
WORK-FAMILY ISSUES AND LOW-INCOME FAMILIES

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Making Work Pay in the
Low-Income Labor Market

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PREFACE

Changes in the American economy can be obvious, like the emergence and retrenchment of the dot.coms, or easily quantifiable, like the rise and fall (and rise again) of the federal budget deficit.

Or they can be quiet and overlooked – but equally significant. That is precisely the case with the profound changes in the low-wage labor market in the past two decades. Once largely thought of as a place where teenagers worked part-time to save for college, the low-wage labor market is now the permanent economy for approximately 30 percent of the American workforce.

There is no single factor behind this phenomenon. Changes in family structure, demographics, the service economy, immigration, employer practices, and welfare policy have all contributed to this dramatic shift. While more jobs have been created, the end result is an economic treadmill that is just as hard to escape from as it is to succeed in.

Poor pay is only part of the story. The low-wage worker often has no health insurance, little or no sick leave or vacation time, no access to unemployment insurance, inadequate (if any) child care support, and limited transportation options. At the same time, employers, struggling to adjust to the global economy, are shifting to part-time workers, nonstandard schedules, contract labor, suburban worksites, and fewer benefits.

The families of these workers are caught in the crossfire. Because the new economic trends are complicated and diverse—and because the workers are largely invisible—little attention has been paid to the impact on family life.

This paper sheds critical light on these developments by examining the nexus between the low-wage labor market and family well-being.

The enormous size of the low-wage labor market should be enough to prompt attention. But as we consider the consequences for the nation as a whole – a shrinking middle class, overburdened families, balkanized school systems, and a workforce unprepared for the 21st century – we should all be truly concerned.

This paper is a wake-up call. It dismantles long-held assumptions and challenges the idea that "work" is a one-word solution to every low-income problem. The paper's findings and recommendations are merely a first step; our hope is that they spur you to further research, deeper policy examination, and new avenues of inquiry. Please let us know if we can provide further information.

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EXECUTIVE SUMMARY

THE STUDY

To answer the question – **"Do working poor parents and parents leaving welfare for work face similar or significantly different work-based barriers to caring for their family's health and well-being than those faced by other parents?"** - research teams from the Work, Family, and Democracy Initiative at Harvard University and from the Families and Work Institute have conducted national and urban surveys for over a decade, including analyzing data from over 8000 interviews with working Americans.

Understanding the extreme conditions working-poor families face is critical to the formulation of fair, realistic social policies. In 1935, when Aid to Dependent Children (ADC) was passed, the national consensus was that it was impossible for single mothers living in poverty—most of whom were single because of the death of or abandonment by a spouse—to support themselves economically and still care adequately for their children.

By 1996, when Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act and repealed the federal guarantee of income support for parents and children who met low-income guidelines (often set by states at levels substantially below poverty), the country had made an about-face. A fundamental shift in the public debate had taken place. Now it was argued that with limited public support, single parents living in poverty could work full-time and take adequate care of their children. Other than increases in child care funding, little attention was paid to the impact of working conditions and social supports on the ability of parents living in poverty to meet the critical needs of their families while becoming self-supporting. In fact, as documented in this paper, low-income workers face measurably greater barriers to managing work and the care of their families than do higher-income workers.

SUMMARY OF KEY FINDINGS

Family Needs

The working poor, including those leaving welfare for work, have significantly more caregiving responsibility than do higher-income workers. National research by Heymann and Earle demonstrated that:

- 41% of working mothers who had previously received welfare for more than 2 years had at least one child with a chronic health condition compared with 21% of mothers who had never been on welfare.
- 14% of working mothers who had received welfare for more than 2 years had a child with asthma versus 7% of mothers who had never been on welfare.

National research by Bond and Galinsky found that:

- In a 3-month period low-wage and low-income parents were more than twice as likely to be absent from work due to a child's illness or a failed child care arrangement.

Working Conditions

The working poor are less likely than other employees to have job benefits and/or access to policies that help them address their caregiving needs. National research by Heymann, Earle, and Boynton-Jarrett found that:

- Working poor* parents were more likely than other parents to lack paid sick leave, vacation leave and flexibility some or all of the time over a 5-year period (between 1994 and 1998).
- 74% of working poor parents did not consistently receive paid sick leave between 1994 and 1998.
- 34% of working poor parents were without job benefits, lacking paid sick leave, paid vacation leave, and flexibility some or all of the time between 1994 and 1998.

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Moreover, working poor families are also at greater risk for either being in multiple jeopardy or double jeopardy at some point during five years.

- ➔ 29% of working poor parents found themselves, at times, in double jeopardy (being single without an available grandparent, and having neither paid sick leave nor paid vacation leave).
- ➔ Working poor parents were seven times as likely as non-poor working parents to find themselves in double jeopardy (29% versus 4%)
- ➔ Working poor parents were six times more likely to experience multiple jeopardy (being single, without an available grandparent, and having neither paid leave nor flexibility) as non-poor working parents (18% versus 3%).

Low-wage and low-income employed parents have less flexibility to schedule their work hours than do higher-wage and -income parents.^a

- ➔ 51% of higher-wage, higher-income parents reported work schedule flexibility, compared with only 29% of low-wage, low-income parents.

Evenings and Night Schedules

Working poor parents were more likely to work nights or evenings than were non-poor.

- ➔ 17% of working poor parents, 16% of near poor parents, and 8% percent of non-poor parents had to work evening schedules some or all of the time.

Dependent Care Benefits

Low-wage and -income employed parents have significantly less access to the following dependent care benefits than do higher-wage and -income employed parents. According to research conducted by Bond and Galinsky:

- ➔ Child care resource and referral services (11% versus 24%).
- ➔ Elder care resources and referral services (17% versus 27%).
- ➔ Employer-provided financial assistance to purchase child care services (8% versus 14%).
- ➔ The Dependent Care Assistance Plan (DCAP) that allows pre-tax contributions to cover child care costs (12% versus 38%)

SIGNIFICANCE OF FINDINGS

If unaddressed, these marked disparities observed in working conditions and social supports are likely to significantly affect:

- ➔ Development of pre-school children
- ➔ Educational and developmental outcomes of school-aged children and adolescents
- ➔ Health outcomes for dependents
- ➔ Job retention and exit from poverty

** Poverty is defined by total household income in 1998 with respect to the federal poverty line (FPL): poor (<=100% FPL); near poor (101%-200% FPL); non-poor (>200% FPL).*

^a "Low income" is defined as immediate family income below 200% of the FPL, adjusted for family size and "low-wage" is defined as earning less than \$10.00 per hour in 1997.

I. INTRODUCTION

In August 1996, the United States Congress passed the most sweeping changes in welfare policy in 60 years. These changes ended the federal guarantee of income support for poor single mothers and their children who were living on incomes low enough to meet state eligibility. The 1996 legislation replaced that guarantee with block grants to the states, time limits, and work requirements for both food stamps and income support.

Much of the public debate regarding welfare reform—at both the federal and state levels—assumed that parents leaving welfare for work would face similar conditions as those faced by parents already in the workforce. The goal of this article is to examine empirically the question: do working poor parents and parents leaving welfare for work face similar or significantly different work-based barriers to caring for their family's health and well-being than those faced by other parents?

While a great deal of attention has been paid to the important monetary barriers parents living in poverty face as they attempt to manage the demands of work and caring for their children, inadequate attention has been paid to important non-monetary barriers parents may also face. Meeting children's health and developmental needs requires time off from work to handle a number of responsibilities, including taking children to well-child or illness-related health care visits, managing care for children at home when they are sick and unable to go to child care or school, and taking children with learning difficulties or behavioral problems to be evaluated.¹

II. FAMILY NEEDS

With fewer resources, the working poor, including those leaving welfare for work, have significantly more caregiving responsibility than do higher-income workers. Many have children with special needs. Heymann and Earle used data from the National Longitudinal Survey of Youth (NLSY)^a to evaluate 2,261 mothers who worked at least 20 hours per week between 1990 and 1994. Their analysis found that 41 percent of working mothers who had previously received welfare for more than two years and 32 percent of working mothers who had received welfare for two years or less had at least one child with a chronic health or developmental condition, compared with 21 percent of working mothers who had never been on welfare. In addition, 14 percent of working mothers who had received welfare for more than two years in the past and 11 percent of working mothers who had received welfare for two or less years had a child with asthma, compared with 7 percent of mothers who had never been on welfare (see Figure 1 below).²

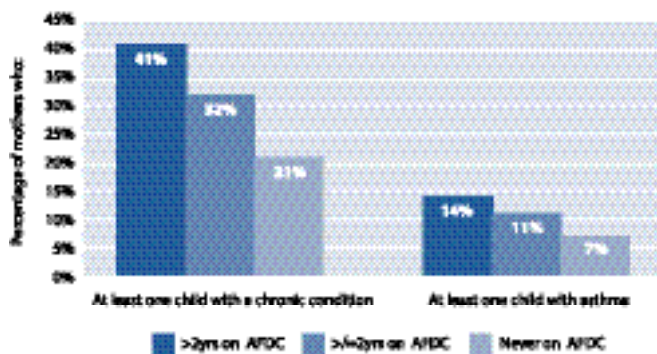
41 percent of working mothers who had previously received welfare for more than two years and 32 percent of working mothers who had received welfare for two years or less had at least one child with a chronic health or developmental condition

Bond and Galinsky used data from the Families and Work Institute 1997 National Study of the Changing Workforce (NSCW) to examine the work-family issues faced by wage and salaried workers who are parents, earn low wages, and live in families with low incomes.^b Their research uncovered disparities between high-income and low-income workers with regard to work cutbacks for child care. They found that within a three-month period, low-income parents were more than twice as likely to need to be absent

from work because they had to care for a sick child or because their child care arrangements had fallen apart.

The challenge of managing work and family comes not only from the responsibility of caring for children, but also from the need to care for sick or disabled and elderly adult family members. Many working adults need to care for both their parents and their children. Since the poor have few or no resources with which to pay for help, those who are responsible for disabled children and adult family members must spend more time providing needed assistance themselves.³ Heymann and colleagues in the MacArthur Foundation Network on Successful Midlife Development collaborated on the Survey of Midlife in the United States (MIDUS), a nationally representative sample of adults.^c Data analysis revealed that four out of every 10 working Americans were providing unpaid assistance to their parents or parents-in-law; half of these were providing the equivalent of one or more days a month. Among low-income employees, 6 percent were caring for a disabled adult and 24 percent for an elderly family member or friend.

Figure 1. Welfare History and Chronic Illness of Child



Note: Figure adapted from: Heymann SJ. and Earle A. (April 1999). *The Impact of Welfare Reform on Parents' Ability To Care For Their Children's Health*. American Journal of Public Health, 89(4), 502-505. The above figure is based on the National Longitudinal Survey of Youth. Bars represent the percentage of mothers who had at least one child with a chronic condition.

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Heymann and her associates also found that among the low-income workers caring for at least one disabled child, 49 percent devoted more than one working day per month to that care and a full 15 percent spent more than the equivalent of a forty-hour work week per month. Among those caring for a disabled adult, 45 percent devoted more than the equivalent of one working day per month to caregiving. Finally, 47 percent of those caring for the elderly did so for the equivalent of one working day per month. In all of these cases, the working poor spent more time caring for disabled and elderly family members than did middle- and upper-income workers.

^a The NLSY is a nationally representative probability sample of 11,406 civilian men and women aged 14 to 21 years when they were first surveyed in 1979.

^b The NSCW is a nationally representative, cross-sectional sample of 2,877 wage and salaried workers. Analyses were conducted using the 1,198 NSCW respondents 18 years of age or older with children under 18 years of age.

^c The MIDUS survey was composed of a nationally representative sample of 2,130 employed adults aged 25 to 74.

III. WORKING CONDITIONS

Over the past two decades, research has documented that widening monetary inequalities have adversely affected low- and middle-income families. Less research, however, has examined non-monetary resources. To shape future poverty policy wisely, we need to know whether the working poor are less likely than other employees to have job benefits and policies that can help them address their caregiving needs.

PAID LEAVE AND FLEXIBILITY

The working conditions of the jobs required by welfare reform determine parents' availability to meet children's health and developmental needs. The availability of paid leave and flexible schedules has become particularly important in determining whether parents can provide appropriate care for their children. Poor parents confront many, often insurmountable barriers, and working poor families cannot risk job loss for unapproved absences. At the same time, the poor typically can not pay others to help them when their children are sick and therefore must spend more time caring for their children themselves. Faced with a no-win situation, many parents cannot leave their sick children alone to take days off or arrange free care among relatives and friends.

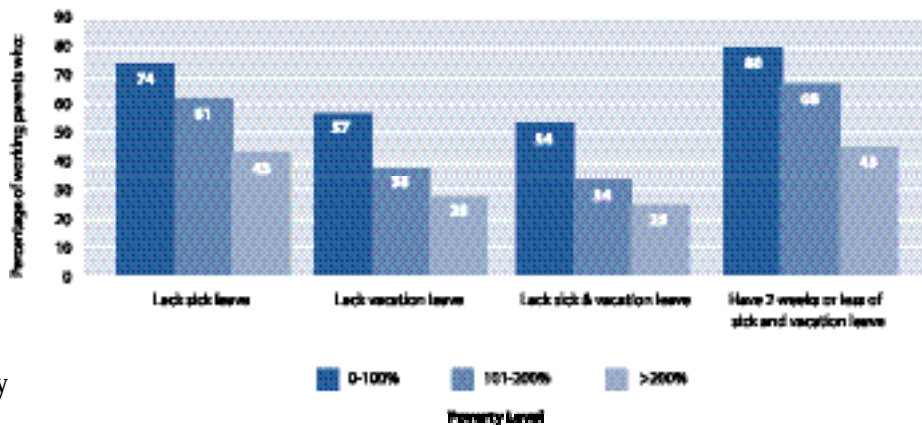
At the same time, taking unpaid leave to care for sick children poses about the same financial burden as paying someone else—even paying minimum wages to provide that care. Both options may be equally unaffordable for working poor families, suggesting that paid leave would make a critical difference in preventing work-family conflicts.

34 percent of working parents living at or below the federal poverty line found themselves at times with no benefits, lacking paid sick and vacation leave as well as schedule flexibility

Although most employers do not allow sick days to be used to care for family members, they are often the most important benefit currently available for dealing with children's illnesses. When parents have paid sick leave, they are far more likely to be able to care for their children when the children are sick or need to see a doctor.⁴ But 74 percent of the working poor did not consistently have paid sick leave between 1994 and 1998. Paid vacation leave may also be used to meet children's routine health and developmental needs—though it is only a partial substitute for paid sick leave because advance notice is commonly required. Additionally, parents who work at jobs that offer flexible schedules are more likely to be able to take time off from work to care for their children.

Using data from the National Longitudinal Survey of Youth (NLSY), Heymann and her colleagues Earle and Boynton-Jarrett found that working poor families were more likely to lack paid sick leave, vacation leave, and flexibility (defined as flexible work hours) some or all of the time over five years, than were families living above 100 percent of the federal poverty line (see

Figure 2. Lack of Basic Fringe Benefits



Note: This figure is adapted from SJ Heymann, *The Widening Gap: Why America's Working Families are in Jeopardy and What Can Be Done About It*. (New York: 2000)

The figure is based on analyses conducted using the National Longitudinal Survey of Youth. Bars represent the percentage of parents who lacked benefits some or all of the time they worked between 1994 and 1998.

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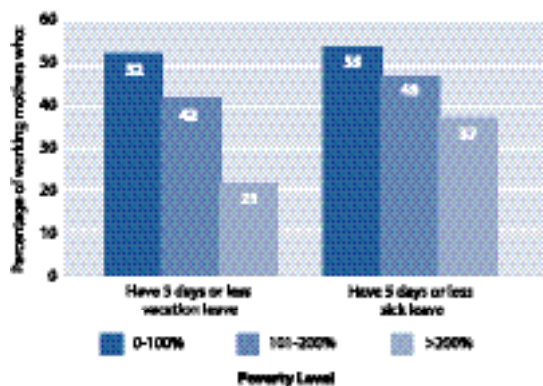
Figure 2 below). In fact, 34 percent of working parents living at or below the federal poverty line found themselves at times with no benefits – lacking paid sick and vacation leave as well as schedule flexibility. In addition, working near-poor families were more likely to lack these job benefits than non-poor families.

INSUFFICIENT LEAVE

Research by Heymann, Earle, and Boynton-Jarrett revealed that not only are working poor families more likely to lack paid leave, those who have it

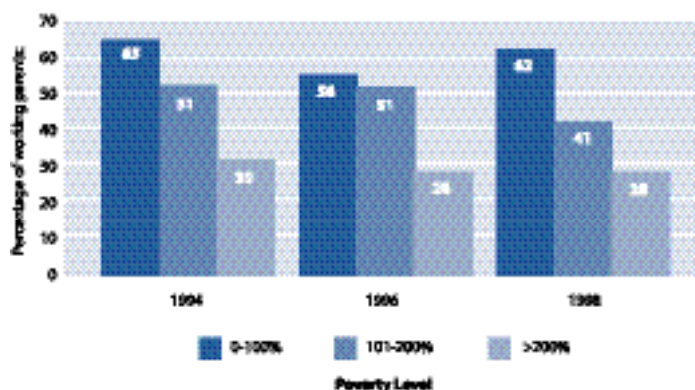
don't have enough. Among those families that did have paid leave, working poor families were significantly more likely to have one work week or less of sick or vacation leave per year (see Figure 3). This analysis of annual benefit trends also indicates that the income gradient in paid sick leave between the working poor and their counterparts has persisted post welfare reform (see Figure 4). For example, among those with paid leave, the percentage of working poor families with less than one week of sick leave increased from 40 percent in 1994 to 49 percent in 1998 (see Figure 5).

Figure 3. Adequacy of Sick and Vacation Leave



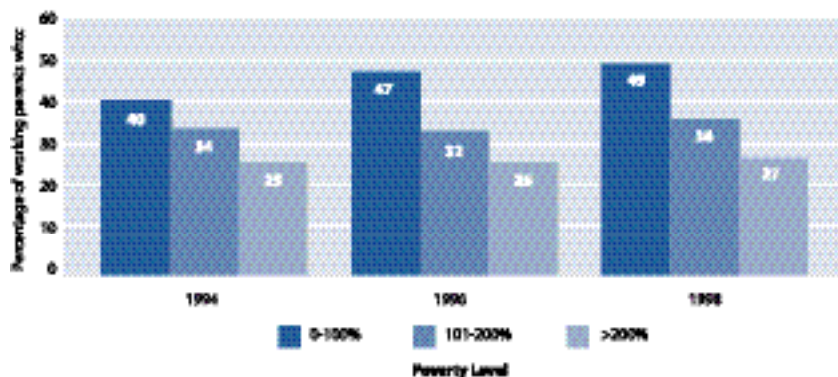
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Figure 4. Working Parents who Lack Sick Leave



Note: This figure is based on analyses conducted using the National Longitudinal Survey of Youth. Bars represent the percentage of parents working full-time who lacked sick leave during that year.

Figure 5. Working Parents with Paid Leave who have 5 Days or Less of Sick Leave



Note: This figure is adapted from SJ Heymann, *The Widening Gap: Why America's Working Families Are In Jeopardy and What Can Be Done About It* (New York: Basic Books, 2000). The figure is based on analyses conducted using the National Longitudinal Survey of Youth. Bars represent percentage of parents working full-time who have five days or less of leave during that year.

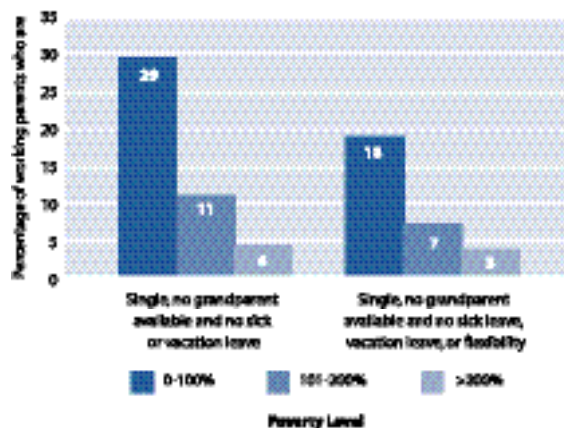
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Flexible work schedules are often necessary for parents to meet both the predictable and unpredictable needs of children at school, to ensure that young children are not left alone, to address problems that arise in child care, and to enable parents to meet with teachers. Parents with limited benefits and little flexibility in the workplace may sometimes rely on other adults in the household or nearby to help meet children's needs. However, working poor families are also at greater risk for being either in multiple jeopardy, or double jeopardy.

In fact, 29 percent of working poor families in these national studies found themselves, at times, single, with no available grandparents, and no paid leave (see Figure 6 below). Working poor parents were seven times as likely as non-poor working parents to find themselves in double jeopardy (29% versus 4%).

In addition, working poor parents were six times more likely to experience multiple jeopardy (being single, without an available grandparent, and having neither paid leave nor flexibility) as non-poor working parents (18% versus 3%).

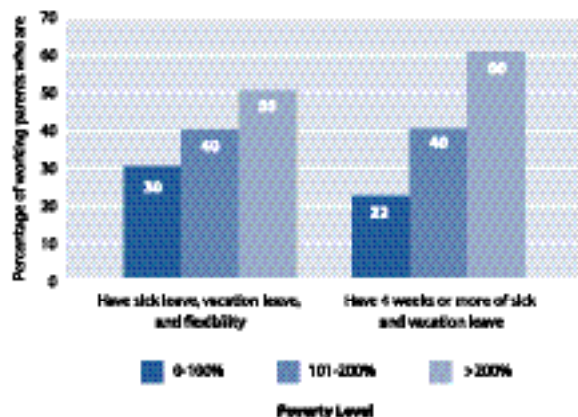
Figure 6. Working Parents at Multiple Jeopardy



Note: This figure is adapted from: SJ Heymann, *The Widening Gap: Why America's Working Families Are In Jeopardy and What Can Be Done About It* (New York: Basic Books, 2000). The figure is based on analyses conducted using the National Longitudinal Survey of Youth. Bars represent the percentage of parents who were at multiple jeopardy some or all of the time they worked between 1994 and 1998.

While 60 percent of non-poor working parents had four weeks or more of combined sick and vacation leave per year, only 40 percent of the near poor and 22 percent of the working poor

Figure 7. Adequacy of Fringe Benefits among Working Parents



had

Note: This figure is adapted from: SJ Heymann, *The Widening Gap: Why America's Working Families Are In Jeopardy and What Can Be Done About It* (New York: Basic Books, 2000). The figure is based on analyses conducted using the National Longitudinal Survey of Youth. Bars represent the percentage of parents who had adequate benefits some or all of the time they worked between 1994 and 1998.

access to this level of benefits (see Figure 7 below). With lower wages and few assets, these families have limited monetary and non-monetary resources on which they can draw to help manage the demands of working and parenting, especially when faced with catastrophic illnesses or chronic ailments.

Using the NSCW, researchers Bond and Galinsky compared higher-wage and -income

51 percent of higher-wage, higher-income parents reported that they could choose starting and quitting times, compared with only 29 percent of low-wage, low-income parents

parents with low-wage parents from low-income families and found that the latter were less able to choose or change their starting and quitting work hours within a range. Fifty-one percent of higher-wage, higher-income parents reported that they could choose starting and quitting times, com-

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pared with only 29 percent of low-wage, low-income parents. Furthermore, when low-wage and -income parents did have schedule options, they were more likely to believe that they would jeopardize job advancement opportunities if they used them. Asked if there was "an unwritten rule at my place of employment that you can't take care of family needs on company time," 24 percent of low-wage, low-income parents strongly agreed, compared with only 10 percent of their higher-wage, higher-income counterparts.

EVENINGS AND NIGHT SCHEDULES

The availability of parental time as well as the nature and quality of that time has been shown to be critical to children's health and development.⁵⁻¹⁰ While night- and evening-shift work may be used by parents to care for preschool children,¹¹ evening work clearly limits parental availability for supporting the social and cognitive development of school-age children. Evening work is particularly problematic because parents are unavailable when children are home from school.¹²

Heymann, Earle, and Boynton-Jarrett analyzed data from the NLSY and found that parents in

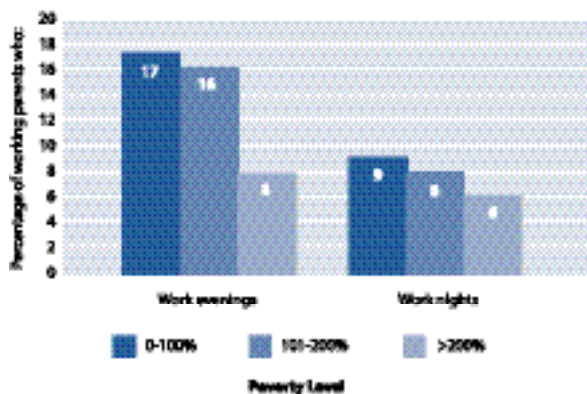
working poor families were more likely to work nights and evenings than those in working non-poor families (see Figure 8 below). Among employed parents, 17 percent of the working poor, 16 percent of the near poor, and 8 percent of those who were not poor had to work evening schedules. Not only did parents living in poverty commonly have less choice about their work schedules, but they also had fewer resources with which to obtain quality child care during the evening hours while they worked. This is a particular problem given the paucity of options for evening care, and the limited number of alternative sources of quality care.¹³

DEPENDENT CARE BENEFITS

Dependent care benefits can be provided to workers in a range of ways, from direct services or financial aid from employers, to tax benefits and other forms of government support, to informational services. Yet while a range of options exists for providing dependent care benefits, the efficacy and accessibility of these benefits for working parents varies. Without direct financial assistance from employers or government subsidies, most working poor families simply cannot afford quality care even if provided with referrals.

While public-private partnerships that allow pre-tax dollars to be spent on dependent care may assist the middle class, they do little for those poor enough to pay few taxes to begin with. Resource and referral services assist workers by helping them find and select dependent care services and counselling and informing workers on their care options, enabling employees to use their own income to make pre-tax contributions. Both referral services and pre-tax contributions are more popular with employers than other, more direct forms of dependent care support because they are less costly and can easily serve large numbers of employees. While valuable to the middle class, these programs do little to ease the financial burdens low income workers face in providing dependents with high quality care and still require workers to pay for services out of pocket.

Figure 8. Parental Work Schedules



Note: This figure is adapted from: SJ Heymann, *The Widening Gap: Why America's Working Families Are In Jeopardy and What Can Be Done About It* (New York: Basic Books, 2000). The figure is based on analyses conducted using the National Longitudinal Survey of Youth. Bars represent percentage of parents who had adequate benefits some or all of the time they worked between 1994 and 1998.

III. WORKING CONDITIONS

Importantly, only a small minority of workers has access to any of these services and, ironically, of the minority with access, those earning the least also receive the least support. As shown in Table 1 (see page 12), Bond and Galinsky found that low-wage and -income employed parents have significantly less access to all types of benefit programs when compared with higher-wage and -income employed parents. Low-wage and -income parents have less access to child care resource and referral services; elder care resources and referral services; employer-provided financial assistance to purchase child care services; and the Dependent Care Assistance Plan (DCAP) which allows pre-tax contributions to cover child care costs. The pervasive disparity in such benefits severely limits the ability of working poor families to obtain quality daily care for family members.

example, are ineligible if they do not work a minimum number of hours for one employer. Furthermore, the FMLA only provides for unpaid leave. These restrictions severely limit the pool of workers covered by the law. Using the NSCW, Bond and Galinsky found that 46 percent of low-wage and low-income parents were employed in firms with fewer than 50 employees—and thus ineligible for benefits under the FMLA—compared with 26 percent of their higher-wage, higher-income counterparts.

FAMILY AND MEDICAL LEAVE ACT

The Family and Medical Leave Act (FMLA), enacted by Congress and signed into law in 1993, sought to ensure that workers with newborns and those facing urgent medical circumstances could take leave from their jobs without risking dismissal. The FMLA provides up to 12 weeks of unpaid leave to those who have major illnesses or whose immediate family members have major illnesses, as well as to those with a newborn or newly adopted child. However, the applicability of the FMLA is limited to places of employment with at least 50 workers within a 75-mile radius, and to employees who have worked at the same job for at least 1250 hours during the past year.

The FMLA is full of gaps for low-wage workers. Individuals who work multiple part-time jobs, for

IV. THE IMPACT OF INADEQUATE BENEFITS

URGENT FAMILY NEEDS

When parents are available to care for sick children, the children are more likely to recover quickly and have better mental and physical health overall. Studies show that parental care of children also contributes to better vital signs and fewer symptoms.¹⁴⁻²⁴ Yet because mothers leaving welfare for work have less access to paid leave and flexibility in their jobs, they are less likely to be able to take time off and have the flexibility necessary to care for sick children.

Mothers leaving welfare face adverse working conditions because they are disadvantaged competing for good jobs—due to educational background and job experience—and because "work first" welfare rules in many states require that the first job offered must be accepted.^{25,26} As a result, mothers leaving welfare are unable to discriminate between job choices, and thus have little or no choice but to accept jobs with poor working conditions, including those that lack benefits.

Single parents who have no paid leave, no job flexibility, limited social supports, and few resources to pay for sick child care face painfully limited choices when their children get sick.²⁷ They can send their children to school ill, leave their children at home alone, leave their children in the care of siblings or other children, take unpaid leave if available, or if it's not, simply not show up at work. Each of these options carries consequences. When children are sent to school or child care sick with common infectious diseases, they exacerbate the spread of communicable diseases among other children.²⁸⁻³⁷ And when young sick children stay home alone or in the care of other children, many simply do not get the quality care they need. Taking unpaid leave can drop family incomes such that they fall below the poverty level. Work absenteeism can result in disciplinary action or termination.

These work-family conflicts exemplify the often injurious tradeoffs working-poor families currently must make in the absence of better social policies and supports.

DAILY CARE NEEDS

Parental involvement and quality educational opportunities go hand in hand as leading determinants of how children fare. Both are associated with higher student achievement at all levels of primary and secondary education; both are associated with children's higher achievement in language and mathematics, improved behavior, greater academic persistence; and both are associated with lower drop-out rates. Yet low-income parents face disproportionately high barriers to both adequate parental involvement and quality educational services.

Model early-childhood programs have demonstrated a wide series of gains for children, including improved achievement test scores,³⁸ a decreased need for special education services, decreased rates of being held back in school, and higher rates of high school graduation. While many children still do not have access to quality early-childhood education, research on children who attended preschool shows that at the age of six these children are likely to have larger vocabularies and be better readers than their brothers and sisters who have not had an opportunity to attend preschool.³⁹

Children who attend quality preschool programs are also less likely to need remedial education.⁴⁰ Despite the well-documented importance of high quality early-childhood education in how children fare in school, only half of all three and four year-olds attend formal early childhood education. As documented here, working poor parents not only are less able to afford quality child care on their own, but they are less likely to receive dependent care benefits.

In addition to having access to affordable, high quality educational and care services, all working parents need to be able to spend time with their school-age children on a regular basis. Studies have consistently shown that spending time with children results in better school performance down the line. For preschool and school-age children alike, parental time plays a central role in

IV. THE IMPACT OF INADEQUATE BENEFITS

children's cognitive, educational and social development. Conversely, parental absence and loss of contact are developmentally detrimental.⁴¹⁻⁴⁸ When parents are involved in their children's education, children achieve more in elementary school, junior high, and high school.^{49,50} Parental involvement is associated with children's higher achievement in both language and mathematics, improved behavior, greater academic persistence, and lower dropout rates.⁵¹⁻⁵⁶ Among adolescents who have already developed behavioral problems, parental involvement has been shown to be critical in reducing socially destructive behaviors and improving social competence.

INADEQUATE FAMILY TIME

Working conditions markedly affect the ways and extent to which parents can be involved in their children's education. This is critically important since parental involvement in children's education has been shown to significantly influence how well children fare in school.⁵⁸⁻⁶⁰ Despite the clear benefits to parental involvement in children's health, education, and developmental outcomes, conditions in our labor market are making it impossible for many low-income parents to spend this essential time with their children. Working poor and near-poor parents are significantly less likely to have the flexibility during the day necessary to visit schools. And, as previously shown, working poor and near-poor parents are significantly more likely to have to work evenings and night shifts and thus have far less time to spend with school-age children than parents who do not work during their children's out-of-school hours.⁶¹ [For more on night and evening hours see above section Evenings and Night Schedules.]

Over the past two decades, much of the job

growth for low-skilled workers has come through evening and night work. Yet with their children in school all day, when parents have to work evening shifts, they may be able to spend little or no time with their seven or eleven-year-old. National studies by Heymann and Earle have demonstrated that even controlling for differences in family income and parental education, marital status, and total hours parents worked, the more hours parents had to be away from home after school and in the evening, the more likely their children were to test in the bottom quartile on achievement tests. And after controlling for other differences, parents who had to work at night were nearly three times as likely to have a child who had been suspended from school.

V. CONCLUSION

As these findings show, disparities in income are exacerbated by the dramatic disparities in working and social conditions faced by families at different points on the income scale. Poor and near-poor families possess fewer economic and social resources than those in upper-income brackets, yet have greater needs to address. As income falls, the amount and severity of health problems among children and the elderly rise. In the absence of basic job benefits guaranteed or provided by government, lower-wage jobs currently provide little paid leave, little flexibility in work schedules, and little support for dependent care. Because working poor families face a greater number of barriers to managing work demands and the care of their families, they simultaneously are less likely to succeed at work or care well for their family members, reducing not only their chances of success but also those of their children and dependents.

In effect, our nation asks all working parents to jump high to clear a high bar. But middle-income families start at ground-level, while low-income families are asked to jump just as high but are placed in a hole deep in the ground. If we expect all parents to be responsible at work and at home, we must make doing so feasible by leveling the playing field.

VI. TABLES

Table 1: Access to Dependent Care Benefits at Main Job among Employed Parents¹

Dependent Care Benefits	Low-Wage & -Income (max. n=194)	vs.	Higher-Wage & -Income (max. n=697)
% offered <u>child</u> care resource and referral services:	11%	***	24%
% offered <u>elder</u> care resource and referral services:	17%	**	27%
% whose employer sponsors a child care center at or near workplace:	10%	ns	14%
% whose employer offers direct financial assistance for child care:	8%	*	14%
% offered DCAP allowing pre-tax contributions to cover child care costs:	12%	***	38%
Dependent Care Benefits Scale (average of 5 preceding items): % above the total sample median by wage-income groups	35%	***	53%

*Statistical significance: ns = not significant; * $p < .05$; ** $p < .01$; *** $p < .001$*

¹ Pearson chi-square is used to test for differences in dichotomous scale distributions. A nonparametric test is used to compare median values on the dependent care benefits scale that has a skewed distribution.

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