
Chapter 1

CHILD CARE FOR LOW-INCOME WORKING FAMILIES: FOUR COMMUNITY PROFILES

The first phase of the Community Child Care Research Project consisted of gathering information about the child care contexts of four Indiana communities: Marion, Lake, Allen, and St. Joseph counties. To provide an initial picture of these four communities in relation to child care, we examined existing community data and child care indicators available for the communities, conducted qualitative interviews with community child care leaders and low-income working parents, and did a brief non-random survey of potential parent research participants. Together, these sources provided a preliminary look at the child care perspectives of the families, the child care providers, and the larger community. We reviewed information about community child care supply, employment levels and income, availability of child care resources and child care subsidies, as well as current child care financial resources, utilization, and problems.

WHAT IS THE OVERALL DEMOGRAPHIC AND WELL-BEING PROFILE OF EACH COMMUNITY?

There were both commonalities and differences in the overall populations and in well-being indicators of the four communities during the 2002-2003 time frame of data collection. The **Marion County** site contained the largest population of Indiana's 92 counties at 862,499 people. It is home to Indiana's capital city, Indianapolis, which accounts for 91% of the county's population and is located in the geographic center of the state. According to 2000 U.S. Census data, nearly three-fourths of the population (71%) was European American, while African Americans (24%) and Latinos (4%) were the largest minority groups. Just over three-fourths of the adult residents were high school graduates (77%) and nearly one-fourth held college degrees (21%).

Lake County is Indiana's second most populous county with 485,851 people. The largest city in the county is Gary, home to nearly one-fourth of the county's populace. We also collected data in two other cities of significant size: Hammond and East Chicago. Lake County is located in the northwest portion of the state, sharing a border with Illinois and Chicago. Two-thirds of the population was European American, while African Americans (25%) and Latinos (12%) composed the largest minority groups. The majority of the adult population were high school

graduates (81%) and 16% held college degrees.

Allen County is located in the northeast portion of the state and is Indiana's third most populous county, occupied by 337,310 people. Fort Wayne is its largest city and is home to nearly two-thirds of the county's populace. Eighty-three percent of the population was European American, while African Americans (11%) and Latinos (4%) composed the largest minority groups. The majority of adults were high school graduates (86%) and nearly one-quarter held college degrees (23%).

Finally, **St. Joseph County**, located in the north central portion of the state, is Indiana's fourth most populous county with 266,378 people. South Bend is its largest city and is home to 40% of the county's populace. The majority was European American (82%), while African Americans and Latinos comprised the two largest minority groups (11% and 5%, respectively). Over three-fourths of the adults were high school graduates (79%) and 14% held college degrees.

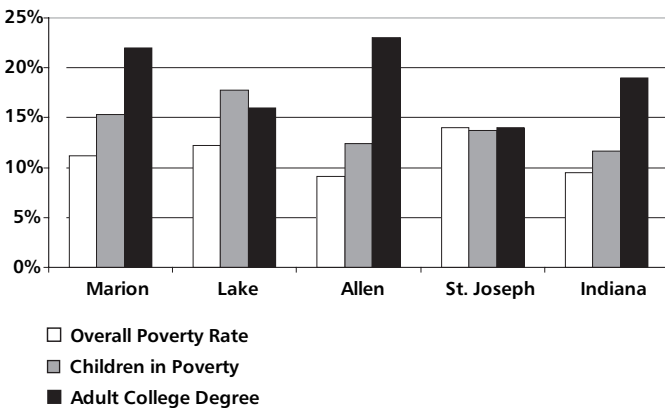
A noticeable difference among the communities was the percentage of minority population. All four communities had minority populations above the Indiana average (16%); however, greater proportions of minorities resided in Marion and Lake counties (30% and 33%, respectively) while Allen and St. Joseph counties were much closer to the state average (17%, 18%, respectively).

The proportion of families receiving Temporary Assistance for Needy Families (TANF) varied among the four counties. Three counties reported a greater percentage of families than the overall state average (6.2% of families with children under 18). The percentage of families with children receiving TANF ranged from 6% in Allen County to 16% in Lake County. St. Joseph and Marion counties fell between, reporting 8 and 11%, respectively. The four community sites were similar in unemployment rates (5%-7%), median household and per capita income (per capita income averaging around \$29,000 with median household income around \$41,000), and percentage of households headed by single parents (9-11%). Although a little less than 10% of all households in Indiana were headed by single parents at the time

of this study, 51% of low-income families (income at or below 200% of poverty level) in Indiana were headed by a single parent.

In general, poverty rates among the four communities were similar (9-12%); however, differences emerged when the percent of children living in poverty was considered. Figure 1.2 displays poverty rates for the four communities. Table 1.1 displays the rank order of the communities on key indicators. All communities were above the Indiana average percentage rate for children in poverty (12%); Lake County had the highest percentage (18%) while Marion, St. Joseph, and Allen counties followed with 15%, 14%, and 12%, respectively). While almost 12% of children under 18 lived in poverty in Indiana, 42% of Indiana children under age 6 lived in low-income families. Many low-income families (61%) included at least one parent who was employed full-time

FIGURE 1.1 POVERTY RATES, PERCENT OF CHILDREN IN POVERTY, AND PERCENT OF ADULT COLLEGE DEGREES^a



year round. Only 10% of low-income families included no employed parents (U.S. Census, 2003). Therefore, a large number of families must rely on non-parental care for their children while they work. See Well-being Indicators of Indiana and the Four CCCRP Communities (Table B1) in Appendix B.

WHAT ARE THE CHILD CARE EXPERIENCES OF LOW-INCOME WORKING FAMILIES IN THESE FOUR COMMUNITIES?

During Phase 1 of the Community Child Care Research Project, we reviewed existing community data, conducted interviews with community child care leaders (key informants) in each county, held focus group interviews with low-income working parents, and asked parents in public places to fill out a brief questionnaire. We used these data sources to construct descriptive profiles of the child care context for low-income working families in each of the four communities.

EXISTING COMMUNITY DATA

The availability of child care and utilization of child care vouchers in the four communities were examined using data compiled by the Indiana Youth Institute (2003). The number of licensed child care slots available per 100 children ages 0-4 ranged from 22 in Allen County to a little over 35 in Marion County. Lake and St. Joseph counties fell between these figures (24 and 30, respectively). These figures suggest families in Allen and Lake counties had less availability of licensed care for young children, while those in Marion and St. Joseph had a more adequate supply of licensed care. The percentage of children receiving child

TABLE 1.1 RANK ORDER OF COMMUNITIES' KEY INDICATORS, U.S. CENSUS DATA

Community	Marion	Lake	Allen	St. Joseph
Population, 2002 ^a	1	2	3	4
Percent of population in minority ethnic groups, 2002 ^a	2	1	4	3
Percent of households headed by single parents, 2000 ^a	1	2	4	3
Median household income, 2000 ^a	3	2	1	4
Overall poverty rate, 2000 ^a	2	1	4	3
Percent children in poverty, 2000 ^a	2	1	4	3
Unemployment rate, 2002 ^b	2	1	3	3
Number of licensed child care spaces per 100 children, age 0-4, 2002 ^b	1	3	4	2
Ratio of children receiving child care vouchers to waiting, 2002 ^b	4	1	2	3
Percent of children receiving child care vouchers with family income 100% poverty or below, 2002 ^b	4	2	3	1

^a U.S. Census Bureau, 2002. ^b Indiana Kids Count, 2003, Indiana Youth Institute. NA = data not available.

care vouchers who came from families with incomes at or below 100% poverty level ranged from 54% in Marion County to 78% in St. Joseph County. Allen and Lake counties were 63% and 77%, respectively. The ratio of the number children receiving child care vouchers to the number of children on waiting lists showed a similar pattern for the counties. Marion reported the smallest ratio (or relatively largest waiting list; 3:1) while Lake reported the greatest ratio (or relatively smallest waiting list; 38:1). St. Joseph and Allen counties reported ratios of 5:1 and 9:1, respectively. Therefore, of these four counties, it appeared child care subsidies were most available to low-income working families in Lake and St. Joseph counties, and least available to low-income working families in Marion and Allen counties. It is unclear whether this was a reflection of differences in the service delivery of vouchers, differences in funding levels, or differences in the demand for child care by families in the four communities.

There were differences in the types of child care parents purchased with vouchers in the communities. Allen County used child care vouchers relatively more often for home-based child care, which supported the community's apparent preference by low-income families for this type of child care. Allen County also used child care vouchers for exempt center care (i.e., child care ministries) considerably less than the other communities.

The use of child care vouchers varied by community and the child's age. St. Joseph County used the largest percentage of child care vouchers for toddlers and preschoolers (37%). Marion, Lake, and Allen counties used the largest percentage of child care vouchers for school-aged children (43%, 40, and 39%, respectively). Infants (12 months and under) comprised the smallest group using vouchers (ranging from 3% to 12%) in these communities. This could be due to the parents' preferences to stay home with their children at young ages, or to place them in more informal care arrangements, or perhaps a lack of knowledge about child care vouchers among parents of infants. Table B2, presenting an overview of child care data at state and community levels, is included in Appendix B.

COMMUNITY CHILD CARE LEADER INTERVIEWS

Semi-structured telephone interviews were completed with 22 community child care leaders—or key informants—from Marion, Lake, Allen, and St. Joseph counties, including five or six in each county. (See the list of key informants' positions, listed by county, in Appendix B.) Key informants were identified as

individuals who had knowledge and expertise in child care or the needs of low-income working families. They included representatives from Purdue Extension, a county official from the Division of Families and Children, members of the local Step Ahead coordinating council, business human resource specialists, representatives of WIC offices, representatives of the Child Care Resource and Referral Agencies, and a professor of psychology at a local university who works closely with early education and care programs.

The key informant interviews addressed child care issues from three perspectives: the family, the child care providers, and the larger community. Questions about the family perspective addressed the strengths and weaknesses of the community child care context, needed child care services, and child care subsidies. Questions about the child care provider perspective included training, resources, support, and quality. Questions about the larger community perspective addressed unique features of the community and ways that might best address the child care issues of the community. (Interview questions are listed in Appendix A.)

In all communities, key informants identified insufficient funding for child care subsidies; concerns about child care quality, especially infant-toddler care; and lack of extended hours and sick care as critical issues. While Marion key informants were mainly concerned about the quality of unlicensed ministries in their communities, St. Joseph informants expressed concerns about quality of both unregulated center care and unregulated relative care. Marion informants also identified the lack of funding for child care provider training resources as a critical issue. Lake informants expressed a need for more bilingual-bicultural care, reflecting the higher percentage of Latino residents in that county. Allen informants reported being concerned about the disparity of child care services between rural and urban areas, but praised the existing well-coordinated community services and strong partnerships among good providers. The following provides a summary of findings from the key informant interviews from each community:

Key informants identified insufficient funding for child care subsidies; concerns about child care quality, especially infant-toddler care; and lack of extended hours and sick care as critical issues.



MARION COUNTY

- **Strengths and Weaknesses of Community:** The strong collaboration of many diverse leaders and their willingness to join the effort for better child care were mentioned as strengths. One informant remarked, “In Marion County, people tend to be more politically savvy, and networking is part of the culture.” The large number of unregulated ministries, and a lack of adequate child care funding were identified as concerns.
- **Needed Child Care Services:** Weekend care, sick child care, second shift care, and child care for parents to attend school and job training were needed. Infant and toddler care appeared to be problematic, in particular, because young parents who are more likely to be poor, and thus least able to afford more expensive infant-toddler child care, were also most likely to have children in this age range.
- **Child Care Subsidies:** Even though every available resource was being fully utilized, subsidized care for low-income working families was considered to be insufficient.
- **Child Care Provider Needs:** Supports for training, incentives to education, mentoring programs, workshops and demand for higher standards were needed. One informant commented, “Even if efforts quadrupled in some instances, there would still be only minimal coverage of the need for training and education.”
- **Quality of Child Care:** The perception of key informants was that the general quality of care in Indianapolis is slightly above average. However, they expressed particular concerns about the quality of rapidly expanding unlicensed child care ministries.
- **Unique Features:** Because Marion County is the administrative seat of the state, unique features include the presence of a large bureaucracy, a distinctively different atmosphere between the center and the neighborhoods, as well as some of the problematic characteristics of large urban metropolitan areas, such as coordinating services for a large population.
- **Needs for the Future:** More business involvement, more training for quality, and increased enforcement of child care regulations were identified as needs.

LAKE COUNTY

- **Strengths and Weaknesses of Community:** Strengths included a strong caregiver network, a core group of people promoting quality for child care staff, and a large number of informal home-based child care providers. Concerns included low pay for child care providers, and the lack of regulated care.
- **Needed Child Care Services:** Care for infant/toddlers, non-traditional hours care (i.e., evening care, 24-hour care, drop-in care, etc.), child care for children with special needs, better quality school-age care, sick child care, and bilingual/multi-lingual care were identified as needs. Also identified were more licensed care, more accredited centers, and better outreach to low-income families, especially families in East Chicago, Hispanic families, and families on TANE. Licensed center child care was thought to be viewed by many parents as unapproachable, because of its high cost. Therefore, many parents preferred the use of license-exempt providers close to the family such as relatives, friends, and neighbors.
- **Child Care Subsidies:** Some believed subsidies were sufficient, while others cited large waiting lists as a barrier to families receiving the subsidies they need. Children requiring voucher-subsidized child care in Lake County represented 25% of all Lake County children. However, in densely populated, poverty dense areas of East Chicago, Gary, and Hammond, all of the children from families served by child care providers were voucher recipients. Consequently, child care providers in those areas relied solely on voucher dollars to provide care.
- **Child Care Provider Needs:** Better provider training (e.g., availability of a bachelor’s level program in early childhood education, Child Development Associate (CDA) certification, etc.) and better compensation and benefits were needed. There was also a need for facility improvements, new materials, and transportation resources for the children served.
- **Quality of Child Care:** No consensus. Most indicated there were good quality child care settings, but much room for improvement.

- **Unique Features:** No consensus. Some expressed Lake County was like any other metro area while others identified the following unique features: heavy reliance on in-home familial care as opposed to relative and non-relative home-based care, low educational level of child care providers, concerns about safety, the largest and most rapidly growing concentration of Hispanic families of any Indiana county, and a high unemployment rate due to steel mill closings.
- **Needs for the Future:** Licensed commercial child care programs had difficulties providing competitive wages and benefits to employees because of the instability of a client population that selects the lower cost options of license-exempt family or neighborhood-based care as an option. More licensed child care centers and more support for centers; better-coordinated/organized resources and education including better, locally-controlled child care resource and referral services; and better quality monitoring (regulations for child care homes and centers) were mentioned as needs for the future.

ALLEN COUNTY

- **Strengths and Weaknesses of Community:** Strengths were found in partnerships, a well-functioning child care resource and referral agency, coordinated services to children and families, and a strong partnership of providers and businesses interested in child care issues. Weaknesses included insufficient high-quality child care spaces for low-income working families.
- **Needed Child Care Services:** Care for school-age children during school vacations, sick child care, and second shift care were needed.
- **Child Care Subsidies:** Resources were being fully utilized, but there were not enough subsidies to go around, and there is a fear it will get worse.
- **Child Care Provider Needs:** Key informants were mostly satisfied with current efforts to train providers and attend to child care quality issues. There was a wide variety of choices, including programs like CDA credentials and other helpful processes such as mentoring for providers interested in becoming accredited, but there is a need for more providers to use the resource.

- **Quality of Child Care:** Child care quality in Allen County was perceived on a continuum ranging from fair to good, with a few excellent programs.
- **Unique Features:** Low-income families preferred child care arrangements within family settings, particularly for their younger children. As children get older, parents begin to look for a place that emphasizes education more. Center-based care was less preferable because it is perceived as bad, impersonal, and less safe, fueled by widely circulated news reports about children's maltreatment in one or two centers. Informants expressed the opinion that child care preferences of low-income families in Allen County were not likely to change, under the current funding system, because parents would still choose the same arrangements if it translated into income for a friend or a family member.
- **Needs for the Future:** Assisting families by offering living wages, tying child care funding to quality, and making it worthwhile for providers to get accredited by attaching higher value to their services were efforts needed, according to our key informants.

ST. JOSEPH COUNTY

- **Strengths and Weaknesses of Community:** Child care resources were present in the community, but they were not necessarily accessible to low-income working families. Barriers for these families included cost of care, finding quality licensed care in a convenient location, and locating Child Care Resource and Referral (CCR&R) services.
- **Needed Child Care Services:** Sick child care, school-age care during school vacations, second shift care, and care for special needs children were needed.
- **Child Care Subsidies:** There were not enough child care subsidies to meet the need. The need was perceived to be greater for low-income working families than for families on TANF. Because TANF families receive priority on child care vouchers, families who qualified for vouchers but were not on TANF may have to wait a year or more to receive it. Child care resource and referral services were understaffed as well, which exacerbated the subsidy gaps.

- **Child Care Provider Needs:** Affordable and accessible consultants and training, such as provided by Teacher Education and Compensation Helps (T.E.A.C.H.) Scholarships, as well as better information on what is available were needed.
- **Quality of Child Care:** Licensed child care sites were considered average or above average in quality. Concerns were expressed about the quality of unregulated center care and relative care.
- **Unique Features of Community:** Some could not identify unique features of this community; others mentioned a high availability of child care and good awareness of child care issues within the community.
- **Needs for the Future:** More funding to reduce the child care voucher waiting list, increased training for providers, and more employer involvement in child care issues were needed.

PARENT FOCUS GROUPS

Two parent focus groups were conducted in each community. A total of 46 parents participated in the focus group interviews in St. Joseph, Marion, Allen, and Lake counties (n = 9, 9, 8, 20, respectively). Focus groups took place in public libraries, job training centers, and child care centers. They were comprised primarily of clients of these agencies. The focus group interviews proved to be valuable sources of information, as parents were eager to share their ideas, concerns, and suggestions with the researchers. Questions used to guide focus group discussions are presented in Appendix A.

Focus group parents in all four communities expressed concerns about quality of child care. Most parents in the focus groups wanted a better quality child care arrangement for their children, but felt they had few options. Still, most parents commented they were satisfied with their current child care arrangement. These parents negotiated a number of significant issues while supporting the well-being of their children. One mother elected to keep her child in a less than ideal child care setting because her daughter had already endured a number of life changes including adoption, diagnosis of a chronic illness, and recently losing her father. To this mother, staying in the same setting regardless of quality provided long sought after stability for her child. A necessary **reliance on families, friends, and neighbors for**

supplemental care was expressed. One mother remarked, “It is kinda hard. I am relying on friends to pick him up and drop him off.” Still other parents reported not having back-up child care available to them on a predictable basis. **Lack of extended hours, flexibility, and sick care for their children** were also mentioned as

critical issues in their communities. A parent of the child diagnosed with a chronic illness expressed her frustration with changing jobs and settling for a lower paying job in order to have more flexibility and time with her child. “You can’t take a sick day for your child because they (the employers) say, ‘We didn’t hire your child.’” Another mother

expressed her frustration with the inflexibility of child care hours and the difficulty of getting basic family tasks done. “But in the evening, because I work far south and I get off at five, and it’s flooring it to get here (the child care center) at a decent time, where I know that I gotta get here on time. So it would be nice sometimes to know that, you know, it’s okay, it’s Tuesday, um, my kids can be there, um, I gonna do my grocery shopping.”

Some parents reported being satisfied with the **amount of financial support** they received for child care, while others were not. Parents reported they relied heavily on child care subsidies to make ends meet and keep food on the table for their children. One mother remarked, “You know, look at us, we are all single mothers. We all work 40 to 50 hours a week just to pay the rent and wonder if we are going to have enough groceries for the following week. Boy, boy, oh boy, I don’t know what I would do (without child care subsidies).” Many parents, however, expressed **frustration with the child care subsidy income requirements**. Parents felt there was a disincentive to get a promotion or get a better job. One mother summed it up, “So I can’t even afford to get any extra money, because I can’t afford to go without child care. If I make anything more than what I make (now), they’ll pull my child care. I know I could make more money if I wanted to, but it won’t balance out to where I could get child care. I mean even a nickel or 10 cents more an hour.”

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Although there were similarities among the four communities, unique issues were identified within these parent focus groups in each community. **Marion County** parents expressed a preference for center child care and reported being satisfied overall with their current arrangements, stating ideal arrangements are the ones currently keeping their children safe and allowing them to go to work. Ideal care would be open all the time and would have flexible drop-off and pick-up times. The “flexibility” parents needed in their current child care arrangements was primarily found in supplemental care provided by relatives. Some commented on changing their work schedule to make their child care arrangement work, and doing things for themselves such as studying for school after their children had gone to bed. Cost and location were important factors in selecting child care arrangements. Most had gone through a process of using different settings to arrive at an arrangement acceptable to them. Their expectations changed with the age of their child, but many reported the relationship with their child’s caregiver as central to their appraisal of the quality of their arrangement.

Stability in a caregiver was very important to Marion County parents, and they felt caregivers should be paid more so there would be less turnover and greater stability for their children. One parent commented, “I am very pleased with the way my kids are progressing here, but sometimes I wish I could be a fly on the wall and I could see everything that happens here. I don’t like that sometimes a lot of teachers are coming and going. I would like for them to get some good teachers and pay them a little more so that they can stay.” Marion parents also expressed a need for education about parenting as well as about services available to help low-income families. One mother observed, “You know, they need to show like a commercial, ‘If you qualify for this program and send your child to day care, so you can get to work,’ ‘cause I think that is why a lot of women sit at home. Because they’ve been thinking, ‘I have to pay all this money for it.’”

Lake County parents reported using a variety of child care arrangements, but most cited a close relative as their primary child care. Perhaps due to the reliance on relative care, parents in these groups did not indicate problems with flexibility in child care. They felt their mothers, sisters, and other relatives would take their child when needed. Trust in their child’s caregiver was also an important issue, which provided some explanation of their reliance on relative care. Parents had many concerns about their child’s health and safety in child care centers, especially for infants. Fears about maltreatment were also expressed. It seemed

their concerns were derived from their mistrust of caregivers whom they do not know. One mother stated, “You look at the baby and you’re, like, ‘What happened?’ And she’ll (the caregiver) be like, ‘Well, she fell is how this happened,’ but that’s not what happened.” However, relative care was not without its problems. For example, the issue of discipline was discussed. Parents felt their relative did not have the same disciplinary style and there would be inconsistency between what the child was allowed to do at home and allowed to do at child care. Negotiations about disagreements like these with relatives can be difficult, because the relative is often providing free care and has set ideas about child rearing.

Transportation was also heatedly discussed in the Lake County groups. Parents reported difficulties taking their child on the public transportation system because of its unreliability. The high cost for taxis or buses to and from child care and school or work was also problematic for parents. One mother said, “Anybody who stays here knows that if you don’t have your own transportation, you can’t depend on the public (transportation).” Another parent shared, “I take a cab to my mother’s house. And then I take a cab back home. Then I get on the bus to come to school. That’s what I go through everyday. Sometimes she (her mother) will keep my kids for three days in a row ... so I don’t have to keep coming back.” The lack of availability of child care settings

accommodating children with special needs (i.e., feeding tubes, etc. as well as enough staff in classrooms) was also mentioned. One mother recounted, “My son is on a machine. He had a hard time breathing when he was, like, 5 months old, and every day care I went to, we came in, he had that big old bag with him, and

it was like, ‘We don’t do that, we don’t do that.’” According to these Lake County parents, ideal care would include non-traditional hours care on evenings and weekends, drop-in care to give them time to run errands, and reliable transportation to and from child care.

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Allen County parents identified a preference for home-based care and a shortage of infant/toddler care. One mother related, “Most places (child care settings) I called, they wanted them 1 and walking or 3 and potty trained. I couldn’t find anywhere to take him.” In an ideal world, these parents said, they would stay home and be with their children. Even if families were receiving services, they still needed to supplement the child care cost. Parents also talked about “the vicious circle”—the impossible situation of needing a job to get money for child care and needing child care to get a job. It remains largely a puzzling problem for these parents. They seemed particularly disturbed with the idea of having to put their children in child care so they may keep their services, while not trusting the placements they could afford. They reported feeling as if they had to give their babies up, and had no control over who goes in and out of the places that they can afford. This seemed to be one of the major reasons they elected to keep children in the family or stay at home with them. They did not agree with the time limitations placed on public assistance, because they felt young mothers were very vulnerable for a long time, and the two-year benefits limit was not a fair option. The possibility of being laid off work or having their husband leave them are high, and this places young mothers in an extremely precarious situation. There were also concerns about quality of child care: “More money does not necessarily mean better child care; it just means better toys to play with, more field trips, more things.”

St. Joseph parents reported using a mixture of home-based and center-based care. Parents expressed some concerns about quality, but were for the most part satisfied with their current child care arrangements and believed that their community was doing enough about child care. However, they also said ideal child care would consist of longer hours, in-home care, and more assistance in paying for care. Consistently, parents of older children were concerned with the educational aspects of child care, just as the parents of younger children were concerned with the warmth and trust dimensions of their child care. Cleanliness and hygienic conditions were also an issue. Parents reported being distraught when they picked up their children at the end of the day, and they had not been kept clean. One parent reported, “And I don’t like the part that I come in there every day to get my daughter. My daughter’s face is filthy. And I’m, like, ‘Oh my god, what is all over you?’ And she (the caregiver) is like, ‘We gave her a wipe, but she preferred to clean the table with it instead.’ Okay, so why didn’t you grab another one and wipe her face?”

SUMMARY: COMMUNITY CHILD CARE LEADER AND PARENT FOCUS GROUP FINDINGS

Table 1.2 provides a side-by-side comparison of themes identified in the parent focus groups and key informant interviews for each community. There was some congruence between parents and key informants on critical issues. Key informants and parents in Marion both identified the importance of additional child care subsidies and the need for extended care hours. Lake informants and parents both expressed concerns about child care quality and the need for extended hours, flexibility, and sick child care. Informants and parents in Allen both identified concerns about the quality of care available to low-income families. St. Joseph informants and parents reported a frequent reliance on relative and informal care.

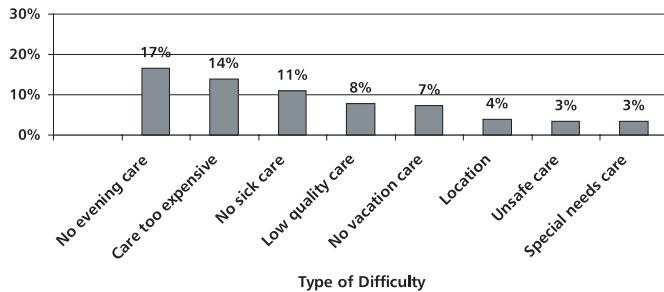
Parent surveys

A total of 151 low-income working parents completed a brief, self-administered, structured questionnaire about child care utilization. Low-income working parents were recruited in public places such as local agencies and organizations that served low-income working families, from employers who hire low-wage workers, and through local job training programs in each community.

Parents were given a list of difficulties with child care arrangements, a list of employer assistance with child care, and a list of how their current arrangements could be ideal. They were asked to indicate which items applied to them. Forty-eight of the responding parents were also focus group participants. Only one respondent was male. Participation level varied by community. The largest response was in St. Joseph County ($n = 72$). From Marion, Lake, and Allen counties, 32, 30, and 17 parents completed these surveys, respectively.

In general, parents reported using one caregiver in the past week ($M = 1.19$). However, a small number reported using up to six caregivers. One-third of the respondents (33%; $n = 50$) reported at least one difficulty with their child care arrangements. Figure 1.2 presents the difficulties parents identified. The most common difficulties were lack of evening or night care, too-expensive child care, and no sick child care available.

FIGURE 1.2 PARENTS' REPORT OF CHILD CARE DIFFICULTIES (N=151)



Problems with child care clearly affected a significant portion of low-income working parents' work performance. Thirty-five percent of the respondents (53 parents) reported their child care problems had directly affected their work. Of those whose work had been affected by child care problems, 70% reported they had to leave work early, while 62% reported missing days of work because of these problems. On average, parents reported approximately one day of work missed in the past year due to child care problems, but some parents reported missing as many as 14 days of work. Overall, parents reported leaving work early approximately two days in the past year, but some reported leaving

TABLE 1.2. SUMMARY OF CRITICAL CHILD CARE ISSUES FROM INTERVIEWS AND FOCUS GROUP

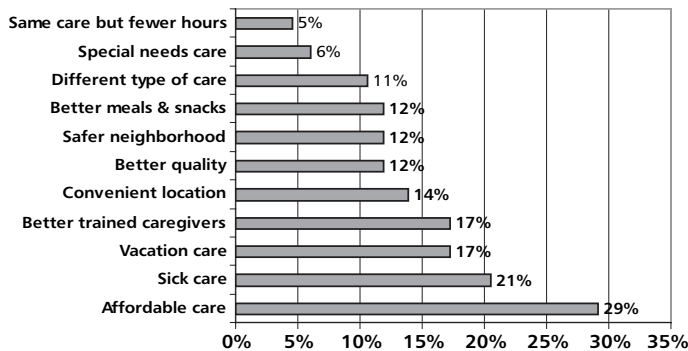
	Parent Focus Groups: Critical Issues	Key Informant Interviews: Critical Issues
Marion	<ul style="list-style-type: none"> Center care preferred. Multiple child care arrangements difficult to manage. Rely on relatives and friends for backup. Need for extended hours. Vouchers are critical. 	<ul style="list-style-type: none"> Insufficient funds for subsidies. Quality concerns about unlicensed ministries. Need for extended hours and sick care. Lack of funding for provider training.
Lake	<ul style="list-style-type: none"> Reliance on relative care. Lack of reliable public transportation. Extended hours and flexibility are important issues, often lacking in formal care. Concerns about quality, safety. Care for children with special needs. 	<ul style="list-style-type: none"> Great need for more quality care. No established resource & referral agency. Need for higher quality, extended hours, sick care. Need for bilingual-bicultural care.
Allen	<ul style="list-style-type: none"> Felt there was a disincentive to work Preferences for home-based care. Concerns about quality of care. Rely on family, friends, neighbors for supplemental care. Shortage of infant-toddler care. Need for sick child care or more flexible leave policies. High cost of child care 	<ul style="list-style-type: none"> Well-coordinated community services. Demand for child care increasing. Concerns about quality of child care for low-income families. Extended hours needed. Families prefer relative care for infants & toddlers. Insufficient subsidies. Disparity of services between rural and urban areas.
St. Joseph	<ul style="list-style-type: none"> Use mixture of home-based and center-based care. Rely on neighbors and relatives for backup. Most had no stable backup. Need more flexible hours, nights, weekends, and easy transportation for children to child care. Concerns about quality. Concerned about remaining eligible for child care subsidies 	<ul style="list-style-type: none"> High demand for child care. Relative/informal care used often. Insufficient subsidy funds. Need for extended hours, sick care, and care for special needs. Concerns about quality of unregulated center and relative care.

early up to 26 days. Forty-three percent of parents reported they couldn't concentrate on work because of child care problems.

When parents were asked how their employers helped them deal with their child care problems, almost 60% (n = 90) reported their employer did not help at all with child care. Few parents actually identified specific help they received from employers. These parents reported their employers helped with on-site child care (4%), a child care flexible spending account (3%), help with paying for child care (3%), and help with finding child care (3%).

Parents were also asked what their ideal child care circumstances would be. Figure 1.3 presents their responses. The most commonly selected features were more affordable child care, sick child care, care available when school is not in session, and better-trained teachers and caregivers.

FIGURE 1.3 PARENTS' IDEAL CHILD CARE CIRCUMSTANCES (N=151)



When communities were compared using the survey data, there were few differences in responses. A greater percentage of Lake County parents selected “care available when school is not in session (vacation care)” as an ideal child care feature than did

parents from other communities. Additionally, a greater percentage of Allen County parents reported that their employers helped respondents with child care problems by offering child care flexible spending accounts. However, only 5 parents in the Allen site actually reported receiving this kind of help from employers .

CONCLUSIONS

Availability of licensed child care and voucher subsidies to help families pay for child care varied across these four communities. Licensed child care was least available in Allen County and most available in Marion County. Marion County also had the largest waiting list for child care voucher subsidies, while Lake County reported the smallest waiting list.

Child care leaders interviewed in the four communities identified critical problems in providing care for children from low-income working families, including insufficient funding for child care subsidies; low quality care, especially for infants and toddlers; concerns about the growth of legal, unregulated child care; and a lack of child care services for evening hours or for sick children. The community leaders also mentioned several strengths and challenges specific to their communities.

The vast majority of low-income working parents in focus groups and brief surveys reported their primary reason for using child care was to work or attend school. Most expressed satisfaction with their current arrangements; however, they also identified a number of significant problems: concerns about the cost, quality, and safety of out-of-home child care; heavy reliance on friends and family members for primary or back-up child care; and a lack of flexibility in child care and their jobs for evening hours, sick children, or care during holidays or school vacations.