

## ~ Chapter 1 ~

### Introduction: Children's Care in the Age of Personal Responsibility

In August 1996, President Bill Clinton signed welfare reform into law.<sup>1</sup> The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 instituted rigorous work requirements that compelled welfare recipients to work. This shift to a work-based social policy in the United States had an immediate and dramatic impact on the lives and expectations of mothers and children living in poor neighborhoods. All at once, more single mothers had to both find work and make hurried child care decisions.

In the span of the next five years more than one million additional single mothers went to work, while other mothers who already had jobs worked additional hours, and even additional jobs, to make ends meet. The timing of the welfare reform work mandates coincided with greater work availability during a period of unprecedented economic growth in the United States in the middle and late 1990s. Between 1996 and 2000 low-income single mothers' employment increased by more than 25 percent (U.S. Department of Health and Human Services 2002a). Mothers thus emphatically responded to the work challenges and opportunities by creating a new wave of working mothers: the proportion of low-income, single mothers with children under six who were working grew from 44 to 59 percent between 1996 and 2000.

But what about the children? At the same time government policy was requiring that more low-income mothers go out and find jobs, mothers had to find child care as well. With limited personal resources and minimal assistance from the polity, these mothers had to figure out where to send their children. Even if a strong labor market could absorb the mothers, could the child care markets, which were fractured and incomplete from the start, provide places for their children to go? These families' earnings were meager, so most options even in the limited private child care market were out of their reach. The public child care systems were inadequate; many mothers were already on long waiting lists for subsidized child care or had lost eligibility for

subsidized care as their income increased. Thus, the recent shifts in public policy and the wave of new working mothers have resulted in one unresolved question for mothers and American society: What do low-income single mothers do for child care now that they are working more?

This book is about the dilemmas that mothers face in finding care for their children. I followed forty-two low-income families in New York City over three years as the mothers found jobs and lost jobs and the children moved from one care situation to the next. I regularly and repeatedly interviewed mothers to determine what they did for their children's care and what they thought about the care. Each mother has her own story of striving to find work and child care. This volume traces and analyzes the changes they made in care over time and identifies the child care strategies they developed based on what they learned over a succession of care arrangements.

In the course of becoming workers, these low-income mothers have found that the most complicated challenge they face is not finding or keeping a job, but finding and keeping reliable child care they can trust and afford. These mothers are working and taking personal responsibility for their families, and through struggle and ingenuity they manage to find child care. When they do find child care, however, it is often little more than custodial care, and their children are not being stimulated to develop their potential during the most critical time for their brains' and bodies' development. As these mothers go to work and send their children into quite varying care arrangements, they have replaced welfare with worries about their children's well-being.

What is our public responsibility toward children and what social policy can allow these mothers to work and to have child care that fosters their children's development? I believe that the stories of these mothers can help direct policy discussions. To illustrate, I start with one family's story.

### **Annette and Aaron's Story**

In August 1996, Annette was twenty-six years old when she learned she was pregnant with what would be her second child. She said to the nurse, "You made a mistake. That's impossible." When the nurse reminds her now of that moment, they laugh about it. At that point, however, there was no laughter.

After Annette left the hospital, she went to see the father, Franco. He was from the neighborhood, and someone she had known since they were both young. She had been involved with him for only two months and had no intention of having a child with him. "It just happened," she says. She knew he was very unstable and irresponsible, and in fact she had already decided that she did not want to continue a relationship with him. She told him that she was pregnant, that she did not want to see him anymore, and that she did not want his involvement. She made it clear that whatever she did was her own business and none of his.

Annette did not know what to do. She anguished over—as she put it—

“taking the baby out.” She felt she was in no position to have another child. She and her only child, Raquela, shared a small apartment in the projects. She did not have the physical room, the emotional stability, the social supports, or the income to provide for a larger family. She remembers being very depressed at the time, not leaving her house or washing for days.

She awoke daily to her fears about how she would raise and provide for her young daughter in a world where her prospects seemed dim. The prospect of another life for which she would be responsible moved her from anxiety to depression, from tears to paralysis. In her struggles she could see no place for a second child. She feared that her difficult, tenuous path to a decent job and self-sufficiency would reach another stumbling block and that her burdens as a lone mother and provider would multiply. All the while, she says, “a voice inside quietly” told her she could not and should not stop this, and that she would have this child, ready or not.

When Aaron was born on April 15, 1997, and in the years later, she says she thanked God for helping her keep him.

When I first met Annette in the spring of 2000, she was living in public housing with her two children. Raquela was then eight and Aaron was just about to turn three. Annette was thirty. They lived close to the river in the poorest part of Pier Points,<sup>2</sup> a notoriously rough neighborhood with a high concentration of housing projects and an active drug trade. Annette had lived in this part of the Points for most of her life. She was raising her children in a housing project within one hundred yards of the project where she grew up, and the two were indistinguishable—as both were from the other thirty beige-brick-exterior, white-cinder-block-interior, high-rise buildings that surrounded them.

Annette has a frank manner, and she does not gloss details in talking about her life. She left school when she was fifteen years old, ostensibly to work at a shoe store in her neighborhood. Dropping out had as much to do with not liking and not learning much at school as it did with the adolescent pressures of the street life in her community. Over the next few years she realized that she wanted to leave the street culture as she saw its dangers. She was nineteen when her brother and brother-in-law were killed outside her building in the Points, and she says most of the people she knew from that time “are not around” anymore.

Annette’s first real love was Raul, who was from the neighborhood. She and Raul very much wanted to have a child. During her pregnancy she left her job at the neighborhood shoe store, where she had worked for five years. Annette was twenty-one when their daughter Raquela was born. Several months later they moved to Puerto Rico because she wanted to get them out of the Points and Raul away from the influence of his peers. She and Raul married in Puerto Rico and then moved to Virginia, where he was stationed after joining the military and later worked as a corrections officer. Over a short time she watched her husband return to drug use, neglect their family

life, and prove himself unfaithful to her. Escaping her turbulent relationship with Raul, she returned to her native New York with Raquela and later divorced Raul. Soon after she left Raul was caught dealing and possessing drugs, while working as a state corrections officer, and he was sentenced to a Virginia correctional facility, where he remains today.

Leaving behind Raul's bouts of infidelity and drug abuse, Annette thought she might have opportunities for a better life back home. She was able to get housing by moving into her family's old apartment in the projects after her mother migrated back to her native Puerto Rico. Annette also had a job opportunity as a corrections officer in New York. Both she and Raul had applied to the New York City Department of Corrections four years earlier before moving to Puerto Rico. When Annette was thinking of leaving Virginia, she was finally called for a job at Corrections. Even though the work environment would be rough and dangerous, she considered this an ideal job because it offered higher starting pay, security, and greater earning possibilities over time than any other work that she believed might be available to her.

As it turned out, Annette's hopes were dashed: she lost the chance to work for Corrections when she could not find child care for Raquela. Her mother had told her she would move back to New York from Puerto Rico to provide child care, but she backed out the week of Annette's final evaluation for the job. After that Annette mostly worked in the retail trade. She learned that these jobs led nowhere and that the menial work could end abruptly when the business faltered or any family emergency arose, large or small. There was little flexibility on the part of employers, who regarded each low-wage employee as easily replaced. After losing a couple of short-term jobs, she returned to "public assistance" or "PA"—what she and other poor mothers in New York City call cash welfare. She had received welfare from the time she was pregnant with Raquela until she moved to Puerto Rico, and she now cycled back on as she sought some other path to work. She supported her family by juggling minimum-wage jobs and welfare payments, sometimes combining the two. At the same time she also tried training programs and community service jobs in her desire to get ahead. When she became pregnant with Aaron, and after he was born, she had to depend on welfare exclusively.

I was doing job training and an internship when I became pregnant [with Aaron]. When Aaron was born, I took time off. I really wanted to be a full-time mom, but I struggled a lot for money. I just received PA and food stamps, which, you know, is almost nothing, and all my housing was paid. We ate a lot of peanut butter and bread. That was it. We had no support from family, friends, their fathers, nothing.

I did not work for a year. . . . I was struggling, but Aaron has asthma and he was hospitalized twice for about a week each time before they re-

alized it was asthma. . . . He was sick a lot when he was younger . . . and so I could not get a job.

When Aaron was sixteen months old, Annette was offered an Americorps position for one year working for a social services program in the Points called HELP. When that opportunity came up, Annette again asked her mother to provide care.

I wanted to stay with him and was scared to leave him, but when I was offered the [Americorps] job . . . I wanted to do it. . . . I told my mother, who lived in Puerto Rico, that I was going to be starting a job, and she said she would move here to take care of him so I could work. A week before I was supposed to start she called me and said she was not coming. That was normal for her; she always does that to me. I did not know what to do. I could not find anyone to take care of Aaron, and I was very upset. I did not know if I could do the internship.

Aaron was already in an Early Head Start (EHS) program, which he attended for four hours each week, in the same umbrella agency that included the HELP program. The staff at the agency knew about Annette's child care problems and suggested an arrangement. A woman who was doing an internship with EHS was going to be starting a family child care program in her home. The program director suggested that Annette ask the provider, Terry, whether she would be able to care for Aaron. Terry agreed, and Annette paid her with an Americorps stipend for child care plus an additional sum because the stipend was not enough.

Aaron was in this arrangement for about seven months, and he seemed to enjoy going to Terry's very much. The care ended, however, because of a conflict between Annette and the provider.

She was a wonderful provider. She really loved children and had done all this preparation to be a child care provider, making her house really nice for the children and trying to do what they do in the centers. She read to them in reading circles, made up interesting play activities, and took them out to the park. Aaron liked going there. . . .

There was some complaints and problems. . . . It was a mess! . . . First there was a problem between Aaron and another child in her care [they would fight], and that upset her. And she complained about Aaron to everyone. Everyone got involved, including the program directors at my job and at the child care network and the girl's mother. I told her that I thought [fighting] is something kids do. She did not agree and blamed Aaron. . . . She told me that she would not take him anymore. It was really bad. She was a good provider, and I did not know what to do. I had to stop working and was desperate.

Annette did not formally leave the job. Her director was understanding and told Annette to keep searching for child care options. She started working regularly again weeks later when Aaron's grandmother (his father's mother) agreed to watch him on at least a short-term basis. Annette made this arrangement even though she did not want Aaron's father involved in her life or Aaron's and in spite of her serious reservations about Aaron's grandmother.

There was no one. I tried everything, but I could not find anyone else. The grandmother was willing to do it. I did not want to leave him with her because I thought she was a little strange, but I had nothing else I could do. So I started leaving Aaron in her home. He had trouble transitioning. He told me every day he did not want to go there. I heard from a couple of people in the neighborhood that they kept seeing Aaron out in the street with her, that she was out with him all the time. Then, one day when I was outside her door, I heard her screaming at him, and then a whack, and he was screaming. She hit him, and I told her off. Well, that was it. We had this arrangement: she called in the mornings to tell me she was ready for me to come over with him. That next day she did not call. After waiting, I called her. She said she had trouble dealing with his asthma . . . and she was too sick [to take care of him].

Annette's second care arrangement lasted less than a month. When she again told her director she could not work, the director again told Annette to work something out, at least until the end of the internship. For her third primary care arrangement, Annette turned to a friend's mother for informal care until she could find something better.

I had to do something. I spoke to a friend who I grew up with who asked her mother if she would watch him. Claudia was my mother's age, and she had been a neighbor I knew since I was a girl. She was poor, and so she was willing to do it for the money until I could finish the internship. It was informal, you know unlicensed care. . . . It was nothing great, but it was better than the other provider, and I could not find anyone else who would do it for the money [provided by the Americorps stipend].

When she finished her internship in August 1999, Annette interviewed for a job at the HELP program as an administrative assistant. They had funding for no more than a part-time position, however, and around this time the Early Head Start program also had a part-time position to fill. Annette did not take either job right away. First, she had to find someone to care for Aaron, and she had to arrange for a child care subsidy through the Agency for Child Development (ACD). She had already applied to ACD a year earlier in the hopes of getting a placement in a child care center or a licensed provider, but she was still on the waiting list. After searching for almost a month, she

was about to give up. Then her director called to tell her that there was a space with a family child care provider.

There was an opening with a woman named Lizette, and I made a visit to the house right away and agreed to put Aaron in the home. I was desperate, so at first I felt lucky, but it turned out it was just terrible. The place was like a shoebox, and Aaron just watched TV there, and he was tortured in the home by the woman's grandkids, who were the other children she was providing care for and were not even part of the program. And she complained that he was difficult and sick. Then he started really misbehaving—jumping on tables and using language he did not use before. I became very worried. He would cry and beg me not to take him to the provider's home.

Aaron was there just two weeks when the problems started, and Annette again thought about leaving her job. She asked the family child care program's director to let her know if a space opened up with another provider. She wanted to move Aaron but decided she would leave him with Lizette and try to keep working as long as possible. After a few months a spot opened with Nelly, another family child care provider.

Nelly's care, in many ways, turned out to be an ideal arrangement for Annette and Aaron. She ran a licensed family child care operation from her two-bedroom apartment in a low-rise housing complex that was very close to Annette's office and Aaron's EHS class. Nelly, who spoke only Spanish, was an older Latina woman who provided very loving, nurturing care. When she started providing child care for her own grandchildren, she also began taking in other neighborhood children, became licensed, and joined a family child care network. She and her husband had raised three children of their own in the Points, and these children were often around the house, making the child care feel like a large family environment. Aaron liked going to Nelly's:

He calls Nelly "Grandma," and he seems to feel good about being there when I drop him off and pick him up. With Nelly it is really like being with a grandma. It is warm, loving, and safe; he eats well and takes a nap, but he is not learning so much there.

Annette felt confident about the care, but she wished she knew more about Aaron's experiences there and could be more involved.

I do not know too much about what he does [at Nelly's], which is hard for me because I am an involved parent, and because he spends more time there than he does with me. He does not say too much, which usually means it is okay. I never have a chance to talk with her because I have to rush to work when I drop him off there in the mornings, and when I

go to pick him up we have to rush to get Raquela from her after-school program because they won't watch her after six o'clock.

Annette stuck through the child care changes and “pieced together” the two jobs for almost eight months before the director of the HELP program found the money to hire her full-time. When Annette told her boss at Early Head Start she was going full-time at the other job, the director, not wanting to lose Annette, sought and found a grant to hire her full-time. Annette decided to take the job at Early Head Start.

Three months before she turned thirty Annette started what she called her “first full-time job with a real salary.” The new job offered her some stability and better pay, increasing her annual income from \$16,000 to \$22,000. She was earning more income, but she says her struggles were much the same as other forms of assistance she had received were reduced and her expenses went up.

So, for a while I had to put these two pieces [two part-time jobs] together when I would have rather just had a full-time job. . . . Now I work one job and I make almost \$100 more each week than I made working the two jobs. That was a good raise, but it's still hard because the expenses just go up. Now I have to pay a bigger part of the child care costs—I was just recertified after the new job and pay increase and now have to pay \$47 every week. I was paying \$24 until last week. . . . I still need my food stamps [\$74 per month], but the stamps will go down [to zero] when they recertify me with the new salary. And then, since I live in public housing, my rent is higher the more I make. I now have to pay \$297 and before I was paying \$167.<sup>3</sup>

Nelly was Aaron's fifth primary child care arrangement before his third birthday, and it turned out to be the smoothest and most durable arrangement yet. Even so, Aaron's care was still complicated because Annette needed to make multiple arrangements to match her work needs with his care needs. In addition to the family child care and his four hours a week in Early Head Start, Aaron regularly had to spend a couple of hours with his mother at her job, and he also stayed with a variety of family and friends for a few hours every Saturday when Annette needed to work. Time was Annette's most pressing concern about her children's care arrangements: how little of it she got with her children, how little she knew about how Aaron spent his days. She worried about whether her working and his child care were adversely affecting his development.

Time is the biggest issue—there is no time. I get no time to talk to the provider, to be alone with her, to be with my son. . . . I think he is okay over there. I hope he is, but I worry. He's my son, my responsibility, but



I am not with him so much of the time. He has been in the care of so many others, strangers.

## The Context for Children's Care in Low-Income Neighborhoods

Annette and Aaron's family life is typical in many respects of life in poor urban neighborhoods for many similarly situated families, including the more than forty whose stories are recounted in this volume. These mothers struggle to fulfill the roles of sole earner and sole parent. Many women must put work first in order to adequately provide for their families, yet they find it very difficult to secure adequate child care. Mothers like Annette do work and do find child care among the limited choices available to them. However, the poor quality of much of the care they use, the succession of child care arrangements that fall apart, and their concerns about the impact of child care on their children combine to *challenge their identities as mothers*.

Annette's need to make simultaneous decisions about work and child care is similar to the work-family trade-offs faced by so many families today as women's labor force participation has increased dramatically in recent decades. Mothers from all walks of life—prosperous and poor, married as well as single—bear much of the responsibility for supplying their family's material and developmental needs. These twin goals of family life require that they ensure that their children have adequate shelter, food, clothing, and medical attention and that other basic needs are met; that their children feel secure, attached, and loved; *and* that they are supervised, shown the limits of acceptable behavior, and stimulated to learn. For any parent, these goals often conflict. Reaching a balance between how much work is needed for the family's income and how much time can be preserved for parenting has become one of the defining calculations that American women now face. And with it comes the decision about who will care for their children when they go to work.

The terms of this conflict can be most severe for working single mothers, especially those who earn low wages. Annette's story illustrates some of the acute problems that low-income single mothers face in their attempts to find and maintain work to support their families while arranging child care for their young. Her desires and quests are universal: to find love and companionship; to have a family; to raise her children to be healthy and successful in life; to work and help meet her family's needs; to find safe and appropriate child care for her children. However, Annette struggles to negotiate these challenges within a context of opportunities and constraints that are very different from those faced by most middle-class or married mothers. She is constrained by her limited resources and the social conditions of her environment. She faces the conflict as a lone parent. She lacks many personal

supports. She has limited employment opportunities. She lives in an area of the city with few good care opportunities. She is economically segregated in public housing that is cut off from most mainstream avenues to opportunity. She also must still rely on governmental assistance for child care or housing that she cannot otherwise afford even with a full-time job, and she must consider all of her work and child care decisions within the complicated context of the rules of the social services systems she relies on to hold her family life together.

### *The Context of Poverty*

When I met Aaron, he was more than two years old and his family was not poor by the standard income measure. For a family of three like Annette's, the poverty threshold was \$13,874 in 2000 (U.S. Department of Commerce 2000a).<sup>4</sup> Annette's earnings provided 1.75 times that level, and while she could clear the poverty threshold with money to spare, she knew that she barely had an adequate income to provide for her family. As other evidence also confirms, the official poverty threshold levels are very low compared to a family's basic needs (Edin and Lein 1997; Ruggles 1990; Schwarz and Volgy 1992).<sup>5</sup>

In policy terms, "poverty" is assumed to relate to the official income poverty threshold.<sup>6</sup> Even if the threshold is set unrealistically low, it provides a measure of social conditions.<sup>7</sup> By official poverty measures, children under six are demographically the poorest age group: more than one in six (17.2 percent) American children were considered poor in 2000 (See table 1.1). Poverty rates for children under age six in large central cities and for Latino and African American children were even higher, and the rate for single-parent families was the highest among the major demographic classifications. This study's sample was selected from among these groupings—black and Hispanic single-mother families with very young children living in urban areas.

Though Aaron was not poor when we met, his family's income in his young life was such that he had experienced income poverty for two out of his first three years. Given his mother's tenacity and some luck, his family may never be income-poor again. Aaron is now among the nearly half of American children in single-mother families who live on the positive side of the low poverty threshold.<sup>8</sup>

In concentrated urban poverty neighborhoods like the Points where Aaron lives, the poverty rate for young children is about 40 percent, and most of the children Aaron will associate with in his early developmental years come from families living around the poverty line. Poverty in these neighborhoods has many dimensions. The social disadvantages and the non-income dimensions of poverty—the bleak surroundings, the proscribed set of choices for schooling and health care, the exposure to peers who are also disadvantaged—are ever-present for Aaron. He has asthma, as do legions of his peers in New

Table 1.1 *U.S. Poverty Rates for Young Children Under Age Six, Compared to Other Age Groups and by Demographic Subgrouping, 2000*

	Rate
Official U.S. poverty rate	11.3%
Young children (under six)	17.2
Children (under eighteen)	16.2
Young adults (eighteen to thirty-five)	12.2
Working-age adults (thirty-five to sixty-four)	8.1
Elderly (over sixty-five)	10.2
Poverty rates for young children (under six)	
Central cities	24.4
Suburbs	13.9
Rural	22.2
Black	33.1
Latino (Hispanic origin)	29.6
White	13.7
In single-mother families (all)	47.1
African Americans in single-mother families	53.9
Latino Americans in single-mother families	52.3
Black, central-city, and single-mother family	55.7
Latino, central-city, and single-mother family	61.0

*Source:* Tabulations from the March 2000 Current Population Survey, tables 1 and 4.

York's low-income neighborhoods. He lives in public housing that marks one as indigent almost regardless of the income, self-esteem, and behavior modeling his mother may try to bring home. He is largely isolated with his mother in the poorest projects in the Points, where most of the adults he meets come into and out of his life without staying too long. Annette says that he misses having a consistent male presence. She thinks having a man in his life could help with his emotional outbursts and provide a role model as he tries to figure out his place in a world in which all the adults around him—his mother, sister, aunt, cousin, their friends, and his caregivers at family child care homes and day care centers—are women.

The story of Annette's long but successful road from welfare to work and self-sufficiency is remarkable. Without access to a good formal education, Annette learned from her environment, managing to draw from its resources and making steady progress in her own work pathway. However, she

also knows that every choice she made had consequences for her children, particularly the child care Aaron experienced in his earliest years. Annette says that the most challenging aspect of her family's story has been finding child care. It is in this area that she feels she has the least amount of control, has some of the worst choices, and has inadequate resources to meet Aaron's needs.

This book is about forty-two low-income single mothers and children like Annette and Aaron. It examines how these mothers made child care arrangements, interprets what they learned through a succession of child care changes, and describes how they used that knowledge to adapt their care choices over time. Using in-depth interviews and participant observation, I documented day by day and month by month the child care that these families used and their transitions during three years of field research. The need for such an analysis is obvious when one considers the neglect of these concerns in American social policy discourse. The difficulties of finding child care, children's experiences in care, and the continuing needs of children living in poor neighborhoods have not been adequately addressed in the policy discussions that have surrounded welfare reform and the movement of more mothers into the labor force.

This book explores how mothers' strategies for coping in low-income, isolated communities change in the context of less welfare and more work and how they incorporate greater child care responsibilities into those strategies. I learned some important lessons from the stories of Annette and the other families:

- Accepting work as necessary to their family's survival, mothers expect and want to work, and low-income mothers are working at greatly increasing rates—both mothers who have lost welfare entitlements and those who never used them.
- Working mothers require child care and want care that can meet their expectations of quality and stability.
- Low-income mothers cannot afford to pay the market costs of child care, and there are not enough subsidies to help very many of them gain access to quality care. In addition, the complicated child care systems created by state and city governments to administer and ration child care make it difficult for even the savvy and diligent to use them, and the immediacy of most job choices available to low-income women do not afford them the patience or flexibility needed to negotiate those systems.
- Low-income children end up in whatever child care their mothers can piece together. These mothers often must use multiple care arrangements concurrently and change settings frequently because the care they find is inadequate and inherently unstable.

- Unstable and low-quality child care has an enormous impact on children's well-being. While mothers are well aware of this, they also know that within the existing child care markets and subsidy system, quality is a luxury that they cannot afford or even properly consider given time constraints. Quality is a huge concern for them, but one that trails their practical concerns about first finding child care on which they can rely and that is safe.

This book attempts to inspire and inform a debate about public responsibilities to support both working motherhood and children's development following the rapid movement to a work-oriented social policy. We live in a society where most mothers work, and this is the explicit expectation of responsible adulthood. Many low-income mothers also come to prefer working because it enhances their sense of control and helps structure their families' lives. There is no reason to expect that fewer mothers will be working anytime soon, especially those whose earnings are their family's primary lifeline. Along with the personal responsibility taken by working mothers, there needs to be far greater public responsibility for children's developmental well-being so that quality child care can be consistent with a mother's attempt to secure her family's economic well-being.

## **Mother's Work, Children's Care, and Welfare Reform**

The changes stemming from the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which included very strong work requirements for families seeking social services assistance, profoundly changed the context for mothers' work and children's care for families in low-income neighborhoods. Among the policy changes that helped push single mothers to work more were strict work-first policies across the states, strict time limits on how long families may receive assistance, and an end to the federal entitlement that provided poor families with cash assistance based on need. Federal assistance now came in the form of a block grant to the states, a change that more fully shifted to the states the responsibility for the design of programs and services to the poor with minimal federal oversight. In addition, the federal law established mandatory target percentages of those in a state's welfare caseload who must be working and made immigrants ineligible for many services.

Welfare reform, by instituting rigorous work requirements, effectively moved the United States to a work-based social policy. The change marked a fundamental shift in public policy, asserting that parents must take "personal responsibility" for their family's well-being and that all public support follows from a "work-first" policy framework. The rhetoric of personal responsibility further shifted the focus of American social policy away from the protection of children and their interests and toward their mothers' work behavior. From

the perspective of mothers, the shift amplified the conflict between their responsibility to work for their family's material well-being and their responsibility for their children's developmental well-being. Mothers now had to put their work first, often before their children's care needs.

Underlying much of the long-fought debate about welfare reform was a tension between two competing interpretations of welfare—the one that promoted social policies designed to improve children's welfare and the one that denigrated policies that provided assistance to able adults, including non-working parents, who have often been considered the “undeserving poor” (Katz 1986). The volatile politics of welfare reform was rooted in some of the long-standing and conflicting American values that underlie many social welfare policies.<sup>9</sup> The paramount value that Americans place on economic self-sufficiency and the virtues of work (Hecl 1993, 1997, 2001) was pitted against the primacy of the family and communitarian ideals, particularly the ideal of helping vulnerable children and offering them equal opportunities. In the battle of American values that took shape over welfare reform, the bootstrap individualist creed ruled the day in August 1996. Much was deservedly made of personal responsibility, the need for individuals to direct their own lives and marshal their own energies, and the centrality of work in American life. However, at the same time as we were asking the least fortunate to strive and work harder, we were deeply discounting our public responsibility for the children born into poor families and disadvantaged communities. We could have replaced welfare with more supports and opportunities for children in addition to strong work requirements, but the legislation emphasized work, provided few new supports to families, and cut other supports to some families. In society's estimation, and in mothers' minds, the imperatives of earning for a family's self-sufficiency and caring for children have become separated, and mothers with few options are forced to send children into care that is cheap and often of dubious quality.

Central to the 1996 national policy changes was the end of previous federal guarantees of assistance that had been directed toward individual children's minimal needs. The Aid to Families with Dependent Children (AFDC) program was the particular entitlement program that was most often known as welfare. The AFDC entitlement program ended as part of the welfare reform legislation and was replaced with a new block grant program, Temporary Assistance to Needy Families (TANF), which took the same amount of federal money that had been spent on entitlements to families and gave it as a lump-sum block grant to the states. When AFDC was instituted as part of the New Deal in 1935, its intention, as its name implies, was largely to protect the interests of children, and by extension their mothers for them, by offering a buffer against absolute poverty. The welfare reform law abdicated this responsibility and passed along concern for the poor to the states with no guarantees for individual families in need. In the policy push to make mothers take direct responsibility for their families' self-sufficiency, the law

made clear the requirement of work but offered little in the way of public responsibility for children and their developmental needs.

Some of the logic for the policy shift was clear. With most mothers working in American society, making work the basis for public assistance was consistent with the expectations of most families. However, the needs of some of the most disadvantaged children were neglected, and the supports that single mothers need to carry out their dual role as worker and parent went unaddressed.

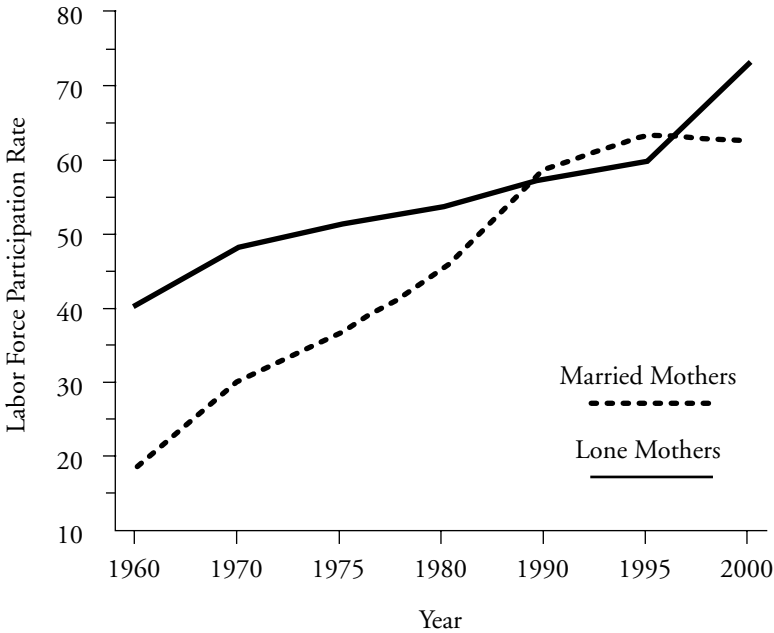
The welfare reform law coincided with other changes—expansions in work-related benefits like the Earned Income Tax Credit (EITC), a modest increase in the minimum wage, and increased federal and state spending on child care subsidies—that also contributed to increased work participation by low-income families, especially single mothers. The EITC was expanded in 1993 to provide greater supplements to the pay of low-wage earners with refundable tax credits that effectively increased their family income. The minimum wage was increased in 1996 from \$4.25 to \$5.15 an hour. A strong labor market in the initial years after the welfare reform law helped to bring many single mothers into the labor force relatively quickly. Welfare reform pushed single mothers to work, policies to “make work pay” encouraged them to do so, and available jobs pulled many of them into the labor force.

The recent surge of low-income women into the workforce followed already substantial increases in women’s labor force participation over the past half-century. In 1950 only one out of eight women with children younger than six worked outside the home. This increased to nearly one in four by 1960. By the year 2000, 65 percent, or almost two-thirds, of mothers worked outside the home—five times the rate of a half-century earlier (see figure 1.1; see also table A.1 in appendix A).

Notable in this figure are the changes in labor force participation between married mothers and lone mothers (never-married, widowed, and divorced mothers). For most of this time lone mothers have had greater levels of labor force participation, largely out of greater necessity. From 1970 to 1990 there was a rapid rise in married mothers’ work participation levels following the greater economic independence achieved by women and the increasing expectation and acceptance of work by women and of two-income families. Over these two decades the rate of increase in work participation for married mothers was three times that of single mothers. By 1990 married and lone mothers were both working at about the same rate, 58 percent.

During the 1990s the trend turned markedly in the other direction: single mothers’ rate of increase in work participation was three times that of married mothers. Most of this increase occurred between 1995 and 2000, when single mothers’ rate of labor force participation increased from 60 percent to 73 percent. This unprecedented increase in a very short time is all the more remarkable because it built on an already high base of work participation by mothers: three of five were already working. Nearly three-quarters of lone

Figure 1.1 *Labor Force Participation Rates of Mothers of Children Under Age Six, 1960 to 2000*



Source: Author's compilation.

mothers were in the labor force by 2000. Married mothers' labor participation also continued to grow in the 1990s, but at a more gradual rate; it had reached 63 percent by the end of the decade.

### *What About the Children?*

As some observers of the welfare reform process have noted, the federal welfare reform legislation passed without much discussion of its potential effects on children (Bane 1997; Edelman 1997, 2001). The welfare reform debates focused most intensely on the behavior of poor single mothers, but the law is likely to have as much consequence on the lives of their children. One of the most direct and far-reaching effects of increased parental work is the corresponding need for child care. Questions about where this care will be found, what care will be used, and what children will experience in this care are all essential matters for public policy.

As welfare was being reformed, there was very limited child care assistance in place even then to meet the need, much less the increased need that would



follow with more mothers entering the labor force and unable to pay for many care options.<sup>10</sup> At the time the welfare reform law was signed the total number of children receiving subsidized child care was 1.3 million, while 6.5 million children under the age of thirteen lived in families receiving welfare assistance (Hofferth 1999).<sup>11</sup> When we include the large number of children in low-income working families who were not receiving welfare but also needed and qualified for child care assistance, the proportion of eligible children who could be served, even with marginal increases in funding, drops much further.

As part of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, the federal government did make some changes in child care policy. Several preexisting federal programs offering low-income child care subsidies were consolidated into a single Child Care Development Fund (CCDF), to be allocated to the states as block grants.<sup>12</sup> Overall child care spending was increased to help states meet some of the increased demand for child care assistance, and states were allowed to use funds from the new TANF welfare block grant for child care needs as well.

The primary source of public funding for child care is the federal government, while the development and administration of child care programs is primarily the individual state's responsibility.<sup>13</sup> Federal block grant funding to the states through the CCDF increased from \$3 billion in fiscal year 1997 to \$4.8 billion in FY 2002 (U.S. Department of Health and Human Services 2000b, 2003; Gish 2002; see also table A.9).<sup>14</sup> The proportionately large increases in child care assistance, however, have come on top of a very low initial base of support. Even with recent increases, the percentage of eligible children served by the CCDF block grant has been estimated to range from only 12 percent to 25 percent across the states (Burstein, Layzer, and Cahill 2000; U.S. Department of Health and Human Services 2000b).<sup>15</sup> These estimates generally do not include children served in Head Start, state pre-K programs, and other smaller programs offering child care subsidies. Given that these other programs combined serve fewer children than the states serve through CCDF grants, it is fair to conclude that probably well over half of children eligible for child care subsidies do not receive them.

States combine their federal CCDF block grant money with their own funds, and in a few states, like New York, policy responsibility is further devolved to counties and cities, which also contribute child care funding and run the subsidy programs. As federal funding for child care increased in the years following welfare reform, the allocation to New York State increased to \$316 million in 2002 (U.S. Department of Health and Human Services 2003).<sup>16</sup> The state contributes funds toward child care subsidies based on federal matching requirements, and in recent years, as its TANF caseload declined, New York, like most of the states, has also used the flexibility to spend federal TANF funds for child care (Schumacher, Greenberg, and Duffy 2001). Child care funding in New York City totaled approximately \$470 mil-

lion in 2002, a 40 percent increase from the level of spending prior to the 1996 welfare reform changes (Child Care, Inc. 2002).<sup>17</sup>

States can administer their child care programs with broad discretion, and in the case of New York, the responsibility for child care programs is transferred to local governments. Because available funding is not enough to serve all children who may be income-eligible, states and localities develop means to ration their limited child care subsidies. States ration subsidies by setting low income eligibility ceilings. New York State, like most states, sets its maximum income cutoff for eligibility lower than the federal maximum. Federal guidelines allow states to set the maximum level for income eligibility at 85 percent of its state median income (SMI), which in New York translates to approximately \$41,000 for a family of three in 2001. New York during the period of this study set a maximum income cutoff for child care assistance at near 60 percent of the state's median income (\$29,000 for a family of three), which is about the average level across the states. New York, also like most states, sets priority criteria to serve more families at the lower end of the eligible income range and has created complicated rules for who can apply, how one must apply, and what families must do to keep subsidies.<sup>18</sup> With these factors differing across the states and often changing with little notice, the child care systems that families must navigate are very complicated and fluid across the country (Adams, Snyder, and Sandfort 2002) (for further details, see the literature review in appendix A).

During the same period when public child care assistance was growing, there was an unprecedented increase in the number of working single and low-income mothers (figure 1.1). Labor force participation by low-income single mothers (those earning less than 200 percent of the federal income poverty threshold) increased by 25 percent between 1996 and 2000, which followed upon a 25 percent increase in work for this same demographic group from 1992 to 1996 (U.S. Department of Health and Human Services 2000a). Therefore, despite the increase in child care subsidies, the total number of families needing assistance remains high.

As long as the increased pressure to work outstrips the available child care dollars, *many women lack the resources to both mother and work effectively*. One of the biggest concerns of low-income mothers is the relatively high cost of many child care options compared to their earnings. Some of the care they might want to use is not only beyond their means but unavailable in their communities. Even as they are priced out of market-rate child care, many low-income families spend a substantially larger portion of their budgets on child care compared to those who earn more. Linda Giannerelli and James Barsimantov (2000) have found that families that earn less than 200 percent of the federal poverty level who pay for child care spend an average of \$217 per month, or 16 percent of their earnings, for child care expenses, while those that earn more than this pay \$317 per month, or 6 percent of earnings. Giannerelli and Barsimantov also report that among low-income families,

employed single mothers spend 19 percent of their earnings on child care while two-parent families spend 11 percent of their earnings. Because more than one-third of all families with children have incomes below 200 percent of the federal poverty level, and 23 percent of all children are in single-parent families, these high cost barriers affect many families.<sup>19</sup>

The care that low-income mothers do find and use is often of poor quality, leaving them worried about the consequences for their children's development. We know from several assessments by developmental psychologists and child care professionals that the overall quality of care in the United States is relatively low within a fairly wide range and that it does not reach its potential to enhance children's development (Helburn 1995; Kontos et al. 1995; National Institute of Child Health and Development 1996). The research has shown that children in lower-income families on average receive lower quality care and that the potential impact of child care on children's development, both positive and negative, may be greater for disadvantaged children (National Institute of Child Health and Development 1999; Phillips et al. 1994; Scarr and Eisenberg 1993).

With the changes following welfare reform leading to more single mothers working and with a continuing shortage of child care funds, what are low-income mothers doing about child care? This longitudinal ethnographic study of the child care and work patterns of single-mother families in poor urban neighborhoods considers the implications of policies that are meant to serve their families. This study does not explicitly focus on questions about care arrangements before and after welfare reform but rather seeks to describe the care that has emerged in the context that has followed, accepting the work-based focus of social policy as a given.

## **Research Design and Setting**

This qualitative research study investigates how mothers choose the arrangements they make for their children's care and then considers the implications for children's development and the social policy implications. The research design builds on the traditional ethnographic and interviewing methods that have been used to look at mothers' survival strategies to make decisions and provide for their families in poor communities. Carol Stack (1974) and Kathryn Edin and Laura Lein (1997) investigated survival strategies in contexts where the receipt of welfare payments played a primary role in these strategies, and welfare itself is central to their analyses. Similarly, I have explored how mothers develop strategies for their children's care in the context of high levels of work participation.<sup>20</sup>

Another method this study utilizes comes from the dynamics analysis that has been employed in poverty research. Mary Jo Bane and David Ellwood (1983) were the first to study poverty and welfare dynamics, focusing on the lengths of time people spend collecting welfare and what causes people to

leave welfare.<sup>21</sup> Bane and Ellwood's findings on the heterogeneity of the poor and the changing conditions of their lives serve as context for this analysis. More important, I adapted their method of looking at the spells of time during which families receive services to study child care.<sup>22</sup> Bane and Ellwood's analysis demonstrates the importance of studying changes and transitions for low-income families.<sup>23</sup> I compiled detailed information about all of the care arrangements made for the children in my sample from birth through completion of the last arrangement made prior to their fourth birthdays, and I looked at not only the durations of these spells but also the reasons why they ended.

The qualitative data for this study were gained primarily from a series of in-depth interviews with forty-two low-income mothers living in four New York City neighborhoods. New York City provided a good setting for studying work and child care dynamics. The city implemented a strong work requirement as part of its welfare policies during the 1990s, and it witnessed a very large increase in the rate of single mothers working—even greater than the employment boom nationwide.<sup>24</sup> As shown in table 1.2, there was a 52 percent decrease in the number of people receiving public assistance (AFDC and home relief)<sup>25</sup> in New York City from 1994 to 2001. At the same time there were equally sharp increases in two other forms of assistance, Supplemental Security Income (SSI) and Medicaid, which many former welfare recipients turned to in place of welfare or sought to retain despite the loss of welfare.<sup>26</sup> In 2000, of the 8.0 million people living in the five boroughs, approximately 1.6 million, or almost 20 percent of the population, were receiving at least one of these forms of assistance. This is almost unchanged compared with recent years. More important, there was also little change in the city's high levels of child poverty. The poverty rate for children under the age of five declined marginally from 29.7 percent in 1990 to 28.8 percent in 2000.

Like other states, New York has a complicated bureaucracy for child care, but unlike most states, New York's system is further complicated because it passes on responsibility for program operations to local government agencies. New York City's administration of child care services is quite complex, and its subsidy system very difficult for families to navigate. Two separate agencies administer child care assistance in New York City, and each administers its program differently and steers families to different forms of care. Families moving from welfare to work go through the city's Human Resources Administration (HRA), which provides vouchers for child care. Another city agency, the Agency for Child Development (ACD), provides subsidized child care to low-income working parents and others, mostly through contracted care and a smaller share of vouchers.<sup>27</sup> Each agency has complicated eligibility systems that can appear opaque to families applying for assistance and require that parents provide extensive documentation and often make multiple in-person visits. This can be challenging for low-income single mothers working in jobs that may offer little employee flexibility. Since instituting its welfare

Table 1.2 *Child Poverty Rates and Level of Social Services Supports in New York City in 1990, 1994, 2000, 2001*

	1990	2000	Percentage Change
Total population	7,322,564	8,008,278	
Children under five years old	502,108	532,676	
Living below the poverty line	29.7%	28.8%	
Living in single-mother household	22.5	21.0	
	1994	2001	
Income support			
Public assistance (AFDC and home relief)	974,818	465,693	-52.2%
Supplemental Security Income	298,063	367,928	23.4
Medicaid only	324,265	756,430	133.3
Total persons assisted	1,597,146	1,590,051	-0.4

Sources: U.S. Department of Commerce (1990, 2000b); New York City Human Resources Administration (1994, 2001).

reforms, New York City has adopted child care policies that promote the use of less expensive, more informal care arrangements. It provided almost all of its child care expansion in the form of vouchers, doing little to create new child care capacity, and it made a stringent work push for welfare recipients that meant these families had to arrange child care quickly. Child care funding in New York City helped to subsidize the care of almost 92,000 children from birth to age twelve (Child Care, Inc. 2002). Much of this 37 percent increase from the 67,000 served in 1995 represented families moving from welfare to work. Fifty-six thousand of the 92,000 were infants, toddlers, and preschoolers, representing about one-fifth of those earning less than 200 percent of the federal poverty level and eligible to receive subsidized child care.

The respondents in this study lived in neighborhoods with very high levels of child poverty (See table 1.3). Two of these neighborhoods were primarily African American, and two had high concentrations of immigrant and Latino families. In all four neighborhoods the number of people receiving cash public assistance declined significantly, between 50 and 67 percent, from 1994 to 2001. The number of families receiving any type of social service assistance declined by much less, by between 5 and 15 percent, as more fami-

Table 1.3 *Racial and Ethnic Composition, Child Poverty Rates, and Level of Social Services Supports in Selected New York City Neighborhoods in 1990, 1994, 2000, 2001*

	The Valley		The Ville			
	1990	2000	1990	2000		
Racial and ethnic composition						
Non-Hispanic						
white	1%	2%	1%	1%		
black	88	77	84	77		
Hispanic	10	17	15	18		
Asian and Pacific						
Islander	<1	<1	<1	<1		
American Indian	<1	<1	<1	<1		
Other	<1	<1	<1	<1		
Non-Hispanic of two or more races	—	3	—	2		
Native-born	90	83	87	81		
Foreign-born	10	17	13	19		
Children under five years old	8,089	7,594	12,041	11,505		
Living below the poverty line	49.9%	44.4%	49.3%	45.6%		
Living in single-mother households	41.2	40.4	39.1	40.8		
Median household income	\$13,861	\$20,313	\$17,159	\$23,877		
	1994	2001	Percentage Change	1994	2001	Percentage Change
Income support						
Public assistance (AFDC and home relief)	29,348	13,074	-55%	38,871	19,059	-51%
Supplemental security income	7,243	8,191	+13	8,425	9,631	+14
Medicaid only	5,158	14,094	+173	6,382	16,882	+164
Total persons assisted	41,749	35,359	-15	53,678	45,572	-15

Sources: U.S. Department of Commerce (1990, 2000b); New York City Human Resources Administration (1994, 2001).

The Points		The Harbor			
1990	2000	1990	2000		
29%	28%	46%	47%		
9	8	7	5		
32	27	44	38		
30	35	3	3		
<1	<1	<1	<1		
<1	<1	<1	2		
—	2	—	3		
64	60	73	67		
36	40	27	33		
8,112	6,709	13,773	13,427		
39.5%	35.5%	53.6%	50.7%		
22.1	16.6	20.8	11.9		
\$20,325	\$30,278	\$19,891	\$27,133		
1994	2001	Percentage Change	1994	2001	Percentage Change
18,807	6,254	-67%	29,080	10,701	-63%
11,093	10,351	-7	7,506	8,681	+16
9,362	16,425	+75	19,304	33,694	+75
39,262	33,030	-16	55,890	53,076	-5

lies received Medicaid and SSI for families that included a member with a disability.

I developed a small sample of families with mother-child pairs living in these neighborhoods. The mothers were single and had a child between the ages of two and three at the time of initial contact. The analysis concentrated on the care of this “focal child” from birth to four, even though many families, like Annette’s, had additional children. I selected the sample to have some parameters in common and to differ across others. In addition to residing in one of the neighborhoods, being single, and having a toddler-age child, all of the mothers selected for the study were working at the time of initial contact and had less than fourteen years of formal education (up to two years of college or less). About one-third of the sample had less than a high school education, a little more than one-third had completed high school or received a general equivalency diploma (GED), and slightly fewer than one-third had up to two years of postsecondary education (see table B.1). I stratified the sample by two additional criteria: race and nativity. I did this not so much because I planned to analyze racial, ethnic, and immigrant differences, but because I wanted adequate representation of African American and Latina respondents living in and coming from different contexts. See appendix B for a more detailed discussion of the methodology for the field research, including recruitment, sampling, data collection, and analysis procedures, as well as the interview guide employed.

Overall, the sample of forty-two women included twenty-one African American mothers and twenty-one Latina mothers distributed across the four New York City neighborhoods (see table 1.4). Of the Latina women, seven were of Puerto Rican heritage, eight were Dominican, one was Cuban, and five had family origins in Central and South American countries, one each from Colombia, El Salvador, Honduras, and two from Ecuador. Thirteen of the respondents were foreign-born immigrants, and twenty-nine were born in the United States.

All the mothers were New Yorkers, and they all worked hard and shared a great maternal concern for their children’s well-being and (importantly for my work) a willingness to be forthcoming about their families’ lives and their own views and actions. These mothers and families also varied in many ways. The mothers ranged widely in age, amount of work experience, and use of public benefit programs. There also were differences across the families in how much the fathers of the children or other partners were involved in their lives and in their housing situations, tenure in their neighborhood, use of family and personal supports, and awareness of community resources.

I diversified my sample of families for the study by using several recruitment methods. I found the first families for the study through initial referrals from community-based organizations and by reaching out directly to families I had met through volunteer work in the neighborhoods. Over time I added to the sample by asking initial respondents for referrals and by writing and



Table 1.4 *Distribution of Sample Across Neighborhoods by Race-Ethnicity and Nativity-Immigration Status*

Neighborhoods	Total	Race		Nativity	
		African American	Latina	Native	Immigrant
Highwall Valley ("The Valley")	13	11	2	11	2
Pier Points ("The Points")	14	2	12	8	6
Centerville ("The Ville")	8	7	1	7	1
Mary's Harbor ("The Harbor")	7	1	6	3	4
Total	42	21	21	29	13

Source: Author's compilation.

calling families whose names I had found on waiting lists for child care services. Most of the women I contacted were willing to participate. Of the fifty-two women I initially contacted, forty-nine agreed to a meeting. Although all forty-nine agreed to be part of the study, seven of the mothers were not eligible by at least one of the selection criteria: residence, child's age, employment, educational level, or single-parenthood. The remaining forty-two formed the sample, and I followed all of them through their child's fourth birthday with zero attrition.

Gathering and tracking information from forty-two families across four different parts of the city over nearly three years of data collection was an enormous undertaking. I used extensive recent-life history interviews at the initial interview followed by semistructured longitudinal interviews every three to six months, regular phone conversations, and informal observational visits with the mothers over the three years to assess changes over time. The mothers gave of their time very generously, but scheduling (and often rescheduling) relatively long interviews with busy and stressed working mothers of small children was arduous. I tracked each family closely throughout the years of data collection. A longitudinal approach was essential because changes and transitions were important to what I was trying to discover about the dynamics of child care. The repeated interviews also greatly improved rapport and helped me verify the accuracy of data. In addition, I observed the children in care settings and homes and had informal interviews and conversations with other family members, child care providers, and staff at community agencies.

## Research Questions and Organization of the Book

Four central research questions drove the research design and fieldwork and the logic and organization of this book:

1. What types of care arrangements do single working mothers make for their children? What do they think about the care they use, and how much time do their children spend in care?
2. How stable are child care arrangements over time?
3. How do working single mothers view the care paths of children? How would they prefer to see their children spend their time, and how does that differ from their circumstances?
4. What strategies do mothers employ and develop over time to arrange child care and on which sources of assistance do mothers rely?

The major findings in this book (corresponding to these questions) are provided in chapters 2 through 5. In addition, given that a primary objective of this qualitative study of child care in the context of urban family life is to tell the stories of these mothers and their children, each of these chapters begins with the story of one of the forty-two mother-child pairs.

The goal for the first question was to describe the types of child care arrangements used by working single mothers and to illustrate each with qualitative detail about the aspects of care that mattered to mothers. Chapter 2 provides detailed information on the types of child care used by the low-income mothers in this study, documenting how and why these families arrived at their child care choices and how these choices were shaped by their experiences and preferences. The chapter also provides descriptive data on how many hours children spent in care, how many care arrangements were made for them at one time, and the costs of care arrangements. Exploration of these issues adds important descriptive detail to our understanding of the types of care from a mother's viewpoint. Chapter 2 further considers how child care choices at any point in time are tied to a range of work and family issues, including available child care options and access to child care subsidies.

I approached my next question, about the dynamics of child care arrangements, by examining how long different arrangements lasted and what accounted for changes—both exits and entries—in care arrangements over time. There has been little research on child care dynamics to date. A few studies have examined the durations of arrangements and child care subsidies, but none has tried to explain why care spells end. Chapter 3 describes the families' child care arrangements during the first four years of their children's lives. Here I present findings from a quantitative perspective on how the types of child care used varied by the children's ages, how long these care arrange-

ments lasted, and the reasons why they ended. From a qualitative perspective, this chapter adds narrative detail about how and why child care arrangements change.

Chapter 4 addresses the next question by providing an overall picture of how mothers viewed the quality of care, its availability, and its resemblance to the care that they wanted and their children needed, all within the complexities of their family lives, work and neighborhood contexts. This chapter shows how mothers viewed their children's care together with their work choices and the limitations they faced in balancing work and child care given the surrounding pressures of urban family life in low-income communities.

In looking at the fourth question—about the strategies mothers used to arrange child care over time—I wanted to understand the resources they used, including their personal networks and community institutions. The goal in chapter 5 is to explore in detail, and from mothers' perspectives, the child care strategies revealed in the previous chapters. Framing the range of child care strategies that mothers developed as "survival strategies," the chapter discusses how they pieced together care for their children with limited resources. The complex dilemma of arranging quality child care while finding and maintaining work is also explored in this chapter.

A series of policy implications are discussed in chapter 6, which addresses some of the issues that emerge from this analysis. Among the policy areas discussed are reforming child care systems to make services to children easier to obtain and maintain; moving toward a more public and universal system of early childhood education; and helping families balance their work and care responsibilities in ways that support both self-sufficiency and developmental goals for children. This chapter asks, what can social policy offer American children in the context of increased work by their mothers?

I review the pertinent research literature on low-income families' use of child care and its effects on children's development in appendix A. This appendix focuses on what is known about child care for low-income families, how families choose child care, the quality of care that low-income families receive, and the developmental effects of this care. The appendix also presents a short overview of the policy context for the child care issues of low-income families. Readers may want to use the appendix as a reference or read it at any point for the relevant background to the chapters' findings. Appendix B offers a brief summary and discussion of the field research methods employed in this study, and appendix C is an outline of the interview guide for the study.