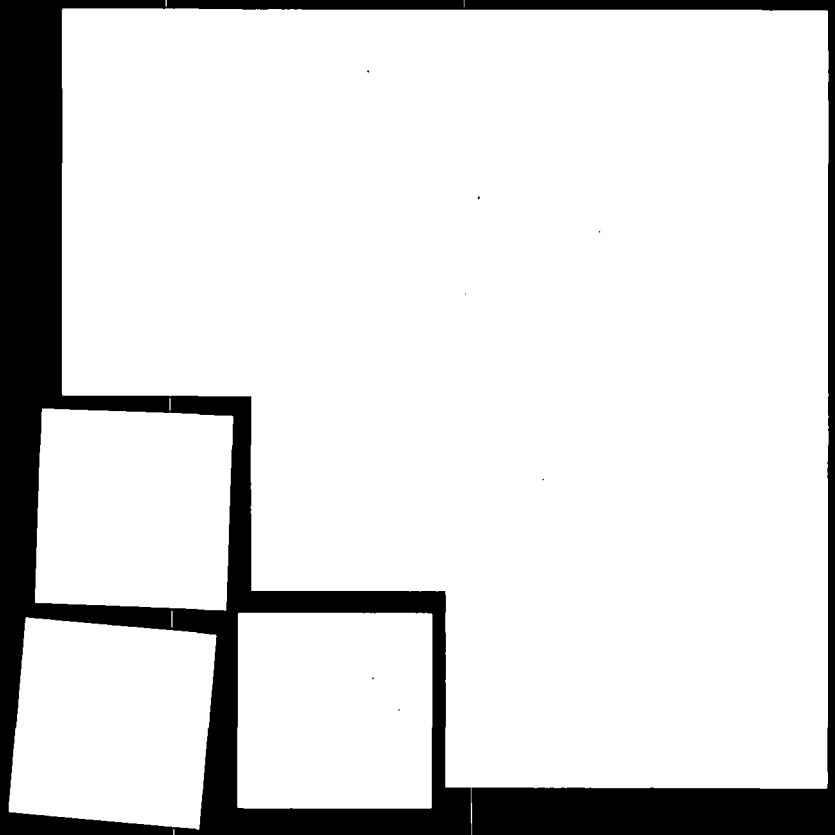


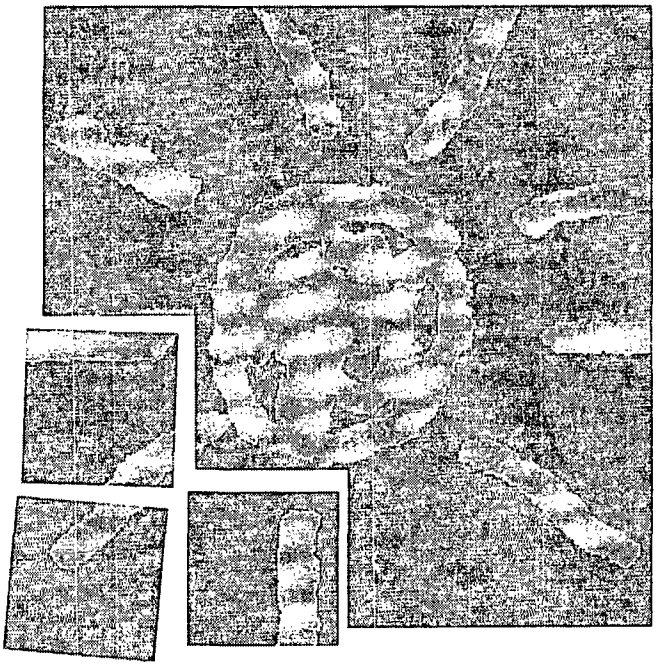
NOT BY CHANCE

Creating an Early Care and Education System for America's Children

Pre-publication Copy

Executive Summary

The Quality 2000 Initiative



NOT BY CHANCE

Creating an Early Care and Education System for America's Children

Sharon L. Kagan
Nancy E. Cohen

Executive Summary
The Quality 2000 Initiative
1997

ACKNOWLEDGMENTS

Not By Chance: Creating An Early Care and Education System for America's Children synthesizes the major findings and recommendations from the *Quality 2000* Initiative, a four-year, comprehensive effort to advance new ideas about reforming America's early childhood education system. The research and action plan presented in the report reflect the insights of hundreds of early childhood educators, scholars, business leaders, practitioners, policy makers, and parents whose valuable contributions shaped this vision. To them we give thanks. We also gratefully acknowledge generous support from the Carnegie Corporation of New York, the W. K. Kellogg Foundation, the David and Lucile Packard Foundation, the A.L. Mailman Family Foundation and the Ewing Marion Kauffman Foundation. Their understanding of the need for long-term thinking made this work possible.

NOT BY CHANCE

Every day 13 million of our nation's youngest children are dropped off at early care and education centers or family child care homes. The children play and eat snacks, swap toys, boasts, and laughs. To most casual observers, everything seems to be all right: business—or play—as usual.

But everything is not all right. A growing body of research has established that the majority of America's young children actually spend their days in settings that are poor to mediocre in quality—settings that compromise children's long-term development. Parents have difficulty locating care, and caregivers are leaving the field in unprecedented numbers. While today's situation is alarming, tomorrow's is even more precarious. In coming years, new welfare requirements will intensify the already strong demand for child care, and the press will increase for quality services—the kind that maximize developmental opportunities in the early years. Already overstressed and inadequate, American child care is in crisis—and so are the children, parents, families, and staff whose lives are touched by its failings.

Not By Chance documents these trends and underscores the urgency of reform. It also recognizes that in a democracy fundamental, durable change cannot happen overnight and will not happen by chance. It must be carefully considered, well researched, and well planned. Based on the four-year *Quality 2000* Initiative, this report offers a comprehensive vision, supported by a series of short-term strategies, to demonstrably improve the quality of America's early care and education services. Combining the work of hundreds of national and international scholars, business leaders, policy makers, parents and practitioners, *Not By Chance* offers concrete, actionable solutions to the quality crisis in American child care and early education.

WHY NOW?

In the past, early care and education was primarily a woman's issue that remained low on the national agenda and provoked relatively little debate among community leaders, policy makers, or legislators. To be sure, many families sought out nursery schools or child care for their young children, and some started parent cooperatives. But compared with today's parents, past generations were less likely to need out-of-home care, especially for infants and toddlers. And many were reassured by the prevailing views of their day—that children began learning in earnest only when they entered elementary school and that so long as little boys and girls were kept out of harm's way, the settings where they spent their days did not matter much.

Today, American parents have no such solace. By the time most babies reach their first birthdays, their mothers are in the workforce. In most cases, children are in out-of-home care for much of their early years. And thanks largely to the mass media, more mothers and fathers are becoming aware of research showing that children's day-to-day experiences in the early years have a large and lasting impact on their later

learning and life outcomes. Business as usual has become an unacceptable course.

Why is it so urgent to address the needs of young children and their families now?

First, we have the research. Substantial research conducted over the last decade confirms what many parents and practitioners have long believed: America's young children are in trouble, as documented by recent studies:

- 80 percent of the nation's children spend their days—up to 50 hours per week—in poor or mediocre child care settings.
- Care for infants and toddlers, on average, is even worse: 40 percent are in settings that actually jeopardize their health and safety.
- 40 percent of center-based and 80-90 percent of family child care providers are legally exempt from regulation.
- Each year, about 40 percent of providers leave the field, often due to low compensation, inadequate benefits, and limited opportunity.
- Access to programs is uneven, with children from low-income families least likely to receive services; when they do, the child care services may not meet their health and social service needs. Parents are frequently forced to settle for care that does not align with their schedules, values, or expectations.

Second, we have the know-how. More than at any time in our nation's history, we have the knowledge and the experience to solve the problem. National and international research clearly identifies steps that can be taken to improve quality child care. What's more, promising solution-oriented programs and strategies have emerged—solid models upon which to build coherent, effective early care and education services.

And third, we have unprecedented public support. In contrast to eras past, calls for change now reverberate in many sectors. Concerned about the nation's productivity in a global economy, political and business leaders want to start education reform efforts at the beginning, with better services for young children. Parents are calling for improvements in early care and education so their children will be ready for school. Economists and policy makers, aware of the significant cost savings associated with investments in young children, are making early care and education a priority. A more concerned, better informed public makes visionary change possible—starting now.

WHAT TO DO?

For many years, a solution-driven, long-range, large-scale vision has been needed to articulate, clearly and realistically, what quality early care and education services can be and can do. *Not By Chance* looks at the big picture, offering long-term thinking and setting forth a broad vision for reform. It recognizes that while significant changes will be incremental, immediate action is urgently needed. In presenting eight key recommendations, each accompanied by action strategies, *Not By Chance* encourages and invites engagement by everyone who has a stake in our nation's children and its future—that is, by every American.

THE RECOMMENDATIONS AND STRATEGIES

Over a four-year span, participants in the *Quality 2000* Initiative became convinced that change is needed in each of the eight areas where recommendations were generated: programs; results; parent engagement; credentials; training; regulation; finance; and governance. Though discussed separately, each recommendation is linked to the others. Improvement in one, two, or even three areas would reflect progress, but will not resolve the crisis. Only by advancing change in every area can reform efforts achieve synergy and enhance the overall quality and coherence of early care and education. But not all of the recommendations will be implemented simultaneously, nor will every strategy be carried out exactly as spelled out in this report. On the contrary, *Not By Chance* suggests that while significant reform must occur in all eight areas, the nature and pace of change must reflect the realities of local and state settings. In this way, *Not By Chance* offers an exciting, workable vision and a realistic, flexible guide to implementation.

The following pages summarize the eight major recommendations that emerged over time from the *Quality 2000* Initiative. In keeping with the tough challenges associated with systemic reform, the time frame for achieving these recommendations has been extended beyond the end of the century, to the year 2010.

RECOMMENDATION 1: Program Quality

By the year 2010, all family child care and center-based programs will use a wide range of proven approaches for improving quality — approaches that allow staff flexibility to use resources creatively and cost-effectively, and to address all domains of development, including health.

To address the crisis in early care and education, all programs and services must reach new levels of quality, enhancing not only the learning environment, but also children's learning opportunities and their relationships with providers.

STRATEGIES

- ***Increase the quality of learning opportunities for children.*** Research shows that the quality of early childhood programs is directly related to what children accomplish. To achieve good results, programs need to be inventive and flexible in grouping children, deploying staff, and using resources to nurture and challenge children. Mixed-age groupings, effective use of staff talents, attention to cultural and linguistic diversity, and the use of technology need to be advanced.

- ***Create environments that explicitly support children's healthy development.*** For too long, we have considered children's health separate from children's learning. All programs must make special efforts to address the physical and mental health needs of all children, either by linking children to health services in their communities or providing them directly. Programs must assure that all children have access to health education, immunizations, health, dental and developmental screening, and follow-up services.
- ***Increase the number of high-quality programs through accreditation.*** Overall program quality—including the nature of the work environment for adults, the climate of the organization, and its receptivity to innovation and experimentation—must be considered as programs strive for quality. Increasing the number of accredited programs will promote pedagogical quality, heighten professionalism, and improve the total environment. Accreditation should therefore be aggressively supported with fiscal incentives, motivating programs to make the changes needed to meet and maintain high standards.
- ***Link programs with other community resources and support the expansion of resource and referral efforts.*** To ensure that the comprehensive needs of young children are met, early care and education programs should work collaboratively with one another and with other services for children and families. In addition, resource and referral agencies should be strengthened and, in many cases, expanded. These agencies are key players in early care and education, linking parents with services, connecting programs with one another, and coordinating and providing training for parents and staff.
- ***Support the development of family child care support networks and the linkage of family child care homes to centers.*** Today, the majority of children in early care and education attend family child care—child care provided on a regular basis in the homes of relatives, friends, or other caregivers. These providers often work without licenses and typically carry out their responsibilities in isolation. Offering them multiple routes for support will enhance quality in this increasingly popular sector of the early care and education system. In particular, networks can be formed, linking family child care homes to each other, to center-based programs, and to other community services.

RECOMMENDATION 2: A Child-Based, Results-Driven System

By the year 2010, clear goals and quantifiable results for children will be developed. These goals will identify skills and knowledge that children should be able to demonstrate across the various domains of development, and will take into consideration the child, family, and community conditions that promote such development. Appropriate, child-friendly measures to assess the accomplishment of the goals will be developed.

Traditionally, researchers have measured quality by documenting inputs (e.g., adult-child ratios, group size, staff training and education) and the manner in which services are delivered (e.g., nature of adult-child interactions). Recently, however, there has been mounting interest in gauging quality in terms of the results that programs produce for preschool-age children and their families. By defining desired goals and results, practitioners can tailor their activities to foster each child's development. Specified goals and results can provide programs with the feed-

back they need to evaluate their effectiveness and identify areas for improvement. Results also can help assess the overall status of young children in communities, states, and the nation.

However, there are serious concerns about how child-based results would be defined, whether they would actually emphasize strengths rather than deficits, and whether they would gauge progress across all developmental domains. In particular, there is concern about measuring results for children who are younger than three, whose primary language is not English, or who are from low-income families, particularly when the data are used to make "high-stakes" decisions concerning children's placement or resource allocations. For these reasons, a move to a results orientation should take place only if there is broad participation in the identification of developmental, child-based results, if results are accurately and sensitively measured and reported, and if results are directly linked to efforts to improve the lives of children.

STRATEGIES

- ***Define appropriate results.*** Americans have yet to reach agreement about what preschool-age children should know and be able to do. To that end, parents, practitioners, policy makers, and researchers must begin by developing consensus about the results they want young children to achieve, taking into account all domains of development. Once desired results are identified, the federal government should create broad goals to guide states; states, in turn, should develop standards, allowing communities to tailor specific benchmarks to local needs, priorities, and customs.
- ***Develop appropriate strategies and measurement instruments to assess results.*** Developmentally appropriate and culturally sensitive instruments should be developed to evaluate a child's progress over time. Data must be collected in ways that are appropriate to the child's age and level of development, using multiple observers, observations, and assessment strategies. Assessments should meet rigorous scientific standards so the findings will be accurate and useful.
- ***Use results to improve the practice and understanding of early care and education.*** The aggregated information gained from assessments must be shared in ways that increase public understanding of the connection among child results, effective services, and the expenditure of public funds. The data must not be used in ways that label or stigmatize individual children. Plans for the effective use of results should be made early in any research effort.

RECOMMENDATION 3: Parent and Family Engagement

By the year 2010, all early care and education programs will address the needs of children, parents, and families; they will engage parents and families as partners in their children's programs. Parents will have the user-friendly information they need to be effective parents and consumers of early care and education. Workplaces will be family-friendly.

Research shows that parent and family engagement in early care and education programs improves results for children. It increases children's chances of success and achievement in school and later life, and decreases the likelihood of negative results.

STRATEGIES

- ***Support parents as effective consumers.*** Parents need access to objective information about programs so they can make decisions that will promote their children's early

development and learning. Well-funded resource and referral services, along with other parenting education efforts, assist parents in learning about and evaluating their early care and education options. Such efforts must acknowledge and respect parents' diverse backgrounds, cultures, and needs.

- ***Increase the family-friendliness of workplaces.*** Parents need support from employers so they can fulfill their roles as partners in their children's programs, effective consumers of early care and education services, and productive employees. The direct benefits of family friendly workplaces to employers as well as employees need to be widely communicated, as do innovative strategies to implement such policies.
- ***Engage parents as partners in early care and education programs and increase links to family support programs.*** Programs must engage parents as full-fledged partners, transforming traditional parent involvement activities so that parents have opportunities to take part in major program, service, and governance decisions. Linkages between early care and education programs and family support programs — including those that focus on the needs of low-income and special needs children and families—should be strengthened.

RECOMMENDATION 4: Individual Licensing

By the year 2010, states will require all staff responsible for children in centers and family child care homes to hold licenses. To acquire these licenses, staff will need to complete high levels of training and education and demonstrate their abilities. To maintain licenses, ongoing training and education—lifelong learning—will be required.

Research shows that the more training and education practitioners have—both general education and early childhood-related training and education—the more skilled they are at helping young children thrive and achieve their potential. Despite these benefits, current training requirements are sparse and professional development opportunities are limited, particularly when compared to other fields in the U.S. and other industrialized countries where significantly more training for early childhood practitioners is required. Moreover, licensing practitioners holds promise for increasing staff compensation, career mobility, and professionalism.

STRATEGIES

- ***License all individuals who care for young children.*** While there are many approaches to individual licensing, a three-tiered approach is recommended:

Early Childhood Administrator licenses will be required for all center directors and directors of family child care support services. To obtain this license, an individual needs at least a bachelors or masters degree in early childhood education or child development from an accredited institution, including at least 15 credits in early childhood administration, certification in pediatric first aid, and demonstrated competency in management and in working with children and families.

Early Childhood Educator licenses will be required for all teachers in centers. Teachers of three- and four-year-old children in public schools will have the option of obtaining public school teacher certification/licenses or the Early Childhood Educator license. To obtain the Early Childhood Educator license, an individual needs to have at least an associates or bachelors degree in early childhood education or child development from an accredited institution; have practicum experience with the age group with which they would work; be certified in pediatric first aid; and demonstrate competence in working with children and families.

Early Childhood Associate Educator licenses will be required for all assistant teachers in centers and all lead providers in large family child care homes. To obtain the license, an individual working in a center needs to have a Child Development Associate (CDA) or equivalent; a lead provider in a family child care home would need a CDA, the revised National Association for Family Child Care (NAFCC) accreditation, or equivalent certification. Each of these certifications requires at least 120 clock hours of formal education in early childhood development and education and the demonstration of the competencies needed to work with young children and their families. To qualify for the license, individuals also need to have practicum experience with the age group with which they would work and certification in pediatric first aid.

Individuals who do not have training or education in child development or early childhood education, but who have an interest in and aptitude for working with young children and families, would have access to entry-level jobs as assistants in child care centers and in large family child care homes or as providers in small family child care homes. As long as they are actively pursuing training that will lead to licensing, these individuals would be considered an integral part of the profession.

Create a licensing system that implements the three licenses. Grants should be made available to states to begin planning and implementing individual licensure systems, assuring that adequate compensation accompanies new licensure requirements. This effort should consider which entities (e.g., state licensing boards) should oversee the process, identify and administer assessments, grant licenses, and handle complaints. Such entities should require staff to have appropriate skills to earn and maintain licenses, including appropriate preparatory and ongoing course work. The accreditation of two- and four-year colleges is critical to the new licensing system and should be promoted.

Supports and incentives should also be provided for staff to continue to increase knowledge and skills beyond these licensing requirements and to obtain voluntary advanced individual certificates, such as those at the masters level offered by the National Board for Professional Teaching Standards (NBPTS). To facilitate the transition to a licensed and well-qualified, appropriately paid workforce, existing grant, loan, and loan-forgiveness programs need to be expanded. In addition, appropriate standards for compensation need to be developed with new financial programs created for early care and education students and workers.

RECOMMENDATION 5: Content of Training And Education

By the year 2010, the content of education and training for early care and education staff will be expanded to address the needs of diverse children and families and to implement effective approaches to instruction, management, and leadership.

The content of education and training for early care and education staff—practitioners, administrators, and leaders—is a foundation of a quality early care and education system. As such, it must be attuned to the needs of 21st century children and be available at pre-service, in-service, intermediate, and advanced levels. In particular, training needs to be developed and made available to practitioners in the following areas: engaging and supporting families; developing cultural competency; observing and assessing children; working with mixed-age groups; working with infants, toddlers, and children with special needs; promoting ethical behavior; working across human service disciplines; and developing management and leadership skills.

STRATEGIES

- ***Revise and develop staff training/preparation curricula.*** Colleges and community organizations that prepare early care and education staff should revise curricula to incorporate the above stated areas and to address the knowledge and skills practitioners need to effectively serve today's and tomorrow's diverse children and families.
- ***Promote strategies to help staff strengthen leadership and management skills.*** Leadership development and mentoring programs should be promoted at the local, state, and national levels through professional associations and other organizations. These programs should be expanded to include leaders from across the human services so that staff can broaden their understanding of the comprehensive needs of children, families, and communities.

RECOMMENDATION 6: Program Licensing

By the year 2010, all early care and education programs offering their services to the public will be required to be licensed and facility licensing will be streamlined and enforced.

Facility licensing requirements are far from universal despite research showing that states with more stringent regulations yield higher-quality programs. Legally exempting programs undermines public confidence in early care and education, the quality of the overall system, and the equity of the early care and education market.

STRATEGIES

- ***Eliminate exemptions and enforce requirements.*** All programs available to the general public should be required to meet basic safeguards that protect children's health, safety, and developmental well-being. There should be no legal exemptions and states must enforce these requirements. Licensing agencies must have sufficient resources to carry out facility licensing with staff who are appropriately trained and credentialed. State monitoring and enforcement systems should employ positive, incentive-based strategies to enable programs to meet licensing requirements. State licensing also should provide incentives for programs to invest in facility enhancement, so that early care and education facilities can meet increasing demand.
- ***Streamline and coordinate facility licensing.*** State facility licensing should be streamlined to focus on the essential elements of health, safety, and development. Licensing standards should be coordinated among agencies and levels of government and should allow programs the flexibility needed to group children and organize staff in ways that maximize quality. This approach to facility licensing complements the individual licensure efforts discussed in Recommendation 4.
- ***Promote national licensing guidelines.*** Although the main responsibility for the development and issuance of facility licensing requirements should remain at the state level, voluntary national licensing guidelines such as those developed by the American Public Health Association in cooperation with the American Academy of Pediatrics should be promoted across the country.

RECOMMENDATION 7: Funding and Financing

By the year 2010, a broad array of groups—including the public at large, business, government, parents, and community organizations—will generate the needed new funds for a quality early care and education system. Additionally,

10 percent of all public early care and education funds will be invested directly in the infrastructure/quality enhancement.

Adequate funding is essential to ensure that all children have access to quality early care and education services and that their parents have realistic choices as they select services. The full cost of quality programs must include increased salaries for early care and education staff, who must be compensated at least at levels comparable to what personnel with similar education and experience earn in other fields. The costs must be shared by the public at large, parents (according to income), employers, government, and community organizations. While parents need access to and choice among quality early care and education services, they also need the option of caring for their own children; therefore, paid parental leave for parents of very young children should be provided. These efforts to increase investment necessitate additional research and planning.

STRATEGIES

- ***Identify the actual cost of a quality early care and education system.*** Early care and education professionals need to work closely with funding and financing experts to calculate the full costs of early care and education services. Cost-benefit analyses should be done to determine the long-term benefits of a quality early care and education system, including savings in special education, corrections, public assistance, and other social services.
- ***Identify and implement strategies for raising the compensation of early care and education staff.*** Increasing the compensation of staff is crucial to a quality early care and education system. Various approaches—raising wages through subsidies to parents, giving funds directly to programs which are earmarked for wages, or instituting a refundable tax credit for early care and education staff—should be analyzed for their comparative benefits and associated implementation strategies. Such approaches need to be implemented as an initial element of early care and education reform.
- ***Identify several revenue-generation mechanisms to finance paid parental leave and the early care and education system.*** Several options for generating revenues in order to fund a comprehensive early care and education system—including increased staff compensation—need to be considered and implemented. Possible mechanisms include establishing individual and corporate income taxes, federal payroll taxes and trust funds, new sales or excise taxes dedicated to early care and education services; expanding the populations eligible to receive the school aid formula; redeployment of existing government expenditures; and procuring funds for early care and education as part of a broader revenue-generation package designed to support a range of social services that families need.

RECOMMENDATION 8: Governance, Planning and Accountability

By the year 2010, every state will have a permanent state early child care and education board and every locality will have a permanent local early care and education board, responsible for the infrastructure and governance of early care and education.

To increase community involvement and the planning, coordination, efficiency, and continuity of services for young children and their families, it is critical to establish more rational strategies and capacities in states and localities. A new

approach to governance must create or build on existing structures so that there will be a state board in each state and a local board in each municipality.

STRATEGIES

- ***Establish State Boards.*** State boards will be responsible for ensuring quality and achieving agreed-upon results for children. They will engage in planning, collecting and analyzing data, defining eligibility and subsidy levels and parental leave conditions and determining how to allocate funds to parents. They will also develop state standards for results that align with national goals. As with other governance entities, state boards will facilitate collaboration, service integration, and comprehensive service delivery. State boards will be composed of appointed or elected board members, including equal numbers of (1) parents/ consumers; (2) practitioners; (3) community and state leaders, including clergy; and (4) municipal or government agency representatives.
- ***Establish Local Boards.*** Local boards will have responsibility for both the governance and the coordination of early care and education for children birth to age five. They may be geographically aligned with school districts, but will be distinct entities. Like their state counterparts, they will be composed of a broad-based group of appointed or elected board members who would be responsible for developing performance benchmarks for child results taking into consideration local strengths, needs, priorities, and resources. Local boards will involve consumers and citizens in comprehensive needs assessment and planning.
- ***Provide demonstration funds to states and localities which establish boards that are well conceived and widely supported.*** Localities that show evidence of effective planning, consensus-building on local benchmarks for child-based results, and effective collaboration and coordination, should receive support for establishing or augmenting the work of local early care and education boards. Incentives and supports must be used to hold boards accountable for achieving agreed-upon standards for young children.

REALIZING THE VISION: ACTORS FOR CHANGE

Together, the eight recommendations presented in this report constitute sweeping reform. Achieving this comprehensive vision will require carefully choreographed efforts by many different organizations and agencies, individuals and policy makers. *Not By Chance* concludes with a call to action, suggesting specific reform roles for each of the following key players:

The President, Congress, and Federal Administrators

- Lead and coordinate the movement for strengths-based child results; establish broad goals to guide states' development of standards and communities' development of benchmarks; coordinate the collection of data and use data to hold states accountable.
- Promote innovation, best practices, and information sharing through demonstration projects, state and local networking, and technical assistance to states and localities.
- Increase funding substantially for quality care and education, providing more federal funds to leverage additional state and local resources.

Governors, State Legislators, State Administrators and State Leaders

- Create a governance structure for early care and education in every state.
- Establish state standards for results for preschool-age children and hold localities accountable for achieving agreed-upon local benchmarks.
- Augment federal funds for early care and education with state funds; distribute funds to build and maintain the infrastructure, helping parents pay for programs.
- Pilot and evaluate a system to license all practitioners; create facility licensing systems that eliminate exemptions.

Local Elected Officials, Local Administrators, and Community Leaders

- Create a local governance structure for early care and education that establishes performance benchmarks for services and results for young children.
- Engage parents, practitioners, and all those concerned about young children in community-wide improvement efforts; create incentives for all programs to be accredited.
- Augment federal and state funds for early care and education with local funds.

Parents

- Secure the knowledge, take the time to find quality programs for young children, and participate regularly in these programs.
- Be involved in discussions of how to define and achieve quality, including discussions

of child results, facility and individual licensure.
- Advocate for a quality early care and education system.

Business Community

- Support the financing of the early care and education system, perhaps through a payroll tax or corporate income tax.
- Provide family-friendly workplaces for employees and support parental care of infants, including the funding of paid parental leave.

Early Care and Education Advocates at the National, State, and Local Levels

- Work collaboratively toward a shared vision of a quality early care and education system, with an emphasis on adequate funding and direct infrastructure investment.
- Work with allies and with the media to promote understanding of, and support for, early care and education.

Practitioners and Administrators of Early Care and Education Programs

- Help develop positive organizational climates in all early care and education programs that include parents as partners and nurture the diversity of children and families in our pluralistic society.
- Mobilize with parents to be effective advocates for a quality infrastructure, including the integration of services for children and families.

Researchers

- Conduct controlled experiments and evaluation of different approaches to achieving quality programs; expand research on the characteristics of organizational climates in individual classrooms and family child care homes that lead to specific, child-based results.
- Work to integrate parents' needs as well as their desires for their children into prevailing definitions of quality.
- Broaden and coordinate research among other fields that examine young children and early care and education, including economics, political science, public health, law, and medicine.

Private and Philanthropic Sectors

- Support the development of a comprehensive, early care and education system, including quality community and statewide systems.
- Support the conceptual exploration needed to build quality systems, including investigating child-based outcomes, a range of approaches to achieving quality programs, and promising approaches to raising new funds.

Not By Chance provides a long-range, research-based vision for creating a quality early and education system in this country. Working in concert, all of these stakeholders can achieve that change. We can and must do better by American children. We simply can no longer take chances with their—and our—future.

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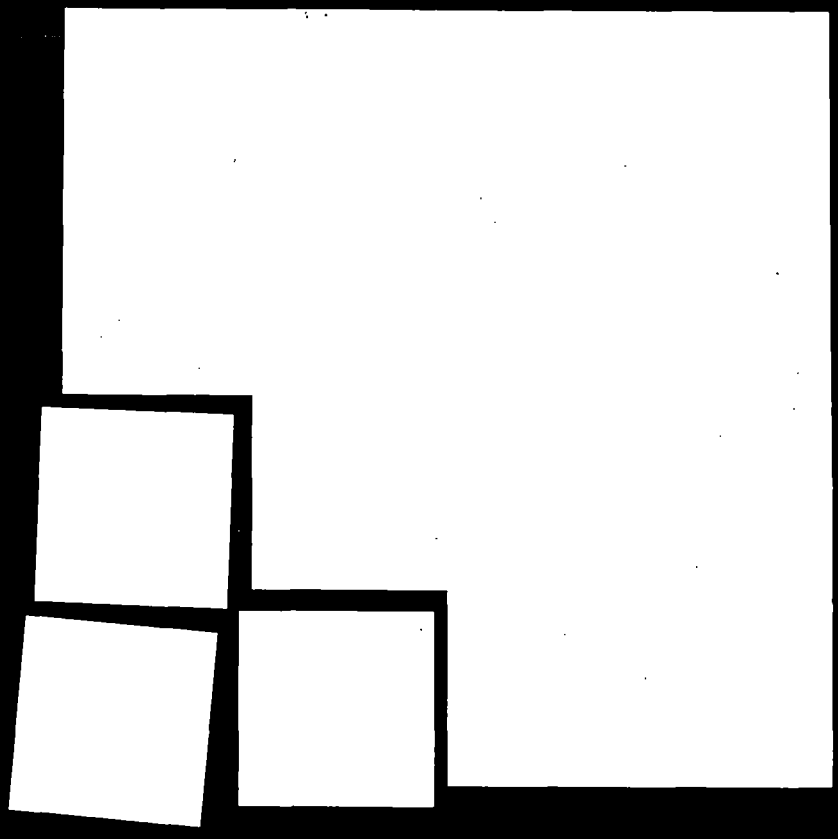

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Sharon Lynn Kagen of the Yale Bush Center asked that the pre-publication copy of the *Not By Chance*, Executive Summary be delivered in preparation for the White House conference later this week.

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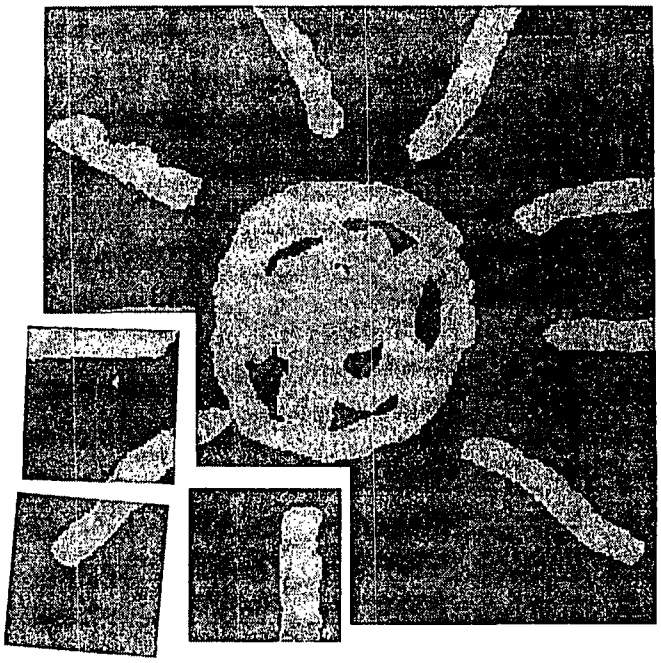

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Every day, 13 million of our nation's youngest children are dropped off at early care and education centers or family child care homes. The children play and eat snacks, swap toys, boasts, and laughs. To most casual observers, everything seems to be all right: business—or play—as usual.

But everything is not all right. A growing body of research has established that the majority of America's young children actually spend their days in settings that are poor to mediocre in quality—settings that compromise children's long-term development. Parents have difficulty locating care, and caregivers are leaving the field in unprecedented numbers. While today's situation is alarming, tomorrow's is even more precarious. In coming years, new welfare requirements will intensify the already strong demand for child care, and the press will increase for quality services—the kind that maximize developmental opportunities in the early years. Already overstressed and inadequate, American child care is in crisis—and so are the children, parents, families, and staff whose lives are touched by its failings.

Not By Chance documents these trends and underscores the urgency of reform. It also recognizes that in a democracy fundamental, durable change cannot happen overnight and will not happen by chance. It must be carefully considered, well researched, and well planned. Based on the four-year *Quality 2000* Initiative, this report offers a comprehensive vision, supported by a series of short-term strategies, to demonstrably improve the quality of America's early care and education services. Combining the work of hundreds of national and international scholars, business leaders, policy makers, parents and practitioners, *Not By Chance* offers concrete, actionable solutions to the quality crisis in American child care and early education.

WHY NOW?

In the past, early care and education was primarily a woman's issue that remained low on the national agenda and provoked relatively little debate among community leaders, policy makers, or legislators. To be sure, many families sought out nursery schools or child care for their young children, and some started parent cooperatives. But compared with today's parents, past generations were less likely to need out-of-home care, especially for infants and toddlers. And many were reassured by the prevailing views of their day—that children began learning in earnest only when they entered elementary school and that so long as little boys and girls were kept out of harm's way, the settings where they spent their days did not matter much.

Today, American parents have no such solace. By the time most babies reach their first birthdays, their mothers are in the workforce. In most cases, children are in out-of-home care for much of their early years. And thanks largely to the mass media, more mothers and fathers are becoming aware of research showing that children's day-to-day experiences in the early years have a large and lasting impact on their later

learning and life outcomes. Business as usual has become an unacceptable course.

Why is it so urgent to address the needs of young children and their families now?

First, we have the research. Substantial research conducted over the last decade confirms what many parents and practitioners have long believed: America's young children are in trouble, as documented by recent studies:

- 80 percent of the nation's children spend their days—up to 50 hours per week—in poor or mediocre child care settings.
- Care for infants and toddlers, on average, is even worse: 40 percent are in settings that actually jeopardize their health and safety.
- 40 percent of center-based and 80-90 percent of family child care providers are legally exempt from regulation.
- Each year, about 40 percent of providers leave the field, often due to low compensation, inadequate benefits, and limited opportunity.
- Access to programs is uneven, with children from low-income families least likely to receive services; when they do, the child care services may not meet their health and social service needs. Parents are frequently forced to settle for care that does not align with their schedules, values, or expectations.

Second, we have the know-how. More than at any time in our nation's history, we have the knowledge and the experience to solve the problem. National and international research clearly identifies steps that can be taken to improve quality child care. What's more, promising solution-oriented programs and strategies have emerged—solid models upon which to build coherent, effective early care and education services.

And third, we have unprecedented public support. In contrast to eras past, calls for change now reverberate in many sectors. Concerned about the nation's productivity in a global economy, political and business leaders want to start education reform efforts at the beginning, with better services for young children. Parents are calling for improvements in early care and education so their children will be ready for school. Economists and policy makers, aware of the significant cost savings associated with investments in young children, are making early care and education a priority. A more concerned, better informed public makes visionary change possible—starting now.

WHAT TO DO?

For many years, a solution-driven, long-range, large-scale vision has been needed to articulate, clearly and realistically, what quality early care and education services can be and can do. *Not By Chance* looks at the big picture, offering long-term thinking and setting forth a broad vision for reform. It recognizes that while significant changes will be incremental, immediate action is urgently needed. In presenting eight key recommendations, each accompanied by action strategies, *Not By Chance* encourages and invites engagement by everyone who has a stake in our nation's children and its future—that is, by every American.

THE RECOMMENDATIONS AND STRATEGIES

Over a four-year span, participants in the *Quality 2000* Initiative became convinced that change is needed in each of the eight areas where recommendations were generated: programs; results; parent engagement; credentials; training; regulation; finance; and governance. Though discussed separately, each recommendation is linked to the others. Improvement in one, two, or even three areas would reflect progress, but will not resolve the crisis. Only by advancing change in every area can reform efforts achieve synergy and enhance the overall quality and coherence of early care and education. But not all of the recommendations will be implemented simultaneously, nor will every strategy be carried out exactly as spelled out in this report. On the contrary, *Not By Chance* suggests that while significant reform must occur in all eight areas, the nature and pace of change must reflect the realities of local and state settings. In this way, *Not By Chance* offers an exciting, workable vision and a realistic, flexible guide to implementation.

The following pages summarize the eight major recommendations that emerged over time from the *Quality 2000* Initiative. In keeping with the tough challenges associated with systemic reform, the time frame for achieving these recommendations has been extended beyond the end of the century, to the year 2010.

RECOMMENDATION 1: Program Quality

By the year 2010, all family child care and center-based programs will use a wide range of proven approaches for improving quality — approaches that allow staff flexibility to use resources creatively and cost-effectively, and to address all domains of development, including health.

To address the crisis in early care and education, all programs and services must reach new levels of quality, enhancing not only the learning environment, but also children's learning opportunities and their relationships with providers.

STRATEGIES

- ***Increase the quality of learning opportunities for children.*** Research shows that the quality of early childhood programs is directly related to what children accomplish. To achieve good results, programs need to be inventive and flexible in grouping children, deploying staff, and using resources to nurture and challenge children. Mixed-age groupings, effective use of staff talents, attention to cultural and linguistic diversity, and the use of technology need to be advanced.

- ***Create environments that explicitly support children's healthy development.*** For too long, we have considered children's health separate from children's learning. All programs must make special efforts to address the physical and mental health needs of all children, either by linking children to health services in their communities or providing them directly. Programs must assure that all children have access to health education, immunizations, health, dental and developmental screening, and follow-up services.
- ***Increase the number of high-quality programs through accreditation.*** Overall program quality—including the nature of the work environment for adults, the climate of the organization, and its receptivity to innovation and experimentation—must be considered as programs strive for quality. Increasing the number of accredited programs will promote pedagogical quality, heighten professionalism, and improve the total environment. Accreditation should therefore be aggressively supported with fiscal incentives, motivating programs to make the changes needed to meet and maintain high standards.
- ***Link programs with other community resources and support the expansion of resource and referral efforts.*** To ensure that the comprehensive needs of young children are met, early care and education programs should work collaboratively with one another and with other services for children and families. In addition, resource and referral agencies should be strengthened and, in many cases, expanded. These agencies are key players in early care and education, linking parents with services, connecting programs with one another, and coordinating and providing training for parents and staff.
- ***Support the development of family child care support networks and the linkage of family child care homes to centers.*** Today, the majority of children in early care and education attend family child care—child care provided on a regular basis in the homes of relatives, friends, or other caregivers. These providers often work without licenses and typically carry out their responsibilities in isolation. Offering them multiple routes for support will enhance quality in this increasingly popular sector of the early care and education system. In particular, networks can be formed, linking family child care homes to each other, to center-based programs, and to other community services.

RECOMMENDATION 2: A Child-Based, Results-Driven System

By the year 2010, clear goals and quantifiable results for children will be developed. These goals will identify skills and knowledge that children should be able to demonstrate across the various domains of development, and will take into consideration the child, family, and community conditions that promote such development. Appropriate, child-friendly measures to assess the accomplishment of the goals will be developed.

Traditionally, researchers have measured quality by documenting inputs (e.g., adult-child ratios, group size, staff training and education) and the manner in which services are delivered (e.g., nature of adult-child interactions). Recently, however, there has been mounting interest in gauging quality in terms of the results that programs produce for preschool-age children and their families. By defining desired goals and results, practitioners can tailor their activities to foster each child's development. Specified goals and results can provide programs with the feed-

back they need to evaluate their effectiveness and identify areas for improvement. Results also can help assess the overall status of young children in communities, states, and the nation.

However, there are serious concerns about how child-based results would be defined, whether they would actually emphasize strengths rather than deficits, and whether they would gauge progress across all developmental domains. In particular, there is concern about measuring results for children who are younger than three, whose primary language is not English, or who are from low-income families, particularly when the data are used to make "high-stakes" decisions concerning children's placement or resource allocations. For these reasons, a move to a results orientation should take place only if there is broad participation in the identification of developmental, child-based results, if results are accurately and sensitively measured and reported, and if results are directly linked to efforts to improve the lives of children.

STRATEGIES

- ***Define appropriate results.*** Americans have yet to reach agreement about what preschool-age children should know and be able to do. To that end, parents, practitioners, policy makers, and researchers must begin by developing consensus about the results they want young children to achieve, taking into account all domains of development. Once desired results are identified, the federal government should create broad goals to guide states; states, in turn, should develop standards, allowing communities to tailor specific benchmarks to local needs, priorities, and customs.
- ***Develop appropriate strategies and measurement instruments to assess results.*** Developmentally appropriate and culturally sensitive instruments should be developed to evaluate a child's progress over time. Data must be collected in ways that are appropriate to the child's age and level of development, using multiple observers, observations, and assessment strategies. Assessments should meet rigorous scientific standards so the findings will be accurate and useful.
- ***Use results to improve the practice and understanding of early care and education.*** The aggregated information gained from assessments must be shared in ways that increase public understanding of the connection among child results, effective services, and the expenditure of public funds. The data must not be used in ways that label or stigmatize individual children. Plans for the effective use of results should be made early in any research effort.

RECOMMENDATION 3: Parent and Family Engagement

By the year 2010, all early care and education programs will address the needs of children, parents, and families; they will engage parents and families as partners in their children's programs. Parents will have the user-friendly information they need to be effective parents and consumers of early care and education. Workplaces will be family-friendly.

Research shows that parent and family engagement in early care and education programs improves results for children. It increases children's chances of success and achievement in school and later life, and decreases the likelihood of negative results.

STRATEGIES

- ***Support parents as effective consumers.*** Parents need access to objective information about programs so they can make decisions that will promote their children's early

development and learning. Well-funded resource and referral services, along with other parenting education efforts, assist parents in learning about and evaluating their early care and education options. Such efforts must acknowledge and respect parents' diverse backgrounds, cultures, and needs.

- ***Increase the family-friendliness of workplaces.*** Parents need support from employers so they can fulfill their roles as partners in their children's programs, effective consumers of early care and education services, and productive employees. The direct benefits of family friendly workplaces to employers as well as employees need to be widely communicated, as do innovative strategies to implement such policies.
- ***Engage parents as partners in early care and education programs and increase links to family support programs.*** Programs must engage parents as full-fledged partners, transforming traditional parent involvement activities so that parents have opportunities to take part in major program, service, and governance decisions. Linkages between early care and education programs and family support programs — including those that focus on the needs of low-income and special needs children and families—should be strengthened.

RECOMMENDATION 4: Individual Licensing

By the year 2010, states will require all staff responsible for children in centers and family child care homes to hold licenses. To acquire these licenses, staff will need to complete high levels of training and education and demonstrate their abilities. To maintain licenses, ongoing training and education—lifelong learning—will be required.

Research shows that the more training and education practitioners have—both general education and early childhood-related training and education—the more skilled they are at helping young children thrive and achieve their potential. Despite these benefits, current training requirements are sparse and professional development opportunities are limited, particularly when compared to other fields in the U.S. and other industrialized countries where significantly more training for early childhood practitioners is required. Moreover, licensing practitioners holds promise for increasing staff compensation, career mobility, and professionalism.

STRATEGIES

- ***License all individuals who care for young children.*** While there are many approaches to individual licensing, a three-tiered approach is recommended:

Early Childhood Administrator licenses will be required for all center directors and directors of family child care support services. To obtain this license, an individual needs at least a bachelors or masters degree in early childhood education or child development from an accredited institution, including at least 15 credits in early childhood administration, certification in pediatric first aid, and demonstrated competency in management and in working with children and families.

Early Childhood Educator licenses will be required for all teachers in centers. Teachers of three- and four-year-old children in public schools will have the option of obtaining public school teacher certification/licenses or the Early Childhood Educator license. To obtain the Early Childhood Educator license, an individual needs to have at least an associates or bachelors degree in early childhood education or child development from an accredited institution; have practicum experience with the age group with which they would work; be certified in pediatric first aid; and demonstrate competence in working with children and families.

Early Childhood Associate Educator licenses will be required for all assistant teachers in centers and all lead providers in large family child care homes. To obtain the license, an individual working in a center needs to have a Child Development Associate (CDA) or equivalent; a lead provider in a family child care home would need a CDA, the revised National Association for Family Child Care (NAFCC) accreditation, or equivalent certification. Each of these certifications requires at least 120 clock hours of formal education in early childhood development and education and the demonstration of the competencies needed to work with young children and their families. To qualify for the license, individuals also need to have practicum experience with the age group with which they would work and certification in pediatric first aid.

Individuals who do not have training or education in child development or early childhood education, but who have an interest in and aptitude for working with young children and families, would have access to entry-level jobs as assistants in child care centers and in large family child care homes or as providers in small family child care homes. As long as they are actively pursuing training that will lead to licensing, these individuals would be considered an integral part of the profession.

Create a licensing system that implements the three licenses. Grants should be made available to states to begin planning and implementing individual licensure systems, assuring that adequate compensation accompanies new licensure requirements. This effort should consider which entities (e.g., state licensing boards) should oversee the process, identify and administer assessments, grant licenses, and handle complaints. Such entities should require staff to have appropriate skills to earn and maintain licenses, including appropriate preparatory and ongoing course work. The accreditation of two- and four-year colleges is critical to the new licensing system and should be promoted.

Supports and incentives should also be provided for staff to continue to increase knowledge and skills beyond these licensing requirements and to obtain voluntary advanced individual certificates, such as those at the masters level offered by the National Board for Professional Teaching Standards (NBPTS). To facilitate the transition to a licensed and well-qualified, appropriately paid workforce, existing grant, loan, and loan-forgiveness programs need to be expanded. In addition, appropriate standards for compensation need to be developed with new financial programs created for early care and education students and workers.

RECOMMENDATION 5: Content of Training And Education

By the year 2010, the content of education and training for early care and education staff will be expanded to address the needs of diverse children and families and to implement effective approaches to instruction, management, and leadership.

The content of education and training for early care and education staff—practitioners, administrators, and leaders—is a foundation of a quality early care and education system. As such, it must be attuned to the needs of 21st century children and be available at pre-service, in-service, intermediate, and advanced levels. In particular, training needs to be developed and made available to practitioners in the following areas: engaging and supporting families; developing cultural competency; observing and assessing children; working with mixed-age groups; working with infants, toddlers, and children with special needs; promoting ethical behavior; working across human service disciplines; and developing management and leadership skills.

STRATEGIES

- ***Revise and develop staff training/preparation curricula.*** Colleges and community organizations that prepare early care and education staff should revise curricula to incorporate the above stated areas and to address the knowledge and skills practitioners need to effectively serve today's and tomorrow's diverse children and families.
- ***Promote strategies to help staff strengthen leadership and management skills.*** Leadership development and mentoring programs should be promoted at the local, state, and national levels through professional associations and other organizations. These programs should be expanded to include leaders from across the human services so that staff can broaden their understanding of the comprehensive needs of children, families, and communities.

RECOMMENDATION 6: Program Licensing

By the year 2010, all early care and education programs offering their services to the public will be required to be licensed and facility licensing will be streamlined and enforced.

Facility licensing requirements are far from universal despite research showing that states with more stringent regulations yield higher-quality programs. Legally exempting programs undermines public confidence in early care and education, the quality of the overall system, and the equity of the early care and education market.

STRATEGIES

- ***Eliminate exemptions and enforce requirements.*** All programs available to the general public should be required to meet basic safeguards that protect children's health, safety, and developmental well-being. There should be no legal exemptions and states must enforce these requirements. Licensing agencies must have sufficient resources to carry out facility licensing with staff who are appropriately trained and credentialed. State monitoring and enforcement systems should employ positive, incentive-based strategies to enable programs to meet licensing requirements. State licensing also should provide incentives for programs to invest in facility enhancement, so that early care and education facilities can meet increasing demand.
- ***Streamline and coordinate facility licensing.*** State facility licensing should be streamlined to focus on the essential elements of health, safety, and development. Licensing standards should be coordinated among agencies and levels of government and should allow programs the flexibility needed to group children and organize staff in ways that maximize quality. This approach to facility licensing complements the individual licensure efforts discussed in Recommendation 4.
- ***Promote national licensing guidelines.*** Although the main responsibility for the development and issuance of facility licensing requirements should remain at the state level, voluntary national licensing guidelines such as those developed by the American Public Health Association in cooperation with the American Academy of Pediatrics should be promoted across the country.

RECOMMENDATION 7: Funding and Financing

By the year 2010, a broad array of groups—including the public at large, business, government, parents, and community organizations—will generate the needed new funds for a quality early care and education system. Additionally,

10 percent of all public early care and education funds will be invested directly in the infrastructure/quality enhancement.

Adequate funding is essential to ensure that all children have access to quality early care and education services and that their parents have realistic choices as they select services. The full cost of quality programs must include increased salaries for early care and education staff, who must be compensated at least at levels comparable to what personnel with similar education and experience earn in other fields. The costs must be shared by the public at large, parents (according to income), employers, government, and community organizations. While parents need access to and choice among quality early care and education services, they also need the option of caring for their own children; therefore, paid parental leave for parents of very young children should be provided. These efforts to increase investment necessitate additional research and planning.

STRATEGIES

- ***Identify the actual cost of a quality early care and education system.*** Early care and education professionals need to work closely with funding and financing experts to calculate the full costs of early care and education services. Cost-benefit analyses should be done to determine the long-term benefits of a quality early care and education system, including savings in special education, corrections, public assistance, and other social services.
- ***Identify and implement strategies for raising the compensation of early care and education staff.*** Increasing the compensation of staff is crucial to a quality early care and education system. Various approaches—raising wages through subsidies to parents, giving funds directly to programs which are earmarked for wages, or instituting a refundable tax credit for early care and education staff—should be analyzed for their comparative benefits and associated implementation strategies. Such approaches need to be implemented as an initial element of early care and education reform.
- ***Identify several revenue-generation mechanisms to finance paid parental leave and the early care and education system.*** Several options for generating revenues in order to fund a comprehensive early care and education system—including increased staff compensation—need to be considered and implemented. Possible mechanisms include establishing individual and corporate income taxes, federal payroll taxes and trust funds, new sales or excise taxes dedicated to early care and education services; expanding the populations eligible to receive the school aid formula; redeployment of existing government expenditures; and procuring funds for early care and education as part of a broader revenue-generation package designed to support a range of social services that families need.

RECOMMENDATION 8: Governance, Planning and Accountability

By the year 2010, every state will have a permanent state early child care and education board and every locality will have a permanent local early care and education board, responsible for the infrastructure and governance of early care and education.

To increase community involvement and the planning, coordination, efficiency, and continuity of services for young children and their families, it is critical to establish more rational strategies and capacities in states and localities. A new

approach to governance must create or build on existing structures so that there will be a state board in each state and a local board in each municipality.

STRATEGIES

- ***Establish State Boards.*** State boards will be responsible for ensuring quality and achieving agreed-upon results for children. They will engage in planning, collecting and analyzing data, defining eligibility and subsidy levels and parental leave conditions and determining how to allocate funds to parents. They will also develop state standards for results that align with national goals. As with other governance entities, state boards will facilitate collaboration, service integration, and comprehensive service delivery. State boards will be composed of appointed or elected board members, including equal numbers of (1) parents/ consumers; (2) practitioners; (3) community and state leaders, including clergy; and (4) municipal or government agency representatives.
- ***Establish Local Boards.*** Local boards will have responsibility for both the governance and the coordination of early care and education for children birth to age five. They may be geographically aligned with school districts, but will be distinct entities. Like their state counterparts, they will be composed of a broad-based group of appointed or elected board members who would be responsible for developing performance benchmarks for child results taking into consideration local strengths, needs, priorities, and resources. Local boards will involve consumers and citizens in comprehensive needs assessment and planning.
- ***Provide demonstration funds to states and localities which establish boards that are well conceived and widely supported.*** Localities that show evidence of effective planning, consensus-building on local benchmarks for child-based results, and effective collaboration and coordination, should receive support for establishing or augmenting the work of local early care and education boards. Incentives and supports must be used to hold boards accountable for achieving agreed-upon standards for young children.

REALIZING THE VISION: ACTORS FOR CHANGE

Together, the eight recommendations presented in this report constitute sweeping reform. Achieving this comprehensive vision will require carefully choreographed efforts by many different organizations and agencies, individuals and policy makers. *Not By Chance* concludes with a call to action, suggesting specific reform roles for each of the following key players:

The President, Congress, and Federal Administrators

- Lead and coordinate the movement for strengths-based child results; establish broad goals to guide states' development of standards and communities' development of benchmarks; coordinate the collection of data and use data to hold states accountable.
- Promote innovation, best practices, and information sharing through demonstration projects, state and local networking, and technical assistance to states and localities.
- Increase funding substantially for quality care and education, providing more federal funds to leverage additional state and local resources.

Governors, State Legislators, State Administrators and State Leaders

- Create a governance structure for early care and education in every state.
- Establish state standards for results for preschool-age children and hold localities accountable for achieving agreed-upon local benchmarks.
- Augment federal funds for early care and education with state funds; distribute funds to build and maintain the infrastructure, helping parents pay for programs.
- Pilot and evaluate a system to license all practitioners; create facility licensing systems that eliminate exemptions.

Local Elected Officials, Local Administrators, and Community Leaders

- Create a local governance structure for early care and education that establishes performance benchmarks for services and results for young children.
- Engage parents, practitioners, and all those concerned about young children in community-wide improvement efforts; create incentives for all programs to be accredited.
- Augment federal and state funds for early care and education with local funds.

Parents

- Secure the knowledge, take the time to find quality programs for young children, and participate regularly in these programs.
- Be involved in discussions of how to define and achieve quality, including discussions

of child results, facility and individual licensure.

- Advocate for a quality early care and education system.

Business Community

- Support the financing of the early care and education system, perhaps through a payroll tax or corporate income tax.
- Provide family-friendly workplaces for employees and support parental care of infants, including the funding of paid parental leave.

Early Care and Education Advocates at the National, State, and Local Levels

- Work collaboratively toward a shared vision of a quality early care and education system, with an emphasis on adequate funding and direct infrastructure investment.
- Work with allies and with the media to promote understanding of, and support for, early care and education.

Practitioners and Administrators of Early Care and Education Programs

- Help develop positive organizational climates in all early care and education programs that include parents as partners and nurture the diversity of children and families in our pluralistic society.
- Mobilize with parents to be effective advocates for a quality infrastructure, including the integration of services for children and families.

Researchers

- Conduct controlled experiments and evaluation of different approaches to achieving quality programs; expand research on the characteristics of organizational climates in individual classrooms and family child care homes that lead to specific, child-based results.
- Work to integrate parents' needs as well as their desires for their children into prevailing definitions of quality.
- Broaden and coordinate research among other fields that examine young children and early care and education, including economics, political science, public health, law, and medicine.

Private and Philanthropic Sectors

- Support the development of a comprehensive, early care and education system, including quality community and statewide systems.
- Support the conceptual exploration needed to build quality systems, including investigating child-based outcomes, a range of approaches to achieving quality programs, and promising approaches to raising new funds.

Not By Chance provides a long-range, research-based vision for creating a quality early and education system in this country. Working in concert, all of these stakeholders can achieve that change. We can and must do better by American children. We simply can no longer take chances with their—and our—future.

A Room of Their Own

A Proposal to Renovate the Children's Bureau

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The nation has launched many efforts during this century on behalf of children, one of our most vulnerable and powerless constituencies. Due to lack of coordination within the federal government, many of these efforts have failed some of those individuals who need them most, or have lost their power to meet the changing needs of today's children and families. Although concerned members of the legislative branch of the federal government have recently created the House Select Committee on Children, Youth and Families, the Senate Children's Caucus, and the Senate Family Caucus, there remains, as Juel Janis (1983) noted, a noticeable absence of a "single strong voice for children" (p. 360) within the executive branch.

To remedy this absence, we propose finding for children a room of their own within that federal executive branch—a room that already exists but needs extensive renovation. That room is the Children's Bureau. The renovation involves redefining the functions of that Bureau: the purpose is not to construct a restored monument to its past achievements, but to establish a focal point where the broad needs of today's children can be examined and addressed with some degree of continuity. Senator Lloyd Bentsen of Texas has introduced a resolution (S. Res. 237, 1984) entitled "To Upgrade the Children's Bureau," which is designed to achieve ends similar to those proposed in this article.

The Need for a Strong Children's Bureau

There have been tremendous improvements during this century in the health and well-being of the nation's children. Many infectious diseases, the principal cause of death among children 50 years ago, have been greatly reduced or eradicated. Overall, the nation's infant mortality rate has continued to decline, from 100 deaths per thousand births in 1920 to 11.2 per thousand in 1982 (National Center for Health Statistics, 1982). Concern with children's nutrition, physical development, and early learning has resulted in medical and social science research and in the development of a host of private and public programs to aid children in getting a healthy start in life. One of the most long-standing and comprehensive of these programs is Head Start, which provides preschool learning experiences, medical care, and a host of other services to economically disadvantaged children and their families.

Despite these dramatic successes nationally, there are "persistent inequalities amid the overall improvement" (U.S. Department of Health and Human Services, 1981, p. 37). Although the infant mortality rate among black families has decreased, it is still nearly double that of white families (National Center for Health Statistics, 1982). With 14% of Americans of all ages living below or near the poverty line, over 25% of all children live in poverty, and 45% of children of Spanish origin and 53% of black children are poor (Select Committee on Children, Youth, and Families, 1983). Poverty is the single greatest indicator of poor health. Cuts in funds for Title V Maternal and Child Health block grants, together with decreased funding or changes in eligibility rules for Aid to Families with Dependent Children (AFDC) and Medicaid, threaten to undermine the physical health and nutritional status of an increasing number of poor children.

In addition, the social and emotional climate in which children are growing up has changed dramatically and persistently over the last few decades. The divorce rate has increased, the rate of mothers entering the work force has skyrocketed, and the number of births to single mothers has more than quadrupled since 1950. Although the debate continues about whether some forms of child abuse are increasing or whether the reporting of abuse is increasing, the sharp rise in the number of homicide victims among infants and preschoolers over the last decade (Select Committee on Children, Youth, and Families, 1983) is an undeniable indicator of a real increase in child abuse in its most extreme and horrifying forms.

We have a growing sense that there is a time bomb ticking in the midst of the nation's children, but we do not know exactly when or how it will explode. There is evidence of a subtle but steady erosion of the data bases that help us monitor children's problems (Miller, 1983). Therefore, we are not even sure of the extent to which these

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problems are affecting children. Programs developed to attack one problem or another, such as poor nutrition, disease and injury prevention, teenage pregnancy, child care and child abuse, are scattered across hundreds of private, state, and federal agencies. According to one count made in 1976, there were 106 such federal programs, administered by five distinct departments, 15 different agencies, and 45 offices and bureaus within these agencies (U.S. Department of Health and Human Services, 1977). But there was not then, and there is not now, any single federal agency with the major responsibility for tracking these programs, or for seeing how changes in one program affect other programs. Some agencies are watching some children; and some agencies are watching particular problems; but no one agency can really be said to have a finger on the pulse of all children or to be knowledgeable about the whole child.

Is the nation abandoning its commitment to children—not by deliberate neglect, but by its failure to recognize problems and its inability to act upon these problems? Where will we find the "voice for children," the central place in the executive branch where recognition may be turned to action?

The irony is that for several decades, and not so long ago, we had such a voice for children within the executive branch. The Children's Bureau was established by congressional legislation in 1912 (Children's Bureau Act of 1912) and was directed to "investigate and report upon all matters pertaining to the welfare of children and child life among all classes of people" with particular emphasis on the investigation of the pressing problems of that time: "infant mortality, the birth rate, orphanages, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, and legislation affecting children in the several States and Territories" (Children's Bureau Act of 1912, § 191–194). As the second chief of the Children's Bureau described its charge, "The whole child was made the subject of the Bureau's research. The interrelated problems of child health, dependency and child labor were to be considered" (Bremner, 1971, p. 752).

Through its influence, information gathering, and programs, the Children's Bureau significantly contributed to improvements in the conditions of life for children in America (Bradbury, 1956). In the first half of the century, great strides were made in reducing infant mortality and childhood illnesses through universal pasteurization of milk, improved sanitation in towns and cities, widow's pensions, the establishment of child health and prenatal clinics, and the passage of child labor laws. Yet, by the 1960s, many children's programs, such as Crippled Children's Services and Maternal and Child Health, had been transferred from the Children's Bureau to other agencies. Overtaken by an increasingly complex government, the changing needs of families and children, turf battles, and the reorganization of the then Department of Health, Education, and Welfare (HEW), the Children's Bureau lost power, funds, and status within the executive branch.

The change in the Bureau chief's physical and organizational proximity to top level decision makers in the executive branch exemplifies the Bureau's decrease in status. At one time, the chief of the Children's Bureau sat in on cabinet meetings, but more recently, the chief of the Children's Bureau and the head of the Office of Child Development (a combined post) reported directly to the Secretary of HEW. Now, the chief of the Children's Bureau and the head of the Administration for Children, Youth, and Families (ACYF; successor agency to the Office of Child Development) reports to an assistant secretary, who reports to the secretary of the Department of Health and Human Services (HHS), who reports to the president.

Recommendations for Renovation of the Children's Bureau

In order to create a central, effective agency that keeps the whole child in national focus, a fresh formulation of the function and purposes of the Children's Bureau is necessary. In some cases, the functions we propose here draw on the successful efforts associated with the Children's Bureau in the past; in other cases, the proposed functions and activities are now being partially conducted by other agencies or departments. None, however, are now thoroughly handled by any agency or department.

1. The renovated Children's Bureau should become the central repository for the authoritative data base on children and families in the United States. Many of the major threats to families' health and well-being are currently being examined by many separate agencies and departments in state and federal governments. To gather data and research concerning children's accidental injuries, for example, it is necessary to consult the Centers for Disease Control and the National Center for Health Statistics in the Public Health Service, the Department of Transportation, the Consumer Product Safety Commission, and the Bureau of the Census, to name a few.

All of these departments and agencies are indispensable, as each gathers specialized information,

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but the new Children's Bureau should become the center for ongoing data collection and analysis on a whole group of what have been termed "childhood social indicators" (Zill, Sigal, & Brim, 1983, p. 188). Some of these indicators, such as infant mortality rates, contribute to our assessment of the physical health of the nation's children. Still others, such as the number of "latchkey" children, declining scores in standardized achievement tests, or the cost of raising a child, warn us of changes that affect the social and emotional life and the financial future of America's families. A newly designed Children's Bureau is needed to draw on available data from state and federal agencies, to determine areas where gaps in our knowledge prevent us from tackling problems, and to suggest ways to standardize the collection of new data.

Why is such a centralized data base so important? Few people have considered the role a sufficient data base played in the reductions in infant mortality during the first half of the century. Before the Children's Bureau attempted to reduce the number of deaths of children in the first year of life, they had to know the number and percentage of infants who died in the various states and the circumstances surrounding their deaths. What the investigators discovered, however, was that no one knew exactly how many babies were born each year, much less how many were dying. So the Children's Bureau led the drive for all states to develop a standard, formal method of registering births, something we now take for granted (Bradbury, 1956). Only when this information began to come in from the states did patterns emerge pointing to some of the causes and cures for infant mortality.

Similarly, it is doubtful that the nation will make much progress against today's most pressing child and family problems without an improved national data base. For example, the dramatic decline in infectious disease, the main cause of childhood mortality when the Children's Bureau was founded, has allowed the nation to shift its attention to the prevention of unintentional injuries, today's number one killer of children after age one (U.S. Department of Health and Human Services, 1981). Much better data is needed to discover patterns in the cases of childhood injuries, as well as the most effective methods being used to prevent them. Due to the striking mobility of our society, a centralized data base is also needed to reduce defaults in child support payments and to find missing children. As the Justice Department recognized in its recent award of a grant to set up a national center to help locate missing children ("U.S. Setting Up a Center," 1984), efforts to find children are often hindered by the lack of a national data base.

2. With such a statistical base available, the renovated Children's Bureau should also promote research and demonstration projects on children and families. In the Children's Bureau and in other agencies and departments serving children and families, a logical outgrowth of information gathering has always been to formulate and test innovative solutions to the problems uncovered. Many of our nation's successful children's programs, such as public health inoculation programs, began as demonstration projects. After the effectiveness of these programs was demonstrated on a local or statewide basis, they were made available to families across the nation.

Research and demonstration projects should be defined broadly enough to include studies emanating from the current ecological approach to the investigation of child growth and development. That is, although we need more quantitative measures of such conditions as children's sickness and health and of their school achievements and failures, we also need to learn more about what Bronfenbrenner (1979) has called the natural ecology of children. We need to examine the real-life situations of children and families—the way they spend their time and their sources of strength and of stress.

Therefore, the new Children's Bureau should focus on program innovation, but not on program administration and service delivery. Because we want the Children's Bureau to be free to focus on the broader picture of child and family health and welfare rather than on the narrow, time-consuming area of administration, we suggest that once research and demonstration projects become established programs, they should be administered by other agencies. The administration of Head Start, for example, should continue to be handled by ACYF.

3. The renovated Children's Bureau should serve as an interagency and interdepartmental coordinator on child and family programs in the federal government. Precisely because the Children's Bureau would not actually be administering, or competing for control of, service programs for children, it should be in an excellent position to coordinate major federal efforts on behalf of children and families fairly and objectively. Basically, this coordination can be seen as moving good ideas from one place to another, whether the ideas originate in the Children's Bureau's own research and demonstration activities or in programs in other departments or agencies. For example, early attempts to implement the Education for All Handicapped Children Act of 1975 (P.L. 94-142) might have been facilitated by applying the lessons learned in the effort to incorporate handicapped children into the Head Start program five years earlier. Having the Children's Bureau serve as an intra- and interdepartmental coordinator would also help eliminate

duplication and gaps in existing programs for children and families.

Successful models for such coordination include recent agreements to fund projects jointly or to pool research resources among the Division of Maternal and Child Health in the Public Health Service, the National Institute for Child Health and Human Development, the Centers for Disease Control, the Administration for Children, Youth, and Families, and the Departments of Agriculture and Education. Similarly, the director of the National Institute for Handicapped Research (NIHR) presently chairs an interagency task force on the handicapped. The renovated Children's Bureau should facilitate and encourage this type of coordination.

Unquestionably, much more coordination is needed. Specifically, the renovated Children's Bureau should serve as the central agency where all child and family issues are examined by teams from the various agencies and departments. One possible mechanism for achieving this end would be to have the chief of the Children's Bureau preside over a council that includes the directors of programs in various agencies that address such multidimensional problems as family nutrition, teenage pregnancy, child care for children of employed parents, and child abuse and neglect. The Children's Bureau should also promote coordination with state and private agencies. This coordination is especially needed in areas such as child care standards, injury prevention, child abuse prevention, and teenage pregnancy programs, in which considerable numbers of local and state efforts are already underway.

4. The renovated Children's Bureau should disseminate information to other government agencies and to the public at large about children and families in the United States. Dissemination activities, a strength of the original Children's Bureau, should be revitalized. Such dissemination should be a natural outgrowth and tangible product of all of the other activities the Children's Bureau conducts. Actually, a two-way process should be involved, in which information in many forms would flow in and out of the Children's Bureau.

The Children's Bureau's dissemination activities should have several key components. First, the production and updating of publications such as *Infant Care*, first offered by the Children's Bureau in 1914 and a government "bestseller" for decades (Bradbury, 1956), should again be the responsibility of the Bureau.

Second, conferences, workshops, and panels should be convened, so that information about nationally pressing problems would be available. The decennial White House Conference on Children, once the responsibility of the Children's Bureau, was canceled in 1981 and replaced with 50 state miniconferences. Although each state must develop forums for examining the problems of families within its jurisdiction, the need for communication among states is even more pressing today, and the national conference should be revived. Third, the Bureau should produce for the secretary of HHS and for the Congress an annual report on the status of children, which would be available to public and private agencies as well.

Principles for Proposed Reorganization

In order for the Children's Bureau to carry out the above functions, certain organizational changes will be necessary within the Department of Health and Human Services. Because these changes will require much cooperation between existing agencies, it is beyond the scope of this article to suggest specific details. We do, however, propose certain guiding principles for reorganization, as follows:

1. The positions of chief of the Children's Bureau and head of ACYF, posts now occupied by the same person, should be two distinct and separate posts. To preside over the administration of large programs, as well as over the data collection, research and demonstration, and interagency coordination functions outlined above, is simply too big a job for one person. On the basis of the first author's experience as former chief of the Children's Bureau and head of the Office of Child Development (OCD), the creation of two separate posts is necessary for the efficient functioning of these two essential agencies.

2. In relation to the first suggestion, we propose that the Children's Bureau be in charge of the four key functions outlined above and that ACYF retain administrative authority over established programs such as Head Start and other child and family service programs for which funds become available. Separating and specifying the functions of each agency would encourage cooperative efforts rather than turf battles. Turf battles have plagued the Children's Bureau almost from its inception, with at various times either the Office of Education or the Public Health Service claiming that the Children's Bureau was usurping its functions. These conflicts culminated in the 1969 transfer of handicapped children's services and maternal and child health services, two of the Bureau's most important programs, to the Health Services and Mental Health Administration in the Public Health Service. At the same time, the Children's Bureau and Head Start were put under the auspices of the newly formed OCD (now ACYF).

Although placing OCD and the Children's Bureau in close proximity was a basically sound decision, the reorganization failed to delineate sufficiently separate and distinct roles for each agency. It is time

to complete this reorganization by clarifying ACYF's role in service delivery and by revitalizing the role of the Children's Bureau in data collection, program innovation, and interagency coordination.

3. We suggest also that the chief of the Children's Bureau be a presidential appointee, but that he or she serve for a term of at least six years. Although the Bureau had only five chiefs in its first six decades of existence, there have been 14 in the last 20 years (see Table I). A six-year appointment could create some consistency in the position, would signify that the appointment is intended to be nonpartisan, and would attract the kind of leadership necessary to the post. At a time of limited government resources and when a host of special interest groups compete with children's advocates to have their needs addressed, the chief of the Children's Bureau must be, above all, an advocate for children and families. In an earlier reorganization of HEW, former Secretary Elliot Richardson saw the need for advocates in government for two particularly vulnerable groups: children and the elderly. He also emphasized the importance of having these two advocates report directly to him.

4. The chief of the Children's Bureau should have greater access to the Secretary of Health and Human Services and to the White House. For administrative purposes (for example, budgeting), the chief should continue to report to an assistant secretary but should also serve as special advisor to the secretary of HHS on child and family issues and programs. The Children's Bureau Chief should also have access to the President's Domestic Council, which should include an individual whose specific concern is with families and children.

Table 1
Tenure of Chiefs of the Children's Bureau

Name	Term	President served
Julia Lathrop	1912–1921	William Howard Taft (R) Woodrow Wilson (D)
Grace Abbott	1921–1934	Woodrow Wilson (D) Calvin Coolidge (R) Herbert Hoover (R)
Katherine Lenroot	1934–1951	Franklin D. Roosevelt (D) Harry S. Truman (D)
Martha Eliot	1951–1956	Harry S. Truman (D) Dwight D. Eisenhower (R)
Katherine Oettinger	1956–1968	Dwight D. Eisenhower (R) John F. Kennedy (D) Lyndon B. Johnson (D)
Arthur J. Lesser, acting	1968	Lyndon B. Johnson (D)
P. Frederick DeFiquardie	1968–1969	Lyndon B. Johnson (D) Richard M. Nixon (R)
Jule M. Sugarman, acting	1969–1970	Richard M. Nixon (R)
Edward F. Zigler	1970–1972	Richard M. Nixon (R)
Saul R. Rosoff, acting	1972–1975	Richard M. Nixon (R) Gerald R. Ford (R)
John H. Meier	1975–1977	Gerald R. Ford (R)
Blandina Cardenas Ramirez	1977–1979	Jimmy Carter (D)
Herschel Saucier, acting	1979–1980	Jimmy Carter (D)
Jack Calhoun	1980–1981	Jimmy Carter (D)
John Busa, acting	1981	Ronald Reagan (R)
Warren Master, acting	1981	Ronald Reagan (R)
Clarence Hodges	1981–1983	Ronald Reagan (R)
Lucy Biggs, acting	1983–1984	Ronald Reagan (R)
Dodie Livingston	1984–	Ronald Reagan (R)

Note. Data obtained from the Children's Bureau.

Rationale and Conclusion

What we are calling for, then, is a total renovation of the Children's Bureau, not a mere restoration of its former functions and programs. In practice, this will mean that some functions of the old Bureau must be discarded, others recaptured and updated, and still others created for the first time.

Government has become vastly more complicated since the days when the Children's Bureau chiefs sat in on Cabinet meetings, and it is neither necessary nor desirable to try to restore the Bureau's old role as primary operator of all programs for children. This role, as we have suggested above, properly belongs to ACYF and other agencies. But, in the midst of the increasing complexity and specialization of government, the need for a single strong voice for children is clearer than ever.

Among those qualities of the Children's Bureau that we propose renovating is the coordination of attacks on child and family problems. The original Children's Bureau focused on the "whole child" and on the interrelated problems of child health and dependency. The connections between the poor health and educational status of the child and the poverty of the family remain particularly striking even today. The old Children's Bureau found that infant mortality was frequently caused by such factors as poor sanitation and insufficient access to medical care, all of which were associated with poverty. Today, infant mortality, illness, poor educational outcomes, child care problems, and children's injuries are all more prevalent among low-income families. At a time when one quarter of the nation's children live below or near the poverty line, the connection between poverty and many of the problems confronting children must become a major concern of the new Children's Bureau.

What would be "new" about this quality of the Children's Bureau under our proposal? The new Children's Bureau should focus on the child, not as a distinct entity, but as part of a family system. The most successful efforts of the old Children's Bureau, such as its maternal and child health measures, considered children at least partially in the context of their families. However, other efforts, such as the Children's Bureau's concern with child labor long after this issue ceased to be a major family concern, tended to view the child in a vacuum and hence contributed to the Bureau's decline.

The new Children's Bureau, by contrast, should examine such issues as maternal employment and extrafamilial child care within the context of the whole family system, the workplace and the society. Focusing on the needs of employers and working parents alone, for example, might lead us to consider only the availability and cost of child care, disregarding the well-known negative effects of poor quality care on children. However, were we to focus exclusively on the child, we would disregard the importance of parents' needs for affordability, reliability, and participation in decisions affecting the care their children receive. We already know a great deal about the need for child care, the minimum standards we should expect in various child care settings, the methods best suited to training child care staff, and ways to ensure that parents have a voice in child care programs. The Children's Bureau should examine this knowledge and suggest a comprehensive plan for improving the child care situation in this country so that it meets the real needs of families as well as children. In the light of recent scandals in child care centers, it is particularly urgent that we develop ways to educate parents in choosing safe and appropriate child care and in monitoring caregivers.

Data collection, research, and demonstration should remain important components of the work of the Children's Bureau. To those who would argue that scarce public dollars should not be allocated to research when there are insufficient funds for programs, we must point out that the association between a strong data base and effective programs for children is a significant part of the history of the Children's Bureau. During its first decades, teams of women were sent to interview thousands of mothers whose infants had died during or shortly after childbirth (Bradbury, 1956). The information thus collected helped spur passage of the Sheppard-Towner Act of 1921, authorizing the first federal-state grant-in-aid program and the establishment of almost 1,600 child health clinics (Pizzo, 1983). More recently, research has been used to show the effectiveness of existing programs, such as Head Start, and the ineffectiveness of certain program components, such as the summer-only Head Start programs. Effective research, demonstration, and dissemination can help direct tax dollars toward those efforts that will be most beneficial to children and families.

The assaults on children's health and welfare may be more subtle than they were in the early 1900s, but they are no less insidious. Just as the creation of a strong office for children helped spur local, state, and federal policies to conquer infectious disease, so the revival of such an office is needed to help guide policies to combat the enemies of children today—childhood accidents, abuse and neglect, school failure, teenage pregnancy, adolescent suicide, and unavailable and inadequate child care. Such an office is especially needed to serve as an advocate for children from low-income families who have always been at greater risk of illness and premature death and who continue to suffer disproportionately from accidents and other forms of "the new morbidity." In calling for a renovated, updated, and stronger Children's Bureau, we are not reinventing the wheel. We are attempting to use the experience of the past to consolidate our efforts on behalf of children and families in a central place—a room of their own.

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Children's Defense Fund

Testimony of the Children's Defense Fund

before the

Congressional Caucus on Women's Issues

THE FEDERAL ROLE IN CHILD CARE: Many Gaps to be Filld

Presented by:

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July 10, 1997

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I am Helen Blank, Director of Child Care and Development at the Children's Defense Fund (CDF). CDF welcomes the opportunity to testify today on child care. CDF is a privately funded public charity dedicated to providing a strong and effective voice for children, especially poor and minority children.

In the United States, child care and early education are a partnership between the public sector (federal, state and local governments), the private sector, and parents.

The federal government is a relative newcomer to this issue. Other than some involvement in providing child care to women working during the Second World War, the federal government a very limited role in child care and early education until the 1960s when the Head Start program was created. The federal role in providing child care to help low-income parents work did not expand significantly until the late 1980s.

Launched in 1965, Head Start's goal was not to help low-income families work but to help children get a strong start before they entered school. In order to meet this goal, Head Start provides an array of comprehensive services including education, health and nutrition, social services and parent involvement. Although Head Start is perceived primarily as a part-day program, 29 percent of the programs offer full-day services, most with federal and state child care dollars. In 1994, Early Head Start was authorized to supplement Head Start's Parent and Child centers and bring the program's comprehensive services to families with children ages 0-3.

Unlike Head Start, funding for child care support has always been based primarily on the goal of helping parents work. As a result, although many children who might be eligible for Head Start are enrolled in child care settings, most child care programs do not have the resources to offer families comprehensive services. During the 1970s and 1980s, the federal government offered parents limited child care assistance to help cover the cost of child care for parents.

The Title XX Social Services Block Grant was used by many states for child care. States have allowed working families on welfare to disregard a portion of their child care expenses before calculating their cash assistance level. Since the 1970s, the federal government has made assistance available to child care programs to enable them to offer nutritious meals and snacks to children through the Child and Adult Care Food Program (CACFP).

The CACFP was designed to be a logical companion to the National School Lunch Program. It is common sense that children who are well fed in their early childhood settings will be much more likely to enter school ready to learn. For many of these children, the child care program they attend is their primary source of food; they spend 10-12 hours each day in care, receiving most of their meals while there. According to Congress' Select Panel for the Promotion of Child Health, preschool children often receive 75-80 percent of their nutritional intake from their child care providers.

The CACFP has been particularly important to children in family child care settings, as it not only ensures their good nutrition, but is also linked to improvements in the quality of care that children receive. Family child care providers, many of whom are low-income women, often work extremely long hours and are very isolated from other adults. Many have little training on how to work with a group of children. CACFP has made real differences in the lives of providers and the children in their programs by providing a strong incentive to family child care providers to become licensed or registered. This not only gives them access to a range of training and support activities, but also helps make sure they leave the underground economy and begin to pay taxes. Through umbrella sponsors, family child care providers also receive two to three site visits a year. These visits are particularly important, since states with limited resources are providing less and less monitoring and support to family child care providers who care for as many as twelve children.

The supply and quality of family child care will be seriously eroded by changes made in the CACFP in 1996. Because family child care providers serving middle-income children will have their food subsidies drastically cut, it is expected that a large number across the country will choose to drop out of CACFP, operate underground or illegally, or go out of business entirely.

In addition, since 1976 all families have been entitled to a tax credit for a portion of their child care expenses. Since the credit is not refundable, it is not available to low-income families who have no tax liability.

Child care support expands in the 1980s.

In the late 1980s, Congress drew its attention to child care. When the Family Support Act was enacted, child care was a centerpiece of the welfare reform agenda. It included the first guarantee of child care assistance for families on welfare, as well as for one year of help for families leaving welfare.

In response to widespread public recognition that additional child care assistance was essential to help low-income working families trying desperately to remain off welfare, two child care programs -- the Child Care and Development Block Grant (CCDBG) and the At-Risk Child Care Program -- were enacted in 1990. In addition to providing help to low-income working families, the CCDBG recognized, for the first time, the importance of a public role in improving the quality and support of child care by including funds specifically dedicated to this purpose.

Ironically, although its emphasis was on helping families' work, the new welfare law enacted eliminated the guarantee of child care help for families on welfare and for those transitioning off. It merged four major child care programs into the existing CCDBG. States can use these funds to help families on welfare, as well as low-income working

families pay for child care. At least four percent of these funds are set-aside to address the critical problems of child care quality and adequate supply.

State investments and policies vary widely.

Prior to the late 1980s, states varied enormously in the extent to which they invested state or federal funds in child care services or even had significant programs in this area. While some states invested state funds in child care, and/or chose to use federal Social Services Block Grant funds for child care subsidies, many states spent relatively small amounts. As of 1990, for example, there were four states that essentially had no child care subsidy program for low-income working families, and there were huge discrepancies between states in their investments in child care and early education.

As of 1994, every state invested at least enough state funds to draw down some of the federal child care money made available in the 1980s and early 1990s. The extent to which states invest their own funds over and above any federal matching requirements varies widely.

A number of states also have chosen to invest in early childhood education initiatives, either by supplementing the federal Head Start program with state funds to expand Head Start, or by setting up a new state initiative. In 1991-92, a CDF study found that 32 states invested a total of $665 million in prekindergarten programs and served 290,000 children. Some states have significantly increased their investments in prekindergarten since then. However, most of these programs operate on a part-day, part-year basis and do not recognize the needs of parents who work outside of the home.

States also play a primary role in determining policies for all federal and state child care subsidy programs, though the federal government does provide some guidelines. For example, states have the responsibility to determine:

- Eligibility criteria--establishing income guidelines, and defining the activities in which parents must be engaged to qualify for assistance (such as being on cash assistance, working, going to school, getting job training, or job hunting). These criteria vary widely, from the poverty level in some states, to over 200 percent of the poverty level in others. Yet, whatever a state's eligibility cut-off, child care assistance is still primarily focused on the lowest-income families. In 1995, approximately 70 percent of CCDBG funds were targeted to families with incomes at or below the poverty level.

- Sliding fee scales--determining how much parents must contribute towards the full child care fee charged by child care providers. States usually have the parent co-payment level vary by the parent's income level. The level of parent co-payments affects the extent to which states are helping make child care affordable, and the extent to which parents are helped to have a choice of good child care programs for their children. High co-payments can limit families child care choices.

- Reimbursement rates--determining the maximum fee that the *state* will agree to pay or reimburse child care providers. Accordingly, rates have a major impact on the type and quality of care families can access, and whether programs in their communities will be willing to serve children receiving child care assistance. Child care payments are significantly below the market rate in many communities. Low rates can seriously limit parental choice, as providers are unwilling or unable to serve low-income children.

    * A 1986 study by the Washington State Department of Social and Health Services found that many providers refused to accept subsidized children, and 60 percent of those that did said they limited the number of subsidized children they accepted, typically because the subsidized rates were too low (Wicks and Caro).

* A study by the Illinois Department of Public Aid found that many AFDC recipients reported they were unable to find a caregiver willing to accept state reimbursement for subsidized care (Siegel and Loman, 1991).

* In a fifty-state survey in 1991, 26 states reported some providers were unwilling to serve parents subsidized by JOBS or receiving transitional child care assistance because of low rates (Ebb and Lookner, 1991).

- Basic health and safety protections for publicly funded care--As many states exempt large numbers of providers from being licensed or regulated, states must determine the basic health and safety provisions for providers who are exempt from state licensing requirements but receive *public funds*. States are not required to set such protections for children cared for by certain relatives.

States determine whether and how to allocate funds to improve the quality of care (for example by funding training, Resource & Referral agencies, and grants and loans) or to improve supply of care (for example, by funding start-up costs for programs in underserved areas or for underserved populations). Prior to 1988, some states invested their own funds in these efforts. The CCDBG, however, allowed these states to use federal funds to increase their efforts significantly, and allowed other states to begin to make such investments.

All states license at least some child care providers to ensure the basic health and safety of children in child care settings. However, there is wide variation in which providers they allow to be exempt from being licensed and monitored, the requirements they set for regulated programs, and the extent to which they enforce their requirements. For example:

- Many states exempt smaller family child care providers from any regulation, and some states exempt family child care providers serving as many as six, eight, or twelve children. Some states exempt child care programs run by religious organizations or schools, programs operating on a part-day basis, or drop-in programs such as those run in shopping malls or exercise clubs.

- States may vary in the number of providers that may care for children. For example, in Idaho, one adult may care for up to 12 infants, while in Massachusetts, one adult can be responsible for no more than three infants.

- States vary in the extent to which licensed programs have to even meet basic health and safety requirements--such as ensuring that children in child care have their basic immunizations, that child care providers have first aid and CPR training, that providers wash their hands before and after diapering and preparing food, and that there be small numbers of children per provider and in a single group.

States also differ in the extent to which they visit programs to ensure that they comply with these requirements, with some states visiting programs quite infrequently, or--in the case of family child care providers--not at all.

This past year, the welfare Act fueled new investments in child care in a number of states. Yet, the pattern across states still remains remarkably uneven. For example, Illinois just approved an increase of $100 million in state dollars which will allow the state to provide child care assistance to all families earning below 50 percent of the state's median income which is approximately $22,000 for a family of three this will allow the state to serve all families on the waiting list for child care assistance. However, Texas added no new state dollars beyond what they needed to draw down their federal

child care dollars, despite a waiting list of close to 36,000 children in low-income working families who need child care assistance.

Whether families have access to help paying for child care, what quality of child care is available, and whether the supply is adequate is dependent on what state, county, or neighborhood a family lives in. However, regardless of where a family lives, the current child care system in most communities still leaves enormous gaps for children and families because we, as a nation, have not come to terms with the investment necessary to address the affordability, quality, and supply of child care to ensure children receive the supportive care they need to grow and thrive.

There are a plethora of issues that communities now face. Changes in the welfare system underscore many gaps that must be addressed if parents are to be able to find and keep jobs and children are to enter schools ready to succeed.

Shortages of infant care and school-age child care are common in most communities but these shortages are most prevalent in low-income neighborhoods.

- Many studies have reported shortages of center-based infant and toddler care:

    * A 1990 study surveyed centers and found that "vacancies for infants and toddlers are especially limited; fewer than 10 percent of all vacancies could be filled by infants and toddlers.

    * In a 1995 GAO study, Michigan officials reported their state had a shortage of infant and special needs child care in the inner cities and all types of child care in rural areas.

* A recent study of child care in California found similar patterns--only four percent of slots in licensed child care centers were for infants younger than age two.

* A study of child care needs in six cities found serious shortages of infant care. In four sites (Bath, Boulder, Chicago, and San Francisco), CCR&R staff reported that demand for child care for infants exceeded the supply of care. Some CCR&Rs recommended parents put their name on waiting lists for infant care as soon as they knew they were pregnant. In both Boulder and San Francisco, staff reported because they were been unable to help young mothers find care for their infant, women had lost their jobs and returned to welfare.

- Schools in low-income areas are much less likely to offer the extended day and enriched programs that can help keep children safe after school, and help them stay out of trouble. In 1993, only one-third of the schools in low-income neighborhoods offered such programs, compared with 52 percent of the schools in more affluent areas.

- A national study found more affluent counties had two to three times the supply of preschool programs per capita, meaning that low-income families have far less access to the preschool programs that enable parents to work and children to get the early learning experiences that allow them to enter school ready to succeed.

- Recent studies have found that there are significant geographical areas where no licensed programs exist for families to choose:

  * One recent study found that nine of 55 counties in West Virginia had no licensed child care centers, and another 14 only had one center.

* A study of families receiving welfare in Illinois found that licensed care was simply not available in some relatively large areas in the state. Furthermore, the study found that in some areas where care *was* available, the demand greatly exceeded the available supply. This was most common in the poorest areas of the state.

Communities now face tackling the difficult task of encouraging odd-hour child care to help the large portion of low-income women who will work on weekends or on night shifts.

- Nearly one in five full-time workers--14.3 million--worked nonstandard hours in 1991. More than one in three--five million of them-- were women.

- One-third of working-poor mothers with incomes below poverty and more than one-fourth of working-class mothers (incomes above the poverty line but below $25,000) worked weekends.

A study of 207 Illinois families receiving transitional child care subsidies after leaving welfare due to employment, found that nearly 75% were working irregular hours.

The instability of parents' work schedules also presents a challenge for families trying to find child care.

One study found that almost half of low-income working parents worked on a rotating or changing schedule, compared with one-quarter of working-and middle-class mothers and one-third of working-and middle-class fathers. This presents a greater obstacle to finding child care than either a regular weekend or evening schedule.

Head Start and state prekindergarten programs now face the challenge of finding resources to extend their day to meet the needs of families who, facing work requirements and time limits, will need full-day, full-year child care.

Other witnesses will address the quality of child care which also offers great cause for concern.

Finally, although we have made considerable progress in the last decade in expanding families access to child care assistance, too many low-income families simply cannot afford safe child care that allows them the peace of mind they need to be productive at work and their children to have the early education experience they need to enter school ready to succeed.

The escalating work requirements in the welfare Act threaten to even further limit low-income working families access to child care.

Even before the welfare Act, the scarcity of child care dollars and demands of welfare reform pushed states into the difficult position of devoting more and more child care resources to help families get off of welfare, and away from those working families who are struggling to keep their jobs and stay independent.

A 1994 study by the Children's Defense Fund illustrates this graphically:

- Fifteen states (AK, AZ, AR, CA, CO, FL, HI, IL, MS, MT, NV, NH, NJ, SD, and TX) used the Child Care and Development Block Grant (intended to provide help to low-income working families) to pay for welfare-related child care because the Block grant does not require a state match. Additional states indicated they may need to use the Block Grant in the future.

- Eleven states (AK, AZ, DC, FL, MD, MN, MS, RI, SC, WA, and WI) took state child care funds that were helping working families stay off welfare, and reallocated them to families working to get off welfare.

- Twenty-five states including DC reported an increase in the proportion of child care slots or dollars going to AFDC families rather than the working poor.

It makes no sense to force states to make the Solomon-like choice between helping families get off of welfare versus helping families stay off welfare in the first place. Welfare reform will not work unless both groups of families are helped. Otherwise a revolving door is created through which families who are trying to be independent are gradually forced out of the labor force and onto welfare--where maybe they can get child care assistance to try to become independent again.

An increasing number of families are working low-wage jobs and need child care help.

- Today more than a third of all America's poor children belong to families where at least one parent works all year.

- A recent report by the National Center for Children in Poverty found young children in a traditional nuclear family (two-parent family with one parent working full-time) are 2 and 1/2 times more likely to be poor in 1994 than they were in 1975. The poverty rate for young children in such traditional nuclear families rose from 6 to 15 percent between 1975 to 1994.

- Half of the young families with children (with family head younger than age 30) earned less than $20,000 in 1994. The cost of decent child care is beyond the reach of these families unless they get help.

Child care can *easily* cost over $4,000 a year, and can be much higher for younger children and in some regions of the country. This is a significant part of a working family's budget and can keep families from being able to afford to work.

- In 1990, mothers who were employed full time and paid for child care for a child younger than five paid on average about $3,650 for their youngest child in center-based care, $2,950 for family child care, and $5,025 for in-home care. This was only the amount they paid for their *youngest* child--families with more than one child in child care paid more.

Obviously, low-income parents would have difficulty affording even average-priced care for one child--at the rates reported above, a single mother working full time and earning the minimum wage would have to pay 41 percent of her income to put her child in a center. Given the other costs of raising a family such as rent, food, transportation, and clothes, it is clearly impossible for low-income parents to afford good care without help.

Several studies around the country have found that child care difficulties have forced families onto welfare:

- A 1994 survey of welfare recipients in Maine found that 31 percent of those who had left a previous job did so because of child care difficulties.

- A 1991 study of welfare recipients in Illinois found that 20 percent of the women who returned to welfare within the year of the report had returned due to child care problems. Also, 42 percent who had quit school, had quit due to child care problems.

- At least one in five families that remain on the waiting list for child care help in Montgomery County, Maryland for a prolonged period, end up on welfare, according to a study by the Montgomery County Commission on Child Care.

- In Milwaukee County, Wisconsin, approximately one-fourth of all families that exhausted their Transitional Child Care (TCC) benefits returned to welfare between October 1992 and November 1993. During that same period, the county was not able to provide continued child care assistance to these families. The county believes that the unavailability of child care assistance was the major reason for the families' return to welfare.

Given the time limits now tied to welfare, families will no longer be able to continue to move back and forth between work and welfare. As a result, it is even more important for the federal government and states to address the child care needs of families who work in low-wage jobs.

Low-income working families that need child care assistance and can't get it find it more difficult to work, have to place their children in less safe situations, and get into financial difficulties.

- A study of low-income working families on the waiting list for child care in Minnesota found a broad range of problems. One-fourth of all the families interviewed had to go on welfare to survive. Some found it difficult to maintain employment because of unstable child care arrangements. One-third of the parents felt their children's child care settings threatened their safety and development, and many families were experiencing severe stress.

Parents shared their experiences:

- *I lost that job after eight months because of upsets in my schedule...due to baby-sitting problems--although I was very conscientious about lining up child care arrangements, disruptions caused everything that I had carefully planned to come tumbling down.*

- *I pay $460 a month for child care. I am a single parent and a manager of a restaurant. As a result of day care expenses I try to cut back on hours at work...to reduce the day care amount. My unit then suffers...to the point I worry I may lose my job. I have lost out on bonus money I depend on and have fallen behind on several bills....I am currently looking into bankruptcy.*

- *The baby-sitter leaves Alicia with her son who is 17 years old and very immature. It bothers me to come and get her and she's crying hysterically and he just ignores her and she's hungry.*

- *My child is six months old and has been in three horrible daycares in two-and-one-half months.*

- *I go to bed...every night nervous or crying with frustration wondering if the money left will make it to my next paycheck. I'm finding myself short with the kids more and then stop myself and say, "Think. It's not fair, they are only kids...." So I give them hugs and say I'm sorry.*

Parents in other communities face similar untenable choices:

- When a Rhode Island officials interviewed families on the waiting list for child care assistance, they found that many mothers were starting to question whether their hard work in low-wage jobs paid off for them or their children. One mother wrote, *"I had to quit work because I earned less than $200 a week and I had to pay $150 for [child*

care for] my three sons and I did not know why I went to work. Now, I am applying for AFDC. I would like to working and be useful, rather than sitting here and getting a check that doesn't cover too much of anything."

Obviously, we have a long way as a nation to address the child care needs of our families and children. There is good reason to move forward.

Good child care makes a major difference to children in the first three years of life. Child care also plays a strong role in helping children to enter school ready to succeed and ensuring that children stay in school and continue to learn.

Hearings, like this one today, provide an important forum for discussing how the multiple facets of child care and development and how to move ahead to help children and families.

DETERMINED TO BE AN
ADMINISTRATIVE MARKING
INITIALS: CD DATE: 10/25/12

Children's Defense Fund

TOTALLY ~~CONFIDENTIAL~~

Memorandum

To: Hillary
Fr: Marian
Dt: October 22, 1997

Thanks for coming to CDF's 25th Anniversary in New York. You were wonderful. I wanted to give you some very preliminary findings from our focus groups. A final summary will be available in the next couple of weeks. However, it is clear that we have an enormous opportunity to educate the public as we did with health care on the importance of child care, especially for babies and school-age children. When people understand the facts about child care, they support a variety of strategies for helping working families.

- Participants like the concept behind vouchers, although they resist the idea of handing out "cash." They strongly favor people paying on a sliding scale. They feel it is a good idea to provide help to those families making under $35,000, but some feel help should be provided up to $50,000.

- The expense of care also needs to be highlighted. People who use child care know the cost, people who don't use child care or don't have grandchildren who participate in child care are unfamiliar with the price families pay. People were persuaded by the message "even with the new increase in minimum wage, a parent working full time would earn only $10,700 and could easily spend between $4,000 and $7,000 for care. Even middle class families are affected by this expense-- half of all families earn less than $40,000 and spend $4,000 to $7,000 on care."

- Respondents are well aware that caring for babies and toddlers presents unique problems which are different from caring for school age children. They feel this age group requires more supervision, "have to be on your toes for medical reasons," and you "need to start stimulating at an early age." Respondents think it is more difficult to find quality care for this group.

- There needs to be continuing massive public education about the importance of the first three years of life.

- Most people believe that it is in the best interest for children to have one parent at home. This could lead to support for paid parental leave and flex-time.

- The best messages focus on the projected surplus and putting that surplus money into child care services. While they did not like increased taxes, respondents did support taxes on products such as tobacco and alcohol. They respond to a message which says that many women are essential in helping support their families financially. This message addresses the perception that many women work out of choice, not necessity. They also like a pay now, pay later message-- investing in child care today will save money down the road by preventing juvenile crime, gangs, and improving worker productivity. They like this message because it addresses their concerns about juvenile crime.

- When presented with the facts, most believe that government should expand it's role in safety inspections, that government should provide more help to low-income families, and that employers should dramatically increase their role in helping families with child care.

Preliminary Summary of Child Care Focus Groups

- Participants worry about drugs, safety, sex, and peer pressure for their school age children. These voters volunteer the need for after school activities which are available and affordable for all children. They worry about kids who roam the streets and the malls. They want a place for these children to go.

- They want to see structured activities provided for children and teens either through the schools or at a center (to which transportation is provided). Most participants react to the fact that juvenile crime rates peak between the hours of 3:00 and 7:00 pm, and it triples between the hours of 2 and 3. They also see a greater need for structured activities when they hear that most pregnancies occur between the hours of 3 and 5.The major concern with child care today is quality and cost. Quality is a real concern, with voters continuously bringing it up. Most feel the quality of care most children receive is fair to poor.

- People think placing children in a day care situation can be good for them. They mention the socialization skills they gain, the ability to play with other children, and learning in a structured environment.

- There was increased awareness of the need for quality, well-trained and better paid providers. People strongly believe and volunteered that providers need to be educated and receive on-going training. They want to see them paid as professionals.

- The fact that 13 million children spend all or some of their day being cared for by someone other than their parent points out the need to ensure these children receive quality care. Concern is elevated when combined with the poor quality of care most children receive– "a recently released national study found that child care at most centers in the United States is poor to mediocre, with almost half of the infants and toddlers in rooms having less than minimal quality. It found that fully 40 percent of the rooms serving infants in centers provided care that was of such poor quality as to jeopardize children's health, safety, or development." This fact bothers participants and they worry about children being placed in poor to mediocre care.

- When given the option of staying home full-time or working part-time, many mothers, even homemakers, say they would work at least part-time. They say they would want to work because of their sanity and because they think it is good for children to "get used to other kids" and to not "stay with them 24 hours a day." These mothers also think they need to continue to have a skill, so when their children are older they would be able to find a job.

- They believe that recent changes in welfare will put more demand on current child care resources.

Federal and State Government: Partners in Child Care

Federal and state governments help families work and children get a strong start in life by helping families pay for child care, working to keep children safe in child care and improving its quality, and improving the nutrition of children in child care settings.

Providing Child Care Assistance for Low-Income Working Families

✓ The federal government gives states funds to provide child care assistance to low-income working families and families receiving TANF through two programs:

- The **Child Care and Development Block Grant** (CCDBG), funded at $2.87 billion in FY1997.[1]
- The **Title XX/Social Services Block Grant** (SSBG), which can be used to support child care (among a broad range of social services), though many states do not use it for this purpose. Funds for Title XX have been virtually level for 15 years at $2.8 billion, and were reduced to $2.5 billion by FY97. More cuts are possible for FY98. It is estimated that only about $500 million of these funds are currently used for child care.

✓ Child care assistance is usually provided on a "sliding-fee" basis, meaning that families pay some of the costs of care, with the amount they pay rising as their income rises. Families can get this assistance whether they choose to use a child care center, family child care home, neighbor, or relative.

✓ States are given these funds to administer with relatively few strings attached. The CCDBG requires states to:

- Provide state matching funds in order to receive any of the additional funds available under the 1996 Welfare Act. The level of matching funds required varies by state.
- Limit assistance to families with incomes below 85 percent of state median income (though most states set their income limits below this level).
- Establish minimal health and safety protections for those programs that receive these funds that are not required to meet state licensing requirements.
- Spend at least four percent of the funds on activities to improve quality and supply.
- Establish reimbursement rates for child care that allow children receiving assistance to have access to child care comparable to children who are not eligible for such help.

- Title XX only requires states to spend funds on a defined list of social services (with child care being one of the allowable services). Funds spent for child care must be used in programs that meet applicable state and local standards.

Helping Families Pay for Care Through Child Care Tax Credits

✓ The federal **Dependent Care Tax Credit** (DCTC) helps families by allowing them to claim an income tax credit for a portion of their child care expenses. The credit is on a sliding scale and lower-income families receive slightly larger credits. Poor families receive no help from the DCTC since it is not refundable. The maximum credit a family can receive for one child is $480 (or $960 for two or more children) as they can only claim the credit against dependent care expenses up to $2,400 for one child, or $4,800 for two or more children. The amount of the credit has not been raised since 1981. In FY96, about $2.8 billion was claimed. (Approximately half of the states have state tax credits that help families with the costs of child care).

Helping Keep Children Safe

✓ State governments are primarily responsible for ensuring the basic health and safety of children because they are responsible for licensing child care providers. They set basic guidelines, determine which programs have to meet these standards, and enforce these requirements. There is wide variation across states in these efforts, with the result that children's safety in child care varies significantly. States vary in the extent to which they exempt programs from any regulation, require licensed programs to meet even basic health and safety standards, and enforce these requirements. Enforcement is often inadequate, with some states visiting child care centers quite infrequently, or

✓ -- in the case of many family child care providers -- not at all.

✓ At this point, the federal government plays a minimal role in ensuring the basic health and safety of children. The one exception is that it requires that federal funds from the CCDBG only be used in settings that meet at least minimal health and safety protections -- state licensing standards for those programs that are licensed, or other minimal state guidelines for those programs that receive federal funds but are not required to be licensed (except certain relatives). Also, states can spend some of the CCDBG quality funds to hire licensing inspectors if the state chooses.

Improving Quality and Supply

✓ The federal government requires states to set-aside at least four percent of the CCDBG to improve the quality and supply of child care. States determine how to allocate these funds, and whether to add additional state funds for this purpose. These funds support efforts such as: training for child care providers, Resource & Referral agencies which help families find care and provide training and recruit providers, grants and loans to providers, start-up costs for programs, staff to inspect and monitor child care programs, and others.

Ensuring Good Nutrition for Children in Child Care and Early Education

✓ The federal government plays an important role in improving the nutrition of children through the **Child and Adult Care Food Program** (CACFP), which was funded at $1.5 billion in FY96. This program guarantees nutritious meals and snacks for children up to age 12 enrolled in child care centers, family child care homes, before- and after-school programs, and Head Start programs. In FY 1996, more than 2.5 million children were fed through CACFP. The CACFP is particularly important for family child care homes, as it provides a major incentive for providers to become licensed or regulated, and offers training and visits to providers.

Other Important Partners: Local Government, the Private Sector, and Community Groups

✓ **Local government:** Local governments set basic policies that affect the supply of child care, such as zoning requirements and fire and building codes. Some local governments invest in helping low-income families pay for care, leverage funds from foundations or community groups to help families obtain care, support public-private partnerships and the involvement of the private sector, or fund quality enhancement activities.

✓ **Private sector:** Some employers have invested in helping their employees with child care, as they recognize the link between child care and a stable workforce. However, as of the early 1990's, only 6,000 employers nationwide were estimated to offer child care benefits to their employees out of a total of 6 million employers.[2]

✓ **Community groups and agencies:** A wide range of community organizations -- such as religious institutions, schools, non-profits, and volunteer organizations -- also play an important role in providing child care in their communities.

Sources:

[1] Prior to the 1996 Welfare Act, the federal government supported four child care assistance programs -- the Child Care and Development Block Grant, the At-Risk Grants to States, the JOBS child care program, and Transitional Child Care program. In 1996, these were combined into the new Child Care and Development Block Grant.

[2] Families and Work Institute, 1994.

[redacted]

It's the Quality of Care That Matters

Saturday, November 1, 1997; Page A19
The Washington Post

Stanley Greenspan's Oct. 19 Outlook article, "The Reasons Why We Need to Rely Less on Day Care," refers to the Study of Early Child Care supported by the National Institute of Child Health and Human Development (NICHD). Unfortunately, he provides a misleading picture.

The NICHD study was designed to assess the effects of child care experiences on the development of children born in the early 1990s. Child care experiences under investigation included the age of entry into child care, weekly hours of care, stability of care and quality of care. Some 1,200 urban and rural families from across the United States and from a wide range of socioeconomic backgrounds were enrolled in the study following the birth of their babies. Information has been collected about family and child care characteristics, and about patterns of child development pertaining to social, emotional, cognitive, language and health outcomes.

Contrary to the statement by Greenspan, the NICHD study did not find that 80 percent of center care is inadequate. The NICHD study made no attempt to assess what proportion of child care might be "inadequate." Greenspan's assertion that out-of-home care is inferior to parental care is not supported by the study's findings. It concluded that for cognitive outcomes, infants in out-of-home care functioned as well as, and in some cases better than, those in maternal care at home.

Describing the NICHD study results with regard to infant-mother attachment, Greenspan writes that "babies in relatively full-time day care have compromised attachments, unless their parents were especially sensitive to their needs and adept at reading their emotional signals in the evening." The study showed that characteristics of the child care experience -- including age of entry into care, amount of care, stability of care or quality of care -- did not, in and of themselves, affect the infants' security of attachment to their mothers. The strongest predictors of

infant attachment security were their mothers' sensitivity/responsiveness toward their children and the mothers' psychological health. The only group of infants at a significantly increased risk for insecure attachment was the group of infants whose mothers were in the lowest 25 percent of the sensitivity/responsiveness continuum and who attended poor-quality child care, had more than minimal amounts of child care or received relatively unstable care.

Greenspan implies that even good child care centers are failing to provide children with adequate linguistic stimulation. Based on assessments of children at 15, 24 and 36 months of age, the NICHD study reported in April that the cognitive and language development of children who are in child care is not compromised, relative to children in exclusive maternal care. The study also reported that the higher the quality of care, the better the cognitive and linguistic outcomes of children who are in child care. When the quality of care provided in the different child care settings was equivalent, center care predicted better outcomes than other forms of care. Here again, as with infant-mother attachment, the strongest predictors of children's cognitive and linguistic outcomes were features of the home and family environment.

-- Lewis P. Lipsitt

The writer is chairman of the steering committee of the National Institute of Child Health and Human Development national child care project.

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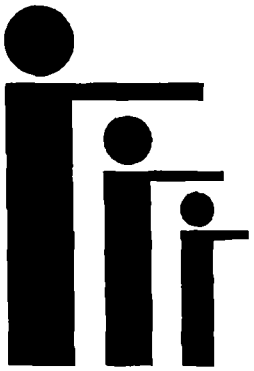

National Institute
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Voice: 301-496-3454 Fax: 301-402-1104

DATE: **November 12, 1997**

TO: **Nicole Rabner**

FAX NUMBER: **202-456-9412**

MESSAGE:

Nicole,

The Post finally printed this article November 1. Better late than never.

Duane Alexander, M.D.

A total of 3 pages, including this cover sheet were transmitted.
If you did not receive all pages, please call Connie Hamilton @ 301-496-3454.

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Taking Exception to Greenspan's Childcare article in Outlook, October 19, 1997

Dr. Stanley Greenspan's article in the Outlook section of the Washington Post (October 19) refers to the Study of Early Child Care supported by the National Institute of Child Health and Human Development (NICHD). Unfortunately, in buttressing his arguments, data from the study are cited or interpreted incorrectly or incompletely, providing a misleading picture. In the national discussions and debates taking place over child care, it is important that the information provided by this major study be correctly reported and clearly understood.

The NICHD study was designed to assess the effects of child care experiences on the development of children born in the early 1990s. Child care experiences under investigation included the age of entry into child care, weekly hours of care, stability of care, and quality of care. About 1200 urban and rural families from across the U.S. and from a wide range of socio-economic backgrounds were enrolled in the study following the birth of their babies. Information has been collected about family and child care characteristics, and about patterns of child development pertaining to social, emotional, cognitive, language, and health outcomes.

Contrary to the statement by Dr. Greenspan, the NICHD study did not find that 80% of center care is inadequate. The NICHD study developed measures of quality to assess the child care programs its children attended, but made no attempt to assess what proportion of child care might be "inadequate" in the U.S. Greenspan's assertion that out-of-home care is inferior to

parental care is not supported by the NICHD findings. The study concluded that for cognitive outcomes, infants in out-of-home care functioned as well as, and in some cases better than, those in maternal care at home.

Dr. Greenspan's description of the NICHD study results with regard to infant-mother attachment is also incorrect. He writes that "babies in relatively full time day care have compromised attachments, unless their parents were especially sensitive to their needs and adept at reading their emotional signals in the evening." In fact, the study showed that characteristics of the child care experience, including age of entry into care, amount of care, stability of care, or quality of care did not, in and of themselves, affect the infants' security of attachment to their mothers. The strongest predictors of infant attachment security were their mothers' sensitivity/responsiveness toward their children and the mothers' psychological health. The only group of infants at a significantly increased risk for insecure attachment was the group of infants whose mothers were in the lowest 25% of the sensitivity/responsiveness continuum and who attended poor quality child care, had more than minimal amounts of child care, or received relatively unstable care.

Dr. Greenspan claims that even good child care centers are failing to provide children with adequate linguistic stimulation. Based on assessments of children at 15, 24, and 36 months of age, the NICHD study reported in April that the cognitive and language development of children who are in child care is **not** compromised, relative to children in exclusive maternal care. The study also reported that the higher the quality of care, the better the cognitive and linguistic outcomes of children who are in child care. When the quality of care provided in the different child care settings was equivalent, center care predicted better outcomes than other forms of care. Here again, as with infant-mother attachment, the strongest predictors of

children's cognitive and linguistic outcomes, were features of the home and family environment.

We believe that the public debate about non-parental child care, as compared to exclusive maternal care, and about the effects of variations in child care experiences on the well-being of children, is timely and important. We wish the debate to be well informed by the results of the NICHD Study of Early Child Care. The study is noteworthy not only because of its depth and breadth, but also because it was designed and is carried out by some thirty investigators specializing in the study of the child care experience and its effect on the development of children. Given that the debate focuses on a major public health concern -- the well-being of the children of this country -- we are especially gratified that the White House Conference on Child Care will raise the public consciousness about the knowledge that has been accumulated regarding the features of child care quality and how this information can best serve children, parents, and society as a whole.

INSTITUTE FOR WOMEN'S POLICY RESEARCH
1400 20th Street, NW, Suite 104
Washington, DC 20036

Nicole answered in previous letter.

October 20, 1997

To Nicole

Melanne Verveer
Chief of Staff
Office of the First Lady
Room 100, Old Executive Office Building
Washington, D.C. 20500

Dear Melanne:

It was great to see you and the First Lady at the recent reception for Audrey Tayse Haynes. When I saw you, I forgot to mention that I had heard the First Lady's speech in College Park on child care, and thought she was absolutely on target, as always. I was especially glad that she is getting more involved in the issue of child care for low income women, because I think she could really make a difference. I know that she is already very knowledgeable on the subject, but I am sending a few summaries that the Institute for Women's Policy Research has recently published, because I thought they might be of interest.

We are currently working on several research projects that are relevant to her interests, including child care choices among low income women and single mothers, with particular attention to mothers whose children have disabilities and mothers who work unusual hours (such as evenings and weekends). We are also very interested in issues of pay equity that are relevant to the low pay of child care workers and the difficulty of low income women being able to afford quality child care. Please let us know if we can provide any information or be helpful in any way.

I hope the trip went well and that all is well with you both. From where I sit, it looks like the American public is once again coming to appreciate how lucky they are to have her as the First Lady.

Sincerely,

Diana

Diana Zuckerman, Ph.D.
Director of Research and Policy Analysis

Enclosures

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IWPR Welfare Reform Network News

A Newsletter of the Institute for Women's Policy Research

CHILD CARE AND WELFARE REFORM

More than 12 million U.S. children under age five, including the majority of all infants, spend at least some time on a regular basis in the care of someone other than their parents.[1] In 1994, 60 percent of U.S. women with children under age six were in the paid labor force. Nearly 40 percent of families with incomes less than $1,200 per month pay out-of-pocket for child care.[2] Problems are found throughout the U.S. childcare system, such as:

- scarcity of certain services (e.g., care during evenings and on weekends and care for children with disabilities or behavioral problems),
- lack of affordable care,
- mediocre quality care, and
- a poorly paid childcare workforce with a high rate of employee turnover.[3]

Research shows that a lack of affordable, accessible, and stable child care serves to significantly decrease the likelihood that single mothers will find and keep employment. If parents are to succeed in moving from welfare to work, adequate child care must be available.

CHILD CARE RESEARCH

The Impact of Child Care on Single Mothers' Employment

Ongoing research by the **Institute for Women's Policy Research (IWPR)**,[4] using the Survey of Income and Program Participation (SIPP), shows that the presence of young children is the factor most likely to reduce the probability of a low-income single mother's employment. Underlying this finding is a lack of affordable, quality child care. Low-income mothers commonly use paid childcare arrangements and spend a significant portion of their income on child care.

This report will focus on IWPR's study of childcare usage among working mothers in low-income families (within 200 percent of the poverty line) with young children (under age six). The mothers were divided into three groups: (1) low-income, non-welfare, single mothers; (2) low-income, non-welfare, married mothers; and (3) welfare recipients. There are two kinds of settings outside the home in which parents may place their children: **formal care** arrangements in childcare centers or state-licensed family childcare homes and **informal care** arrangements provided by relatives or acquaintances in unlicensed home settings. IWPR's study found that mothers on welfare are the group most likely to rely on relatives to care for

their children (only 20 percent used formal care). However, relatives do not necessarily provide free child care. IWPR found that 34 percent of care provided by grandparents, 71 percent of care provided by other relatives, and 83 percent of care provided by non-relatives to children of mothers on welfare is paid care. Sixty-eight percent of mothers on welfare who were using center care paid for their children's care.

Comparing the three groups of mothers, IWPR found that the groups did not differ greatly in terms of access to free care or, among those who paid for care, the average monthly childcare fee. Mothers on welfare spent a significantly greater proportion of their family income (19 percent) on child care than the other two groups (nine percent for non-welfare married mothers and 13 percent for non-welfare single mothers). Using a modified poverty measure, IWPR found that 52 percent of the welfare mothers paying for child care lived in poverty. The modified poverty measure includes the cash value of food stamps and WIC in the total family income. **Providing childcare subsidies up to the amount of their current childcare cost would reduce the proportion of welfare mothers paying for care who are in poverty from 52 percent to 35 percent.** In addition, subsidies may help these women keep their jobs and improve their long-term earnings capacity.

It has been noted that the higher turnover of females versus males in the labor force results in lower wages due to reduced accumulation of work experience and the deterioration of job skills due to time spent not working. A study by **Sandra Hofferth and Nancy Collins**[5] found that a lack of accessible, stable childcare arrangements leads to increased job exits for working mothers with young children. Their study, conducted at the **Institute for Social Research and Population Studies Center at the University of Michigan**, evaluated how the number and ages of children affect women's employment and how the availability, cost, quality, stability, and flexibility of child care influence whether or not a mother leaves the labor force. Hofferth and Collins, who are affiliated members of the IWPR Information Network, used the National Child Care Survey from 1990 to obtain nationally representative, monthly data on employment, fertility, and child care, and the Profile of Child Care Settings study to obtain data on the number and characteristics of center-based and regulated home-based care.[6]

Hofferth and Collins found that among working mothers with young children, 25 percent left their job within a year; 15 percent of the working mothers left and did not return to work for at least two months. One out of five of these women changed childcare arrangements sometime during the year. The authors also found that mothers relying on parental care were 2.2 times more likely to leave a job than mothers using center-based care. A lack of accessible center-based care was also found to increase the likelihood of job exits. They also found that "moderate-wage" mothers (those earning between $6 and $8 per hour) were the ones most likely to leave their jobs as the price or instability of care increased. Hofferth and Collins concluded that efforts to employ mothers need to consider access to child care, and that the availability and stability of child care in the United States need to be improved.

The Lack of Affordable Child Care

Connecticut implemented the Jobs First welfare waiver program in December 1995. The waiver includes a work requirement, a 21-month lifetime limit on assistance, an earned income disregard, and transitional medical and childcare benefits. In November 1997, the first group of Jobs First participants will reach the 21-month time limit. **The Welfare Research Group,**[7] which consists of students and faculty of the Community Organization Sequence at the University of Connecticut School of Social Work, the Legal Assistance Resource Center of Connecticut, and others, is conducting a study of the perceptions and experiences of Jobs First participants. They found that participants in the Jobs First program often lack access to affordable childcare providers, providers with weekend and evening hours, and providers to care for children with illnesses or behavioral problems; in addition, participants found that the childcare grant under Jobs First was inadequate to pay for many licensed providers.

The Welfare Research Group gathered quantitative data concerning Jobs First participants' employment history, income level, and educational background through questionnaires, and conducted focus groups on individual participants' perceptions and experiences. The study consisted of two phases: Phase One took place in July and August of 1996 and gathered information on recipients' initial experiences; Phase Two took place from October 1996 through March 1997 and gathered information on job search and employment. Nearly 400 AFDC recipients participated in the study (249 in the focus groups and 150 through the questionnaire). The majority of focus groups were conducted with previously existing groups such as Mother's Support or Job Search Skill Training classes; groups were led by a moderator who followed a structured question guide.

The questionnaires revealed that **only 17 percent of interviewees had their children in licensed day care facilities.** In focus groups, participants stated that the childcare grant was too low to enable them to afford many licensed providers and that there were not enough slots available among affordable providers to meet the demand. They also stated that childcare providers were rarely available evenings or weekends and that it was difficult to find providers for children with illnesses or behavioral problems. Study participants suggested:

- enforcing exemptions from job search for parents of a sick child,
- increasing childcare payments,
- increasing the number of subsidized day care slots,
- establishing before- and after-school programs, and
- expanding the days and hours that child care is available.

The Lack of Quality Child Care

Low-income parents often rely on informal care, which may offer lower costs and more flexible arrangements than formal care, for their children. The quality of informal care, most notably its reliability, however, tends to be lower than that of formal care.[8] The breakdown of childcare arrangements can lead to the disruption of parents' work activities.

A study by Gary Siegel and Anthony Loman,[9] of the **Institute of Applied Research** in St. Louis, found that many single-parent AFDC families in Illinois rely on informal care, defined for this study as unlicensed care by relatives and non-relatives or licensed care by family daycare providers (although the latter was rarely used by the parents studied). Informal care was used primarily because of its lower cost, and because of problems with the availability and accessibility of formal care (defined for this study as a center, preschool, or nursery). This study, conducted for the Illinois Department of Public Aid, examined the childcare needs and experiences of single-parent AFDC families in Illinois during November 1990. The study looked at single-parent families with children under age 14 that were either on AFDC or had recently left AFDC due to earnings. Data were collected through: (1) a statewide mail survey to 7,168 present and former AFDC recipients; (2) 15 focus group sessions involving 164 participants; (3) follow-up interviews with 121 survey respondents; and (4) a mail survey of 1,001 childcare providers and interviews with over 70 childcare advocates, providers, and state agency personnel in Illinois.

The data show that 13 percent of the single parents were working at the time of the survey, 15 percent were in school, and 2 percent were both working and in school. Nearly 19 percent of all the families surveyed were using child care while they worked or attended school (of these, 19 percent relied on formal care). Many families used informal childcare arrangements; the authors note that reliance on such arrangements led to recurring childcare problems. **Only 25 percent of those parents who wanted their children to be cared for in formal facilities were using childcare centers.**

The cost of care was most frequently given as a reason for reliance on informal care; the availability and accessibility of care and parental concerns about the quality of care also limited parents' childcare options. Sixty percent of the childcare centers surveyed maintained waiting lists. **Half of those parents who worked had positions that necessitated at least some evening and weekend work, and many parents had intermittent or changing work hours.** Fifteen percent of the families had children with serious health problems or disabilities. **Only a few childcare facilities offer care on evenings (eight percent of those surveyed) or weekends (three percent), and many centers are reluctant to accommodate an intermittent or changing schedule; whereas 60 percent of informal providers reported offering evening and weekend care.** In addition, parents of children with health problems or disabilities may have a difficult time finding affordable child care with which they feel comfortable. Of the individuals surveyed, childcare problems prevented 42 percent from working full time and 39 percent from attending school, and 20 percent said they returned to AFDC within the last year due to childcare problems.

The Lack of Access to Child Care

A study conducted by **Marcia Meyers**, of Columbia University, and **Theresa Heintze** of Syracuse University,[10] found that highly targeted childcare services may be more effective at excluding ineligible clients than providing benefits to those in need. The study, using data from 1995 interviews with a random sample of single and married AFDC recipients in California with children under 14, examined families' use of child care, their receipt of public child care subsidies, and the financial impact of childcare costs. The structured telephone interviews included questions about family characteristics, labor market and education activities, and childcare arrangements for the youngest child in the family. Respondents were also asked about their knowledge and use of childcare subsidies that target three groups: welfare recipients in education and training programs (the California GAIN and NET programs[11]), welfare recipients and other low-income parents in paid employment (the Transitional Child Care (TCC)/At-Risk programs, the AFDC Child Care Disregard, and the federal Dependent Care Tax Credit); and educational programs for low-income children (Head Start and other early childhood education programs and subsidized after-school care).

At the time of the interview, one-quarter of respondents had left the welfare system. Among all respondents (those on welfare and those not), approximately one-quarter were in education or training activities and 29 percent were employed. Most of these mothers reported regular childcare arrangements for their youngest child: 76 percent of those who were employed and 59 percent of those in job preparation activities were using formal care or babysitting on a regular basis. Despite the existence of several targeted childcare programs, most of these mothers were paying the full cost of child care themselves. The proportion receiving subsidies was highest among those in education and training programs (approximately one-third received subsidies) while women who were employed fared the worst (only 12 percent of those with infants, 22 percent of those with preschoolers, and 14 percent of those with school-aged children received any form of subsidy). For the nearly two-thirds of employed mothers who used child care and paid the full cost themselves, childcare costs reduced per capita income by 22 percent. And, child care costs pushed 20 percent of these families below the poverty line (i.e., if child care costs are subtracted from income).

Lack of knowledge was the primary reason for nonreceipt of childcare benefits, particularly through the employment programs: fewer than 20 percent of the current and former welfare recipients interviewed knew about subsidies or tax credits for low income working parents. A second source of nonparticipation was nonapplication for benefits among those who knew about the programs. Among those who appeared to meet categorical eligibility requirements, two-thirds of those applying for GAIN child care and only one-third of those seeking TCC/At-Risk assistance were successful. The authors conclude that as childcare systems are reorganized under new child care block grants, funding should be increased, funding streams should be combined, and eligibility criteria should be broadened and simplified to provide continuous coverage based on children's needs and family income.

Child Poverty and Child Care

Barbara Bergmann,[12] professor of economics at American University and affiliated member of the IWPR Information Network, has recently written a book, *Saving Our Children From Poverty*, which compares the childcare system in the United States to that of France. Bergmann notes that policies that work to decrease child poverty and increase the employment of single mothers in France could, with modifications, work in the United States. Despite similar demographics, the child poverty rate is 22 percent in the United States compared with six percent in France. Bergmann argues that while welfare reform may employ more single mothers, if these mothers are not provided with adequate child care and health care, child poverty will not decrease and may even increase.

France spends more to help families with childcare expenses, including both single-parent and two-parent families from all income levels. French families receive free high-quality public nursery school for children ages two-and-a-half through six and before- and after-school care at a nominal fee. France also maintains public childcare centers for infants and toddlers, has paid maternity leave, and provides subsidies for out-of-pocket childcare expenses. Bergmann proposes providing childcare vouchers which would give full support of childcare costs for the poorest 20 percent of families and partial support for better-off families, and medical coverage to all families with children who are not insured through a parent's employer.

CHILD CARE UNDER THE PRWORA

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 established the Child Care and Development Fund (CCDF) as the primary government childcare subsidy program for low-income families. Under PRWORA, childcare funds are available to parents receiving Temporary Assistance for Needy Families (TANF) who work or are involved in educational activities, parents who recently left welfare, and working poor parents who would be at risk of needing welfare were their childcare expenses not subsidized. The new law, however, ends the *guarantee* of childcare funding for these families.

Under the new CCDF program, four federal childcare programs are combined. AFDC/JOBS Child Care, Transitional Child Care, and At-Risk of Welfare Dependency Child Care have been repealed, and all childcare funding is now combined under the former Child Care and Development Block Grant (CCDBG) program. Through CCDF, $2.9 billion has been made available to states. States will receive General Entitlement funds for child care, set at the highest amount of funding the state received in fiscal year (FY) 1994, FY 1995, or the FY 1992-1994 average for the IV-A Child Care Programs However, these funds do not provide an entitlement to individual recipients. Despite the lack of entitlement to child care, if a state wants access to Remainder funds for child care (funds available above the General Entitlement level), a state must maintain its prior level of state spending for the IV-A Child Care programs and produce matching funds. States must ensure that at least 70 percent of their General Entitlement and Remainder funds are used to provide child care to families on TANF, families transitioning off welfare to work, and families at risk of going on welfare.

Under the CCDF block grant system, funding for child care is capped. Under AFDC, states could receive as much funding as needed for AFDC/JOBS Child Care and Transitional Child Care. If the PRWORA's work requirements were put in place and childcare programs remained uncapped, the amount that states would spend would probably be higher than funding levels allowed under the PRWORA. In other words, **the PRWORA introduces an increased need for child care (because it requires more parents to work) and a capped amount of funds available for child care**. This combination will most likely create a shortage of childcare funding for the states.[13] The Congressional Budget Office (CBO) estimates that, if states respond to the PRWORA's work requirements by placing parents in work programs rather than by reducing caseloads, childcare funding, by 2002, would fall $1.8 billion short of what would be needed to meet the work requirements while maintaining the same level of childcare services to the working poor as under AFDC. However, if caseloads continue to decrease, or if states do not fulfill the work requirements or escape the requirements through waivers, there might not be a shortage in childcare funding.[14]

Under the PRWORA, states must certify that there are, under state and local law, requirements designed to protect the health and safety of children in childcare facilities, including the prevention and control of infectious diseases, building and physical premises safety, and minimum health and safety training. Childcare providers caring for children funded by CCDF must adhere to these requirements. States must use at least four percent of their CCDF funds to improve the quality of child care and offer additional services to parents (e.g., counseling regarding the selection of childcare providers). States must submit their childcare plans to the U.S. Department of Health and Human Services by July 1, 1997.

Policy Question

- In the absence of national standards for states' childcare payment rates, will states adopt low payment rates which will reduce the wages of childcare providers, threaten the quality of care, and make it harder for subsidy recipients to compete for access to child care? A majority of childcare centers in Siegel and Loman's study reported that, because payment rates did not cover their full costs, they could only care for a limited number of children whose fees were subsidized.

Parents of Children Under Age Six

The PRWORA prohibits states from reducing or terminating aid to a single parent with a child under age six who has refused to comply with work requirements due to a lack of child care; nevertheless, these parents are still subject to the 60-month limit on the receipt of aid. States face a penalty of up to a five percent reduction in their block grant for violating this prohibition. However, the recipient must prove that he/she has a demonstrated inability (as determined by the state) to obtain needed child care. States can also limit the required hours per week of work for every fiscal year to 20 hours for single parents of a child under age six (whereas, starting in the fiscal year 1999, other nonexempt recipients will be required to work more than 20 hours per week in order to count towards the work participation rate).

Policy Questions

- Will adequate training, transportation, and child care be available for working recipients of TANF?
- How will states define a parent's "inability" to find child care? Will a parent's "inability" to find child care be fairly assessed by state officials?
- Will parents be forced to place their children in what they consider to be an undesirable childcare setting in order to avoid having their benefits cut?

Work Requirements

TANF recipients can count toward the state's work participation rate if they spend at least 20 hours per week providing childcare services to an individual in a community service program. This provision may encourage the state to allow untrained individuals to provide child care. "Flooding the market" in this way could undercut the value of trained childcare workers, who are already in a low-paying profession. Permitting untrained welfare recipients to provide child care could increase problems such as high job turnover (which leads to an unstable childcare environment) that already plague the childcare market. Alternatively, encouraging mothers who provide child care to acquire specific skills and training in child development and child care management could improve the quality and stability of care.

Policy Question

- How will the safety and stability of the childcare environments provided by TANF recipients be examined or regulated? Will states use their CCDF funds to improve the training of TANF recipients who provide child care?

Low-Wage Workers

Nearly two-thirds of the 1.5 million children in federally subsidized care in the United States come from working poor families; the remaining children are from families on welfare. Despite the increased federal funds available to state governments for child care under the PRWORA, and the decreasing caseloads, many states say it will be difficult to meet the increased demand for child care that will occur as parents on welfare are required to work in order to receive benefits. To help provide enough childcare slots for welfare recipients, Wisconsin has rewritten its childcare rules to eliminate subsidies for working families living over 200 percent of the poverty line. In addition, Wisconsin is creating a new category of providers, **provisional providers**, who would not meet all of the state's childcare worker training requirements and would receive lower subsidy payments from the state. In New Jersey, 15,000 working poor families are on waiting lists for one of the state's 30,000 childcare slots. New Jersey is planning to increase childcare spending for welfare families, but not for the working poor.[15]

Policy Questions

- What steps will be taken ensure that child care for working poor families is available, accessible, affordable, and of good quality?
- Will poor families need to turn to not only provisional providers, but to untrained providers?

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Child Care Resources

The Children's Defense Fund (CDF) is encouraging community-level monitoring of the impacts of the welfare law on the well-being of families and children. To facilitate this information gathering, CDF is distributing a **Client Survey packet** developed in partnership with the Coalition on Human Needs (CHN). CHN has already begun to disseminate the survey through Catholic Charities USA, the Child Welfare League of America, and other national groups. This survey includes a two-page check-off form and optional open-ended questions designed to obtain welfare families' detailed stories. CDF has developed an accompanying survey covering domestic violence issues.

The Board on Children, Youth, and Families (Institute of Medicine, National Research Council) convened a second annual research briefing, held in collaboration with the Family and Child Well-Being Research Network of the National Institute of Child Health and Human Development (U.S. DHHS), on welfare and children's development. A report from this briefing, entitled **New Findings on Welfare and Children's Development**, was published in January 1997. For more information, call (202) 334-2998.

IWPR's Welfare Reform Research Listserv

As part of the project to coordinate welfare research, IWPR has set up a listserv (electronic bulletin board) which is devoted to the discussion of welfare reform. You can subscribe to the list by sending the following command to the listserv address, at listserv@american.edu:

SUBSCRIBE WELFAREM-L Full Name

(Use your full name, not your e-mail address. The listserv software can read your e-mail address automatically.) When you sign up you will receive a message which provides further instructions for the listserv. IWPR's welfare reform newsletters are disseminated through the listserv as well as by mail. Messages posted to the listserv are stored in the archive files of the WELFAREM-L listserv. The listserv offers the opportunity to share with other interested, like-minded scholars your research and questions on welfare and welfare reform in individual states and at the national level. Discussion can also be related to other issues, such as domestic violence or health. Other information such as calls for papers, conference information, fact sheets, and legislative updates are also welcome. For more information on the listserv, please contact Jackie Chu at chu@www.iwpr.org.

ENDNOTES

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2. U.S. House of Representatives Committee on Ways and Means. 1996. *1996 Green Book*. Washington, DC: U.S. Government Printing Office.

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9. Siegel, Gary L. and L. Anthony Loman. 1991. *Child Care and AFDC Recipients in Illinois: Patterns, Problems and Needs*. St. Lois: Institute for Applied Research. September.

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11. GAIN is the California JOBS program authorized by the Family Support Act. The NET (Non-Gain Education and Training) program provides subsidies for some welfare recipients in approved training programs who cannot get assistance through GAIN.

12. Institute for Women's Policy Research. 1997. *Research -in-Brief: What the United States Can Learn From France: A Summary of an Important New Book on Child Poverty*. Washington, DC: IWPR. March.

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Research-in-Brief

Child Care Usage Among Low-Income and AFDC Families

With the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 in August, welfare has moved from an entitlement program which guaranteed assistance to all eligible families to a transitional employment program with time-limits, and responsibility for implementation has devolved to the state level. This policy emphasis on employment immediately raises the issue of child care, as increasing numbers of single mothers may be required to work at wages that are too low to pay for adequate child care.

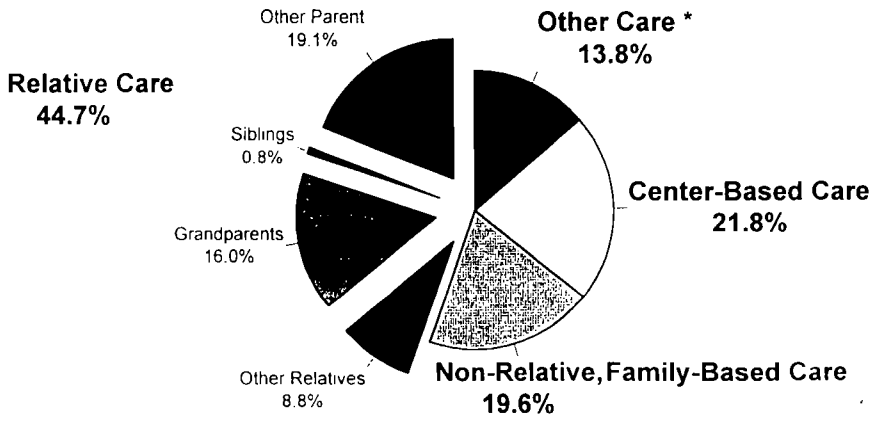
Research shows that child care obligations are a major obstacle to mothers' labor force participation. On-going IWPR research using the Survey of Income and Program Participation shows that the presence of young children is the single most important factor reducing the likelihood of a low-income single mother's employment. Underlying this negative association is the lack of affordable, quality child care (Kimmel, 1994; Hofferth, 1995). Findings suggest that, because of the common use of paid child care arrangements and the percentage of total family income that is spent on child care, the use of child care subsidies for low-income working mothers is a necessary part of successfully easing the transition from welfare to work.

IWPR research analyzes child care usage among working mothers in low-income families (those within 200 percent of the poverty line) with children under age six. These working mothers are divided into three categories -- low-income, non-AFDC, married mothers; low-income, non-AFDC, single mothers; and AFDC recipients. The vast majority of the working AFDC mothers are single parents, although about one-fifth are married with unemployed husbands participating in the AFDC-UP program.

TYPES OF CHILD CARE ARRANGEMENTS USED

Figure 1 and Table 1 present the primary child care arrangements for all children under age six of the employed mothers. As the figure shows, the working mothers in all the family types in the study use relative care most, followed by center-based care and non-relative family-based care. Within the category of relative care, the relative actually providing the child care differs by family type (see Table 1). About one-quarter of children in low-income married couple families are cared for by their fathers when their mothers are working. In contrast, working single mothers, whether or not they participate in the AFDC program, use grandparents or other relatives to care for their children more than

Figure 1.
Child Care Arrangements of All Low-Income Working Mothers for Children Under Six



Note: Other care includes children in school, children caring for themselves, and children being cared for by their mother while she is working.

Source: IWPR calculations based on the 1988 and 1990 panels and Topical Module 3 of the Survey of Income and Program Participation

Table 1. Child Care Arrangements of Children Under Six for Working Mothers in Low-Income Families

	Total	Working Mothers		
		AFDC	Non-AFDC	
			Married	Single
Sample Size (Unweighted)	712	78	426	208
Sample Size (Weighted)	2,631,609	306,007	1,526,026	799,579
Percent (Weighted)	100.0%	11.6%	58.0%	30.4%
Average Number of Children Under Age 6	1.3	1.3	1.4	1.2
Primary Care Arrangements (percent of total children)				
Relative Care	**44.7**	**53.4**	**46.7**	**36.7**
Other Parent	19.1	10.4	25.3	8.9
Siblings	0.8	0.6	0.5	1.5
Grandparents	16.0	25.7	13.5	17.5
Other Relatives	8.8	16.7	7.4	8.8
Non-Relative Family-Based Care	**19.6**	**16.5**	**19.6**	**20.9**
Center-Based Care	**21.8**	**19.8**	**18.5**	**30.0**
Other Care *	**13.8**	**10.2**	**15.2**	**12.4**
Percent of Children in Paid Care	49.0	46.7	47.6	52.9
Percent of Children with More than One Arrangement	33.1	19.1	37.4	30.5

* Other care includes child in school, child caring for self, and child cared for by mother while mother is working.

Source: IWPR calculations based on the 1988 and 1990 panels and Topical Module 3 of the Survey of Income and Program Participation.

married couple families do. The high use of relative care by single mothers likely reflects the large number of single mothers who live in households with their own parents or other adults. Still, about one in ten children in low-income single mother households are in the care of their fathers when their mothers are working out of the home.

The low-income, non-AFDC, single mothers are the most likely to use organized child care facilities. Thirty percent of the children in these families are cared for by day/group care centers or nursery schools/preschools during most of the hours that their mothers work.

The working AFDC mothers use relative care more than any other family types in the study do. Since the majority of the AFDC mothers are single, their access to paternal care is similar to the low-income, non-AFDC, single mother group, but their usage of organized care is much lower (20 percent, as compared to 30 percent, respectively), but still slightly higher than that of the low-income married mothers.

In addition to the major types of child care arrangements mentioned above, mothers of about 11 percent of the young children (mainly five-year olds) work during the hours when their children are in school or kindergarten. This pattern holds true for all three groups of working mothers.

IWPR's findings confirm those of other researchers that low-income employed single mothers are more likely to call on relatives for child care than married mothers, who can call on their husbands (Brayfield et al., 1993; U.S. House of Representatives, Committee on Ways and Means, 1994; Kisker and Silverberg, 1991). This is especially true among the AFDC single mothers. It is important to note, however, that more usage of relative care does not necessarily mean more access to free child care. IWPR research also shows that low-income, non-AFDC, single mothers are the most likely to use organized child care, which may or may not be subsidized.

USAGE OF PAID AND UNPAID CHILD CARE ARRANGEMENTS

As shown in Table 1, approximately half of the young children of employed mothers in all three family types are in paid care. The bulk of non-relative and organized care is paid for, as is a substantial proportion of the care provided by other relatives. Even care provided by grandparents is

often paid for. For example, as shown in Figure 2, one-third (34 percent) of the care provided to children of the working AFDC mothers by their grandparents is paid, compared to 21 percent for low-income, non-AFDC, single mothers, and 42 percent for married mothers. All three groups of mothers are about twice as likely to pay for child care if the care is being provided by relatives other than grandparents. As a result of paying relatives, combined with their greater propensity to use non-relative or center-based child care, low-income, non-AFDC, single mothers end up with the highest proportion of young children in paid care.

COSTS OF CHILD CARE IN PROPORTION TO EARNINGS AND INCOME

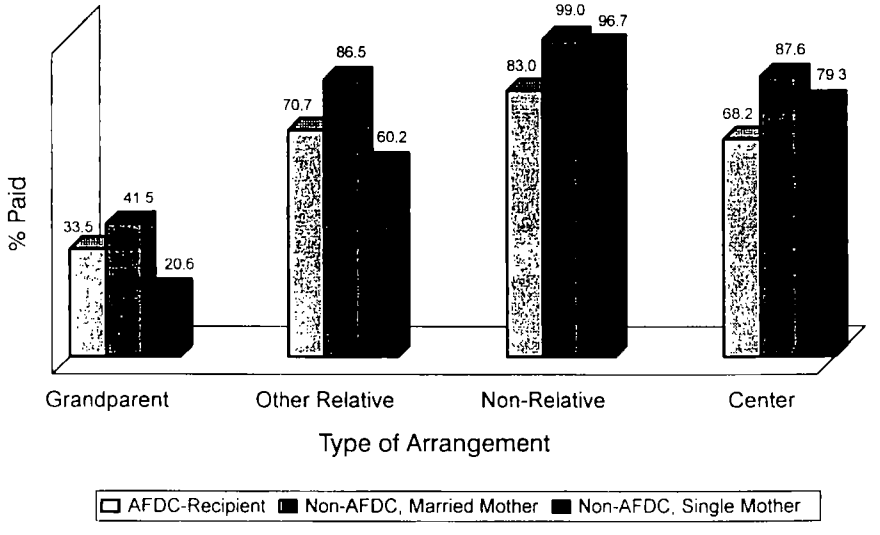
When calculating the costs of child care, IWPR researchers included all families with children under age 13 in order to take into account all costs of child care arrangements made by the employed mothers. In order to determine the burden of child care cost to these families, the cost is analyzed in relation to mothers' earnings, to total family incomes, and to the families' poverty status. These findings are reported in Table 2.

The results show that single and AFDC mothers do not have better access to free child care. Mothers in all three family types are about equally likely to pay for child care (ranging from 38.6 to 40.9 percent). Furthermore, among those who use paid child care, there are only slight differences in the average monthly amount paid for care (ranging from $204 to $222 per month), regardless of the marital or the welfare status of the child care user.

In order to analyze the burden of child care costs in relation to mothers' earnings, a ratio cost-per-hour-worked was created. IWPR found that low-income, non-AFDC, single mothers paid the lowest price ($1.36) for each hour worked, whereas the married and AFDC mothers paid substantially higher prices for child care ($1.60 and $1.72 per hour, respectively). These differences can be explained by the fact that the low-income, non-AFDC, single mothers, on average, have fewer children under age six, as well as fewer children under age 13, than the low-income married mothers and the AFDC mothers. In addition, the wage rate of non-AFDC mothers (both single and married) is higher than that of AFDC mothers. The paying low-income, non-AFDC, single mothers have the highest average wage rate, $7.92 per hour, which makes their payment for child care more cost-effective than for the other groups. This may be one of the explanations for their greater work effort during the month (164 hours, compared with 150 and 141 hours for the paying married and AFDC mothers, respectively). In exchange for freeing mothers to work, child care costs take more than one-third of AFDC mothers' earnings, about 30 percent of married mothers' earnings, and 20 percent of low-income, non-AFDC, single mothers' earnings.

When the cost of child care is seen as a proportion of the total family income, the picture is somewhat different. Because married mothers are most likely to have higher total family incomes due to their husbands' earnings, they have the lowest percent of child care expenditures of total family income (nine percent), whereas the low-income, non-AFDC, single mothers pay about 13 percent and the AFDC families pay about 19 percent of family income for child care.

Figure 2.
Paid Child Care Arrangements for Children Under Age Six of Working Mothers in Low-Income Families (By Family Type)



Source: IWPR calculations based on the 1988 and 1990 panels and Topical Module 3 of the Survey of Income and Program Participation.

THE POLICY IMPLICATIONS OF CHILD CARE SUBSIDIES

How do child care burdens affect families' economic well-being? The IWPR study finds that about 14 percent of all families that pay for child care live in poverty, according to a modified poverty measure (which includes the cash value of food stamps and WIC in the total family income). These poor families are concentrated among the AFDC recipients and the low-income single mother households. Although low-income, non-AFDC, single mothers earn the highest wage rates among all groups of mothers, 15 percent of these mothers who pay for child care are poor, compared with 52 percent of the paying AFDC mothers, and five percent of the paying low-income married couples (see Table 2).

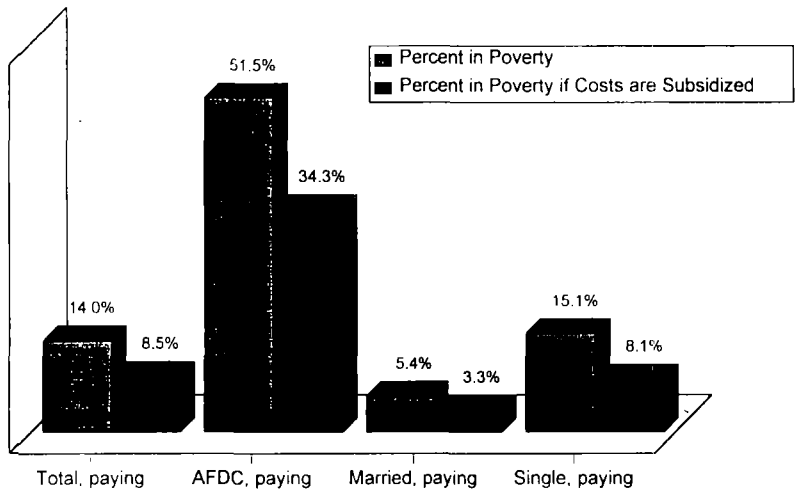
To what degree will child care subsidies help poor employed mothers escape poverty? As a preliminary policy test effort, Figure 3 projects the likely impact of providing low-income working mothers with child care subsidies up to the amount of their current child care cost ($214 monthly, on average). In order to receive the full subsidy amount, the family's income deficit (that is, the official poverty threshold minus current income) must be greater than the amount of the subsidy. Research findings suggest that about one third of the below-poverty AFDC families would benefit from the subsidy and escape poverty; that is, their poverty rate will decrease by one-third (from 52 to 34 percent). The

Table 2. Child Care Costs for Working Mothers with Children Under Age 13 in Low-Income Families, 1994 Dollars

	Working Mothers (1)					
	AFDC (2)		Non-AFDC			
			Married		Single	
	Not-Paying	Paying	Not-Paying	Paying	Not-Paying	Paying
Sample Size (Unweighted)	70	49	389	241	234	160
Sample Size (Weighted)	272,000	180,000	1,382,000	868,000	868,000	601,000
Average Number of Children	1.7	1.9	1.8	2.0	1.5	1.6
Average Size of Household	4.5	4.1	4.7	4.4	3.6	3.4
Distribution of Families by Paying and Not-Paying	60.2%	39.8%	61.4%	38.6%	59.1%	40.9%
Monthly Child Care Cost		$222		$220		$204
Mother's Hourly Wage Rate (3)	$5.81	$5.92	$6.42	$7.15	$6.81	$7.92
Mother's Hours Worked	132	141	139	150	161	164
Cost per Mother's Employment Hour		$1.72		$1.60		$1.36
Mother's Monthly Earnings	$735	$813	$854	$1,048	$1,088	$1,281
Cost as Percent of Mother's Earnings		34.3%		29.9%		19.2%
Monthly Family Income	$1,491	$1,586	$2,541	$2,839	$1,089	$1,881
Cost as Percent of Family Income		19.1%		8.9%		12.8%
Percent in Poverty (4)	48.7%	51.5%	17.5%	5.4%	28.4%	15.1%
Percent in Poverty if Child Care Costs are Subsidized		34.5%		3.3%		8.1%

(1) Mothers who were working as well as enrolled in school are not included in this table to avoid over-estimating child care costs when measured in relation to mother's earnings and family income. All data are for Month 12 in the 24-month study period.
(2) Women in the AFDC-group may or may not be on AFDC in Month 12, but receive AFDC for at least two months of the 24-month study period.
(3) Mother's hourly wage rate is for her primary job (the job at which she worked the most hours) during Month 12.
(4) A modified poverty measure, which includes the cash value of food stamps and WIC in family income, for Month 12 is used.
Source: IWPR calculations based on the 1988 and 1990 panels and Topical Module 3 of the Survey of Income and Program Participation.

Figure 3.
Child Care Cost Subsidies for Low-Income Mothers and Their Relation to Percent in Poverty



Source IWPR calculations based on the 1988 and 1990 panels of the Survey of Income and Program Participation.

poverty rate for the families of low-income, non-AFDC, single mothers would decrease by nearly half (from 15.1 to 8.1 percent). Finally, low-income married mothers, who are the least likely to be poor, would see their families' poverty rate decline by more than one-third (from 5.4 to 3.3 percent). Along with this simple effect on family well-being, child care subsidies may have further positive effects that help mothers stabilize their employment and improve their earning capacity in the long run.

These results suggest that an adequate child care support policy will likely be crucial for a successful transition to paid work by the currently non-working AFDC-recipients. In the effort to move more AFDC recipients off the welfare rolls and into paid work, policymakers cannot assume that these mothers can rely on other family members to provide free child care. As reported, the employed AFDC-mothers and low-income, non-AFDC, single mothers do not have better access to free child care than the married mothers. Among those AFDC recipients who are not currently employed, the resource of free child care is even less available and it is reasonable to assume that this is one of the reasons why they are not working.

In addition, the non-working AFDC mothers' earning potential is expected to be similar to, or even lower than, the wages of the working AFDC recipients, due to low education, limited experience, and disabilities, assuming jobs are available to them. Therefore, child care costs will be a significant financial burden for this new group of workers. More importantly, with a high proportion of these mothers' earnings allocated to child care costs, the majority of these formerly AFDC-reliant families will not be able to escape poverty through employment. By providing child care subsidies to low-income mothers and mothers who formerly relied on AFDC, policymakers could improve the likelihood that low-income families could work their way out of poverty.

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October 1996

What the United States Can Learn From France: A Summary of an Important New Book on Child Poverty

This Research-in-Brief summarizes an important new book by Barbara R. Bergmann, professor of economics at American University and an affiliated member of the IWPR Information Network. Published by the Russell Sage Foundation in 1996, Saving Our Children From Poverty: What the United States Can Learn From France *draws important lessons for the United States from the French experience with policies that aid families with children. This Research-in-Brief is part of a new series that highlights the work of researchers affiliated with IWPR on topics of importance to women.*

The child poverty rate is 6 percent in France and 22 percent in the United States. This difference in child poverty rates cannot be attributed to demographic differences between the two countries: France and the United States have a similar proportion of births to unmarried mothers and have minority populations of comparable size.

The French spend a great deal more than the Americans to help families with children. But the difference in child poverty in the two countries is due only in part to differences in the amounts spent. It also reflects differences in the structure of the countries' programs. French parents at all income levels get a great deal of government help with child care, are members of a system of national health insurance, and are eligible for cash benefits. Those with low wages get extra help. French benefits go to two-parent families as well as single-parent families. These benefits do not discourage marriage or job-holding on the part of parents.

By contrast, Americans have in the past directed the bulk of their aid to single mothers who do not have jobs, but provide full-time care to their own children. Their non-earning has been a condition of maintaining their benefits. That aid did prevent homelessness, hunger, and untreated illness in this group. But it did not keep these families out of poverty. Only very modest benefits have been available to American single mothers who work, even if their earnings have been insufficient to get them above the poverty line. Reliable government help with child care and health care has not been available to many low-wage parents. As a result, single parents on welfare were discouraged from working, and many of those who do work are poor.

The recently enacted welfare reform in the United States may succeed in getting more single mothers into jobs. However, in the abscence of government help with child care and health care of the type that the French give, the reform is unlikely to reduce U.S. child poverty, and by most estimates will considerably increase it.

The easiest way to compare the French and United States programs is to look at the situation of a single mother in both countries. A single mother in the United States who goes off welfare and takes a low-wage job can receive a maximum of $3,600 in government grants for two children (or $2,200 for one child) from the Earned Income Tax Credit plus food stamps. Except for a transitional period, she would no longer be entitled to free health insurance, and she would incur additional expenses for child care, expenses that she would not have had if she had stayed home with her children.

Working single parents typically spend approximately 25 percent of their income on child care. Therefore, the single-mother family in the United States loses when she moves from welfare to a low-wage job.

Under the welfare reform, an American single mother may no longer have a choice between welfare and work. However, her chance of escaping poverty remains poor, in the absence of substantial new appropriations for child care and health care aimed at the low-income population.

In comparison, a single mother in France who moves from welfare to work retains $6,000 in government cash and housing grants. She would still receive free health insurance and would pay a negligible amount for child care. Since many of these benefits are available to middle-class and even upper-class families, and to two-parent families, there is no stigma attached to receiving them.

Even though the standard of living provided by welfare in the United States is lower than in France, a higher proportion of American single mothers depend on it, because life on a low-wage job is so difficult for them. In 1991, about 23 percent of France's single mothers were collecting welfare-like benefits, while in the United States, 67 percent of single-mother households were welfare-dependent. Because of the smaller proportion of single mothers who are welfare recipients in France, the cost of the program is lower than in the United States, in spite of the higher benefit payment. It is important to note, however, that, after adding in the cost of non-cash benefit programs (e.g., child care, health insurance) that are used by both poor and middle class families, France spends more money overall on social welfare programs.

Government Expenditures on Child Well-being in France and the United States

As Table 1 shows, if the United States were to increase spending on programs for child well-being to French levels, our local, state, and federal governments would have to spend 59 percent more

Table 1.
Comparison of French and United States Government Expenditures for Children's Well-Being, 1991

Type of Expenditure	France		United States
	Billions of Francs	Billions of Dollars*	Billions of Dollars
Child care and development	63.9	$45.4	$23.9**
Income supplementation payments	139.0	98.8	64.5
Income tax reductions	50.0	35.5	25.4
Medical care for low-income children***	39.8	51.7	32.1
Total	292.7	$231.4	$145.9

* French expenditures are translated into dollars of equivalent purchasing power and then multiplied by 4.6 to make them comparable to figures for the United States, which has 4.6 times the number of children that France has.

** Includes expenditures for kindergartens and Head Start.

*** Medical expenditures by government for other than low-income children under France's national health insurance plan are excluded to make the figures for the two countries comparable, since in the U.S. most children of higher-wage parents get employer-provided health coverage.

Source: Table 2.1 in Barbara R. Bergmann, Saving Our Children From Poverty, Russell Sage Foundation, New York, NY, 1996.

than the current levels ($85.5 billion in addition to the $145.9 billion spent in 1991).

Table 2 highlights expenditures of both countries for child well-being as a percentage of defense spending, total government spending, and Gross Domestic Product, as of 1991. The French spent more on helping families with children, and they spent a greater percentage of their budget on these programs. France spent 66 percent more on child well-being than it did on defense. By contrast, the United States spent less for child well-being than we spent on defense, only 44 percent as much. (Of course, France has a much smaller defense budget, with less than half the per-capita cost.)

Table 2.
Government Expenditures on Children's Well-Being Compared with Other Expenditures for France and the United States, 1991

Annual Expenditures	France*	United States
	(in billions)	(in billions)
Programs for children's well-being	$231	$146
Defense	139	331
Total government spending	2,249	1,941
Gross domestic product	4,806	5,611
Government spending on children's well-being as a percentage of:		
Defense	166%	44%
Total government spending	10%	8%
Gross Domestic Product	5%	3%

* French expenditures are translated into dollars of equivalent purchasing power and then multiplied by 4.6 to make them comparable to figures for the United States, which has 4.6 times the number of children that France has.

Source: Table 2.2 in Barbara R. Bergmann, Saving Our Children From Poverty, Russell Sage Foundation, New York, NY, 1996.

Similarities between France and the United States

There are many economic and demographic similarities between the United States and France. Both countries have similar female labor force participation rates (72.0 percent in the United States, 73.5 percent in France) and percentages of births outside marriage (28.0 percent in the United States, 30.0 percent in France). The annual rate of growth is the same for both countries and the annual rate of investment is similar (See Table 3). France does, however, have much higher taxation and higher unemployment than does the United States. Policies that work to reduce child poverty and increase single-mother job-holding in France would, with suitable modifications, work similarly in the United States.

Table 3.
Economic and Demographic Data for the United States and France, 1991

Data	United States	France
Population	252,688,000	57,050,000
Per-capita gross domestic product	$22,204	$18,227
Annual rate of growth, 1981-91	2.2%	2.2%
Annual rate of investment	2.1%	2.3%
Taxation as a % of GDP	29.9%	43.7%
Unemployment rate	6.6%	9.3%
Women's labor force participation rate, ages 25-54*	72.0%	73.5%
Births to unmarried women as a % of all births	28.0%	30.0%

Source: Table 1.2 in Barbara R. Bergmann, Saving Our Children From Poverty, Russell Sage Foundation, New York, NY, 1996.

Description of Programs for Child Well-Being in France

The French government has three types of programs to help families with children: child care and development, income supplementation, and medical care.

France provides free high-quality public nursery schools for children ages two-and-a-half through six. There is no shortage of places. By the time they are three years old, 100 percent of French children attend, because parents know that the nursery schools help the children get ready for elementary school. For parents who need their children cared for beyond the school hours, well-coordinated before- and after-school care is available at nominal fees. The analogous U.S. programs to the French nursery schools are Head Start and public kindergarten. However, these American programs are mostly half-day, and are available only for one year of the children's lives. Thus they do not provide to American parents the kind of care their children need if the parents are to hold jobs.

In addition, France maintains public centers for the care of infants and toddlers of some working parents, has paid maternity leave, and provides subsidies for out-of-pocket child care expenses.

French supplements to the incomes of families with children include family allowances, housing assistance, and cash payments to pregnant women and parents of young babies. Some of these benefits are available regardless of income. They are not limited to families in which there is no substantial job holder, and they are available to couples, married or not. Less than 10 percent of French expenditures on income supplementation are targeted exclusively to families with no earnings. All the rest go to a broader group of parents, including those with low or no earnings. In the United States, only the EITC program targets families with low earnings, and it constitutes a small percentage of U.S. income support expenditures. Total French expenditure on income supplementation programs is $98.8 billion in U.S. equivalent dollars. Of that total, $53.5 billion is available to all families with children, regardless of income (see Table 4).

Table 4.
Details of French Government Expenditures on Selected Programs for Children's Well-Being, 1991

Expenditures	Billions of Francs	Billions of Dollars*
Child care		
Provision of care	46.897	$33.329
Infant care	7.209	5.123
Nursery schools	37.316	26.520
Other benefits to families for child care	16.993	12.077
Mother-care for large families (APE)	5.923	4.209
Paid parental leave	9.257	6.579
Income tax reduction for child care expenses	1.000	0.711
Other	0.813	0.578
Total spending on child care	63.890	$45.406
Income supplementation payments		
Available to all families regardless of income	75.326	$53.533
Available to families with modest or no wage income	56.512	40.161
Available only to those without substantial wage income	7.192	5.111
Single parent subsistence (API)	3.841	2.730
Minimum income to assist job entry (RMI)	3.351	2.381
Total spending on income supplementation payments	139.028	$98.806

* French expenditures are translated into dollars of equivalent purchasing power and then multiplied by 4.6 to make them comparable to figures for the United States, which has 4.6 times the number of children that France has.

Source: Tables 3.1 and 4.1 in Barbara R. Bergmann, Saving Our Children From Poverty, Russell Sage Foundation, New York, NY, 1996.

France provides national health insurance to all its legal citizens. This health insurance is not lost if a citizen changes or loses her or his job, goes from welfare to work, or develops an illness that is expensive to treat. In contrast, 72 percent of U.S. citizens in 1992 are covered privately, mostly under employer-provided plans. People with unstable attachments to the labor force (part-time or temporary workers) and low-wage job holders are generally not provided with this health insurance. Eleven percent of the U.S. population is covered by Medicare and Medicaid, leaving 18 percent of the total population not covered by any health insurance plan. Twelve percent of American children are uncovered.

The French government also supports a special corps of public health nurses who monitor and promote children's health and well-being. They supervise child care facilities and visit the homes of children thought to be at risk of neglect or abuse.

Conclusion

The level of expenditures on child well-being is higher in France than in the United States, and the French programs are much more effective at keeping children out of poverty. The smaller amount of money the United States government is currently spending has substantially less effect on child poverty rates. As Bergmann's book illustrates, the French model provides some useful ideas which could be adopted for use here. Most obvious would be programs to provide child care and health care to help low-earning parents keep their children safe, healthy, and on the track to school success. As the French example shows, however, such programs are not cheap.

Can the United States afford a large-scale government program to reduce child poverty? Barbara Bergmann asks what politicians mean when they assert that the federal government cannot afford any additional expenditures for children. This statement can be interpreted two ways: it can mean that it would be financially impossible, or it can mean that the desire to spend additional monies is not strong enough to warrant a restructuring of the budget. By all measures, the United States is an extremely wealthy country, with one of the lowest tax rates. The French example should prompt policymakers to ask whether it would be worth reducing some other portions of the budget to provide child care and health services to children, thus enabling their parents to hold jobs, and thereby reducing children's poverty rates.

Bergmann proposes a "Help For Working Parents" program for the United States inspired by the French example, but less universal. It would provide child care vouchers, with the poorest 20 percent receiving full financial support, and those better off getting partial support. In addition, the proposed program would provide medical insurance to all families with children who do not receive it from an employer. She estimates a cost of $80 billion additional. Only with programs like these, Bergmann argues, will we win the war against child poverty in the United States.

This fact sheet is based on the book Saving Our Children From Poverty *by Barbara R. Bergmann, professor of economics at American University and an affiliated member of the IWPR Information Network. It is part of a series by IWPR which highlights the work of IWPR's affiliates on topics of importance to women. This Research-In-Brief was written by Barbara Bergmann, with the assistance of Jodi Burns and prepared by Jill Braunstein in March 1997. The Institute for Women's Policy Research (IWPR) is an independent, nonprofit research institute dedicated to conducting and disseminating research that informs public policy debates affecting women. Members of the Institute receive regular mailings including fact sheets such as this. Please see below or contact the Institute for further information about individual and organizational memberships.*

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