Participatory Research Project Report

Community Defined Child Care Quality and Needs in Wake County

Wake County Smart Start partnered with UNC Frank Porter Graham (FPG) Child Development Institute researchers and multilingual community and family co-investigators on a community-based research project to learn how Wake parents and the early childhood community define quality for early care.

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WAKE COUNTY
Smart Start

In December of 2023, Wake County Smart Start (WCSS) approved its new FY23-27 Strategic Framework. The framework's objectives and strategies are rooted in racially equitable practice, family engagement and leadership, and data-informed decision-making. Within the framework, one of the main goals for Year 1 was to engage families and community members to co-develop definitions of child care quality and measures of success. WCSS partnered with UNC Frank Porter Graham Child Development Institute researchers and multilingual community and family co-investigators on a community-based research project to learn how Wake parents and the early childhood community define quality for early care.

To gather information to address this goal, focus group listening session guides were developed for families and providers. A series of 4 sessions were completed with parents, 2 in English and 2 in Spanish, and 4 focus groups with early childhood professionals. The research team met to make meaning out of the data to develop key themes, identify community needs, suggest actions and recommendations, and highlight some innovative programs.

Key themes shared during the family focus groups were issues with transportation to get children to available programs and the affordability of both child care and simply the cost of living in Wake County. Parents also mentioned an inability to achieve formal child care arrangements because of these access issues.

In terms of child care quality, families defined quality as well prepared teachers, clean and well maintained/resourced classrooms, strong two-way communication with teachers, social and emotional development support, as well as food and nutrition provisions. These topics were consistent between the Spanish and English-speaking parents. A few distinctions emerged. English-speaking families wanted to know more about the different programs than the Spanish-speaking families, while for these families there was a bigger focus on finding child care providers. Spanish-speaking families defined culturally affirming care as programs that taught about children's background and cultures as part of their everyday curriculum, teachers that spoke their language and/or being able to communicate with teachers and staff.

For the child care providers, key themes were needs of teaching staff, needs of and changes in child behavior,

and resource and access needs. For staff needs, participants reported that teacher mental health needs to be addressed as the work, while rewarding, is exhausting. Staff want to care for each other because of COVID and are more mindful of relationships with their colleagues. They noted that many children they serve don't have previous experience in child care because of COVID and thus have increased socialization needs. Many providers also mentioned the need for transportation support for families, resources and activities to support different family cultures, and auxiliary services, like therapists, that families could access on site.

In terms of community needs, families reported needs in the following areas: economic resources, access to information, child care access issues (hours, transportation), program characteristics (i.e. well-prepared teachers). Providers reported needs in the following areas, many dovetailing with those reported by families: professional development, communication support, information and support for families, support for children's heightened needs, and better serving the needs of family child care providers.

Recommended actions flowing from the learning of the listening sessions include working to address affordability, addressing access issues, and providing clear information about available care in a variety of ways for families. For providers, recommendations include assisting providers to support children and families, addressing economic issues, helping programs increase quality, and seeking/providing opportunities for community outreach.

The report concludes with a section on resources and model programs. One resource is to help child care programs work with families who speak languages other than English, such as an on-line translation service. Another is recommending the Mecklenburg County Universal Pre-K model. Third, we recommend introducing family navigation programs, with Ready for School, Ready for Life in Guilford County as a model. Next is to implement the Pyramid Model which supports infants' and young children's social emotional competence. Last, to include families and caregivers in planning and decision-making for the child care system, we share the Educare Parent Ambassadors Program, which trains and supports parents to be advocates for the program and the extended system.

In December of 2023, Wake County Smart Start (WCSS) approved its new FY23-27 Strategic Framework. The framework's objectives and strategies are rooted in racially equitable practice, family engagement and leadership, and data-informed decision-making. Within the framework, one of the main goals for Year 1 was to co-develop with families and community definitions of child care quality and measures of success.

In other words, instead of having definitions or measures of success for child care defined outside of our community, WCSS would lift the lived experiences of families, early childhood professionals and communities using their shared knowledge to create community-based definitions of child care quality and measures of success.

The purpose of this project was to accomplish the first part of the Strategic Framework's goal - how does the community, especially historically marginalized communities, define high quality in the early childhood education space. Additionally, the project hoped to better understand how early childhood education centers can make families and children feel a sense of belonging.

Once we have community-based definitions, WCSS could move on to transforming how we approach our work to support the needs of families and the early childhood care community and develop community-based measures of success.

The goal of WCSS's community-based research project was to learn how Wake parents and the early childhood community define quality for early care. The project collaborated with families and the early childhood community throughout each step of the process.

Our first step of the process was to form our research team inclusive of WCSS staff, UNC Frank Porter Graham researchers and community and family co-investigators. Family and community co-investigators were recruited through a job description shared with our community and family contacts in Wake County. Co-investigators were either parents/guardians of children ages 0-5 or early childhood professionals in Wake County and were provided a stipend for their time.

Through project planning meetings and training, the research team co-developed a research plan and focus group discussion guides to help answer the following research questions.

- **What does child care quality mean to families and caregivers?**
- **What does a family need to feel a sense of belonging in that child care community?**

Focus groups were comprised of parents/caretakers and early childhood professionals. To support recruitment, the research team developed a flyer in English and Spanish and offered a $50 gift card for their participation. Families that identified interest in joining the focus groups answered a brief survey where they shared their preference for in-person or a virtual focus group. We then shared a sign-up web link with interested participants. This allowed them to sign up for a focus group that best fit their schedule. Additional focus group spaces were filled by sharing the sign-up weblinks with WCSS family and early childhood care community partners.

Our research team conducted 4 focus groups with parents – 2 in English and 2 in Spanish and 4 focus groups with early childhood professionals. The focus groups were conducted virtually except for one family focus group conducted in Spanish. Each focus group was recorded, and thorough notes were taken to support analysis and summary of findings.

At right is an overview of the demographics of the 38 community members who participated in the sessions, divided up by language spoken (table 1).

Table 1. Participant Demographics		
	English (n=30)	**Spanish (n=8)**
Age (years, SD)	34.8 years (10.6)	35 years (4.7)
Female	94% (29)	71% (5)
Race/Ethnicity		[1 missing]
African American or Black	60% (18)	0
African National	0	0
Caribbean Islander	3% (1)	0
Asian or Asian American	0	0
Caucasian, White, or European American	20% (6)	0
Hispanic or Latino/Latina	10% (3)	100% (7)
Middle Eastern	0	0
Native American, American Indian, or Alaska Native	0	0
Native Hawaiian or Other Pacific Islander	0	0
Biracial or Multiracial	3% (1)	0
Other	3% (1; West Indies)	0
City	[1 missing]	
Apex	3% (1)	0
Knightdale	10% (3)	0
Cary	6% (2)	14% (1)
Raleigh	43% (13)	57% (4)
Carthage	3% (1)	0
Wilson	3% (1)	0
Garner	3% (1)	0
Wendell	3% (1)	0
Morrisville	3% (1)	0
Clayton	3% (1)	0
Benson	3% (1)	0
Wake Forest	3% (1)	0
Bunnlevel	3% (1)	0
Franklinton	3% (1)	0
Education		[1 missing]
Elementary school or less	0	0
GED or High School Equivalency Diploma	7% (2)	14% (1)
One or more years of college but no college degree	10% (3)	14% (1)
Vocational or technical school certificate	0	29% (2)
Associate's or 2-year college degree	10% (3)	0
Bachelor's or 4-year college degree	43% (13)	0
Some graduate school	3% (1)	43% (3)
Graduate degree	27% (8)	0
Prefer not to answer	0	0

Report Section 3: Focus Group Learnings

This section will provide an overview of what was learned from the listening sessions with parents of young children in Wake County and providers in early childhood programs.

Family Focus Groups

Key topics that were uplifted during the family focus groups were issues with transportation to get children to available programs and the affordability of both child care and simply the cost of living in Wake County. Parents also mentioned an inability to achieve formal child care arrangements because of these access issues. Both fathers and mothers participated in focus group sessions. There was a lot of discussion of child development. Dads in particular talked about safety and socialization opportunities for their children. Families also discussed the quality and conditions in programs, noting assessing cleanliness by the smell and having a "sixth sense" about the trustworthiness of programs and teaching staff. Food and nutrition was also mentioned several times.

Focus groups were conducted with both Spanish-speaking and English-speaking families. Commonalities in what families across both groups considered high quality were:

- **Access issues**
- **Teacher/program characteristics**
- **Communication**
- **Resources**

In terms of access, both groups mentioned transportation needs, the schedule of programs like Pre-Kindergarten and Wake ThreeSchool to accommodate working parents, and the location of programs with available slots. For communication, families mentioned language needs, receiving needed information, and wanting more frequent communication from staff. Parents in the Spanish-speaking sessions put more of an emphasis on language needs being considered by programs as a component of quality.

A number of topics were mentioned related to teacher and program characteristics in terms of quality. For teaching staff, it was important to families that teachers love what they do, provide structure, are professional and responsible, support socialization, communicate frequently with families and are well-prepared. In programs themselves, a positive environment should be created that fosters feelings of safety and security. Facilities should be clean and well-maintained. It was also important to both groups that they are getting the resources they need for their children.

There were a few distinctions between the two groups. English-speaking families wanted to know more about the programs than the Spanish-speaking families. There was a focus on family in the Spanish-speaking groups such that these families' first choice for care was family followed by more formal child care programs. They considered the highest quality care and safety coming from family care arrangements.

It's important to note the differences and needs for both families as it relates to the dynamics within each home. Spanish-speaking families reported that teaching culture should go beyond celebrations or one-time events (included everyday) in culturally affirming programs, while only one English-speaking parent hesitantly mentioned this. Spanish-speaking parents noted that they want their children to learn English but to not lose their home language.

Provider Focus Groups

Providers who participated in the focus groups were, for the most part, positive and WCSS staff reported it was nice knowing not every program or early childhood teacher is struggling. Key themes in these sessions were:

- **Needs of teaching staff**
- **Needs of and changes in child behavior**
- **Resources/access needs**

In terms of the needs of teachers, participants reported that the mental health of teachers is important and needs to be addressed. Staff want to care for each other because of COVID and are more mindful of relationships with their colleagues. They also talked about wanting to be more recognized as professionals. They want support from the administration. Even providers in centers with more resources spoke about how the work of early childhood education (ECE) is exhausting and the need for support.

When it comes to the changes and needs in children, providers noted changes in the behaviors of the children in their care since COVID. They seem to be more intense, disobedient, and don't understand how to follow simple directions. Providers also shared that children are less able to do things independently and they've had to physically model what should be done. Families are now quite focused on safety; which was viewed as understandable. Many agreed that parents need more information, such as on Individualized Educational Plans (IEPs) and Individualized Family Service Plans (IFSPs), and help understanding and knowing the difference between publicly funded programs.

Related to resources and access needs, providers didn't mention having a behavioral therapist on site though some participants shared they had a therapist of another type on-site along with other resource staff. However, they did mention the importance of having access to needed resources. Everyone talked about transportation and before and after care needs and challenges from families and reported this was really dependent on individual programs. They talked about communication needs, both to support the sharing of information and to connect with Spanish-speaking families.

When asked about practices to support different cultures, providers discussed the need to have frequent activities. Some of these included materials, like dramatic play items, books, songs, and activities, others focused more on one-time activities rather than deeper activities, more like "checking a box." There was an expressed interest in communication with Spanish-speaking families including the use of Google translate.

During the focus groups, both families and providers were asked to share about community needs. Families reported needs in the following areas:

- **Economic resources**
- **Access to information**
- **Child care access issues (hours, transportation)**
- **Program characteristics**

For economic resources, families reported a need for payment assistance for child care. Information access included access to program and system information in different languages, including the ability to complete applications in languages beyond English and Spanish; information that is accessible via the internet, flyers, and other ways. This theme also included a desire for strong communication between teachers and programs and families and caregivers.

For child care access issues, transportation was a frequently mentioned need. They also mentioned the need for Pre-K, Wake ThreeSchool, and child care hours that allow parents to work — full day slots (8 hours or more) and not just 6 ½ hour school day each day. At the program level, families reported needing programs to offer multicultural activities including helping children learn to respect others. High quality included feeling secure in the care their children are receiving by having the ability to watch their children in programs remotely.

For program characteristics, parents expressed quality as teachers who are well-prepared to work with children and an environment where social-emotional and socialization needs of children are met. They also need programs that provide meals and address nutrition.

Providers reported needs in the following areas, many dovetailing with those reported by families:

- **Professional development**
- **Assistance and resources to support student behavioral and developmental needs**
- **Communication support**
- **Information and support for families**
- **Support for children's heightened needs**
- **Needs of family child care providers**

Providers want access to training and education so that they are prepared to meet children's needs. This is especially true in the wake of the COVID-19 pandemic, as children entering programs don't have prior experience in child care or school settings. These children now need more social and emotional development support. Providers also described needs of families including having operational hours that help parents work, transportation services, and just acknowledging the financial struggles families are facing.

Providers also noted needs around communication, reporting that they struggle with communicating with parents with different home languages, yet they do everything they can to communicate with parents/families and to support children's language needs. In addition, providers in family child care homes (FCCHs), report they need more resources and support with one participant reporting they "feel like they get scraps after licensed child care centers."

Report Section 5: Recommended Actions

Based on the focus group learnings and discussions with the research team, a variety of recommendations were developed.

For Families

- **Work to address affordability**
  - Provide tangible ways for parents to access child care
  - Parents should also have various options afforded to them, for example, if they want to utilize formal child care arrangements, work to make that possible

- **Address access issues**
  - Transportation options are needed
  - Language assistance
  - Child care centers hours that match parent work schedule

- **Provide information about available child care in a variety of ways**
  - Uniform information that can be shared, including how to enter the system and what types of care are available where you live
  - Utilize child care networks and other networks to share information
  - Consider community knowledge and ability to access information using the web, like searching via Google
  - Consider how to get information to people new to the US and make it clear
  - Consider creating an on-line app to improve access to comprehensive information all in one place and provide extra resources (ex. Food Finder: enter zip code to find services). Think about Wake Tech as a resource/partnership for app creation. As a first start, consider a simpler more economical version like a smart-phone accessible web page (responsive or mobile friendly). Think about other resources and organizations that could be included to support families, these may include the YMCA, Head Start, Early Head Start, Wake County Human Services, Wake County Health Department, energy assistance program, Children's Developmental Service Agency (CDSA), and Medical Providers
  - Engage parents and caregivers in designing apps and resources information systems
  - Make sure information is up-to-date and that each partner can access the system to update their information and/or there is staffing capacity to keep information up-to-date

- **Work to improve access to other needed services and resources**
  - Establish methods to connect children and families to other needed services (like autism services) while also ensuring these children are included in child care and other programs (e.g., inclusive practices/learning environments)
  - Provide support to navigate community resources
  - Determine if there are ways to extend existing services or help families access funding for needed services

For Providers

- **Provide assistance to support providers so they can support children and families**
  - o Consider how to provide professional development opportunities to help providers build trust and foster two-way communication and care among providers and families, including how to talk with families about child needs
  - o Support for language inclusion and/or bilingual teachers (advocating re-opening of former Wake Tech program that provided early childhood courses in Spanish, recognizing need for training hours and certification)
  - o Provide support for staff well-being to address burnout. Make sure needed resources for staff are provided
  - o Locate or provide training on working with families from diverse backgrounds (e.g., racial equity training, culturally affirming care) and families with a variety of constellations - grandparents, inter-generational families, LGBTQ families, etc.
  - o Work to have services on-site/co-located or increase access to social workers, speech therapy, family support, service/resource navigation, occupational therapy as teachers who had this support felt more supported

- **Address economic issues**
  - o Provide or advocate for additional funding for programs to increase slots and/or families that qualify for assistance (e.g., increase Wake Three-School slots or increase access for families who miss the income cut off and still struggling to afford child care)

- **Help child care programs increase quality**
  - o Provide support for FCCHs, who feel they get short shrift compared to licensed center based programs, around technical assistance, the star rating process, and advocacy around ratios/group size

- o Determine methods to ensure adequate staffing
- o Increase access to training for providers to identify child and family needs (concerns but also positive needs)
- o Support for social emotional development
- o Support for racial equity training and culturally affirming practices/curriculum
- o Provide support for inclusion of children with special needs (for a wide range of needs with appropriate training)

- **Seek and provide opportunities for community outreach**
  - o Attend public events with local organizations and outreach partners that serve the community - help families understand what services are available
  - o Ensure that providers are maintaining up-to-date information about their programs (slots, hours, ages served, if transportation is offered, financial assistance, meals) and coordinate with partner organizations that support families
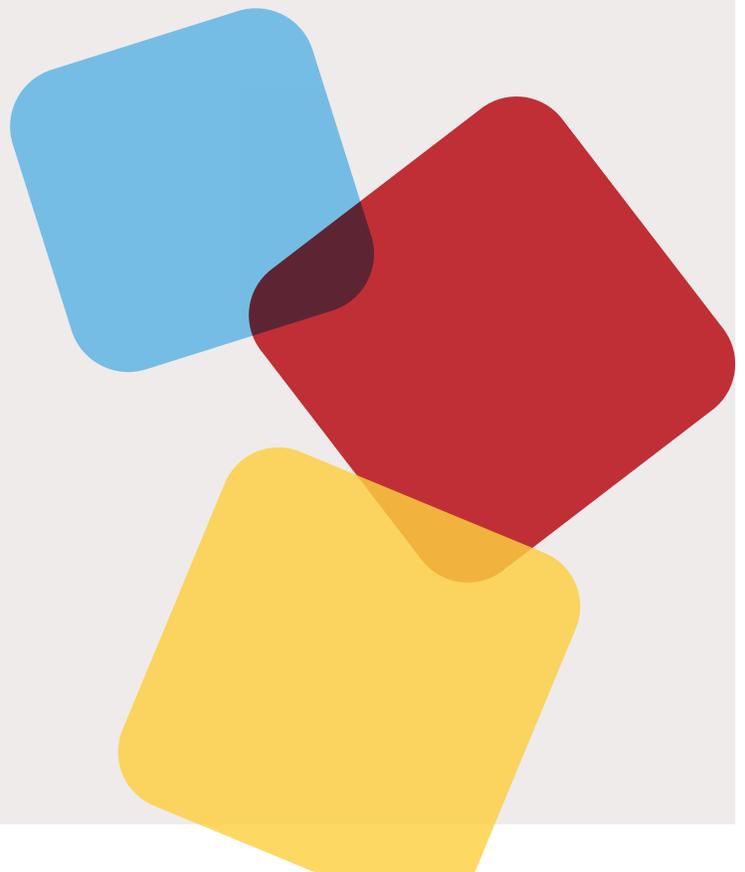
Report Section 6: Resources and Model Programs

Based on what we learned from focus groups and our recommendations for action, we've identified several model programs for review and potential adoption. These are described below.

To better serve families, develop ways to reach families who speak languages other than English. Here are two sources:

- **Translation assistance: https://www.linguee.com/**
- **On-line translator: https://www.deepl.com/translator?utm_source=lingueecom&utm_medium=linguee&utm_content=header_logo**

Follow the lead of the Mecklenburg County Pre-K program - a Universal Pre-K serving the county's 4-year-olds. A funding commitment from County government aims to fill the gap for families and provides transportation, before and after care funding, with no income requirements or paperwork. This model uses the flexibility from county funds to reduce barriers for families and children.

Introduce model family navigation programs, such as:
- **Ready for School, Ready for Life in Guilford County: https://www.getreadyguilford.org/**
- **Help Me Grow: https://helpmegrownational.org/**

Implement the Pyramid Model which supports infants' and young children's social emotional competence: https://csefel.vanderbilt.edu/

Develop and implement a model for including families and caregivers in planning and decision-making at multiple levels of the child care system. One example is the Educare Parent Ambassadors Program, which trains and supports parents to "play an instrumental role in expanding the reach of the school into the community, growing enrollment, and raising awareness city-wide about the importance of early childhood education starting at birth."

Support Wake Tech in restarting the bilingual ECE training within their Early Childhood Education Diploma program.

Provide innovative models to support teachers - This issue of *Young Children* provides a collection of articles suggesting ways individuals, both inside and outside of classrooms and care settings, can provide support to those working with young children.

Appendices: Focus Group Guides

Focus Group Discussion Guide

1) *Definition:* **What does child care quality mean to families and caregivers?**

2) **What does a family need to feel a sense of belonging in that child care community?**

Introduction:

Thank you very much for agreeing to participate in this discussion today. I'm_____and joining me are (X and X) from WCSS/University of North Carolina at Chapel Hill. I will be facilitating this discussion, and _____ will be an assistant moderator and will also be taking notes. Our session will last about 1 hour.

As we shared in our invitation, a community-based team is working with Wake County Smart Start to understand what child care quality means to families and child care program staff and what families need to feel a sense of belonging in a child care community.

The group today is made up of families or child care program staff from across Wake County.

FOR FAMILIES

We are taking notes and recording the session so that we can accurately capture your thoughts and opinions, but your responses will not be linked with your name in any way—everything will be kept confidential. No one will know who said what in this meeting. We will use the recording to fill in our written notes and to create unidentified quotations, but then the recording will be destroyed at the end of the study. If at any time you would like to say something that you do not want to be recorded, just say so and we will stop the recording. We also ask that you not talk about the information shared by others during this meeting with anyone else outside this group. However, please know that we are limited in our ability to stop people from talking outside of this group.

Before we begin, let me lay out some basic ground rules for our discussion. As the facilitator, I will be asking questions, but I want the interaction to flow among you, so feel free to talk to each other when discussing the questions. If you want to respond to something someone said, or if you want to agree or disagree, you can do that, but please be respectful because we want everyone to have a chance to share their ideas. It is important that only one person talks at a time so that we can hear everyone and accurately record your opinions. There may be times when I need to interrupt the conversation—either to ask you to clarify something you may have said or to move the discussion on to another topic. Let's make sure everyone has an opportunity to share and that we are mindful of the time we have together.

 Again, thanks for taking the time to talk with us today. Does anyone have any questions before we get started?

First, let's go around and do some introductions - please share with us your name, the [community/organization you work with], and your role related to child care (parent, grandparent, role in child care program). [Insert ice-breaker question, like, what is one thing you really like about your community?]

1. **What does child care mean to you?**

2. **Why do you need child care?**

3. **What gives you confidence when choosing a caregiver or child care program?**

4. **What makes you hesitate to put your child in a child care program?**

5. **What can a child care program do so children from different backgrounds can learn about their cultures and customs?**

6. **What are the main barriers to accessing child care of your choice?**

7. **Where do you receive information about places your child could receive child care?**

8. **Describe a time or what was in the place in a child care program where you did not feel welcome. (If prompt or follow up is needed — Can ask describe a child care program where you did feel welcome.)**

9. **How are you engaged in your child's child care program?**
   a) How would you like to be engaged?

10. **What has been the greatest benefit that your child has received or receives in child care?**

11. **Is there anything else you want to share with us about the needs of the family and children in your community?**

Thank you for talking with us today. We appreciate your insights.
[Distribute demographic form and incentives]

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The group today is made up of child care program staff and providers from across Wake County.

FOR PROVIDERS

We are taking notes and recording the session so that we can accurately capture your thoughts and opinions, but your responses will not be linked with your name in any way—everything will be kept confidential. No one will know who said what in this meeting. We will use the recording to fill in our written notes and to create unidentified quotations, but then the recording will be destroyed at the end of the study. If at any time you would like to say something that you do not want to be recorded, just say so and we will stop the recording. We also ask that you not talk about the information shared by others during this meeting with anyone else outside this group. However, please know that we are limited in our ability to stop people from talking outside of this group.

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1. **What does child care mean to you?**

2. **Why do families you serve need child care?**

3. **How do you give families confidence in choosing your child care program or you as a provider?**

4. **What can a child care program do so children from different backgrounds can learn about their cultures and customs?**

5. **What are the main barriers families report to accessing child care of their choice?**

6. **How do you share information about your child care program with families?**

7. **Describe a time or what was in the place when families did not feel welcome in your child care program. (If prompt or follow-up is needed — Describe a situation where your families felt welcomed in your child care program)**

8. **How do you engage families in your program?**

9. **What have been the greatest benefits for the children in your program/home?**

10. **Is there anything else you want to share with us about the needs of the families, children, and providers in your community?**

Thank you for talking with us today. We appreciate your insights.
[Distribute demographic form and incentives]