SUPPORT SERVICE UTILIZATION AMONG HEAD START FAMILIES IN WISCONSIN

UW Milwaukee Center for Economic Development

Prepared for
The Wisconsin Head Start State Collaboration Project

November 1999
Acknowledgements

The authors of this report wish to thank the many Head Start staff members who facilitated our research efforts. This project would not have been possible without their assistance.

In addition, we would like to extend our thanks to the many parents who participated in this study. Their willingness to share their experiences enriches this project greatly.
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ABOUT THIS REPORT

This report was produced by the University of Wisconsin--Milwaukee Center for Economic Development (UWMCED), a unit of the College of Letters and Science at the University of Wisconsin in Milwaukee. UWMCED was established by the College in 1990, with the assistance of a grant from the U.S. Department of Commerce, Economic Development Administration’s (EDA) “University Center” program. UWMCED’s mission is to contribute to the retention and expansion of Southeastern Wisconsin’s employment base by providing university research and technical assistance to community organizations and units of government. The analysis and conclusions presented in this report are solely those of UWMCED and do not necessarily reflect the views or opinions of UW—Milwaukee or any of the Center’s contributors.

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This study was sponsored by the Wisconsin Head Start State Collaboration Project, through the Wisconsin Department of Workforce Development, with funding from the U.S. Department of Health and Human Services. The members of the Advisory Committee for the Head Start State Collaboration Project and the members of the W-2 Management and Evaluation Project contributed to the design of the project and approved the final methodology for the study.

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**Introduction**

This report documents the use of several support service programs available to low-income families in Wisconsin and analyzes the issues that affect utilization of such programs. The Wisconsin Head Start State Collaboration Project funded this study to determine whether there are eligible populations of poor families who are not accessing supportive services available to them and why they are not doing so. This is an important research question because federal welfare reform legislation in 1996 produced two major policy changes. The basis for public assistance shifted from the presence of dependent children to the work effort of parents, and the power to structure assistance programs devolved to the states. Over the sixty year history of the Aid to Families with Dependent Children program, structural links between cash assistance and many other support programs were formed, and so welfare reform affects more than the provision of cash assistance. Recruitment, enrollment, and retention of poor families in Head Start, subsidized child care, Medicaid, and Food Stamp programs are also impacted.

To examine those impacts, this project studied one subset of low-income families in Wisconsin--those who had a child enrolled in Head Start in the first six months of 1999. Head Start families are an appropriate universe for a study of low-income families' access to supportive services in the wake of welfare reform, because Head Start families have young children and they are poor, as income eligibility for the program is set at 100 percent of the federal poverty level. All of the other programs under study here have higher income limits than Head Start, so in principle Head Start parents would be eligible for all of them.
In reality, Head Start parents’ eligibility for other support programs is affected by the differing ways these programs calculate income, their differing limits on assets (an issue this survey did not address), and differing enrollment criteria. Head Start programs are able to enroll children for two years after determining that they qualify, while financial eligibility for other support programs must continually be proved. In addition, Head Start programs are allowed to enroll 10 percent of their families with incomes above the 100 percent poverty guidelines. The gross income threshold for W-2 is 115 percent of poverty. Eligibility for Healthy Start, a Medicaid program for pregnant women and children, ranges from 100-185 percent of poverty, depending on age, health status, and other factors. The gross income limit for Food Stamps is 130 percent of poverty, and the standard for subsidized child care is one of the most generous, with initial eligibility set at 165 percent of poverty.

Data for this project was gathered in three ways. A mailed survey to Head Start families that yielded 284 responses (a 40 percent response rate) serves as the basis for documenting usage of and eligibility for the support programs. Thirteen focus group discussions were held in different locations throughout the state in order to provide more in-depth detail on access issues. 104 parents participated in the focus group sessions. Interviews with twenty staff members or administrators from support service programs were conducted to better understand eligibility and access issues from an administrative or provider standpoint. This information was supplemented with enrollment data from each of the support service programs and other studies related to the programs to provide further context for this study. More information on the methodologies employed in the project can be found in Appendix A.

The findings of the project outlined in the following table reveal varying levels of usage for the programs under study.
Support Service Utilization by Head Start Families

<table>
<thead>
<tr>
<th>Support Program</th>
<th>Focus Group Families Using Program</th>
<th>Survey* Families Using Program</th>
<th>Survey* Families Eligible for Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>W-2 (cash assistance)</td>
<td>6  6%</td>
<td>8  3%</td>
<td>63%</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>40  38%</td>
<td>62  23%</td>
<td>67%</td>
</tr>
<tr>
<td>Medicaid or Healthy Start</td>
<td>61  57%</td>
<td>191  71%</td>
<td>85%</td>
</tr>
<tr>
<td>Child care subsidy</td>
<td>22  21%</td>
<td>39  15%</td>
<td>81%</td>
</tr>
<tr>
<td>Head Start</td>
<td>95  91%</td>
<td>219  82%</td>
<td>51%</td>
</tr>
</tbody>
</table>

The summary of family income and program participation information gathered from survey respondents indicates that significantly more Wisconsin Head Start families are eligible for support programs than are making use of them, with the exception of Head Start programs. While the survey was not able to capture all elements that enter into a family’s eligibility for the diverse programs, the two columns in the table in bold type clearly demonstrate that there are eligible populations that are not using available supportive services.

This finding raises a second tier of questions in relation to each of the support programs studied. Why don’t Head Start parents use W-2, Food Stamps, Medicaid programs, and the child care subsidy if they are eligible for them? Are there access issues that create barriers or are there other reasons people don’t participate? Although a number of reasons were raised in the study, confusion was the most common issue outlined by Head Start parents who participated in the study, and by staff and administrators from the various programs as well. The lack of clear information about the programs (i.e. their eligibility criteria, application procedures, and rules) has played a role in limiting eligible Head Start families’ utilization of them and has hampered collaboration between programs. In addition, some Head Start parents, and administrators shared their perceptions that philosophical differences between the programs act as a barrier that also affects potential usage and partnerships.
Head Start

95 (91%) Focus Group participants have children enrolled in Head Start
219 (82%) Survey respondents have children enrolled in Head Start

“Head Start is like a thin piece of paper when you wish it was this thick cardboard. Head Start tries to cover so many things. The staff is really good. You just wish there were more of them for more three year olds.”

--focus group participant

Head Start is a comprehensive educational and developmental program for low-income preschool children. It was created by the federal Office for Equal Opportunity in 1965, and it is now administered by the U.S. Department of Health and Human Services. Head Start promotes school readiness, physical and mental health, and social competence for disadvantaged children, and supports empowerment and employability of their parents. The Head Start Bureau provides federal grants directly to local agencies who perform the services to meet these goals. Each agency has a Policy Council made up of parents who design the program to meet the specific needs of the low-income families in their area. Since its inception, these two qualities of Head Start, comprehensiveness of approach and direct federal funding to local entities, have set it apart from other programs for young children. 42 grantee and delegate agencies served 15,129 Head Start families in Wisconsin in 1997-1998.

Head Start periodically makes program modifications to improve service delivery and to reflect changing conditions in the broader society (e.g. increased number of women in the workforce since 1965, expanded legal provisions for children with disabilities, welfare reform, changing population demographics). For instance, the Head Start Act of 1994 required the development of new Performance Standards—the first update to these regulations since the 1970s. It also created the Early Head Start program for low-income pregnant women and children from birth to age three. In addition, the 1994 Act called on the Department of Health and Human Services to study the need for full-day full-year child care among Head Start families.
The new Performance Standards are organized under three categories: 1) child development and health, 2) family and community partnerships, 3) program design and management. These new standards incorporate Head Start's historic components: Education, Health, Parent Involvement, and Social Services, in a manner designed to facilitate cooperation with other community organizations providing services to target families. Staff and parent representatives from Head Start programs nationwide, as well as a panel of experts, developed the new measures.

January 1, 1998 was the deadline for adopting the revised standards, so much of Head Start's collective attention was directed toward implementing the new Performance Standards at the same time T.A.N.F. plans were being enacted. The importance of these standards is outlined below:

The Program Performance Standards have played a central role in the Head Start program since the 1970s. They provide a standard definition of quality services for the 2,112 community-based organizations nationwide that administer Head Start as grantee or delegate agencies; serve as a training guide for staff and parents on the key elements of quality; articulate a vision of service delivery to young children and families that has served as a catalyst for program development and professional education and training in the preschool field; and provide the regulatory structure for the monitoring and enforcement of quality services in Head Start. Thus, their importance to the Head Start program and to preschool education generally goes far beyond the typical role of Federal regulations.

Head Start was re-authorized once again in the fall of 1998. In addition to providing direction for quality improvements and program expansion, the 1998 Act strengthens the focus on families with severe problems. This legislation adds new dimensions to Head Start's already multi-faceted approach, by directing programs to coordinate their services with other entities serving homeless children, and to make provisions to “address the problems of children participating in Head Start programs, including children from dysfunctional
families, children who experience chronic violence in their communities, and children who experience substance abuse in their families,” either through direct service or referrals. Head Start programs are also expected to provide information on and referrals to the child support system. A proposal to require cooperation with paternity establishment as a condition for “receiving aid” from Head Start was not included in the final version.

In addition to incorporating these priorities from other DHHS programs into Head Start, the 1998 Act acknowledges T.A.N.F.’s work requirements and their impact on Head Start parents. It calls for representation of Head Start on the state and local levels in “unified planning” and “collaborative efforts to plan for the provision of full-working-day, full-calendar-year early care and education services for children.”

Above all, the Head Start Act of 1998 and the new performance standards seek to stimulate more partnerships among entities serving young children. Policies have been changed or clarified to reduce the barriers to collaboration. Head Start space and equipment can be used by more than Head Start enrollees. Head Start programs can charge a co-payment and purchase insurance in order to facilitate joint ventures and provide full-day services. In addition, for-profit agencies may now operate Head Start programs.

Parents’ Experiences of Head Start

Parents who participated in focus groups for this project expressed strong positive responses to the question “What do you like about Head Start?” that was used as an icebreaker at each group. The passion and enthusiasm of the participants’ answers filled pages of hand-written notes. Appendix B is a summary of these responses.
In response to the follow-up question “Is there anything you don’t like?” there were generally only a handful of responses at each focus group. Most often, parents mentioned the need for bus transportation or full-day services. A few parents would like more staff in the classrooms, especially to help special needs children. Several parents whose children participate in home-based programs wished that the visits happened more frequently. A number of parents were familiar with the governor’s proposal to increase state funding for Head Start and were pleased about it. The parents who participated in the focus groups did not take issue with Head Start program content or approach—they wanted more of the same.

The positive view of Head Start did not extend to child care in general. Parents at every focus group voiced fear and mistrust of other child care options. One parent, who stated that she is trying to finish her technical college degree without being sanctioned out of W-2, emphatically stated “I don’t trust my baby in the arms of strangers;” yet, one of her children attends Head Start. Another mother said “You hear so much about abuse. I get so paranoid thinking something will happen. With me, I think my rage would get over on what I was supposed to do about it.” She stated that she only trusts Head Start and her sister-in-law to care for her daughters.

In the eyes of the parents in the focus groups, Head Start is very distinct from child care, and overwhelmingly viewed as a safe nurturing place for children and their families. Typical comments at the focus groups included:

- “I was concerned about safety. He feels safe and I feel safe having him at Head Start.”
- “It’s welcoming.”
- “The kids are being watched well all the while they are at Head Start.”
- “Head Start is therapy in many respects.”
- “You’re comfortable while they’re here.”
The discussions at the focus groups showed that the parents understand and appreciate Head Start’s multi-disciplinary approach. Several parents at each focus group mentioned seeking help from Head Start family support staff, and more still knew staff were there as a resource. One parent commented “They help out. We were in a car accident and Head Start was the first to help out.” Another parent stated “They have a lot of avenues for people who have problems.” Every Head Start center that hosted a focus group had a display area for resource materials, such as brochures and flyers for many different programs, and most Head Start centers have designated parent rooms with telephones and sometimes computers for the parents to use.

In terms of child development and health, several parents indicated that Head Start staff had helped them identify physical and cognitive developmental delays in their children and access treatment for them. The dental exams were remarked on favorably. One mother commented it was nice that her son’s first experience with a dentist was in a setting he trusts. Many parents mentioned that their children’s speaking abilities had improved since enrolling in Head Start, some due to speech therapy provided there.

At each focus group parents shared examples of what their children were learning; everything from writing their names to valuing diversity. Several parents also mentioned that they were learning positive discipline techniques from Head Start staff.

Although a few Head Start directors shared their impressions that parent involvement has been declining over time as more parents are working, at each focus group parents spoke warmly about volunteering in the classroom or going along on field trips. One parent noted “I like the parent involvement, volunteering. You learn more about your child.” Others mentioned their experiences on the parent council.
Part of Head Start’s approach has been to use parent involvement at the Head Start center as a catalyst for social and economic empowerment of low-income families. Although none of the parents who attended the focus groups spoke of Head Start as a specific job training experience for themselves, in three of the focus groups a parent in attendance mentioned being employed by Head Start, either as a bus driver or as a classroom assistant. Thirty-one percent of Head Start staff statewide and nationally are current or former Head Start parents, and this is up slightly from 1995. Several parents mentioned enrolling in GED classes at the same site where their children attend Head Start, and one mentioned the opportunity for computer training and help in putting together a resume.

When Head Start began in 1965, 40 percent of American women were in the labor force and A.F.D.C. provided benefits for single parents to stay home with their children. In 1999, women’s labor force participation stands at 61 percent, and welfare benefits are increasingly tied to the work effort of the parent. The labor force participation rate for women in Wisconsin is the highest in the country, at nearly 70 percent, and W-2’s work requirements are among the strictest in the country. According to Head Start Program Information Report data from the 1997-1998, 73.5 percent of household heads are employed. 54 percent of Head Start household heads are employed full-time. This corresponds to the 53 percent of Wisconsin Head Start families who stated they need full day, full year care for their Head Start child in the same report.

Findings from this project demonstrate the demand for child care, as 71 percent of survey respondents are working and 41 percent of their spouses or partners are also employed. Approximately 60 percent of both survey respondents and focus groups participants indicated a need for child care in addition to Head Start.
Many of the parents in the focus groups who need more than a half-day arrangement for their child expressed a preference for a full-day at Head Start over a half day of Head Start and another half day arrangement. One mother said her son cries when it’s time to leave Head Start to go to the daycare center. A father replied that as much as he likes Head Start, he thought his son benefited from having a less structured afternoon at daycare. More parents mentioned that they would prefer a situation where their child didn’t have to make a transition during the day, especially if they themselves needed to provide the transportation between sites. A few focus group participants said they had trouble meeting child care co-payments, and a free full-day of Head Start would be seen as an improvement.

**The Views of Head Start Administrators and Staff**

Wisconsin Head Start personnel have been analyzing the need for full day services and how best to provide them for several years. This has been their primary response to the implementation of T.A.N.F. One Head Start administrator interviewed for this project displayed two pages of scenarios for trying to build more full-day opportunities with existing funding, but each option involved serving fewer children.

Although the mandate to explore the need for full-day options was also part of the 1994 Head Start Act, the most prevalent Head Start option is still a half-day program that operates four or five days per week, nationwide and in Wisconsin. As noted earlier, Head Start data shows that more than half of Wisconsin Head Start families need full-day, full-year care. Although 39% of Head Start grantees offer full day services, only 13% of those families who need it receive it through Head Start. Just 906 of 6,782 families in 1997-1998 who stated a need for more than a half-day of care for their child had a placement in either in a full-day Head Start program or one with wraparound child care.
Wisconsin Head Start Full-Day Options

<table>
<thead>
<tr>
<th>Total Head Start families</th>
<th>Need full-day full-year care for children</th>
<th>Full-day full-year Head Start A</th>
<th>Child care through Head Start B</th>
<th>Percent of Head Start Programs with A or B</th>
</tr>
</thead>
<tbody>
<tr>
<td>12,830</td>
<td>6,782</td>
<td>552</td>
<td>354</td>
<td>39%</td>
</tr>
</tbody>
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One interviewee referenced the role of the Head Start Bureau in the conflict over the availability of funding for full-day slots, and the ensuing lack of progress toward full-day partnerships.

Up to the 90’s, the Feds fought full-day. They focused on the percentage of the eligible population served, so the emphasis was on more kids in half day. There’s a good argument that Head Start should be half day, with wraparound. Then the question is “Do we do the child care ourselves, and become competitors with existing providers, or partner?” It’s stalled.

A similar response to questions about developing child care and Head Start partnerships, was provided by a Head Start administrator who noted: “It’s a quilt of different things. Our biggest problem was looking for one solution, and there isn’t just one.”

One approach is to form child care partnerships with other entities, but Head Start programs feel a strong sense of responsibility about choosing potential partners. The director of a Head Start program that has visited both home-based and center-based child care providers in the neighborhoods around their Head Start sites shared staff reaction to the visits.

There’s not a lot of daycare centers we’d want to be affiliated with. We’ve met providers that would be open to being worked with, but is this an appropriate use of Head Start time and funds? To train and monitor daycare partners?
Another Head Start director mentioned quality concerns, noting:

Day care doesn't always have the level of professionalism parents are used to in Head Start. The quality of the curriculum or the activities might not be the same. Parents see the difference.

This uneasiness over the accountability issues that come with new partnerships has meant that these Head Start programs have made little progress in forging new full-day options for their families.

Further complicating matters, Head Start and child care funding regulations are not always clear on how collaborations can be structured. When all of these issues are coupled with the fear that these partnerships might somehow jeopardize Head Start quality, a situation of inaction is created in some Head Start programs. Failed attempts at collaboration also create disinterest in trying again. The director of a Head Start program who spent months in negotiations with a W-2 agency, trying to develop a Head Start center with wraparound daycare at that W-2 site, shared her frustration that no plan could be worked out. In further strategies for collaboration she will look to other potential partners.

Head Start has had to adapt to more than just the increased need for child care and the implementation of a new child care subsidy under W-2. An administrator of a large Head Start program acknowledged that Head Start has had trouble responding to W-2 in general, and the changes it has meant for families.

We've spent time berating it [W-2], it’s time to call it into accountability. We had an advocacy theme last year, that grew out of our goal-writing day. We wanted to help people navigate the system. Parents said they need help and they want staff to do that. But some staff haven’t made the switch to W-2. We had a case where a parent told a staff member “I don’t have any income,” and the staff member replied “I have to document your income,” and therefore didn’t enroll the family.
Other Head Start administrators agreed there is confusion about eligibility for Head Start under T.A.N.F. Head Start was designed in the context of the old system of public assistance: A.F.D.C. It's regulations state a family is eligible for Head Start if they're receiving public assistance, or at risk for receiving public assistance without child care. In the past, A.F.D.C. recipients were automatically eligible for Head Start. In fact, Milwaukee Head Start programs used to recruit families by putting flyers in one mailing of A.F.D.C. checks per year. In this way, Head Start was advertised to tens of thousands of poor families with children. In response to changes in the provision of public assistance, Head Start programs have been confused about what constitutes receiving public assistance and they are forced to find new recruiting strategies.

Head Start administrators shared the types of questions they face related to W-2 participation and Head Start eligibility. What if the family is not in a subsidized employment position and therefore not receiving cash assistance? Does being in a “case management only” category of W-2 constitute public assistance? What if they’re just getting the child care subsidy? After qualifying for the child care subsidy, a family’s income can rise to 200 percent of poverty, which is much higher than Head Start’s criteria. But since T.A.N.F. funds are used for the child care subsidy, could the family still be eligible for Head Start?

This confusion has even affected Head Start record-keeping, as the number of families listed as T.A.N.F. recipients in Head Start yearly Program Information Reports overstates the receipt of the cash grant, because some programs count parents as T.A.N.F. recipients even if they are only receiving the child care subsidy, while others only count them if they are in a W-2 employment position and receiving a cash grant. Federal Head Start officials recently clarified that receiving any T.A.N.F.-funded service, including the child care subsidy, qualifies one as a T.A.N.F. recipient for the purposes of Head Start enrollment.
The Views of W-2 Administrators and Staff

W-2 agency and county administrators all expressed a familiarity with Head Start, and shared reflections on its role and relevance in welfare reform. One interviewee shared a strong opinion on who bears responsibility for the lack of partnerships between W-2 and Head Start to date. The following comments are from a W-2 administrator:

Head Start lost track that it was a family development program and focused on the educational. They took on education biases. Then, when welfare reform came about, the Head Start community failed to jump in to figure out how to integrate. They don’t have to adopt the philosophy [of W-2] but they’ve failed to adapt to reality. Head Start slots are not filled, and Head Start is not on the W-2 radar screen. There are no formal or informal relations. It’s a wonderful resource they could use, but there’s no relationship.

Another W-2 administrator spoke of the incentives for collaboration as mutually advantageous, reflecting that “W-2 could address some needs of Head Start, such as transportation and parent participation.” A staff member from a different W-2 agency also referenced the opportunity for combining parent involvement with W-2 work assignment, and also suggested that Head Start be used as a support for W-2.

Head Start Family Support Staff establish a relationship and a level of trust with the parents. There’s a power relationship between the FEP and the client, so they [the clients] don’t reveal barriers. Employability plans could be tied into Head Start, but it’s not being done because people don’t know how to do it. There could be some amazing plans.”

W-2 documents outline the role of the FEP (Financial and Employment Planner) as comprehensive case manager, but this research project and others have not demonstrated that this is how the FEP is viewed by W-2 participants. It is not Head Start’s role to bolster W-2, but Head Start staff did express an obligation to work with W-2 personnel to assist their mutual clients.
One W-2 administrator articulated a vision for an endeavor between W-2 and Head Start, using the available child care funding as a stimulus.

We need to move beyond basic logistics like child care payment processing, to outreach and quality assurance. We are in a great place to leverage some positive things. What does this mean for models like Head Start? Reframe them, build on what we know. It’s not Head Start as the keeper of the wisdom, a closed quality model. It’s Head Start as a hub, the support system to develop the family-provider. Real community building.

No one disagrees with this goal in theory. In practice, a fair amount of effort is required to build full-day options, and Head Start has expended most of the effort to forge them. Head Start programs that want to provide child care themselves must implement a system for setting and collecting fees, and accessing the child care subsidy. In addition to converting from half day to full day, Head Start programs would need to consider providing before-school and after-school care and abandon their adherence to a school year calendar. If Head Start programs do not want to do child care themselves, then they face the standard processes and problems of contracting with other entities for services, and subsequent monitoring of performance. Head Start staff are apprehensive about actively recommending child care providers, as are W-2 agencies or other similar programs, feeling generally that this decision should be made by the parents themselves.10

In response to the slow development of partnerships, one county administrator offered the explanation that “system change requires new funding.” This person also offered the opinion that groups “collaborate out of necessity or vision,” and that sometimes new links are only envisioned when there are inducements to create them. This administrator shared the history of the conversion to the new child care subsidy, including some of the problems encountered, and the view that with those administrative issues addressed, attention could be turned toward creating new partnerships, with county administrators using available funding as a catalyst for local endeavors.
Conclusion

Social conditions and policies have changed substantially since the Head Start program was founded in 1965. The thing that has not changed is that there are still poor families with children who need a “head start” integrating into school and work. Head Start goals include providing a quality educational experience for low-income preschool children and aiding their parents’ economic empowerment, yet the program is not playing a strong role in the major state endeavor designed to connect poor parents to work. Head Start bears some of the responsibility for their lack of integration with W-2, and administrators acknowledge this.

Head Start’s slow response to the needs of low-income parents who are increasingly working may be partially explained by lack of funding for full-day Head Start slots, lack of partnerships, and a conflict over the program’s mission, as outlined in the following passage from 1996:

Research that focuses on the changing economic landscape of Head Start-eligible families will confront a central tension concerning the programs’ fundamental goals. Head Start was not designed primarily to meet the child care needs of full-time, full-year employed parents. The relatively high quality of Head Start programs, compared with full-day community-based child care centers see Layzer et al., 1993), may actually depend on their circumscribed hours of operation and clear focus on the developmental needs of children as distinct from the employment-related needs of their parents.

Internal changes to the Head Start program are designed to help address low-income families’ barriers to economic and social integration in the larger society. The changing structures of other programs put Head Start in somewhat of a reactionary position. Understandably so, since the forces that brought about the replacement of A.F.D.C. with W-2 were beyond the control of Head Start.
Welfare reform initiatives in Wisconsin have reduced the public assistance caseload by 88 percent since 1995, meaning that the lives of poor families with children have changed considerably in the last five years. Head Start’s comprehensive support may be able to help the most vulnerable (such as those remaining on the welfare rolls, those who are newly adjusting to work, or those with fluctuating incomes). It is precisely these fragile families who need connections to be made for them.

T.A.N.F. and W-2 require increasing work effort from poor parents, and they have brought about a steep decline in welfare benefit use. These changes mean that parents, whether participating in W-2 or not, need care arrangements for their children that they can trust as they work or prepare for work. Head Start enrollment has remained steady over the past several years, but the parent empowerment component is not as powerful as it once was. In order to remain relevant, W-2 and Head Start will need to address access issues on behalf of the families they are designed to serve.

Part of the role of the Wisconsin Head Start State Collaboration Project is to facilitate the development of new partnerships. Much of the Collaboration Project’s attention has been focused on providing technical assistance to encourage more joint ventures between Head Start and child care, in order to increase the availability of full-day opportunities. The Collaboration Project has placed Head Start representatives on many committees, and it convenes and participates in conferences and numerous meetings on the topic of child care and development issues, in order to ensure that Head Start plays a role in shaping new child care ventures. The same model could be used to highlight Head Start’s family support function. Head Start representatives on local W-2 community steering committees or workforce development initiatives would be in a good position to negotiate placements for community service job parents at Head Start sites, and to introduce Head Start’s model for promoting parents’ personal and economic improvement into these programs.
The parents who participated in this research project communicated their strong affinity for Head Start. Perhaps Head Start did stumble a bit responding to the post-entitlement era, and perhaps W-2 did not recognize Head Start’s strong potential as a partner. Real challenges lie ahead, but the building blocks for collaboration are present. Head Start’s history as one of the most enduring institutions addressing the needs of low-income families with children should be better incorporated into the new welfare reform paradigm, but it will take more effort from both parties to make this happen.
W-2

| 6 (6%) Focus Group participants are receiving cash assistance from W-2 |
| 8 (3%) Survey respondents are receiving cash assistance from W-2 |

_They made all these changes for W-2, but in the long run it's penalized mostly everybody, instead of making it better for them._

--focus group participant

The provision of cash assistance to needy families has been radically changed in Wisconsin; first by the decision of the state legislature in 1993 to end Aid to Families with Dependent Children, and secondly by national welfare reform legislation in 1996 that converted A.F.D.C. to Temporary Assistance to Needy Families (T.A.N.F.). T.A.N.F. removes the federal entitlement to cash assistance and allows each state broad parameters for designing its own public assistance program. These changes, coupled with earlier welfare reform efforts of Wisconsin Governor Tommy Thompson, have produced a dramatic 88% reduction in the state A.F.D.C./T.A.N.F. caseload since 1995.12

<table>
<thead>
<tr>
<th>Wisconsin Caseload Trends A.F.D.C./T.A.N.F.</th>
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<tbody>
<tr>
<td>69,696</td>
</tr>
<tr>
<td>* indicates W-2 participants receiving cash assistance</td>
</tr>
</tbody>
</table>

Wisconsin’s T.A.N.F. plan is called “Wisconsin Works,” or “W-2.”13 W-2 has eight stated principles that guide program implementation. The first two are: “For those who can work, only work should pay,” and “W-2 assumes everyone is able to work within their abilities.” This work-first (or work-only) approach is central to the ideological underpinnings of W-2,14 and to another prominent feature of W-2: diversion.15 W-2 agency staff encourages applicants to consider all their other options and may require potential recipients to participate in job search before applying for W-2, as a means to foster self-sufficiency and to reduce the number of people applying for and receiving cash assistance from the government.
While W-2, as Wisconsin’s T.A.N.F. program, is still a program that provides assistance to poor families with dependent children, the focus of the program is now on the custodial parent’s behavior, rather than on the presence of needy children.\textsuperscript{6}

According to a recent report on diversion activities under T.A.N.F., Wisconsin is one of only three states that employs three diversionary tactics: up-front unpaid job search, lump-sum payments (the job access loan), and exploration of alternative resources, namely family and other community resources.\textsuperscript{7} The Wisconsin Department of Workforce Development predicts that 2,397 requests for assistance will be withdrawn or denied in the next two years of W-2, in addition to cases that are diverted prior to an official application being recorded in the computer system.\textsuperscript{8}

In addition to trying to divert potential public assistance seekers, W-2 demands more of those who do take part in the program than most other state T.A.N.F. programs. Wisconsin is one of sixteen states with immediate work requirements; much shorter than the twenty-four month requirement of federal law. W-2 is one of five state programs that requires up to forty hours per week of work activity in exchange for the flat cash grant of $628 or $673 per month, while the federal government currently requires twenty-five hours of participation.\textsuperscript{10}

The Experiences of Head Start Parents

The messages of caseload reduction and diversion have been clearly communicated to the parents who participated in the focus groups for this project. One mother responded to the question “Is anyone here receiving cash assistance from W-2?” with the statement “I just found out the other day that there still are people getting monthly checks.” At another group, a father commented “It’s a lot of work, seeking out assistance.” Many parents expressed concern over their own situations or those of other families. The following
comments about W-2 are only a portion of those shared by focus group participants, but they are representative of the tenor of all the discussions.

- “They made all these changes and didn’t see the repercussions.”
- “A lot of them got off cold turkey and they’re struggling.”
- “When they brought in W-2, I think they hoped people would just pack up and leave.”
- “In order to get W-2, you must use the exact words ‘I would like to apply for W-2,’ otherwise you won’t get it.”
- “The State wants you to change your ‘dependencies,’ so that you’re not dependent on the state, but you become dependent on family and friends.”
- “My caseworker would never say ‘Did you know you’re eligible for this?’ It’s more like ‘I can squeeze this out for you if you call me thirty times.’”

Just one focus group participant shared a affirmative comment about W-2, saying: “My old caseworker bent over backwards for me. I got child care [subsidy] when I worked third shift and some more so I could sleep during the day.” This young mother of three moved to a different county while pregnant with her third child, where she was denied W-2 payments, despite a work history and being placed on bed-rest by her doctor for the final two months of pregnancy. After her daughter was born, she received only partial W-2 payments until the baby was twelve weeks old.

At another focus group, a parent reported that it was a positive experience getting a job access loan to fix her car.

“I had a minor car accident while laid off, but they knew I was going back to work. It was a bit of a hassle to get three estimates, but I did it and I got a four hundred dollar loan for repairs and new tires. It’s no interest, I pay it back over one year.”
Several mothers shared their own stories of trying to access help from the new W-2 system, revealing the complexities of their family situations and learning to cope in the post-welfare world.

- I told my caseworker on the phone today “I don’t have any income.” She said “How are you paying your bills?” I said “If you’re not going to help me, it’s none of your business how I pay my bills.” My dad said “Tell her that’s why people turn to illegal activities.”

- Your kids are getting in trouble because they feel neglected. All of a sudden they’re thrown in daycare…. What about the women who have the problem kids like me [Her children have Attention Deficit Hyperactivity Disorder]. I can go to work and be a LPN making 15-18 bucks an hour. But I can’t go to work because my kids are too screwed up and I’ve got the school calling me, saying “Come and get your son, come and get your daughter.” And your job’s looking at you like “We can’t have this.” So then what do you do? You’re back at square one. You’re stuck at home and you’re screwed, basically. And then you’ve got go feel all low again and apply for all this stuff.

- I’ve been cut off for seven months [from W-2]. They don’t care how bad his sickness is, if I don’t participate, nothing. I give statements and everything from doctors. He has a bad bone disease [lupus]. Sometimes he can’t get up at all. I’ve got to get him in warm water. They don’t care, if I’m not there on time, it’s nothing. I’ve been put out two to three times from places because of this. They don’t care nothing about his sickness. If I don’t participate, I’m sanctioned.

- I had a worker say to me, “Well if you can’t afford to take care of these kids, you should have kept your legs shut.” I said, “If you don’t know the situation how any of these children got conceived, you shouldn’t say anything, because my twins were conceived through rape.” They shouldn’t say anything.

- You have to fight tooth and nail to get anything. I was on bedrest with my last pregnancy, so I lost my job. My husband was in jail for DWI. I got a partial check after no income for two months and then a couple of checks while the baby was little. The day before I was going back to work, I moved, and the frig slipped down the stairs and fell on me. I called my caseworker and she was like “ohhhh.” Like I wanted the frig to fall on me. Then when I read in the newspaper that there’s twenty million in excess they didn’t use, I got really mad.
A few participants spoke of abuses of the previous system, noting that they understood why changes were needed.

- “My husband’s ex-wife was on A.F.D.C. for six years, that’s bull. She got her first job at age 25.”
- “There are people who are getting all the benefits but aren’t even trying to work.”
- “I can understand getting the chronic ones off. People want to work, but they can’t afford to.”
- “Milwaukee attracted people because of its good welfare. Now the people who were here all along are suffering because of it.”

But most of the remarks about W-2 made by Head Start parents at the thirteen focus groups echoed the Madison mother who said “It was too much too soon.”

The survey findings related to W-2 participation by Head Start families offer a possible explanation for the negative views about W-2 shared at the focus groups. Just 8 of the 268 survey respondents (3%) are participating in a W-2 employment position, and only two of them listed the full amount of a community service grant $673 per month, which seems to indicate that the others are being sanctioned. This 3% receiving cash assistance under W-2 contrasts sharply with the 63% of Head Start families that received A.F.D.C. in 1995.

The graph on the following page uses Head Start Program Information Report data to examine families’ use of A.F.D.C./T.A.N.F.. The proportion of Wisconsin Head Start parents receiving A.F.D.C./T.A.N.F. benefits has dropped 84 percent since 1995. This is the same rate of decline as that of the total A.F.D.C./T.A.N.F. caseload in Wisconsin.
Head Start Families Receiving AFDC / W-2 as Percentage of Total Head Start Families

Source: Head Start Program Information Reports
This finding answers key questions: Does the structure of Head Start (primarily half day sessions with few formal child care partnerships) affect who enrolls their child in Head Start? Would there be proportionally fewer welfare families in Head Start (even though it’s designed to serve poor families) because the program could not meet the work-related child care needs of W-2 participants? Since the rate of decline in the use of cash assistance for Head Start parents is the same as that of the general population, this does not appear to be the case.

Another question that has accompanied the drop in the welfare rolls is whether most people are not using programs because they are not eligible for them. This is not the case for most Head Start families. Nearly two-thirds of Head Start families (168 of 268) are income-eligible for W-2. It is possible that some of these parents have assets which disqualify them, and the survey did not ask a question about asset levels. Of the 268 families, just 3 percent of the 63 percent eligible to participate in W-2 are doing so. This disparity between eligibility and usage poses serious questions for Wisconsin, especially given the comments of the parents at the focus groups. Has W-2, consciously or inadvertently, diverted too many eligible families away from assistance that they still need? How will this affect their children?

**The Experiences of W-2 Administrators and Staff**

Nine administrators or other staff members from W-2 agencies around the state were interviewed to gather their perspective on W-2 implementation and its effect on the other programs under study. These interviews presented more diverse views of progress under W-2 than is generally offered by state administration officials in their public comments. The following quotes represent the range of views shared by various W-2 agency administrators.
• “I liked Pay for Performance, that cut the caseload quite a bit. I think it would have been better to go with that for another year. It was a little softer, not as threatening.”
• “Some are angry about W-2, but not as many as we expected.”
• “We didn’t have the power under A.F.D.C. to hold people accountable.”
• “There’s more freedom to do individualized case management.”
• “You’ve got to be careful both ways; you don’t want to make people dependent, but you don’t want to be fined for failure to serve either.”
• “W-2 has dealt with the easy cases. The caseload’s been flat since October of ’98. Now we’re beginning to face the return of the disgusted, and we’re challenged by retention. The marginally employed are scared. They’re tired of fluctuating income.”
• “With individualized service delivery in each county, it’s difficult to mandate procedures.”
• “There’s no horror stories here of people falling through the cracks.”
• “The economy’s good right now, who knows what will happen when it changes.”
• “W-2 forces parents to make a choice. They can’t sit and be safe.”

Many of the county administrators interviewed reported that nearly all of their remaining caseload was in W-2 Transitions, the placement category for people with significant barriers, who will reach their twenty-four month time limit soon. These administrators felt it will be a real test of W-2 to see what the state decides to do about these people; grant them extensions or cut them off. Several counties noted that they are helping such clients apply for SSI, but reported that this is a lengthy process, often taking more than a year. One county administrator reported that senior DWD officials told them very few extensions will be granted.

Several county administrators felt that they receive conflicting messages from Department of Workforce Development officials. One interviewee
remarked: “Some counties have no W-2, that seems a little strange. Madison’s saying ‘You shouldn’t [have a caseload], you should [have a caseload].’ Should we go out and find them?” Another stated “The message was ‘Everyone can go out and work, make them do that.’ Then some implemented it that way, and the state realized that’s not what they wanted.”

In interviews in counties other than Milwaukee, administrators could recite from memory the circumstances of their few remaining W-2 participants. One administrator noted that “FEPs understand and take seriously that they have an impact on people’s lives.” This administrator, after being reassured that names of interviewees would not be used in the report, expressed concern over several issues.

FEP training in case management provides only a basic description of the task. FEPs aren’t provided with adequate tools to make referrals to professionals for their clients with barriers. CARES [the state’s computer system] is a problem. It never was user-friendly, and W-2 has magnified that.

Two administrators admitted that they are not implementing the aspects of W-2 policy that they find objectionable, citing “individualized service delivery” as their permission to circumvent state guidelines. “We’ve heard about the strikes in Milwaukee. We’re not doing them. It’s not supposed to be punitive,” said the W-2 administrator in a northern county. Another interviewee voiced disagreement with the “light touch” policy under W-2. “Our resource specialist and caseworkers explain all the programs and explore eligibility for all the programs.”

One administrator closed the interview with this reflection: “W-2 is still a work in progress. “How do we make this work for the people we’re all purporting to serve? The reason we all get paid.”
The Views of Head Start Administrators and Staff

In some counties there had been formal meetings between W-2 agencies and Head Start programs in order to share information on changes in the programs. However, very few cooperative arrangements, either for child care or related to W-2 work requirements exist between Head Start programs and W-2 agencies. In Milwaukee, home to a quarter of the state’s Head Start families and eighty percent of the state’s W-2 families, the director of one of the largest agencies that administers Head Start classrooms reported that they tried for six months to work out an agreement with a W-2 agency to have a Community Service Job participant work as a Head Start bus aide, but nothing was ever arranged.

A delegate agency reports that parent “volunteers” fulfill their Community Service Job requirements by working as classroom or clerical or kitchen aides. Since Pay for Performance this particular Head Start program has hired four or five parents who successfully completed these placements. Two other Milwaukee delegate agencies reported that they had two to four CSJ participants at their sites over the past year, but they are not currently serving as a work site for CSJ placements. The other large Milwaukee organization administering Head Start programs does have a collaborative model for a “one-stop shop” of job training and preparation at a Head Start site. One of the administrators of this program stated that it was much easier to work with welfare agencies under Pay for Performance, when work experience was coordinated through the county GATES program, when they placed approximately 70 of 80 participants in jobs. Under W-2, their number of participants has dropped.

Under W-2, there’s a lack of continuity. Every few months there’s new FEPs who don’t know what we’re doing. We have to go and explain it again. It’s very inconvenient. People [parents] have been taken out of here because they [FEPS] don’t understand what we’re doing.
With few structural links to W-2, Head Start staff still interact with W-2 on an individual level. For instance, family support staff from a Milwaukee Head Start program have accompanied parents to meetings with their W-2 case managers. Some have been able to act as advocates, helping the parent and their FEP create a feasible employability plan. Others reported that they were discouraged from participating in the meetings, even though this was the parent’s stated wish. In some cases the parents had to seek permission from an agency supervisor to have the Head Start staff member attend the meeting.

Head Start staff acknowledged in interviews that their program hasn’t been as helpful to the Head Start families affected by welfare reform as they would like. Some felt that the enormity of the policy changes had not yet been absorbed by their clients and their programs. In fact, their concern for the families they serve was a factor in the development of this study. Head Start personnel wanted to know what was happening to Head Start families statewide as they made adjustments to new policies and what Head Start could do to support them.

Some Head Start programs in Wisconsin are facing declining enrollments, and some program directors think W-2 is part of the cause. A smaller pool of welfare families to draw from, coupled with the increased employment of low-income parents is affecting recruitment. Increased employment is also having an impact on parent participation, a long-standing Head Start procedure for engaging parents, as a stepping stone for their increased involvement in their child’s education and the broader society.

There are pluses and minuses about families out getting jobs. They need to work to earn their pay, but in doing so there need to be some supports. We have lost touch in some ways with families, because we don’t see them everyday. We’d say “where were you” if you missed a meeting. That was the old way, I’m not sure it would even work now.
Conclusion

There are many fewer families on welfare than there were four years ago. Some believe this is because there are not as many people eligible for it or in need of it. Others argue that the need for public assistance has not diminished, but that welfare reform efforts purposely created barriers to access. Welfare program changes were enacted to improve service delivery and approach, so that poor families would be moved more quickly toward economic self-sufficiency through their own work effort. Questions remain as to whether these goals have been accomplished.

Head Start parents criticized W-2 content and approach, and Head Start staff expressed a disconnection from W-2 that they feel limits their Head Start families and programs. Lack of understanding about the various programs designed to serve low-income families, or misinterpretations of those programs’ goals and methods of operation among staff of all the programs, and the ensuing lack of integration among programs, has hampered access to them. One W-2 administrator offered an opinion on access issues from a “customer viewpoint” that could apply equally to W-2 and Head Start.

People go to an agency because they think there are services they could receive. I might go because my friend said this place is paying part of her child care. I might not know anything else about it. Things that may complicate access are issues that are absolutely mysterious to people trying to get services. And in a way, they shouldn’t have to know.

The participants in this research shared their views that improvements in program service delivery are needed to ensure that eligible families receive the supports they need to succeed in moving toward economic self-sufficiency. Under the current structure, much of the responsibility for connecting with available support programs is borne by the participating families.
In trying to move families toward self-sufficiency, W-2 has not made full use of Head Start as an available resource. In focus group sessions, Head Start parents communicated their views that W-2 has not done enough to aid the transition from welfare to work. Head Start is well-equipped to provide the effective types of support for parents who need to obtain and retain jobs, as well as care for their children. Building a collaborative model between Head Start and W-2 would help both programs better fulfill their individual missions.
Medicaid

61  (59%)  Focus Group participants are enrolled in Medicaid / Healthy Start
191  (71%)  Survey respondents are enrolled in Medicaid / Healthy Start

“This HMO stuff…This place won’t take my kid, and that place won’t take my kid. I’ve got the worst dentist in the world calling me up. I’ve got two different kinds of dental insurance and this guy’s saying ‘hey, you owe me money.’ And there’s no other dentist in [name of town] that accepts medical assistance. . . .”

--focus group participant

The effect of welfare reform programs on access to medical assistance and other health coverage has been the focus of several recent studies by organizations such as Families USA, The Children’s Defense Fund, The Center on Budget and Policy Priorities, and The Urban Institute. According to the Wisconsin Department of Health and Family Services, individual enrollments in the categories of medical assistance programs known as Family Medicaid (A.F.D.C. and A.F.D.C.-related, Medicaid for Kinship Care children, Healthy Start, Presumptive Eligibility for pregnant women, and Extensions) has decreased 28 percent between 1995 and 1999 in Wisconsin.

Wisconsin Caseload Trends for Family Medicaid*

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<tbody>
<tr>
<td>299,715</td>
<td>273,354</td>
<td>228,914</td>
<td>218,147</td>
<td>215,430</td>
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Source: WI Department of Health and Family Service, Bureau of Health Care Financing
*includes A.F.D.C. & A.F.D.C.-related, Kinship Care, Healthy Start, Presumptive Eligibility, Medicaid Extensions, and BadgerCare.

Unanswered questions accompany the drop of 84,000 people from the Medicaid rolls in less than four years. Do they have any medical coverage? Are they no longer enrolled because their economic situation has improved and they are no longer eligible? Or did they erroneously lose coverage in the transition from A.F.D.C. to T.A.N.F., when the application process for cash assistance was “de-coupled” from that for Medicaid? A.F.D.C. recipients were a mandatory eligibility group for Medicaid before federal welfare reform was implemented, so it is logical to assume there would be fallout from splitting apart programs that had been linked.
Wisconsin has retained its combined application procedure, an interactive interview process that covers one, two, or all four programs (Medicaid, Food Stamps, W-2, child care subsidy). The information that is gathered is the same whether one is applying just for BadgerCare, or just Food Stamps, or any combination of programs and it is all entered in the CARES computer system. According to one DWD source, “all programs are offered in that process—to provide access to all work support for those needing W-2 services, those leaving W-2, and those who are working at low income levels.” Since Wisconsin’s application procedures are actually not de-coupled, the reduction in cash assistance cases (who represented mandatory eligibility groups for Medicaid) may be playing more of a role in Medicaid declines than the distinction of separate application forms or systems.

Other implementation issues that may be contributing to the drop in the Medicaid rolls have been suggested. Plans to privatize all aspects of program administration, even that of the remaining entitlements, were blocked by the federal government’s insistence that public employees administer Medicaid and Food Stamps. So in Milwaukee, participants who receive W-2, and Medicaid and/or Food Stamps may apply through the combined process, but at some point they must see two separate workers to access all of these programs. One of the first actions of the W-2 Monitoring Task Force of the Milwaukee County Board of Supervisors, formed late in 1997, was to have signs posted in W-2 agencies and appropriate county buildings to inform people that even if they are denied W-2 benefits, they may still qualify for Food Stamps and Medicaid. This act was taken in direct response to concerns that people were erroneously losing their Medicaid coverage due to denials or discouragement of cash assistance use. A memo from the Wisconsin Department of Health and Family Services in support of a recent legislative proposal to transfer the administration of medical assistance programs and the CARES computer system from DWD to DHFS states that Medicaid “requires a management approach that is different from the approach used with W-2, that discourages applications for assistance.”
In 1997, a time of increased welfare caseload decline due to Pay for Performance and the start-up of W-2, even enrollments in Medicaid categories designed to extend health care to people leaving welfare for work declined. Enrollment in Medicaid extensions increased by 17 percent during the first six months of Pay for Performance (in 1996), when county workers still administered cash assistance, Medicaid and Food Stamps and the applications were still linked. Extensions declined by 18 percent during the first six months of W-2, reaching the lowest level of the past four years in December 1997. Enrollments have climbed since then, now surpassing previous highs. A State administrator credits new training for eligibility workers, changes to the CARES system, and outreach efforts for the increases.

### Medicaid Extensions Enrollments

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<td>34,707</td>
<td>37,764</td>
<td>48,928</td>
<td>31,749</td>
<td>50,224</td>
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Source: WI Department of Health and Family Service, Bureau of Health Care Financing

Just as welfare caseload reductions have been much higher in Wisconsin than nationally, so have Medicaid reductions. From 1995 to 1997 (the most recent data available from the federal government), the U.S. had a 7.4 percent reduction in Medicaid recipients, while Wisconsin’s decline was more than twice that, at 19 percent. This was the highest decline in the nation. The time period examined includes only the first three months of W-2 implementation and all of Pay for Performance.

Over approximately the same time period of declines in Medicaid and Medicaid Extensions, 1995 to 1998, charitable care provided by six Milwaukee hospitals increased by fifteen million dollars. Several health care providers have cited loss of Medicaid coverage as a cause of new financial burdens on their institutions.
The Experiences of Head Start Parents

The survey sent to Head Start parents listed the medical coverage options below, and instructed respondents to check all of the boxes that apply to their family situation. Therefore, the types of medical coverage Head Start families reported that they use are not mutually exclusive, and families may be counted more than once. 268 families reported 384 types of coverage.

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<tr>
<th>Medical Coverage Reported by Survey Respondents</th>
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<tr>
<td>Private insurance through a job</td>
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<tr>
<td>Private insurance that family purchases</td>
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<td>Medicaid Programs</td>
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<tr>
<td>Healthy Start</td>
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<td>Medicare</td>
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<tr>
<td>Veteran’s Health Benefits</td>
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<tr>
<td>Tribal Benefits</td>
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<tr>
<td>Other</td>
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<tr>
<td>None</td>
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Equal numbers of Head Start families reported having Medicaid and private health insurance. Adding in the other publicly-funded medical programs (Healthy Start, Medicare, Veteran’s, and Tribal) shows this to be the most prevalent type of coverage. 209 families (78 percent) are covered by public health care programs. 142 survey respondents (53 percent) reported that they have private medical insurance. Ten percent (27 families) reported no health care coverage at all, which is slightly lower than the most recent Census estimate that 11.8 percent of the Wisconsin’s population is uninsured, and considerably higher than the state’s 1998 Family Health Survey estimate of 4 percent.35

Eleven survey respondents (4 percent) wrote notes next to the boxes indicating that some family members have medical coverage and some do not. In some cases the children are covered by Healthy Start, or one spouse has coverage through work, in nearly all of these cases it was the mothers who had no medical insurance.
Although Healthy Start is a Medicaid program, as noted earlier, eligibility criteria for the two programs differs. Healthy Start is available to pregnant women and children under age six with income levels below 185 percent of poverty. Children between 6 and 18 years of age are eligible if their family income is below 100 percent of poverty. Healthy Start has no asset limit. Income eligibility for Medicaid was frozen with the passage of T.A.N.F. at 1996 levels. This means that eligibility is not specifically tied to the federal poverty level. Certain expenses, such as medical expenses can be deducted from the calculation of family income, but the basic levels are very low, approximately 60 percent of the federal poverty line for a family of three. Medicaid has asset limits based on family size. For a family of three, assets cannot exceed $3,300. A home and the land it is located on are not counted.

According to the income levels they reported in the survey, just 20 percent of Head Start families are income-eligible for Medicaid, yet 49 percent of these families report that someone in their family has Medicaid coverage. Obviously the medical needs of the family and the available deductions have a substantial effect on eligibility.

85 percent of the families surveyed are income-eligible for Healthy Start, and they all have children under age six, yet just 22 percent reported having medical coverage through Healthy Start. It is unclear why enrollment is so much lower in Healthy Start, when its requirements are so much less restrictive than those of regular Medicaid.

Parents who participated in the focus groups had a lot to say about Medicaid, typified by this mother of three from Dane County. It is a program that families need and want, but enrolling in it, or maintaining enrollment is not always easy.
I get medical assistance, but the sad part is that I have to keep my income low enough to get it. Luckily I do have [subsidized] housing that goes by my income. I’ve also found out now that I need medication for myself. I don’t want to apply for disability, because I want to work. But I’m not going to be able to have my medication if I don’t have some sort of medical coverage. I’ve worked full-time for twenty-some years. This is the first time I’ve had to cut back. Mentally I have to cut back, but it’s still hard on me.

At a focus group in Milwaukee, a parent related that her caseworker told her to accumulate $400 in medical bills and submit them. The caseworker could then reinstate her medical card. The parent commented “but I can’t even get into the doctor without a medical card.” A mother who worked some extra hours over the holiday season lost her Medicaid because the extra pay put her over the income limits. “Then I got sick and I’m still paying the bill. It makes you feel helpless,” she stated. A father from Dodge County with a disabled child shared his frustration at being cut off Medicaid because the value of their newly-purchased van put them over the asset limit. He noted “Finally when she [the caseworker] understood we needed the van because our daughter uses a wheelchair, we got our MA back.”

At several focus groups parents reported frustrations with the HMO they had through Medicaid. One mother reported being turned away from an emergency room when her son was having an asthma attack because she didn’t call her HMO first. Another mother told of being refused service at a different emergency room. “My daughter cut her lip. It was an inch wide, wide open. We took her to a surgeon, because the hospital wouldn’t touch her. They made us take her to a surgeon. It cost us $4,000.” Many parents reported trouble finding a dentist that would accept Medicaid.

Most of the comments, though, were not about being turned away for treatment, but related to disputes with the Medicaid HMO or their private medical insurance plan about payment for services that were received.
I have been on the phone constantly trying to get them to cover stuff. And we have medical assistance, so I say ‘Just deny it, and then medical assistance will pick it up.’ But they just leave it sit there, and send us bills.

Another parent reported that she had taken her daughter to the emergency room, and the doctor had verified that it was an emergency, but the HMO has refused over and over again to pay for the treatment. This mother commented ruefully “so I had to go on the hospital plan for poor chicks like me.”

Four parents in the thirteen focus groups commented that they have not had a problem using their Medicaid HMO. Three other parents said they had adequate access to health care at clinics that provide free or sliding-scale services, but they did not have medical insurance.

Another issue discussed in the focus groups was that of having no health insurance. One young mother in a focus group in Milwaukee remarked “The kids haven’t been to a doctor in I don’t know how long, because I have to pay.” The need for a medical check-up for enrollment in Head Start had kept this mother from continuing with the application process. As a result of this focus group, the parent made a connection with the family support staff person at the hosting Head Start program, who planned to get the children to the doctor and enrolled at the Head Start site hosting the focus group.

Several mothers who participated in the focus groups noted that while their spouse or children had medical insurance, either through a job or Medical Assistance, that they themselves did not have any coverage.

Other parents reported very high premiums for health insurance available to them through employment. One mother, who reported that once her paycheck was for thirty-five cents because that’s all that was left after the four hundred dollar insurance premium was taken out, concluded “I’m not bettering myself by working, it’s a burden they put on you.” Another mother stated:
You have to pay through the nose to get insurance through your work, and then you have to pay a co-payment of $300 per year per child. Why do they not have something that you can go through the government and pay that same amount and get full coverage. I’m not saying give it to us for free, I’m saying give us another step before we have to get on the stuff through work.

This is just what the state hopes BadgerCare will represent to low-income families in Wisconsin -- another step in the health care system to fill in this gap. In addition to conducting outreach activities over the past year to recapture some of the families no longer enrolled in Medicaid who may still be eligible, the Wisconsin Department of Health and Family Services and the Department of Workforce Development have also been planning for BadgerCare implementation and arranging for the out-stationing application sites. Locations to apply for Medicaid/BadgerCare now number 90 statewide, with 50 sites other than county offices in Milwaukee County alone.

The focus groups were conducted in March, April, and May of 1999, prior to BadgerCare implementation. Several focus group participants were already familiar with BadgerCare, and look to the program as a solution for their families' medical needs. Others were unfamiliar with the program or voiced skepticism that the program would fulfill its promise, but were interested in more information. One parent suggested that Head Start centers host informational sessions about BadgerCare as a way to reach potentially eligible families.

The Views of Head Start Administrators

Head Start directors shared concerns that they will face increasing liability for medical treatments through their Health Services component, which pledges to follow through on any diagnosed problems in the children who are enrolled. It appears that this is not an unfounded fear.
Program Information Report data from Head Start shows that the number of Head Start children covered by Medicaid decreased from 88 percent in 1995 to 72 percent in 1998. Along with this change in Medicaid coverage, other markers of the health status of Head Start children also indicate potentially negative changes, as outlined in the table below.

Health Indicators for Wisconsin Head Start Children

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Children needing medical treatment as percentage of total enrollment</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>Percentage of children with up to date immunizations</td>
<td>92%</td>
<td>87%</td>
</tr>
<tr>
<td>Percentage of children needing dental treatment</td>
<td>27%</td>
<td>29%</td>
</tr>
<tr>
<td>Percentage of children being treated for a disability</td>
<td>8%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

source: Head Start Program Information Reports

Head Start staff stated that they try to provide accurate information to help families access the programs they need. One administrator said that during home visits to families in their Head Start program they tell parents that Medicaid eligibility is not linked to W-2. “Advocacy is helping our clients,” she concluded.

Another Head Start administrator stated that most of their children in their Head Start program qualify for Healthy Start (income limit of 185 percent of poverty for children under age six and pregnant women, no limit on assets) but this program does not always cover their parents. In her opinion, the income limits to receive Medicaid should be raised.
The Views of W-2 Administrators

Several county administrators stated in interviews that they thought that Medicaid caseload numbers in their counties were stable. In the words of one Milwaukee area W-2 representative, “we’re watching the Medicaid rolls, no specific issue related to access is apparent.” Another said “the unduplicated case count is the same now as it was before [the start of W-2].”

The issue of stability or decline in Medicaid coverage is related to whether the data being used examines cases or individuals. Medicaid statistics compiled by the Department of Workforce Development, that track assistance groups, show a 0.1 percent increase in Medicaid enrollment since the start of W-2. County trend charts from the Department of Health and Family Services (DHFS), that cover individuals, show a 5.9 percent decrease.

Many of the interviewees spoke about Medicaid outreach in very positive terms. County administrators thought it was a needed process that was being conducted well. They applauded DHFS and DWD for their efforts in this, and in up-front planning for BadgerCare implementation. One administrator from Milwaukee referenced Wisconsin’s attempts to allow private W-2 agency staff to administer Medicaid and Food Stamps, stated that “outreach is working well and the out-stationing of Social Service Planners is going okay. But we feel under siege. The W-2 agencies are trying to get the county out.” Another administrator acknowledged that serious nature of some of the health issues that the remaining W-2 participants face.

Everyone’s terrified of being responsible for A.O.D.A. [Alcohol and other Drug Abuse] issues. They fear that if you serve one, there will be a flood. We need a collaborative approach for this, because it would bankrupt any system--counties, W-2, child welfare, or HMOs--individually.
Conclusion

While just 10 percent of the Head Start families who responded to the survey reported no health coverage at all (slightly higher than the state average), discussions of health care coverage elicited numerous stories of frustration, confusion, and unmet need. Some of these parents offered their perceptions that their problems were related to changes brought about by welfare reform implementation. Many of problems parents shared, however, had to do with their particular coverage provider. Access was not defined as simply having medical insurance, it meant having access to care that was timely, caring, and efficient.

Problems obtaining and keeping medical coverage for Head Start children can prove to be not only harmful for the children, it can also threaten the stability of Head Start as an institution. Head Start staff shared their view that Head Start’s own health component can only shoulder so much of the burden.

Wisconsin continually ranks as a state with high levels of health care coverage, although the data for the most recent year showed an increase in the number of uninsured. Many observers are optimistic that the Department of Health and Family Service’s outreach efforts, along with the implementation of BadgerCare, will further stabilize the insurance situation for low-income children and their families. Continued efforts to address health issues and maintain access to health care are important. The financial costs of decreasing coverage are by the poor themselves, or by the insured through higher premiums, but poor health due to lack of access to health care reduces human potential at a cost that is not calculated in dollars.
Food Stamps

<table>
<thead>
<tr>
<th>Focus Group participants are receiving Food Stamps</th>
<th>Survey respondents are receiving Food Stamps</th>
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<tbody>
<tr>
<td>40 (38%)</td>
<td>62 (23%)</td>
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</table>

When I’m working, my Food Stamps get cut. When I make $5, I lose $5 in assistance. No matter what I do I can’t get above $600 a month.

--focus group participant

As with Medicaid, the federal entitlement to Food Stamps was preserved in welfare reform legislation. Concerns over access to both programs exist due to the de-linking of eligibility for these two programs from the receipt of cash assistance. Food Stamps and Medical Assistance programs are commonly referred to as important supports for those leaving welfare for work and for working poor families, but both caseloads for both programs have been declining. A recent General Accounting Office Study covering data from 1996-1998 showed Wisconsin’s Food Stamp decline of 31.9 percent to be the largest of all fifty states. Food Stamp use in the first few months of 1999 declined an additional 4 percent from 1998 levels.

Wisconsin Caseload Trends for Food Stamps

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</thead>
<tbody>
<tr>
<td>283,300</td>
<td>232,100</td>
<td>192,900</td>
<td>184,450</td>
</tr>
</tbody>
</table>


Welfare reform is central to the questions concerning the declining Food Stamp rolls. Are W-2 agencies inappropriately diverting eligible families away from benefits to which they are entitled, or are people earning more money and therefore no longer eligible? An analysis of Food Stamp caseload changes from 1994 to 1997 reports that people in families receiving A.F.D.C./T.A.N.F. accounted for 61 percent of the decline (3.6 of 5.9 million people) who left the Food Stamp rolls nationally over that time period. It is not clear, according to the report, if these families are off welfare and food stamps because they are working and economically stable, or if they are unemployed, not receiving
assistance, and still in need. An investigation into the diversion question was initiated by advocacy groups such as the Hunger Task Force of Milwaukee, the Interfaith Conference of Greater Milwaukee, and U.S. Senator Tom Barrett, who were concerned over declining Food Stamp rolls in Wisconsin and reports of increased use of Milwaukee food pantries and meal programs.

The U.S.D.A. investigation of two Milwaukee W-2 agencies did not find “deliberate diversionary tactics,” but did find that Food Stamp processing procedures were violated in 44 of 280 cases examined, for a 16 percent error rate. The U.S.D.A. report also stated that unintentional diversion might be occurring because some W-2 agency staff were not giving clients application forms when they asked for them, nor were they telling clients they could file applications on the same day. The report outlined steps that the state must take to comply with federal laws and regulations. The DWD response to the G.A.O. report reveals that the application for Food Stamps has not really been separated from the application for cash assistance.

It should be noted that although staff at the W-2 agencies did not always inform applicants of their right to file a food stamp application on the day of their first contact with the W-2 agency, applicants were and are given the opportunity to file a food stamp application by completing Client Registration in the Client Assistance for Re-employment and Economic Support (CARES) system on their first day of contact. There is a qualitative difference between not informing a person of his rights and not giving the person his rights.

The state’s response to the G.A.O. did note that Wisconsin has now created a two page paper application registration form for Food Stamps.
The Experience of Head Start Parents

In this study, a slightly higher proportion of focus group participants (38 percent) than survey respondents (23 percent) reported receiving Food Stamps.

| 23% | Survey families receiving Food Stamps |
| 67% | Survey families income-eligible for Food Stamps |

Two-thirds of Head Start families who responded to the survey are income-eligible, as the income information they provided placed them below 130 percent of poverty. The Food Stamp program does have an asset limit, but the survey did not include a question about assets, so it is not clear if assets explain the disparity between 67 percent of Head Start families qualifying for Food Stamps and 23 percent of Head Start families receiving Food Stamps.

In response to the question about Food Stamp use, one focus group participant responded “If you’re handing them out, we want them.” Other participants in other focus groups expressed similar views, noting that this assistance would certainly benefit their families. One mother stated “I’m not asking for money, but I wish I could get Food Stamps.” Another mother commented:

Boy, was I proud when I got off Food Stamps, but when you can’t make it, you want them back. I don’t care. I’ll stand in line [at the grocery store] and have everybody glare at me, just for the help.

Several Focus Group participants cited delays in receiving Food Stamps and anomalies in the process.

- “It took 2 months for my Food Stamps to kick in.”
- “If you don’t bring your child in, you don’t get Food Stamps.”
- “My food stamps got cut because my neighbor who don’t like me called my caseworker and said they saw me working at K-Mart.”
In the focus group discussions, Head Start parents shared that they did not feel as strongly about the need for Food Stamps as they did about the need for medical assistance. As reported, they did perceive the program as helpful in making ends meet. The survey of Head Start parents revealed a much higher percentage of eligible families than families who actually receive them.

The Experience of W-2 Administrators and Staff

Evidence of the communication breakdown that can lead to under-utilization of programs was evident when three W-2 administrators from Milwaukee who were interviewed for this project gave conflicting answers to the question: Do you have to go to a W-2 agency if you only want Food Stamps, Medical Assistance or the child care subsidy? Two answered yes and one answered no.

Communication problems occur on both sides, according to one W-2 administrator, who said “What’s being found going back through problem cases is that clients are not stating what they need.” She also stated:

From a policy standpoint, the message isn’t given “Hey food Stamps and Medical Assistance are still federal entitlements. Let’s make sure everyone eligible gets them.” The message is confounded, and that complicates how it gets trickled down.

A county administrator shared similar view, noting there has been no real change in the percentage of families eligible for Food Stamps and Medicaid.

Stigma has increased with welfare reform….Marketing is a whole new avenue for government. It would have been heresy to suggest doing outreach to find Food Stamp eligible families a few years ago. It was never a problem to find them. Now we’re hiring an outreach worker to go to key sites. We’re re-framing Food Stamps and Medical Assistance as support for families, not welfare or public assistance. W-2 didn’t want people to get off Food Stamps or Medical Assistance, but the message people heard was “you should be doing it on your own.”
Conclusion

Parents and program administrators who participated in the project cited administrative access issues and the increased stigma tied to the use of public benefits as the primary determinants of declining Food Stamp rolls in Wisconsin. These are the same issues that caused President Clinton to announce a new Food Stamp initiative in July of this year. This effort seeks to simplify rules and access and restores categorical eligibility for Food Stamps to T.A.N.F. recipients. Although this project did not collect data on Head Start parents’ use of other resources such as food pantries and meal programs, other reports that show increased use of these programs may help account for Wisconsin’s low hunger and food insecurity rates in a recent U.S.D.A. study.

Suggestions were raised in the focus groups and interviews to improve access to Food Stamps. Including Food Stamps in the new outreach efforts that have been started for Medicaid could help address stigma issues. Another suggestion is to use Head Start as a conduit for connecting eligible families with these support programs, by ensuring that Head Start staff have accurate information to share with their families, or even using Head Start sites as a location for outreach activities. County workers are already conducting evening sign-up sessions at some schools in Milwaukee. An information and referral role for Head Start would be welcomed by the Head Start families and staff who participated in this project.
**Subsidized Child Care**

| 22 (21%) | Focus Group participants are receiving Subsidized Child Care |
| 39 (15%) | Survey respondents are receiving Subsidized Child Care |

“I use a babysitter, she don’t charge me so much. She’s a relative, I guess, she used to be married to my cousin. She’s probably the only one I trust with my kids.”

--focus group participant

Welfare programs are designed to assist poor families with children, and the design of the W-2 program recognized that in order for large numbers of welfare recipients to get and keep jobs, the capacity of the child care system needed to be expanded. In 1997, several funding sources were combined and a significant amount of new funding was allocated. Funds available for child care subsidies in Wisconsin rose from $53 million in 1996 to $177 million in 1998.

The implementation of the new child care system expanded eligibility for the subsidy to all parents working in W-2 employment positions or regular jobs, whose incomes were at or below 165 percent of the poverty level. In order to give parents flexibility and accommodate more children, a new category of care known as “provisionally certified” care was created, which allows providers without training to be reimbursed for child care services. The reimbursement rate for provisionally certified care was set lower than that for certified or licensed care, as a way of encouraging providers to eventually become certified or licensed, although providers caring for family members will always be reimbursed at the provisionally certified rate.

The new child care system faced several problems during the first months of operation, particularly in Milwaukee County, where W-2 is administered by private agencies and aspects of the child care subsidy (as well as Medicaid and Food Stamps) are administered by the county Department of Human Services. Parents in Milwaukee County were confused by the two step process to access
the subsidy. In step one, families are to determined to be “eligible.” In step two, they had to be “authorized.” However, a number of parents began incurring costs right away, before becoming “authorized.” Contested authorizations and the new influx of cases led to delays in payment processing which affected both parents and child care providers. These problems caused some parents to lose their child care arrangements and some providers to face unexpected debt. Complaints from parents and providers, coupled with press attention to these problems, brought W-2 and county administrators, state legislators, and advocates together to address the delays and confusion.

The following table shows the increases in the use of the child care subsidy. An outreach campaign utilizing radio advertisements, posters and brochures began in late 1998. In the first year of W-2, use of the subsidy increased 34 percent statewide, and 50 percent in Milwaukee County. Since the start of W-2 to the present, the number of children in subsidized care increased 55 percent in the state and 85 percent in Milwaukee County. In preparing for W-2, the Department of Workforce Development estimated that 60,000 children would use the subsidy in 1998, and this figure would represent only 17 percent of eligible children. The most current figures available show that at 30,080, state subsidy use has just reached half of that predicted level of use.

### Children Receiving Child Care Assistance

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<tr>
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</thead>
<tbody>
<tr>
<td>Milwaukee</td>
<td>4,364</td>
<td>7,636</td>
<td>11,472</td>
<td>14,111</td>
</tr>
<tr>
<td>State</td>
<td>16,684</td>
<td>19,458</td>
<td>25,992</td>
<td>30,080</td>
</tr>
</tbody>
</table>

Source: DWD/DES Office of Child Care

Figures from the DWD Office of Child Care indicate that 54 percent of funds budgeted for child care ($155 million) were spent in 1997. 83 percent of the increased funding amount ($177 million) was expended in 1998.
Additional data from DWD shows that 64 percent of families listed as eligible for child care on the state’s computer system (CARES), and 88 percent of those with authorizations, received the subsidy in April 1999.

Questions remain regarding what proportion of low-to-moderate income families are accessing the subsidy. A recent report prepared by the UWM Employment and Training Institute states that “less than 15 percent of eligible Milwaukee County children are receiving day care assistance for low-income families.” Presumably this represents the proportion of families with incomes below 165 percent of poverty who are utilizing the subsidy, but the report does not provide an explanation of how this figure was calculated.

The state budget bill currently contains several modifications related to child care. The following items were proposed by Governor Thompson and are under consideration by the legislature.

1) Raise the income level for initial eligibility to 185 percent of poverty.

2) Lower the maximum co-payment amount from 16 percent of income to 12 percent of income.

3) Allow individuals in basic or technical education courses who meet the income criteria to access the child care subsidy after a 3 month employment requirement, down from a 9 month requirement.

4) Provide $20 million over two years to expand Head Start programs to full-time and/or to fund Early Head Start programs.

5) Eliminate the asset limit for receiving the child care subsidy.
Parents’ Experiences with Child Care and the Child Care Subsidy

The child care component of this study asked respondents detailed questions about their child care arrangements and use or non-use of the child care subsidy. More than 90 percent of the survey respondents have children under the age of five. 7 of the 284 families who responded to the survey did not provide child care information. The 277 respondents provided the following child care information:

<table>
<thead>
<tr>
<th>Families</th>
<th>Child Care Arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>3.6% None—no child care, no Head Start</td>
</tr>
<tr>
<td>88</td>
<td>31.8% Head Start only</td>
</tr>
<tr>
<td>179</td>
<td>64.6% Head Start and child care</td>
</tr>
</tbody>
</table>

Head Start families reported using a variety of child care options. Respondents were instructed to “check all that apply” of the options listed below.

<table>
<thead>
<tr>
<th>Child care arrangement</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half day Head Start</td>
<td>185</td>
<td>67%</td>
</tr>
<tr>
<td>Full day Head Start</td>
<td>34</td>
<td>12%</td>
</tr>
<tr>
<td>Family Day Care</td>
<td>75</td>
<td>27%</td>
</tr>
<tr>
<td>Licensed Day Care Center</td>
<td>26</td>
<td>9%</td>
</tr>
<tr>
<td>Children are in school full day</td>
<td>48</td>
<td>17%</td>
</tr>
<tr>
<td>Older sibling provides care</td>
<td>13</td>
<td>5%</td>
</tr>
<tr>
<td>Free care from relative or friend</td>
<td>65</td>
<td>23%</td>
</tr>
<tr>
<td>Paid care from relative friend</td>
<td>42</td>
<td>15%</td>
</tr>
<tr>
<td>Other</td>
<td>34</td>
<td>12%</td>
</tr>
<tr>
<td>None</td>
<td>10</td>
<td>4%</td>
</tr>
</tbody>
</table>

Although the survey was mailed to families from Head Start enrollment lists, interestingly only 82 percent of respondents stated they have a child in Head Start (in a half or full day placement). 40 percent of Head Start families have relatives or friends that provide care for their children (either paid or free care). The next most prevalent arrangements are family day care and full day school.
In addition to documenting the care arrangements of families, this project sought to assess utilization of the child care subsidy. 15 percent of families who responded to the survey (39 of 268) reported that they are using subsidized child care. Of the 85 percent of families who are not receiving the subsidy, 209 provided a reason or reasons why they are not using it.

**124 families (59%) of 209 are not using the subsidy because:**

- Didn’t think they’d be eligible: 34 (16%)
- Applied but were denied: 23 (11%)
- Didn’t know it was available: 15 (7%)
- Provider not certified or licensed: 12 (6%)
- Multiple reasons checked (Appendix C): 9 (4%)
- Don’t like available child care: 8 (4%)
- No child care available: 7 (3%)
- Other reason (Appendix D): 6 (3%)
- Co-pay too high: 3 (1%)
- Provider doesn’t want to be certified/licensed: 3 (1%)
- Too much hassle / Stigma: 2 (1%)
- No transportation to child care: 1 (0.5%)
- Waiting for approval: 1 (0.5%)

34 families stated they didn’t think they would be eligible for the subsidy. What is not known is whether these families applied for the subsidy, talked or met with a representative of the child care office or W-2 agency in their county, or if they based their determination on factual information. In fact, based on the income they information provided in the survey, 21 of these families appear to be eligible.

23 families stated that they were denied approval for the subsidy. 18 of these 23 families reported incomes below 165 percent of poverty on the survey. The incomes of the five families who were above 165 percent of poverty exceeded the limit in a range from $34 to $908. It is possible that the 18 families who appear to be income-eligible but report being denied had higher incomes at the time of application for the subsidy or were disqualified for their assets.
15 families stated on the survey that they didn’t know that a subsidy for child care was available. Ignorance of the existence of a subsidy program, then, is not the major contributing factor to Head Start parents’ low usage of the subsidy. Overall knowledge of the subsidy program could be attributable to DWD’s outreach efforts and/or Head Start’s information and referral role.

15 families indicated that they were not using the subsidy because their child care provider is not certified or licensed. It is possible that these caregivers would qualify for provisional certification, making them eligible for the subsidy. Only 3 of the 15 cases stated that they didn’t want to be certified, and this may be due to an incomplete understanding of what provisional certification entails.

Hassle or stigma was selected by just 2 respondents as the one reason that they are not accessing the subsidy, but 4 of 9 parents who checked multiple reasons also cited “too much hassle” as one of their reasons.

Questions about eligibility and access remain for more than half of these 124 families who are not using the child care subsidy. Parents’ stories revealed numerous possible levels of miscommunication. County or W-2 caseworkers processing the subsidy could be providing incorrect information. Other entities, including Head Start, could be providing incorrect information. The families may misunderstand correct information. Measures for providing clear and consistent information to potentially eligible populations must be augmented if the state is serious about increasing the use of the child care subsidy.

81 families (39%) 209 don’t need the subsidy because:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free care from relative or friend</td>
<td>28</td>
<td>13%</td>
</tr>
<tr>
<td>Other: Not working / stay-at-home mom</td>
<td>23</td>
<td>11%</td>
</tr>
<tr>
<td>Multiple reasons checked (Appendix C)</td>
<td>14</td>
<td>7%</td>
</tr>
<tr>
<td>Kids in school while working</td>
<td>8</td>
<td>4%</td>
</tr>
<tr>
<td>Other: Parent runs own daycare / works at home</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>Other: Parent receives S.S.I.</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Other: Tribe pays</td>
<td>1</td>
<td>0.5%</td>
</tr>
</tbody>
</table>
41 families (28 respondents, plus 13 of the 14 respondents who checked multiple reasons) stated that they didn’t apply for the subsidy because they have free child care from a relative or a friend. In the minds of some, an arrangement with friend or family members indicates that these families do not need the subsidy. It is possible that some of these arrangements would qualify for the provisional certification and that the subsidy then would provide an income to the caregiver. Five of the parents who currently receive the subsidy are using paid care from a relative or a friend. Converting free care to paid care could provide more stability to the arrangement. Similarly, the 8 families who reported that their children are in school while they are working may need summer care that could qualify for the subsidy.

23 families don’t need child care at this time, because they are not working outside of the home. 7 of the families included in the “Other” categories also do not work outside of the home. These families accordingly do not need the child care subsidy. These 30 families (14% of the 209 survey respondents) clearly demonstrated that they do not need child care or the subsidy.

4 families (2%) of 209 are approved but not using the subsidy because:

- Co-pay is too high 1 0.5%
- Don’t like available child care 1 0.5%
- No transportation to child care 1 0.5%
- Other reason (Appendix D) 1 0.5%

According to the survey, Head Start families with authorizations do use the child care subsidy. This finding is consistent with DWD data that shows that 88 percent of approved families had subsidy payments issued in April 1999.

The survey contained a question that asked “What would be your most preferred care option for your child(ren)?” 167 survey respondents wrote in an answer. More than half of these respondents (86) identified themselves or a family member or friend as their choice.
The following list is a selection of the responses from the respondents who wished they did not have to put their children in any kind of child care arrangement.

- Mother take care
- stay-at-home-mom
- staying home
- stay at home as much as possible
- me staying home
- at home with parents
- mom at home with children
- mother to watch them
- myself (6 responses)
- mom at home
- be home
- myself, but I have to work
- for me to stay home
- I would like to stay home, but I can’t afford to
- at home with mom
- If I could be home with them
- to stay at home or relative care
- me
- stay at home
- parent
- no one but me
- to take care of them day and night

The majority of the 167 respondents to this question indicated a strong preference for taking care of their children themselves. Head Start was the next most preferred category of care selected by parents. 32 parents stated they would like a full day Head Start placement, nearly as many as those who already have a child in full day Head Start. 13 parents listed that their preferred option would be a licensed or certified day care center, which would represent a 50 percent increase over current status. 14 noted that they would like for their children to be in school full-time. The remaining respondents to this question had varying answers. 5 parents stated that they like their arrangement “as is.” One stated “Head Start, but without the problems.” Another parent simply wrote the word “safe” in the space provided.
Focus Group Results

21 percent of the Head Start families who participated in the focus groups are currently using the child care subsidy (22 of 104 families). This is a higher percentage of use than reported by survey respondents. The families using the subsidy all acknowledged that it is a valuable support. When asked whether she receives a child care subsidy, a mother in one of the focus groups said “Without it, I’d be out on the street.” She did, however, report ongoing problems meeting her co-payment. Several other parents also expressed problems making the required co-payments for child care. The governor’s proposed changes for the child care subsidy were discussed, and parents responded with interest.

The 82 families who are not using the subsidy discussed their reasons for not doing so and the issues that they think affect access to the subsidy.

40 families (38%) of 104 are not using the subsidy because:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider not certified or licensed</td>
<td>14</td>
<td>13%</td>
</tr>
<tr>
<td>Applied but were denied</td>
<td>8</td>
<td>8%</td>
</tr>
<tr>
<td>Didn’t think they’d be eligible</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>No child care available</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>Didn’t know it was available</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Don’t like available child care</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Too much hassle / Stigma</td>
<td>3</td>
<td>3%</td>
</tr>
</tbody>
</table>

Only 3 parents did not know anything about the subsidy program. Most of the fourteen families whose providers are not certified or licensed have, what they termed, “a babysitter.” They all reacted with surprise to hear that this neighbor or relative who regularly provides child care would probably be eligible for provisional certification. Most of these families stated they were not aware that this category of certification existed, so they just assumed they would not be eligible for the subsidy.
A few parents insisted that they had been told by their caseworker that they must use a certified or licensed daycare in order to qualify for the subsidy. While this is in fact true, parents did not understand the requirements for provisional certification. They understood “certified” to mean only regular certification. Many parents stated that their caregiver “doesn’t want to go for training,” and so they thought this excluded them from using the subsidy.

In one case, a staff member of a tribal Head Start, who herself provides child care for her daughter’s children in the evening, stated she was receiving less money because she was “family,” but was still being required to take training. After hearing the explanation of provisional certification, the grandmother replied:

“I didn’t know that. They don’t tell you that when you go. I’ve been in Head Start for going on 16 years. I have tons of certification, they never told me that. They’re making me go to technical college. I go sit there and I’m totally bored for four hours. If I had known about it, I would have said ‘hey, look here.’”

Ironically even if she completes the training, she will not be eligible for the higher payments provided to regular certified child care providers because she is caring for a relative’s children. A mother of two stated she had also received incorrect information about the subsidy and provisionally certified care.

I pulled my kids out of a [family] daycare, I was getting the subsidy, but my babysitter was abusing my kids so I took them out of there. I asked them if there was another way I could have someone watch my children and still get the subsidy. They said there’s absolutely nothing. But I’d rather have it be someone I know.

A few parents noted that they were trying to work and go to school, and that they wished the subsidy would also cover their time in class. Currently parents can access the child care subsidy for education if they are employed and have been for nine consecutive months. Proposals to lower or eliminate the time requirement for working individuals who want to access to the child care subsidy
while pursing education are being considered by legislators. Parents at several focus groups reported problems finding second shift child care. The most extreme example was shared by the director of a tribal Head Start program, who noted that there were 300 people on the waiting list for second shift child cares.

**42 families (40%) of 104 don’t need child care or the subsidy because:**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not working (stay-at-home mom)</td>
<td>10</td>
<td>10%</td>
</tr>
<tr>
<td>Kids in school while working</td>
<td>10</td>
<td>10%</td>
</tr>
<tr>
<td>Unemployed (but looking for work)</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>Working part-time / juggling schedules</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>Parent runs own daycare (1 babysits)</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>Parent receives pension or SSI</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Special needs child</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Newborn child</td>
<td>2</td>
<td>2%</td>
</tr>
</tbody>
</table>

Similar percentages of survey (39%) and focus group (40%) families reported that they do not need child care or the subsidy at this time. Just 14 percent of survey families and 16 percent of focus group families do not need child care because the mother did not work outside of the home. This is lower than an earlier finding, that one third of women with children don’t work.51

The imperative to use daycare in work-based welfare programs continues to be a controversial issue. According to a report from the Heritage Foundation, the national percentage of preschool children who are cared for by a mother who does not work has been 48 percent since 1988.52 This is much higher than the percentage of Head Start mothers who reported that they do need child care because they do not work outside the home in this study. And nearly all of those affected by W-2, whether participating in W-2 and fulfilling its work requirement, or opting out of the program and relying on their own work effort must find some care for their children.
In the Head Start Program Information Report for 1998, 50 percent of families reported that they need full-day care. The proportion of focus group families who say they need full-day care is slightly higher, at 60 percent. This figure slightly understates the need for child care, because the parents who are looking for work will need child care in the future. In addition, several families whose children are in school while they’re working admitted in focus groups in April that they had not yet made summer arrangements for their children. Two mothers of newborns expected that they would need to return to work in three to six months.

In addition to issues of use and access, discussions of quality and safety of child care arrangements were raised by the parents who participated in the focus groups. Three stories of problems with provisionally certified care arrangements were shared by parents from different parts of the state. One family from a rural area related that one day in November they dropped their daughter off at the caregiver’s home and noticed several deer carcasses hanging up in trees near the house. The next day, when it was time to leave, their four year old began crying, saying “I don’t want to go to the babysitter because she cut the head off Rudolph and now Santa can’t come.” The father said he called social services [the County], stated that he was upset that the babysitter cleaned a deer in front of daycare kids, and the county worker replied “I’ll have a talk with her.”

Their next provisionally certified provider insisted that if their daughter did not eat all of her breakfast, then she would have to eat the remainder for snack and lunch. The father said they then decided that he would stay home to care for the children, because their experience with “untrained” providers has been too negative.
At another focus group the participants discussed the requirements for provisional certification, revealing confusion about this category of care. Someone asked if pets were allowed on the premises, and another parent replied that animals are fine as long as they don’t bite. Another mother commented “There’s a daycare on _______ Street, but no one will send their kids there because there’s dog crap all over the yard.” Someone stated that no one can smoke on the premises, including the sidewalk in front of your house. Another mother replied that this wasn’t true for provisionally certified homes, to which the first mother responded.

That’s not true. I had a babysitter that smoked with my kids and burned my child. I talked to social services about it and they said ‘There’s nothing we can do, it’s her house. She can do it.’ But she can’t burn my child.

Other parents generally responded with remarks indicating that these stories of bad experiences, and others that they heard or read about in the news increased their nervousness about child care.

**Head Start Staff and Administrators**

The primary purpose of Head Start was to break the cycle of poverty. We’re not child care, that isn’t our purpose. We don’t want to be caught up in this, so that we forget what we’re supposed to be doing for the parent, for the whole family.

Head Start administrators are aware that parents are increasingly needing full-day services. In principle, they don’t object to the more stringent rules and increased work requirements of T.A.N.F. and W-2 that are contributing to the increased need for child care.
There are those who don’t think young kids should be in an all day program, but parents have to work. That’s why we focus on a safe environment with an educational component, all in one place all day, for consistency.

Head Start doesn’t want to shoulder all of the burden for building full-day collaborations, and they do fault W-2 and some of their supporting partners for the difficulties parents have faced in adapting to W-2. One Early Head Start administrator stated:

Getting people to work, it’s a good concept. It completely made sense. How it was implemented was bad. It started too early and that doomed it to a bad start.

Another Head Start program director noted “Head Start never appeared on the [child care resource and referral] list for people who said they need full-time.” This director felt that this had affected enrollment in their program, and that families who could benefit from Head Start’s comprehensive and supportive approach were needlessly excluded.

A long-time Head Start administrator spoke of the prerequisites and the possibilities for collaboration with other entities in support of the goal of family development.

We need facilities. We need support of people in power. We have parents doing child care I & II [training]. If we co-locate child care we could provide some quality control. Our goal is every center is the hub for the total family

Another administrator echoed these thoughts, saying “Build collaboration. Do whatever you can to get a child a full day. Head Start money won’t do it.” Head Start programs are trying to honor their model while adapting to the new realities that they and the families they serve are facing.
W-2 Agency Staff and Administrators

Administrators and staff interviewed for this project shared their views that the process for accessing the child care subsidy had improved considerably. Indicative of the comments shared in interviews was this assessment from a W-2 administrator:

“There was good planning up-front, and now good changes in the governor’s budget. It’s getting better, due to concerted efforts from the state, county, agencies. They have worked through a lot of procedural issues.”

In fact, several of the service providers interviewed oppose the governor’s proposal to shift the administration of the subsidy from the counties to the private W-2 agencies, because things are running much more smoothly now. One county administrator stated “counties have a public service mentality. They know they can be held accountable.” Another county administrator stated

We try to make people aware [of the child care subsidy]. I’m not sure where we fall, if our usage is where it’s supposed to be. We have good turn-around, we haven’t had waiting lists for child care. It hasn’t prevented us from placing people in jobs.

Four of ten W-2 or county administrators that were interviewed cited the following barriers to use of the child care subsidy: stigma, confusion, and hassle. One county administrator concurred with the Head Start administrator who said that it is especially hard for working parents to come in for the necessary appointments to obtain and maintain the subsidy.

As concerns about child care quality were raised repeatedly in the focus groups, W-2 and County administrators and staff were asked to respond to this issue in interviews. While parents and advocates tend to blame the system, those who represent W-2 put the responsibility for ensuring good child care arrangements back on the parents. One W-2 agency staff person stated “There
are individuals who are looking for every way not to go forward. ‘I can’t find a child care provider. I can’t start activities.’ They’re using the gap to their advantage.” She continued:

“Parents aren’t exercising their rights to tour the center first. Not checking it out to see if they like it, if it’s comfortable, safe and convenient. You need to put kids with someone fairly soon in W-2. A quick placement followed by a bad experience makes them pull back. We follow-up with people having bad experiences and pulling back. We tell them “It’s okay that you feel that way, scared. Have you thought about this and this? You’ve got to get this figured out or your family is going to suffer.”

Another W-2 administrator referenced Head Start’s potential role in providing full day services for children, acknowledging its current limitations, which are also recognized by Head Start administrators. “Head Start is a clumsy child care alternative unless they’re partnered by co-location, transportation or providing the child care themselves.” He ended on a positive note, saying “[W-2] agencies are willing to think about new alliances.”

**Conclusion**

81 percent of all the Head Start families who responded to the survey are income-eligible for the child care subsidy. 94 percent have children under the age of five. Only 30 families (14 percent) indicated through the survey that they do not need child care, yet just 15 percent of families who responded to the survey are using the subsidy. These figures, along with the experiences shared by parents in the focus groups demonstrate ongoing barriers to accessing the subsidy that still need to be addressed.

Indicative of the confusion around the process for accessing the subsidy, parents from one focus group reported that they have to see multiple workers to access the child care subsidy, yet the child care coordinator for the county stated in an interview the following day that they have centralized their child care
assistance. The county administrator reported they have not disqualified anyone for child care assistance for being over the limits on assets, yet several parents from that county stated that was the reason they were denied the subsidy.

Above all parents were very confused about provisional certification for child care providers. Most of the focus group participants who are using friends or relatives for child care did not know that they might be eligible. Other parents reported that they had been told that their untrained “babysitter” would not qualify for certification.

Confusion such as this takes time to sort out, as noted by a staff member at a community-based organization in Milwaukee that provides support to low-income families spoke of working with women one-on-one. “Each case need some check in. Something’s not clear. Something’s changed. There’s not a list of common problems, it’s individual issues.”

Families who participated in this project strongly communicated that they will not take chances with the safety and happiness of their children. They will not rush into a situation they don’t trust. As a result, many parents stated they will forego the assistance of the child care subsidy because they do not feel comfortable with the child care providers who they think will qualify for the subsidy.

Utilizing the good reputation of Head Start, and finding ways to build more full-day opportunities out of existing half day classrooms is an idea that was suggested and welcomed by parents in the focus group discussions. Head Start is ideally suited to be this bridge. Governor Thompson proposed an additional $20 million for expanding half day Head Start sites and the Early Head Start Program. The Wisconsin Head Start State Collaboration Project is working hard to facilitate cooperation, hosting conferences and preparing a manual for forging Head Start Child Care Partnerships.
To its credit, the State of Wisconsin recognized that a work-based assistance program would only be successful if child care opportunities were expanded. This problem of communication, coupled with the parents’ fear of the unknown, appear to be the primary factors related to the lower-than-expected usage rate of the child care subsidy. The need is acknowledged, resources have been allocated, but there is still more work to be done in order to provide for Wisconsin’s next generation.
Final Comments

In response to concerns of their constituent members, the Wisconsin Head Start State Collaboration Project sponsored a project to study poor families’ access to support service programs following the implementation of T.A.N.F. This study sought to determine whether there were low-income families in Wisconsin who were not using supportive services for which they were eligible by considering the experiences of Head Start families. The study also sought to outline whether there are barriers that prevent families from using programs.

In addition to Head Start itself, four programs available to provide support to low-income families (W-2, Medicaid, Food Stamps, and subsidized child care) were examined. The report documents usage of these programs and recounts access issues shared by Head Start parents and staff, and administrators of other programs.

In the case of W-2, most of the access problems recounted by study participants appear to stem from the program’s design. The goal of assisting families in reaching economic self-sufficiency comes into conflict with the procedures that divert potential welfare recipients away from the system and promote caseload decline. The end of entitlement to cash assistance also plays a role in creating a barrier to the program. Only 2 of 46 families who reported annual incomes below $8,000 are currently participating in W-2. Head Start parents conveyed their views that the discretion that W-2 agency staff have in considering other factors besides financial need in determining who can receive benefits is not always exercised in a beneficial manner.
Access to Head Start has been affected by changes to the welfare system in Wisconsin. As parents (including Head Start parents) have left the rolls of A.F.D.C. or W-2, they have presumably increased their hours of employment. Head Start programs primarily offer a half day program, and two-thirds of the parents who responded to the survey need more than this to meet their needs. They have been able to arrange additional care, generally on their own and without the support of the child care subsidy, so they have been able to keep their child in Head Start. The questions remain whether these daily transitions offer the best care option for young children and whether this is a long-term sustainable model for Head Start in a post-welfare world.

The expansion and streamlining of the child care subsidy to cover all low-income working families brought a number of changes that were implemented along with W-2. Over the past two years there were some administrative problems, primarily in Milwaukee, that have now been rectified. Even so, fewer than anticipated eligible families are using subsidized child care. Despite outreach efforts by the state, lack of marketing, misinformation about the program (especially related to the new category of provisional certification), and parents’ distrust of child care are the main barriers to use of the subsidy that were enumerated by participants in this project.

Information from the families on their medical insurance status revealed fairly high levels of coverage, but also enumerated a number of challenges that families have faced in accessing treatment. Parents described similar obstacles to obtaining Food Stamps, which were viewed as less vital to family well-being than medical care.

According to the experience of Head Start families in Wisconsin reported in this study, eligible families are foregoing support services designed to improve their standard of living. The percentage of families that are eligible for families is notably higher than usage levels. Most parents cited confusion over program
procedures as the primary barrier to use. Some of the parents are choosing not to participate in the programs studied here because in their estimation the costs of doing so are too high. Some parents mentioned the loss of privacy one experiences in applying for assistance, others mentioned the feeling of shame. More parents cited other problems, such as: rude treatment by staff, misinformation or misunderstandings about program rules, the amount of time and effort it takes to apply for and maintain enrollment (which is especially hard when working full-time), and restrictive rules that diminish some of the benefit of the programs (i.e. no child care subsidy for going to school, asset limits that are set too low, not counting the child support a parents pays out but counting what they receive in determining eligibility for programs).

One W-2 administrator eloquently discussed the enormous policy change that W-2 represents, and provided insight into the factors that contribute to the access problems that Head Start parents reported encountering.

This really is a new paradigm. Staff are figuring out what they can do on a day-to-day basis while they are trying to help people. It was a lot of change in a compressed period of time. In the old system everyone--staff, participants, and advocates knew the rules. This has been a tremendous learning curve for the entire community.

The following passage, from The National Center for Children in Poverty, offers a reminder that people, especially children, are most affected by the policy changes during the conversion from A.F.D.C. to T.A.N.F.

Welfare changes that push children into low-quality child care or that limit their access to health care can have significant harmful effects on children. Conversely, welfare reform that enables families to obtain high-quality child care and continued or improved access to primary health care could have positive consequences for children. In addition, welfare changes that deprive families of needed social and service supports will only intensify the stressors that contribute to family disintegration.
Wisconsin truly appears to be at crossroads in the direction of W-2. There has been a tremendous reduction in the welfare caseload. Those remaining in W-2 face more significant barriers to economic self-sufficiency. Advocates for poor families, including some in Head Start, feel that reducing the rolls has taken precedence over supporting families through the transition from welfare to work. Throughout this project a number of respondents expressed a wish that W-2 would redouble efforts to provide support to the families still in the program and to those who left but still need help. “W-2 needs to do more to live up to its promise,” a Head Start director stated.

Barriers to overcome in forming collaborative partnerships include real or perceived differences in values, approaches, and structural elements of the various programs. The expressed willingness to try new approaches shared by respondents from all the programs provides a vital building block to forming partnerships. A key ingredient that was observed in existing successful collaborations is the personal relationships between key decision-makers and front-line staff, which also makes such projects more difficult to replicate.

In order for Head Start to continue to fulfill its mission, and for W-2 to succeed in assisting parents’ efforts to provide for their children, outreach, communication, and collaboration must be increased. Operating procedures may need to be changed so that the realistic needs of today’s families are more reflected in program design. This study was funded by the Head Start State Collaboration Project and DWD to learn more about Head Start families and their use of services. Hopefully these findings can help state planners, local program administrators, and Head Start staff find out how to improve the use of these supportive services. To ignore the voices of several hundred Wisconsin parents is an unnecessary gamble with our future.
Appendix A  Methodology

Three different methodologies were employed to gather data from both participant and programmatic viewpoints: a mailed written survey of Head Start parents, focus group discussions with Head Start parents, and interviews with service providers from the various programs under study here.

The Collaboration Project committee originally hoped to sponsor a study that would present a statistically significant portrayal of the situation of all low-income families in Wisconsin, and the issues relating to their access to the various support services. After discussing the possible methods for operationalizing this type of project (e.g. phone surveys with an income screening question at the outset, targeted phone or mail surveys to communities or areas of communities with higher levels of poverty), and considering the high cost and the potential problems of these approaches (e.g. up to 22 percent of low-income families do not have phone service), the committee agreed to use Head Start families as the research universe. Although they do not accurately represent the situation of all low-income families, they still provide an important perspective on how one subset of poor families is faring in the era of welfare reform. The primary question that cannot be answered by this research design is how to make Head Start itself more accessible to eligible non-users, which was one important question that the committee wished to address.

Survey

A written survey to document Head Start families’ use of support services was designed and tested at the first six focus groups. In addition, members of the Advisory Committee for the Head Start State Collaboration Project and the W-2 Management and Evaluation Project suggested changes in wording and format, and added more detail to the section on child care. The final version of the survey, which poses mostly multiple-choice questions, and fills both sides of one piece of paper, is included in Appendix D.
The purpose of the survey was to provide base-line data on support service utilization and family situation that would be statistically representative of Head Start families in Wisconsin. The survey covered questions on employment and earnings, W-2 participation, living arrangements, medical coverage, Food Stamp receipt, and child care needs and arrangements. This data would be complemented by more qualitative reflections gathered from the parents in the focus groups. Although the survey primarily measures use of the various support services, as mentioned before it also provides more detail in relation to use of child care and the child care subsidy, which is of special interest both to the Head Start community and the Wisconsin Department of Workforce Development.

The survey was then mailed by 35 of the 37 Wisconsin Head Start programs to a sample of their families. Because federal Head Start policy does not allow for the release of enrollee addresses without their permission, UWMCED sent packets of ready-to-mail surveys to the Head Start programs. Staff of the Head Start programs followed directions provided by UWMCED to draw a sample from their enrollment lists and then addressed an envelope (containing the survey, a cover letter, and a stamped return envelope) and a follow-up postcard for each family selected. The postcards were mailed two weeks after the mailing of the survey, reminding the family to complete the survey.

The original survey sample was 758, of which 59 were not able to be delivered, for a total of 699 eligible respondent families. The 59 surveys that were not delivered represent 8 percent of the original sample. The initial goal was a response rate of at least 55 percent, slightly below what is regarded as acceptable by some authorities, but considered reasonable for the population under study. This project utilized a number of the response-enhancing methods, such as: anonymity, a first class postage stamp, a fairly short survey, follow-up postcards, phone calls (and in some cases personal contact), an informal cover letter, and the sponsorship of Head Start and the university.
387 surveys, a conservative threshold for a 95 percent confidence level and a 5% margin of error for a population of 12,000 was set as a response goal. As expected, obtaining completed surveys was somewhat difficult, and the initial response to the mailing and the follow-up postcards was approximately 25 percent. The subsequent returns followed appeals by Head Start staff, who called the sample of families to which they had mailed surveys, asking them to return the it. Some programs mailed out new copies of the survey, or hand-delivered them, or filled it out in an interview style with the parents in person or over the phone, if the parent was comfortable with that arrangement. The researchers’ lack of direct access to the families to whom the surveys were mailed is a design flaw that undoubtedly affected the response rate. As with most methodological weaknesses, this one became much more critical as the project progressed than it was estimated to be at the outset of the study.

Due to the prohibition on releasing Head Start family names and addresses, all these follow-up activities to encourage more responses had to be conducted by the director or a designated staff person at the 35 Head Start programs. Some of the Head Start programs had federal auditor or peer review visits during the time of the survey, and so could not devote much time to trying to cull more responses. The survey was distributed late in the spring, and by the time some programs could spare staff time and energy to calling or visiting parents who received the survey, it was the end of the Head Start program year. As evidenced by other recent welfare reform studies, repeated contact is necessary to obtain better participation

The overall response rate for the surveys was 40 percent (284 of the 699 mailed or distributed). At this number of responses and using a conservative population parameter of 50%, the survey results outlined in this report have a 6 percent margin of error at a confidence level of 95 percent. Response rates varied considerably among the different Head Start programs. For example two small tribal programs produced no responses, while another larger tribal program
had one of the best response rates at 64 percent. Slightly more than a third of the thirty-five programs had response rates over 50 percent, and half of the programs had better response rates than the 40 percent average.

The surveys were conducted in an anonymous manner, that is no identifying information was asked on the survey form, and the researchers did not even have access to the list of who received the survey. In order to be able to track the number of responses from each Head Start program, a numbered location code was typed in the bottom left hand corner of the first page.

The 284 responses represent the situation of 765 children, for an average of 2.7 children per family. In total, there were an average of 1.6 adults per family. In the 23 families who reported they were living with family or friends, there were 2.2 adults per family. 59 percent of the children in the families who responded to the survey are under the age of six. 90 percent of the children in these families are under the age of 13, which is the cut off for the state’s child care subsidy.

Racial representation of survey respondents compared to Head Start enrollment:

<table>
<thead>
<tr>
<th>Race*</th>
<th>Number of Survey Respondents</th>
<th>Percent of Survey Respondents</th>
<th>Number in Head Start</th>
<th>Percent in Head Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>284</td>
<td>15%</td>
<td>4,194</td>
<td>30%</td>
</tr>
<tr>
<td>White</td>
<td>151</td>
<td>53%</td>
<td>6,743</td>
<td>48%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>33</td>
<td>12%</td>
<td>1,487</td>
<td>11%</td>
</tr>
<tr>
<td>Nat. American**</td>
<td>20</td>
<td>7%</td>
<td>457</td>
<td>3%</td>
</tr>
<tr>
<td>Asian</td>
<td>25</td>
<td>9%</td>
<td>1,086</td>
<td>8%</td>
</tr>
</tbody>
</table>

* One survey respondent wrote in “Arabic Muslim.” Race of ten respondents is unknown.
** Includes Native Hawaiian/Pacific Islanders for Head Start enrollment.

White families were over-represented and Black families were under-represented in the survey responses, in comparison to their proportion of Head Start enrollments. For Hispanics and Asians, survey response representation mirrored their share of Head Start enrollments, while Native Americans were
over-represented due to the over-sampling done of the smaller tribal Head Start programs.

Although we do not have any way of comparing respondents and non-respondents by race, we must assume that the sampling techniques yielded a proportionate share of Black families as potential survey recipients, and that they did not respond in a proportional manner. The lower response rates of African-Americans to this survey are in accord with other survey literature that consistently documents reduced participation among minority research subjects, especially in written and mailed formats.  

Focus Groups

As noted previously, focus groups were included in this project for two reasons. Most importantly focus groups were the means to obtain more in-depth information on use and accessibility issues related to all the support services. The focus groups were also used as a means to test the survey instrument, which was done with the first half of the groups. The latter reason was suggested by the W-2 Management and Evaluation Project committee, who reviewed the methodology for this project. They also suggested increasing the number of focus groups, to be able to more fully explore the dynamics of program access. Thus, thirteen focus groups were held at Head Start Centers throughout the state, with an average attendance of eight parents at each group.

Through these structured discussions with program eligibles, the focus groups provided a more extensive investigation of the reasons these low-income families use or don’t use the programs under study. Focus group participants were compensated twenty dollars for their time and a light meal was provided. In order to protect the identity of the parents, only first names were used in the focus groups. To respect the personal sharing and possible sensitivity of the issues to be discussed, Head Start staff, who have an ongoing relationship with the parents at the various programs, were asked to not participate or be present.
in the discussions, but they did handle the payment process at the end of each session, so that the researchers would not have access to the participants' full names. These protocols were determined in advance, and approved by the Institutional Review Board for the Protection of Human Subjects at UWM.

The majority of the focus groups participants were women, although fifteen men did attend, either alone or with their spouse. These 104 families have 220 children, for an average of 2.1 per family.

Focus groups were held in Racine, Trempealeau, Portage, Waushara, Milwaukee (4 groups), Douglas, Dane, Dodge, Winnebago, and Brown counties.

Racial representation in the focus groups compared to Head Start enrollment:

<table>
<thead>
<tr>
<th>Race</th>
<th>Number in Focus Groups</th>
<th>Percent in Focus Groups</th>
<th>Number in Head Start</th>
<th>Percent in Head Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>29</td>
<td>28%</td>
<td>4,194</td>
<td>30%</td>
</tr>
<tr>
<td>White</td>
<td>57</td>
<td>55%</td>
<td>6,743</td>
<td>48%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14</td>
<td>13%</td>
<td>1,487</td>
<td>11%</td>
</tr>
<tr>
<td>Nat. American*</td>
<td>3</td>
<td>3%</td>
<td>445</td>
<td>3%</td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>1%</td>
<td>1,086</td>
<td>8%</td>
</tr>
</tbody>
</table>

* Includes 12 Native Hawaiian/Pacific Islanders for Head Start enrollment.

Racial representation in the focus groups was comparatively proportional to that of total Head Start enrollment. White families were somewhat over-represented, partly at the expense of African-American families, but mostly in relation to Asian families. One issue affecting the participation of Asian families in the focus groups was that of language. As noted earlier, the research design sought to protect the confidentiality of the information that parents were sharing by excluding Head Start staff from the focus groups themselves, and the researcher did not make arrangements for an outside Hmong interpreter. It appears that distributing a flyer in English was an insufficient means to attract Hmong and Laotian families to the focus groups. Two of the focus groups were conducted in Spanish and English.
The attendance at the focus groups varied from two to fourteen. Two focus groups sought specifically to solicit information from families who were not currently enrolled in Head Start. The session held in Milwaukee County brought out five parents, including a young mother who had never left her children in the care of anyone other than family members, while the focus group in Waushara County attracted only one couple. Head Start staff concurred with the view that parents that do not have experience with Head Start do not have the loyalty or “buy-in” to come an event they are sponsoring. Many of the parents who did attend the focus groups conveyed a positive reaction to the experience directly to the researchers or via Head Start staff.

**Interviews**

To complement the information collected from the parents, interviews were conducted with twenty service providers or administrators from various counties to provide a programmatic perspective on the use of the different support services. Three Head Start administrators, ten county or private W-2 agency staff (dealing with W-2, the child care subsidy, Food Stamps, Medicaid), six child care providers or experts, and one social worker from a community-based organization shared their views on access to support services for low-income families since the implementation of W-2. The word “administrator” is interpreted broadly in this report, used to denote someone with more authority in a program and not to identify a specific job title.

The interviews ranged in time from 45 minutes to an hour and half. In order to meet the requirement that university research projects do not jeopardize a respondent’s employability or reputation, as outlined by the Institutional Review Board for the Protection of Human Subjects of the University of Wisconsin at Milwaukee, interview participants signed an informed consent form which guaranteed anonymity in their responses.
Appendix B  What the Focus Group Parents Like about Head Start

- Gives children a chance to interact with children in their same age group and income level.
- Gets children excited to go to school.
- Improves speech, speeds up the learning process.
- I’ve seen a huge improvement in vocabulary in less than one year.
- We had a problem potty training. Now 99% success.
- Child loves going and loves teacher.
- Opens children up.
- In Chicago, they don’t give away anything. Wisconsin’s is a lot better. I’m looking forward to sending my other kids to Head Start here.
- Makes parents more aware of resources available to them.
- The teachers are very concerned. My child’s teacher called home to find out why my child was withdrawn. We found out YMCA daycare was the problem.
- Kids learn a lot!
- Parents are allowed to look in and take an active role in their child’s experience.
- Helps the parents because the children are better behaved at home. The parents can trust that their children are in a good, safe place.
- I’m an older parent, with HS my child is able to experience things that I can’t or don’t want to do, like flying kites, sledding.
- Kids learn from one another.
- Parents learn from the teacher. Parents can learn different ways of treating, wording for getting cooperation, etc.
- Head Start gives structure, discipline. Too bad only this grade and not 1st & 2nd.
- Head Start gives routine. At home things change and routine is very important.
- They helped me in my predicament.
- They work with families.
- They try to accommodate people, not enable them, but help solve problems.
- They prepare your child for kindergarten.
- What I like about this Head Start is that they implement culture.
- If they weren’t in Head Start they’d just be sitting at home watching TV.
- Head Start helps modify behavior. My second son’s hyperactive, helped modify his behavior.
- Some time for myself--Gives the parent a break.
- It teaches my daughter how to communicate with kids her own age.
- Learn how to share—before Head Start everything was mine, mine, mine.
- My daughter can recognize own name and she’s only four.
- Makes them kindergarten ready.
- My son feels special because he gets to go to school. He’s the big kid.
- My son plays with other kids, not just play fighting with them. Actually does constructive play.
• My son can write his name. I was surprised by that. I said “Wow, you can write your name that good.” He can recognize the letters. We went to Target and he said the first letter is the start of your name Tammy) and the second is the start of my name Anthony).
• My daughter feels real important. She’s her own person. She’s got a story to her life and she can come home and share it.
• What I find amazing is what they can do. I went into the classroom with my daughter, she picked up a book and told the whole story from the pictures.
• I like the “1,2,3” as long as you stay repetitive, it does work. She’s ADHD, as long as I keep using it, and use the same specific corner if she does not follow the rules and they do that here as well, it does work.
• I totally agree. That really saved a big headache. That’s something I learned from Head Start [positive discipline technique]. I’d go through guilt trips. I’d explain in the process of the discipline, I’d apologize when it was all over with. This ended it all and I think that I get much more respect from her now. She doesn’t look for holes in my story because there is no story anymore.
• I like the home visits where they ask you what your goals are for your child and keep you updated on how he’s progressing and what he still needs to work on.
• And they’re willing to help you meet those goals.
• I get a well-needed three and a half hour break. I was one of these parents, she’s an “only,” and I was very addicted to her and in the first three years. Nobody could get her away from me. I’m starting to have a life of my own.
• Let you know what outreach programs there are for us. There’s a lot of things that I found out that can work for our benefit as a family to make it in this world that I didn’t have a clue that was offered.
• I have a break between my two jobs, and I can come to the classroom to have special time with my daughter at Head Start.
• Welcoming.
• They want you here.
• You can join in.
• No so structured as elementary school.
• A lot of different activities.
• Accommodates different levels of development.
• Good field trips.
• Son likes Head Start, not daycare.
• Good teachers.
• My daughter had a nice teacher.
• Family support staff worker was really nice.
• It has good after-school programs.
• I like the all-daycare which is provided by Center for Children. It’s convenient because there is only one drop-off and one pick-up.
• It is convenient for my work day.
• Structure of Head Start is good for kids
• It provides good early education; children learn how to interact with others; it promotes early development and maturing which prepares children for school.
• Kids learn to be very independent and helpful; they learn practical tasks like cleaning up.
• Kids are away for 4 hours.
• Head Start teaches the kids a lot.
• Head Start is good preparation for kindergarten.
• I can now understand my son’s speech.
• Head Start has training opportunities for parents e.g. cooking, computers, resume writing).
• It’s welcoming.
• Head Start helps parents, especially if they are single.
• Head Start invites parents into the classroom; parents can then see what is being taught and build upon it at home.
• The kids are being watched well all the while they are at Head Start.
• In morning, if parents don’t have time to feed kids, Head Start will do so.
• The hours of Head Start are good; 6:45 am-5:00 pm. Parent can drop off later or pick up earlier, but children must stay at least 6 hours.
• Parents are welcome in the Head Start center any time; they can eat lunch there.
• Kids are learning every day.
• It’s educational for me too.
• Support for families.
• For people who go through stress put in a meaningful place.
• They have a lot of avenues for people who have problems.
• They follow up--they don’t give up.
• They’re consistent.
• I like the food and my son eats broccoli now!
• The teachers are really sincere—they have a desire to teach the children and to be there for them.
• They let parents play a role, some teachers in other schools don’t like that.
• Try to get parents involved.
• It amazes me they’re so patient—a regular daycare place is going to be yelling “stop doing that” they’re so calm.
• The repetition helps them learn.
• Parent teacher goals—they help you know what to work on—on the same page.
• They help out. We were in a car accident & Head Start was the first to help.
• I was concerned about safety. He feels safe and I feel safe having him at Head Start.
• They have enough adults with the children.
• They have specialists speech, hearing, dental).
• They caught that my daughter had some fine motor skills delay.
• They experience dental care in a comfortable setting, and it’s a lead in to a dentist that accepts medical assistance.
• Even the bus drivers have a good rapport with the kids.
• They deal with the whole family—there’s something for everyone.
• It gives you a way to get involved.
• Family support workers draw you in.
• My child is not a tattletale anymore, they teach them to work it out.
• They learn to write their names.
• The kids learn diversity at an early age and not to have prejudice.
• They don’t look at skin color or disability—they’re just kids.
• Gives them a structure and me the support to follow through.
• They’re not judgmental, but they check in.
• Helped to open child, now not as shy. Has learned to share and show respect.
• Help children to adjust to people. Head Start teaches the basics and prepares them to move on.
• I was told my child needed speech therapy. After he was enrolled in Head Start and surrounded by children his own age his speech problem improved drastically. Head Start started as a need and now is much much more.
• HS is therapy in many respects.
• The teachers are great.
• The teachers show the children how to share.
• Makes the children more independent, my children pick up after themselves.
• Children are able to recognize what they learn in class and use it outside of the class room. ex numbers, colors and letters.
• Wonderful field trips like the airport. Parents are able to go along and share in the experience.
• Lots of help, support.
• If my grandson misses a day, he’s despondent.
• My four year old son is in Head Start. He just loves it.
• They’re learning every day. I’m amazed at how much they pick up.
  Yesterday my son pointed at the thermostat in the truck. He said “That’s red, mom. That means hot. Blue means cold.”
• We went through a really bad couple of months. They were unbelievable with helping. They got a church to sponsor the kids for Christmas. They bought gift certificates for groceries.
• Helps their development.
• A good start to like school.
• Head Start provides a peer group. It’s better than the neighborhood.
• You’re comfortable while they’re here.
• My daughter brings the joy to me.
• They teach what they’re learning to their younger brothers and sisters.
• Early Head Start has prenatal tracking. I really liked that.
• Head Start has helped me with transitions.
• I like the parent involvement, volunteering. You learn more about your child.
• They’re learning.
Appendix C  Multiple Reasons listed for not using child care subsidy

Classified as not using child care subsidy:

1. didn’t think we would be eligible, hassle
2. provider not certified or licensed, no transportation to child care, can’t afford co-pay
3. didn’t think we would be eligible, hassle, can’t afford co-pay
4. didn’t think we would be eligible, hassle, no child care available
5. hassle, can’t afford co-pay
6. didn’t know it was available, didn’t think we would be eligible, can’t afford co-pay, no child care available, don’t like available child care
7. didn’t know it was available, didn’t think we would be eligible
8. didn’t think we would be eligible, don’t like available child care
9. Provider not certified or licensed, no transportation, (don’t have a job no one hiring me)

Classified as not needing child care or the subsidy at this time:

1. free care from relative or friend, kids in school while working
2. free care from relative or friend, can’t afford co-pay
3. free care from relative or friend, didn’t think we would be eligible, no transportation to child care, kids in school while working
4. free care from relative or friend, didn’t know it was available, didn’t think we would be eligible, can’t afford co-pay
5. free care from relative or friend, didn’t think we would be eligible
6. free care from relative or friend, didn’t know it was available, didn’t think we would be eligible
7. free care from relative or friend, didn’t think we would be eligible, provider doesn’t want to be regulated, hassle, can’t afford co-pay
8. free care from relative or friend, don’t like available child care
9. free care from relative or friend, kids in school while working
10. free care from relative or friend, hassle, can’t afford co-pay, kids in school while working
11. free care from relative or friend, hassle
12. free care from relative or friend, hassle
13. free care from relative or friend, didn’t think we would be eligible
14. kids in school while working, didn’t know it was available, didn’t think we would be eligible, no child care available, don’t like available child care
Appendix D  Other Reasons listed for not using child care subsidy

1. “Just looking in to it now—we may not qualify because income too high.”
2. “I didn’t apply because my daughter doesn’t have a social-security #.”
3. “Cheaper for family member to watch kids.”
4. “Problems with their father.”
5. “We now make too much $.”
6. “Other” with no details.

7. “Approved but not taking it because employer pays cash.”
Appendix E  Copy of the Survey

Slight modifications needed to be made to the survey in order to accommodate the binding of the report. The version of the survey contained in this appendix differs from the survey that was actually mailed in the following ways.

1. The margins were changed in order to accommodate the report binding—the original survey was not so crowded on the page.

2. The boxes next to the answers were slightly bigger and darker.

3. The original survey was double sided and on salmon-colored paper.
WISCONSIN HEAD START SURVEY OF PROGRAM PARTICIPATION
Please return by May 7, 1999

Filling out this survey indicates that I am at least 18 years of age
and that I am giving my informed consent to be a subject in this study.

ALL RESPONSES ARE CONFIDENTIAL          PLEASE DO NOT INCLUDE YOUR NAME

How many people live in your household?     _____ Adults
      _____ Children birth to 5     _____ Children ages 6 to 12     _____ Children ages 13 & older

Please list all sources of household monthly income (for the current month):

<table>
<thead>
<tr>
<th>Source</th>
<th>Hours/Week</th>
<th>Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse/Partner’s Job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>W-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSI (Supplemental Security Insurance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security (Social Security Disability Insurance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Where are you living?  own home       renting      with family/ friends    other ___

Are you currently getting a rent subsidy or living in public housing?  YES      NO

Is your family currently getting Food Stamps?  YES      NO

Please tell us about your family’s medical coverage (check all that apply):

- private medical insurance (through a job)
- private medical insurance (that someone in the household purchases)
- Medicaid / Title 19 / Medical Assistance / MA
- Healthy Start
- Medicare
- Veteran’s Health
- Tribal Benefits
- None
- Other (please specify) _____________________
Please tell us about your child care arrangements (check all that apply):

<table>
<thead>
<tr>
<th>Head Start  half day</th>
<th>Head Start  full day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Day Care that is:</td>
<td>provisionally certified</td>
</tr>
<tr>
<td>Licensed Day Care Center</td>
<td></td>
</tr>
<tr>
<td>Children are in school full day</td>
<td>Older sibling provides care</td>
</tr>
<tr>
<td>Free Care from Relative or Friend</td>
<td>Paid Care from Relative or Friend</td>
</tr>
<tr>
<td>Other ________________________</td>
<td>None</td>
</tr>
</tbody>
</table>

What would be your most preferred care option for your child(ren)? ________________

Does the state pay for part of your child care expenses? YES  NO

If you answered NO above, please give the main reason why you are not receiving child care financial assistance from the state. Please check only one box.

<table>
<thead>
<tr>
<th>I didn’t apply because:</th>
<th>I applied, but:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t know it was available</td>
<td>I’m waiting for approval</td>
</tr>
<tr>
<td>Didn’t think we would be eligible</td>
<td>I was denied</td>
</tr>
<tr>
<td>Child care provider not certified or licensed</td>
<td></td>
</tr>
<tr>
<td>Child care provider doesn’t want to be regulated</td>
<td>I’m approved, but not taking the care because:</td>
</tr>
<tr>
<td>Too much hassle</td>
<td>Can’t afford co-pay</td>
</tr>
<tr>
<td>Can’t afford co-pay</td>
<td>No child care available</td>
</tr>
<tr>
<td>No child care available</td>
<td>Don’t like available child care</td>
</tr>
<tr>
<td>Don’t like available child care</td>
<td>No transportation to child care</td>
</tr>
<tr>
<td>No transportation to child care</td>
<td>Too much hassle</td>
</tr>
<tr>
<td>Kids are in school while I’m working</td>
<td></td>
</tr>
<tr>
<td>Free care from relative or friend</td>
<td></td>
</tr>
<tr>
<td>Other (please specify) ________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Do you have a high school diploma or GED? YES  NO

Do you have a telephone in your home? YES  NO

Do you live in a rural area? YES  NO

Is English the primary language spoken in your home? YES  NO

Are you:  White    Black    Native American    Asian    Hispanic/ Latino

© Thanks for taking the time to fill out this survey. Please send it back in the enclosed envelope by May 7th.
Appendix F

Poverty and Program Income Eligibility Status of Survey Respondents

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Number of Families</th>
<th>Poverty Line for Family Size</th>
<th>Families Below Poverty Line</th>
<th>Families Below 115% of poverty</th>
<th>Families Below 130% of poverty</th>
<th>Families Below 165% of poverty</th>
<th>Families Below 185% of poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>34</td>
<td>$11,060</td>
<td>50%</td>
<td>56%</td>
<td>59%</td>
<td>74%</td>
<td>82%</td>
</tr>
<tr>
<td>3</td>
<td>53</td>
<td>$13,880</td>
<td>51%</td>
<td>66%</td>
<td>66%</td>
<td>79%</td>
<td>87%</td>
</tr>
<tr>
<td>4</td>
<td>69</td>
<td>$16,700</td>
<td>45%</td>
<td>63%</td>
<td>68%</td>
<td>77%</td>
<td>81%</td>
</tr>
<tr>
<td>5</td>
<td>57</td>
<td>$19,520</td>
<td>60%</td>
<td>67%</td>
<td>72%</td>
<td>86%</td>
<td>89%</td>
</tr>
<tr>
<td>6</td>
<td>28</td>
<td>$22,340</td>
<td>39%</td>
<td>46%</td>
<td>46%</td>
<td>79%</td>
<td>82%</td>
</tr>
<tr>
<td>7</td>
<td>15</td>
<td>$25,160</td>
<td>53%</td>
<td>73%</td>
<td>80%</td>
<td>87%</td>
<td>87%</td>
</tr>
<tr>
<td>8</td>
<td>6</td>
<td>$27,980</td>
<td>50%</td>
<td>50%</td>
<td>83%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>9</td>
<td>4</td>
<td>$30,800</td>
<td>75%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>$33,620</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>$36,440</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>268</td>
<td></td>
<td>51%</td>
<td>63%</td>
<td>67%</td>
<td>81%</td>
<td>85%</td>
</tr>
</tbody>
</table>
### Appendix G

Comparison of Selected Variables from Head Start Program Information Report

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of families*</td>
<td>14,673</td>
<td>12,830</td>
</tr>
<tr>
<td>Total number of volunteers*</td>
<td>27,200</td>
<td>21,073</td>
</tr>
<tr>
<td>Percentage of families who completed family needs assessment</td>
<td>97%</td>
<td>88%</td>
</tr>
<tr>
<td>Percentage of assessed families with a social services need</td>
<td>74%</td>
<td>72%</td>
</tr>
<tr>
<td>Percentage of families receiving A.F.D.C./T.A.N.F.</td>
<td>63%</td>
<td>30.5%</td>
</tr>
<tr>
<td>Percentage of families with incomes under $12,000 -constant dollars</td>
<td>70%</td>
<td>64%</td>
</tr>
<tr>
<td>Percentage of Head Start staff who are current or former HS parents</td>
<td>29.5%</td>
<td>31%</td>
</tr>
<tr>
<td>Number of children enrolled in Medicaid</td>
<td>88%</td>
<td>72%</td>
</tr>
<tr>
<td>children who completed medical screening as percentage of total enrollment</td>
<td>102%</td>
<td>96%</td>
</tr>
<tr>
<td>Children needing medical treatment as percentage of total enrollment</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>Percentage of children with up to date immunizations</td>
<td>92%</td>
<td>87%</td>
</tr>
<tr>
<td>Percentage of children needing dental treatment</td>
<td>27%</td>
<td>29%</td>
</tr>
<tr>
<td>Percentage of children being treated for a disability</td>
<td>8%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

*These numbers cannot be directly compared because the 1994-1995 data covers 45 grantees and the 1997-1998 data only covers 33.
Endnotes

1 The three and four year olds enrolled in Head Start in Wisconsin comprise approximately 55% of poor three and four years in the state. Calculation based on the number of three and four year olds in the state from the U.S. Census “Estimates of the Population of the U.S. and States by Single Year of Age and Sex: July 1, 1997,” and the percentage of children under the age of six in poverty from “Young Child Poverty in the States—Wide Variation and Significant Change,” National Center for Children in Poverty, 1998.

2 The application forms for W-2, Medicaid, Food Stamps, and child care assistance inform applicants that changes in income, assets, hours of employment, number of people in the household, or a change of address must be reported within 10 days of the change, and that failure to report changes may be prosecuted as fraud. When W-2 was implemented, the review period for Food Stamps was changed from every six months to every three months. Eligibility for W-2 and the child care subsidy are reviewed every six months. Medicaid reviews are every twelve months.

3 The margin of error was calculated using a population parameter of 50%, which is a very conservative estimate given that Head Start families have a greater than 50% likelihood of being income-eligible for the support services being studied.

4 There are several factors that contribute to the appearance that Head Start has ineligible families participating in the program. Head Start requires that 90 percent of the children they enroll live in families with incomes at or below the federal poverty guideline. But after meeting this criterion, children can be enrolled for two years. One of the goals of Head Start is to move families toward self-sufficiency, and the survey does provide a “snapshot” of Head Start families taken at end of a program year. In addition, any family receiving public assistance is automatically eligible for Head Start, and some programs presumed that the definition of “public assistance” included child care subsidy, which has much higher income eligibility criteria. This position was not universal among Wisconsin Head Start programs, but now has been set as official policy by the Head Start Bureau. Finally, each Head Start program is audited every year to make sure that they have enrolled eligible children.

5 Federal Register: November 5, 1996

6 Information on the Head Start Act was obtained from the text of the Head Start Act (42 USC 9801 et seq) and CQ Almanac for 1998, Section 9, pages 19-23.

7 It is hard to know from the data contained in the Head Start Program Information Report for Wisconsin if volunteerism is declining, as the data for 1995 has information from 45 programs and the data from 1998 reports on 33 programs. In terms of a total number of volunteers, the number has decreased from 27,200 to 21,073. However, if these numbers of volunteers are averaged out over the number of programs, this would be an increase from 604 to 639. If the number of volunteers is divided by the number of families represented by the PIR data, in 1995 there were 1.8 volunteers per family and 1.6 volunteers per family in 1998.


The New Hope Project did not recommend specific child care providers, but like W-2 tried to teach parents how to be informed consumers of child care services.


When examining the decrease in cash assistance cases from 1995 to 1999, the reduction of 60,000 families represents 88% of the cases in 1995. This figure overstates the actual situation to some degree, because during the conversion process from A.F.D.C. to W-2, 8,000 cases of relatives taking care of A.F.D.C. children transitioned to a new program called Kinship Care, where they still receive cash assistance, although at a lower level than A.F.D.C. Another 5,500 cases of SSI parents whose children received A.F.D.C. were transferred to a program known as Caretaker Supplement.

W-2 is Wisconsin’s work-based welfare replacement program that began September 1, 1997. Wisconsin’s decision to terminate the Aid to Families with Dependent Children Program preceded the national legislation that ended A.F.D.C. and instituted T.A.N.F. (Temporary Assistance to Needy Families). The ending of entitlement to public assistance in the form of a cash grant has allowed states great latitude in how they develop “safety net” services for poor families with children. Wisconsin has led the nation in caseload reduction since T.A.N.F. was signed into law, with 87% fewer welfare recipients. The change nationally was a 42% reduction.


This quote, from a 1996 Hudson Institute briefing paper by Andrew Bush, outlines the philosophical viewpoint of W-2’s creators. “In effect, W-2 will reorient the social safety net, basing assistance not on entitlement but on parents’ demonstrated efforts to secure their own support. In part, this reorientation has a philosophical base. Taxpayers have a right to expect that families receiving help are doing something in exchange for the aid, either improving their ability to assume self-support or at least contributing something to the community.”

http://www.welfarereformer.org/articles/replcwel.htm

According to the W-2 policy manual, the role of the Resource Specialist in the W-2 agency is “W-2 Intake and Diversion.” Wisconsin Works Manual, Section 1.6.3.2 During the initial assessment, “the RS prescreens applicants and determines whether or not exploring W-2 eligibility is appropriate for the applicant….Applicants, who are not diverted, meet with a Financial and Employment Planner (FEP) within five working days of their request for W-2.” Wisconsin Works Manual, Section 5.1.0

The introduction to W-2 on the DWD website reads: “Wisconsin Works (W-2) is the welfare replacement program for Aid to Families with Dependent Children (A.F.D.C.) based on work participation. Under W-2 there is no entitlement to assistance, but a place for everyone who is willing to work to their ability.” http://www.dwd.state.wi.us/desw2/w2home.htm Sec 402 of the T.A.N.F. legislation provides instructions for States to submit plans for family assistance programs that “ensure that parents and caretakers receiving assistance under the program engage in work activities.” The introduction to the policy manual for W-2 states that “Wisconsin developed a program in which applicants who are able to work will be expected to work. Those unable to obtain and maintain unsubsidized employment may be placed in an appropriate work training assignments [sic] to: 1) Increase self-sufficiency; 2) Prepare for unsubsidized employment; and 3) Reduce dependency on government assistance.” Wisconsin Works Manual, Section 1.1.0 In addition to the financial eligibility criteria for W-2 (gross income below 115% of poverty and gross assets below $2,500), there are 24 non-financial eligibility criteria for W-2. The first non-financial criterion is the only one related to the presence of a needy child: “be a custodial parent.” The other 23 items are related to the parent’s behavior and situation. Wisconsin Works Manual, Section 2.2.0

The report also states “With the exception of Wisconsin, states generally offer applicants the opportunity rather than requiring them to take advantage of alternative resources that may be available to them.” “A Description and Assessment of State Approaches to Diversion Programs and Activities Under Welfare Reform,” George Washington University Center for Health Policy Research, August 1998, pages 9 & 30.
18Wisconsin Department of Economic Support, “Request for Proposals to Administer Wisconsin Works and Related Programs.” April 1999 http://www.dwd.state.wi.us/desrfp/TOC.htm Found in Section 9 “Appendixes [sic] to the RFP” page 84.

19 National Governor’s Association (1999) “Round Two Matrix and Summary of Selected Elements of State Programs for Temporary Assistance for Needy Families” http://www.nga.org/Welfare/TANF.htm

20 The amounts listed by the eight survey respondents on the line for W-2 income are as follows: $673, $673, $597, $440, $212, $140, $100, $90. In addition, two surveys had a check mark in the box indicating yes, and one person wrote “different amount” in the blank next to W-2. Eligibility could not be determined for three families.

21 The 115% of poverty financial eligibility criteria applies for W-2 employment positions, Job Access Loans, and certain case management services, according to the Wisconsin Works Manual, Section 3.1.0.

22 An editorial in the Milwaukee Journal Sentinel on August 8, 1999 chided Jean Rogers of the Department of Workforce Development for “the lengths to which she goes to put a happy face on any W-2 development,” in response to her comment that it was “very good news” that Wisconsin led the nation in decreasing Food Stamp enrollments and that food pantry use was rising. http://www.jsonline.com/news/editorials/aug99/food-edit080799.asp An article on W-2 in the New York Review of Books states “For a state bureaucrat, Rogers has achieved extraordinary visibility, giving up to ten interviews a week and traveling as far away as New Zealand to discuss Wisconsin’s experience... She provided me one of the enthusiastic appraisals of W-2 for which she is known. Michael Massing, “The End of Welfare?” 10-7-99, on-line version. http://www.nybooks.com/nyrev/WWWarchdisplay.cgi?19991007022R

23 At a recent conference on W-2, Governor Thompson stated “W-2, the nation’s first welfare replacement program exchanges captivity for personal new freedom,” calling W-2 “the harbor for launching a million new dreams.” September 29, 1999. Press releases that accompany the release of caseload statistics generally quote DWD Secretary Linda Stewart: “I am heartened by the success of thousands of people who have entered the workforce already and the hundreds who are getting the training and work experience which will help them move forward.” November 7, 1997. http://www.dwd.state.wi.us/notespub/DWDWebMa/2aa6_536.htm

24 It was reported at the August 1999 meeting of the W-2 Monitoring Task Force of the Milwaukee County Board that 800 families will reach the 24 month limit this fall in Milwaukee County. The Milwaukee Journal Sentinel reports that “at least 500 Milwaukee County residents in the state’s Wisconsin Works program who have not yet found jobs face loss of their cash benefits by Jan 1, as they reach the program’s two-year time limits. The same fate awaits nearly 900 more whose eligibility will be used up over the winter, state figures show.” “Job or not, W-2 clients find time’s up,” by Steve Schultze, Milwaukee Journal Sentinel 9/12/99. http://www.jsonline.com/news/metro/sep99/welf13091299.asp

25 As of 10-1-99, 80% of requested extensions have been granted---35 of 44 requests.

26 A W-2 participant who fails or refuses to participate in a W-2 employment position without good cause may accumulate a strike. After three strikes, a participant is permanently ineligible for that placement in that W-2 tier. Wisconsin Works Manual, Section 11.2.0.


28 For the purposes of this study, a family is counted as enrolled in Medicaid or Healthy Start if one family member is enrolled, so these numbers overstate full family coverage. In a number of cases, focus group participants responded that they themselves were not covered by any medical insurance program, but that their children did have coverage. Similarly, the survey did not ask for...
information on medical coverage for each family member, but some respondents indicated which family members had such services and which did not.


Wisconsin Department of Health and Family Services, Bureau of Health Care Financing

<table>
<thead>
<tr>
<th>WI Medicaid Caseload Change</th>
<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>September 1997-1998</td>
<td>-10,767</td>
<td>-4.7%</td>
</tr>
<tr>
<td>September 1996-1998</td>
<td>-55,207</td>
<td>-20.2%</td>
</tr>
<tr>
<td>September 1995-1998</td>
<td>-81,568</td>
<td>-27.2%</td>
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Personal Correspondence from Rick Zynda, Director of the Office of Food Stamps and Medical Assistance, October 1999.


Medicaid Statistics

<table>
<thead>
<tr>
<th>Medicaid Statistics</th>
<th>DWD</th>
<th>DHFS</th>
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<tbody>
<tr>
<td>September 1997</td>
<td>145,753</td>
<td>228,914</td>
</tr>
<tr>
<td>March 1998</td>
<td>146,187</td>
<td>221,204</td>
</tr>
<tr>
<td>September 1998</td>
<td>146,206</td>
<td>218,147</td>
</tr>
<tr>
<td>March 1999</td>
<td>146,032</td>
<td>216,294</td>
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<tr>
<td>June 1999</td>
<td>145,874</td>
<td>215,430</td>
</tr>
<tr>
<td>Change in caseload</td>
<td>0.1% increase</td>
<td>5.9% decrease</td>
</tr>
</tbody>
</table>


Enrollment in BadgerCare reached 27,281 in September 1999. http://www.dhfs.state.wi.us/News/PressReleases/BadgerCareGrowthSteady.htm


Hunger Task Force data showed a 21% higher use of pantries when comparing August 1997 to August 1998. A recent report from the U.S. Conference of Mayors found that 78% of thirty cities surveyed reported that requests for emergency food had increased by an average of 14% in 1998.

Correspondence from Theodore Bell, regional USDA administrator to Dr. Linda Stewart, Secretary of the Department of Workforce Development, April 1999.


UW Milwaukee Center for Economic Development
44 For more information on the Food Stamp Initiative, consult the U.S.D.A. web-site at http://www.fns.usda.gov/fsp/Clintoninitiative/default.htm
49 72 families: 21 of 34 who didn’t think they’d be eligible but appear to be, 18 of 23 who were denied but appear eligible, 15 who didn’t know the subsidy was available, 12 whose provider is not certified or licensed, 6 of the families providing multiple reasons, including didn’t know it was available and didn’t think we’d be eligible.
50 “Certified providers caring only for relatives are not eligible for regular certification—they can only be provisionally certified.” Regularly certified providers are reimbursed at 75% of family day care center rate for that county. Provisionally certified providers are reimbursed at 50% of the family day care rate for that county. Wisconsin Shares: Wisconsin’s Child Care Subsidy Program, DWD Office of Child Care, August 1999.
51 According to the 1990 Census, 31 percent of Wisconsin women with children were not working, 35 percent were working part-time, and 34 percent worked full-time, full year. “A Profile of the AFDC Caseload in Wisconsin: Implications for a Work-based Welfare Reform Strategy,” Institute for Research on Poverty, Special Report #67. page 50.
53 “How Welfare Reform Can Help or Hurt Children”
http://cpmcsnet.columbia.edu/dept/nccp/cwrb1.html
54 Head Start Collaboration Project Members include: Julia Herwig, director; David Edie, DWD Office of Child Care; John Bauer, DWD, Division of Economic Support; Carol Maurer, Child Care Resource and Referral Network; Pat Franke, DHFS, Bureau of Regulation and Licensing; Diane Finner, SDC Policy Council; Colleen Cantlon, Maternal and Child Health; Mary Steinhardt & Debi Lisowe, Here We Grow Child Care; Gail Porath, SDC Head Start, director; Cathy Arensten, CAP Services Head Start, director; Tim Nolan, Waukesha Head Start, director; Marcia Huemoeller, Dane County Parent Council Head Start, director; Jill Haglund, DPI, Early Childhood consultant. W-2 MEP members include: J. Jean Rogers, WI Department of Workforce Development; Jan Van Vleck, WI Department of Workforce Development; Ingrid Rothe, La Follette Institute; Jay Hein, Hudson Institute; Rebecca Swartz, Hudson Institute; Michael Wiseman, Urban Institute; Lawrence Mead, New York University.
55 Tribal Head Start programs with small enrollments were over-sampled, so that the smallest samples were of five families. Of the original mailing, 23 surveys were returned for invalid address, and after a discussion with Head Start staff, a decision was made to exclude 26 surveys that were mailed to the winter addresses of a sample of the migrant families who children attended Head Start last summer in Wisconsin, as it was very unclear whether they would receive this mailing. One Native American program chose not to participate, and so did not mail the surveys to a sample of five families. A new Early Head Start program that is just starting up also did not participate, as they did not yet have sufficient enrollment to draw a sample.
56 The response rate for this project was higher than that found in a meta-analysis of 193 survey research studies that determined an average response rate of 35.3% for surveys of the general population. Green, Boser, and Hutchinson, “Response-rate difference and response-enhancement effects by population type,” Psychological Reports, August 1998, p. 336-338.
57 A study by the Women and Poverty Public Education Initiative in 1998 noted that repeat visits to interviewees were necessary to reach their 43% response rate. “W-2 Community Impact Study,” prepared for the Milwaukee County Board of Supervisors by the Milwaukee Women and Poverty Public Education Initiative, November 1998. John Clark from the Hudson Institute
reported at a Wingspread Conference in May 1999 that they utilized field staff to find families they could not reach by phone, and even followed some families to Chicago to get information from them. (report forthcoming) For the DWD Leavers study, more than twice the expected number of respondents needed to be contacted by field staff to reach their 68% response rate. “Survey of Those Leaving A.F.D.C. or W-2 January to March 1998, Preliminary Report” January 1999.

58 In a study comparing response rates for mail surveys and face-to-face surveys, Krysan, Schuman, and Scott reported a 46.4% response rates for the predominantly black stratum of their sample and 73.7% for the predominantly white stratum. The Public Opinion Quarterly, Fall 1994. Pottick and Lerman state that response rates from non-clinical populations have been declining, and that they are lower in metropolitan areas and even lower in inner city areas. Social Science Quarterly, March 1991. The methodology section of the DWD Leavers Reports notes “It was more likely that Asians, African Americans and Hispanics were non-respondents than respondents to the survey.” “Survey of Those Leaving A.F.D.C. or W-2 January to March 1998, Preliminary Report” January 1999. Charlotte Steeh of Georgia State University reports “the response rate for the mail survey in inner-city areas was approximately half of the 80% we had achieved with a personal interview. Personal correspondence, July 1999.