

Child Care for Welfare Participants in Rural Areas

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In ever-increasing numbers, women with young children are joining the labor force. Fifty-eight percent of mothers with children under one year of age are either working or looking for work, and 64 percent of mothers with preschoolers are currently employed. Over three-fourths of mothers with school-age children work (Bureau of Labor Statistics, 1999).

High-quality child care is associated with children's development of good work habits, peer relations, and emotional adjustment (Kaplan, 1998). Poor-quality care, on the other hand, has been linked with delays in language and reading skills and increased aggression towards peers and adults (Frank Porter Graham, 1999).

Not surprisingly, finding appropriate child care is linked to success in moving off of welfare. Without access to reliable, quality child care services, parents are unable to secure jobs, retain them, and perform their duties responsibly.

What are some of the child care challenges that low-income rural residents face?

Many welfare recipients face challenges with child care regardless of where they live. Availability and quality of child care are important factors in both urban and rural areas. Similarly, some families, both urban and rural, struggle to find affordable child care that provides services for late shift, overnight, or infant care. Residents in rural areas face additional challenges due to the following factors:

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- ***Smaller, dispersed population.*** Smaller populations in rural areas limit the number of care providers, and rural areas generally have fewer child care centers. The scattering of residents across wide spaces makes center-based care less practical, and transportation problems affect the rural welfare recipient's ability to get to and from the few centers that exist.
- ***Longer distances between home, child care, and job sites.*** Because families are more spread out, rural parents often travel farther to jobs, which means longer hours for their children in child care. Apart from inconvenience and stress that parents may experience, this can lead to a greater expense for child care.
- ***Fewer choices.*** Rural welfare recipients have fewer child care options than their counterparts in more urban and suburban areas, largely due to supply and demand considerations.
- ***Labor market features.*** Many observers suggest that rural welfare recipients are more likely than urban welfare recipients to work non-traditional hours. The further a worker's child care needs veer from the 9-to-5 norm, the fewer options are available.
- ***Fewer skilled service providers.*** Although the qualifications of caregiving staff in general have been falling nationally for the past decade (Vandell and Wolfe, 2000), rural caregivers tend to be less educated and trained than their metropolitan counterparts (Rural Policy Research Institute, 1999). This is important because the qualifications of caregiving staff affect the quality of services provided.

What child care services do welfare recipients in rural areas use?

Some rural residents use formal child care approaches, such as center-based care, Head Start, and family child care services, and many rely heavily on informal care arrangements.

Child Care Centers

The Census Bureau reports that 35 percent of children under 5 are cared for in child care centers, but the situation is different for low-income children and rural children. Only 26 percent of low-income children are cared for in centers, and only 25 percent of children in rural areas are cared for in child care centers (Cappizzano, et al., 2000; Beach, 1997). Poor families in rural areas do not frequently use child care centers because they are less likely to be available and more likely to be far away from jobs or homes. Families may also be reluctant to use center-based care because of cultural or personal preferences.

Head Start

In areas, Head Start may be the only viable center-based child care option for many poor rural families. Head Start serves families both through a standard preschool option and through a more recent Early Head Start option, which focuses on infants, toddlers, and pregnant women. Some Head Start programs offer full-day services, which can help meet the needs of TANF parents and those who have left welfare. In addition to child care, Head Start programs may provide families with other services, including linkages to other community organizations.

Kids Place, the first licensed child care center in rural Scott County, Indiana, began as the vision of Pat and John Pecord. The Pecords pulled the community together to raise more than \$150,000, convinced the Indiana legislature to grant additional funds, and began construction. Less than seven years after its opening, Kids Place was providing services to over 80 percent of the preschoolers in Scott County. Kids Place has expanded to include a clinic, school-age child care, teen parent programs, and services for preschoolers with special needs, eliminating some of the transportation challenges rural parents face. Similar centers are opening throughout the state, each created through a cooperative effort with local government officials, community businesses, service recipients, and not-for-profit agencies. Community input, gathered at the grocery store and the post office, the little league game and the PTA meeting, keeps these centers running smoothly and evolving to fit the needs of their unique rural communities.

Family Child Care

Under family child care arrangements, an individual provides care in a private residence other than the child's home. Nationally, 15 percent of children under 6 are cared for by licensed family child care providers (Casper, 1997). In addition to providing care during traditional hours, family child care providers may offer drop-in, emergency, or sick child care; extended hours, including before- and after-school care; and care for infants, toddlers, and special needs children.

Family child care is one possible way to accommodate the absence of child care centers in rural areas. The approach, however, has some limitations. First, family child care is not always licensed care. In rural areas, local regulations governing licensure are typically less stringent than in metropolitan areas (Beach, 1997). Some providers are disinclined to become licensed because they feel the number of children they care for is too small to bother with licensing, because they believe the government should not interfere in their work, or because it is costly to make home improvements or attend training.

Second, family child care providers in rural areas lack a strong support system. Without this support system, rural providers may lack the knowledge and means to access available resources, such as the Child and Adult Care Food Program available through the U.S. Department of Agriculture.

What is the dominant mode of child care services in rural areas?

How are the child care needs of rural welfare parents being met if not through formal, licensed programming? The answer lies in a rural solution: a patchwork of informal care provided by kith (friends and neighbors) and kin (family and other relatives).

One study reports that 75 percent of rural children are in kith and kin arrangements; other studies find that twice as many rural residents, compared to urban residents, use kith and kin care (Beach, 1997; Atkinson, 1994). Low-income parents of preschoolers are 50 percent more likely than their wealthier counterparts to choose kith and kin care (Collins and Carlson, 1998).

In rural New York, The Child Care Council Inc. received a grant to provide training and technical assistance to family care providers in the greater Rochester area. In cooperation with other organizations, this grant has provided training and mentoring, a library that loans out curriculum kits, and mini-grants to purchase toys and equipment. In Washington, the state legislature issued a mandate for the Office of Child Care Policy to train 250 TANF recipients to become family child care providers or child care center teachers. In response, several programs were established to provide training and technical assistance to TANF recipients who want to become child care providers or teachers.

What are the advantages of kith and kin child care?

The kith and kin approach offers several advantages to rural families. Although most kith and kin arrangements are on a fee-paid basis, costs tend to be lower than for center-based care. Kith and kin providers often accept flexible payment plans. Some work out arrangements in which parents pay when they can; others barter services, accepting food or housecleaning services in return for child care.

Many rural parents place high value on leaving their child with someone they know, rather than with a stranger. Kith and kin providers offer this security because they are literally a member of the extended family/community, and children may receive more individual attention in these settings. Parents may feel that caregivers hold the same values and beliefs that they themselves do, so their children will receive consistent messages.

What are the disadvantages of kith and kin child care?

Because most kith and kin arrangements are unlicensed and unregulated, there are no quality control measures built in to protect children or parents, there are no health and safety standards for care, and caregivers may have no training in pediatric first aid. The ratio of caregiver-to-children is unenforceable, so caregivers may take in as many children as they want. The quality of these arrangements is unknown and highly variable. Kith and kin arrangements can also be unstable: caregivers may cancel care without notice or decide to get a job outside of the home. This instability may adversely affect parents' ability to go to work, attend classes, and show up for TANF-related appointments.

A Glimpse at Kith and Kin Care

To get to the dinner shift at the restaurant where she works, Dana Powell takes her six-month old baby, three-year old preschooler, the baby's diaper bag, and the older child's backpack on two buses to Crystal's place. (Crystal is the sister of Dana's coworker Gloria.) Dana's husband Eddie leaves 20 minutes later to work two shifts at the chicken plant. Crystal takes care of Dana's two children as well as her three. Crystal's husband Denny usually gets home at about the same time Dana arrives. Gloria picks up Dana from Crystal's, and together they go to work. Because the buses do not run by the time their shift ends, either Gloria or Denny drives Dana and the children home. Sometimes, if they are all really tired, they just spend the night at Crystal's.

Crystal has been taking in other people's children for four years. Although untrained, she loves being around kids. She does not let the children watch TV because she wants them to be learning something. She keeps lots of books, music, and art supplies for the children to play with. She would be interested in learning more about helping children learn, but does not really know how to go about it. Crystal charges Dana the "going rate." If Dana pays a week or two late, that's all right. Crystal knows that Dana will pay her when she can.

Kith and kin caregivers typically view themselves as babysitters, not early childhood professionals. Their motivation is to help out a friend or relative, not necessarily to provide a service for children. Kith and kin caregivers typically have no formal training in providing care or in early childhood education. For many, their only training is being a parent themselves.

What are some strategies for strengthening kith and kin services?

Because kith and kin caregiving appears to be the predominant approach for rural low-income families, improving the quality of this care is important. Local agencies have several options:

- **Provide caregiver training**—At a minimum, caregivers need training in health and safety issues, curriculum and educational instruction, appropriate guidance techniques, and child abuse prevention; they also need training in promoting child growth and development, as well as children's social and emotional identity. As much as possible, training should be brought on site to this audience, using formats such as videotapes that are inherently appealing and feasible in rural areas. Experiments in distance learning offer great promise. The Early Childhood Professional Development Network, with a major grant from the Head Start Bureau, demonstrated that caregiver training could successfully be provided via satellite to caregivers in geographically remote areas, including Alaskan villages, Indian reservations, and migrant sites.

To further encourage training, incentives could be tied to completion of coursework. The military has had great success in pioneering this model. Caregivers' salaries are directly linked to completion of appropriate coursework. In the welfare context, higher reimbursements might be offered to parents who place their children in the hands of trained caregivers.

- **Provide support to help care givers achieve licensure**—Assistance in completing the necessary paperwork would be a boon to those who find the task daunting. Linkages to organizations such as the National Association of Family Child Care can help caregivers learn to appreciate the benefits of both licensing and accreditation.
- **Focus on parent education**—Currently, rural welfare parents seek child care that is safe and available. They do not often have the luxury of asking whether the care is educational. By becoming educated consumers, parents will be in a better position to ensure that the care their children receive is both safe *and* educational.

What are some innovative rural child care models?

Rural communities may want to look at successful models to expand and improve their child care services. Many innovative strategies have been established, including the following:

Care in assisted-living facilities. Many rural communities now have assisted living facilities for older residents, and these provide a possible location for child care. This approach has several advantages. First, a nursing home already meets most building code requirements for setting up a care center. Second, the center provides opportunities for elderly residents and young children to interact. Third, child care for staff can be supplied on site, which may produce higher retention rates for both nursing home staff and child care workers. Finally, this approach provides an economy of scale as much of the overhead associated with food preparation, housekeeping, and laundry service is shared with the nursing home.

School-based care. In rural areas, the public school often serves as a central point for the community, and many rural areas have established child care centers in public schools. For example, some centers offer full-day child care and school-age care before and after school hours. A school-based center can provide adult educational opportunities, training for child care providers, parenting classes, and health services for students. Because parents may be allowed to ride the school bus to take their children to the center, the transportation challenges that rural families often face may also be addressed.

Community organizations and faith-based care. Religious institutions have an important role in rural settings and offer another possible location for child care services. Churches generally have accessible and safe buildings that can serve as child care sites, members can help develop a network of contacts to access funding sources, and parents may feel comfortable leaving their children in such a setting. Similar opportunities may be available in other community-based facilities.

To learn more about child care for rural welfare participants:

21st Century Community Learning Centers—This program provides funding to rural and inner-city public schools to facilitate development and implementation of projects that benefit the educational, health, social services, cultural, and recreational needs of the community (www.cd.gov/21stcccl/).

Center for Law and Social Policy—CLASP is a national organization with expertise in both law and policy affecting the poor. The web site provides an explanation of the major federal block grants available to states to subsidize and improve child care for low-income families (www.clasp.org).

National Association for the Education of Young Children—NAEYC is the nation's largest organization of early childhood professionals and others dedicated to improving the quality of education programs for children from birth through age eight. NAEYC provides accreditation to quality child care providers (www.naeyc.org or call 800-424-2460).

National Association of Child Care Resource and Referral Agencies—NACCRRRA is the national network of community-based child care resource and referral agencies. The NACCRRRA web site provides a locator for local child-care resource and referral agencies (www.naccrra.org or call 202-393-5501).

National Association of Family Child Care—NAFCC is a national membership organization that supports the profession of family child care and encourages high-quality care for children through accreditation, leadership training, technical assistance, public education, and policy initiatives (www.nafcc.org or call 515-282-8192).

National Child Care Information Center—NCCIC has been established to complement, enhance, and promote child care linkages and to serve as a mechanism for supporting quality, comprehensive services for children and families (www.nccic.org or call 800-616-2242).

Rural Policy Research Institute—RUPRI conducts policy-relevant research and facilitates public dialogue to assist policymakers in understanding the rural impacts of public policies and programs (www.rupri.org or call 573-882-0316).

Welfare Information Network—WIN is a clearinghouse of welfare reform information. Topics addressed include transportation, employer programs, involvement of faith-based organizations, and rural issues (www.welfareinfo.org).

U. S. Department of Agriculture, Rural Housing Service, Community Facilities Program—This program provides loan guarantees, direct loans, and grants to communities of 20,000 people or less to fund essential community facilities, including child care centers (www.rurdev.usda.gov/rhs/cf/cp.htm or call 202-720-1490).

U.S. Department of Health and Human Services, Administration for Children and Families—The Administration for Children and Families (ACF) is responsible for federal programs, including Head Start, that promote the economic and social well-being of families, children, individuals, and communities. The Child Care Bureau works to enhance “the quality, affordability, and supply of child care available for all families.” The Child Care and Development Fund (CCDF) helps low-income families, families receiving public assistance, and families transitioning from public assistance in obtaining child care. For information on ACF programs, visit the web site at www.acf.dhhs.gov.

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