



FRAGILE FAMILIES RESEARCH BRIEF

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Childcare Centers and Inter-Organizational Ties in High Poverty Neighborhoods

Background

One of the most important ways low-income individuals access critical resources such as information, goods, and services is through their individual social ties. However, neighborhood poverty constrains social ties because of the social isolation and limited social networks in high poverty neighborhoods. To make up for the lack of social ties in high poverty neighborhoods, some neighborhood institutions, such as churches, childcare centers, and beauty salons, try to provide organizational ties to large businesses, non-profits, or government agencies rich in resources.

The childcare center is a particularly important neighborhood institution. More low-income mothers are working as a result of the welfare reforms of the late 1990s and, hence, using neighborhood childcare centers. And, unlike other neighborhood institutions, childcare centers span the full range of formal organizational sectors: they may be for-profit or non-profit, publicly or privately funded, and religious or secular, yielding a rich variety of forms and interests. Therefore, childcare centers are a potentially valuable resource delivery conduit.

Many childcare centers, such as Head Start centers, have explicit goals to provide low-income parents with links to community resources. For other childcare centers, this may be less formal. This brief examines the question of to what extent childcare centers provide parents with access to valuable resources from other organizations and what kinds of services they provide. We also examine whether poor neighborhoods have as many resource-rich ties as non-poor neighborhoods.

Data and Methods

This brief uses qualitative data on 23 childcare centers in four neighborhoods in New York City and

quantitative data from the Childcare Centers and Families Survey. For the qualitative study, three researchers interviewed the directors or other supervising personnel, and when possible, a second staff member. The four New York City neighborhoods were selected in accord with geographic and social boundaries, and included one low-income black, one low-income white, one low-income Latino, and one upper-middle class. Of the 23 centers, 17 served low-income populations. Data were collected on the physical conditions of the center, social interactions, motivations for establishing inter-organizational ties, the nature of those ties, and the general resources available to parents.

The Childcare Centers and Families Survey consists of data from a random-sample survey of 293 childcare centers in New York City. Interviews with the directors were conducted using a 25-minute telephone questionnaire. Data were obtained on basic organizational structure, services provided other than childcare, referrals to other organizations, ties to other organizations providing services, the characteristics of those organizations, and other organizational variables. In both studies, the primary focus was on ties among organizations that actively transferred resources benefiting the parents, regardless of their benefits to the stability or viability of the center itself.

Table 1. Child Care Centers' Inter-Organizational Referral and Service Ties

	Referral ties	Service ties
No ties	17%	51%
One tie	45%	28%
Two ties	17%	12%
Three or more ties	20%	9%
<i>N</i> =293		

Results

While childcare centers may serve the primary function of caring for children, they also seem to provide a wide range of additional resources from other organizations to children and their parents. Some of these resources are directly related to the care of children - for example, providing periodic health check-ups or developmental screenings for children - while others are directed to parents, such as substance abuse counseling or information about where to receive free or low cost medical care. The range of resources from other organizations accessed through childcare centers includes information, formal referrals, and direct services. This brief focuses primarily on referrals and direct services.

Beyond the information about other organizations that centers provide through pamphlets or bulletin board postings, centers draw upon resources in their networks to refer parents to other organizations for issues such as children's physical or occupational therapy, housing, emergency food, substance abuse treatment, and mental health care. The organizations include federal social service agencies, hospitals, churches, youth organizations, drug abuse clinics, domestic violence centers, and ethnic community centers. Eighty-three percent of centers have ties to at least one organization for referrals, while 37 percent have ties with least two other organizations (Table 1). Centers also offer services directly at the center, including medical care, developmental or speech services for children, and assistance with government and school enrollment processes. Outside organizations

also visit centers to provide services such as dental care and job training. Forty-nine percent of our sample has at least one service tie and 21 percent has at least two. In addition, sixteen of the 23 centers were owned or operated by a larger organization - usually a nonprofit community outreach agency - that offered parents and children additional services such as free HIV testing, free legal assistance, adult literacy training or English language study.

Table 2 presents the percentage of centers with inter-organizational ties by type of resource transferred. The most common referrals and services are those directly related to children. Nearly 80 percent of the centers indicated they refer parents for learning disability services for children. Although centers are less likely to make referrals for issues not specifically related to the children, many do so. Eight percent provide referrals to parents for drug abuse or addiction problems while over one-quarter refer parents for mental health services. Further, referrals for immigration services, legal advice, and spousal abuse counseling were provided in between 16 percent and 18 percent of centers.

Childcare centers also have ties to organizations that provide services directly to parents at the center. As with referrals, services directly related to children are the most common. Many centers provide health services; children in nearly 30 percent of centers receive dental services provided by other organizations. Further, nearly 25 percent of centers serve as conduits for learning disability services. Parents can also receive services not

Table 2. Percentage of Child Care Centers' Inter-Organizational Ties, by Resource Type

Referral Ties		Service Ties	
Children's learning disabilities services	79%	Dental services	30%
Drug abuse/addiction for parents	8%	Physical health exams	5%
Mental health services for parents	27%	Children's learning disability services	25%
Immigration services	16%	Counseling for spousal abuse	8%
Legal advice	16%	Services for child neglect/abuse	7%
Spousal abuse	18%	Other services	11%
Average number of referral ties	1.6	Average number of service ties	0.8

N=293

directly related to children; in 8 percent of centers parents have access to spousal abuse counseling provided by outside organizations.

Childcare centers in high poverty neighborhoods do appear to supplement the lack of social ties in these areas. Childcare centers in high poverty neighborhoods have 64 percent more referral and 105 percent more service ties than childcare centers in low poverty neighborhoods (not shown in tables).

Conclusions and Policy Implications

The qualitative and quantitative data strongly suggest that centers in high-poverty neighborhoods are, in fact, tied to a greater number of resource providers. The qualitative findings show that both the range and the potential value of these resources is high, such that being connected to the right childcare center provides access to much more than childcare.

That high poverty neighborhoods have more ties is important in light of the expectation from past studies that neighborhood institutions in high poverty neighborhoods may provide lower quality services. While factors

such as limited budgets or little political support may (or may not) affect the quality of services a center provides, the conditions of high poverty neighborhoods do not negatively affect their ability to develop resource-rich ties to other organizations. This is not to imply that it is "better" to live in a poor neighborhood with respect to resource access. Certainly, resource access is a complex process involving multiple causal mechanisms, feedback and substitution effects, and other factors. The implications for total availability and use of resources among the poor remain to be explored.

As congress debates the reauthorization of Head Start, policy makers have focused on testing, cognitive development, and academic achievement. While these are important criteria by which to assess early childhood education programs, it is important to recognize that Head Start was originally established with a mandate that included helping communities. The organizational ties of Head Start and other childcare centers, ties which provide access to critical services such as disability screening for children and domestic abuse counseling for mothers, make clear that this component of the program must be a part of the debate. Healthy homes and families are a necessary condition for the cognitive and educational development of children.

Recent Working Papers

The following comprises a list of the most recent Working Papers authored by the Center for Research on Child Wellbeing (CRCW) faculty and research associates. A complete list of Working Papers is also available for viewing and downloading on the CRCW web site: crcw.princeton.edu/papers.html

2005-23-FF Ronald Mincy, Lenna Nepomnyaschy July 2005 "Child Support and Minority Fathers in Fragile Families" Working Paper

2005-21-FF Leonard Lopoo June 2005 "A Profile of the Men Who Father Children with Unwed, Teenage Women" Working Paper

2005-20-FF Shelly Lundberg, Sara McLanahan, Elaina Rose June 2005

"Child Gender and Father Involvement in Fragile Families"

2005-19-FF Lawrence Berger, Marla McDaniel, Christina Paxson June 2005 "Assessing Parenting Behaviors Across Racial Groups: Implications for the Child Welfare System"

2005-18-FF Margaret Usdansky, Douglas Wolf June 2005 "A Routine Juggling Act: Managing Child Care and Employment"

2005-17-FF Kelly Noonan, Nancy Reichman, Hope Corman, Dhaval Dave June 2005 "Prenatal Drug Use and the Production of Infant Health"

2005-16-FF Lawrence Berger, Christina Paxson, Jane Waldfogel June 2005 "Income and Child Development"

2005-15-FF Catherine Kenney June 2005 "With All My Worldly Goods I Thee Endow? The Importance of Couples' Money Management Systems for Understanding Household Resource Allocation"

2004-05-FF Jean Knab May 2005 "Cohabitation: Sharpening a Fuzzy Concept"

2005-14-FF Robert Hummer, Erin Hamilton, Xiuhong You, Yolanda Padilla May 2005 "Health Status and Health Care among Mexican American Children Born to Unmarried Women"

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Inside...

This research brief uses data from the Childcare Centers and Families Study to examine the extent to which child care centers provide parents with access to valuable resources from other organizations and what kinds of services they provide, particularly in low-income neighborhoods.

For more information about the Childcare Centers and Families Study or the Fragile Families and Child Wellbeing Study, go to <http://www.fragilefamilies.princeton.edu> and go to "About Fragile Families" and "Collaborative Studies." To review public and working papers from the Fragile Families Study, go to <http://www.fragilefamilies.princeton.edu/ffpubs.asp>.

This research brief was adapted from "NEIGHBORHOOD INSTITUTIONS AND RESOURCE-RICH NETWORKS: Childcare centers and inter-organizational ties in high poverty neighborhoods" by Mario Luis Small, Erin M. Jacobs, and Rebekah Peoples Massengill.

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