



DISCLAIMER

The following document is a preliminary report of the qualitative interviews conducted by the Center for Community and Nonprofit Studies (CommNS) through the UW-Madison Institute for Research on Poverty (IRP) on behalf of the Preschool Development Grant. This preliminary report will be updated to incorporate qualitative interview data currently being conducted with tribal citizens.



Center for Community
and Nonprofit Studies
UNIVERSITY OF WISCONSIN-MADISON

PRESCHOOL DEVELOPMENT GRANT

QUALITATIVE INTERVIEWS

PRELIMINARY REPORT

Prepared for WI Department of Children & Families

September 2020

The Preschool Development Grant - Birth to Five (PDG) is a one-year federal grant that allows Wisconsin to complete a needs assessment and a strategic plan to improve early care in the state. The needs assessment looks to examine early care and education quality, affordability, accessibility, and workforce needs and challenges in a comprehensive, equity-focused manner for Wisconsin's most vulnerable, underserved, and rural populations.

The Wisconsin Department of Children & Families (DCF) has contracted with the Center for Community and Nonprofit Studies (CommNS) through the UW-Madison Institute for Research on Poverty (IRP) to support the needs assessment by conducting qualitative interviews with primary caregivers and childcare providers from four demographic populations in Wisconsin--Hmong, Latinx, Black, and rural White. Interviews investigate family and provider experiences around access, quality, and affordability of early care and education; how early care and education influence other aspects of life for young children and families; and early care and education workforce needs and priorities.

APPROACH

Recruitment and Interviews

The CommNS PDG interview team includes three faculty researchers and four graduate student researchers with racial, ethnic, and/or language backgrounds similar to one of the four interview populations, who recruited primary caregivers and providers from each of the communities, interviewed participants, and collaborated on analysis. For clarity, we note that we're using the words *primary caregiver* or *caregiver* to mean a child's parent, immediate family or primary guardian, and *provider* to mean a person or center providing childcare for another's children, whether it's for another family member or as a staff person at a childcare center or home-based childcare program.

The team recruited interview participants through a combination of methods, including: contacting Child Care Resource & Referral Agencies and asking them to send information to families and providers, contacting community centers and child care providers, recruiting through known contacts, posting information on social media, and asking participants to invite others.

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Interview questions for primary caregivers and for childcare providers were similar to those asked at the PDG Virtual Listening Sessions. Primary caregiver interview questions were revised for each demographic group to make their meaning more understandable and to avoid academic or professional jargon. The original caregiver and provider interview questions can be found in the Appendix.

A total of 52 interviews were conducted during the study. Interviewees were located across Wisconsin. Interviews primarily took place by phone and were 45 minutes to 1 hour in length.

Demographic Group	Caregiver Interviews	Provider Interviews	Total Participants	WI Counties or First Nations
Black	16	4	18	Dane, Milwaukee
Hmong	10	4	14	Dane, La Crosse, Outagamie, Marathon, Wood
Latinx	7	2	9	Dane
Rural White	8	6	11	Barron, Douglas, Pierce, Polk, Sawyer, St. Croix, Washburn, Lac Courte Oreilles Tribe
Total	41	16	52	

Note: The sum of primary caregiver and provider interviews was more than the total number of participants in some cases, because some participants were both caregivers and providers.

Collaborative Analysis

The interview team met multiple times over a period of three weeks to collaboratively analyze interview results to look for common themes across demographic groups and to identify unique themes within groups. Additionally, the team discussed the ways that the interview results aligned with the DCF Preschool Development Grant framework (Accessibility, Affordability, Quality, and Workforce) and the ways the results pointed to broader themes related to child care. We used the DCF Equity and Inclusion Framework to guide our research and analysis. You can read more about the framework in Appendix 2.

Guiding Questions

The study team framed the research using the following questions:

What are the most important needs for families, primary caregivers, and providers related to childcare in Wisconsin?

How do the day-to-day realities of people of color, those with lower socioeconomic status, and those in rural areas impact their childcare needs and experiences?

Where are there similarities across demographic groups and where are we seeing unique experiences, needs, or challenges?

KEY FINDINGS

Overall

The team found a number of common themes across all four demographic groups. Some related to the DCF framework which includes **accessibility, affordability, quality and workforce**, including the high cost of childcare; the need for more accessible childcare hours to fit the schedules of working parents; the need for better pay, training, and professional development for providers; the importance of school readiness and skill development for children; and values, trust, and safety as hallmarks of quality childcare. These are detailed in separate sections below.

Other overarching themes included:

How families choose childcare: Families accessed childcare in a variety of ways and put a lot of work into finding care that was safe, trustworthy, high quality, yet still seemingly affordable. Information that shaped the complexities of decision making included the composition of provider staff, available family members, familiarity with the childcare system, and referrals from others.

The effects of race and socioeconomic status on childcare options: In the families and providers that we interviewed, themes related to accessibility, affordability, quality, and workforce were inextricably intertwined with both race and socioeconomic status. Participants often described the burdensome nature of state policy in relation to poverty and race, suggesting that systems governing early care and education need to be reconfigured to reflect the challenges faced by low income parents and families of color. Latinx and Hmong families often reported isolation in caring for their children, illustrating the lack of options for many families.

“Somos solos en este país. No tenemos amigos, no tenemos familia, y tenemos que turnarnos. Primero yo y después ella para que los dos podamos trabajar.” [“We are alone in this country. We don't have friends, we don't have family, and we have to take turns. First me and then her (spouse) so that we can both work.”]

Formal support of traditionally unrecognized childcare models: Primary caregivers strongly felt that the **family care model** (e.g. family, friend, and neighbor care) should be designated by the state as a formal childcare provider option in order to recognize and properly compensate them for their time, care, and expertise.

Holistic systems services for primary caregivers and providers: Interviewees noted a mismatch between their needs and the services offered by childcare systems (e.g. state agencies, subsidies, Youngstar). Services should be tailored to the needs of communities and take into account the barriers caregivers and providers face. This could look like an online hub to help navigate systems, as well as diverse support staff working with families and providers. It could also mean consolidating systems (e.g. the Registry and DCF) and/or facilitating better communication between them so that providers don't have to replicate requirements or receive conflicting information.

Formal implementation of racial and cultural value: Primary caregivers across the Hmong, Black, and Latinx demographic groups felt that childcare experiences should authentically reflect and affirm racial identity and cultural values. In practice:

- € Administrators and staff should reflect the racial and cultural identity of the child and their family.

- € Curricula should reflect the racial and cultural identity of the child and their family.
- € Early childcare providers should formally implement socialization practices that reflect and affirm the racial and cultural identity of the child and their family.

Accessibility

Accessible hours: Across all demographic groups, having more accessible hours that matched parents' work schedules were an important need. Primary caregivers mentioned needing earlier provider start times along with extended hours after school and in the evening to support their work schedules.

Complexity of childcare systems: Providers across all groups felt that the complexities and sometimes lack of transparency within and across childcare systems and agencies (e.g. the Registry, Youngstar, DCF, DPI) makes it difficult to navigate the systems or access resources (e.g. provider mental health support groups). For primary caregivers, navigating childcare systems was also difficult, for example accessing services for children of diverse abilities or developing a seamless program of care from birth to school age.

"I work ten hours a day, and I don't have time to go to talk with other providers to discuss issues, suggestions, or what they're doing that's working. If I had a support group or a substitute to go to a support group, that'd help a lot."

Accessible locations: For rural White families, there was often a lack of available childcare within easy distance of the home, which meant driving long distances to providers or looking for alternative childcare options.

Cultural resources: Among parents and educators noted the lack of cultural resources, such as Hmong foods, books, and acknowledging and incorporating cultural holidays into the early care and education setting.

Affordability

The high cost of childcare: Across all groups we heard that child care is too expensive. Multiple participants noted that teachers, providers, and family caring for children of relatives should get paid more, but also know that parents can't afford to pay more.

"Costs the same as my mortgage for one child, I can't imagine if I were to put both of my kids into care."

"Es más alto la babysitting que lo que gana uno." ["Babysitting is more than what I earn."]

Available resources: Primary caregivers were often unaware of what resources were available to help cover the costs of childcare. Rural White families who were lower middle class and above the income cut-off didn't qualify for most aid programs, but still couldn't afford care. For Black families applying for subsidies, the requirements were often a barrier. Among caregivers often weren't aware of childcare programs or state aid and felt childcare was too expensive, so they turned to family for care. Latinx families were rarely aware of subsidies to supplement childcare costs.

Choosing based on affordability: Primary caregivers often chose the most affordable childcare option, such as discounted care through their employment, or family care that was free of charge, rather than choosing based on other considerations.

Impact of subsidies: For primary caregivers who received state subsidies, participation meant greater oversight of their personal life by the state and the requirements for aid often didn't make sense relative to their day-to-day realities. Taking a raise or better paying job could also mean the loss of subsidies when income rose above the cut-off line for aid. Therefore, a caregiver once again couldn't afford childcare even though their pay had improved, making a career advance extremely difficult. Some primary caregivers noted that they would rather not take the subsidies because it made their lives more difficult.

"Child support is counted as income, but I don't get the payments. Therefore, I don't qualify for aid."

"They don't consider the time I need to study; they just go off of my school schedule."

Quality

Trust: Across all groups, primary caregivers stated that they want assurance that providers will take good care of their children and meet their needs. Family was often thought of as more trustworthy than outside providers, and when using childcare, families were likely to trust providers of their own race or ethnicity more than providers who weren't.

"It's very hard to give my child to a stranger in their home."

"Parents are the ones who love and care for their children the most."

Safety: Primary caregivers expressed that providers need to have safe spaces with well-trained, trustworthy staff, that protocols need to be in place to protect children, and that the neighborhood needs to be safe. For Black and Latinx caregivers, safety included psychological and emotional wellbeing—the ways that black and brown children are treated in primarily white institutions was a primary concern.

"As a Black mom, I'll take the safety of my children over inclusivity."

"Trato de mantenernos unidos para que ellos no sufran lo que yo sufrí" [I try to keep us together so that they don't suffer what I suffered.]

Cultural representation, language, and identity: Black, Latinx, and Hmong primary caregivers wanted to see more diverse representation in providers (i.e. staff that reflected what their family and community looked like). Making space for cultural representation and identity in childcare settings was a prominent theme for the Hmong community, including wanting children to know how to speak Hmong, serving Hmong foods, and have Hmong culture integrated into the curriculum. A member of the Lac Courte Oreilles Tribe wanted her language spoken at the early care and education program on the reservation.

Values: While values differed across groups, primary caregivers felt that if the center or family childcare providers were willing to communicate, align, or reflect the same values as the families they served, it created trust and the provider-family relationship became an extension of the family and/or community.

Building developmental skills and school readiness: Primary caregivers in all groups stressed skill development and school readiness as vital aspects of quality care. Communicating with families so that skills learned in childcare were practiced at home was also important.

“They speak the Hmong language at home and English at preschool—they’re losing language.”

“I want my child to have a good start for kindergarten.”

“It should be just like therapy for special needs children. We do it in therapy and have instructions to continue working on the task at home to make sure they continue developing.”

“Teach him as if he were in a classroom.”

Basic needs: Latinx and Black primary caregivers stressed the importance of having a provider with a low staff-child ratio, where children receive adequate attention in an engaging environment, children are fed nutritious food, and the provider has the appropriate training to care for special needs children. Accessible services for special needs children and quality staff were also important to White primary caregivers.

Holistic health: Primary caregivers and providers tended to define healthy development in a holistic way, describing a “well-rounded child” whose wellbeing is influenced by many factors, including physical, emotional, psychological, social, spiritual, and environmental well-being.

Workforce

Pay and benefits: Across the board, providers felt strongly that pay increases with benefits were needed for childcare staff. Primary caregivers with family members who cared for their children also felt that compensation should be formalized for their time, resources, and expertise. Black providers noted inequities in salary, with black staff often being paid less than their white counterparts in the same positions.

Provider training: Primary caregivers of special needs children noted the urgency for provider training in special education so that the requirements of their children were met when in childcare. Providers noted that if decision makers or administrators were trained in special education and in early care and education, they would see the need for a different system.

Lack of diversity: Both primary caregivers and providers noted that there is a lack of diversity regarding race and gender at all levels of the early care and education system, including provider staff, directors, licensures, and policy makers.

Professional development: Providers noted that access to professional development in rural areas, as well as other places, is lacking. There is a need to support providers in continuing education, both financially and with capacity. Going to professional development courses is especially difficult for family childcare providers because they don’t have substitute staff, and so they are paying out-of-pocket and closing the daycare for a day to attend.

Youngstar: Across the board, the Youngstar rating system was considered problematic. Rural and Hmong providers felt that the system was designed for centers and not for family home care. Black providers also noted that the Youngstar system privileged White providers, who had access to more professional qualifications and other resources that allowed their centers to

receive a higher rating. Subsequently, this allowed them to charge more for childcare, compounding current inequities and making it more difficult for low-income families to access high quality care.

“The level of stars can impact how much a parent pays for childcare.”

“The state star system can have negative psychological and emotional effects on parents because of affordability.”

Staff retention: Providers noted a need to retain staff in order to provide continuity of care and build strong family and child relationships. However, they noted that most can’t make a living because the salary isn’t enough to cover the cost of a degree in early care and education. Courses in high school are offered to attract people into the field, but this momentum needs to be sustained with pay increases and benefits.

“You need the same teacher each year to build relationships.”

Cultural awareness: Hmong, Black, and Latinx families and providers all noted a need for greater cultural humility or awareness among White childcare staff and administrators, who were often dismissive and not inclusive of other ethnic backgrounds or cultures. For Hmong and Latinx participants, being bilingual was very important and a way to communicate with children and with their families. Black caregivers noted that childcare standards typically reflected the dominant White culture and didn’t account for the health needs of Black children. For all three groups, cultural awareness wasn’t seen as simply being exposed to other cultures, but having fundamental respect for cultural differences, being self-aware and constantly learning, and integrating family cultures into childcare systems.

Resources for provider services: Providers noted a need for mentorship and resources to sustain their businesses. Rural providers felt that if there were resources to help families open a center, it would help with the lack of childcare services in rural areas.

“My dream is...I would love to do a child care center. I’ve been searching for a place to open up a place for five years. when you run an in-home care it’s harder to be a successful provider and a good parent. I want a place to have more time with my kids, so when they come home, they’re not so stressed. Sometimes you’re not lucky enough to get your dream...I tried everything. I don’t qualify for loans, when I apply for grants, it’s not enough to buy supplies for the building, or if you use it for supplies, you won’t have enough for a down payment for the property... I don’t get paid enough, so when I try and budget, as a provider how can I make enough to live and save enough to buy?” - Hmong provider

COVID-19 Impacts

The effects of the pandemic extend to practically every dimension of well-being and family life, directly and indirectly impacting early childhood development and education. We note the following observations and recommendations based on primary caregiver and provider comments.

Learning and curricula: Given the shift to virtual learning, schooling should be tailored to fit a home-centered model, rather than imposing a traditional eight-hour day of schooling within the home.

Mental health: Due to increased isolation, effects of the pandemic may be compounding mental health issues. In addition, disruption of individualized service plans (ISP), individualized education plans (IEP), and interaction with various learning and therapeutic treatments may be contributing to increases in mental stress and vulnerability.

“Trying to find purpose in the day...I’m going crazy, really.”

“I’m more nervous about letting my kids outside.”

Socioeconomic standing: Larger financial shifts due to the pandemic have further increased the financial vulnerability of moderate to low-income families, making childcare even less affordable. Job insecurity is increasing.

“I’ve had five jobs since Covid.”

Racism: Fears and anxieties concerning anti-Asian racist sentiment is having a palpable impact on Asian people, including lack of safety and reliving historical trauma.

Stress and poor health: While Latinx, Hmong, and rural White interviewees reported some buffering because of their family structures, all demographic groups reported increased levels of stress and decreased mental health due to the effects of the pandemic.

NEXT STEPS

Next steps include sharing back these results with key interview participants to promote community engagement and receive critical feedback that will be used to inform future work.

Based on what we heard from primary caregivers and providers, here are four preliminary recommendations to consider:

1. Requirements regarding state or county support should be relaxed for vulnerable families who are impacted by the Covid-19 pandemic, including, but not limited to extending the deadline for finding employment for currently unemployed parents beyond three months, increasing the maximum level of income for funding of childcare, and suspending the requirement for placing the non-custodial parent on child-support to receive aid for childcare.
2. Funding should be offered for providers to support capacity and purchase supplies related to Covid -19 impacts.
3. Mental health resources should be provided for families and providers suffering from increased stress, anxiety, social isolation, lack of work, and being home with children because of Covid-19 impacts.
4. Accessible resources (e.g. video, different languages, visual or text) should be made available to help caregivers and providers understand the many systems and organizations related to childcare (e.g. The Registry, Youngstar, DPI, DCF, Child Care Resource and Referral organizations, family resource centers).

APPENDIX 1: INTERVIEW QUESTIONS

Family/Primary Caregiver Questions

1. What is your childcare and/or preschool arrangement?
 - a. What's going well, what do you like?
 - b. What could be different, added or enhanced?
2. What do you want for your child? What are the indicators that make you want to seek out that particular childcare?
 - a. Why did you choose that option? What helped you decide?
3. What are your expectations for the cost of care for children in your community?
4. Based on your childcare and preschool experiences, how does this affect other parts of your life?
 - a. Your well-being and health?
 - b. Your economic situation?
 - c. Other effects?
5. To you, what does it mean to raise a healthy child?
 - a. Probe for each community > Physical, social, emotional wellbeing
6. How has the COVID-19/Coronavirus pandemic affected you as a parent/caregiver?
7. If you could recommend one thing to improve early care and education in your community, what would that be and why?
8. Is there anything else you would like to share?

Provider Questions

1. What does quality early care and education mean to you?
2. What does "healthy development and well-being for children" mean to you?
3. What are your expectations for the cost of care for children in your community?
4. Based on your current position in the early care and education system, what do you like or is going well?
5. Based on your current position in the early care and education system, what do you wish could be different? Why?
6. How does your position in the early care and education system affect other parts of your life?
 - a. Your well-being and health?

- b. Your economic situation?
 - c. Other effects?
7. How has the COVID-19 or coronavirus pandemic affected you and your position in the early care and education system?
 8. If you could recommend one thing to improve early care and education in your community and across Wisconsin, what would that be and why?
 9. (If time allows) What supports would benefit the early care and education workforce in your community?
 10. Is there anything else you would like to share?

DRAFT

APPENDIX 2: EQUITY AND INCLUSION FRAMEWORK

DCF uses the following Equity and Inclusion Lens as a transformative tool to:

1. Identify systemic and institutionalized racism, bias, disparity, and inequality in practices, policies, procedures, and programming.
2. Analyze data and information for racism, bias, disparity, and inequity in order to:
 - a. Move towards more equitable and inclusive planning, programming, decision-making, and resource allocating
 - b. Ensure that everyone, particularly members of underrepresented groups (communities of color, low socioeconomic populations, vulnerable populations, people with disabilities and other disenfranchised peoples) are included as equal participants at every level of policy, procedure, and program processes.
3. Work to equalize power in decision-making and opportunities for self-governance so that all Wisconsin children and youth are safe and love members of thriving families and communities.