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Supporting Employment among Lower-Income Mothers: Paid Family Leave and Child Care Arrangements

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HIGHLIGHTS

This is the third ASPE brief about a qualitative study examining lower-income mothers' attachment to work around the time of childbirth and the role of state paid family leave (PFL) programs in supporting their return to employment. This brief focuses on the role of PFL in facilitating child care arrangements of a sample of mothers. Highlights are:

- Arrangements included (1) informal care by family, friends, or acquaintances; (2) professional care; (3) coordination of work schedules with family; or (4) leaving the workforce. Key concerns were the availability of feasible and appropriate care, its cost, and its quality.
- PFL assisted mothers in making child care arrangements, largely by providing time to find care and address logistics and to let babies grow and acclimate to care. PFL also provided funds that some mothers used for child care costs.
- PFL was not central to all mothers' child care arrangements. It was less important for those who arranged care prior to childbirth and those who left the workforce voluntarily for full-time caregiving.
- Ultimately, PFL appeared to ease some of the difficulties mothers in the study faced in making child care arrangements. But tensions around child care accessibility, cost to parents, and quality nonetheless remained for many of them and were largely beyond the scope of the PFL program to address.

Introduction

Despite gains in women's labor force participation over time, recent years have seen a decline from a high of 60.7 percent in April 2000 to 57.3 percent in March 2020 (Federal Reserve Bank of St. Louis 2020). Lower-income women, in particular, tend to have less labor force participation than higher-income women do. In addition, they have tended to leave employment around the time of childbirth at notably greater rates (U.S. Department of Labor 2016, Laughlin 2011). Childbirth is a time of particular economic instability for lower-income mothers and their families (Stanczyk 2018).



Quantitative research indicates that state paid family leave (PFL) programs contribute to greater work attachment among new mothers following childbirth.¹ Some studies found these results for disadvantaged mothers in particular, suggesting PFL's potential to alleviate financial need among lower-income mothers by supporting their employment. PFL programs provide partial replacement of lost wages (usually about two-thirds) for a limited time (usually about 10 to 12 weeks) for working parents who take leave for childbirth.²

Research from an earlier phase of this study indicated that PFL may help new parents return to employment at least in part by subsidizing a period of time to make the transition from childbirth back to work, and that some parents used this time to arrange for child care. While challenges finding affordable, appropriate child care are prevalent, especially for lower-income mothers (Child Care Aware 2019, White House 2019), there is evidence that PFL may alleviate some of these challenges.

This study used qualitative methods to explore the experiences of a sample of lower-income mothers with work, PFL, and child care around the time of birth in three states: California, New Jersey, and Rhode Island. Two companion briefs examined [mothers' work attachment](#) after childbirth and their perceptions of [the role PFL played](#) in helping them return to work. This brief explores in more depth the child care arrangements the mothers used to allow them to return to work, and the role of PFL in facilitating their child care decisions and arrangements. All three briefs are part of a body of [ASPE research](#) on the role of PFL and of child care in supporting lower-income working families. This research took place prior to implementation of a national program of emergency paid family leave in April 2020 in response to the COVID-19 pandemic. While that program reflected the value of paid family leave as a support for working parents, its focus was on parents of children in closed schools or child care arrangements, rather than parents around the time of childbirth.³

The mothers we talked with were not representative of all lower-income new mothers in their states or in the country as a whole, nor of all lower-income women who are eligible for or used PFL. Because the study focused on lower-income mothers receiving PFL, it did not provide perspectives of mothers who did not use the program for some reason, such as lack of awareness or an inability to afford the reduced wage replacement that PFL provides. Despite these limitations, our conversations with these mothers allowed us to understand better whether and how PFL interacted with parents' child care decisions and arrangements.

Paid Family Leave

PFL is a policy to provide parents with time away from employment to care for and bond with their newborn child by supplementing their income. Lower-income working parents are the least likely to receive paid leave from their employers, and therefore state PFL programs have the potential to disproportionately benefit these parents.⁴ Four states had enacted and implemented PFL benefit programs by the beginning of 2019: California (2004), New Jersey (2009), Rhode Island (2014), and New York (2018). Five other jurisdictions—the District of Columbia, Massachusetts, Washington, Connecticut, and, most recently, Oregon—have also enacted PFL programs, but they were not yet in effect at the time of the study. PFL programs in the three study states provided four to six weeks of wages subsidized at 60 to 70 percent of prior

¹ Several studies indicate that PFL supports mothers' postbirth employment outcomes, including work attachment, a higher probability of increased wages, and attachment to prebirth employers (Baum and Ruhm 2016, Byker 2016, Houser and Vartanian 2012, Milkman and Appelbaum 2013, Rossin-Slater et al. 2013, Winston et al. 2017). One 2019 study looking at long-term employment outcomes in California found "little evidence" that PFL increased mothers' employment, but the study design focused on women who took leave immediately after the implementation of PFL in 2004, thus limiting the analysis to those most aware of the policy—likely the most educated and highest income (Bailey et al. 2019).

² State PFL programs also provide financial support around the time of adoption or for the care of certain other family members, but the use of PFL after childbirth is the focus of this study.

³ A [recent ASPE brief](#) explains the emergency paid family leave program.

⁴ See U.S. Bureau of Labor Statistics (2019). See also Appelbaum and Gatta (2019) for analysis of low participation in PFL by low-income parents and lessons from recent initiatives to increase awareness and uptake, and see Gupta et al. (2018) on the importance of PFL for low-income families.

earnings.⁵ These PFL wage subsidies for mothers were in addition to—and typically followed—about six to 10 weeks of leave at similar pay under state temporary disability insurance (TDI) programs for pregnancy- and childbirth-related disability.⁶ Fathers or other parents were also eligible for PFL. The first brief in this series and Appendix A provide further detail on PFL in the study states.

Child Care Policy

Most child care arrangements in the United States are made and paid for by individual families or are provided by family members, friends, or others outside the formal child care system (Swenson and Burgess Simms 2020, Swenson 2020, National Survey of Early Care and Education Project Team 2016). Public funding for child care subsidies through the Child Care and Development Fund (the major federal funding source) or for other federal early care and education programs, such as Head Start and Early Head Start, is limited and eligibility for publicly subsidized care substantially outpaces supply (Chien 2019). Affordable, high-quality child care can be difficult to locate, particularly for lower-income families (Child Care Aware 2019). Families of infants and young children with disabilities or at risk of developmental delays face additional challenges in accessing appropriate care (Costanzo and Magnuson 2019).

In recent years, high child care costs have hit lower-income families in particular: an analysis of data from the U.S. Census indicated that child care costs constituted 6.7 percent of higher-income families' income, while it made up almost 40 percent of the income of poor families (DeSilver 2014). Federal tax credits, such as the Child Tax Credit and Child and Dependent Care Credit, can partially offset the cost to parents of child care. But they may be of limited use to lower-income families because the credits are either not refundable or only partially refundable, meaning that the family receives no or only part of the benefit if they lack sufficient tax liability to claim it (Mathur et al. 2017).

Some lower-income families receive child care subsidies that help pay for provider care so that parents can work or participate in training or education. Access to these subsidies is typically limited to families at or below 85 percent of the state median income. Further, because subsidy programs are largely funded by block grants with limited funding, a modest share of eligible families actually receive subsidies.⁷ Not surprisingly, wait lists for subsidies have tended to be long. Further, navigating the subsidy system can be complex for both families and the providers of subsidized care (Adams and Matthews 2013, Rohacek and Adams 2017).

A 2018 increase in CCDF funding raised the amount available for subsidies and other purposes by \$2.4 billion over each of two years. Federal child care officials report that this new funding has decreased wait lists in states and localities. However, our data collection period preceded implementation of these funding increases and therefore would not reflect their effect.

Lower-income parents have a range of options for child care but often must reconcile trade-offs between its availability, cost to families, and quality amid the constraints imposed by the lower-quality jobs many hold (Henly and Adams 2018, Forry et al. 2013, Chaudry et al. 2011). We saw many of these tensions reflected in the comments of the mothers with whom we spoke.

⁵ Some programs recently enacted or expanded, including New Jersey's, have higher wage replacement rates (e.g., up to 95 percent for low-wage workers in Connecticut). See National Partnership for Women and Families (2019).

⁶ Five states have state-level TDI programs: California, Hawaii, New Jersey, New York, and Rhode Island. Puerto Rico also has a TDI program. For more information on TDI and PFL programs across the states, see National Partnership for Women and Families (2019).

⁷ In 2016, federal and state spending on child care subsidies for low-income working families amounted to slightly under \$10 billion, with funds from the Child Care and Development Fund block grant (about two-thirds of the total) and funding related to the Temporary Assistance for Needy Families (TANF) and Social Service Block Grants (the other third). About 15 percent of children eligible for subsidies under federal rules received them in 2016, while about 24 percent of children eligible under state rules did so (Chien 2019).

The Mothers in Our Sample

This study drew on focus groups and semi-structured interviews with 75 mothers in California, New Jersey, or Rhode Island, as well as a short demographic questionnaire. All study participants had used their state's PFL program upon the birth of a child in the prior two years, and all had a household income below the area median for the county in which they lived, which was the definition of "lower income" in this study.⁸

About 70 percent of the mothers had incomes under \$50,000 (38 percent had incomes of \$25,000 or less). Thirty percent were single parents, while the rest lived with their child's father. Mothers of all major race-ethnicity groups participated in the study: 38 percent identified as white, 22 percent as black, 12 percent as Asian, 4 percent as American Indian/Alaska Native, and 1 percent as Native Hawaiian or other Pacific Islander; the rest declined to identify their race. More than half the sample identified as Hispanic, consistent with the focus on lower-income mothers and the disproportionate presence of Californians (about 40 percent of whom are Hispanic) in the study. They lived in a mix of urban, suburban, and rural locations.

The mothers held a range of jobs around the time of childbirth, including retail, administrative, health care, child care, food service, social service, customer service, and agricultural labor. Several said they worked for staffing agencies rather than directly for employers. Some worked multiple jobs or combined school and work. A few worked seasonally. Most of the mothers (about 70 percent) said they returned to work after childbirth. Twenty-nine percent left work altogether around the time of childbirth, several before but most after. Thirteen percent said they were fired or laid off, and 16 percent quit.

Appendix A provides further detail about the study sample and methods, and Appendix B provides the study discussion guide.

Findings

This brief explores mothers' child care arrangements following childbirth and how PFL appeared to contribute to them. First, it describes the child care arrangements that the mothers used and their experiences with them. Second, it explores the main ways that the time and money PFL provided supported parents' child care arrangements. It also describes circumstances where PFL appeared to play little role in the decisions parents made about child care.

The Child Care Arrangements of Mothers in the Study

The mothers used a variety of care arrangements for a range of reasons. The mothers in the study used four broad strategies: (1) making informal arrangements with family, friends, or acquaintances; (2) using professional care providers; (3) coordinating work schedules with family; or (4) leaving the workforce. These arrangements often reflected the tensions between access to child care, its cost, and the quality of available care that have been cited in other research, particularly for lower-income families. While finding child care is difficult for many mothers, lower-income women can experience additional challenges, such as substantial financial constraints, nontraditional work hours, and unpredictable or irregular schedules (Baldiga et al. 2018, Lambert et al. 2014, Smith and Adams 2013). Further, care for infants or babies with special needs can be especially hard to find.

Many mothers relied on informal arrangements with family, friends, or acquaintances. Several single mothers said that, lacking a partner or other resources, they relied heavily on family. Some patched together child care provided by a mix of family members or arranged care with friends,

⁸ We did not use the federal poverty threshold because it does not generally differ by geographic area, whereas we knew the cost of living varied widely across the locations included in the study, which included San Francisco and San Jose, California, as well as locations with a much lower cost of living. Instead, we included women below the median income for their county (for this reason, we refer to them as lower income rather than low income).

neighbors, or other acquaintances. Some strongly preferred this arrangement, seeing it as more loving and trustworthy, and especially important for infants. It was typically described as less expensive as well. The parents' mothers and aunts were common family caregivers. A couple of foreign-born mothers asked their own mothers to fly in from their home countries to provide care.

Others, however, said they used informal care more out of necessity than by preference—because it was more available and cheaper than alternatives. Several said they felt it was of lower quality than formal, professional care or was complicated by difficult personal relationships. Two mothers complained that relatives gave preferential treatment to their own children whom they cared for at the same time. Several mothers said that they could not ask relatives to care for their children in the way they wanted, with one saying that the care was seen as “a favor.”

Mothers in the study also used professional provider care, including family-based providers and centers. Some said they preferred formal care; a few had subsidies to put their children in high-quality centers or Early Head Start and expressed satisfaction with these arrangements. Some perceived professional caregivers as better qualified to care for young children than untrained family members or acquaintances. Others grudgingly used professional care with which they were not comfortable because they felt they lacked an alternative: they could not afford better-quality center care, and family members were unavailable because they did not live nearby or were also working.

Some parents avoided the need for regular formal care by coordinating their work schedules so they could tag-team with each other or with relatives. In one case, both parents worked for the same family-owned supermarket chain, which allowed them to coordinate their schedules and act as sole caregivers for their four children.

Finally, of the 75 mothers in the study, 22 quit their jobs after childbirth or were fired and had not returned to work at the time of the study. Several fathers were reported to have left their jobs to care for the baby. The mothers in these families cited child care costs, a preference for parents to be the primary caregiver, and babies with special needs as key reasons for a parent to leave work.

Many mothers stressed the difficulty of locating care.

Mothers in the study commented on the challenges of finding any suitable, affordable child care arrangement. Mothers said they consulted with friends, family, coworkers, and agencies to identify potential providers. Many said information on available providers was hard to locate. Some described extensive child care searches, beginning even before they gave birth. Others said they only focused on finding care shortly before returning to work, driven by the impending sense that the clock on their time home with their baby was running out.

“Thank God I have my mom to watch over him. If I didn’t have my mom in the area, I would be leaving him with a babysitter, which I would feel very, very uncomfortable with...” *Alice, San Jose, CA*

“I knew a person, she has a sister who has a coworker, and she was like a stay-at-home mom, so she was taking care of [my baby].”
Emma, San Diego, CA

“If it’s somebody who is licensed, experienced, you know, they have like a top-notch daycare, they know what to do, and they follow your instructions. But when it’s family, they kind of just [say] ‘oh well, I have my own kids, I’ll just do what I know best.’” *Jane, Fresno, CA*

“You can call everybody in town, [but] if people don’t have openings and you’ve got to go back to work, you’ve got to figure something out. A family member, a friend, whatever.” *Samantha, San Diego, CA*

“It was my intention, at the beginning, to return [to work]. I was on a wait list for daycare for my daughter but she was too young for a home daycare to take. So I decided to tell my work, you know what, I cannot find someone to take care of her, I need more time and later, when I find someone, [I’ll return].” *Maria, San Francisco, CA*

Care to match jobs with nontraditional or erratic hours was typically difficult to locate. Some also cited employers who were unable or unwilling to change their hours to accommodate available hours of child care (though others also described help from their employers with scheduling). Care for young infants and children with special needs was especially difficult to find, mothers said. A few also struggled to find child care that would support their breastfeeding efforts.

The high cost of child care was a problem for many of the mothers in the study.

While some mothers managed the cost of child care by using free or below-market-rate care from family members or friends, or by coordinating schedules with the other parent or relatives, many mothers in the study said that the high cost of care was a major problem. Even where mothers relied on family members or had stopped working to care for their children, the issue of cost sometimes spurred them to make decisions that appeared inconsistent with what they said was best for their families. In some cases, they left their children with relatives or in other low-cost arrangements that they were uncomfortable with. In others, they gave up jobs they suggested they would otherwise have kept. Many mothers saw a direct relationship between the cost of care and its quality, and some said they could not afford high quality. A few mothers said they were considering moving to locations where they thought care and other living expenses would cost less or moving their children to cheaper care arrangements. Several mothers described being caught in a catch-22 in which they needed money to pay for up-front child care costs, but they needed child care to earn money. Finally, as noted above, 29 percent of the sample left work entirely, most saying the decision to leave was at least in part due to high child care costs.

“It’s actually more affordable to stay home with her right now than to go back to work on a teacher’s salary. I’d be paying at least \$1,000 a month [for child care].” *Diamond, East Orange, NJ*

“I went to child care [centers] to go find out how much the price of the thing is, and I’m like ‘oh, my gosh!’ That’s more than I make in two weeks...especially for a newborn, it’s \$200 a week...That’s my rent.” *Jessica, Fresno, CA*

Subsidized care lowered costs for some mothers, but could be hard to access. Several mothers did find affordable provider care of reasonably high quality. One mother’s baby was in Early Head Start. She and another mother participated in home visiting programs that connected them to subsidized high-quality child care. Another mother had both her infant and older child in a national child care chain she felt was high quality; she said child support payments enabled her to pay the bill.

Many mothers were aware that child care subsidies could help them afford care, but reported difficulties in getting subsidies. Subsidy rules vary by state and sometimes county, and these mothers’ experiences with subsidies may not be the rule for all lower-income mothers, but other research indicates they are not outside the norm. The mothers cited not having sufficiently low income to qualify, documentation requirements that made it difficult to apply while on leave (e.g., an inability to provide recent pay stubs to prove they worked), and wait lists that were too long due to a shortage of funds.

“I applied [for a subsidy], but they won’t—until they have enough funds—they won’t give me a call back.” *Melissa, Antelope Valley, CA*

Essentially, a mother needed to be eligible for a subsidy, to receive one, and to find a qualified caregiver with an available slot. Some found providers, only to discover that the providers did not meet state or local regulatory requirements to receive subsidies. Several women expressed the view that subsidized care was not available to families like their own, which one described as “working...lower class, but not to the extreme,” remarking, “[for us] there’s nothing, there’s no solution.” One single mother who was a supermarket cashier said that after she put her name on the wait list for a subsidy, “they told me that one has to wait, they don’t know if it’s a year...or more time. I applied [six months ago] and I haven’t gotten any response. I’m still waiting.”

Erratic or nontraditional work hours could also make it hard to find or keep care for which they could use a subsidy since it often did not match mothers' schedules. One mother mentioned her inability to use the child care she had contracted for because her work hours were so variable and unpredictable. She gave up the arrangement rather than pay for unused care.

Many mothers expressed anxiety about the quality of their babies' care, which was often driven by low cost or convenience. Many mothers were anxious about child care quality, though overall they did not indicate a clear pattern of preference about the quality of informal versus professional care. Some mothers expressed concern about center or home-based professional providers, especially for infants, while others were dissatisfied with the quality of care by family members or other informal arrangements. Many cited media reports about dangerous care, and some said they had directly experienced unsafe or otherwise inadequate arrangements. Some indicated that their babies' current care was not high quality, but they felt they had little choice since it enabled them to work.

Mothers' options were often driven by cost, feasibility, and the urgency to find a slot in time to return to work. One mother relied on a "cousin's best friend's mom" whom she had not met before dropping her baby off the first day. Another used her teenage brothers as caregivers, despite their inexperience. Some parents described seemingly unstable care arrangements with multiple providers, as they tried to balance often-shifting work demands.

However, some mothers were satisfied with the quality of their children's care. Several expressed faith in center providers, with one saying, "I left my son when he was four months and...they did take good care of him." Another mother, whose two children were in subsidized care in a nationally accredited center, was happy with it. Others who left their children with trusted relatives also expressed confidence with the quality, with one noting, "it helped me be at peace."

Ways PFL Supported Mothers' Child Care Arrangements

The mothers in the study described a range of ways that their states' PFL programs helped their families make child care arrangements and, in some cases, gain access to care that otherwise may have been unavailable to them. In some cases, the mothers explicitly identified their arrangements as the result of the time they took for PFL. In others, they described activities to find appropriate care after childbirth that might not have been possible without the time PFL provided, but they did not necessarily draw an explicit connection between PFL and the care they found. The benefits of PFL that mothers identified for their babies' child care arrangements fell into three major categories: (1) time to address child care logistics; (2) time for babies to grow old enough for the mothers to find acceptable nonparental care; and (3) time for the babies and their new caregivers to acclimate to specific care arrangements.

PFL subsidized time needed to address child care logistics. The time PFL provided allowed many of the mothers in the study to do what was needed to locate child care.

"I never met the lady [before], so there wasn't that much trust. [But] I needed her for work." *Kisha, Los Angeles, CA*

"I have come home to my baby crying and I'm like 'why is he just sitting on the couch crying? Why aren't you picking him up?' 'Well,' [my younger brother says] 'he's been crying for three hours and I don't know what to do.'" *Saphira, Fresno, CA*

"You have to like bargain [with yourself] about who you want to leave your child with. Is this even a person I really want, or am I just doing it out of being desperate?" *Jen, Fresno, CA*

"I want a child care where there are cameras, where there is more than one adult, and they are all from the government, which means that they know they are being watched and they are actually certified to take care of babies, infants." *Vero, Los Angeles, CA*

Calling and visiting centers and providers. Several mothers said that PFL gave them the time they needed to visit family providers or child care centers or otherwise look for care. Some said that they were intensely conscious of the ticking clock and their need to find care in order to return to work. One said that without time to thoroughly investigate caregivers, mothers would be less willing to return to work because of fear about their child's care situation. Others said it was simply too time consuming to look for care while working, and valued the time PFL gave them.

Especially for mothers with nontraditional, rigid, or erratic schedules; severe financial constraints; children with special needs; or limited family support, locating affordable, appropriate care was challenging. Mothers noted the effort needed to find appropriate infant care, given a dearth of affordable slots. Several cited benefits provided by the time on PFL.

Some mothers said that they delayed looking for care until later in their leave. A few noted that they were consumed with caring for their newborn and did not turn their attention to the logistics of arranging care in preparation for work until later in their leaves. For example, one said she put off looking because she did not want to put her baby in child care at all. Ultimately, however, she used the time to look at many potential care arrangements in order to feel "totally secure to put him somewhere." Others appeared to make hurried arrangements at the last minute, as their return to work approached.

Waiting for a slot to become available. Some mothers had submitted applications to child care providers or programs, but space was not yet available for their baby. The time they had on PFL allowed slots to open up, before they returned to work or shortly after.

One single mother said that while she was still pregnant she contacted the child care center her older child attended. During her time on PFL, an opening became available for the baby as well. She said the provider was trustworthy and she was happy with the arrangement. Another mother who worked with a child care referral service said that she too had signed up while still pregnant, noting, "It's a long waiting list so you got to do that as soon as possible." She was able to delay returning to work until care became available. "I wanted to make sure I had a secure child care before starting," she said.

Navigating the child care subsidy system. Several mothers in the study said they addressed administrative requirements of the subsidy system while they were on leave. A few said they would have had greater difficulty meeting the administrative demands of the subsidy system while juggling work and new parenthood. The time on leave also meant that for at least part of the time they waited for a subsidy they were able to care for their own child. At least one mother successfully received a subsidy authorization while on leave, prior to returning to work. Others applied for subsidies but had not received assistance by the time of the study.

"You do need that time off to go visit the schools, and the teachers. You have to feel [comfortable about] it. Otherwise you are not going to go back to work because you are going to be scared." *Samantha, Sacramento, CA*

"Yeah, being on leave definitely helps to get you out to call places and you have to interview and...then you have to check it out and there's a lot you have to do. And if you're working full time that's really hard." *Jena, San Diego, CA*

"Of course, of course it [PFL] helped because, like I said, the time...the time is good and I was able to wait until there was an opening for my son." *Lucy, Providence, RI*

"It gave me the time...to put in the paperwork [for a child care subsidy]. And then whatever they needed, I was able to come back and turn in more paperwork, as far as child care goes. It gave me that extra time to do those things, to get stuff done." *Michelle, Fresno, CA*

Arranging informal caregiving by family members. Some mothers said that the time PFL provided allowed family members to become available for caregiving. For example, one mother asked the baby's grandmother (her mother) to act as primary caregiver when she returned to work. While the mother was on PFL, the grandmother rescheduled her multiple housecleaning jobs to a single day, freeing up four days a week to care for her grandchild. Another mother said she persuaded her mother to come from her home country to provide child care, and paid her mother's plane fare. Some of the mothers in the study also said that they and the fathers used the time to adjust their own work schedules to better balance parental care and work.

PFL enabled babies to grow and acclimate to care. Many mothers stressed the value of the leave they took in providing time for their baby's growth and transition to nonparental care.

Allowing the baby to grow big enough for nonparental care. Many mothers described the importance of the time PFL provided in simply allowing their infants to become old enough so that the mothers could accept placing them in nonparental care. This was a recurring theme. Some feared for their safety, citing news stories or personal experiences with substandard care. While most mothers wished for more time on leave, many expressed the view that putting an infant in care at three months was much preferable to doing so at several weeks of age. As one mother said, "I see the baby developing a little bit, connecting with other people, not just being, you know, a few weeks old and not knowing anything."

A few mothers also said that family members or other caregivers would have been less capable of caring for a baby so young. PFL ensured the baby was old enough for their comfort and skill level.

Finally, several mothers also noted that the time PFL provided allowed their babies to transition from breastfeeding to bottle, which was essential to preparing for nonparental care.

Allowing the baby to transition to the new provider. Some mothers also described the value of the time PFL provided in allowing the baby to transition to a specific care arrangement. In some cases, these were centers or family providers; in others, they were relatives or other informal caregivers. The time allowed the baby to get used to the provider and the provider to become accustomed to the baby. One mother described using the time on leave to begin leaving her child with a family provider for a few hours, gradually increasing the time. Others used the time to help family members learn their babies' personalities, needs, and routines. One mother said that while she was on leave she asked her mother to babysit so she could run errands; the mother was to take over caregiving after PFL, and the babysitting gave her and the baby time to get to know each other in advance of the transition.

"It gives you some time to prepare your child to be independent. It means they will be ready, in a position to go into child care." *Mai, San Jose, CA*

"Well, my mother-in-law who lives with us is taking care of him. I feel like having the 12 weeks was better [for her]...I think she would've struggled when he was just a little bit smaller. That was a huge difference." *Julie, San Diego, CA*

"[My son] was born in October. I started sending him to [the provider] about the first of December just to get used to her. He went maybe a couple of times a week, then the next week a little bit more. Just so he could get used to her. It made it easier. Because he was [so] small." *Cindy, Los Angeles, CA*

PFL provided money that could be used for child care expenses. While most of the mothers in the study said that the money PFL provided was inadequate to meet their needs, many indicated that it nonetheless helped them to pay for a range of expenses. In some cases, they specifically cited child care. Some providers required up-front payments for new care arrangements. Several mothers also said they paid for periodic care while they were still on leave or when transitioning back to work. One mother whose own mother was to become the primary caregiver upon her return to work cited her ability to pay her mother small amounts to babysit and become familiar with her new grandchild before the mother transitioned back to her job. Another mother highlighted her ability to drop her baby off with her new provider while the mother was on leave in order to ease the transition to regular provider care. A few mothers noted, however, that they were in bind because the money on PFL was not substantial enough to pay for child care, but they needed child care to be able to earn wages again.

“With the Paid Family Leave...I still have something to pay [my mother] just a little bit for an hour or two, a little bit you know?...I pay her for gas for coming to my house [to care for the baby] or something like that. It helps a little bit.” *Hope, San Jose, CA*

PFL Was Not Essential to All Mothers’ Child Care Arrangements

Some mothers indicated that the time and money PFL provided had little or no role in the child care arrangements their babies used when they returned to work.

Some mothers had planned their care arrangements prior to or immediately after childbirth. These included arrangements with family members, the baby’s father, friends, family providers, or centers. Some mothers in the study said that the time on PFL did not play a role in making these plans, which were already solidified before they embarked on PFL. While the money they received from PFL may have helped with child care costs as they started back at work, some mothers did not cite this assistance as important to their decisions.

“[Child care] was offered before I had the baby, during the time that I was pregnant. I like to plan ahead, so a lot of my family members had been offering to help [with child care] since before I gave birth.” *Jennifer, Antelope Valley, CA*

“Well, my main problem is that I do not have family, my mom, or grandma, or somebody who can help me with my kids. So I prefer to stay at home rather than go to work.” *Marcela, San Jose, CA*

Several mothers said they had planned all along to tag-team their work schedules with the babies’ father or another family member in order to forgo professional care. In some cases, PFL may have offered time to make or refine these arrangements, but few mothers said it played a substantial role in their decisions to choose this child care approach. Rather, they preferred for parents or a close relative to be the caregiver, or they cited financial savings.

Some parents left work around childbirth and became primary caregivers themselves. Overall, 17 percent of the mothers in the study quit work around childbirth and had not returned to employment at the time of the study. Several others said that the father left employment to be the baby’s caregiver, as noted above. The availability of PFL programs in the study states—and their specific provisions—appeared to play little to no role in their decisions to make these arrangements.⁹

⁹ However, for the mothers who were fired around childbirth and not working at the time of the study (13 percent of the sample), state policies on job protection may have played an indirect role in the fact that they were their baby’s primary caregiver. Several mothers who were let go indicated that finding and beginning a new job while caring for a young infant was too difficult; the fact that they had been let go from their job led them to remain at home with their baby where otherwise they might have returned to work. PFL programs in two of the study states, California and New Jersey, lacked job protection at the time of data collection (New Jersey has since enacted it), potentially increasing the likelihood that mothers would be let go from their jobs around the time of childbirth and opt to care for their baby rather than seek to return to work.

Discussion and Implications

Lower-income mothers face particular economic vulnerability around childbirth—a critical period for them and their children—for reasons that include leaving work. This brief focuses on the role that PFL plays in facilitating child care arrangements that can enable employment after childbirth for lower-income mothers, and on the experiences of a sample of these mothers. It builds on two prior briefs about lower-income new mothers' attachment to work and how they saw PFL programs as influencing their return to employment after childbirth.

This brief examines (1) the child care arrangements the mothers in the study made and how they felt about them, and (2) how PFL contributed to these arrangements, as well as circumstances where PFL did not play a role in mothers' decisions. We spoke with a convenience sample of lower-income new mothers that used PFL, and their views may not be representative of working lower-income mothers as a whole. Their perspectives, however, provide insights into the types of experiences similar mothers may have.

The mothers in the study used a variety of child care arrangements, including formal family providers or center care and informal care arrangements with close family members, more distant relatives, friends, or acquaintances. Many mothers were ambivalent about leaving their children with others while they worked. Some parents opted out of nonparental child care, coordinating their work schedules with family members to tag-team or leaving work entirely. They described care availability, feasibility, cost, quality, and trust as reasons for the arrangements they chose.

The mothers described several ways that PFL supported their families' care arrangements. The program subsidized the time many needed to address child care logistics. It allowed them to contact providers, wait for openings to become available, navigate the child care subsidy system, or arrange informal care by family members who might need to change their work schedules or relocate. In addition, the time on PFL enabled babies to grow and to acclimate to care. Finally, PFL provided partial wage replacement that could be used for child care, among other expenses.

PFL played little apparent role in the child care arrangements of some mothers in the study, however. For example, the decision to use a trusted family member as caregiver may have had no relationship to the time or money PFL provided. In other cases, the mother or father left work to become the primary caregiver. PFL appeared to have little relationship to this decision when it was made because of parents' preference to be full-time caregivers or to avoid high child care costs.

PFL policies may, however, have played an unrecognized role in some arrangements. For example, formal care choices may be more widely available for infants at several months of age than at several weeks of age. Some family care arrangements seem to have been more feasible after caregivers and parents had time to prepare for their new responsibilities.

While some mothers said that PFL eased difficulties they faced in making child care arrangements, tensions around accessibility, cost, and quality remained for many. This study suggests several considerations for policy, practice, and research that warrant further exploration.

PFL programs could take additional steps to help families navigate the time after childbirth and facilitate parents' return to work outside the home. For example, systems that would phase out PFL payments and phase in the return to work could allow families additional time to find suitable and affordable child care, transition their babies to care, and make other needed arrangements.

PFL agencies could also assist parents seeking to learn about—and to use—the public and private resources available to them to help them care for and provide for their children. Many mothers welcomed the possibility of greater support during the often overwhelming time around childbirth. PFL agencies could hire dedicated staff, or “navigators,” to provide families with

assistance in engaging more effectively with PFL, child care, and related public and private systems, including employers.¹⁰

Greater collaboration between PFL and child care agencies could also improve parents' understanding of child care options and their ability to access them. The programs are typically located in different departments, and some mothers said they found interacting with child care agencies difficult. Joint child care–PFL agency efforts to make resources more available to new mothers who use PFL could be fruitful. These resources could include provider directories and information about quality ratings such as state Quality Rating and Improvement Systems. Greater dissemination by PFL agencies of user-friendly guides to child care resources—in collaboration with Child Care Resource and Referral programs and other child care agencies—could make the process of finding appropriate and affordable care less daunting for new parents seeking to return to work.

The study findings suggest several directions for research. First, small pilot demonstrations of promising innovations, with implementation studies and cost-benefit analyses, could identify possible areas for policy reform. For example, a state PFL agency could hire dedicated PFL navigators to help families connect to resources such as child care that could support their return to employment. These pilot efforts could be evaluated for their effectiveness in contributing to mothers' employment and families' stability and security. Similarly, evaluation of collaborative efforts between child care agencies and PFL agencies could provide insights into more effective ways that public institutions can support parents' work and children's development. Collaborations could also be undertaken—and studied—among PFL, child care, and other agencies such as health departments that are important to parent and child wellbeing.

Ultimately, however, many of the issues this study raised were beyond the scope of PFL policy and practice alone to address. These issues include well-recognized challenges of child care availability, especially for infants and during nontraditional or erratic shifts; the high cost of child care and the complexity of the subsidy system; and the need to raise the quality of care available to families, especially lower-income families.

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¹⁰ The other two briefs in this series, "[Supporting Employment Among Lower-Income Mothers: Attachment to Work After Childbirth](#)" and "[Supporting Employment Among Lower-Income Mothers: The Role of Paid Family Leave](#)," address relationships with employers in greater detail.

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