

Patterns of Informal Child Care in Maryland

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Introduction- Caveats for Maryland

Maryland's Subsidy Program has a few features to be aware of:

- Care arrangements are 100% vouchers
- Subsidized informal care can be by a relative or by a non-relative in the child's home
- Maryland's Subsidy Program has very few Latinos (3%), but is largely African-American.

Informal Care of Low Quality

Informal child care has become pretty unpopular of late because of its well deserved reputation for low quality educational effects—

For example, see Bernal and Keane, 2011:

“We estimate that an additional year of informal care causes a 2.6% reduction in test scores.” (No other care type had a comparable effect.)

Informal Care of Low Quality (2)

The evidence against informal care from the Maryland Kindergarten entry exam also seems clear:

For example, Kindergarten entry 2008,
Subsidy Children (not special education)

Fully Ready:	prior Center care	66.1%
	prior Informal	61.3%*

* Statistically Significant Difference at the 5% level.

But a potential problem if . . .

“When families in these studies did use formal care, it was almost always part of a larger patchwork that included informal situations.”

Knox, V. W., London, A.S., Scott, E. K., & Blank, S. (2003).

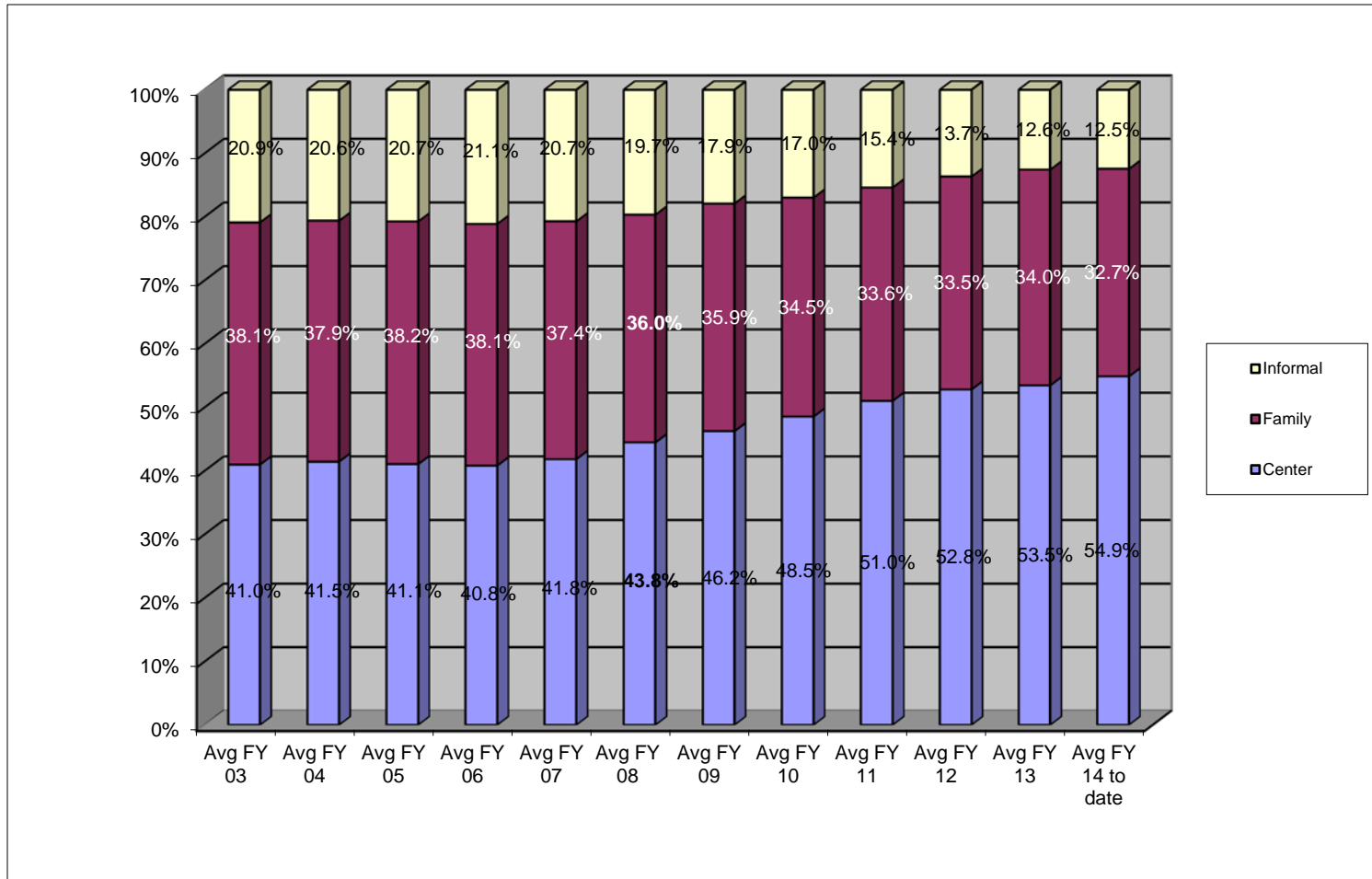
So, the issues are

Does Informal Care serve as a necessary support for formal care? Could de-emphasizing informal care lead to less center care, for example?

Are there demographic groups or areas of the State where informal care is very important, for cultural or other reasons?

Approach: How different is Informal from other care types?

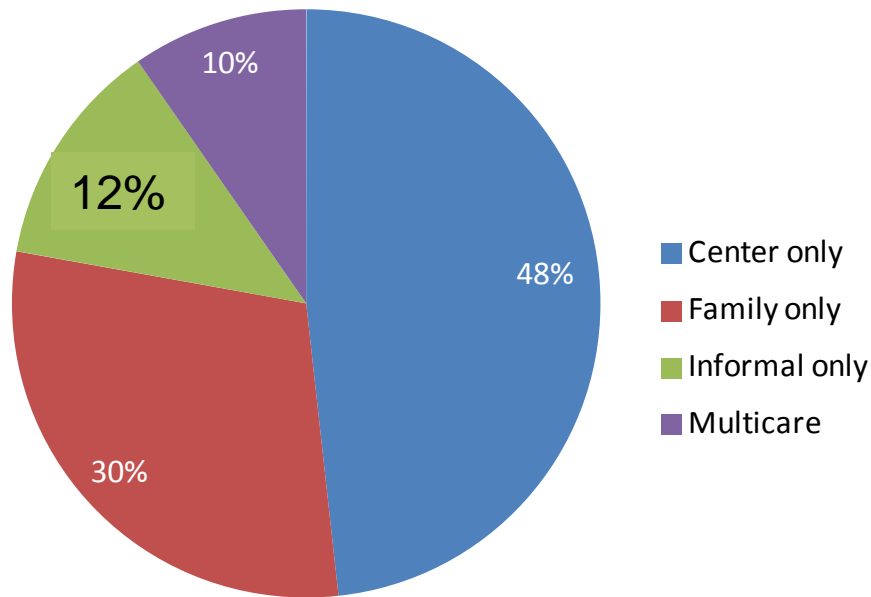
Lately, Informal Care has been shrinking 2003 vs 2014



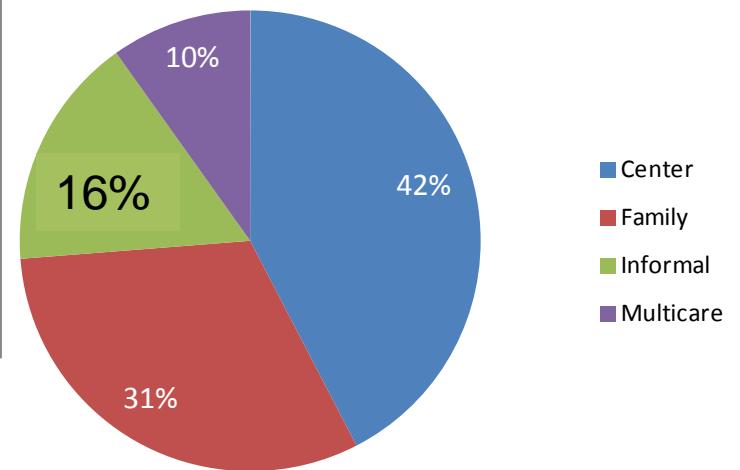
mostly in Informal-Only Care

2008-9 vs 2012-13

Children by Care Type 2012-13

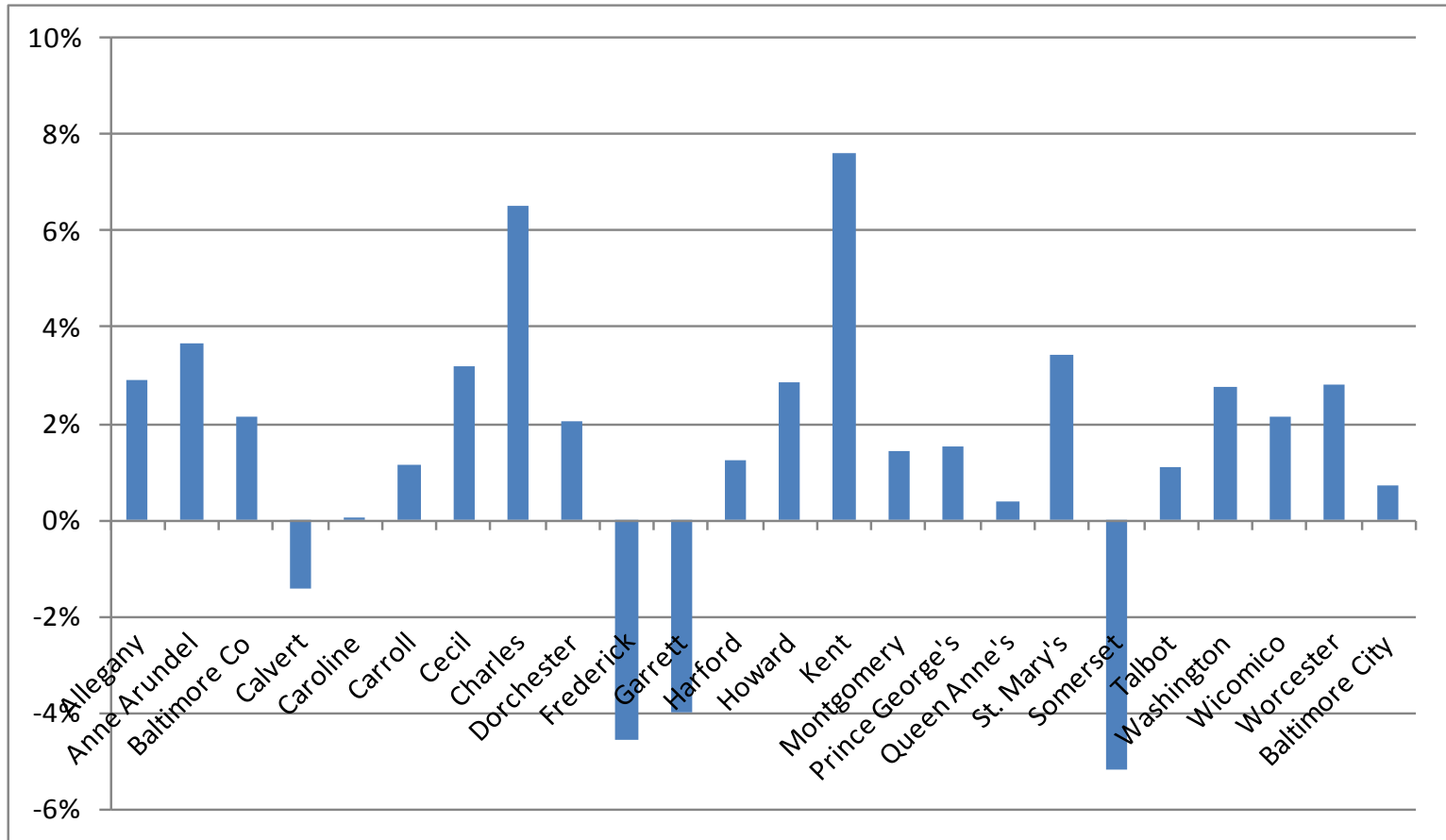


Children by Care Type 2008-9



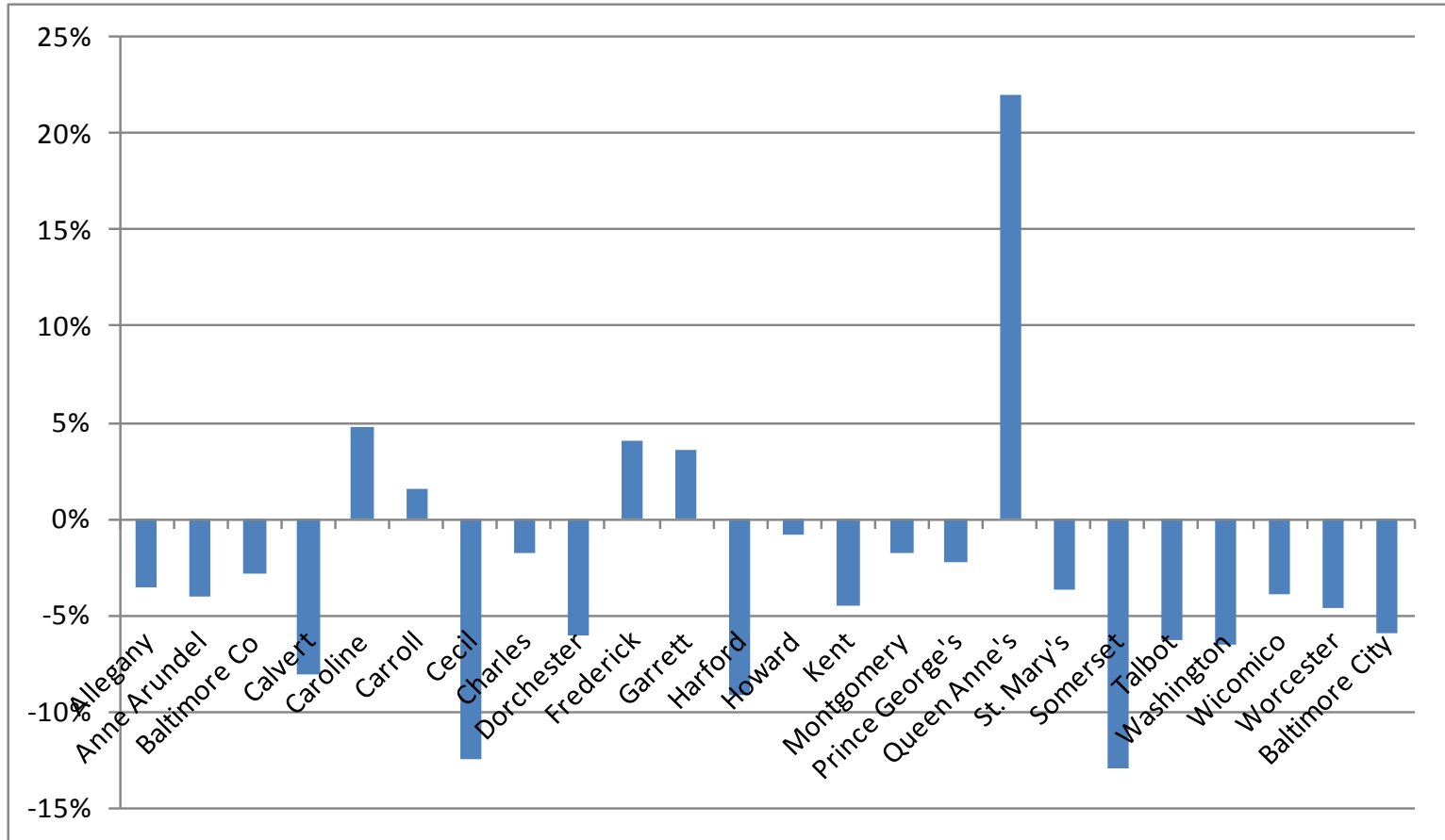
and on a County level, going from growth

Percent Growth in Informal Enrollment by County, 2008-9 vs 2009-10

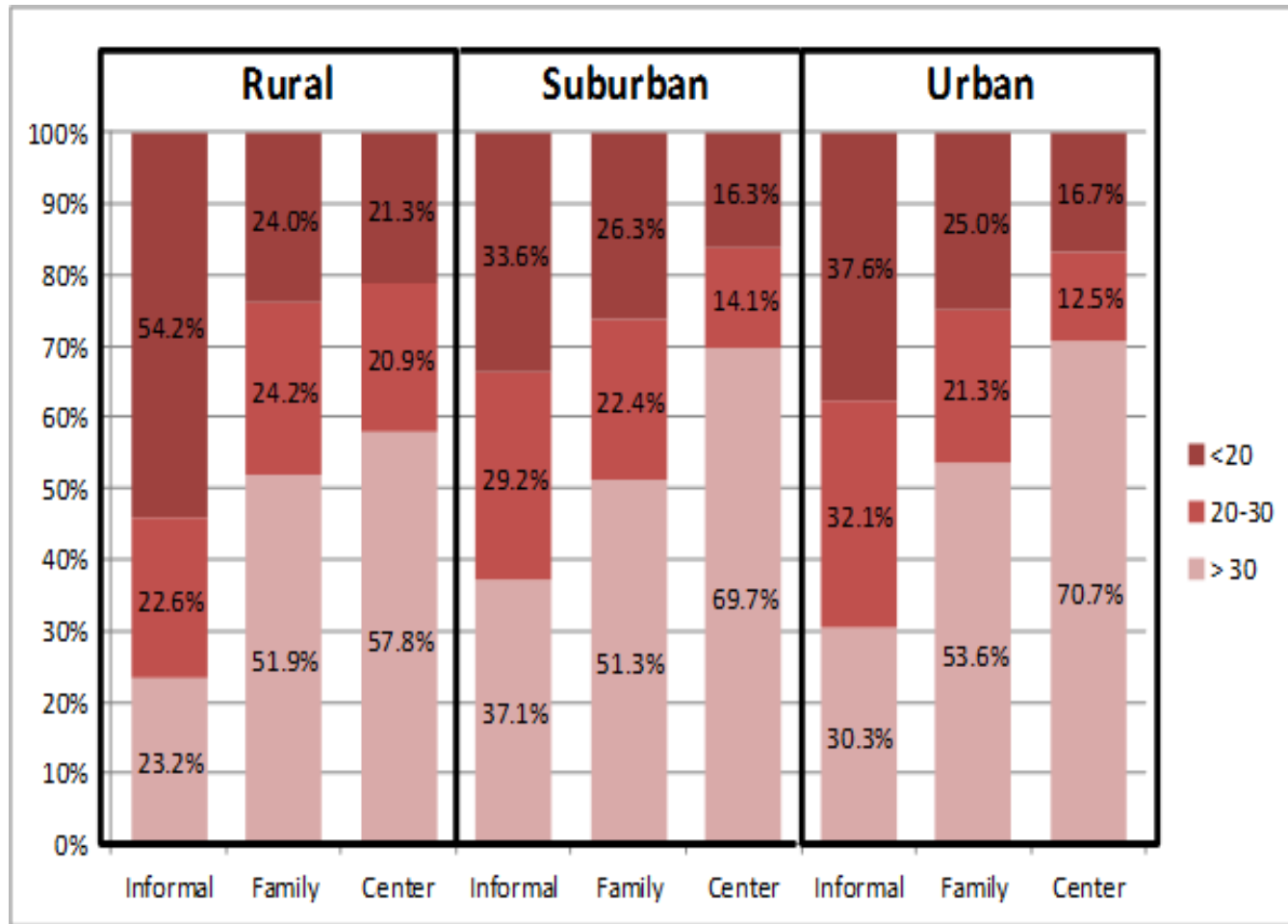


to Decline

2009-10 vs 2011-12



Informals' Care Hours/Wk by Geographic Area



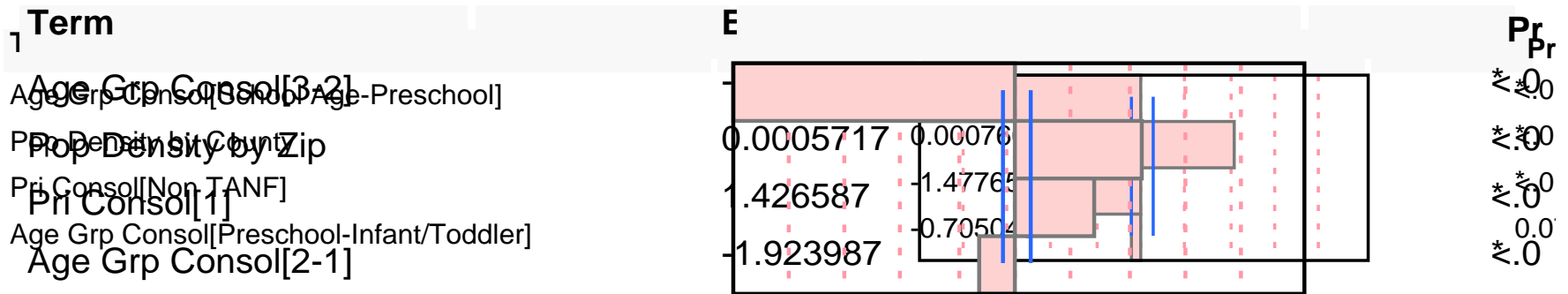
Multi-Variate Analysis

What factors influence greater usage of care? Is informal different from other care types?

Dependent Variable: Care Hours per Week

MR Factors Influencing Informal Care Hrs, 2012-13

- Age of the child- Older children get less care
- Distances (via a proxy of population density)- more density gets more care,
- Receipt of Cash Welfare- TANF gets more care



RSquare Adjusted	0.294
Observations	9,867

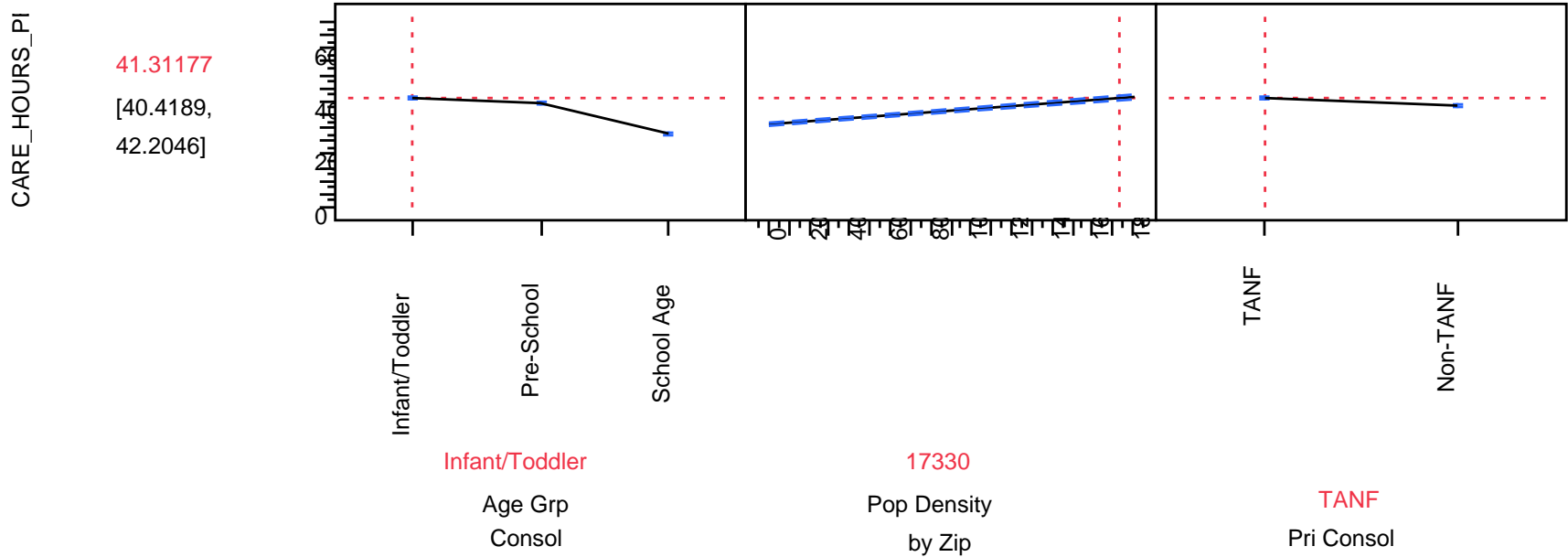
MR Factors Influencing All Care Hrs, 2012-13

- Age of the child- Older children get less care
- Distances (via a proxy of population density)- more density gets more care,
- Receipt of Cash Welfare- TANF gets more care

Term	E	Pr
Age Grp Consol[3-2]	-0.875529	<.0
Pop Density by Zip	0.0006497	<.0
Pri Consol[1]	2.018502	<.0
Age Grp Consol[2-1]	-0.875529	<.0

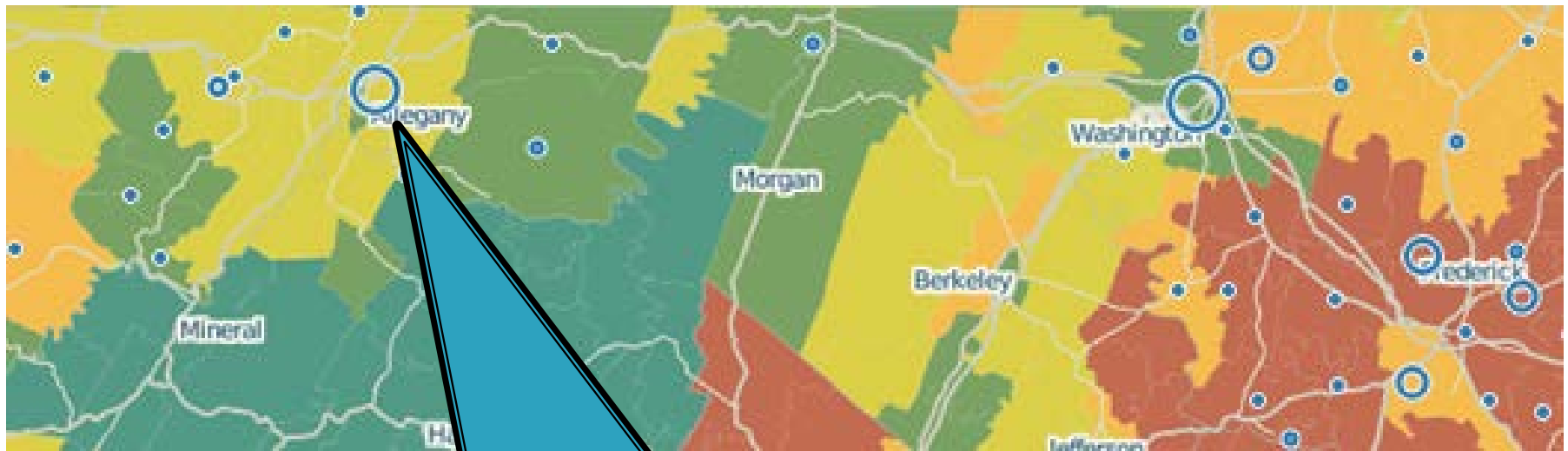
RSquare Adjusted	0.464
Observations	73,739

How much less care would an informal care child get if . . .



Care Hours	Child Age Grp	Pop Density	TANF/Non-TANF
41.3	Infant/Toddler	Balto. City	TANF
15.8	School Age	Rural	Non-TANF

Concentration of Subsidy Children by Zip Code- W. Maryland



In rural areas of the State, subsidy use is concentrated in zips around larger towns.

Subsidy Intensity by Child For Various Care Types

	'08 – '09	'12 – '13
Center	44.8%	42.0%
Family	49.8%	46.4%
Informal- All	48.2%	40.3%
Informal- Rural	36.9%	39.5%
Multiple Care Types	65.3%	59.9%

Conclusions

- Informal care is not highly concentrated among any particular racial or ethnic group.
- It is the least frequently used type of care, and is declining in popularity.
- In terms of the factors influencing greater use of care, it differs little from other care types.

Conclusions 2

- Informal care in Maryland is more often a stand-alone care type than a support for other types of care.
- It is especially favored in rural counties, where use is increasing.

Answers on the issues

Does Informal Care serve as a necessary support for formal care? Could de-emphasizing informal care lead to less center care, for example?

Tentatively, we say no.

Are there demographic groups or areas of the State where informal care is very important, for cultural or other reasons?

There is some evidence that rural areas are more attached to their informal care than other areas.

Effects of CBC Requirement on Informal Provider Numbers

Following a July 1 deadline, 714 informal providers who had been recently paid were closed, most for lack of response to the CBC requirement (perhaps 2/3 of recently paid informals!) Some have complied and are being reopened.

Eventual results are uncertain.

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