

Child Care, Disability, and Family Structure: Use and Quality in a Population-Based Sample of Low-Income Preschool Children

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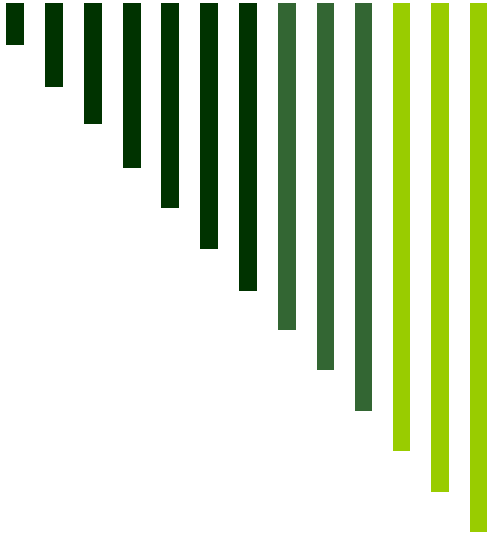
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Overview

This presentation is drawn from the first nationally representative investigation of child care for low-income children with disabilities



Child Care for Children with Disabilities-Background

- In 2000, approximately 6.6 million children in the U.S. had a disabling condition (U.S. Census Bureau, 2001)
- 12% of children 5-17 in the U.S. have a disabling condition (Hogan, Msall, Rogers, & Avery, 1997)
- Use of child care for low-income children with disabilities unknown



Children with Disabilities and Poverty

- PRWORA (welfare law) did not excuse parents of disabled children from work requirements
 - Previously, AFDC had provided such exemptions
 - Child care critical to TANF participation
- Children with disabilities significantly more likely to live in impoverished households
 - 28% live in households with incomes below the Federal Poverty Level (FPL), as compared to 16% of typically developing children (Fuijura & Yamaki, 2000)



Research Questions

- What are the types, general costs, and hours of use of child care by low-income preschool children with disabilities in the United States?
- How does family structure influence the child care used by low-income children with disabilities in the United States?
- Do differences exist in the quality of care received by children with disabilities as compared with nondisabled children?



Child Care for General Population

- Approximately 75% of children under five were in some form of regular child care in 1995 (Smith, 2000)
- Growing number of children in child care reflects increasing number of mothers working
- Usually three settings for child care:
 - Child's home
 - Family day care home (kinship or nonkinship)
 - Day care center(Zigler & Lang, 1991)



Diversity of Child Care

Great range in terms of the following:

- ❑ Caregiver age
- ❑ Caregiver training
- ❑ Caregiver experience
- ❑ Caregiver-child relationships
- ❑ Facility size
- ❑ Facility licensure
- ❑ Quality of care

(Zigler & Lang, 1991)



Concerns Over Child Care

- Children spend much time in child care
 - Arguably one of four primary social systems that interact to determine child's development
 - Other three are families, schooling, and health care

(Zigler & Gilman, 1996)
- Quality of care associated with improved cognitive and social development (Child Care Bureau, 1999; Loeb et al., 2003)
- U.S. child care in crisis because of
 - Supply
 - Cost
 - Quality



Cost of Child Care

- One of most significant expenditures for families
 - Especially true for poor families
 - Non-poor spend average of 7% of their income
 - Families below federal poverty level spend average of 35% of their income on child care (Smith, 2000)



Quality of Child Care

- Some debate over whether high cost ensures quality (Blau, 2001)
- All classes define quality in terms of
 - Nurturing and experienced providers
 - Safe environment
 - Cognitively enriching atmosphere (Larner & Phillips, 1994)
- Low-income parents have difficulty attaining high quality child care due to issues of
 - Cost
 - Availability
 - Schedule flexibility (Brandon & Hoffert, 2003; Larner & Phillips, 1994)



Difficulty of Finding Child Care for Children with Disabilities

- Extent to which day care and family home care centers accept children with disabilities unclear
 - In a study of one state, 34% of centers had one or more children with disabilities enrolled (Buysse et al., 1991)
 - In another state
 - almost one-third of parents reported being denied child care due to child's disability
 - 23% without child care were still seeking it (Cutler & Gilkerson, 2002)



Difficulty of Finding Child Care for Children with Disabilities cont.

- Barriers parents of children with disabilities face include:
 - Inadequate number of trained caregivers
 - Prejudice and fear
 - Limited knowledge of disabilities
 - Transportation barriers for children with mobility impairments(Zigler & Lang, 1991)
- In small scale studies, mothers of children with disabilities noted a lack of affordable, adequate child care as a limitation on staying employed (Cuskelly, Pulman, & Hayes, 1998; Shearn & Todd, 2000)



PRWORA Reauthorization

- Current (as of 2005) House and Senate reauthorization bills would increase TANF work requirements
- Neither provides further work exemptions for parents of children with disabilities
- Need for child care for these parents will likely increase



Child Care Development Fund (CCDF)

- PRWORA consolidated existing child subsidy programs into CCDF
- CCDF provides assistance to working low-income parents who receive or were diverted from TANF (Han & Waldfogel, 2001; Meyers et al., 2002)
- Pending reauthorization bills will increase CCDF funding
- Increase in funding not sufficient to
 - Maintain current levels of child care
 - Address increase in need that will result from increase work requirements



Subsidies

- Only 10% of eligible children benefited from subsidies in 1998 (Child Care Bureau, 1999)
- Possible reasons include:
 - Parents unaware of programs
 - Believe they are not eligible
(Blau & Tekin, 2001; Shlay, Weinraub, Harmon, & Tran, 2004)
 - Long waiting lists act as deterrent
(Ganow, 2000; Meyers et al., 2002)



Traditional Child Care Centers

- One study of low-income communities found participation in center-based child care led to better school readiness and greater cognitive outcomes than kinship or family care homes (Loeb et al., 2003)
- Traditional child care problematic for low-income families
 - Inflexible work schedules characteristic of low-paying jobs (Ganow, 2000; Knox, London, & Scott, 2003)
 - Cycles in and out of employment (Iceland, 2003) make child care needs dynamic (Knox et al., 2003)



Preferred Forms of Child Care for Low-Income Families

- About half of children under three in low-income families cared for by a relative (Ehrle, Adams, & Tout, 2001)
 - One-third of these children were in care provided by another family
- Nonkinship family day care centers often more flexible in terms of
 - Schedule
 - Payment(Bromer & Henly, 2004)
- Care by a relative may be
 - More accommodating (Bromer & Henly, 2004; Knox et al., 2003; Lowe & Weisner, 2004)
 - A way to avoid substandard care common in low-income neighborhoods (Larner & Phillips, 1994)



Family Structure and Child Care

- Children of single parents likely to be cared for by relatives (Brandon & Hoffert, 2003; Ehrle et al., 2001)
- Children in two parent households likely to be cared for by parents (ibid)
- Single-parent households have
 - Lower income than two-parent households (Lichter & Eggebeen, 1994)
 - Fewer child care choices (Brandon & Hoffert, 2003; Ehrle et al., 2001)
 - Different patterns of child care utilization (ibid)
- Children in single-parent households are in child care for more hours per week (Ehrle et al., 2001)



Data Source for Study

- Data from 1999 National Survey of America's Families (NSAF)
- 42,000 U.S. households surveyed in two ways:
 - Random-digit dialed telephone survey
 - Area survey for households without telephones (Judkins, Brick, Broene, Ferraro, & Stickler, 2000)
- Sample representative of civilian, noninstitutionalized population of children and adults under 65 (Safir, Scheuren, & Wang, 2000)
- Minority and low-income persons oversampled



Data Source for Study cont.

- Information collected:
 - Health factors
 - Economic factors
 - Children's social well-being
 - Adult's social well-being
 - Child's participation in child care
 - Demographics
 - Socioeconomic data
- (Safir et al., 2000)



Sample for This Study

- Subsample taken from NSAF study included families
 - With preschool children under age six
 - In households with income below 200% of the federal poverty level
 - With available child care and demographic data



Selection of Children

- One child randomly selected from within sampled family
- The adult most knowledgeable about that child answered the survey (most often the mother)



Presence of Children with Disabilities

- Of 5,065 children in sample
 - 321 had a disability (representing 228,000 children across the U.S.)
 - 4,744 did not have a disability (representing 2.5 million children across the U.S.)
- Disability status determined by yes/no response to:
 - “Does the child have a physical, learning, or mental health condition that limits his or her participation in the usual kinds of activities done by most children his/her age?”



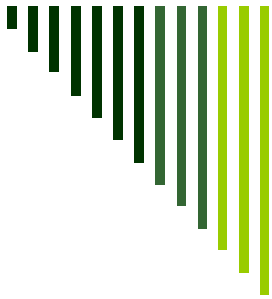
Measures

- Measures employed for the following:
 - Use
 - Cost
 - Quality
- Two proxy measures used for quality of care:
 - The number of children per adult caregiver (for center based care)
 - Hourly cost of care



Analytic Approach

- Children stratified by
 - Disability status
 - Whether lived in single or two parent home
- All models controlled for factors associated with maternal employment and use of child care:
 - Age of the child
 - Maternal education
 - Number of children living in the household under 17 (Blau & Robins, 1991; Waldfogel, 1997)
- Results can be generalized to noninstitutionalized children under six living in the U.S. in 1999



Sample

	Disabled n=321	Nondisabled n= 4,744
Child Age	n (%)	n (%)
0-3	162 (50.5)	2,983 (62.9)
4-5	159 (49.5)	1,761 (37.1)
Total number of children in household < 17 years of age		
1-2	161 (50.2)	2,723 (57.4)
3-4	132 (41.1)	1,698 (35.8)
5+	28 (8.7)	323 (6.8)
Mother's highest degree		
less than high-school	99 (34.3)	1,366 (30.6)
high school/some college	171 (59.2)	2,641 (59.1)
college graduate	19 (6.6)	459 (10.3)
Combined household income		
<Federal poverty level	146 (45.5)	1,815 (38.3)
100-199% of the FPL	175 (54.5)	2,929 (61.7)
Child Race/Ethnicity		
White	144 (44.9)	2,243 (47.3)
Black	84 (26.2)	1,049 (22.1)
Latino	78 (24.3)	1,304 (27.5)
Other	15 (4.7)	148 (3.1)
Child Gender		
Female	121 (37.7)	2,397 (50.5)
Male	200 (62.3)	2,347 (49.5)
Family structure		
Single-parent	149 (46.4)	1,899 (40.1)
Two-parent	172 (53.6)	2,841 (59.9)



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Outcome Measure	Disabled child with single-parent n=149	Disabled child with two-parents n=172	Nondisabled child with single-parent n=1,899	Nondisabled child with two-parents n=2,841	Test Statistic
	Mean				Wald F
Number of care arrangements	1.20 ^a	0.75 ^b	1.16 ^b	0.74 ^a	21.7**
Hours in care per week	40.1 ^{a,b}	23.9	33.2 ^a	22.5 ^b	21.9**
Number of children in center	11.2	13.8	12.8	12.9	1.0
Monthly expenditure for care	\$179 ^a	\$271	\$250 ^a	\$225	1.9*
Hourly cost of care	\$1.24 ^{a,b}	\$2.20	\$2.60 ^a	\$2.51 ^b	8.1*
Children per adult in center	5.4 ^a	4.6 ^a	6.0	6.2	2.0*
	Predicted Probabilities				Wald F
In some form of child care	78% ^a	59% ^b	79% ^b	54% ^a	23.5**
Center is primary form of care	29% ^a	29% ^b	28%	15% ^{a,b}	11.9***
Relative is primary form of care	35%	19%	31%	22%	4.0

*p<.05; **p<.01; ***p<.001

Statistically significant and trend-level group differences are indicated by alphabetic superscripts for each measure.



Results, continued

- Single-parent households had significantly more child care arrangements than two-parent households
- Similar child care use rates for children in single-parent households regardless of disability status
- Similar child care use rates for children in two-parent homes regardless of disability status



Results, continued

- Weekly average of hours spent in child care:
 - 40 for children with disabilities in single-parent homes
 - 24 for children with disabilities in two-parent homes
 - 23 for children without a disability in two-parent homes

- In two-parent households, children with a disability more likely to use a center as primary form of care
 - 15% of children without a disability
 - 19% of children with a disability



Results, continued

- Children with disabilities more likely to live in households below the FPL
 - 45.5% of children with disabilities
 - 38.3% of children without disabilities
- In single-parent households
 - Average of \$179/month was spent on child care for children with disabilities
 - Average of \$250/month was spent on child care for nondisabled children
- In two-parent households
 - An average of \$271 was spent on child care for a child with a disability
 - An average of \$225/month was spent on child care for a child without a disability



Results for Quality Indicators

- Care ratio (number of children per caregiver)
 - No disability-based differences; families differed by whether single- or two-parent home
- Hourly cost
 - On average, single parents spent
 - \$1.24/hour for care for a child with a disability
 - \$2.20-\$260/hour for care for all other children
- Troubling disparities in costs of care for children with disabilities in single parent-homes



Limitations of Study

- Relationship between parental employment and child care use cannot be inferred
 - A child's disability may influence parent's employment
 - Selection methods did not rule out possibility of a nondisabled child having a sibling with a disability
- Small sample size of children with disabilities limits understanding of the role of race/ethnicity
 - Race has been cited as a predictor of the impact a disability has on a family (Barnes & Marcenko, 2004)



Limitations of Study cont.

- NSAF did not collect information on severity of disability
 - Magnitude of impact related to severity of impairment (e.g. Lukemeyer, Meyers & Smeeding, 2000)
 - Children with milder impairments less likely to be represented in this study
 - Sample consisted of preschool children
 - Learning disabilities, Attention Deficit Disorder, and other more mild impairments usually diagnosed in school



Implications

□ Family structure

- More important than disability status for some measures
- More important than acknowledged in previous studies
 - This study distinguished from previous studies by
 - Use of probability sample
 - Focus on low-income participants



Implications cont.

- Low hourly cost of care for children with disabilities in single-parent homes suggests lower quality
- Single-parent households having more care arrangements
 - Organizing, arranging care creates additional stress and obstacles
 - Especially true for children with disabilities
 - Fragility puts them at greater risk for adverse developmental outcomes from inadequate care



Recommendations

- Address unique issues of children with disabilities through
 - Public income support
 - Child care policies
- Expand existing child care subsidies for low-income children with disabilities
- Create policies to ensure minimum care standards for children with disabilities
- Pursue research into the needs and barriers surrounding child care for children with disabilities



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