CHAPTER SEVENTEEN

Work, Family, and Social Class

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Parents Living in Poverty

In August of 1996, the United States Congress passed the most sweeping changes in poverty policy in sixty years. The Personal Responsibility and Work Opportunity Reconciliation Act ended the guarantee of income support for single parents and their children living in poverty and replaced it with block grants to the states, time limits, and work requirements for both food stamps and income support (U.S. Congress 1996). Under the new law, the majority of welfare recipients are required to find work within two years, and no individual is allowed to receive even intermittent support for more than a total of five years during his or her lifetime. Poverty policy may now be more aptly considered a component of family labor policy. Whether and how poor working parents manage the challenges of balancing work and family under these conditions have important consequences for poor children.

Poor working parents and those who have successfully left welfare for work typically hold low-paying jobs. With low wages and few assets, these families have far less financial resources than middle-class families to pay for routine and emergency child care that would enable them to keep a job and meet the demands of parenting. Because of their financial constraints, low-income parents often rely on unpaid substitute care when they have no paid leave. In the past, many parents who received welfare provided unpaid support to friends, relatives, and neighbors who were working (Edin and Lein 1996). However, as a result of welfare reform, poor working parents may now have fewer people in their communities to rely on for unpaid or minimally paid help.

Not only do parents living in poverty have fewer financial resources, but children growing up in poverty are at higher risk of having developmental and educational problems (Duncan et al. 1998; Reynolds and Ross 1998; Hill and Sandfort 1995; McLeod and Shanahan 1996; Haveman, Wolfe, and Spaulding 1991; Duncan 1988). Numerous studies have shown that childhood poverty, particularly persistent poverty, has significant

negative effects on children's outcomes, including lowering adult earnings, high school completion rates, and adult employment rates (Duncan et al. 1998; Haveman, Wolfe, and Spaulding 1991; Caspi et al. 1998). In addition, living in poverty or in a low-income family has been shown to compromise children's physical growth, cognitive development, and social and emotional functioning (Hill and Sandfort 1995; Reynolds and Ross 1998; McLeod and Shanahan 1996).

Parental Work Across Social Class

Although understanding how parents manage work and family is critical to improving the well-being of poor working parents, many of the issues they face are common to parents of all social classes. How parents combine work and family has important effects on the children of all employed parents. It has been shown that parental time plays a central role in children's cognitive, educational, and social development, and conversely that parental absence and loss of contact are detrimental (Benson, Medrich, and Buckley 1980; Biller 1993; Coleman 1998; Long and Long 1984; Parcel and Menaghan 1990, 1994; Radin and Russell 1983; Rossi 1984). 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 (Waugh and Kjos 1992).

Parental availability is also critical for children's physical health (Woods 1972; LaRosa-Nash and Murphy 1997; George and Hancock 1993). Studies have shown that sick children have shorter recovery periods, better vital signs, and fewer symptoms when their parents participate in their care (Bowlby 1953; Robertson 1958; Van der Schyff 1979; Muhaffy 1965; Palmer 1993). For example, the presence of parents has been shown to reduce hospital stays by 31 percent (Taylor and O'Connor 1989). When parents are involved in children's care, children recover more rapidly from outpatient procedures as well (Kristensson-Hallstron, Elander, and Malmfors 1997). Research has shown that parents play important roles in the care of children with chronic as well as acute conditions (Wolman et al. 1994; Hanson et al. 1992). The importance of parental involvement has been demonstrated for children with epilepsy (Carlton-Ford et al. 1995), asthma, and diabetes (Hamlett, Pellegrini, and Katz 1992; LaGreca et al. 1995; Anderson et al. 1981).

Receiving care from their parents is important for children's mental as well as physical health (Waugh and Kjos 1992; Sainsbury et al. 1986). The detrimental effects of separating young children from their parents

when they are sick have been repeatedly demonstrated (McGraw 1994; Robertson 1958; Bowlby 1953). When parental involvement in the care of sick children is increased, children's anxiety decreases (Cleary et al. 1986; Sainsbury et al. 1986; Gauderer, Lorig, and Eastwood 1989; Hannallah and Rosales 1983).

Understanding how working parents balance the needs of their children and their work is particularly important for families that contain children with chronic or serious health conditions. Nationwide, approximately one out of five children, or a total of more than twelve million children, have chronic conditions or special health care needs requiring ongoing care (Aron, Loprest, and Steuerle 1996; Johnson 1994; Newacheck et al. 1998). Parental involvement is often crucial to meeting the daily medical needs of children with chronic conditions, such as monitoring diet and blood glucose levels, and administering medications (LaGreca et al. 1995). The emotional support parents provide can be equally important (Hauser et al. 1990; Johnson 1994; Holden et al. 1997). If parents are available, they can play an important role in easing the child's psychological adjustment to having a serious disease (Wolman et al. 1994; Hamlett, Pellegrini, and Katz 1992).

Work and Family across Social Class

Recent changes in social policy were based on the assumption that poor and nonpoor working parents face similar conditions in trying to balance work and family. Regardless of income and social class, all parents were assumed to have similar caretaking responsibilities as well as the same opportunities and resources available to care for their family's physical, emotional, and educational well-being.[1] In the debate of how best to ensure that poor parents work to support themselves, there has been surprisingly little large-scale research in the United States regarding the caretaking responsibilities that poor parents will be managing while they try to meet the demands of a job, or the resources they will have to meet their dual demands.

Past research has examined the relationship between individuals' income and their sick days (D'Arcy 1998; Dewa and Lin 2000; Andresen and Brownson 2000; Rutledge, Eve, and Doering 1988). However, to our knowledge, there has been no research that examines the relationship between income and the caretaking burden resulting from family illness. There is some evidence from outside the United States that caretaking responsibilities, including those related to family illness, are distributed differently across socioeconomic status when measured as occupation,

education, ethnicity, or race. One recent study of 6500 Canadians found that men with the lowest levels of education (defined as less than a high school diploma) were more likely to provide personal care to an elderly person (Matthews and Campbell 1995). Using a 1986 survey of more than 18,000 adults in Great Britain, researchers found that working-class women and men are more likely than their middle-class counterparts to provide care for an elderly, handicapped, or disabled individual (Arber and Ginn 1992).

Caretaking responsibilities are one of many factors determining whether employed adults can balance work and family demands. Employed parents' availability to care for their family is often determined by job benefits, working conditions, and the availability of social supports. All parents need time off from work to meet their family's health, emotional, and educational needs. Among other things, they may need to take their children to sick- and well-child doctor visits and to attend meetings with a child's teacher. The need for time off is even more critical and frequent for parents of children with special needs. These parents may need to meet with specialists during regular work hours to discuss, monitor, and plan treatment for their children's problems, and these meetings may need to take place on a frequent basis. These families also face a myriad of unpredictable child-care needs such as visits to the emergency room when an asthma exacerbation occurs.

Employed caregivers are likely to need more than one of these forms of support. Because many of the responsibilities for children, the elderly, or the disabled are unpredictable—such as the occurrence of a medical emergency—vacation leave, which generally must be scheduled ahead of time, may not be adequate. Having flexibility in the scheduling of one's work hours can enable a parent to take a few hours off during the work day to ensure that young children are not left alone, to address problems that arise in child care, and to meet with teachers when children are having problems at school or elsewhere. However, family responsibilities such as caring for children when school or child-care centers are closed can require time off for at least one full day of work.

Although working caregivers who have at least one form of paid leave or flexibility may still face difficulties meeting their family's needs, those families whose members lack all sources of support are in greatest danger. Working caregivers who cannot take days off often cannot care for their children when they are sick. Employed parents who have no flexibility in when they start and end their workday may have to leave a young child home alone before or after school. The families of caregivers who lack

any paid time off—sick, vacation, or personal leave—will find it doubly difficult to meet family members' needs. We examined how many working caregivers find themselves in this double jeopardy. We also examined how many working caregivers lack flexibility in their schedules as well as paid leave and thus are placed in multiple jeopardy.

Although the risks of working caregivers who are in double and multiple jeopardy ought to be of special concern, we know little about the prevalence of this problem from past research. National data exist on the availability of paid sick or vacation leave (U.S. Department of Labor 1997, table 1, Percent of full-time employees participating in selected employee benefit programs). These data do not, however, look at the risk at the family level. The national estimates do not document the availability of benefits for working caregivers. Furthermore, these estimates are not broken down by income or social class. Finally, the national estimates do not include data on the fraction of families whose working caregivers are at double jeopardy—lacking both paid sick and vacation leave—nor those at multiple jeopardy, who lack both paid time off and schedule flexibility.

There is a larger literature on the availability of supports outside the workplace; however, studies in this area have not been focused on how they influence working adults and their particular challenges. Although some have looked at low-income populations, most focus on the middle class. Few directly examine differences across social class (see, e.g., Wijnberg and Weinger 1998; Lindblad-Goldbert and Dukes 1985; Belle 1982; Andress, Lipsmeier, and Salentin 1995).

In sum, what has been missing from the literature on caretaking responsibilities and resources is the ability to look in detail at the conditions faced by low-income parents and how their experience compares with that of middle- and upper-income parents. This study fills this important gap.

Organization

In this chapter, we examine whether there are differences across social class in the degree and amount of caretaking burden adults face during midlife, and in the availability of social and working conditions that would enable employed adults to meet their caretaking burdens. This chapter builds on our previous work about the conditions faced by low-income working parents (Heymann and Earle 1997, 1998, 1999, 2000; Heymann, Toomey, and Furstenberg 1999; Heymann, Earle, and Egleston 1996). It summarizes the findings from our previous studies in this area and presents new findings.

The chapter is organized as follows. The data section describes our three sources of data. The results section reviews our findings. First, we describe our analysis of whether caretaking burdens vary by social class. Because concrete working conditions such as paid leave and formalized flexible scheduling can make an obvious difference in enabling parents and caretakers to meet their family's needs, we next review our findings on the prevalence of these types of benefits across social class. When no formalized policies for time off from work are in place, job flexibility is an important predictor of whether caregivers can meet work demands while caring for their children. Because of this, our next section reviews our analyses of the degree of decision-making latitude that working parents have experienced at their jobs. Although quantifiable measures of support are important to employed caregivers, it is clear that the attitudes of co-workers and supervisors often determine whether employees can actually take advantage of the benefits offered within a workplace or job. The next section reviews our findings on the degree of informal support that is available from supervisors and co-workers and how it varies by social class. Last, we examine social supports and networks that working parents in midlife might use when the workplace leaves a gap in the support they need because paid time off and schedule flexibility are not available or cannot be used.

Data

Our analyses use three data sets to examine aspects of both family caretaking burdens and working conditions of poor and nonpoor working parents. These data sets are the Survey of Midlife in the United States (MIDUS), the National Longitudinal Survey of Youth (NLSY), and the National Medical Expenditure Survey (NMES). Each contributes unique information regarding the health and developmental needs of families and the characteristics of jobs held by employed midlife parents.

Survey of Midlife in the United States

The Survey of Midlife in the United States (MIDUS) has been previously described in chapter 1 of this volume. To understand the experiences of the working poor, it is critical to understand the social supports available to them, the nature of that support, and the flexibility available in the workplace. The MIDUS survey is an excellent source for examining these issues, and it allows us to explore them as they are experienced by adults from all ages in midlife, from 25 to 74. MIDUS explored the degree of job autonomy of its respondents by asking how often they have

a choice in deciding how they do their tasks at work, deciding what tasks they do, planning their work environment, and making decisions about work in general. These are aspects of a person's work environment that are generally not measured well or at all in other surveys. MIDUS also collected data on the number of days that respondents changed their work schedule to meet family responsibilities, including staying home or making arrangements for their child when their child was ill, their usual caregiver was not available, or a day care center or school was closed.

The MIDUS subsample used for analysis in this study was comprised of 908 working parents who had children under 18 years of age. A respondent was considered to be low income if the total family income was equal to or below 150 percent of the Federal Poverty Threshold for the respondent's family size. MIDUS surveyed 146 low-income working parents and 743 middle- or upper-income working parents. Nineteen parents did not report income.

National Longitudinal Survey of Youth

In order to study the working poor who have been on welfare, we sought a longitudinal data set with a substantial sample of low-income respondents. The National Longitudinal Survey of Youth (NLSY) met both criteria. The initial sampling design included an oversampling of poor and minority populations. In addition, the NLSY provides monthly indicators of welfare use over time, allowing us to determine a more complete and accurate picture of an individual's welfare history.[2] The NLSY also has current and historical data on employment and concrete working conditions, including how much paid leave and scheduling flexibility parents receive in jobs held over a period of time.

The NLSY has current and historical data on the specific medical conditions and illnesses of children as well as behavioral and school outcomes. Because the NLSY provides detailed longitudinal data on children's health outcomes, the survey was also used to estimate the fraction of parents caring for a child with a chronic health condition such as asthma.

The NLSY consists of a nationally representative probability sample of 11,406 civilian men and women aged 14–21 in 1979 when they were first surveyed (Center for Human Resources Research 1995). Respondents are currently aged 38–45. Multistage, stratified area sampling was used to select the civilian respondents. Female respondents were interviewed annually and had been observed biannually with their children since 1986.

Our NLSY sample consists of 2261 full-time employed mothers with children under age 18 in the household. A full-time employed mother

was defined as one who reported working twenty hours per week or more and was not self-employed. We think it is equally important to examine fathers' working conditions; however, the NLSY does not provide data on fathers that can be linked to their children. Therefore, analyses using the NLSY examined only mothers working twenty hours per week or more. Because many employees who work less than half time are ineligible for many employer-provided benefits, our estimates of the proportion of employed parents who lack benefits are likely to be conservative.

National Medical Expenditure Survey

We estimate health-related family caretaking responsibilities using our third data set, the National Medical Expenditure Survey (NMES). The NMES provides data on whether and how often, over a one-year period, individual family members missed school or work or otherwise limited daily activities because of illness. NMES surveyed civilian, noninstitutionalized families living in the United States and interviewed a national sample of all adults 18 and older at the time of the 1987 survey. Households were selected through an area sampling technique. Interviews of each family were held at four points in time during a sixteen-month period. Certain population groups, including African Americans, Hispanics, families near or below the poverty line, the elderly, and the functionally impaired were oversampled. Our NMES sample consists of 3213 employed parents and their children under the age of 18 living in the respondent's household. A total of 514 of these 3213 were living in poverty at the time of the survey.

Results

Family Caretaking Responsibilities

We examined the caretaking responsibilities that working parents face across social class, including days needed to care for an ill family member, to care for children with special needs, and to meet all of children's needs.

Family Illness Burden

We used the NMES to examine health-related family caretaking responsibilities: the number of days a family member is ill and requires care. In NMES, data were collected on the number of days a person's activity is limited, the number of days spent in bed, the number of school loss days—that is, days when a 5- to 17-year-old cannot attend school because of illness—and the number of days an adult misses work. The family illness burden for poor families in which the parents are employed

was compared with that of nonpoor families, where poor is defined as having an income at or below 150 percent of the poverty threshold.

We found that more than one in three families face a family illness burden of two weeks or more each year. Approximately one in four families faces a family illness burden of three weeks or more each year. Poor working parents are more likely to have over three weeks a year of illness burden to manage than nonpoor families ($p < .001$). A total of 27 percent of working poor parents faced a family illness burden of more than three weeks compared with 23 percent of nonpoor parents.

Caring for a Child with Special Needs

Using a sample of employed mothers from the NLSY, we examined how frequently parents were needed to care for children with special needs. We first examined how frequently parents were called on to care for children with asthma, and second, how frequently parents needed to attend to children with any special needs whose care was likely to place greater demands on the parents. The frequency of parents needing to care for a child with asthma was assessed both because asthma is the most common chronic childhood condition and because children who suffer from it need frequent health care. In assessing all special needs, we considered a child to have special needs if the parent described the child as having a physical, emotional, or mental condition that required frequent attention or treatment from a doctor, the regular use of medicine, or the use of special physical equipment, or if the child had a condition that limited his or her ability to attend school regularly, to complete regular school work, or to participate in typical children's activities (Center for Human Resources Research 1990).

We found that mothers who have been on AFDC are significantly more likely than mothers who have never been on AFDC to have at least one child with asthma ($p < .001$) and at least one child who has a chronic condition ($p < .001$) for whom they need time to care. Fourteen percent of working mothers who have been on AFDC for more than two years in the past and 11 percent of working mothers who have been on AFDC for two years or less have a child with asthma compared with 7 percent of mothers who have never been on AFDC ($p < .001$) (see fig. 1). Forty-one percent of mothers who have been on AFDC for more than two years in the past and 32 percent of mothers who have been on AFDC for two years or less have at least one child with a chronic condition whose health and developmental needs they must address compared with 21 percent of mothers who have never been on AFDC ($p < .001$). Those mothers

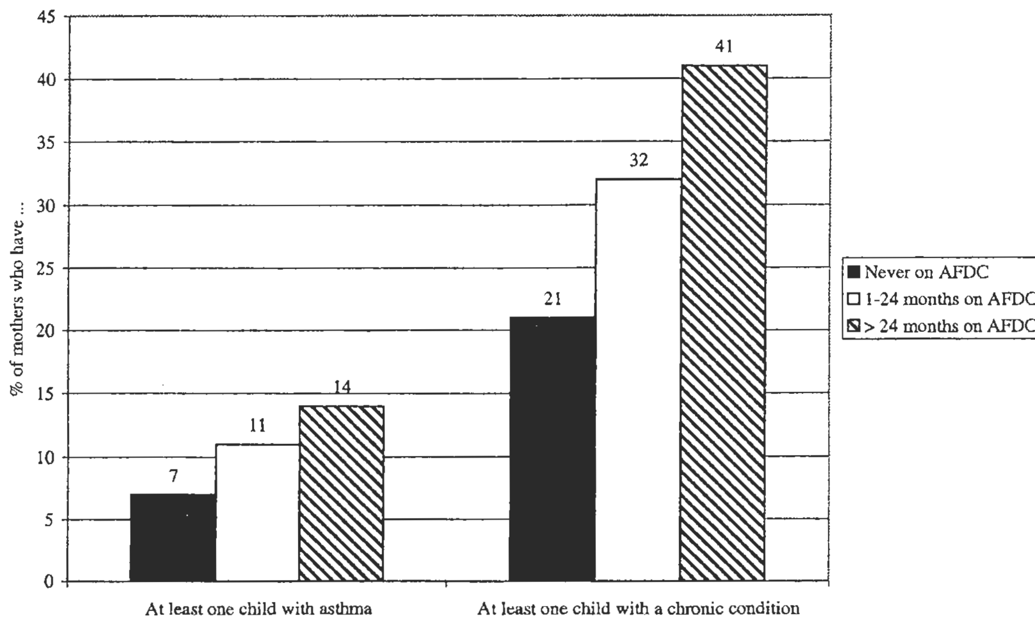

FIGURE 1. Family caretaking burden. This figure is based on analyses the authors conducted using data from the NLSY.

who have been on AFDC the longest are the most likely to have a child with a chronic condition ($p < .001$).

Work Cutbacks to Meet Family Needs

Although the needs of sick children require most parents to take time off from work, children have other types of needs that require parental attention. We used MIDUS to examine the extent of these broader types of family responsibilities and their effect on work, and then compared and contrasted the experiences of families living above and below 150 percent of the poverty threshold.

In the MIDUS survey, we asked respondents the number of days in the past three months that they or their spouses had changed or dropped their normal schedule to care for children, including days when parents stayed home or made arrangements for child care when a child was ill, when the usual caregiver was not available, or when a day care center or school was closed.

We found that, on average, parents needed to take 1.84 days of work cutbacks in a three-month period to care for their children. However, single and low-income parents who face additional challenges in meeting the needs of their children reported having even greater needs (see fig. 2). Low-income single parents reported needing to take 3.4 days of cutbacks in a three-month period for their children. However, single parents who

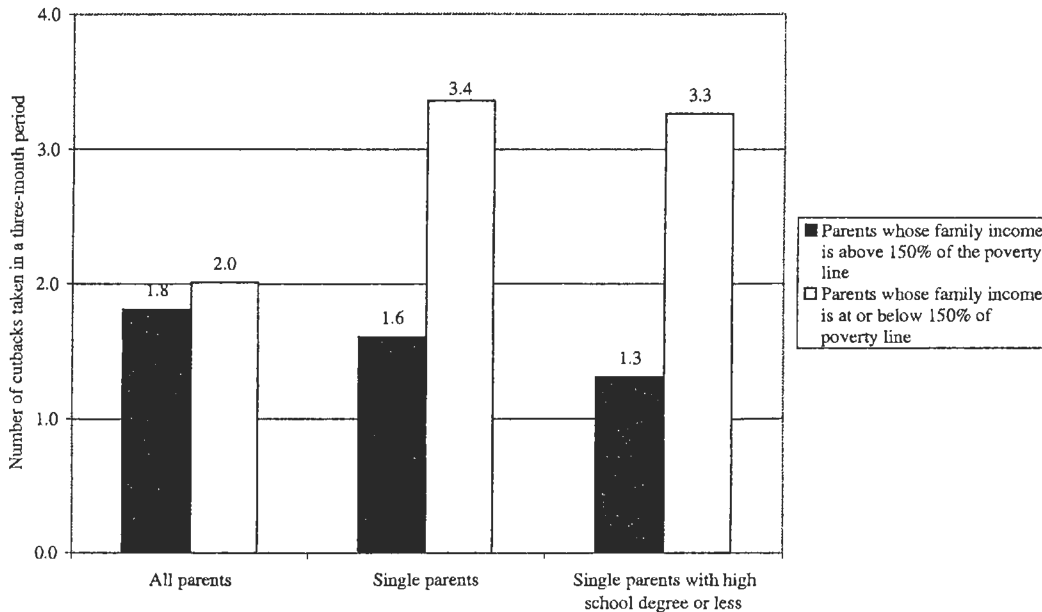

FIGURE 2. Comparison of days taken to meet children's needs. This figure is based on analyses the authors conducted using data from the MIDUS.

were living above 150 percent of the poverty line reported needing to take only 1.6 days. Single parents with a high school education or less (who were more likely to have a low-wage job) who were also living in poverty reported that cutbacks for their children affected nearly three and a half days of work over a three-month period. This is almost three times greater than single parents with a high school degree or less who were not low income.

Concrete Working Conditions

Using the NLSY, we examined the availability of paid sick leave, paid vacation leave, and flexible work schedules to help working parents meet children's needs. Because those parents with no paid leave or flexibility are likely to be the least able to take time off to care for their children, we examined the extent to which parents leaving welfare for work had at least one benefit or working condition that would facilitate their meeting their children's health care and developmental needs. Because parents need to have time off from work not just at one point in time but consistently over their working lives, the availability of paid leave and flexibility over five years was examined.

Analyses using the NLSY compared the working conditions for employed women who had at some point received welfare with those who had never been on welfare. Because the overwhelming majority of

working parents who had received welfare were women, and because women may receive different benefits than men, working women who had never received AFDC were used as the comparison group for working women who had received AFDC. In addition, we calculated total years of welfare receipt between January 1978 and December 1993. We compared the benefits and flexibility available to mothers who had received welfare for a lifetime total of more than two years before their current job and two years or less with the benefits and flexibility available to working mothers who had never received welfare.

Of our sample of 2261 working mothers in the NLSY, 736 had been on welfare at some point and 1525 had never been on welfare. Our analyses included 410 mothers who used welfare for more than twenty-four months.

Last, we examined the working conditions faced by those parents with the greatest caretaking responsibilities—those with children with special needs. Having good working conditions is particularly important for parents whose children have chronic physical or mental health conditions that require ongoing and frequent care. We examined the 2261 working mothers in the NLSY, which included 308 who had children with a chronic physical, emotional, or mental condition. The experience of mothers who had children with these special needs was compared and contrasted with the experience of mothers who did not have children with special needs.

Consistent Availability of Paid Leave from Work

Mothers who had received welfare in the past were significantly less likely to have paid sick leave than were other mothers (see table 1). Only

TABLE 1 Working Conditions of Parents Leaving Welfare for Work

Working Conditions	Never on AFDC	1–24 months on AFDC	>24 Months on AFDC	*p* Value
Had sick leave the entire time they worked	51.3	27.9	21.4	<.001
Had vacation leave the entire time they worked	61.3	44.0	38.2	<.001
Had flexible schedules the entire time they worked	30.1	16.3	18.6	<.001
Had sick leave and vacation leave the entire time they worked	45.9	24.2	19.0	<.001
Had sick leave, vacation leave, and flexibility the entire time they worked	15.1	6.2	5.2	<.001

Note: This table is based on analyses the authors conducted with data from the NLSY.

21 percent of mothers who had received welfare for more than two years had paid sick leave the entire time they worked between 1990 and 1994, compared with 51 percent of mothers who had never received AFDC ($p < .001$). Fifty-eight percent of mothers who had received welfare in the past received paid sick leave less than half of the time they worked, compared with 34 percent of working mothers who never received AFDC ($p < .001$).

Mothers leaving welfare for work received fewer days of paid sick leave when they did receive paid sick leave. Less than 14 percent of mothers who had received welfare in the past received more than 10 days of paid sick leave, compared with 27 percent of mothers who had never received AFDC ($p < .001$).

Mothers leaving welfare for work were also significantly less likely than mothers who had never received AFDC to have paid vacation leave when they worked ($p < .001$). Only 38 percent of mothers who had been on welfare more than two years and 44 percent of those who had been on it for less than two years received paid vacation leave the entire time they worked. In contrast, 61 percent of working mothers who had never received AFDC had paid vacation consistently available to them. Twenty percent of mothers returning to work from welfare received paid vacation leave none of the time they worked, compared with 14 percent of working mothers who had never received AFDC ($p < .001$).

When they did receive paid vacation leave, mothers with a history of welfare receipt were given significantly fewer days of paid vacation than mothers who had never received welfare. Although more than one in three mothers who had never received AFDC in the past received more than two weeks of paid vacation leave, less than one in six mothers who had received AFDC for more than two years received that much paid vacation leave ($p < .001$).

Mothers leaving welfare for work were significantly less likely to have a flexible schedule ($p < .001$). Only 18 percent of mothers who had received welfare in the past consistently found jobs that provided them with flexible schedules, compared with 30 percent of mothers who had never received AFDC. Fifty-seven percent of past welfare recipients found jobs that provided flexible schedules less than half of the time they worked ($p < .001$).

During the five-year period from 1990 to 1994, parents of children with chronic conditions were significantly less likely to have paid leave or flexibility when compared with parents who had no children with chronic physical or mental health conditions ($p < .001$). Parents who

TABLE 2 Working Conditions of Employed Parents of Children with Chronic Conditions

Working Conditions	No Children with a Chronic Condition	One Child with a Chronic Condition	More than One Child with a Chronic Condition	*p* Value
Had sick leave the they entire time worked	45.7	40.4	30.1	0.002
Had vacation leave the entire time they worked	57.8	50.3	43.4	0.021
Had flexible schedules the entire time they worked	26.9	31.5	40.7	0.058
Had sick leave and vacation leave the entire time they worked	40.7	35.5	30.1	0.006
Had sick leave, vacation leave, and flexibility the entire time they worked	6.4	15.5	12.6	0.141

Note: This table is based on analyses the authors conducted with data from the NLSY.

had more than one child with a chronic condition were in the most difficult position (see table 2). Thirty percent of parents with multiple children with chronic conditions had sick leave the entire time they worked. In contrast, 46 percent of parents with no children with chronic conditions had sick leave all their working years. Compared with parents with no children with chronic conditions, parents who had more than one child with a chronic condition were significantly less likely to have both sick and vacation leave while they worked ($p = .006$).

The families with the fewest resources to manage a child's special health needs—low-income parents—were significantly less likely than middle- and higher-income parents to have sick leave and vacation leave the entire time they worked. Eighteen percent of parents of children with chronic conditions who live below the poverty line had sick leave the entire time they worked, compared with 44 percent of parents with incomes greater than 100 percent of the poverty threshold ($p = .007$). Thirty-three percent of parents of children with chronic conditions living below the poverty line had vacation leave the entire time they worked, compared with 54 percent of those with incomes greater than 100 percent of the poverty threshold ($p = .014$).

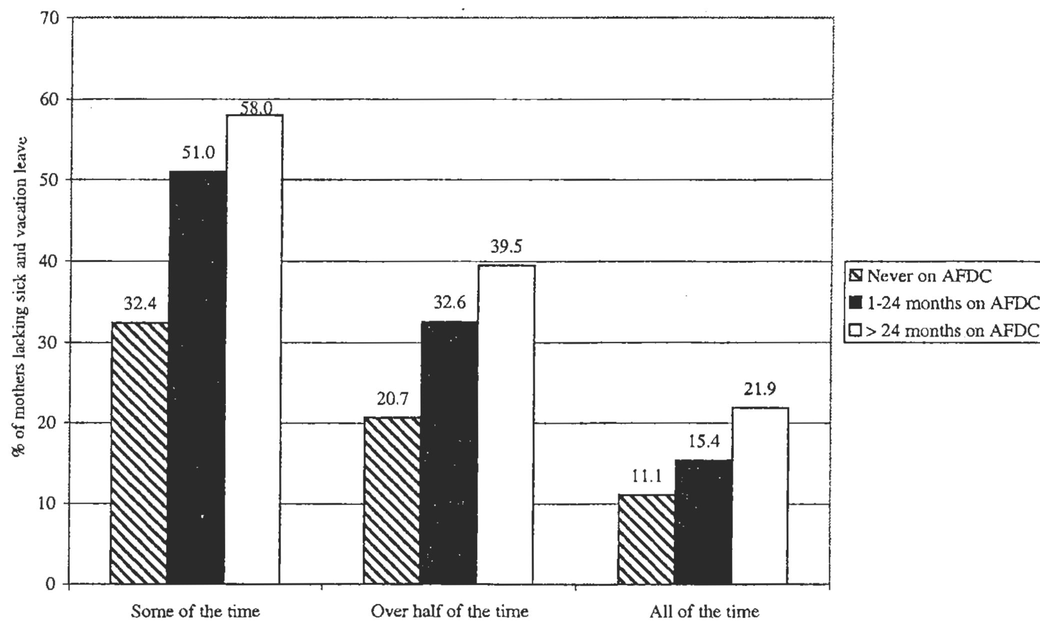

FIGURE 3. Double jeopardy: lacking sick and vacation leave. This figure is based on analyses the authors conducted using data from the NLSY.

Working Parents Facing Double or Multiple Jeopardy over Time

We found that one-quarter of all working mothers lacked both sick and vacation leave over half of their working years between 1990 and 1994. More than one in eight lacked sick and vacation leave the entire time they worked. More than one in five working mothers lacked any paid leave or schedule flexibility some of their working years. One in ten working mothers faced these same working conditions more than half of the time they worked between 1990 and 1994.

Mothers leaving welfare for work were significantly more likely to lack both paid sick leave and vacation leave than were mothers who had never received AFDC (see fig. 3). Nearly 60 percent of mothers who had received welfare for more than two years lacked any type of paid leave for some of their working years. Among mothers who had never received welfare, only 32 percent, or half as many mothers as those on welfare for more than two years, lacked paid leave for some of their working years. One in five mothers who had received AFDC for more than two years lacked any type of paid leave the entire time they worked between 1990 and 1994. In contrast, only one in ten mothers who never received AFDC in the past lacked paid sick and vacation leave the entire time they worked between 1990 and 1994 ($p < .001$).

Those mothers who lack scheduling flexibility in addition to paid sick and vacation leave face the most problematic working conditions when

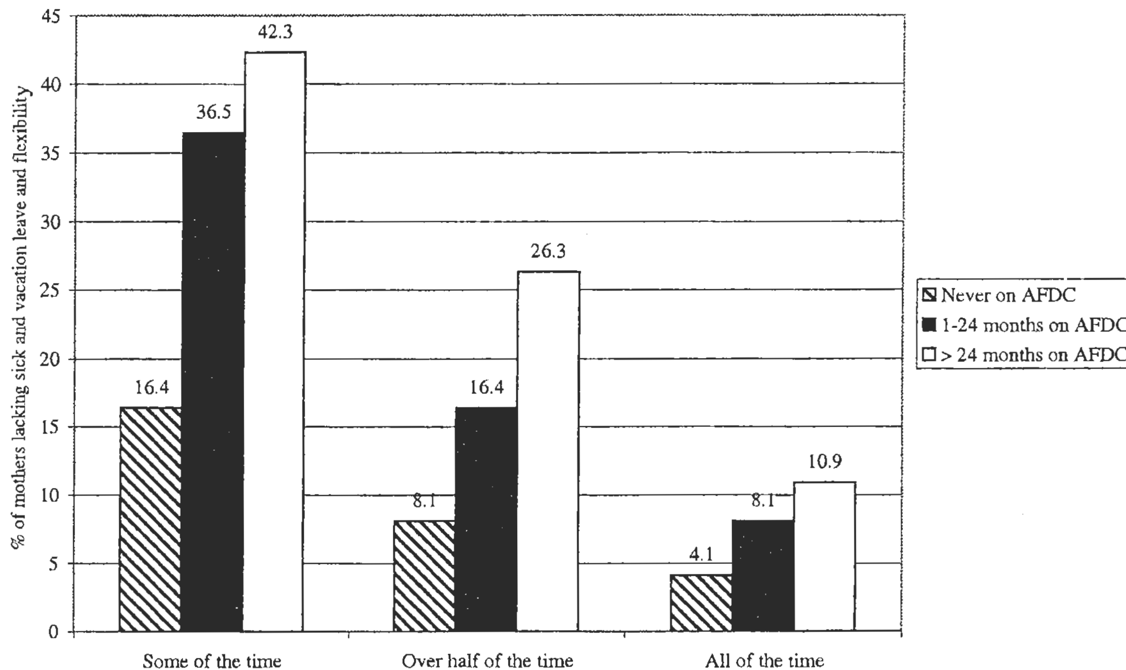

FIGURE 4. Multiple jeopardy: lacking sick and vacation leave and flexibility. This figure is based on analyses the authors conducted using data from the NLSY.

it comes to meeting their children's needs. Although more than one in four mothers who had received AFDC for over two years in the past and one in six mothers who had received AFDC for two years or less lacked flexible schedules and paid leave the majority of the time they worked, less than one in ten mothers who never received AFDC lacked all three benefits for the majority of the time they worked ($p < .001$) (see fig. 4.).

Parents who had at least one child with a chronic condition were significantly more likely to find themselves in double jeopardy, that is, lacking both sick and vacation leave, than parents who had no children with chronic conditions (see fig. 5). Families who were caring for more than one child with a chronic condition were more likely to find themselves in double jeopardy than families who had only one child with a chronic condition. Twenty-eight percent of families who had more than one child with a chronic condition lacked sick leave and vacation leave all of the time they worked, compared with 17 percent of families who had one child with a chronic condition and 12 percent of families who had no children with chronic conditions ($p = .003$).

Parents who had multiple children with chronic conditions were the most likely to find themselves in multiple jeopardy, that is,

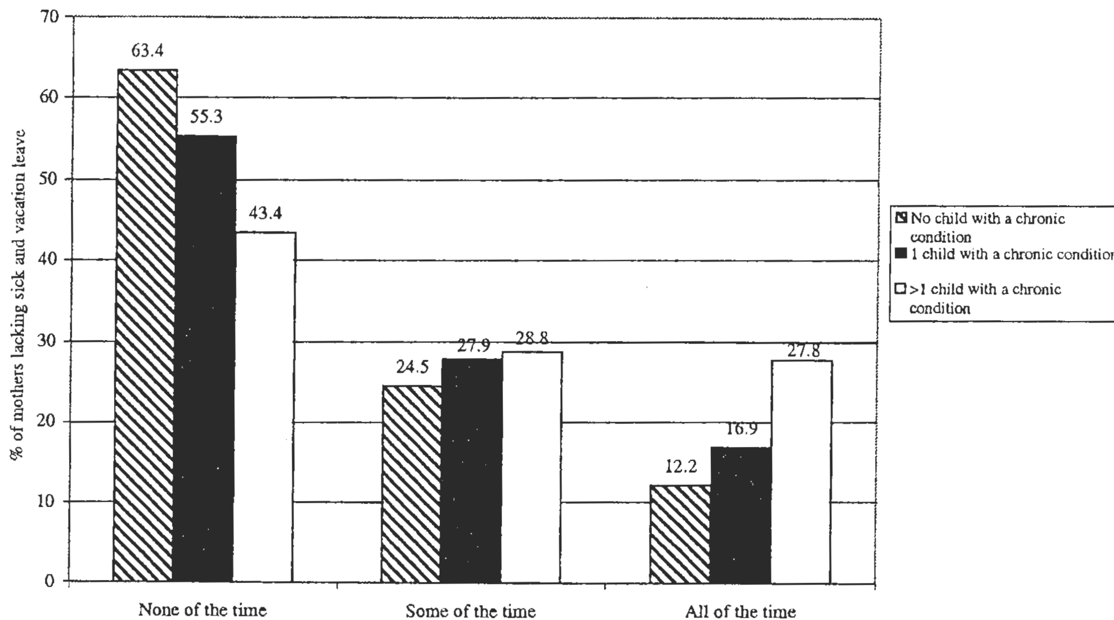

FIGURE 5. Double jeopardy: lacking sick and vacation leave. This figure is based on analyses the authors conducted using data from the NLSY.

lacking sick and vacation leave as well as flexibility in work hours (see fig. 6).

Decision Latitude

Because parents with more say in decisions about their work have greater flexibility in meeting work demands while caring for their children, the degree of decision-making latitude that working parents had at their jobs was also examined.

The MIDUS survey contains questions regarding four aspects of job autonomy. Respondents were asked how often they have a choice in deciding how they do their tasks at work, how often they have a choice in deciding what tasks they do, how often they have a say in planning their work environment, and how often they have a say in decisions about work in general. We examined whether low-income parents have the same degree of decision-making latitude that higher-income working parents had at their jobs, where low income was defined as having an income at or below 150 percent of the 1995 poverty threshold.

Table 3 compares working conditions broken down by income level and shows that low-income working parents were significantly less likely than middle- and upper-income parents to be able to decide how their job was done ($p = .024$) and what jobs were done ($p = .014$), to have a say in planning their work environment ($p < .001$), and to have a say in

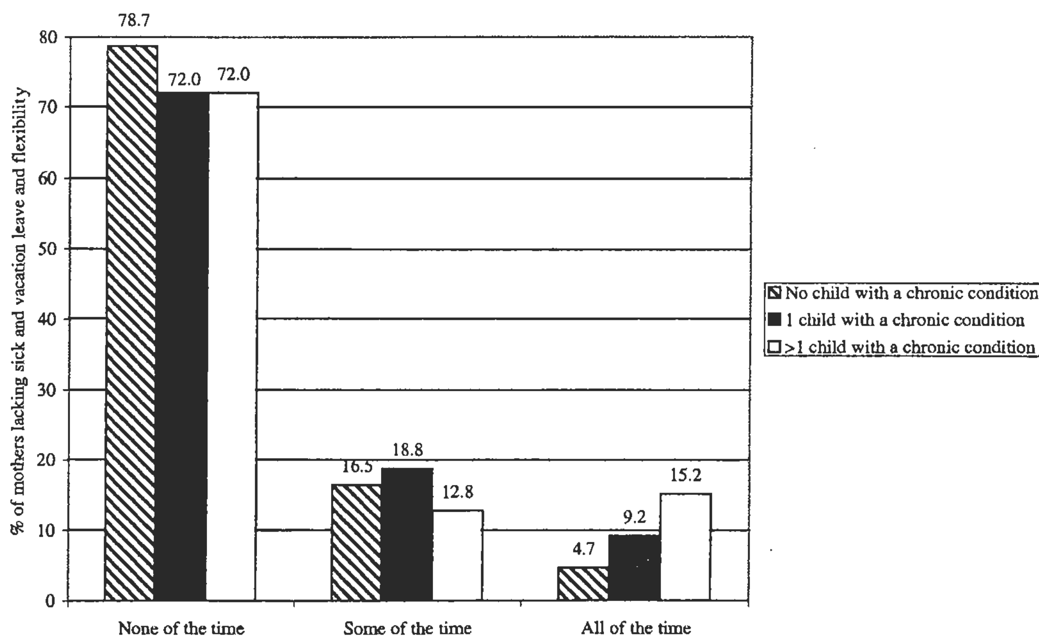

FIGURE 6. Multiple jeopardy: lacking sick and vacation leave and flexibility. This figure is based on analyses the authors conducted using data from the NLSY.

TABLE 3 Decision Latitude at Work: Does It Differ for Low-Income Parents?

Measure of Decision Latitude	Above 150% of the Poverty Line	At or Below 150% of the Poverty Line	p Value
Rarely or never decide how job is done	6.4	11.0	0.024
Rarely or never decide what jobs are done	17.4	25.9	0.014
Rarely or never have a say in planning your work environment	17.9	30.4	<0.001
Rarely or never have a say in decisions about your work	13.0	23.2	0.004

Note: This table is based on analyses the authors conducted with data from the MIDUS.

decisions about their work in general ($p = .004$). One in four working parents whose family income was at or below 150 percent of the poverty threshold did not have a say in general decisions about his or her work or in decisions about what jobs are done. Nearly one in eight did not decide how his or her job is done. Almost one in three did not have a say in planning his or her work environment.

TABLE 4 Working Conditions and Workplace Supports: Do They Differ for Low-Income Parents?

	Above 150% of the Poverty Line	At or Below 150% of the Poverty Line	p Value
Support at the workplace			
Do not receive help and support from co-workers	9.3	13.0	0.008
Do not receive help and support from supervisor	16.6	17.9	0.738
Double jeopardy			
Poor working conditions and no workplace support[a]	4.8	8.9	0.067

Notes: This table is based on analyses the authors conducted with data from the MIDUS.
[a]This category indicates that a person was in the bottom quartile of respondents in terms of decision latitude as well as never or rarely receiving support at the workplace.

Informal Support at the Workplace

Informal support within the workplace assists parents in meeting dual demands of family and employment. Two questions asked in the MIDUS survey are relevant to this issue: "How often do you get help and support from your co-workers?" and similarly, from "your immediate supervisor."

We find that one in six employed parents felt they do not receive support from their immediate supervisor. One in ten report that they do not receive help or support from co-workers. Table 4 summarizes differences in the availability of workplace support across income groups. Employed parents with incomes at or below 150 percent of the poverty level were significantly less likely to get help and support from co-workers ($p = .008$). Almost twice as many low-income working parents as higher-income parents found themselves in the lowest quartile of respondents in terms of both work place support and decision latitude.

Social Supports

Social support from family, friends, and neighbors can serve as a partial substitute for job autonomy and flexibility when parents are seeking to meet work demands at the same time as caring for their children. MIDUS examined the extent to which working parents could rely on family, friends, and neighbors for help. Respondents were first asked to describe the frequency of contact with any member of their family. They were then asked "How much can you rely on them for help if you have a serious problem?" The same series of questions was asked regarding friends and then neighbors.

TABLE 5 Working Conditions and Social Supports: Do They Differ for Low-Income Parents?

	Above 150% of the Poverty Line	At or Below 150% of the Poverty Line	*p* Value
Social support outside of work			
Do not feel you can rely on family for help	10.9	19.8	0.005
Do not feel you can rely on a friend for help	19.5	23.6	0.054
Do not feel you can rely on a neighbor for help	13.1	28.9	<0.001
Double jeopardy			
Poor working conditions and no outside support[a]	2.3	7.9	<0.001

Note: This table is based on analyses the authors conducted with data from the MIDUS.
[a]This category indicates that a person was in the bottom quartile of respondents in terms of decision latitude and could not rely on social support as indicated above.

One in five parents did not feel they could rely on friends to help them when a serious problem occurs. One in eight employed parents did not feel they could call on family members in a crisis.

There were no significant differences in the amount of contact that low-income and higher-income working parents had with their neighbors, family members, and friends. However, low-income working parents were significantly more likely to state that they could not rely on a neighbor ($p < .001$) or on family ($p < .001$) for help (see table 5). Twice as many low-income as higher-income working parents stated that they could not rely on family or neighbors for help, perhaps because the friends, family, and neighbors of low-income parents are likely equally overburdened trying to balance working and caring for their families with limited resources. Low-income working parents were also significantly more likely than higher-income parents to lack both decision latitude in the workplace and social supports ($p < .001$). More than three times as many low-income working parents found themselves in the lowest quartile of respondents, in terms of both decision latitude and outside support, as did higher-income parents.

Summary and Policy Implications

In this chapter we have explored and documented the work and caretaking challenges facing employed adults at midlife. Using three complementary data sets, we were able to examine the scope and types of responsibilities workers face outside their jobs as well as the full range of

supports that would help them manage their dual roles. Concrete benefits such as paid sick and vacation leave that are measured in NLSY can make an obvious and important difference in whether employed caregivers can meet the needs of their families. Equally important are job flexibility and the informal supports in the workplace from co-workers and supervisors, which are asked about in the MIDUS survey. The MIDUS questions on decision latitude and social supports provide us with a measure of the availability of employed adults to care for their families that is not often included or gathered with much depth or accuracy in other surveys.

Analyzing three data sources provided other advantages. The NLSY and NMES surveys are excellent resources because of their large sample size and their oversampling of minority and low-income populations. MIDUS is unique in that it gathered detailed information on autonomy and decision-making in the workplace as well as on social supports from adults across a wide age spectrum, between the ages of 25 and 74.

Prior to this study, there had been little investigation of the caretaking burden of the working poor. The analyses in this chapter show that low-income working parents and those leaving welfare for work have more illness days to cover and are more likely to have a child with a chronic condition than are other working parents. Our analyses also show that poor working parents have greater caretaking responsibilities. These findings are consistent with the small but growing body of research on caretaking that uses samples from outside the United States (Arber and Ginn 1992; Matthews and Campbell 1995; Schofield et al. 1997).

Despite the substantial literature on social supports, there is strikingly little research that focuses on employed caregivers or that examines differences across social class. Research on the availability of workplace benefits is also lacking in these two respects. In this chapter, we examined the availability of supports for employed parents both within and outside the workplace, including paid leave benefits provided by employers, job flexibility, and social support networks. In each area, low-income working parents have fewer resources available to them.

Our analyses show that nearly one-quarter of all employed parents lack paid vacation and paid sick leave the majority of the time they work. Of those who do have leave, many do not have adequate time off. Nearly one-quarter of mothers with paid leave have less than two weeks of paid sick and vacation leave. Low-income working parents and those leaving welfare for work are less likely to have paid leave at their jobs than are other working parents. Seventy-six percent of mothers who returned to

work from AFDC lacked sick leave some of the time they worked, and 58 percent lacked sick leave more than half of the time they worked.

The evidence is strong that the universal availability of paid leave makes a difference in addressing children's and family needs. Parents who have paid leave are five times more likely to stay home and care for their sick children (Heymann, Toomey, and Furstenberg 1999). A detailed evaluation of the national Family and Medical Leave Act showed that 64 percent of those who needed leave but did not take it said it was because they could not afford to give up the income (Commission on Family and Medical Leave 1996). Furthermore, women working in Rhode Island—some of whom are eligible for paid leave through a state Temporary Disability Insurance (TDI) program that offers maternity leave with partial wage replacement—are more likely to take leave and take more of it than are women in neighboring states without TDI (Wever 1996).

There is evidence that recent economic restructuring means that good jobs with fringe benefits and promotion opportunities are vanishing from the low-skill job market (Blank 1995, 1996). One approach to increasing the availability of paid leave among low-income parents would be to help the working poor and welfare mothers obtain the education and job skills they need to compete successfully for jobs that offer better benefits. Under the previous set of rules governing the receipt of welfare benefits, individuals could receive benefits while obtaining education and training in the form of basic and secondary education, classes in English as a second language, job skills training, and job readiness training. States could, and some did, count postsecondary education as an acceptable "work activity."

Under the new law, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the activities allowed to be counted toward the work requirements generally do not include education and training but only paid work, subsidized work, and unpaid community service. Individuals may participate in education directly related to employment or a GED program only after they are already working twenty hours per week. Given their family responsibilities and the cost of child care, parents living in poverty are likely to find it extremely difficult to increase their educational credentials to a level that would enable them to enhance their employment prospects.

Policy changes not specifically targeted to the poor would also be effective at improving the working conditions of employed parents living in poverty, just as Medicare was effective at ensuring that elderly

Americans have health insurance. One universal approach to parental leave is to expand on the Family and Medical Leave Act (FMLA), the federal policy that addresses the needs of working parents to have time off from work to care for family members. Passed by the U.S. Congress in 1993, the FMLA requires employers to provide up to twelve weeks of unpaid leave to those who have a major illness or whose immediate family members have major illnesses, as well as providing for unpaid leave around the time of the birth or adoption of a child.

As it currently stands, the FMLA leaves many working families unable to meet their children's needs. The stipulations of the FMLA result in only half of all parents being covered. The other half work for firms that do not meet the size requirement, or they have worked too few hours or for too few months. Even among employees who are covered by FMLA, many cannot take advantage of it because it is unpaid and therefore unaffordable. In addition, the FMLA does not address the majority of children's sick care needs—frequent common illnesses and injuries that require care—because it limits medical leave to the care of major illnesses. Altering FMLA so that it covers a larger percentage of workers, provides paid leave or partial wage replacement, and allows coverage of short-term illnesses would assist all families but especially low-income families.

A number of other options exist that might increase the availability of paid leave for parents. State or federal government could provide paid leave through family leave insurance, using a system that parallels disability or unemployment insurance. Tax incentives could be used to encourage employers to provide paid leave for employees who need time to care for their children, in the same way that companies have long been provided with tax incentives for conserving energy. Certainly protecting children's health is as important a public good as protecting our energy reserves.

Our results suggest that changes in the availability of flexibility in the workplace are also needed. A small fraction of public and private employers offer flextime, which allows employees more choice about which hours they work during the day. Although some companies have raised concerns that flextime would disrupt operations, make supervision of employees more difficult, or cause the firm to fail to meet clients' needs, other companies have found that it has led to increased productivity, increased employee satisfaction in the long run, and reduced tardiness and absences (Nollen 1979; Bohen and Viveros-Long 1981; Christensen 1989). Many more companies could offer flexible schedules while still meeting their goals.

These employer-based solutions would go a long way toward improving parents' ability to balance work and family. However, implementation of family-friendly policies is not sufficient if the structures and norms in the workplace and community do not also change. Many community resources and services for working families could be expanded. For example, providing care for children before and after school, and during summer and school vacations, would help parents use less of their time off for predictable demands of children and save it for the unpredictable but inevitable needs such as illness. Meeting the educational needs of children can also be difficult when parent–teacher meetings and conferences are held during the school day. A willingness on the part of teachers and administrators to meet with parents before or after the workday would also assist working parents and their children. Similarly, physicians' offices and clinics might offer evening hours for both sick and well visits so that parents who work during the day do not need to take time off from work to adequately meet their children's health needs.

These community supports are important for all families, but they are critical for the working poor, who are less likely to have the financial resources necessary to arrange and pay for substitute care. Furthermore, their children are in even greater need of the health and educational services that a community can provide because they are at a higher risk for significant health problems as well as for failure to grow and develop at the same rate as their peers who are not living in poverty (Montgomery, Kiely, and Pappas 1996; Bradley et al. 1994; Issler et al. 1996; McGaughey et al. 1991; McLoyd 1990; Starfield 1992; Watson et al. 1996; Wise and Meyers 1988).

Until new employer- and community-based policies are developed to improve parents' ability to balance work and family, parents may be forced to choose to meet the needs of one at the expense of the other. Parents who work at jobs that provide no paid leave or flexibility but who take time off to meet a child's health, developmental, or educational needs at best lose wages and at worst lose their jobs. For families whose income is barely above the poverty level, taking unpaid leave to meet children's health, developmental, or child-care needs and losing wages for multiple weeks during the course of the year can bring them below the poverty line. When parents who lack leave or flexibility choose not to be with their children in order to preserve their job, children's health and developmental needs often go unmet. At present, too many parents are forced to make untenable choices between caring for their children's health and well-being and working to keep a job on which they and their family rely.

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Notes

1. While the term *caretaking* sometimes refers to the direct care of impaired adults, in this chapter this term is defined in the broader sense as the provision of direct care of another person. Although this chapter focuses on the care of children by their parents, *caretaking* was used instead of the term *parenting* to highlight that providing direct care for a child is one specific aspect of the general notion of parental responsibilities.

2. In this chapter, the term *welfare* is used to refer to the federal program that provided income support to families living in poverty. Before 1996, this program was called Aid to Families with Dependent Children (AFDC). Currently, this program is called Temporary Assistance to Needy Families.

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