

Plenary Session 2: *What We Can Learn from Providers About Equitable Access to Child Care and Early Education*

Wednesday, June 28, 2023

1:15 p.m. – 2:15 p.m. | *L'Enfant Ballroom ABCD (Livestreamed)*

- **Descriptive Information**

Plenary Session 2: *What We Can Learn from Providers About Equitable Access to Child Care and Early Education*

Recent policy discussions of equitable access to high-quality child care and early education (CCEE) recognize the need to ensure that supply-building strategies go beyond opening new buildings and expanding slots. Increasing both CCEE equity and access requires that providers take strengths-based approaches to tailoring services and meeting the diverse needs of children. It is likely that these efforts will need to improve both structural and process quality factors and will depend on expanded provider capacity and funding. What are providers' perspectives on improving equitable access and quality care? What are their ideas and what resources do they need to implement them? This session includes studies from four state Child Care Policy Research Partnerships (Minnesota, Maryland, Massachusetts, and California) that all use mixed methods (e.g., secondary analyses of administrative data, surveys, focus groups/interviews, data walks) to ensure that we get the depth and breadth of providers' perspectives into current discussions of equitable access to quality care. While this session shares state-specific findings, lessons can be drawn across states for relevant subpopulations of interest, such as families with low incomes, children with disabilities, and children in the child welfare system.

Presenters

Tamara Halle, Child Trends

Elizabeth Villegas, Child Trends

Bonnie Solomon, Child Trends

Pamela Joshi, Brandeis University

Margaret Gillis, SRI International

Scribe

Allison Wimmer

Number of Attendees: ~120

- **Documents/Presentations Shared** (Please list any electronic documents, PowerPoint presentations, or web links used during the session.) ***Collect presenter PowerPoints or other documents on the flash drive provided.***

- Participatory Research with Minnesota Child Care Providers
- Providers' Perspectives on Advantages and Challenges of Participating in Maryland's Child Care Scholarship Program and Quality Rating and Improvement System
- Multiple dimensions of ECE quality and the resources needed to support it
- Defining Equity in Access to Quality Care for Preschoolers with Disabilities

- **Brief Summary of Presentations**

Summary of Presentation #1: Elizabeth Villegas, Child Trends - Participatory Research with Minnesota Child Care Providers

- Partnership with Minnesota
- Focus on child care providers using participatory research – participants steer the direction of the conversation, broad open ended questions. Further conversations build on previous ones.
- World Café method for first few years, then data walk
- Year 2
 - What professional development supports are needed to stay in the field? How have virtual settings worked for you?

- Better/streamlined communication, guidance regarding COVID
- Multi-format PD (virtual, self-paced, address pandemic issues)
- Create early career pathways to the field – develop the workforce
- Year 3: Why child care field, what keeps them going?
 - Connection and mentorship
 - Support as business owners not just child care providers
 - Inequities in home ownership and property taxes based on county/location
- Minnesota Department of Human Services (DHS) – portal, aware of inequities
- Year 4 – Defining access with access framework, describing data points from provider and family perspective for each dimension of the access framework
- Still collecting data – smaller sessions
- Reasonable effort – scheduling needs, need locations close to home with extended hours
 - From provider end, staff and scheduling issues is challenging especially after COVID
- Transportation is a major issue, providers have tried working with schools to provide this
- Implications – research, lack of measures to understand access from provider perspective
- Policy – support accessing food and subsidy assistance
- Grants and supports to increase wages for providers
- Practice – working with local organizations to support parents needs and children’s development
- Collaboration and next steps with MN DHS – merging of assistance and scholarship programs, streamlining subsidy processes to support providers

Summary of Presentation #2: Bonnie Solomon, Child Trends - Providers’ Perspectives on Advantages and Challenges of Participating in Maryland’s Child Care Scholarship Program and Quality Rating and Improvement System

- Partnership with Maryland
- MD tied subsidy (scholarship) to Quality Rating and Improvement System (QRIS) (EXCELS) and opened up scholarship to more families
- Providers perspective on this policy change ^
- Why do providers allow/not allow scholarship children?
 - Over 70% of survey respondents said they enrolled at least one or would be willing to enroll a scholarship kid
- Over half of survey respondents said they participated in Maryland EXCELS
- Answer to both questions is the same: number one reason is they want to support low-income families, it’s seen as part of their mission. Participation in EXCELS is driven by the desire to serve scholarship children.
- 17% said they were unwilling to serve scholarship children, or only to a limited extent.
 - Deterred by paperwork and payment delays
 - These issues are compounded by number of kids – thus the limited enrollment – to keep the challenges to a minimum
- Nearly half did not participate in EXCELS
 - Application too time consuming
- Recent changes in MD
 - Presumptive eligibility and advanced enrollment-based payments (instead of retroactive attendance based)
 - Address the main concern of those who do not serve scholarship children
 - Fewer audits
 - Online provider and parent portal

Summary of Presentation #3: Pamela Joshi, Brandeis University - Multiple dimensions of ECE quality and the resources needed to support it

- Mixed methods research design, qualitative and quantitative – focus groups, online survey, in both Spanish and English
- When asked, providers noted many dimensions of quality and quality can be difficult to define
- Meeting children’s developmental needs
 - Mental health, behavioral needs
 - Promoting socio-emotional development
 - School-readiness

- Meeting families' needs
 - Supporting access to resources
 - Developing a community
 - Parent communication and engagement
- Challenges meeting children in the child welfare system's needs – particularly FCC
 - System barriers (i.e. transportation)
 - Trauma
 - Limited resources
 - Despite this, a high commitment to serving children
- Resources **needed** to support quality
 - Educators – higher wages, respect, planning time, PTO
 - Infrastructure – equipment, learning materials, more tools
 - Supports for more individualized learning – multi-language, small class size, etc.
 - Supports for families, community resources, necessities
 - Children's mental health – training, referrals/services, help in the classroom, trauma informed training
- Survey questions – resources provided by FCC networks
 - Less than half provide mental health referrals
- Policy implication – alignment between provider perspective of quality and equitable access to meet families' needs
- Resource limitations to support equitable access
- CCDBG quality improvement funds can focus resources on children in the child welfare system, support for providing individualized learning and attention, training, resources, and referrals for child mental health

Summary of Presentation #4: Margaret Gillis, SRI International - Defining Equity in Access to Quality Care for Preschoolers with Disabilities

- Describe the status of preschoolers with disabilities in subsidized early learning and care in CA
 - Mixed methods study – presentation focused on administrative and qualitative data from interviews
 - Inclusion definition involves services for children with disabilities IN the classroom
 - Gold Standard – Children with IEPs (Individualized Education Programs) has access to general curriculum, the proportion of children with IEPs is similar to general population, and services are received in the classroom. Specialists support the teacher in working towards IEP goals, and include child's peers in service delivery. Child and family transitions are minimized.
 - IEP kid more likely to be enrolled part time, in a program run by a school system. Also, more likely to attend QRIS program
 - Inclusion rates have declined CA and nationally
 - 3 year olds are less likely to be included than 4 year olds and 5 year olds
 - IEP children may transition between child care program and other programs or services
 - Lack of collaboration between districts and directors
 - Directors want more support and resources from district staff, more collaboration
 - Heavy reliance on self-contained classes for children with disabilities
 - Limited supply may not meet family needs
 - Programs that don't meet needs may need to be supplemented – this is not optimal for learning or development
 - Normalization principle – IEP kids should have similar level/choice/quality of care as those without
 - Inequitable disruptions are unique to children with disabilities and their families (limited choices, piecing together programs)
 - Challenges – many programs operated and funded by different people. SPED for 3-5 year old children are offered by school districts, which may not operate a preschool program (or don't have full time/full year)
 - Increasing collaboration between community based programs, expanding services outside district only? Who pays for the program?
 - CA is trying to expand transitional kindergarten, which can open up more slots for children.
- **Brief Summary of Discussion**
 - No time for discussion

- **Summary of Key issues raised** (facilitators are encouraged to spend the last 3-5 minutes of sessions summarizing the key issues raised during the session; bullets below are prompts for capturing the kinds of issues we're looking for)
 - **Participatory Research with Minnesota Child Care Providers**
 - There are few measures that seek to understand access from the provider's perspectives
 - Providers describe challenges caused by the rising costs for their program – retaining staff (need higher wages), purchasing food and services, and keep costs low for families
 - Providers were requesting support from the state to have easier mechanisms for food and subsidy assistance
 - Pandemic-era support for paying staff was helpful, that's now ending
 - Providers generally supportive of efforts to expand access to families
 - **Providers' Perspectives on Advantages and Challenges**
 - Providers want to support low-income children, and this drives participation in EXCELS
 - Providers are deterred by time-consuming administrative tasks – e.g. paperwork, payment delays
 - Limiting the number of scholarship children enrolled can mitigate the administrative burden
 - MD has implemented new changes
 - Presumptive eligibility
 - Advanced, enrollment-based payments
 - Fewer attendance verification audits
 - Online provider and parent portal
 - **Multiple dimensions of ECE quality**
 - Providers defined high quality care as
 - meeting children's developmental needs
 - meeting family needs
 - Providers, especially FCC providers, specifically discuss meeting the needs of children in the welfare system
 - Resources are needed to support high-quality care
 - Supports for individualized learning
 - Community resources
 - Mental health support
 - **Defining Equity in Access to Quality Care for Preschoolers with Disabilities**
 - There are many barriers to the inclusion of preschoolers with disabilities in subsidized early learning and care, including reliance on separate classes, a mismatch between provided services and family needs, and the need to piece together multiple programs in a disruptive patchwork of services
 - The gold standard for inclusion involves minimizing disruptions to children's and families' days that other children and families without disabilities do not have to face
 - Children with IEPs are more likely to be enrolled in subsidized programs part time (instead of full time), attend programs that participate in QRIS, and are more likely to attend a program operated by a school district than a community-based program
 - Solutions: CA is expanding transitional kindergarten, districts need to increased collaboration with other entities and begin viewing community-based child care programs as viable special education service location