member of the control group who did use subsidies, had placed all four of her children in a day care center while she worked full-time at a local dry cleaners. She liked the day care center. It was close to work; they provided transportation to and from school for her two school-aged kids, and she had a close friend who also had a baby there with whom she could trade off stopping in to check on the babies once in a while. Child care was expensive for Samantha: Even with support from Wisconsin Shares subsidies she often had to work 50 or more hours a week to make ends meet. While this child care arrangement allowed Samantha to work longer hours, it was unsustainable as a routine arrangement. A few months into the fall, Samantha quit her job at the dry cleaners after they cut back her hours from full-time to less than 15 h a week. No longer able to afford the day care for her children, Samantha kept her children with her at home or took them to her mother's house when she had to go out or to work at her new part-time job in a video store.

A year later, Samantha decided to send her school-aged children to the YMCA summer day-camp. Samantha believed that the YMCA camp would offer her children additional educational activities over what would be offered at a regular day-care. While the program was expensive (it cost approximately \$60 for each child), she felt that she could afford the program if she could access subsidies from Wisconsin Shares. Samantha would also have to provide her children's lunches every day. In order to prepare for this extra expense and time demand, Samantha used her food stamps to buy a week's worth of lunch food for the children. Thus, by taking advantage of a particular constellation of economic and state institutional resources made available through subsidy assistance from Wisconsin Shares and by straining her family food budget, she was able to have her children attend the summer camp she preferred. However, even with her careful planning of these resources, Samantha was faced with an unpredicted crisis. After buying the extra food for lunches, her children, who were not accustomed to having extra food in the house, ate all of the school-lunch food in one evening! Samantha, in the end, had to find additional resources to make sure the children were fed at the summer program.

Financial resources made available through subsidy programs often come with invisible and arbitrary strings and limits attached. For example, families who used Wisconsin Shares and began to earn slightly more than the program-mandated income thresholds (i.e. 200% of poverty for 2 months) would lose these supports. Since subsidies were often their only means of affording paid child care, families were forced to scramble and find alternative arrangements when they lost the program supports. This was the case for Michol, a control group member whose story was among those that opened this article. Parents like Michol and their employers are often unaware of when they might cross these program limits and thresholds; parents often only know they have crossed them when their benefits are stopped. In Michol's case, she had to suddenly readjust child care use because she



lost the child care subsidy as an important economic resource as her income rose above the income thresholds mandated by the state programs.

When families experience these sudden shifts in one component of their resource configuration, they must make accommodations by ‘refitting’ their child care routines into the new resource configuration. In Samantha’s case, she worked less to stay with her kids or left her children with her mother. In Michol’s case, she asked her sister, a licensed child care provider, to take care of her daughter for free until after the end of the school year. In the summer, Michol enrolled her daughter Elissa in a public school summer camp that was cheaper than the after-school care she used during the school year. In these cases, families accommodated their child care routines into their current resource pattern by using combinations of formal and informal supports.

Transaction costs also impacted the child care routines and subsidy use of NHES families. Transportation to and from child care centers, other fees, and added food costs all took a toll on some families. For example, in order to use and maintain access to Wisconsin Shares, families had to complete paper work, meet with agency personnel to find out about child care availability, and travel back and forth between home, work, and the state offices to turn in proof of employment or levels of income each month or pay period. Often, these procedures then had to be repeated over again as family economic and child care needs shifted. For example, when Evelia (our opening case for this article) decided to place her youngest daughter in a day care, she first called the local agency in charge of dispensing Wisconsin Shares for her area to find out what she needed to have in order to receive the subsidized care. She was informed that she simply needed to come into the office and fill out a form. However, when Evelia arrived at the office she discovered that she needed a number of additional pieces of information regarding her employment, income, etc., before she could sign up for the program. Evelia would end up spending an entire day, losing an entire day’s wages, running around so that she could enroll her daughter in the subsidy program. Also, as Michol’s case shows, many families lose their benefits when they earn too much. Given the unstable employment sector most of these parents occupy, many families who lose subsidies when their income crosses the threshold, have to sign up for them again when they start earning less at a later date.

#### *4.1.2. Social resources*

Many families who placed their children in center-based care and used subsidies to help cover the cost of such care, also relied on friends and family—‘kith and kin’—(Fuller, Holloway & Liang, 1996) to help meet their child care needs. Sixty-one percent of the families in our study relied on kith and kin for child care at least some of the time. Moreover, kith and kin served as particularly important resources when parents needed to make short-term accommodations in managing their child care needs.

While social resources were essential aids in securing childcare for many of the NHES families, parents often described them as fragile resources that had to be carefully managed. This was true even among families with strong ties to family

and friends. Many parents in our sample feared that their children might burden their family and friends if asked to care for the children too often. For example, Shaquita, an African-American single mother of two preschool-aged boys in the control group who sometimes did use subsidized child care, would occasionally rely on her aunts or cousins as back up child care support when she needed it. Maintaining these supports, she believed, depended on her not using them too often. She feared that if she used her relatives as a care resource too often, her relatives might feel as though she was taking advantage, and she might lose their support altogether. She described her sister's case as an example of how this might happen. Her sister frequently left her kids with relatives and friends for a day or two and would occasionally not return when she said that she would. Shaquita was personally annoyed by her sister's behavior. As she put it,

I don't really put my kids on people, so if ever I really do need a baby sitter, my auntie or my cousin don't never mind watching my kids because I never really bring them over. My auntie and my cousin don't like watching my sister's kids, 'cause she'll tell you she'll be back on Thursday but actually it'll be Friday evening when she comes to get them.

Some NHES families distributed their child care needs across many people, both as a means of enhancing their overall resources and also so as to not overburden any particular resource with their child care needs. This distributed support strategy was particularly useful in making short term accommodations to sudden shifts in the family resource set. For example, Tiffany Davis, an African-American single-mother of two boys aged 8 and 10 who occasionally used the subsidies offered by New Hope, often tried to rely on center-based care as a child care support for her children when she was working. However, she frequently needed others to fill in when the day-care center was not available, so that she could keep her job at that time as a copier technician. Tiffany felt that she had 'lots of back-ups.' She distributed her secondary child care needs among her grandparents, her mother and aunt, and a brother, all of whom lived within a block of her house. Her children's father also lived a few blocks away. Demonstrating her confidence surrounding this kith and kin-based resource set, Tiffany once exclaimed, 'If something comes up with day-care or something and someone has to go over, I have lots of calls I can make.' Tiffany's case is a useful example of how financial supports for child care may not be the only means of helping low-income families with their child care needs. Helping families build flexibility into their material *and* social resource configurations can be more useful.

#### *4.1.3. Making sense of child care: goals and values*

Parental child care routines and subsidy use had to 'make sense' in ways other than fitting into the pattern of resources. They had to fit into the parents' goals and values concerning appropriate child care options. NHES parents talked about these values in 34 of 38 cases (89%).

Parents in our sample reported constant conflict between values of work and self-sufficiency and the rearing of morally 'good' and successful children. Many parents struggled to be both good 'bread-winners' and good 'care-givers.' Also, parents

believed that certain child care options were better for the promotion of good developmental pathways of children while other options were not. In other words, while some options for child care might be available given family resources, they just were not '*right*' in the parent's view. For example, while center-based settings might provide academic and social enrichment, these places were held with deep suspicion as far as the moral development of children was concerned, especially if it involved care by people whom the parent did not know or know well. Many parents felt that children's moral development was best fostered by family. The values that were most motivating for parents often shaped their child care decisions as well as their patterns of subsidy use. Most of the NHES parents described their child care concerns and routines with reference to these kinds of morally charged values.

#### 4.1.4. '*Care-giving*' vs. '*breadwinning*'

American cultural values favor the family environment as the optimal setting for the provision of love, guidance, and nurturing to children (e.g. Strauss, 1992; Hertz & Ferguson, 1996). Moreover, parents are generally expected to be the best sources of nurturing for children. Most NHES parents wanted to be good parents and struggled to be viewed as such by other adults in their families and neighborhoods. They felt that they met these goals when they were able to provide direct, personal, and nurturing care to their children, and they often contrasted themselves with 'bad' parents, who provided inadequate care due to the pursuit of self-interest. 'Caring' and 'hiring others to watch your child' are not interchangeable for many of our parents, do not have the same moral significance as forms of care, and although they coexist in practice, do not easily coexist in the ideal beliefs about good care held by many of the parents in our study.

For example, Faye, an African-American single mother of two boys (2 and 11) and a New Hope participant, did not use the child care subsidy because she did not trust her toddler in the care of anyone but very close kin and friends. Faye would often describe her difficulty in sustaining regular employment in relation to her concern for the care of her two kids. If she worked more, she was concerned about what kind of trouble her older son might get into, or that her younger son would not be cared for well. She even worried that the amount of time and attention she gave to her toddler might be harming her older son in some way. She often discussed placing her toddler in day care, but was worried that the care provider would fail to give enough time and attention. She once said that if she ever did get child care for her son, she would want someone who would be very active with him, someone who would play with him and read to him. She did not want someone who would have him 'sit somewhere and watch videos all day long.' Generally, she felt she could trust close family and friends to do these things with her son, but she did not trust that people she did not know would do so.

When describing their identities as parents, NHES participants often understood themselves to be 'care-givers' and 'breadwinners' (Strauss, 1992; describes this cultural model in depth for a Providence, Rhode Island sample). NHES parents struggled to pursue the goals defined within both of these identities. Co-resident

couples often relied on dual incomes to keep their families above poverty, making it difficult to split breadwinning and care giving between two adults. If the care-giving was to be kept within the family, parents would have to work opposite shifts to ensure that one parent was always home to care for the children (e.g. Presser, 1988; Olicker, 1992). But 80% of the NHES households were single-mother-headed, and most did not have another adult to share these competing responsibilities. Some cared for their children themselves, and chose not to work, relying on both kith and kin and formal support resources to sustain themselves.<sup>8</sup> Others found non-parental child care and went to work in an effort to meet 'breadwinning' goals, while extending the direct responsibility for care giving to others whom they trust.

For example, Lynette, an African-American single-mother of one young boy, and a member of the control group, did not use child care subsidies because she did not trust her children in the care of people who she did not know well. Lynette preferred staying home to provide her son Alvin warm and attentive care for as long as she could during his toddler years. But, at some point during Alvin's second year, she could no longer pursue care-giving exclusively. Lynette felt that she had to go back to work. She explained that she needed to feed Alvin and Harold, her fiancé, who was also living with her at this time. The reality of her household financial situation pressured her to seek work earlier than she had wished. She was torn between breadwinning and care-giving and had to find some form of care for her children to meet the demands of both goals.<sup>9</sup> Lynette left Alvin in the care of Tilly, a neighbor she had known for almost 20 years and who she trusted would give good care to her son.

#### 4.1.5. *Qualities of care environments*

NHES parents also described their competing values surrounding the qualities of various care environments. For example, 61% of the NHES parents described the 'kith and kin' home-based environments as safe, morally correct, and nurturing, in contrast to the outside environments, which they described as potentially amoral and dangerous. Paid home-based care outside of the parent's home and center-based care were clearly associated with the outside contexts many NHES parents held in suspicion.<sup>10</sup> For example, Lynette felt that care in day care centers was 'stranger

<sup>8</sup> Some of these parents felt they had to sacrifice work and family income to care for children. Several of these parents had some alternative source of income such as SSI, working at home, caring for other children informally at their home, working less hours during the week, using support from Wisconsin Works, or working in some aspect of the informal economy.

<sup>9</sup> The problems parents encountered as they tried to meet the demands of the bread-winner and caregiver models simultaneously were not the only reason for seeking non-parental care. A few NHES parents' children were placed in the care of others as a result of the parent's drug or mental health problems. Other parents had children with disabilities or other significant problems (Bernheimer, Weisner & Lowe, 2003). Other reasons included the pursuit of parental personal interests outside of the family as well as the desire by NHES mothers to enroll their children in part-time or full-time center-based care programs, such as Head Start, specifically because they added academic and social opportunities not available in the home.

<sup>10</sup> Our findings are very similar in this regard to those reported in Holloway, Fuller, Rambaud and Eggers-Pierola (1997).

care,’ where the use of the term ‘stranger’ implies some element of risk for her son. Parents feared their children were at risk in these settings as a result of the poor care-giving they expected of them. Kith and kin offered the only really safe and nurturing environments in the opinions of many parents. But if parents had to choose between paid home-based care in a provider’s home and center-based care, center-based care offered the safer option in their opinion, since care in this setting was at least public and open to the scrutiny of others.

While the suspicion of care settings outside of the kith and kin context was occasionally based on little more than hearsay, some parents based their convictions on prior experience with center-based care settings. For example, Alicia, a New Hope participant and an African-American mother of three school-aged children who did not feel she needed to use the child care subsidy because her children were school aged at the time, did try a day care center twice when her kids were young. Both experiences were bad. In one center, she would always find her son Conley in wet diapers when she came to pick him up. When her son Preston was in a day care center, she would often find him sitting in a sandbox without any playmates or caregivers looking after him. Her boys always came home dirty and unkempt. After those early experiences, Alicia was more comfortable having a friend or relative watch her children.

Other parents worried about their children’s exposure to values in centers that ran counter to those of the family. For example, Marisa, a New Hope participant who did use the child care subsidy, a devout Christian, and Latina mother of 2 girls, worried about the negative values to which her girls might be exposed outside of the kith and kin context. She offered the example of her daughter, Aida, coming home from daycare and telling Marisa that she had invited a little boy from the center to church. Aida had invited the boy to church because ‘he did not know that there is a God.’ Marisa was unhappy that her daughter might be exposed to people who held such values in the center-based care setting. She did not blame the teachers, however. Marisa just felt she could not depend on teachers in care centers to teach the kind of moral values and beliefs she preferred. For her, these things are to be taught in the home and, if taught correctly, will influence children for the rest of their lives.

#### *4.1.6. Positive qualities of center-based care*

Most NHES parents did believe that care outside of the home had positive qualities and could benefit their children. Fifty-three percent of the NHES families discussed some of the positive qualities of center-based care. Center-based care helped parents when members of their kith and kin network were unavailable. Centers with reliable operating hours in a standard work week (e.g. Monday to Friday 6.30 to 18.00 h) helped many parents sustain regular work. NHES parents also believed that center-based care offered educational and social opportunities for their children that might be missing in the home. Finally, as Evelia’s case in the opening of this article shows, values associated with formal care centers often changed with experience. Parents who viewed formal care with a great deal of mistrust would occasionally change their views when, out of necessity, they placed

their children in formal care. In doing so, some parents like Evelia discovered that the benefits to their children from participation in a high quality formal care environment outweighed the perceived risks.

NHES parents looked for centers that provided safe and hygienic environments, where providers would pay personalized attention to and interact with their children, where their child's peers were well behaved, where there was adequate discipline and supervision, and where providers expressed warmth and love to their children. In other words, parents wanted safe and nurturing environments for their children. Parents also believed that centers could provide educational enrichment through peer interaction, exposure to activities that promoted literacy and basic numeracy, training in the proper interaction styles with adults, and age appropriate socialization experiences, such as toilet training during the toddler years. Finally, some NHES parents described preferences for child care centers that would help them better pursue their other parenting goals, aside from child rearing. For example, two parents described being happy with center-based care because it allowed them to work. Another described being happy with a child care center that provided transportation for her children to and from her house each day.

However, parents wanted to be the main sources of nurturing care for their children and to use center-based care as a source of educational and social enrichment. For example, Leora, a white single mother in the control group who did not use subsidies because she felt she was able to pay for day care from her own wages, preferred day-care centers. She preferred them for her daughter Kim because centers provided Kim with social experiences that Leora could not provide at home. However, ideally she would like to work less, approximately 6 h a day, and give more time to Kim. This way she could work, offer Kim socialization experiences lacking in the home, and still provide Kim with the maternal attention and stimulating care she felt she needed. However, given her current full-time schedule at work, Leora found it difficult to give Kim the proper care and attention she needed after work. Often, Leora was too tired and would let Kim watch TV instead of directly interacting with her.<sup>11</sup>

#### *4.2. Balancing conflict: inevitable negotiations within the family and care circle*

Most NHES parents held deeply ambivalent feelings about various child care options and described interpersonal disagreements about how various child care options were working out. Given the often-conflicting goals and values described in the previous section, it is no wonder that parents were in conflict about their child care decisions. Moreover, sometimes other family members' needs and preferences in their own daily routines—including children's wishes—conflicted with the parent's child care decisions, leading parents to choose different child care options at different times in an effort to accommodate these competing interests.

<sup>11</sup> Additional concerns would make it difficult for Leora to keep her daughter in center-based child care. Later in the study, we learned that Leora chose to keep her daughter home with her current partner as a means of cutting family costs.

Sixteen of the 38 NHES families (42%) described various interpersonal conflicts that impacted their child care decisions.

For example, Inez, a Latina mother of two preschool-aged boys who used the New Hope child care subsidy, was working two jobs in an attempt to raise the family's level of economic resources, leaving her youngest son, Jose, in day-care and with her fiancé while she worked. However, shortly after she began to work the second job, Jose began having behavior problems at day-care. His teachers complained frequently that Jose refused to listen and began acting 'bossy' with the other children. Inez believed Jose was unhappy with the amount of time he was spending away from his mother. Inez tried to talk to Jose about his problems and to explain to him that she was away from him so often in order to provide him with nicer things. However, these explanations failed. After spending more and more time in parent-teacher conferences, Inez quit her second job to stay home with Jose in the evenings. As soon as she quit her job, Jose's behavior started to improve.

Child care routines in the NHES families also had to accommodate conflicts between adults, particularly when family and friends proved to be unreliable sources of child care support. Katrina, a control group member and an African-American/Filipina mother of four who occasionally used child care subsidies, relied upon her unemployed partner Javier to look after her children while she worked. Katrina preferred Javier as a child care option because his care saved the family money. However, she believed his support was unlikely to last. She felt that the children were 'driving him crazy' and that she eventually would have to put them back in daycare. Her suspicions were confirmed by Javier's behavior; he would leave the house as soon as Katrina returned from work. Katrina and Javier's relationship had often been stormy, and Katrina was unlikely to be able to convince Javier to remain in the care-giver role if he chose not to do so.<sup>12</sup>

#### *4.3. Managing stability and predictability in the daily routine*

Nearly all the families in our sample implicitly expressed concerns of stability and predictability when talking about child care, as these cases show. Seven of the 38 NHES families (18%) explicitly expressed their concerns regarding stability and predictability in their own and their children's routines.

Their explicit concerns reflected their desires for child care that was flexible in hours, locations, and availability. Parents did not want child care that was unstable and unpredictably tied to work hours or income. They also tried to arrange reliable and predictable care arrangements to ensure that their children could have added stability in their lives. However, parents' attempts to create predictability in the child care routine often were not successful. NHES parents frequently made this point when discussing paid in-home child care by non-relatives. These child care settings often proved to be unreliable, and parents found them too much of a hassle to use in the long term.

<sup>12</sup> After Javier went to jail later that year, Katrina ended her relationship with him and placed her children back in a child care center.

Parents feared that their children would be harmed by too much instability in everyday routines and worked hard, often with personal sacrifices, to provide some structure and stability for their children. For example, Marina, a member of the control group who occasionally did use subsidies, and an African-American single mother of two young boys and an daughter in her toddler years, worked at a local day-care where she also enrolled her children when we first met her in April of 1998. She had mixed feelings about having her kids at the same day-care in which she worked since it required that other women would be looking after her kids while she was in the same building and this occasionally created some tension between Marina and the other care workers. But the arrangement allowed a more stable routine where she could work full time and be near her children during the day. She even rejected another job for more money doing cosmetics because the current day-care center would not be open as late as that job required. Marina did not want to have to juggle multiple child care arrangements in order to accept the better paying job opportunity.

Marina often expressed her belief that her children truly benefited from stable child care arrangements and a stable set of other adult friends and family who cared for them regularly. A field worker once complemented Marina on how well behaved her older boys were. Marina believed that their good behavior was the result of her difficult struggle to provide ‘structure’ and ‘stability.’ ‘You got to reinforce structure,’ she said. ‘Well, I think that—even though I haven’t been so good at this—I would say stability (is needed for well-behaved children).’ ‘Stability’ meant providing a good home and having the same group of people as a support network for her children. She believed her children needed ‘a circle of people who will always be there for them.’ But stability and structure in her children’s daily routines were not easy to arrange. Often, Marina found the struggle for predictability and constancy in her children’s care routines frustrating and difficult. There were occasions when she has just wanted to give up. ‘(Sometimes I simply wanted to say) ‘I quit! Forget it!’ I want to write a note and leave. But for some reason I have a little bitty thing inside of me that says, ‘You have to push it—who’s gonna raise your kids?’’

Just as some parents explained their children’s good behavior in terms of their attempts to ensure that there was some predictability and constancy in their child care routines, other parents described their children’s problem behavior in terms of the lack of predictability and constancy in their children’s lives. For example, Katrina’s youngest son, Noah, had been asked to leave his day-care center because he had been biting the other children. Katrina believed that he was biting because of ‘all the changes.’ In the 6 months prior to his biting behavior, Javier and Noah’s older brother both had been sent to jail. ‘So, he lost the two father figures in his life.’ Also, the family had just moved. Katrina believed that these changes in the family routines and personnel were difficult for Noah, resulting in his misbehavior.

## **5. Discussion and conclusion**

Marina said, ‘You have to push it – who’s gonna raise your kids?’ ‘Pushing it’ captures the dynamic management of the daily routines into which child care and



subsidies to pay for child care have to fit if they are to be of greatest benefit to the families and children of the working poor. The use of the various types of child care subsidies by NHES families (through Wisconsin Shares or New Hope) was sometimes low and episodic because decisions about child care occur in a complex, dynamic, cultural, and ecological setting. In these ecocultural contexts, resources, values and beliefs, personal and intra-familial conflicts, and the search for some stability and predictability all influenced decisions regarding child care arrangements and subsidy use.<sup>13</sup> These decisions were ‘locally rational’: They made sense in the moment, given the ecocultural context in which the family finds itself for a particular period of time.

Programs like New Hope seek to reduce poverty not only by increasing employment but also by offering participants a package of benefits so long as they maintain a minimum level of work effort. New Hope was based on the premise that ‘people need access to jobs, employment needs to be more financially rewarding than not working, increased work should increase income, those who can work should support themselves through employment, and full time employment should get people out of poverty’ (Bos et al., 1999; p. 10). Families need assistance with necessities, such as health care and child care, employment, and with income supplementation sufficient to raise their incomes well above bare poverty (Riemer, 1988).

Our findings are consistent with others in showing that programs like New Hope can benefit families by encouraging and supporting employment with child care subsidies (Gennetian et al., 2002). The use of center-based care also can promote children’s cognitive/academic development (e.g. Yoshikawa, Rosman & Hseuh, 2001). But, some of these programs may fail to consistently assist many low-income families in meeting their child care needs over time. The ethnographic data shows that child care supplements rigidly tied to monthly work requirements or income thresholds are ill-suited to most working poor parents. First, low-wage work is often episodic and changing and rigid program rules often do not take this into account. As a result, many low-income working families who use these supports must contend with the loss or reduction of benefits as family work and income situations change enough to trigger loss of benefits. Such supports may not add to the stability or predictability of family routines. Indeed, our case material suggests that they often *exacerbate* the levels of unpredictability in the family routines. One program improvement that can help would be to sustain subsidies for perhaps a year after job or income changes to allow for such transitions.

Second, child care subsidies are generally restricted to state-certified and licensed center-based and home-based providers. Subsidies typically cannot be spent on

<sup>13</sup> Crosby, Gennetian and Huston (2001)’s Next Generation study, found that subsidy use could not be predicted well by social address characteristics like years of formal education, family structure, etc. It was also difficult to predict child care use among relatives and non-relatives using such measures. Their study utilized several large data sets with survey methods, across a broad cross-section of low-income families in several states. This suggests that ecocultural features such as the ones used for the NHES analysis, which go beyond standard survey measures, might be useful in accounting for child care subsidy use in other circumstances than Milwaukee.

unlicensed relative care. Yet, many of the NHES families prefer or will only use kith and kin care since this type fits best with their beliefs and values associated with the meaning of home, safety, security, and proper child training. Of course, subsidies for certified center-based care do fit with the beliefs and values of many NHES families and it is probable that these families benefit the most from current subsidy programs.

Third, child care subsidy programs often only address the ‘resource fit’ component of the wider family ecology and, if there are poverty income thresholds or work requirements, they do that only intermittently. We believe that successful child care assistance programs for low-income working families will be more successful to the extent they not only offer more material resources, but also take in to account the balancing of family conflicts, provide meaning with respect to goals, and enhance stability and predictability.

What are some of the implications for policies from the NHES data? Many families have constructed a routine that does not fit well with the rules and operations of subsidy programs, making the use of vouchers and subsidies unworkable for many families. Working poor families have varying ‘carrying capacities’ (Newman, 1999) for incorporating rigid child care subsidy programs and work into the existing support systems and beliefs they already have created. Moreover, families’ routines and circumstances change over time. A family that once could take advantage of a program that fit well into its ecocultural context, may either no longer be able or no longer be allowed to participate at a later date due to eligibility thresholds, work instability, or other reasons, even though the family still needs the program support. Programs that do not recognize the instability common to many low-income families often only add to the uncertainty that these families confront. However, programs designed with a well-grounded understanding of the varying circumstances of the families they serve and how these family circumstances can change over time, will be more likely to provide more stable benefits to a larger number of families.

Programs can do a better job of matching program components to particular types of family resource ecologies and beliefs (Schneider, 1999, 2000). Programs need to offer benefits to the many families who would prefer to leave their children with a trusted friend or relative. The majority of parents do recognize the academic benefit to their children offered by child care centers, but there is still a strong preference for care by friends and relatives who share parental values and can shape the child’s moral development. Anti-poverty programs that only recognize the academic/social stimulation benefit of center-based care settings, and undervalue the social and moral educational qualities of these more home-based settings, do not match the cultural models of many of the parents who could use assistance. Some of the parents in the NHES in fact became certified child care providers and began taking in children of other working poor parents they knew and thus could be paid for their work. Encouraging this kind of support, while also promoting higher levels of pay for such ‘carework,’ helps both those parents who can provide effective licensed home care, and those parents who know these providers and will take their children there.

When parents talked with us about their ‘ideal’ child care arrangement, this is what they collectively imagined: Child care assistance would be available to all, reliable, trusted, very flexible as to hours open and days of the week used, easy to get to (transportation provided, at or near workplaces or schools in the neighborhood), tied to the child’s developmental needs, of high quality (as both parents and professionals actually define quality), and automatically available to a child rather than tied to the parent’s level of work or level of income at a given moment (since uncertainty and change in low-income work and income is constant for so many). Even though this imagined world of child care support is idealized and utopian, it is nonetheless worth listening to, coming as it does from the everyday experiences of low income parents. Utopian ideals are at the same time fantasies, expressions of real needs, and pointed social critique. Ultimately, the goal in a pluralistic democracy is to assist families in sustaining the daily routine that they are trying to achieve, in ways that might make this already-difficult project at least somewhat easier.

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