



Contents lists available at ScienceDirect

## Early Childhood Research Quarterly

journal homepage: [www.elsevier.com/locate/ecresq](http://www.elsevier.com/locate/ecresq)

# Extra help for extra needs: Family perspectives on New Mexico's supplemental child care subsidy program for families at risk for involvement with child protective services<sup>☆</sup>

Hailey Heinz<sup>a,\*</sup>, Shelley Alonso-Marsden<sup>b</sup>, Elisabeth Baker Martínez<sup>a</sup>

<sup>a</sup> *Cradle to Career Policy Institute, University of New Mexico, United States*

<sup>b</sup> *Department of Psychiatry and Behavioral Sciences, University of New Mexico Health Sciences Center, United States*

## ARTICLE INFO

### Keywords:

Child care subsidies  
State policy  
Protective services  
Child maltreatment

## ABSTRACT

This study examines the perspectives of a sample of parents and primary caregivers who received child care subsidies through New Mexico's at-risk eligibility designation, which is reserved for families who are or are at risk for becoming involved with child protective services (CPS). Qualifying families pay no copays, have limited documentation requirements, and are provided with additional enrollment supports by specialized eligibility workers with lower caseloads and training in trauma-informed practices. Families reported positive experiences with their eligibility workers and with the enrollment process, saying almost universally that they did not face administrative burdens to enrollment and that their caseworker was responsive and helpful. Despite positive experiences with the subsidy system, families reported difficulties finding child care that met their needs, mainly due to challenges related to non-traditional work hours, transportation, and children's behavioral health needs. The study findings are exploratory but suggest that enhanced supports from specialized eligibility workers are valued by families facing complex risk factors and may help them access child care subsidies. Access to subsidies, in turn, helps families afford and access care. However, the utility of child care subsidies remains limited without a supply of care that meets families' logistical needs and supports their children's development. Given previously documented administrative burdens and challenges families face in accessing child care subsidies, New Mexico's approach has potential implications for other states aiming to enhance equitable access to care for families at risk for CPS involvement—a population that disproportionately experiences systemic disadvantages and destabilizing circumstances.

## 1. Introduction

Child care in the United States is inaccessible for many families due to a limited supply of quality care, prohibitively high costs, and structural barriers related to transportation and hours of available care (Chaudry et al., 2011; Jessen-Howard et al., 2020). These barriers are experienced unequally across families with different characteristics and are often most acute for families facing systemic disadvantages—the very families for whom access to early care and education could be most beneficial (Klein et al., 2018; Malik et al., 2020). This qualitative study

examines child care access for a sample of families in New Mexico whose circumstances put them at risk for involvement with child protective services (CPS). Through semi-structured interviews, the study explores these families' experiences accessing subsidized child care, the relationship between participants' child care access and their progress toward goals for their families, and barriers that prevent them from accessing care. The study contributes to a limited qualitative literature on child care access for families at risk for CPS involvement, in the context of a state that has dedicated resources to supporting this population's access to subsidized care.

<sup>☆</sup> Author Note: This project was supported by the Administration for Children and Families (ACF) of the United States (U.S.) Department of Health and Human Services (HHS) as part of a financial assistance award (Grant #: 90YE0223) totaling \$1,560,794 with 100 percent funded by ACF/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACF/HHS, or the U.S. Government. For more information, please visit the ACF website, Administrative and National Policy Requirements. The authors have no conflicts of interest to declare. The authors thank Dana Bell for reviewing drafts of this manuscript, and thank Darlene Castillo and Rebecca Fowler for their assistance with interviewing and literature review, respectively.

\* Corresponding author at: University of New Mexico, 1909 Las Lomas Rd NE, Albuquerque, NM, 87131, United States.

E-mail address: [hailey57@unm.edu](mailto:hailey57@unm.edu) (H. Heinz).

<https://doi.org/10.1016/j.ecresq.2024.05.008>

Received 7 August 2023; Received in revised form 24 April 2024; Accepted 17 May 2024

Available online 23 May 2024

0885-2006/© 2024 Elsevier Inc. All rights are reserved, including those for text and data mining, AI training, and similar technologies.

This study is situated in Friese and collaborators' (2017) conceptual framework for defining and measuring access to early care and education (ECE). The framework defines access along the dimensions of whether ECE is affordable to families, supports children's development, meets families' structural needs, and can be secured by families with reasonable effort. Friese and collaborators also define a fifth dimension of access: characteristics of children, family and communities. They note that community characteristics, while not a dimension of access per se, should be examined as scholars consider equity of access to ECE. They specifically note that scholars should attend to family and child characteristics, including "descriptors of experiences that put children at risk for negative outcomes like homelessness or involvement in the child welfare system" (Friese et al., 2017, p. 8). This study is focused on the child care access experiences of families with such risk factors.

Reliable access to quality care is important for children in many contexts but is especially critical for children at risk for involvement with the child welfare system. CPS involvement in the United States is closely linked to lack of financial resources, with children from families experiencing material hardship (Thomas & Waldfogel, 2022), housing hardship (Conrad-Hiebner & Byram, 2020) and living in lower income neighborhoods (Fong, 2019) more likely to experience contact with CPS. CPS involvement is also disproportionately experienced by Black and Native American children nationally, while White children are underrepresented in the child welfare system (Child Welfare Information Gateway, 2021). CPS involvement for Hispanic families has not tended to exceed their share of the overall population in national data, though they were overrepresented in 15 states in 2021, including New Mexico (Puzzanchera & Taylor, 2023). Researchers have examined a variety of explanations for this disproportionality, including racialized poverty in the United States and its roots in slavery, family separation, and economic deprivation (Thomas et al., 2023). Others have noted that neglect, the most commonly reported form of child maltreatment, is closely associated with poverty and families' ability to provide for children (Child Welfare Information Gateway, 2023). In all states, neglect is defined using at least one parameter that may occur due to limited financial resources (such as providing children with inadequate food, shelter, or supervision), and nearly half of states do not provide an exemption in their definitions of maltreatment for families who are financially unable to provide for children (Williams et al., 2022).

Substance use disorders are also associated with CPS involvement (Dubowitz et al., 2011; Radel et al., 2018). The highest prevalence of opioid misuse is among Native Americans (Schuler et al., 2021), who have long experienced lower health status and outcomes than other Americans due to a constellation of historical policies and contemporary discrimination (Findling et al., 2019). And although Hispanic Americans have historically had drug overdose death rates below the national average (KFF, 2021), substance-specific overdose rates have been growing in recent years among this population (Townsend et al., 2022). Additionally, Hispanic Americans have disproportionately high rates of drugs overdose deaths in certain states, including New Mexico where this study is set (KFF, 2021). Inequities in rates of substance use disorders and fatal overdoses are exacerbated by social determinants of health (Braveman et al., 2011), including factors such as inequitable access to treatment by race (Amiri et al., 2024).

Because families facing CPS involvement disproportionately experience racialized poverty (Thomas & Waldfogel, 2023), supporting child care access for this population has implications for ensuring that families impacted by systemic racism and economic hardship can equitably gain the benefits of subsidized care. Child care subsidies support parents' employment (Davis et al., 2018) and their use of higher quality care settings for their children (Krafft et al., 2017), potentially supporting both family self-sufficiency and children's learning and development. Additionally, access to child care subsidies has been associated with decreases in child maltreatment (Klevens et al., 2015; Maguire-Jack et al., 2019; Yang et al., 2019). Conversely, mothers' reported concerns about being able to find child care have been associated with greater

incidence of supervisory neglect (Yang & Maguire-Jack, 2016).

Several mechanisms have been posited for these relationships, including that families without access to child care may feel their only option is to leave a child alone or with an inappropriate caregiver (Yang & Maguire-Jack, 2016). Some scholars have drawn a causal chain through parental employment, citing findings that child care subsidy receipt tends to increase parental employment (Davis et al., 2018), which in turn is associated with lower incidence of maltreatment (Cherry & Wang, 2016; Yang et al., 2019). Additionally, stability of child care arrangements has consequences for maltreatment. Specifically, Ha and collaborators (2015) found that instability of child care arrangements and not having reliable emergency care both contributed to mothers' aggression and neglectful behaviors. Yet CPS involvement may also in turn contribute to instability of care arrangements, as one analysis found that children involved with CPS have less stability in their child care subsidy enrollment than other children from low-income families (Lipscomb et al., 2012). Together, the existing literature suggests both that families experiencing racialized poverty are at greater risk of CPS involvement, and that access to subsidized child care can ameliorate the risk of maltreatment for these families.

The primary social program that aims to address child care access in the United States is the federal Child Care and Development Fund (CCDF) block grant, which subsidizes child care costs for low-income families and can be used to incentivize provision of quality care and care access for focus populations. The CCDF program funds child care subsidies in all U.S. states and territories, which in turn have broad discretion in how they administer the funds. The CCDF has dual programmatic goals of promoting self-sufficiency for adult caregivers as well as increasing children's access to quality care that supports their development (Child Care and Development Fund, 2016). In recognition of the particular importance and equity implications of child care access for children at risk for maltreatment, the U.S. Administration for Children and Families, which administers the CCDF program, allows states to offer child care subsidy eligibility to families who receive protective services or are at risk of needing such services. Other risk factors can also confer eligibility, such as for children of teen parents or children experiencing homelessness (Office of Child Care, 2016). States have wide discretion in setting eligibility criteria and defining risk factors, based on policy priorities and the needs of their population. As of 2019, most states either did not specifically define protective services involvement in their child care eligibility manuals ( $N=25$ ) or defined the category somewhat narrowly to children actively engaged with protective services or in state custody ( $N = 21$ ). A small number of states provided more expansive definitions, such as this language from Massachusetts: "The state defines a child in protective services as one whose family is authorized for a child care subsidy based on clinical decision by the state agency. Additionally, children may be deemed at risk of needing protective services in special circumstances that leave family members unable to provide care, which may be due to domestic violence; homelessness; a physical, mental, emotional or medical condition; or participation in a drug treatment program" (Minton et al., 2021).

In New Mexico, where this study was conducted, a special eligibility category has been defined with wide flexibility in who qualifies. Regulations define "at-risk child care" as "a program for families at-risk as determined by the department" (New Mexico State Legislature, 2016). Although regulations do not specify what families with this designation are at risk for, in practice this eligibility category is used primarily for families who have had contact with CPS, are experiencing unstable housing, or whose caregivers are in treatment for substance use or addiction. The flexible nature of the category also allows "at-risk" eligibility to be conferred at the discretion of caseworkers for families with other circumstances. When the program was first launched in 2018, the cabinet secretary then overseeing child care assistance, who also oversaw CPS, described the purpose to a legislative committee this way: "We launched an at-risk child care program, so that we can get our most vulnerable families, even if not (otherwise) eligible for child care, taking

advantage of child care, so they can address some of the issues that brought them to us from a protective service perspective.” Although the program is not limited to families with CPS involvement, its mission is grounded in preventing maltreatment and the destabilizing forces that may lead to maltreatment (New Mexico State Legislature, 2018).

Families with New Mexico’s “at-risk” eligibility designation receive a special set of procedural supports and accommodations. Families in this category pay no copays for child care, and generally do not have to produce documentation of their eligibility, such as pay stubs or proof of a disability or drug rehabilitation enrollment. Additionally, they are supported by a team of specialized staff who maintain lower caseloads than other eligibility workers and are trained in trauma-informed practices for engaging with families. This cadre of eligibility workers are assigned only to families with “at-risk” eligibility, and specialize in supporting families who may require additional assistance. In order to support this group of families with maximum flexibility, New Mexico funds their subsidies with state dollars. New Mexico’s approach has potential implications for other states and regions working to enhance equity of access to child care for families who are at risk of involvement with CPS or facing other destabilizing circumstances.

### 1.1. Study setting

New Mexico’s approach to supporting subsidy access for families at risk for CPS involvement makes the state a useful laboratory to study the supports needed by this population, and to examine whether families report that child care is important in moving them toward stability. CPS issues carry high salience in New Mexico, which has long had rates of child maltreatment that exceed national averages. In 2021, New Mexico had 12.6 child maltreatment victims per 1,000 children, compared to a national rate of 8.1 (U.S. Department of Health & Human Services, 2023). New Mexico is also well situated for this study due to the pervasive risk factors faced by New Mexican families. The state’s childhood poverty rate is among the highest in the nation at 23.9% (U.S. Census Bureau, 2021), and the state has been hit hard by the nation’s rise in opioid use and addiction, with prevalence of opioid-related hospitalization that far outpaces the national average, and children born with Neonatal Abstinence Syndrome at more than double the national rate (Agency for Healthcare Research and Quality, 2022, 2023). The state is currently ranked 50<sup>th</sup> for child well-being by the Annie E. Casey Kid’s Count Report (2023). These indicators tend to reflect the racialization of poverty in the United States, as New Mexico is the U.S. state with the highest percentage of Hispanic residents (50.2%; U.S. Census Bureau, 2022a). It is also the ancestral home of 23 federally recognized Tribes (New Mexico Indian Affairs Department, n.d.) and has the nation’s second-highest percentage of Native American residents (11.2%; U.S. Census Bureau, 2022b). Although this study’s research questions do not center on race and ethnicity, New Mexico’s context as a majority non-White state positions the study well to capture the perceptions and experiences of diverse families within the population of families with at-risk subsidy eligibility. Finally, data were collected in the context of the COVID-19 pandemic. As such, responses reflect additional barriers to child care access including state and federal lockdowns and provider quarantine procedures.

### 1.2. Current study

This study uses qualitative methods to explore these questions: 1) What goals do families with at-risk eligibility say they are working toward for their families? 2) Do families with at-risk eligibility perceive that child care is important for attaining their goals, and in what ways? 3) How do families with at-risk eligibility describe their experiences accessing subsidized care? And 4) What barriers prevent these families from accessing child care? We hypothesized that families with at-risk eligibility would be working toward goals outside of employment and education. Specifically, we anticipated that goals related to work and

education might have low salience for these families, with more emphasis on goals such as substance use and mental health treatment or basic needs including housing. This is in part because activity requirements are waived for this population, so we hypothesized that the at-risk eligibility category would disproportionately include families disconnected from work or school. Additionally, while CPS involvement has a complex relationship with parental employment status (Paxson & Waldfogel, 2002; Lee, 2013), CPS-involved families may struggle to maintain employment. This is especially likely if substance use is a factor in their CPS involvement, as substance use, and especially the rise in opioid use, has tended to suppress labor force participation (Krueger, 2017).

We also hypothesized that families with at-risk eligibility would perceive child care as a valuable support for family stability and relief from care duties, even if they were not working or in school. This is based on evidence that child care access may provide respite and reduce stress for CPS-involved parents (Klein et al., 2018), and that barriers to access may impede stability for families with risk factors for CPS involvement, including complicating recovery and treatment for parents with substance use disorders (Center for Substance Abuse Treatment, 2006) or efforts to acquire employment and stable housing for families experiencing homelessness (Institute for Children, Poverty & Homelessness, 2014). We did not hypothesize about families’ experiences accessing child care subsidies or their barriers to establishing child care, but allowed these questions to be exploratory. A deeper understanding of families’ goals for themselves and the role of child care in attaining those goals is essential to support a research agenda in which policy researchers evaluate outcomes that are important to program recipients themselves, which may or may not align with the goals articulated by federal and state policymakers.

## 2. Material and methods

### 2.1. Procedure

Semi-structured interviews were conducted with 35 families who received child care subsidies through New Mexico’s at-risk eligibility category. Interviews were conducted between October 2020 and February 2023. Semi-structured interviewing was chosen for this study to maximize the opportunity for open-ended questions and exploratory findings. Because New Mexico’s at-risk eligibility category was relatively new when the study was designed and because qualitative literature on the experiences of CPS-involved families seeking child care assistance is limited, the authors identified interviewing as the best method for rich exploration of families’ experiences. Program administrators within the state agency that administers child care assistance in New Mexico provided study information to caregivers enrolled in assistance through at-risk eligibility and obtained their initial consent to be contacted for interviews. This approach was chosen because the authors anticipated this population might be difficult to contact and schedule interviews with, and also that they might be sensitive to any unanticipated questions related to a benefit that was generally associated with a CPS contact. Therefore, the authors determined it would be most appropriate for families to be recruited by their case worker, and for interviewers to contact only those who had already given preliminary consent to be contacted. The authors had minimal *a priori* knowledge of the characteristics of families in the at-risk eligibility category, as state officials collect minimal enrollment data from them as part of an effort to ease their administrative burdens (e.g., race and ethnicity is not collected). As such, the authors did not set targets for sampling characteristics and set an initial recruitment goal of 40 families. Contact information for 66 consenting families was provided to the first author by state officials for recruitment. One of three study interviewers contacted caregivers by phone or email to describe the study and then either conduct an interview or schedule it for a future time. Two of the three study interviewers were Spanish-English bilingual and

able to conduct recruitment and interviewing in Spanish if participants preferred. Researchers ultimately conducted interviews with 35 participants, for a response rate of 53%. Interviews included open-ended questions about participants' daily activities such as work, school and caregiving; their usage of child care; how they learned about child care assistance; their experiences enrolling in assistance; whether assistance has impacted their care usage and daily activities; and their goals for themselves and their families. For example, participants were asked, "Has help paying for child care helped you do things you would not have done otherwise? Can you describe what those things are?" A probe in this section of the interview guide asked, "Without help paying for child care, what do you think you would have done differently?" Participants were offered a \$20 gift card as compensation for their time. Interviews were conducted by phone, audio recorded with prior verbal consent and professionally transcribed for analysis. The research protocol was approved by the [blinded] Institutional Review Board.

## 2.2. Coding and analysis

Transcripts of the 35 interviews were analyzed using a thematic analysis approach (Braun & Clarke, 2006) which allowed for assessment of hypotheses as well as open coding of the data to identify emergent themes. An initial codebook was developed *a priori* based on study questions and knowledge of the field, and modified iteratively as coding progressed. The second and third authors manually structured and coded transcripts in Microsoft Excel using the procedure outlined by Ose (2016). This procedure was consistent with manual coding techniques the second author has used previously, and was chosen to avoid cost and compatibility issues associated with specialized software packages. The second and third authors met weekly during the coding process to reconcile any discrepancies in coding through discussion. The first author resolved any remaining discrepancies, to ensure coding was consistently guided by the study's underlying research questions. The three authors met routinely to discuss emerging themes and to refine the analytic approach, including codebook modifications as needed. Codes were then collated into potential themes and reviewed collaboratively, following Braun and Clarke's (2006) "searching for themes" and "reviewing themes" phases of thematic analysis. Themes were divided among the three authors, who each composed thematic memos describing and refining the themes based on the content coded to each theme. Thematic memos were synthesized by the first author into a set of unified themes and findings.

## 2.3. Participants

Participant caregivers reported an average of 2.63 children in their homes (range=1-5) with an average of 1.83 children in child care (range=0-5). The range includes zero because one participant had been awarded a child care subsidy but was not using child care at the time of data collection. The majority of families ( $n=24$ ) were eligible through CPS involvement; of these caregivers, two thirds ( $n=16$ ) had a recent CPS investigation that did not result in removal of a child from custody and one third ( $n=8$ ) had a child/children placed with their family by CPS (e.g., kinship guardianship). A smaller group of participants ( $n=6$ ) were referred to the program by other agencies including other social services and schools. The remainder of participants ( $n=5$ ) were self-referred, having heard about child care subsidies online or through social networks. Children in care ranged in age from 9 weeks to 12 years ( $M=4.2$ ,  $Mdn=3.0$ ). Almost 40% of caregivers ( $n=13$ , 37.1%) reported their child had a behavioral health or medical condition that impacted care. Sixty percent of respondents lived in U.S. Census (2020) designated metropolitan areas and the other forty percent lived in rural areas. The median reported number of weeks of subsidized care was 24.0 and the mean was 37.6 weeks. Two interviews were conducted in Spanish, with the rest conducted in English. Table 1 shows additional participant characteristics.

**Table 1**  
Participant characteristics.

	<i>n</i>	%	% of known
Race/ethnicity			
Hispanic	19	54.3%	65.5%
White	9	25.7%	31.0%
Native American	3	8.6%	10.3%
African American	1	2.9%	3.4%
Missing/Unknown	6	17.1%	
Relation to child			
Mother	20	57.1%	
Father	5	14.3%	
Grandparent	6	17.1%	
Other relative	4	11.4%	
Caregiver activity			
Employment	27	77.1%	
Full-time employment	23	65.7%	
Student	5	14.3%	
Family structure			
Single parent	24	68.6%	
Multigenerational <sup>a</sup>	4	11.4%	

Note: Race/ethnicity categories sum to greater than 100% because several respondents endorsed more than one racial or ethnic category.

<sup>a</sup>Multigenerational = two or more generations of adults living in the home and involved with caregiving (e.g., parent and grandparent).

## 3. Results

Themes across research questions are summarized in Table 2, along with representative quotations and the number and percentage of participants who endorsed each theme.

### 3.1. Research question 1: family goals

Participants discussed future goals in two main categories: adult-level and child-level goals. Adult goals were largely related to education and work, living arrangements, and finances. Child-level goals generally related to children's learning and education, and developing social and motor skills. Many families expressed goals in both categories, and talked about how receiving free child care helped achieve these goals.

#### 3.1.1. Adult goals

Changing or improving their housing situation emerged as the strongest goal for families. About one quarter of the sample ( $n=9$ ) mentioned a goal related to housing. These ranged from moving out of hotels to getting nicer apartments to buying a home. One participant who had experienced homelessness in the past described his financial goals primarily in terms of housing: "That's my goal, is to better my income so that I can move out of—get my children in a different environment. Maybe a home, yard, become more productive in helping other people." Five of these families also mentioned goals around purchasing or paying off a vehicle. This included upgrading a current vehicle to something larger or more reliable, as well as families who did not have their own vehicle and aspired to own one. These goals primarily require savings, and some participants drew a link between their receipt of state-funded child care and their ability to save. One participant whose son is in center-based care said it was easier to save without having to pay the bill for his son's full-time, center-based care: "I wanna be able to get a better place to live, a better vehicle ... To be able to save up that money, that's a huge part."

Thirteen participants described educational goals and professional aspirations, of whom six mentioned pursuing higher education. Five participants spoke about the jobs they hoped would be open to them after completing a new credential. These included general goals (e.g. "My GED and a better job,") as well as more specific careers in fields such as dog grooming and cosmetology. Other participants mentioned goals like being promoted to a manager, as well as more general goals

**Table 2**  
Caregiver experiences with child care subsidies through at-risk eligibility designation (N=35).

Theme	Example Quote	Frequency, n (%)
<b>Research Question 1: Family goals</b>		
<i>Caregiver goals</i>		
Housing	“That’s my goal, is to better my income so that I can move out of—get my children in a different environment. Maybe a home, yard, become more productive in helping other people.”	9 (25.7)
Transportation	“I wanna be able to get a better place to live, a better vehicle ... To be able to save up that money, that’s a huge part.”	5 (14.3)
Education	“Maybe when the little one gets a little bit bigger, I would like to be back in school and finish everything to become an RN.”	6 (17.1)
Career	“Financially I wanna get a better-paying job. I want the kids—just for us to be financially better.”	5 (14.3)
<i>Child goals</i>		
Development	“I would like to get her into daycare just to get her motor skills, because she’s preemie. ... I want to get her in just because I want her motor skills to stay sharp and just to get her ahead of the game a little bit because she’s so tiny.”	9 (25.7)
<b>Research Question 2: Benefits of Child Care Assistance</b>		
<i>Activities</i>		
Work-related	“I was able to utilize the time during the day to do such, complete a couple training classes, stuff like that, some job skill classes ... to prepare myself to also find a job. It worked. I found a job relatively faster than I thought.”	27 (77.1)
Health/respice	“In terms of just even my son’s mental health, being trapped at home with a five-year-old who’s autistic, and really not having many people around or anything, that was a really difficult year.”	12 (34.3)
Educational	“I definitely would not have gotten my degree without daycare ‘cause that was my lifesaver.”	7 (20.0)
Chores/errands	“Being able to do things around the house more without having to stop every five minutes to sit and help manage him.”	5 (14.3)
Housing search	“It was enough time during the day for me to run around and get things situated. We ended up outta the motel within three months, and I had employment, and I’m paying, you know, I have a little place.”	4 (11.4)
<i>Economic stability</i>		
Financial savings	“It actually saves me more money, to be honest, to be able buy what my daughter needs, and to be able to put gas for work, and to buy ... essentials and stuff like that.”	10 (28.6)
Ability to take kinship custody	“To be completely honest with you, and this is really hard to say as a grandparent, if I wouldn’t have received this type of help I honestly don’t know if I would’ve been able to take them. I feel that my grandson would’ve probably ended up in the system.”	3 (8.6)
<i>Improved care arrangements</i>		
Ability to afford care for the first time	“I never worked...I like to work. I like to be independent, but... It [cost] the same that I was going to earn on the check, and I said, ‘What am I going to	9 (25.7)

**Table 2 (continued)**

Theme	Example Quote	Frequency, n (%)
	be working for if I’m only going to pay for day care?’ I never knew where to go for help.”	
Less reliance on friend/family network	“Before, [the children] were at home with me, but they had to be bouncin’ around from family member to family member. Sometimes they wouldn’t wanna take care of them and stuff like that, so I was struggling a lot.”	8 (22.9)
<i>Child-level Benefits</i>		
Social emotional supports	“With that daycare system they ... work a lot with different disabilities. My grandson doesn’t show emotions very often and has a speech therapy. That is one of the centers that allows outside agencies to come in and work with him while they’re at the daycare.”	7 (20.0)
<b>Research Question 3: Experiences with Administrative Processes</b>		
<i>Variable burden by referral source</i>		
Easy due to caseworker referral	“I filled out the application, sent it back to her. Before I knew it, I think it was two days later, whenever I took him into daycare, all I had to do was sign the paper. It was no hassle. No extra steps. It was pretty clear.”	19 (54.3)
Difficult due to self-referral/advocacy	“I was calling them once a week, ‘what’s going on, what’s going on,’ and they’re like ‘we’re working on it, we’re working on it.’ They kept telling us that. A long drawn-out process for them.”	6 (17.1)
Attentive caseworkers	“It got to the point that while I’m in her office... one of the babies got into her arms, so she had a baby in the left arm and she is on her computer with the right arm. That’s how connected we got in that small amount of time because one child is over here writing on the wall and it was just pandemonium. You see what I’m sayin’? She understood the situation that I desperately needed help. Therefore, she went above and beyond to help us out.”	12 (34.3)
<b>Research Question 4: Barriers to Care Access</b>		
Limited center hours	“The daycare isn’t open to cater to those hours all the time, well, at all. It’s been difficult. I’ve been depending more and more on a friend of mine to help me watch him.”	15 (42.9)
Transportation	“When they ask what are your obstacles in attaining certain services or certain necessities for your life, definitely transportation was at the top of the list.”	6 (17.1)
COVID-19	“If someone is tested positive, they shut down the whole classroom, and it affects other families as well with the COVID or either just tryin’ to make it with the rent or their bills and stuff. They can’t get the hours that they need.”	5 (14.3)
Reluctance to use care	“I really never thought I would use child care to help me take care of my kids, but it does help. You get to go to work and no worries, and I get to enjoy work. But then if I have someone at home watching my kids, then I have something to worry about because I don’t know who they’re inviting into my home.”	4 (11.4)
Child behavioral health needs	“To be honest I had to really choose this [daycare] because the one that he was going to prior he was having a lot of—they call me every day and say that	5 (14.3)

(continued on next page)

Table 2 (continued)

Theme	Example Quote	Frequency, <i>n</i> (%)
	he needs to be picked up because he wasn't behaving."	

such as getting "a better job" or a "better-paying job."

### 3.1.2. Child goals

Participants ( $n=9$ ) also discussed goals related to children's development. These goals were sometimes tied to specific developmental domains, such as one participant whose daughter was born prematurely: "I would like to get her into daycare just to get her motor skills, because she's preemie. ... I want to get her in just because I want her motor skills to stay sharp and just to get her ahead of the game a little bit because she's so tiny." One participant drew a connection between her grandchildren's social development and their future school readiness: "The goals for my grandchildren are just to have the socialization skills, and I guess, feeling comfortable and excited about going to daycare, which will then transition into when they have to start school."

## 3.2. Research question 2: benefits of child care assistance

Participants were asked whether child care assistance allowed them to do anything they would not have done otherwise. Answers clustered around themes of activities they could do while children are in care, purchases or savings that were made possible by not having to pay for care, and use of care arrangements that were open to them only through assistance. Families also reported social and emotional benefits of child care.

### 3.2.1. Activities

Participants described a range of activities they were able to do while children were in child care. These included paid work, activities centered on health and respite, chores, and attaining housing stability. For more than three-quarters of the sample ( $n=27$ ), child care assistance enabled work or work-related activities such as a job search or basic job skills training. Just under half of these working families ( $n=12$ ) reported that they would be employed even without the assistance, but their lives would be harder in some way. For example, they would pay for care out-of-pocket and their finances would be tighter. Or, they would seek alternative arrangements like a job they could do from home with children there, bringing children to work with them, or seeking cheaper care than they currently use.

For others, the assistance enabled work activities they might not have done otherwise. Some said minimum-wage work would not be economically viable or appealing without assistance, and the assistance allowed them to work without most of their earnings going to child care. Particularly for mothers with a limited history of employment, assistance allowed them to look for a job or get training in skills like résumé writing that would have been substantially more difficult if their children were with them. One participant said: "I was able to utilize the time during the day to do such, complete a couple training classes, stuff like that, some job skill classes ... to prepare myself to also find a job. It worked. I found a job relatively faster than I thought, or anybody else, I guess, 'cause I really didn't have a lotta job skills."

About one third of families in the sample ( $n=12$ ) described some health or respite benefits from child care. This included caregivers with chronic illnesses or disabilities that require them to attend frequent appointments or to rest during the day, and those who attend drug court or addiction rehabilitation activities. Some respondents described mental health benefits of respite from children, especially those with behavioral health challenges. One grandmother said she worried in the past about the mental health of her son when he was home caring for her grandson with autism: "In terms of just even my son's mental health,

being trapped at home with a five-year-old who's autistic, and really not having many people around or anything, that was a really difficult year." Five participants said child care reduced their stress and worry, providing them with peace of mind knowing that their children were safe and well cared for while they worked. About 20 percent of the sample ( $n=7$ ) said child care enabled them to take classes of some kind. The classes varied widely from GED courses to master's degrees. A smaller subset of the sample ( $n=5$ ) described errands and housework they could do as a result of having child care. Finally, four participants said child care assistance enabled them to find stable housing. One mother described the progress she made, due in part to the child care assistance: "It was enough time during the day for me to run around and get things situated. We ended up outta the motel within three months, and I had employment, and I'm paying, you know, I have a little place."

### 3.2.2. Economic stability

Ten participants said they were better able to save for goals like a new vehicle or apartment because they did not have to pay a large child care bill. One participant said the assistance helped the family "get through Christmas." Another said: "It actually saves me more money, to be honest, to be able buy what my daughter needs, and to be able to put gas for work, and to buy ... essentials and stuff like that. ... I'm trying to save up money to get my own apartment right now, so it's really helping me with that too." Three participants said they would not have been able to take or keep kinship custody if child care had not been paid for. One grandmother said: "To be completely honest with you, and this is really hard to say as a grandparent, if I wouldn't have received this type of help I honestly don't know if I would've been able to take them. I feel that my grandson would've probably ended up in the system."

### 3.2.3. Care arrangements

Assistance enabled some participants to use formal care for the first time. Nine participants had previously relied primarily or exclusively on care provided by the child's parents or primary caregivers. Some participants described their time as stay-at-home mothers as a proactive and positive choice. Others, however, said they had stayed home with children primarily because the high cost of child care made employment impractical. One participant, who was interviewed in Spanish, said, "I never worked. ... I like to work. I like to be independent, but ... It [cost] the same that I was going to earn on the check, and I said, 'What am I going to be working for if I'm only going to pay for day care?' I never knew where to go for help." Eight participants had relied in the past on informal care arrangements such as social networks and family members. Some spoke of this positively and gratefully, but more often participants spoke of the complexities and challenges of relying on family. Participants described a lack of trust that their family members would keep their children safe or concerns that young children would be overwhelming for elderly grandparents or great-grandparents. One participant described a family member who had helped her with child care, but had to be excluded from her life as a condition of her drug court reunification program because the family member used marijuana. This same participant said she had other relatives who would help with care, but their willingness was inconsistent, and the situation was challenging: "Before, [the children] were at home with me, but they had to be bouncin' around from family member to family member. Sometimes they wouldn't wanna take care of them and stuff like that, so I was struggling a lot."

### 3.2.4. Social emotional supports

Twelve participants reported that their child had emotional or behavioral health needs. These varied from specific mental health diagnoses (e.g., attention deficit disorders, autism) to more general concerns (e.g., "abused," "wasn't behaving"). Despite initial challenges in securing appropriate child care for children with special needs, most of these caregivers ( $n=7$ ) reported positive impacts of care. Parents of children with autism spectrum disorder in particular reported that the

subsidy allowed them to seek child care settings that worked closely with behavioral and other therapists to provide highly structured environments for learning basic skills. For example, one grandparent noted, “With that daycare system they ... work a lot with different disabilities. My grandson doesn’t show emotions very often and has a speech therapy. That is one of the centers that allows outside agencies to come in and work with him while they’re at the daycare.”

### 3.3. Research question 3: experiences with administrative processes

#### 3.3.1. Variable burden by referral source

Families’ experiences enrolling in child care assistance through the at-risk eligibility designation were mostly positive, with participants reporting that they faced little to no administrative burden. Nineteen participants reported that a caseworker proactively offered them child care assistance or that the eligibility and sign-up process was largely done for them, with multiple caregivers using phrases such as, “I didn’t really have to do anything.” This positive experience had some variation, depending on how families were referred to child care assistance and their relationship to the child or children needing care. Enrollment was easiest for families who were referred directly to the at-risk eligibility pool from a source such as CPS ( $n=24$ ). The minority of families who reported difficulty with enrollment ( $n=6$ ) tended to be those who proactively sought a traditional CCDF subsidy, were told they were not eligible, and eventually were referred to the at-risk eligibility pool after some difficulty. This group included families who were over-income or not working but were experiencing a disruptive or traumatic circumstance, as well as grandparents who had taken on guardianship (of varying formality) of their grandchildren. These participants reported some difficulty obtaining services through traditional child care assistance and described having to make multiple phone calls to get help paying for child care. One grandparent describing the initial application experience said, “It’s very difficult because they wanna contact the parents. They want information about the parents, and if you don’t have guardianship, they count your income plus the parents’, and then there’s a lot more people get involved. It gets a little hard that way.” This participant reported that she paid for child care out-of-pocket for a period of time due to delays in obtaining assistance.

#### 3.3.2. Attentive caseworkers

Participants generally described positive enrollment experiences. Although the question guide did not ask about participants’ experiences with their caseworkers, 12 respondents specifically noted how helpful they were, often complimenting them by name and describing the individualized, supportive attention that they received. Positive words were used to describe these workers including “understanding,” “patient,” “attentive,” and “incredible.” Workers were described as going “above and beyond,” following up proactively, and helping with each step of the application process. Three participants described situations when they felt overwhelmed by their circumstances and were calmed by a helpful interaction with their caseworker. One participant vividly described his enrollment experience, using language that focused on his caseworker: “It got to the point that while I’m in her office... one of the babies got into her arms, so she had a baby in the left arm and she is on her computer with the right arm. That’s how connected we got in that small amount of time because one child is over here writing on the wall and it was just pandemonium. You see what I’m sayin’? She understood the situation that I desperately needed help. Therefore, she went above and beyond to help us out.”

### 3.4. Research question 4: barriers to care access

Although most participants reported that child care assistance was helping them toward their goals, they also described significant barriers and challenges related to child care. Primary among these were limitations related to available hours of care and transportation to care. A

secondary theme emerged around cultural barriers to using child care due to family norms around care usage. Finally, a large number of children in this sample were noted to have behavioral health needs, which was a complicating factor in finding appropriate care.

#### 3.4.1. Hours

More than 40% of the sample ( $n=15$ ) said the child care services paid for with their subsidy did not fully cover the hours they needed. Several participants reported getting almost no benefit from their subsidy because of difficulties with their hours. One said she used the assistance to pay for one full day per week of care because that was the only slot available at a high-quality local center. Another participant worked split shifts (one in the early morning and another in the evening) and the center she used left uncovered hours in both the morning and evening. Even though her center care was entirely funded by assistance, she reported paying significant out-of-pocket costs to friends and family providing wraparound care. She said: “At this point, it’s like I’m spending all my money on daycare, which I guess is kind of this problem of every American working mother, I suppose.”

Other families reported making career sacrifices to align their work with available child care. Two grandmothers said their care hours cover their work schedules, but only because they switched shifts or jobs. One said, “I specifically found this job due to having the children, so I could stay within the hours of daycare. I actually recently had to just quit my job that I loved because of getting [custody of] the baby.” Other participants reported they worked fewer hours than they would have liked, often because they had to leave work early to pick children up from care. Available care hours did work well for two types of participants: Those who worked traditional hours (approximately 8 a.m. to 5 p.m. on weekdays) and those who did not work at the time of their interviews and instead relied on care for more flexible activities like caring for their own health, looking for a job, or completing household tasks.

#### 3.4.2. Transportation

Although interviewers did not ask about transportation, six participants said it was a central difficulty for their families. One participant paid \$30 per day for a friend’s daughter to drop his child off at child care. He said this obligation amounts to \$600 per month in costs, even with his actual care costs fully covered by the state. Another participant said he was disappointed that the child care center charged \$1 per day for transportation and that cost was not covered by the state. He said: “If you’re going to pay for the service, you should pay for the whole service.” Other families reported cutting back work hours or care hours due to transportation constraints. Some of these constraints were due to families not owning a reliable vehicle or being able to drive. More often, however, they were tightly linked to inadequate hours of care. When participants had to be at work before their child care center opened or after it closed, it necessitated often complex problem-solving around getting children to their care site.

#### 3.4.3. COVID-19

Five participants cited barriers related to COVID-19, which decreased the reliability of care arrangements and sometimes truncated hours of available care. This difficulty was raised in interviews throughout different stages of the pandemic, including interviews conducted in 2020, 2021, and 2022. The pandemic was especially trying for families of children with pre-existing medical issues. Two caregivers noted their children’s illnesses caused even more missed days of care due to concerns about COVID-like symptoms. One caregiver reported removing her grandchildren from care entirely when the pandemic started due to their compromised immunity.

#### 3.4.4. Reluctance to use care

A smaller number of families ( $n=4$ ) described attitudinal or cultural barriers to using child care. For a few, the idea of paid child care was contrary to “how I grew up,” a phrase that was invoked to describe

family contexts in which children would be cared for exclusively by parents or informally within the family. Some also said they had negative perceptions about child care that influenced their initial thinking about it, such as a participant who said: “I didn’t want daycare. When I first had my first kid, I was anti-daycare just ‘cause everybody tells you these horror stories of something that happened.” However, some of these same participants also expressed reluctance to rely on friend or relative care ( $n=5$ ), due either to distrust that friends or family would keep their children safe or a reluctance to burden or strain the family network with care work. One participant said she was reticent about formal child care, but ultimately found it gave her more peace of mind than informal care: “I really never thought I would use child care to help me take care of my kids, but it does help. You get to go to work and no worries, and I get to enjoy work. But then if I have someone at home watching my kids, then I have something to worry about because I don’t know who they’re inviting into my home.”

#### 3.4.5. Child behavioral health needs

As noted above, a large number of families in this sample ( $n=12$ ) had children with behavioral health needs and most reported positive support from their child care provider. However, five caregivers noted additional difficulties in identifying child care settings that would accommodate their children. This included difficulty finding formal care as well as choices not to use grandparent care due to concerns that grandparents wouldn’t be able to manage challenging behaviors. As one parent noted, “To be honest I had to really choose this [daycare] because the one that he was going to prior he was having a lot of—they call me every day and say that he needs to be picked up because he wasn’t behaving.” Even after enrolling with a center, caregivers noted ongoing challenges related to their children’s behavior: “I guess I wish they would accommodate more his behavioral issues. ‘Cause he does have behavioral issues and sometimes they can’t handle it. Whenever they do go on outings they either need me to take the day off of work to take him myself or they need an extra chaperone for him.”

## 4. Discussion

Access to free child care allowed participants to do many things, with the majority working outside the home. This is counter to our hypothesis that employment would have lower salience for families seeking to attain more basic stability and behavioral health outcomes. One driver of this result was the high proportion of respondents who were either kinship guardians or parents who had taken full custody of their children following CPS involvement that centered on the other parent ( $n=8$ , 23%). This population was largely employed, and benefitted less than expected from the waived activity requirement for families with at-risk eligibility. Instead, these respondents primarily benefitted from waived copays, and from relaxed requirements about demonstrating formal custody or guardianship and accounting for the income and work status of children’s parents. Employment goals also had high salience for study respondents who were biological parents, including those with destabilizing risk factors such as housing instability or history with substance use. This suggests that CCDF goals around employment may be more salient for this population than we hypothesized, and many families could qualify for traditional assistance on the basis of employment if provided with needed supports and flexibility.

Although employment goals were prominent, goals related to housing and transportation were also central. Participants frequently said they were saving money toward goals of moving into bigger and more stable housing or purchasing a vehicle. They pointed to the money they save by not having to pay a child care bill as a key way their subsidy helps them toward their goals. It is worth emphasizing that the money families save by not having to pay for care is a distinct mechanism for moving them toward stability, in addition to the time they gain while children are in care. This affirms findings of existing research that has found child care costs are an impediment to families with young

children reaching their savings goals (West et al., 2017). Given the persistent racial and ethnic inequities in levels of emergency savings and homeownership in the United States (Bhutta et al., 2020), supporting savings for families experiencing instability may have beneficial equity implications.

Also of interest in this population were the large number of families ( $n=12$ ) who without prompting during interviews reported behavioral health needs for their children. Although not related to an *a priori* research question, this finding is unsurprising given high rates of trauma and mental illness among children involved with protective services (see Dubois-Comtois et al., 2021 for review). Despite initial challenges in finding centers that could accommodate their children’s needs, these caregivers reported significant child-level (e.g., socialization, access to therapy services) and parent-level (e.g., respite) benefits of child care. These results align with prior findings that child care provides valuable respite from the differential strains that may be present from caring for children with special behavioral or medical needs (Klein et al., 2018).

The relative ease with which families in this study enrolled in the subsidy program is striking in contrast to other studies about child care subsidy that have found families applying for the program experience substantial administrative burden (Sandstrom & Huerta, 2013; Jenkins & Nguyen, 2022). Specifically, scholars have identified common burdens associated with CCDF participation including difficult enrollment and recertification processes and poor access to and communication with front-line staff (Barnes & Henly, 2018; Jenkins & Nguyen, 2022; Pilarz et al., 2022). These burdens fall inequitably on families at risk for CPS involvement, who are more likely to be part of historically marginalized groups and experiencing greater hardship. Christensen et al. (2020) describe a “human capital catch-22” that is created when vulnerable populations that are most likely to benefit from public programs lack the necessary agency to obtain benefits when faced with administrative burdens. These factors may exacerbate inequities and limit uptake of public support programs among populations who might benefit most (Chudnovsky & Peeters, 2021). By drastically limiting the paperwork and documentation that families with at-risk eligibility must provide, New Mexico has curbed the administrative burden for a targeted population in ways that may be worth examination by other states looking to ease access barriers for families with particular characteristics or risk factors.

Families’ positive experiences with their caseworkers are also striking given the documented importance of frontline workers to clients’ experiences accessing services (Barnes & Henly, 2018; Adams et al., 2002; Mikkelsen et al., 2023). In qualitative studies specific to child care subsidies, researchers have found frontline workers were critical to families’ experiences of the subsidy program, and that families’ experiences with these workers varied widely (Adams et al., 2002; Snyder et al., 2006). Further, Barnes and Henly (2018) found that child care subsidy clients tended to either blame the administrative burdens they encountered on the frontline workers, or to blame the larger systems the bureaucrats work within. It may therefore be instructive for states to consider providing additional supports to frontline eligibility workers, such as training in trauma-informed practices or hiring more workers to facilitate caseload reductions. These investments are costly, and New Mexico policymakers have targeted these resources just to the cadre of workers supporting families with at-risk eligibility.

Prior research offers some support for these measures. Studies have found lower caseloads are associated with improved quality of service provision among frontline social service workers (Godfrey & Yoshikawa, 2011; van Berkel & Knies, 2016). Lower caseloads may also decrease job-related stress, which has been found to increase caseworkers’ rigid application of rules and the burdens they place on clients in provision of social services (Mikkelsen et al., 2023). Training in trauma-informed practices, meanwhile, has been found to increase the use of such practices and attitudes among child welfare staff (Connors-Burrow et al., 2013) and medical personnel (Wholeben et al., 2023). Trauma-informed practices center on ensuring frontline staff understand the impact of



trauma on children and families, and are equipped to provide social services in ways that avoid retraumatizing them (Conners-Burrow et al., 2013). Scholars have previously called for enhanced training in trauma-informed practices among child care providers (Mortensen & Barnett, 2016), but there has been less attention to such training for the eligibility workers that families encounter during enrollment. An exception is work by Bires and collaborators, which focuses on expanding child care subsidy access for families experiencing homelessness, and calls for training in trauma-informed practices for all frontline child care subsidy staff who interact with families (Bires et al., 2015; Bires et al., 2018).

These measures may be particularly beneficial given past qualitative research on families' experiences with the child welfare system, which finds that families feel judged and overwhelmed (Merritt, 2020) or powerless (Bundy-Fazioli et al., 2009) when interfacing with CPS. Because the child care caseworkers in New Mexico are discretely involved with supporting families' enrollment in child care and are not involved in the more adversarial work of CPS caseworkers, they may be better positioned to build positive relationships with families than would a caseworker who managed both functions. This may have particular benefits for grandparents or other kinship guardians, given prior research that finds kinship guardians are hesitant to accept services offered directly through CPS agencies because of the mistrust and fear that characterizes guardians' relationships with CPS caseworkers (Gladstone et al., 2009). This may have important implications for children, as receipt of child care assistance has been found to have a stabilizing impact on foster care placements including kinship placements (Meloy & Phillips, 2012). Additionally, help paying for child care has been identified as a particularly important support for the wellbeing of grandparents raising grandchildren (Bailey et al., 2009), and it was identified as critical by the grandparents in this sample.

Finally, there is prior evidence from cross-state comparisons that lower copays or waived copays for families with the lowest incomes are associated with lower incidences of reported or substantiated child maltreatment (Pac, 2021; Rochford et al., 2022). Waived copays for families involved with or at risk for involvement with CPS may reduce financial barriers to participation for these families, easing their access to the protective benefits of subsidized care. While this qualitative study is not positioned to affirm that association, it is noteworthy that New Mexico waives copays for its families with at-risk eligibility, thereby taking an additional step to ease their access. Although New Mexico has currently waived copays for all families receiving assistance, the waiver for families with at-risk eligibility pre-dates the more general waiver that is now in place and is enumerated separately in regulations.

Despite these policy efforts, barriers and inequities persisted for participants. Across multiple dimensions, families reported barriers to accessing care that met their needs. Even with flexible child care subsidy benefits and one-on-one support, families in this sample still shopped for child care in an under-resourced sector that often falls short of equitably meeting the needs of American families due to inadequate hours of care and transportation infrastructure (Jessen-Howard et al., 2020; Chaudry et al., 2011), as well as large swaths of the country with far fewer care slots available than are needed to care for children in the area (Malik et al., 2020). These challenges are especially pronounced for this study population, who had a high incidence of non-traditional work hours that were poorly covered by child care centers with weekday hours. Additionally, more than one-third of the study population reported that at least one child in their household had a behavioral health challenge or disability. The search for high quality care that meets children's needs can be even more difficult in this context (Glenn-Applegate et al., 2011). In this sense, policy efforts that support a robust child care sector with adequate slots, non-traditional hours, transportation infrastructure, and supports for children with special needs will benefit American children broadly, but will especially increase access for children at risk for involvement with the child welfare system.

Because families at risk for CPS involvement are more likely than

their counterparts to experience racialized poverty and material deprivation, enhancing this population's access to child care subsidies may support more equitable access to the benefits of care for families of color and those with limited financial resources. Qualitative results from a relatively small sample should be weighted appropriately. However, these findings suggest states can reduce barriers to subsidy access for this population if they are willing to invest state resources, as New Mexico has, in strategies such as specially trained caseworkers with decreased caseloads, waiving copays for families at risk for CPS involvement, or funding these families' subsidies with state dollars to eliminate required federal documentation, thus limiting administrative burden. Because the number of families at risk for CPS involvement is small relative to the overall number of children, states seeking to improve access for this population could potentially do so with relatively small, targeted investments. Although New Mexico currently offers more expansive child care subsidy policies than most states (Osborne et al., 2023), the "at risk" eligibility category predates New Mexico's recent infusions of early childhood funding and originated in a more fiscally conservative political environment. The findings may therefore be instructive even for states that have placed relatively less policy emphasis on child care access.

#### 4.1. Limitations and strengths

This study is based on the perceptions of 35 individuals in one state, who were recruited broadly but without probabilistic sampling. Therefore, the generalizability of the findings should be viewed with caution. New Mexico is a state with historically high levels of child care subsidy utilization (Ulrich, 2019) and a history of investing state dollars in child care subsidies alongside federal block grant funding (New Mexico State Legislature, 2023). The broader policy context therefore differs from other states in potentially important ways. However, it is a strength of the study that it elevates the voices and experiences of families experiencing complex risk factors such as CPS involvement and housing instability.

## 5. Conclusion

Families receiving subsidies through New Mexico's "at risk" eligibility category are well supported in access to care on some dimensions (Friese et al., 2017) more than others. Because families received full subsidies without copayment obligations, their access was significantly improved on the dimension of affordability. Limited administrative burden and support from proactive, attentive eligibility caseworkers reduced the effort required from families in securing their subsidy benefits, thus improving their access on the dimension of reasonable effort. On the dimension of support for children's development, families largely reported that subsidies allowed them to access care that supported their developmental goals for their children, although families whose children had special medical or behavioral needs still struggled to find appropriate care. The most challenging dimension of access for participants was access to care that met their families' structural needs. Even with a subsidy benefit, families struggled to find care that offered transportation or was provided during their work hours, which often involved nontraditional schedules. Still, families in the sample reported broadly that improved access to child care through the subsidy program was critical for them in the pursuit of stability goals for themselves and developmental goals for their children. Additional research will be needed over time to more systematically examine outcomes for larger groups of families receiving subsidies through at-risk eligibility, to understand whether their receipt of assistance supported long-term stability, reduced reports of maltreatment, and led to improvements in other outcomes of interest.

## CRediT authorship contribution statement

**Hailey Heinz:** Writing – review & editing, Writing – original draft, Supervision, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Conceptualization. **Shelley Alonso-Marsden:** Writing – review & editing, Writing – original draft, Formal analysis, Data curation. **Elisabeth Baker Martínez:** Writing – review & editing, Writing – original draft, Investigation, Formal analysis.

## Data availability

The data that has been used is confidential.

## References

- Adams, G., Snyder, K., & Sandfort, J. R. (2002). *Getting and retaining child care assistance: How policy and practice influence parents' experiences*. Urban Institute. [https://evans.uw.edu/wp-content/uploads/2020/09/adams\\_snyder\\_sandfort\\_full\\_report\\_2002.pdf](https://evans.uw.edu/wp-content/uploads/2020/09/adams_snyder_sandfort_full_report_2002.pdf).
- Agency for Healthcare Research and Quality. (2022). *Neonatal Abstinence Syndrome (NAS), national & state*. December. HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP) <https://datatools.ahrq.gov/hcup-fast-stats/>.
- Agency for Healthcare Research and Quality. (2023). *Opioid-related hospital use, national & state*. June. HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP) <https://datatools.ahrq.gov/hcup-fast-stats/>.
- Amiri, S., Panwala, V., & Amram, O. (2024). Disparities in access to opioid treatment programs and buprenorphine providers by race and ethnicity in the contiguous U.S. *Journal of Substance Use and Addiction Treatment*, 156, Article 209193. <https://doi.org/10.1016/j.josat.2023.209193>
- Annie E. Casey Foundation. (2023). *Kid's count data book*. [www.aecf.org/databook](http://www.aecf.org/databook).
- Bailey, S. J., Leticq, B. L., & Porterfield, F. (2009). Family coping and adaptation among grandparents rearing grandchildren. *Journal of Intergenerational Relationships*, 7(2–3), 144–158. <https://doi.org/10.1080/15350770902851072>
- Barnes, C. Y., & Henly, J. R. (2018). They are underpaid and understaffed: How clients interpret encounters with street-level bureaucrats. *Journal of Public Administration Research and Theory*, 28(2), 165–181. <https://doi.org/10.1093/jopart/muy008>
- Bhutta, N., Chang, A. C., Detling, L. J., & Hsu, J. W. (2020). *Disparities in wealth by race and ethnicity in the 2019 Survey of Consumer Finances*. September 28. FEDS Notes. Washington: Board of Governors of the Federal Reserve System <https://www.federalreserve.gov/econres/notes/feds-notes/disparities-in-wealth-by-race-and-ethnicity-in-the-2019-survey-of-consumer-finances-20200928.html>.
- Bires, C., Garcia, C., & Zhu, J. (2015). *Supporting children and families experiencing homelessness: CCDF state guide*. National Association for the Education of Homeless Children and Youth. <https://files.eric.ed.gov/fulltext/ED570110.pdf>.
- Bires, C., Kenefick, E., Gunderson, A., & WYCA Greater Pittsburgh. (2018). *Strategies for expanding access to child care subsidy for children experiencing homelessness*. Build Initiative. <https://buildinitiative.org/resource-library/strategies-for-expanding-access-to-child-care-subsidy-for-children-experiencing-homelessness/>.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Braveman, P., Egerter, S., & Williams, D. R. (2011). The social determinants of health: Coming of age. *Annual Review of Public Health*, 32(1), 381–398. <https://doi.org/10.1146/annurev-publhealth-031210-101218>
- Bundy-Fazioli, K., Briar-Lawson, K., & Hardiman, E. R. (2009). A qualitative examination of power between child welfare workers and parents. *British Journal of Social Work*, 39, 1447–1464. <https://doi.org/10.1093/bjsw/bcn038>
- Center for Substance Abuse Treatment. (2006). Chapter 9. Adapting intensive outpatient treatment for specific problems. *Clinical issues in intensive outpatient treatment*. SAMHSA. <https://www.ncbi.nlm.nih.gov/books/NBK64083/>.
- Chaudry, A., Pedroza, J. M., Sandstrom, H., Danziger, A., Grosz, M., Scott, M., & Ting, S. (2011). *Child care choices of low-income working families*. Urban Institute. <https://files.eric.ed.gov/fulltext/ED578676.pdf>.
- Cherry, R., & Wang, C. (2016). The link between male employment and child maltreatment in the U.S., 2000–2012. *Children and Youth Services Review*, 66, 117–122. <https://doi.org/10.1016/j.childyouth.2016.05.008>
- Child Care and Development Fund. (2016). *Child Care and Development Fund (CCDF) program*. September 30. Federal Register <https://www.federalregister.gov/documents/2016/09/30/2016-22986/child-care-and-development-fund-ccdf-program>.
- Child Welfare Information Gateway. (2021). *Child welfare practice to address racial disproportionality and disparity*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/resources/child-welfare-practice-address-racial-disproportionality-and-disparity/>.
- Child Welfare Information Gateway. (2023). *Separating poverty from neglect in child welfare*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/resources/separating-poverty-neglect-child-welfare/>.
- Christensen, J., Aaroe, L., Baekgaard, M., Herd, P., & Moynihan, D. P. (2020). Human capital and administrative burden: The role of cognitive resources in citizen-state interactions. *Public Administration Review*, 80(1), 127–136. <https://doi.org/10.1111/puar.13134>
- Chudnovsky, M., & Peeters, R. (2021). The unequal distribution of administrative burden: A framework and an illustrative case study for understanding variation in people's experience of burdens. *Social Policy & Administration*, 55(4), 527–542. <https://doi.org/10.1111/spol.12639>
- Conners-Burrow, N. A., Kramer, T. L., Sigel, B. A., Helpenstill, K., Sievers, C., & McKelvey, L. (2013). Trauma-informed care training in a child welfare system: Moving it to the front line. *Children and Youth Services Review*, 35(11), 1830–1835. <https://doi.org/10.1016/j.childyouth.2013.08.013>
- Conrad-Hiebner, A., & Byram, E. (2020). The temporal impact of economic insecurity on child maltreatment: A systematic review. *Trauma, Violence, & Abuse*, 21(1), 157–178. <https://doi.org/10.1177/1524838018756122>
- Davis, E. E., Carlin, C., Krafft, C., & Forry, N. D. (2018). Do child care subsidies increase employment among low-income parents? *Journal of Family and Economic Issues*, 39(4), 662–682. <https://doi.org/10.1007/s10834-018-9582-7>
- Dubois-Comtois, K., Bussi eres, E. L., Cyr, C., St-Onge, J., Baudry, C., Milot, T., & Labbe, A. P. (2021). Are children and adolescents in foster care at greater risk of mental health problems than their counterparts? A meta-analysis. *Children and Youth Services Review*, 127, Article 106100.
- Dubowitz, H., Kim, J., Black, M. M., Weisbart, C., Semiati, J., & Magder, L. S. (2011). Identifying children at high risk for a child maltreatment report. *Child Abuse & Neglect*, 35(2), 96–104. <https://doi.org/10.1016/j.chiabu.2010.09.003>
- Findling, M. G., Casey, L. S., Fryberg, S. A., Hafner, S., Blendon, R. J., Benson, J. M., Sayde, J. M., & Miller, C. (2019). Discrimination in the United States: Experiences of native Americans. *Health Services Research*, 54(S2), 1431–1441. <https://doi.org/10.1111/1475-6773.13224>
- Fong, K. (2019). Neighborhood inequality in the prevalence of reported and substantiated child maltreatment. *Child Abuse & Neglect*, 90, 13–21. <https://doi.org/10.1016/j.chiabu.2019.01.014>
- Friese, S., Lin, V.-K., Forry, N., & Tout, K. (2017). *Defining and measuring access to high-quality early care and education (ECE): A guidebook for policymakers and researchers*. Research Brief. In Office of Planning, Research and Evaluation. Office of Planning, Research and Evaluation.
- Gladstone, J. W., Brown, R. A., & Fitzgerald, K. J. (2009). Grandparents raising their grandchildren: Tensions, service needs and involvement with child welfare agencies. *International Journal of Aging and Development*, 69(1), 55–78. <https://doi.org/10.2190/AG.69.1.d>
- Glenn-Applegate, K., Pentimonti, J., & Justice, L. M. (2011). Parents' selection factors when choosing preschool programs for their children with disabilities. *Child & Youth Care Forum*, 40(3), 211–231. <https://doi.org/10.1007/s10566-010-9134-2>
- Godfrey, E. B., & Yoshikawa, H. (2011). Caseworker-recipient interaction: Welfare office differences, economic trajectories, and child outcomes. *Child Development*, 83(1), 382–398. <https://doi.org/10.1111/j.1467-8624.2011.01697.x>
- Ha, Y., Collins, M. E., & Martino, D. (2015). Child care burden and the risk of child maltreatment among low-income working families. *Children and Youth Services Review*, 59, 19–27. <https://doi.org/10.1016/j.childyouth.2015.10.008>
- Institute for Children, Poverty & Homelessness. (2014). *Meeting the child care needs of homeless families: How do states stack up?*. August 1 <https://www.icphusa.org/reports/meeting-the-child-care-needs-of-homeless-families/>.
- Jenkins, J. M., & Nguyen, T. (2022). Keeping kids in care: Reducing administrative burden in state child care development fund policy. *Journal of Public Administration Research and Theory*, 32(1), 23–40. <https://doi.org/10.1093/jopart/nuab020>
- Jessen-Howard, S., Malik, R., & Falgout, M. K. (2020). *Costly and unavailable: America lacks sufficient child care supply for infants and toddlers*. Center for American Progress. <https://www.americanprogress.org/wp-content/uploads/2020/08/Costly-and-Unavailable.pdf>.
- KFF. (2021). *State health facts. Total drug overdose deaths by race/ethnicity*. Retrieved February 7, 2024, from <https://www.kff.org/other/state-indicator/drug-overdose-death-rate-per-100000-population-by-race-ethnicity/>.
- Klein, S., Mihalec-Adkins, B., Benson, S., & Lee, S. Y. (2018). The benefits of early care and education for child welfare-involved children: Perspectives from the field. *Child Abuse & Neglect*, 79, 454–464. <https://doi.org/10.1016/j.chiabu.2018.02.015>
- Klevens, J., Barnett, S. B. L., Florence, C., & Moore, D. (2015). Exploring policies for the reduction of child physical abuse and neglect. *Child Abuse & Neglect*, 40, 1–11. <https://doi.org/10.1016/j.chiabu.2014.07.013>
- Krafft, C., Davis, E. E., & Tout, K. (2017). Child care subsidies and the stability and quality of child care arrangements. *Early Childhood Research Quarterly*, 39, 14–34. <https://doi.org/10.1016/j.ecresq.2016.12.002>
- Kruger, A. B. (2017). Where have all the workers gone? An inquiry into the decline of the U.S. labor force participation rate. *Brookings Papers on Economic Activity*, 2017(2), 1–87. <https://doi.org/10.1353/eca.2017.0012>
- Lee, S. J. (2013). Paternal and household characteristics associated with child neglect and child protective services involvement. *Journal of Social Service Research*, 39(2), 171–187. <https://doi.org/10.1080/01488376.2012.744618>
- Lipscomb, S. T., Lewis, K. M., Masyn, K. E., & Meloy, M. E. (2012). Child care assistance for families involved in the child welfare system: Predicting child care subsidy use and stability. *Children and Youth Services Review*, 34(12), 2454–2463. <https://doi.org/10.1016/j.childyouth.2012.09.015>
- Maguire-Jack, K., Purtell, K. M., Showalter, K., Barnhart, S., & Yang, M. Y. (2019). Preventive benefits of US childcare subsidies in supervisory child neglect. *Children & Society*, 33(2), 185–194. <https://doi.org/10.1111/chso.12307>
- Malik, R., Hamm, K., Lee, W. F., Davis, E. E., & Sojourner, A. (2020). *The coronavirus will make child care deserts worse and exacerbate inequality*. Center for American Progress. <https://americanprogress.org/wp-content/uploads/2020/06/Coronavirus-Worse-ns-Child-Care-Deserts.pdf>.

- Meloy, M. E., & Phillips, D. A. (2012). Foster children and placement stability: The role of child care assistance. *Journal of Applied Developmental Psychology, 33*(5), 252–259. <https://doi.org/10.1016/j.appdev.2012.06.001>
- Merritt, D. H. (2020). How do families experience and interact with CPS? *Annals of the American Academy of Political and Social Science, 692*(1), 203–226. <https://doi.org/10.1177/0002716220979520>
- Mikkelsen, K. S., Madsen, J. K., & Baekgaard, M. (2023). Is stress among street-level bureaucrats associated with experiences of administrative burden among clients? A multilevel study of the Danish unemployment sector. *Public Administration Review, 1*(13). <https://doi.org/10.1111/puar.13673>
- Minton, S., Giannarelli, L., Dwyer, K., & Kwon, D. (2021). *Child Care and Development Fund (CCDF) policies database, United States, 2009-2019*. [Database]. ICPSR. <https://doi.org/10.3886/ICPSR37905.v1>
- Mortensen, J. A., & Barnett, M. A. (2016). The role of child care in supporting the emotion regulatory needs of maltreated infants and toddlers. *Children and Youth Services Review, 64*, 73–81. <https://doi.org/10.1016/j.childyouth.2016.03.004>
- New Mexico Indian Affairs Department. (n.d.). *History: New Mexico's twenty-three tribes and the Indian Affairs Department*. Retrieved July 24, 2023, from <https://www.iad.state.nm.us/about-us/history/>.
- New Mexico State Legislature. (2016). *Requirements for child care assistance programs for clients and child care providers, 8.15.2 NMAC*. <https://www.srca.nm.gov/parts/title08/08.015.0002.html>.
- New Mexico State Legislature (Director). (2018). *New Mexico state legislative finance committee hearing*. December 12 <https://sg001-harmony.sliq.net/00293/Harmony/en/PowerBrowser/PowerBrowserV2/20181211/-1/58727>.
- New Mexico State Legislature. (2023). *Report of the legislative finance committee to the fifty-sixth legislature, first session. post-session review*. New Mexico State Legislature.. [https://www.nmlegis.gov/Entity/LFC/Documents/Session/Publications/Post\\_Sessi on\\_Fiscal\\_Reviews/May%202023.pdf](https://www.nmlegis.gov/Entity/LFC/Documents/Session/Publications/Post_Sessi on_Fiscal_Reviews/May%202023.pdf)
- Office of Child Care. (2016). *Child care and development fund final rule frequently asked questions*. U.S. Department of Health and Human Services, Administration for Children and Families. <https://www.acf.hhs.gov/occ/faq/child-care-and-development-fund-final-rule-frequently-asked-questions>.
- Osborne, C., Whipp, M. D. M., & Huffman, J. (2023). *Transforming the child care landscape: A case study of New Mexico*. Prenatal-to-3 Policy Impact Center. <https://pn3policy.org>.
- Ose, S. O. (2016). Using Excel and Word to structure qualitative data. *Journal of Applied Social Science, 10*(2), 147–162.
- Pac, J. (2021). Early childhood education and care programs in the United States: Does access improve child safety? *Social Service Review, 95*(1), 66–109. <https://doi.org/10.1086/713077>
- Paxson, C., & Waldfogel, J. (2002). Work, welfare, and child maltreatment. *Journal of Labor Economics, 20*(3), 435–474. <https://doi.org/10.1086/339609>
- Pilarz, A. R., Sandstrom, H., & Henly, J. R. (2022). Making sense of childcare instability among families with low incomes: (Un)desired and (un)planned reasons for changing childcare arrangements. *RSF: The Russell Sage Foundation Journal of the Social Sciences, 8*(5), 120–142. <https://doi.org/10.7758/RSF.2022.8.5.06>
- Puzzanchera, C., Zeigler, M., Taylor, M., Kang, W., & Smith, J. (2023). *Disproportionality rates for children of color in foster care (2010-2021)*. National Council of Juvenile and Family Court Judges. [https://ncjj.org/AFCARS/Disproportionality\\_Dashboard.asp](https://ncjj.org/AFCARS/Disproportionality_Dashboard.asp).
- Radel, L., Bladwin, M., Crouse, G., Ghertner, R., & Water, A. (2018). *Substance use, the opioid epidemic, and the child welfare system: Key findings from a mixed methods study*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of the Assistant Secretary for Planning and Evaluation. [https://www.aspe.hhs.gov/sites/default/files/migrated\\_legacy\\_files/179966/SubstanceUseChildWelfareOverview.pdf](https://www.aspe.hhs.gov/sites/default/files/migrated_legacy_files/179966/SubstanceUseChildWelfareOverview.pdf).
- Rochford, H. I., Zeiger, K. D., & Peek-Asa, C. (2022). Child care subsidies: Opportunities for prevention of child maltreatment. *Child and Adolescent Social Work Journal, 1*(11). <https://doi.org/10.1007/s10560-022-00887-9>
- Sandstrom, H., & Huerta, S. (2013). *The negative effects of instability on child development: A research synthesis*. Urban Institute. <https://www.urban.org/sites/default/files/publication/32706/412899-The-Negative-Effects-of-Instability-on-Child-Development-A-Research-Synthesis.PDF>.
- Schuler, M. S., Schell, T. L., & Wong, E. C. (2021). Racial/ethnic differences in prescription opioid misuse and heroin use among a national sample, 1999–2018. *Drug and Alcohol Dependence, 221*, Article 108588. <https://doi.org/10.1016/j.drugalcdep.2021.108588>
- Snyder, K., Bernstein, S., & Koralek, R. (2006). *Parents' perspectives on child care subsidies and moving from welfare to work*. Urban Institute. [https://webarchive.urban.org/UploadedPDF/311303\\_parents\\_perspectives.pdf](https://webarchive.urban.org/UploadedPDF/311303_parents_perspectives.pdf).
- Thomas, M. M. C., & Waldfogel, J. (2022). What kind of “poverty” predicts CPS contact: Income, material hardship, and differences among racialized groups. *Children and Youth Services Review, 136*, Article 106400. <https://doi.org/10.1016/j.childyouth.2022.106400>
- Thomas, M. M. C., Waldfogel, J., & Williams, O. F. (2023). Inequities in child protective services contact between black and white children. *Child Maltreatment, 28*(1), 42–54. <https://doi.org/10.1177/10775595211070248>
- Townsend, T., Kline, D., Rivera-Aguirre, A., Bunting, A. M., Mauro, P. M., Marshall, B. D. L., Martins, S. S., & Cerdá, M. (2022). Racial/ethnic and geographic trends in combined stimulant/opioid overdoses, 2007–2019. *American Journal of Epidemiology, 191*(4), 599–612. <https://doi.org/10.1093/aje/kwab290>
- Ullrich, R., Schmit, S., & Cosse, R. (2019). *Inequitable access to child care subsidies*. CLASP. [https://www.clasp.org/sites/default/files/publications/2019/04/2019\\_inequitableaccess.pdf](https://www.clasp.org/sites/default/files/publications/2019/04/2019_inequitableaccess.pdf).
- U.S. Census Bureau. (2020). *New Mexico: 2020 core based statistical areas and counties*. [https://www2.census.gov/programs-surveys/metro-micro/reference-map/s/2020/state-maps/35\\_NewMexico\\_2020.pdf](https://www2.census.gov/programs-surveys/metro-micro/reference-map/s/2020/state-maps/35_NewMexico_2020.pdf).
- U.S. Census Bureau. (2021). *Poverty, under 18 years old in New Mexico*. 2021 American Community Survey 1-Year Estimates. <https://data.census.gov/cedsci/all?q=child%20poverty%20in%20New%20Mexico>.
- U.S. Census Bureau. (2022a). *QuickFacts: United States; New Mexico. Hispanic or Latino, percent*. <https://www.census.gov/quickfacts/geo/chart/US,NM/RHI725221>.
- U.S. Census Bureau. (2022b). *QuickFacts: United States; New Mexico. American Indian and Alaska Native alone, percent*. <https://www.census.gov/quickfacts/geo/chart/US,NM/RHI325221>.
- U.S. Department of Health & Human Services, Administration for Children and Families, & Administration on Children, Youth and Families, Children's Bureau. (2023). *Child maltreatment 2021*. <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.
- van Berkel, R., & Knies, E. (2016). Performance management, caseloads and the frontline provision of social services. *Social Policy & Administration, 50*(1), 59–78. <https://doi.org/10.1111/spol.12150>
- West, S., Banerjee, M., Phipps, B., & Friedline, T. (2017). Coming up short: Family composition, income, and household savings. *Journal of the Society for Social Work and Research, 8*(3), 355–377. <https://doi.org/10.1086/693047>
- Wholeben, M., Castro, Y., Salazar, G., & Field, C. (2023). Impact of trauma-informed care training on attitudes among emergency department personnel, staff advocates, and nursing students. *Journal of Trauma Nursing, 30*(5), 261. <https://doi.org/10.1097/JTN.0000000000000740>
- Williams, S. C., Dalela, R., & Vandivere, S. (2022). *In defining maltreatment, nearly half of states do not specifically exempt families' financial inability to provide*. February 23. Child Trends <https://www.childtrends.org/blog/in-defining-maltreatment-nearly-half-of-states-do-not-specifically-exempt-families-financial-inability-to-provide>.
- Yang, M., & Maguire-Jack, K. (2016). Predictors of basic needs and supervisory neglect: Evidence from the Illinois Families Study. *Children and Youth Services Review, 67*, 20–26. <https://doi.org/10.1016/j.childyouth.2016.05.017>
- Yang, M., Maguire, J. K., Showalter, K., Kim, Y. K., & Slack, K. S. (2019). Child care subsidy and child maltreatment. *Child & Family Social Work, 24*(4), 547–554. <https://doi.org/10.1111/cfs.12635>