Focus Groups With Families of Young Children in Omaha

PRELIMINARY FINDINGS BRIEF

Introduction

The Buffett Early Childhood Institute at the University of Nebraska is responsible for the Preschool Development Grant Birth through Five (PDG B-5) Needs Assessment. An integral component of the PDG B-5 Needs Assessment is gathering information from families to better understand how the mixed-delivery system could better meet their needs. Starting in 2019, various types of information have been gathered from families, including focus group conversations and survey responses. In 2021, additional family focus group conversations were conducted across the Omaha metro area to hear from Black and African American, Hispanic and Latinx, immigrant and refugee families, families of children with disabilities, families experiencing poverty or homelessness, and families providing foster care. Experience with an earlier Needs Assessment in 2019 and 2020 indicated the importance of reaching families who had been underrepresented.

Themes from the focus group conversations fell into three broad categories: Quality, Access, and Solutions. Information representing the themes is described below.

Questions guiding the focus groups addressed:

1. How do families understand quality care and education?
   a. What do families want, need, and value?
   b. What do families think children need to grow and thrive?

2. What barriers exist to obtaining quality care and education?
   a. What solutions are possible or needed?
   b. What supports currently exist?

Methods

Eleven community-based partners conducted 15 focus groups with families in the Omaha metro area in the Spring of 2021. The process of finding and training focus group facilitators will be described in a later section of this brief. Participants in the focus groups were asked to complete a post-focus group survey to provide Buffett Institute researchers with additional information (race and ethnicity, language, education, food and financial insecurity, types of care arrangements for their children, and satisfaction with the quality of care their child receives and with the quality of care in the area where they live).

Description of sample

A total of 84 families participated in focus groups:

- 53.6% Black and African American
- 22.6% Hispanic, Latinx or of Spanish origin
- 11.9% Asian or Asian American
- 8.3% White
- 8.3% Karen
- 1.2% Somali
- 1.2% American Indian or Alaska Native

Families spoke the following languages in the home:

- 50% English
- 22.6% Somali
- 21.4% Karen
- 21.4% Spanish
- 1.2% Arabic

Education levels of families:

- 20.2% High school diploma or GED
- 16.7% Some elementary or middle school
- 13.1% Some high school
- 11.9% Post-secondary certificate or associates degree
- 11.9% Bachelor's degree
- 11.9% Graduate degree

Percent of families reporting not having enough money for:

- 38.1% Housing
- 36.9% Utilities
- 29.8% Medicines

Percent of families reporting food insecurity:

We worried food would run out and didn't have enough money to buy more:

- 46.4% Never True
- 40.5% Sometimes True
- 8.3% Often True

The food we bought did not last and we didn't have money to buy more:

- 53.6% Never True
- 34.5% Sometimes True
- 3.6% Often True

Families chose diverse care arrangement and could select multiple types of care:

Family Friend and Neighbor Care

- 27.4% Family member who does not live in your home
- 14.3% Friend or neighbor
- 22.6% Other family member who lives in your home

Licensed Child Care

- 14.3% Nanny or Au Pair
- 21.4% Child care center/day care provider
- 23.8% Preschool/PreKindergarten
- 6.0% Special Education PreKindergarten
- 8.3% Kindergarten

Description of Process

The PDG Nebraska Leadership Team recommended that members of the community serve as focus group facilitators. Recommended community members were contacted by the project manager of the Needs Assessment team at the Buffett Early Childhood Institute. There were a total of 11 community facilitators interested in participating in focus group training and facilitation. Community facilitators signed a written agreement to participate in a one-hour summary training on the Preschool Development Grant and 1.5-hour focus group facilitation training, and agreed to recruit and conduct at least one focus group with the targeted populations. Facilitators were compensated $1,000 for their service. Families were compensated $30 for the 90-minute focus group. Facilitators conducted focus groups virtually and in person based on the needs of the participants and the preference of facilitators. All focus groups were conducted in the families' native language. An outside transcription service translated Somali, Karen, and Spanish focus groups.

Results

Key findings from focus groups are presented below in two broad categories, aligned with our central research questions. These key findings highlight families' perspectives of quality Early Childhood Care and Education (ECCE) for their children from birth to 5 years old. They also outline the experiences of families whose perspectives have been underrepresented in previous needs assessments of barriers to accessing high-quality care and education as well as possible solutions to gain access to high-quality care for their children.

🖐 Quality

Families described quality early care and education, and a number of initial themes emerged. Three tentative themes focused on trust and safety, expressing a need for quality ECCE that is physically and emotionally safe for their children and builds trust with families. Families said a way to build trust is through direct communication with families in varied ways such as email, text, phone applications, verbal, and written. Three tentative themes focused on diversity and equity. Parents wanted the children to have diverse experiences (i.e., traveling, the zoo, museums, etc.) and interact with racially diverse people and cultures to prevent "culture shock" in Kindergarten. Families also described having ECCE that can individualize learning based on each child's needs, and be racially and culturally competent by unpacking biases, intervening with children in times of peer discrimination, incorporating a racially and culturally diverse curriculum, and racially diversifying the ECCE workforce. Two other themes appeared: (1) having ECCE that teach children to be Kindergarten ready, including "following directions and following rules," learning numbers, and reading; and (2) teacher patience for when children make mistakes or have "tantrums" or "meltdowns."

Q.1. Child Safety

Families shared their perceptions on the importance of children's physical and emotional safety while in child care.

"I will say safety. I want my son to feel safe when he's at school. That's a really big deal to me because my kids go to school, and that's where the trauma is, you know, like that's where things happen to them, and I want him to go to school and feel safe and feel like he can, if anything were to happen, he can feel comfortable enough to go to someone and talk to them."

"We see in media when the people place their child at day care, they may not [be] able to take care of the child very well, not feeding them well. The child comes back home with injuries because they are not able to oversee every child as there are many children. It will be better if we take care by ourselves."

Q.2. Diverse Experiences and People

Experiences with diverse cultures and environments (i.e., traveling, museums, zoo, etc.)

"I like that there is a diversity of kids and that there are different cultures, and I want my kid to know that everyone is different, and everyone is beautiful, no matter what. The more they are exposed to other people, different cultures, but as long as everyone is treated equally, with respect and that they are learning, they are getting a head start on what the real world is like."

Ultimately, families want their child to

"feel accepted, to feel like [they] can do anything."

Q.3. Kindergarten Ready

Parents described children following rules, following directions, learning numbers, and knowing how to read.

"They prepare the kids for the Kindergarten, like when [child's name] started to school, he already knew all the rules when they come to school, like washing their hands and these tips they follow and how to walk in the hallway, thinking about how they teach them how to be the line leader, and one of their rules is similar to elementary school, so they can be already ready when they start to school."

Q.4. Trust and Comfort With Provider

Will my child be okay?

"It was mainly about who I felt comfortable around him, and so the day care that I chose when I was there was mainly close to where I worked, but then, when we moved up here, it was more of who I knew, and so he currently goes to a day care that someone I went to junior high with owns."

Q.5.   Teacher Racial and Cultural Competence

Teachers address racial discrimination between peers, examine biases, incorporate racially diverse curriculum, and racially diversify ECCE.

"...For me race is important...and I need to make sure that our instructor or whoever I'm leaving my child with for most of their waking day understands that this is another human. They're not going to be treated differently or looked at differently even implicitly, you know this unconscious biases, that if they're having a bad day, maybe they're just having a bad day. It's not because they're bad kid... Just treating them, with you know, that kind of respect and also understand that, because they will be a minority within their peers, that sometimes when fights happened on the playground extra questions may need to be asked, and so I need educators who are aware of just those extra nuances that come with having students of color, especially when you only have one or two in a field of white flowers..."

Q.6.   Teacher Communication

Parents want to receive daily verbal, written, or electronic communication about the child's day that is honest and based on the families' preferences.

"For us medical parents, we want to know...at 2:00 they got meds, at 3:00 they had a nap, because it makes all the difference for us. It's something imperative that we need to know, so them [ECCE provider] staying in communication and writing everything down that they were supposed to was just a huge blessing, and definitely a necessity to bridge that gap between what your kid did all day while you were gone."

Q.7. Individualized Learning

Teacher is able to recognize developmental level, strengths, and opportunities for growth for each child and tailor learning to each individual child.

"Just realize that every child learns differently; it's not a cookie cutter. Some people are visual learners, some, I mean there's just so many different ways, so you have to just tap into what each child uniqueness is and just run from it that way."

Q.8. Teacher Patience

Teacher "keeps their cool" in times of distress and when children make mistakes.

"A good teacher should have...patience...If you're going to work with adults, it is different, but with a child, or with many children at once, patience is paramount...If the kids are screaming, playing, pushing each other...and the person who is in charge of them doesn't have patience, and they start to get aggravated, that is when accidents happen. They don't pay attention to them. They don't take care of them well. Mistreatment begins."

Access

Families described the barriers and possible solutions to accessing early care and education and related services. Three themes emerged related to barriers and included cost, cultural and language barriers, and time and location. Specifically, several Black and African American families expressed quality decreases due to cost, and that there may not be choices in where to send their children. Somali, Karen, and Hispanic/Latino families preferred low-cost friend, family, and neighbor care and thus cost may not be a barrier for many of these families. Language barriers were expressed, particularly by Karen and Somali families, mentioning that it's difficult to assist with early learning skills when they cannot understand the English language, and there are limited interpreters to assist. Karen, Somali, and Black and African American families said that many ECCE providers do not understand their culture, or their children are not treated equally to other children, so a solution raised was to use family, friends, and ethnic culture members as ECCE providers. A few Hispanic and Latina parents also relayed this solution as a cultural value that parents should take care of children in the home instead of an out-of-home child care provider. The use of friend, family, or neighbor care to preserve the cultures and language of families of color is a strong value for many families in these 15 focus groups.

A.1. Cost

Cost of care is too high.

"[Child care] was so expensive that I was a stay-at-home mom with her until she got into preschool and Kindergarten... Fortunately, you know, with Medicaid and everything we were able to get [my son] in here so I could, you know, not lose my mind."

A.2. Time and Location of Care

Quality care is not close to work, is in multiple places for multiple children, and is not open outside of traditional hours.

"When [my child] was 3 months old...this [name of child care provider] is the only place that will take medical special-needs kids...We now live in Blair, and I drive in to Omaha and bring him so I can work, but I'm fortunate that we finally found a place in Blair that would take him because we went to dozens of day cares—in-home-private-public. They were like, 'he's such a liability we won't take him'."

A.3. Cultural and Language Barriers

Some culture is not preserved and discrimination can occur when children are sent to licensed ECCE providers.

"All day cares are owned by some people whom we don't belong to the same religion. When children are young, it is difficult to practice English because we speak our mother tongue, and previously we had a problem of not understanding the teachers, so we would ask caregivers [in our ethnic community]...That is our biggest problem, but we still take our children to caregivers, but [having caregivers from our ethnic community] is something we need so much if we can [have] it."

Solutions

Parents discussed solutions to accessing information around child care, child development, and social services to meet whole child and family needs. Parents mentioned using informal social networks such as family members, Google, and parent groups on social media, indicating that sometimes "word of mouth" may be better due to the trust caregivers develop with personal networks. Other parents mentioned accessing services through formal networks such as pediatricians and staff at the school, including teachers, child care directors, and family engagement specialists. However, not all parents had access to or understanding of where to find information unless they were already connected to services.

S.1. Informal Social Networks

Friends, family, neighbors, Facebook groups, and Google more likely to be used as a trusted source for information to meet family needs

"[I use] social media, just Googling stuff...because there's so much out there to help people but nobody tells you about it. You have to go and try to find it, or it's word of mouth, which I find is so baffling, whether it's a disabled child, or an elderly person, or low-income family. It's like, why does nobody help these people? You'd think that there'd be advertisements for help everywhere, and there's just not. So you've got to do your own research and find stuff out and... tell your friends and other people."

S.2. Formal Social Networks

Pediatricians, family support workers, teachers, and school administrators used as trusted sources to find information to meet needs

"My FES [Family Engagement Specialist], whenever she didn't know an answer, she would look into it and that really meant a lot and several times she looked into several concerns I had, not only things to do with my child, my kids, but also personal things that I wanted help with."

S.3. Friend, Family, and Neighbor Care

Preserves home culture, decreases costs, and makes sure their child is treated equally

"We have several family members who will make sure that he has any and everything that he needs in order to achieve greatness and or be healthy and happy."

Next Steps

As a next step in providing a final report on the findings from this phase of the Needs Assessment, researchers at the Buffett Institute will undertake member checking. Member checking is a strategy used to enhance the likelihood the researchers' interpretations represent the intended message of the participants. In this case, we wanted to be more confident that our findings expressed the needs of participating families. These member-checking sessions will be led by focus group facilitators, who will be paid an additional $1,000 for their time and commitment to this project. Whenever possible, the same focus group facilitator who conducted the original focus group will take themes back to families for member checking. Family participants will receive an additional $30 gift card for their time and experience.

The purpose of these member-checking sessions is to:
- Increase accuracy of data
- Authentically engage families
- Increase trust
- Give back resources
- Co-create solutions