



Hearing from Oregon's Families About Child Care Needs

**Key Findings from Statewide
Family Listening Sessions
2019-2020**

**Report to the Oregon Early Learning Division
and the Early Learning Council**

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- ▶ Bridging Communities
- ▶ Community Action of Washington County and Coffee Creek Head Start and Early Head Start
- ▶ Coos Health & Wellness and the CaCoon Program
- ▶ Doulas Latinas
- ▶ Frontier Early Learning Hub
- ▶ Humanitarian Assistance with Kindness & Interculturalism (HAKI)
- ▶ Latino Network
- ▶ Northwest Regional Early Learning Hub
- ▶ Oregon Community Development Coalition (Chiloquin, Gresham, and Madras)
- ▶ Seaside Head Start and the Lower Columbia Hispanic Council
- ▶ South Central Early Learning Hub

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Introduction & Background

Project Overview

The Preschool Development Grant (PDG) was a one-year federal planning grant awarded to the Oregon Early Learning Division (ELD) in 2019. As part of the PDG project, the ELD contracted with Portland State University (PSU) and OSLC Developments, Inc. (ODI) to conduct a statewide needs assessment to inform planning for expansion and improvement of Oregon's early learning system. A key part of the needs assessment was to engage broader family voices in helping to inform early learning priorities. To do this, the PDG research team partnered with community organizations to gather culturally specific community feedback about the early care and education needs of families in Oregon through a series of family listening sessions. This work was designed to engage community-based organizations (CBOs) as partners with the research team in shaping the questions asked, the approaches used to engage and invite families, and in providing input on final community-specific reports. All reports were provided back to the partnering organizations to share with families in their communities. In the case where listening sessions were conducted in a language other than English, reports were translated into the appropriate language to ensure accessibility to family participants.



Planning, Input, and Oversight

The PDG research team worked with two advisory groups to define the focus and priorities for family listening sessions: (1) the Strengths and Needs Assessment Advisory Committee, a group comprised of state agency representatives, local early learning leaders, and stakeholders from key community organizations; and (2) the Family Voices Working Group, a smaller group comprised of staff from culturally specific organizations, Early Learning Hubs, and programs serving large populations of culturally/linguistically diverse and/or geographically isolated families. Planning and design work included: (1) obtaining input from these Advisory groups at multiple points along the way to inform final decisions about communities of focus, priority questions, and methodology for engaging community partners; (2) compiling and reviewing existing reports from prior community/family listening sessions focused on understanding families' experiences with and needs for early learning and parenting support; and (3) engaging a culturally specific evaluation consultant, AB Cultural Drivers, to co-design the work with the PDG research team. A list of the reports compiled is included in Appendix A. Based on information collected through prior research and input from the two advisory groups, a number of priority populations were identified. We were able to include the following in this project: the priority populations for this project¹ were identified as:

1. Rural families outside the I-5 corridor
2. American Indian/Native American families
3. Latino/a/x families, especially those living in rural communities
4. Other non-represented refugee/immigrant communities
5. Families with children with special needs
6. Incarcerated mothers
7. Working families in poverty

¹ Other priority areas identified, but which we were not able to systematically include (a few members of these groups were included in some listening session): families with children involved in child welfare, tribal families, urban American Indian families, and military families.

Approach to Listening Sessions

Engaging Community Based Organizations

To identify community organizations that were interested in working with us to conduct listening sessions, we sent information through the email networks of Early Learning Hubs and other key early learning networks requesting suggestions for agencies serving the prioritized populations. A total of 62 different agencies were recommended, representing a wide variety of organizations serving families with young children across the state. These agencies then received information about the project and about the possible structures for partnering with the PDG team to conduct the listening sessions. We then met with interested organizations (in person or by telephone) that expressed interest to discuss the project needs and potential role for the partner organization. We provided three different options for partner programs, depending on their interest and capacity for conducting the listening session. Option 1 provided a stipend to the organization of \$7500 and asked for a higher level of organizational effort in doing outreach, engagement, and facilitation of the listening session. Option 2

included a \$5000 stipend, with somewhat fewer agency responsibilities; and Option 3, with a \$3000 stipend, requested partnership in facilitating outreach and providing input, but left most logistical work with the PDG research team. Most organizations opted for Option 1 or Option 2. All organizations were also provided with a hospitality budget of \$600 to cover food, child care, and other costs. We met at least twice with each partnering organization to clarify and define roles related to the following steps in the process.

All family participants in listening sessions were given a \$40 gift card to Target or Walmart. Listening sessions were facilitated in the languages appropriate for the community, and reports were translated into these languages to be shared with participants. Nine sessions were conducted in Spanish and one in Swahili. The only criteria for participation was that families have at least one child under the age of 5 years.



Table 1. Family listening session host organizations and participant characteristics

Partnering Organization	# of Participants	Participant Characteristics	Location
Bienestar	18	Spanish, Latino/a/x/Hispanic, Subsidized Housing	Scappoose, Forest Grove
Bridging Communities	10	English, White, Parents of Children with Disabilities	Medford
Coos Health & Wellness	9	English, White, Latino/a/x; Parents of Children with Health Needs	Coos & Curry Counties
Douglas Latinas	24	Spanish, Latino/a/x/Hispanic, Migrant	Hillsboro, Woodburn
Frontier Early Learning Hub	8	English, White, Frontier	Burns, Hines
Humanitarian Assistance with Kindness & Interculturalism (HAKI)	13	Swahili	Portland Metro
Latino Network	18	Spanish, Latino/a/x/Hispanic, Migrant	Gresham, Tualatin
South Central Early Learning Hub	5	English, White, Frontier	Residents of Lakeview
NW Regional Early Learning Hub	11	English, White, Rural/Coast	NW Coast (Clatskanie, Scappoose)
Oregon Community Development Coalition (OCDC)	16	English and Spanish, Latino/a/x/Hispanic, Klamath Tribe	Chiloquin, Madras
OCDC Gresham	11	English and Spanish, American Indian, Latino/a/x/Hispanic	Gresham
Community Action of Washington County and Coffee Creek Head Start and Early Head Start	3 Staff	English, Incarcerated Mothers	Coffee Creek
Seaside Head Start and Lower Columbia Hispanic Council	5	Latino/a/x, Spanish Speaking, Rural/Coast	Seaside
Total	151		

Table 1 lists the partner organizations, number of listening sessions held for each organization, language used in facilitating the listening session, location of program, and number of participants per session. The majority of participants were biological parents, mothers in particular, as well as fathers, uncles, and grandmothers.

A smaller number of adoptive, foster, and other nonrelative caregivers also participated. Three staff from Coffee Creek Correctional were interviewed as liaisons to women who were currently incarcerated or on parole. The terms “family member”, “participant”, and “caregiver” are used interchangeably in this report.

Key Findings

We offer the following synthesis of key findings from across the listening sessions, noting that this summary does not do justice to the complex, nuanced, and detailed stories that families shared with us. We urge program planners, policy makers, and others who are working to improve Oregon's early learning system to read each of the individual session reports included in the *PDG B-5 Needs Assessment Phase 2 Family Listening Session Full Report* to gain a more complete, complex, and authentic understanding of what caregivers' experiences have been, and what their hopes and dreams are for how the early learning system can support their families to succeed and thrive.

Current Child Care Experiences Building School Readiness

Family Experiences and Hopes for School Readiness Supports

One of the most consistent themes expressed throughout the listening sessions was a common perspective among caregivers that school readiness matters and that participants wanted their children to have early learning experiences that could help them be ready and successful in school. Participants agreed that child care programs should cultivate early math and literacy skills such as learning letters, numbers, colors, and shapes; however, participants were even more likely to highlight the importance of early learning experiences for helping children gain the social-emotional skills needed to successfully transition into kindergarten. Examples of benefits they had perceived for their children in this area included overcoming shyness and separation anxiety, learning to adjust to school structures and routines, learning to work in groups and play well with other children, and to respect adults by following directions.

Participants whose children were participating in more formal early learning programs (described as "licensed", "preschools", and/or "centers") described a number of ways that their early learning providers were helping children build school readiness skills, including:

- ▶ **Education:** learning colors, letters, how to write their name, English language, science and math

- ▶ **Social-Emotional Skills:** building confidence, supporting positive peer interactions (sharing, taking turns, respect, empathy for others), having opportunities to play with other children and make friends, learning how to communicate needs and how to recognize and interpret emotions
- ▶ **Self-Care and Other Responsibilities:** learning to listen to a teacher, learning a routine, going to the bathroom alone, picking up after a meal, picking up toys after play

"Because they are developing more and they're having more confidence with the teachers and with other children, they are not embarrassed, they are not insecure and so that in the future they will have a career and learn a little bit of everything."

—Spanish-speaking participant

While many participants described these types of early supports for school readiness, a number also shared their concerns that some caregivers (often described as "unlicensed" or "babysitters") did not engage their children in learning activities to prepare them for school. Some expressed that their children were spending too much time watching television and playing games on electronic devices. Participants living in rural areas, in particular, noted that the lack of options for child care led them to compromise what they might ideally want for their child in terms of an early learning setting to ensure that child care of any type could be secured.

"Sometimes we turn to the neighbors or a friend because we can't afford quality of care, like a child care center. You see the difference when you take the kids to a child care center versus when they are cared for by a family member, a neighbor or a friend." —Rural participant

"The difficult part for me is after school, because I take her to care and I feel there is no routine or dedication there...At the moment my neighbor watches her and I sometimes come back and find them watching television" —Latino/a/x parent

At least one family in almost every listening session also mentioned the value of experienced child care providers who helped to identify children with special needs prior to kindergarten entry. While families did not specifically characterize this as building "school readiness", it was clearly an important role played by early learning providers.

“When I started bringing [my son] here is when we realized that he had autism. And that’s something if I had not brought him here I wouldn’t have found out. They told me where I needed to go. They said that now he was talking much more than before. Before he didn’t talk at all. Last year and this year he has been [at OCDC], and he has learned a lot.” –Urban American Indian participant

Preparing Families to Support Children’s Transitions to School

While caregivers shared some examples of early learning providers helping to prepare adult caregivers for their children’s transition, these were far less frequently reported than direct supports provided to the children. Some of the things described included guidance and information about how to support children’s learning at home, specifically things to do to help children achieve particular learning or behavioral goals, and guidance to help family members understand and navigate the school system (e.g., explaining the purpose of parent-teacher conferences, supporting the completion of kindergarten applications).

“We really want that. We want our kids to be ready. It’s hard enough in the school systems, and we really need to figure out how to help our kids be ready for that.”

–Latino/a/x mom

A number of participants did not expect their early learning provider to help parents to better understand how to support children’s learning and/or transition. That said, when asked what would be helpful in this area, they offered a number of recommendations for additional supports that they felt would help prepare their children for school, including:

- ▶ Information about school expectations for children and family members
- ▶ Guidance on how to communicate with teachers
- ▶ Information about the transition process
- ▶ Information about developmental stages for children and what is “typical”
- ▶ Help setting routines with children to be ready for school
- ▶ More activities family members can do to help children learn academic and social skills at home



Current Experiences with Culturally Specific and Culturally-Responsive Care

Family members who were Black, indigenous, or other persons of color (BIPOC) discussed issues of language and culture in relation to their children’s child care experiences. These families primarily included Latino/a/x families, as well as American Indian (specifically, members of the Klamath tribe), East African immigrants, and multiracial families. Activities to support Latino/a/x children’s cultural traditions were infrequent at most sites, beyond occasionally serving or preparing culturally specific foods and celebrating some holidays, such as the Day of the Dead. One Head Start program in Central Oregon was an exception, which, in addition to holding an ‘All Around the World’ event with music in English and Spanish, food from different cultures was provided to children regularly, teachers spoke English and Spanish, and each classroom was decorated with different cultural pictures. This was one example of a more comprehensive integration of culturally specific materials throughout children’s early learning setting and experiences. This program was recognized for having books, pictures, and other materials in the classroom that reflected children’s racial/ethnic heritage.

“We made [tribal stories] into CD’s and the Head Start teachers implement those in class...I think that’s really important because our children know who they are and where they come from.” –member, Klamath tribe

Spanish-speaking families clearly and emphatically shared two competing desires and hopes about their children's exposure to language: First, many expressed a keen value for children retaining their native Spanish language. Second, there was a clear concern that without dual language supports, children would not adequately learn English to be ready for school. These families also shared their perception that home-based care, a frequently-used option for many of these families, was often provided by family, friends, and/or neighbors who were primarily monolingual Spanish speakers and were concerned about these children's ability to acquire English in particular. Many Latino/a/x family members expressed a desire for center-based preschool and early learning supports for their children.



“We are already losing much of our culture. It’s true that we speak Spanish, but the reality is that English really is the focus...the little that we are able to teach stays at home.” –Spanish-speaking participant

What Does Ideal Child Care Look Like to Families?

In each listening session, caregivers were invited to share their vision for an ideal child care situation for their child(ren). Across sessions, participants described holistic programs offering well-rounded curricula spanning academics, arts and crafts, physical fitness and sports, and culturally/linguistically specific programming. They also emphasized the importance of having children spend time in quality early learning settings in supporting social-emotional development garnered through positive interactions with peers and providers.

“It is very important for our children to learn in a group...to socialize, to spend time together, to learn to share with other children...the children do not go to school scared, because they know what they are going to be taught.” –Latino/a/x participant

With regard to respondent subgroups, American Indian caregivers in one site described having more programs offering nature studies, origin stories, first food traditions (i.e., deer, elk, and salmon), and (in this case) Klamath language instruction. Latino/a/x participants, in addition to wanting dual-language programs with a strong focus on preparing children for entry into formal school systems, were especially interested in a diverse array of fitness opportunities including rock climbing, skateboarding, swimming, and gymnastics in addition to traditional offerings like soccer and basketball. It also appeared that caregivers in more geographically isolated areas were somewhat more likely to emphasize the importance of providers who would teach etiquette and manners, such as how to eat properly with utensils and knowing the difference between inside and outside voices. Many Latino/a/x families also described their desire to make sure that early learning providers were giving healthy meals and snacks to children. Finally, one Eastern African participant describing the difference it made to their family to have a teacher in her child's class who shared their culture:

“Like right now, my [youngest child] and has someone from our community as the teacher. If he does something bad that teacher is going to come and tell me hey, this is what’s going on...She will care because she knows him personally...She’s not going to say your child is bad, she’s going to say how can we work together to settle this...We work together, we understand where we come from...” –HAKI participant

Generally, however, while many families expressed a preference for group-based care, East African immigrants—geographically isolated—and a subset of Latino/a/x caregivers reported that they would prefer to take care of their children themselves if their life circumstances allowed. This was often talked about in the context of negative experiences families had with child care providers, as well as more general mistrust of the quality and type of care available to them. One of these participants talked about the importance of dual-language programs so that children can build skills for transitioning from one language to another. Another parent said that they would like to see more understanding and adaptation of what is taught in early learning to better reflect their religion. They reported that sometimes schools teach children things that go against their faith-based beliefs. That said,

East African immigrant participants shared that they would like a culturally specific classroom or early learning program in their own community.

Preferred Locations and Times for Child Care

The lives of parents with young children are diverse and dynamic. As such, the times they would like to have child care available varied widely in terms of hours, days, and level of flexibility, although participants almost overwhelmingly described their need for full-day, full-week care—but family work weeks and schedules varied tremendously. Participants in each dialogue session were interested in a traditional Monday through Friday daytime schedule, but this was one of many options discussed. Alternatives included half-day sessions in the morning and afternoon, evening and weekend offerings for caregivers with nontraditional work schedules, and abbreviated schedules such as two days a week, once a week, and twice a month. Flexible drop-in programs were also mentioned, as well as year-round programming and trustworthy options for care when center-based facilities may be closed for staff training or weather.

“If you work in the field, you start at 7:30am. So you would drop [your children] off at 6:30am and would pick them up at 4:00pm.” –Latino/a/x participant

“...on Spring break and summer time, our kids don’t have anything. If you live right in [town] it’s really hard and I’m sure living outside of [town] is hard too. Like there’s no program to take your kid or have somebody take your kid to the library, you know like when you’re in a city. You can hire somebody to take your kid to the library for story time and have a full day of stuff. We don’t have those options here.” –Rural participant

Participants almost universally voiced the desire for programs to be conveniently located close to home or work. Participants in geographically isolated communities suggested co-locating child care with other family services such as DHS, Head Start, or behavioral health providers. Latino/a/x caregivers specifically mentioned a desire for their children to have access to the outdoors while in care, such as located near a park or with an outdoor play area. Many preferred to walk their children to child care. If travel is needed, participants expressed that access to transportation, such as a bus to pick up children along a scheduled route, would be helpful.

Finding Quality Care and Family Decision Making

The caregivers interviewed were both creative and diligent in their efforts to find appropriate care for their children. Sources of information included calling 211, searching the internet including

the state licensing website and social media websites, and confering with DHS caseworkers. However, the source most commonly mentioned and most trusted was word-of-mouth recommendations made by friends, family members, and coworkers. Ultimately, these personal referrals were seen as more likely to result in finding a caregiver that family members felt they could trust.

“More than anything else, we get information among ourselves as a community, and then [I] make a decision from there.” –Latino/a/x participant

At the same time, families expressed keen interest in being able to find out other kinds of information (e.g., about quality ratings, licensure status, past families’ experiences) but had little idea how to get this information.

“At first I tried the resources they tell you to use, DHS and 211 and I asked all the questions they tell you to ask. But I realized after so many calls that I couldn’t afford those child care centers. [The information] didn’t prepare me for reality.” This mom chose an in-home child care situation for her daughter, but after talking with the provider about her concerns around her son watching television, she found that the provider no longer wanted to care for him. “So, I stopped asking those questions and when I took my last job I used references.”
–Rural participant

One Latino/a/x parent mentioned that announcements on Spanish language radio stations would be helpful, to learn about available options. Another suggested that a website should organize information in one place, such as a clearinghouse, since posting flyers in the community is an unreliable method to disseminate information about available programs. According to Head Start staff working at the Coffee Creek Correctional facility, mothers receiving Head Start services while incarcerated tend to seek similar programs once released, mainly due to a lack of knowledge about the diversity of options available to them.

Information Needed for Decision Making

As discussed in the listening sessions, affordability, availability, and safety are paramount when caregivers are looking for child care options. Participants shared a number of things that they felt were helpful (or would be helpful) to them in order to feel they had the information they need to make a good decision about child care. Key among these were meeting and observing providers, touring facilities, and providers having clear “Open Door” policies (e.g., knowing that parents can volunteer in the classroom and are welcome to visit).

Many participants, especially those living in geographically isolated locations, described taking additional measures to ensure their children would be kept from harm. Examples included conducting provider background checks and requesting drug tests and references. Aspects of the physical location were also discussed, including cleanliness, sites free of drowning hazards (e.g., swimming pool), and “appropriate” bathroom facilities.

Caregivers mentioned numerous other qualities they would consider in decision making, which are listed below.

- ▶ Realistic staff-to-child ratios
- ▶ Adequate supervision to ensure safety
- ▶ Nutritious meals that include fruits and vegetables
- ▶ Time for children to play outside each day
- ▶ Respectful, kind provider interactions with children and caregivers
- ▶ Shared cultural beliefs and backgrounds
- ▶ Common approach to discipline

Challenges Accessing Early Learning Programs

In addition to discussing their ideal child care scenarios, the dialogue sessions gathered a wealth of information about the challenges caregivers experience navigating their current circumstances. Across the board, BIPOC families described challenges in finding linguistically and culturally specific and/or responsive providers for their children. In addition, all groups highlighted three other central, and clearly interrelated, challenges for parents: Cost, availability/access, and quality. These four challenges are described below.

Lack of Culturally and/or Linguistically Specific Early Learning Providers

Across the board, BIPOC families shared the difficulties they faced in trying to find culturally and linguistically specific or responsive providers for their children.

“When he went to the last preschool (where he will never go to again), they only focused on White/Caucasian. Like the posters are only white people. A lot of the things in the classroom are focused on White. In the books: White kids.” –Multiracial participant

Among Latino/a/x caregivers, having providers who speak the families’ home language was clearly important, but options were seen as quite limited. Participants described some of the chal-

lenges related to having monolingual English teachers/providers for both children and adults. For example, participants described that in cases where providers do not speak Spanish (or the child’s home language), children struggle to communicate in English. Language barriers were also described as getting in the way of parents’ ability to communicate their children’s needs to providers, and of providers’ ability to talk with parents about their children’s progress in care. Moreover, mothers speaking indigenous languages (Mixteco, Zapoteco, Chuj) could not find providers who spoke their dialect, making it hard for children to learn or want to speak their home language.

“There is only one teacher there that speaks Spanish. She is only there once a week, sometimes just for a little while, sometimes all day...Sometimes it is difficult for my son to communicate because he doesn’t speak much English but now that he is going to school he is learning a lot.” –Spanish-speaking parent

East African immigrants had the most difficulty acclimating to provider contexts anchored in the dominant western culture, and they expressed the most reluctance to place their young children in early learning settings that were outside their home and, therefore, cultural community. In their experience, “American” teachers lack cross-cultural understanding, which manifests in their communication with participants and understanding of family context and children’s behavior. These families tended to prefer to care for their children at home or in the community and described culturally specific means of educating their children. Family members or community members speak Somali or Swahili to children and tell stories and sing songs in Swahili so they do not lose their home language. They also practice Muslim traditions such as washing after children get home from school, reading the Quran, and teaching children how to pray. A major consideration for these family members was a sense that their cultural ways of parenting were not only misunderstood but perceived negatively by outsiders. Some mentioned concerns and experiences with DHS/Child Welfare reports being made based on early learning providers’ lack of cross-cultural understanding and ability to communicate with families.

“We mostly keep our young kids at home since we don’t trust. We would just rather have family members watch the little ones.” –East African participant

Cost is Prohibitive

Across all of the sessions, the barrier caregivers lamented most consistently and frequently was the high cost of quality child care, sharing a variety of negative impacts on their ability to work, daily lifestyles, and emotional wellbeing. Especially for parents with

multiple children, the combined costs of child care were seen as exceedingly prohibitive. One Latino/a/x caregiver suggested that it would be helpful for providers to offer volunteer opportunities for parents who could then have their children receive services for a reduced cost.

“Probably the number one barrier for receiving quality child care; being able to afford it.” –Rural participant

“I’d like to leave him at a daycare, but I started to check daycare prices and it was too expensive, even for a few hours, so I made the decision to stay home with him...I’m just going to wait for him to go to school, this next year he’s going to school.” –Latino/a/x participant

A majority of the participants we spoke with talked about the ways that the lack of affordable child care impacted their ability to work. Caregivers reported quitting work, turning down work, or not seeking employment because of the cost of care or the lack of available care during the times/days needed. children Participants in each group discussed the trade-offs between working low-wage positions and staying home with their children.

“Oh yes, I’ve left work, I was paying \$34 a day (for babysitter), I worked only 6 hours and I was earning only \$12 an hour, it wasn’t worth it.” –Latino/a/x participant

“It wasn’t worth it to miss out on my child’s growing up for a few hundred dollars after paying out [for child care].” –Rural participant

A commonly shared scenario was that parents literally added up how much they were making through their work, compared the value to how much child care would cost, and found the cost of care exceeded what they could make in paid employment. In many cases, they would have owed money on top of what their paycheck in order to have their children in care. This poor financial payoff was not compelling when combined with the added loss of time spent with their children during their early years.

“For some of the daycares in town if we had both kids in care it would almost be \$1000 a month so it’d be pointless for me to work if I’m going to be paying for daycare because I’d be working to pay for daycare. So I’d rather stay home with my kids if I’m going to be paying that much. \$200 a month would be reasonable. It’d be very hard for me to go to work and have someone else taking care of my kids all day and I’m not raising them...just to have them go to daycare so it’d have to be pretty cheap because it’s hard to go to work just to pay for that.” –Rural participant



“I stopped working for that reason, because Monday to Friday I was going to have to pay for four [children]. I thought it better to stay at home” –Latino/a/x participant

Other participants described reducing their hours or rearranging work schedules to care for their children. One parent’s compromise was to not see her children for days at a stretch because she worked odd hours. The child care provider would not watch the children at their home so the parent did not get to see her children between school, sleeping, and her work hours for sometimes days at a time. Another reported working opposite shifts with his partner to cover the costs, which had stressed their relationship. In addition, one parent reported that she could not go to work to cover the cost of child care because the added income would cause her family to lose their OHP coverage. Others who opted to stay home with their children full time experienced negative emotional effects including social isolation and depression.

“I would like to work, but I cannot apply for public care [for my youngest child], and I cannot pay for the \$1200 a month for the youngest to go to care...Since staying home, I have been depressed, but \$1200 is way too much.” –Rural participant

For some families these challenges were even more formidable and could have profound negative impacts. For example, A Head Start provider working in corrections noted that insurmountable child care costs play a role in recidivism. Mothers struggle to gain employment due to their criminal background. Once secured, they often work evenings and weekends. Combined, these factors severely limit choice and ability to access care.

"It's almost like they [women on parole] should be given a state voucher (for child care)... as they parole. 'Cause that's a barrier to them getting on their feet, and we know that women are facing multiple stressors, and if we're talking about staying in sobriety and out of criminality...if we're really serious about recidivism, how can we get people back on their feet?"

–Coffee Creek participant

A number of participants viewed Head Start as the best (affordable) option, but many were not able to access the service due to waitlists or because they exceeded income requirements. When selecting from the remaining alternatives, participants indicated that licensed facilities are preferable. Such options tend to be more expensive than unlicensed options, and some participants related that licensure was not a guarantee of quality care. These participants clearly understood the reality that subsidized or publicly funded child care programs often have waitlists, while unsubsidized/private programs tend to be more expensive, especially if the provider is licensed.

"Unfortunately, subsidized child care programs often have waitlists, while unsubsidized programs tend to be more expensive, especially if the provider is licensed..." –Latino/a/x participant

I've tried three years to get him into daycare here and there's a waiting list and at the time I was working night shift so it didn't even help out. So now I'm working in the mornings and I've been trying to get him in daycare, still." –Rural participant

"It's so hard to find anybody for child care. There's a lot of providers here that are not licensed because it's too hard for them to get licensed." –Rural participant

Access Challenges: Availability and Transportation

In addition to cost, availability of child care was discussed in most sessions as a serious limitation of the current provider system. While this was a challenge across all of the dialogue sessions, it was perhaps most strongly articulated by families living in rural and frontier areas of the state. In other cases, for families working lower-paying service industry jobs, or working as farm or migrant laborers, child care was not available at the times it was needed to accommodate these participants' work schedules.

"I think we need more people who actually are qualified to step up and do child care. 'Cause there is a lack of child care in this county. I've lived in Sacramento, I've lived in Klamath Falls and this place...there's not enough child care for poor people that are trying to go back to work. That's the hardest part is trying to actually find people..." –Rural participant

This challenge was also discussed among American Indian and Latino/a/x caregivers, as well as staff working with incarcerated mothers. Comments highlighted lack of access to culturally supportive/inclusive care, waitlists for low-cost options, and the strain caused by constantly juggling coverage among family caregivers.

"I work full-time and their dad works seasonal so right now they stay home with dad when they're not at school. When he goes back to work, I have no idea what I'm going to do with them. And I'll have three, I have another one on the way. I might have to stay home with the kids because I don't have child care." –Latino/a/x participant

Transportation was also raised as a challenge for caregivers who must travel to take their children to child care. In geographically isolated communities, participants described traveling long distances on treacherous roads to locations that are not close to either their home or their workplace. Among Latino/a/x participants, caregivers talked about how driving children to care placed unlicensed caregivers in additional danger due to fears of being pulled over and deported.

"Many people are able to drive but they don't have a license so there is a risk involved...even if they want to take them, the bus might be safer." –Latino/a/x participant

Among incarcerated mothers whose children travel to the correctional facility to receive Head Start services, participation hinges on the availability of family members to bring children to the site. In addition to burdening already strained families, this approach results in unreliable attendance in programming. Requests for bus transportation were universal among dialogue session participants traveling to reach child care.

Low Quality Child Care: Lack of Trust, Experiences of Discrimination, and Safety Concerns

The final key theme focused on caregivers' reservations about care quality and child safety, an issue that emerged across all listening sessions, although their perspectives differed somewhat from group to group. Participants across all groups talked about the importance of trust. Many shared negative experiences with child care, as well as specific experiences of social, racial, and/or linguistic discrimination that increased mistrust.

“We don’t have reliable care here. We don’t have anybody we can trust. I think that’s real.”

–Latino/a/x participant

Latino/a/x participants discussed a variety of issues including the lack of learning activities, disrespectful staff, and large class sizes. They also expressed worry about child maltreatment, based on lived experience with harmful provider actions including withholding food, leaving children in diapers, and locking children in the closet as a form of discipline.

“I asked my son why he was crying and he didn’t want to tell me. The next day I asked him again. He told me that she [child care provider] was scolding the kids she watches and in order to punish them she would stick them in the closet.” –Spanish-speaking participant

“I used to work hard and cook for my children every day. I noticed that my children were losing a lot of weight, the provider didn’t feed them the food I left for them, did not change their diapers, nor their clothes. I would provide everything to the babysitter to take care of them...One day, I left work early and went to pick up my children before the normal time and caught the provider eating the food that I had taken to my children that day...I took my children with me, the diapers and left the babysitter’s house upset, but I didn’t say anything.” –Latino/a/x participant

Among East African immigrants, a general mistrust for providers outside of their culture and community was a central concern, in addition to their observation that child care environments were often misaligned with their home culture and traditions.

“We mostly keep our young kids at home since we don’t trust. We would just rather have family members watch the little ones.” –East African participant

One caregiver spoke at length about the discrimination they had experienced from a teacher. Cultural misunderstandings and poor parent-teacher communication were also discussed. For example, one teacher gave an East African immigrant child a pair of shoes. The child’s mother was angered that she was not given the opportunity to choose whether her child should have them and felt that the teacher had assumed the family was poor because they were served by Head Start.

“I took [child] to the hospital, they told me it was broken. I assumed he didn’t tell anybody because I didn’t get a call, I didn’t get an email, I didn’t get anything. He was like, “Yeah, I told the teacher that my arm was hurting and she told me to go and sit down at my desk.”...What really made me furious and angry was, my child has a good friend who goes to school together...they are Caucasian and I kind of talked to her [the mom] about it. And she was like, ‘She [the teacher] emails me every time my little girl gets a paper cut.’...That was kind of like, okay, now I felt that discrimination.”

–East African participant

“A lot of parents are scared if there’s an American home visitor. Especially since they are scared of them calling DHS. It’s hard to trust somebody who’s outside of the community to come to your house or when you open your doors for people. The whole family or the kids may be taken away. Even if a child falls or gets hurt, they might blame the parents. The trust is an issue.”

–East African participant

Geographically isolated caregivers also expressed mistrust of providers. One mother said that the horror stories from the internet, television, and word of mouth about children being harmed in care drove her decision to stay at home with her children. Another caregiver pulled her child out of care after her son was injured and the provider did not alert her until pickup at the end of the day. Geographically isolated caregivers also perceived unlicensed programs as unsafe, and frequently talked about their need to compromise some elements of what they felt would be best for their children just to have someone they could trust.

“We are so starved for someone we can trust to watch our kid to get us through the day, we haven’t even thought about the rest of it...until they get to preschool.” –Rural participant

“It’s hard to trust someone that you don’t know super personally. I don’t think I could just drop my kids off at somebody’s house. Even if they are through DHS or whatever.” –Rural participant

Children with Special Needs

Some of the listening sessions specifically solicited feedback from family members caring for children with disabilities or special health care needs. Similar to other groups, these participants reported privileging affordability, availability, and safety when considering child care options, but expressed particularly concerns and difficulties finding child care providers who were adequately trained or experienced to support their children with special needs, which included such things as ADHD, Down's Syndrome, autism, hearing impairment, diabetes, and other chronic health conditions. Moreover, once placed, multiple caregivers shared that they had been asked to remove their child from care due to the provider's inability to support the child's needs.

"They said they could no longer handle his needs and he was being removed from the program, and we were just left with no care and both of us working."

—Rural parent of child with special needs

Faced with a dearth of providers with adequate training, participants reported needing multiple, complex arrangements needs. Information and referrals provided by other parents with children with disabilities were seen as a helpful resource for finding appropriate care, as well as the assistance of some community based organization.

"I couldn't leave him with family because nobody understood because of this invisible disability he has. They just think he's being a bad child and he's not. I had to go against my better judgement and have someone I didn't know to watch my children while I was in the hospital." —Rural parent of child with special needs

A particular challenge expressed among participants in this group related to EI/ECSE services. Due to very limited availability of such services, participants expressed their strong desire to connect with qualified providers who would allow them to have EI/ECSE services in tandem or within child care, or who could provide care around EI/ECSE service days. Participants also discussed the reactive nature of the service system. One example offered during the session focused on needing to request particular services for a child, rather than service coordinators offering the full menu of services available to them. These participants also made a more general request for help identifying available supports and navigating service systems for children with special needs.

"We also have EI/ECSE, but they only accept him for 2 hours 2 days a week. Now, I can't go and work if I have to take him to school at 1:45 and pick him up at 3:45. My husband and I have to have full-time jobs to pay our bills. We can't find another placement for our special needs child that works with his special education ECSE—so, I guess that's what we need."

—Rural parent of child with special needs

"But it's something I find really interesting with the system is that they know that they can provide—the service coordinators know that they can provide this [service]—but they can't tell the parents that they can provide it unless the parents ask for it. But the parents don't ask for it because they don't know it exists and they don't know that they can ask for it. So, as soon as one parent tells another parent, 'Oh, I get this service', it's like, 'Oh, moms are talkin'!'...However, if you don't know to say that and you don't know to ask for that [service], then they won't offer that or ask you."

—Rural parent of child with special needs

With regard to services for children with special needs, Latino/a/x caregivers faced the additional challenge of finding qualified caregivers who spoke Spanish. The difficulty in finding Spanish-language speech therapy was mentioned by multiple caregivers, and—once secured—several described being unimpressed with the service provided. These caregivers recommended more provider training to identify speech delays, speedier referral processes, and increased availability of speech therapy in Spanish to better meet families' needs.

"It took a lot of work to find the place where my child goes to. I was looking for therapies in Spanish, I went to a place, but they rejected me because nobody spoke Spanish. Now my child goes to a center called CARD (Center for Autism and Related Disorders). The director speaks Spanish, but the therapies are in English."

—Spanish-speaking participant

Key Takeaways

Participants shared their complex and varied experiences in finding appropriate, high-quality early learning programs that met their needs, and the multiple challenges they face in their ongoing efforts to balance the needs of their children, their hopes for children's development and support, and adult needs for child care that allows them to work, parent, and thrive. Summarizing these voices does not do justice to their stories; however, we offer the following list of key themes parents shared with the recommendation that program planners and policy makers consider these in the context of their more nuanced and detailed stories, included in this report.

1. Shared Value for Supporting Children's Early Learning.

Families in all of the groups we spoke with had a common shared interest in ensuring that their children received high-quality early learning that could support the child's ability to successfully transition to and succeed in school.

2. Ideal Care Needs and Desires Vary.

Reflecting families' diverse cultures, languages, geographic location, work schedules and other complexities, "ideal" child care looks different for different families. The message for the early learning system from these sessions is clearly that there is no "one size fits all" approach and that an effective system includes diverse providers, settings, and strategies.

3. Trusted, Affordable, Available Care.

At the same time, across these different families it was clear: All families want a child care provider that they can trust, where their children will be safe, and the child care is affordable, accessible, and open during the days and times that families need care.

4. Compromising for Affordability.

The lack of available, affordable care led families to compromise other factors, including quality, to secure affordable early learning programs that allowed parents to work. Other parents sacrificed working at all because of the cost of care, or described complex patchworks of care that were clearly stressful at best and at worst harmful to relationships and adult and child well-being.

5. Oregon Needs More Culturally Specific and Responsive Care Options.

The ability of early learning settings to provide dual language programs that reflect children's cultural backgrounds and facilitate quality partnerships with adult family members is critical to addressing noted disparities in school readiness and success for these children. Such programs should not be considered optional, but rather a core part of Oregon's early learning system. In addition to language



and cultural barriers, these families face the additional burden of systemic racism, day-to-day experiences of discrimination, and both explicit and implicit bias on the part of early learning providers, teachers, and others. Overcoming families' mistrust of a school and early learning system based in White dominant systems and culture will take proactive work to build capacity for early learning from within these communities themselves.

6. Rural and Geographically Isolated Families Need More Child Care Options.

More than any other families we spoke with, families living in rural and frontier areas expressed a sense of desperation and frustration with the lack of early learning options and described the compromises they were making to secure care of any type. More resources to increase availability as well as accessibility (e.g., ensuring transportation supports) is paramount for meeting these families' needs.

7. Families with Children with Special Needs Require Early Learning Providers with More Specialized Training.

Enhancing the availability of training as well as increasing the incentives for providers to engage in training and successfully provide inclusive settings is a priority. Families with children with special needs also expressed the need for better integration of EI/ECSE services into existing settings as well as more on-site support from trained EI/ECSE staff, and more regular communication with their EI/ECSE providers.



Other Key Findings from Prior Sessions and Reports

In addition to the experiences and information provided in these listening sessions, a few themes and issues were highlighted in prior family engagement work done by Early Learning Hubs in the Fall of 2019. While some of the experiences and challenges families shared in those prior sessions mirrored themes highlighted in this report, a few key things did not emerge in the listening sessions held for the PDG projects that highlight additional family needs.

8. Foster Families Have Additional Needs for Early Learning Support. Foster families who are caring for children who have been removed from parental care expressed a need for early learning providers who understand how to provide trauma-informed care and who are sensitive to the needs of these children. Foster parents also described specific challenges related to qualifying for state subsidies for child care (ERDC) citing low payment rates, fewer child care options, and complicated state application systems.

9. Homeless Families Emphasized Safety, Stable Settings, and Healthy Food. These families noted that having a regular early learning provider to go to provided stability that these children needed. They also talked about the need for early learning settings to address children's food insecurity. These families described living in a constant state of concern that children would not have enough healthy food to eat.

10. Additional Safety Concerns. Across a relatively large number of migrant parents, an issue that was shared was their deep concern about safety; these parents suggested that more security cameras on site at child care centers would help develop trust and feel more sure that children were safe.

11. Other Key Supports that parents shared in these prior listening sessions and surveys included:

- ▶ A desire for help connecting with community resources to help with family stability (housing, food, etc.)
- ▶ More regular communication between early learning providers and parents, with updates on what children were doing and learning during the day
- ▶ More publicly available parental "reviews" of child care providers and facilities
- ▶ More opportunities for Head Start or Head Start "like" programs to be provided to families who are on waitlists

Families Not Well Represented in Family Engagement Efforts

While these listening sessions, and the work done across the state to hear from families that we were able to identify and review, reflected some of the experiences of specific groups. There were families that were not as well represented, such as the incarcerated/newly paroled mothers and American Indian families. In addition, there were families identified as priority populations that we were not able to hear from, including African American families, Asian and Pacific Islander families, and military families. These families may require specific kinds of early learning programs and supports in order to ensure their children are receiving the type of care that can help them be ready and successful in school, and more information is clearly needed to adequately plan and implement effective programs for these families.

Appendix A

Table 2. Existing *Family Voices* reports

Release Date	Title	Geographic Location	Communities Prioritized	Languages Represented	Methods	Participants	Purpose
2015-09	Juntos Aprendemos: Demonstrating the Strengths of a Community-Based Kindergarten Readiness Program with Latino Families Using Qualitative and Quantitative Evaluation Design	Multnomah	Latino/a/x	Spanish, English	6 Focus Groups, Retrospective Pre-Post Surveys	24 Focus Group Participants, 37 Survey Respondents	Founded in response to Latino parents' determination to close the achievement gap, Juntos Aprendemos utilizes community-based solutions as it builds parents' capacity as their children's first teachers and strongest advocates. This report uses quantitative and qualitative evaluation to demonstrate the program is achieving its goals for children and parents.
2016-07	Parent Voices: Supporting Our Parents to Help Children Succeed	Multnomah	Native American, African American, Latino/a/x, Middle Eastern, Pacific Islander, White, Home Forward-Engaged Families	Spanish, English	Focus Groups	79	To understand needs and ideas for supporting early learning and strong school attendance.
2016-10	Racism, Toxic Stress & Birth Outcomes: Finding Solutions in Conversations with Healthy Birth Initiative Clients	Multnomah	African American, Former and Current HBI Participants	English	Focus Groups	8	To understand sources and experiences of pre- and post-partum stress and coping strategies.
2016-12	Learning from Families at Earl Boyles Elementary about Housing Issues in their Community	Multnomah, Earl Boyles Elementary Catchment Area	Asian, Latino/a/x Families	Spanish, Chinese, English	Focus Groups, Interviews	9	To better understand the housing needs and desired supports and services for families in the Earl Boyles neighborhood.
2017-02	Multnomah County Home Visiting Community of Practice: Parent Advisory Committee Listening Session	Multnomah	African American, Former and Current HBI Participants	English	Focus Groups	6	Understand families' experiences with home visiting (early childhood home-based) services broadly, and specifically about intake and engagement in supports.
2017-04	Learning from Community Ambassadors at Earl Boyles Elementary School	Multnomah, Earl Boyles Elementary Catchment Area	African American, Former and Current HBI Participants	Spanish, Chinese, Vietnamese, English	Focus Groups	3	To better understand the role of Community Ambassadors, learn about supports and resources they need to advance their work, and generate ideas to increase access to and utilization of services and programs in the community.
2017-06	Welcome Baby 2.0: Inputs from Parents & Community Partners	Multnomah	Asian, Latino/a/x	Not Explicitly Reported	Focus Groups	Not Reported	Additional focus groups were held with parents who participated in culturally specific home visiting programs to understand their experience with outreach, intake and referral coordination.

Release Date	Title	Geographic Location	Communities Prioritized	Languages Represented	Methods	Participants	Purpose
2017-07	Earl Boyles Neighborhood Center Services	Multnomah, Earl Boyles Elementary Catchment Area	Earl Boyles Catchment Area	Not Explicitly Reported	Focus Groups	8	Learn about families' experience with the Neighborhood Center, gain insight into benefits of having supports co-located within an elementary school, and learn about ways to improve the services offered as well as methods for communicating about these services and engaging other parents.
2017-12	Kindergarten Inclusion Cohort Survey: 2010-2018		African American, Latino/a/x	English	Survey	36	Understand impact on families of participating in Kindergarten Inclusion Cohort.
2018-03	Kindergarten Readiness Focus Group: Portland		Asian, Latino/a/x, Pacific Islander	Spanish, English	Focus Groups	12	Understand what kindergarten readiness means for parents and children, what early learning supports and health services have families participated in, how have these supports and services helped, and what do families wish early learning supports and health services would do differently to better support kinder readiness.
2018-03	Kindergarten Readiness Focus Group: Gresham-Fairview		Earl Boyles Catchment Area	Spanish, Chuukese, English	Focus Groups	16	Understand what kindergarten readiness means for parents and children, what early learning supports and health services have families participated in, how have these supports and services helped, and what do families wish early learning supports and health services would do differently to better support kinder readiness.
2018-03	Kindergarten Readiness Focus Group: Oregon Center for Children & Youth with Special Health Needs (OCCYSHN)	Multnomah	Families Whose Children Have a Disability, OCCYSHN-Engaged Families	English	Focus Groups	8	Understand what kindergarten readiness means for parents and children, what early learning supports and health services have families participated in, how have these supports and services helped, and what do families wish early learning supports and health services would do differently to better support kinder readiness.
2018-07	Preschool Research Project	Multnomah	Nepali Bhutanese, Burmese, Congolese, Iraqi, Latino/a/x, Pacific Islander, Slavic, Somali, Vietnamese IRCO-Engaged Families	Multiple		90	To assess the early learning needs and priorities of immigrant and refugee families and define the gaps in accessing early learning/preschool environments that are responsive to their cultural and linguistic diversity.
2018-12	Infant-Toddler Assessment Phase 2: Listening Sessions	Multnomah, Washington	Native American, African American, Latino/a/x Families Involved with HBI, NAYA, Latino Networks, and Parenting Together, Washington County	Spanish English		29	Understand families' experiences accessing infant- toddler resources and supports.

Release Date	Title	Geographic Location	Communities Prioritized	Languages Represented	Methods	Participants	Purpose
Fall 2019	South-Central Early Learning HUB Key Findings; South-Central Early Learning HUB Strategic Planning Evaluation-Pacific Research and Evaluation Final Report	Douglas, Klamath, and Lake Counties	Rural Parents	English		Not Reported	Learn about families prioritize for preschool and early learning program expansion.
Fall 2019	121319 Eastern Oregon Hub SSA ECE Submitted	Malheur ESD	African Immigrants, Latino/a/x, Foster Parents, Below 100% FPL, Frontier	Spanish, Swahili, English		13 Refugee Families from Africa/Middle East; 66 Latino/a/x; 10 foster; 150 with 0-2 year olds	School Success Act Early Childhood Community Engagement—parent needs and priorities for child care programming.
Fall 2019	Maternal and Child Health Needs Assessment Final	Coos & Curry Counties	Homeless Families	English	Focus Groups	40	Inform maternal and child health-related needs assessment; specific child care questions were generally not included.
Fall 2019	NWRESD sessions	Astoria, Tillamook, Scappoose	Migrant Parents	English	Focus Groups	Not Reported	NWRESD Early Childhood Sector engagement- family needs and priorities for child care and early learning programs.
Fall 2019	Preschool Promise (3 agencies)	Rainier, St. Helens, TELC	Rural, Families in PreK Promise	English	Focus Groups	Not Reported	NWRESD Early Childhood Sector engagement- family needs and priorities for child care and early learning programs.
Fall 2019	Parent Advisory (2 counties)	Clatsop, Tillamook	Rural, Parents in Parent Advisory Council	English	Focus Groups	Not Reported	NWRESD Early Childhood Sector engagement- family needs and priorities for child care and early learning programs.
Fall 2019	SSA Engagement, Spanish Speaking Parents	Tillamook County	Spanish Speaking Living in Public Housing	Spanish	Focus Groups	Not Reported	NWRESD Early Childhood Sector engagement- family needs and priorities for child care and early learning programs.
Fall 2019	Head Start EI ECSE (4 counties)	Clatskanie, Rainier, Tillamook, Vernonia	Families with Children in EI/ECSE	English	Focus Groups	Not Reported	NWRESD Early Childhood Sector engagement- family needs and priorities for child care and early learning programs.
Fall 2019	Seaside EI ECSE (1 parent)	Clatsop County	EI ECSE Involved Spanish Speaker	Spanish	Focus Groups	1	NWRESD Early Childhood Sector engagement- family needs and priorities for child care and early learning programs
Fall 2019	Spanish Speaking Parents at Emerald Height Apartments	Forest Grove	Spanish Speaking Housing Complex	Spanish	Focus Groups	4	NWRESD Early Childhood Sector engagement- family needs and priorities for child care and early learning programs