

Working without support: Texas early childhood educators lack access to benefits

CHILD CARE IN CRISIS: TEXAS CASE STUDY RESEARCH BRIEF #2

January 2023

Families across Texas rely on child care. High-quality child care promotes healthy child development^{1,2} and allows parents to participate in the workforce. To provide high-quality, nurturing care to children, early childhood educators must be mentally and physically well. Employee benefits such as health insurance, paid time off, and retirement funds contribute to wellbeing and quality of life by enabling individuals to seek care when they need it, take time off when sick, and eventually retire. However, results from a representative, Texas-wide survey of child care directors reveals that early childhood educators in the state rarely have access to these benefits.

"Paid time off...health insurance. These are all basic needs that we cannot afford. In most situations the very people, including myself, who are working hard every single day to support the community by caring for children are on subsidies themselves. We can't afford a vacation or even to go to the doctor or dentist. Never mind seeking mental healthcare."

- Texas child care director

Fewer than 1 in 3 Texas early childhood educators have access to health insurance through their employer



- Have access to health insurance through their employer
- Do not have access to health insurance through their employer

Survey results providing benefits data for 2,498 early childhood educators who are not employed at a public pre-K or Head Start program³ indicate that only 30 percent of Texas early childhood educators have access to health insurance through their employer. Simultaneously, Texas has not expanded Medicaid, which means no childless adults are

eligible for coverage, and parents must earn less than 16 percent of the federal poverty level (FPL) to qualify – for a family of three, that means earning less than \$3,685 per year. To purchase insurance on the federal marketplace, individuals must earn at least 100% of the FPL. Early childhood educators who do not earn enough to access the marketplace but do not qualify for Medicaid may have no options for buying insurance. Even for early childhood educators who can access the marketplace, purchasing insurance may be unaffordable, as [90 percent of early childhood educators in Texas do not earn a living wage](#).⁴ Without access to either Medicaid or employer-sponsored health insurance, many early childhood educators cannot access any form of health insurance.

Lack of access to health insurance limits access to both preventative and acute medical care. Early childhood educators have higher rates of obesity, depression, and chronic disease than the national average,^{5,6} and lack of access to health insurance may make it more difficult to manage ongoing health issues and even shorten lives.⁷

Texas early childhood educators lack access to other benefits, such as paid sick leave and retirement accounts

Although most early childhood educators report some paid holidays (86%), only half have access to paid sick leave, leading to limited or no flexibility to use days off when needed to care for their health or the health of their family. When ill, early childhood educators must often make the choice between coming to work sick or losing a day of pay.

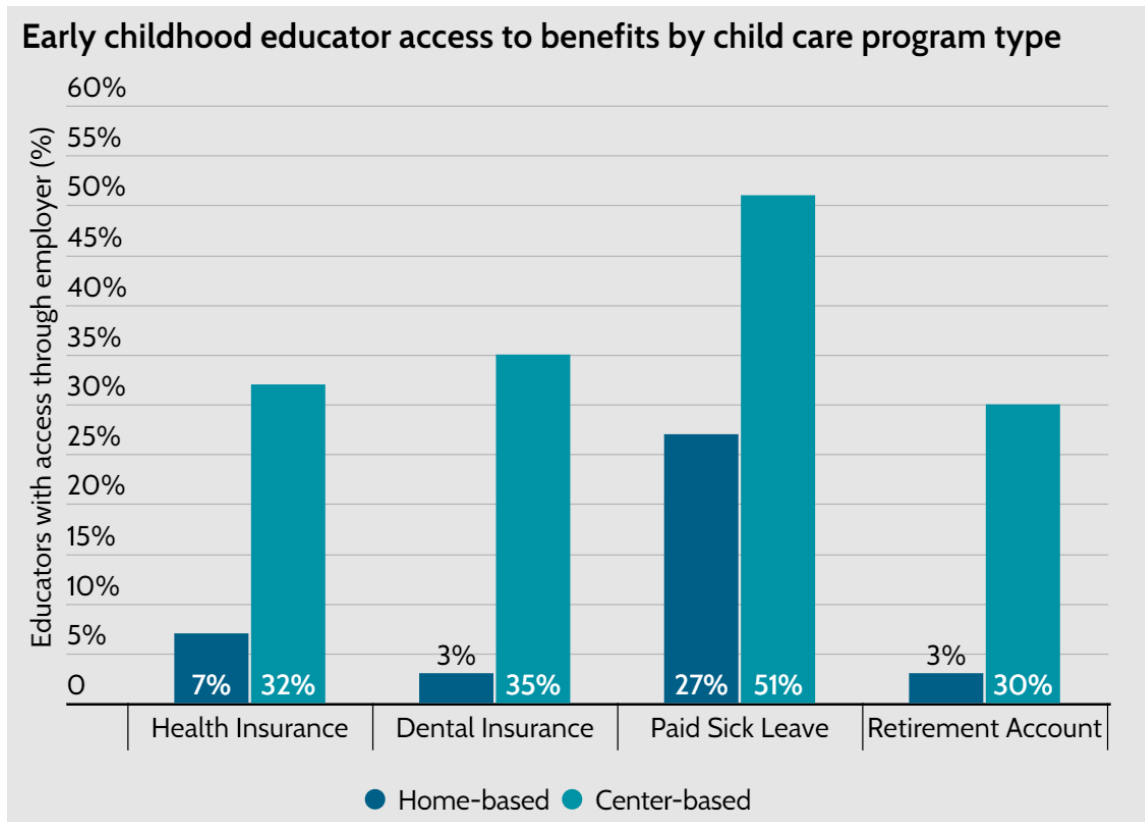
Early childhood educators also lack access to benefits that would allow them to prepare for retirement: fewer than one third of early childhood educators have access to retirement accounts through their employer.

"Offer a retirement plan to all of us who take care of children. We work long years and without any time of old age benefits. I think I will have to take care of children until I die in order to keep eating and surviving."

- Texas child care director

Small child care businesses fare worst: home-based educators have lower access to benefits, and more than 90 percent cannot access health insurance through their job

Ten percent of Texas child care programs are home-based programs, which are typically run by the owner and perhaps one additional educator.⁸ Home-based child care programs fill an important role in the child care industry in Texas, often providing more affordable care than what can be accessed in center-based child care, and may be the only child care options available in rural areas.⁹ Yet, more than 90 percent of home-based early childhood educators do not receive health or dental insurance through their job, and about three-fourths do not have access to paid sick leave.



Conclusion

Early childhood educators are essential to the Texas economy, and their labor allows parents to work and businesses to operate. Despite their crucial role, the current child care system in Texas does not support the long-term health or wellbeing of early childhood educators. Instead, most early childhood educators work without health insurance, without paid time off, and without support to save for retirement. These work conditions can get in the way of providing high-quality care to children and may discourage high-quality early childhood educators from entering or remaining in the field.

About the Report: *Workgroup Recommendations to Inform the Strategic Plan*

In response to Texas HB 619 (2021), the Prenatal-to-3 Policy Impact Center worked in partnership with the Texas Workforce Commission and convened a Workgroup of 27 child care experts and designed and administered an original survey, collecting data from more than 800 child care directors across the state. Using novel data on workforce characteristics, wages, and education collected from the statewide, representative sample of directors, the Policy Impact Center and the Workgroup created a comprehensive set of recommendations to improve the quality of the child care workforce in Texas and create sustainable, long-lasting changes to improve the quality of child care across Texas.

The Workgroup recommends that the Texas legislature increase funding for child care to stabilize the market and ensure access to high-quality care, including through 1) providing

retention bonuses to educators, 2) increasing subsidy reimbursement rates to reflect the true cost of care, and 3) expanding the number of subsidized slots provided. The workgroup also provides a series of recommendations for state and local government entities and educational institutions to raise workforce quality and support the child care sector, and outlines how other states are funding their improvements to early childhood education.

Read the full report here: <https://pn3policy.org/resources/workgroup-recommendations-to-inform-the-2022-texas-child-care-workforce-strategic-plan/>

Who We Are

The Prenatal-to-3 Policy Impact Center translates the science of the developing child into state level policies that have the strongest evidence of improving outcomes for infants and toddlers and their parents. Based in Vanderbilt University's Peabody College of Education and Human Development, the Center's team of researchers and nonpartisan policy experts work with policymakers, practitioners, and advocates to navigate the evidence on solutions for effective child development in the earliest years. Learn more at www.pn3policy.org.

References

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- ² Prenatal-to-3 Policy Impact Center. (n.d.) *Nurturing and responsive child care in safe settings*.
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- ³ In total, directors provided employment information on 3,698 early childhood educators, with 2,498 meeting the criteria for inclusion in this brief (having benefits data and not working at a Head Start or public pre-K program).
- ⁴ Prenatal-to-3 Policy Impact Center (2023, January). *Texas early childhood educators do not earn a living wage, Child Care in Crisis: Texas Case Study Research Brief #1*. https://pn3policy.org/wp-content/uploads/2023/01/PN3PIC_ChildCareinCrisis-TexasCaseStudy_1.pdf
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