



Smart Start

Partnership for Children

Community Needs Assessment Report

Results and Findings

Presented by Taproot Consulting, November 2021

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OVERVIEW

Background & Purpose

The mission of Smart Start Partnership for Children is to support, educate and advocate to build a strong foundation for young children in our community. Smart Start's work is based on the understanding that between birth and five years old is a critical period of growth and development for children when brain architecture forms, creating a foundation for all future learning. For optimal development and a strong foundation, children need good health, strong families, and high-quality early learning experiences between the time they are born and when they enter kindergarten.

To better understand the needs of families and caregivers of children 0-5 in Henderson County, Smart Start Partnership for Children engaged Taproot Consulting to conduct a participatory community needs assessment, gathering input from nonprofit and community leaders, childcare providers, and parents of young children. This report summarizes learnings from surveys, interviews, and small group listening sessions, bringing together the voices of community members to learn what young children in Henderson County need to thrive. 113 participants offered insights into the needs of children 0-5 and their families, gaps in services, and barriers to full inclusion in and access. It is our hope that the data gathered here will inform Smart Start's program planning and decision-making and can also provide insight to others seeking to support young children in their early years to build a strong foundation for the future of Henderson County.

Process & Methodology

This needs assessment included surveys, listening sessions, and interviews. A mixed method approach strengthens the validity of findings and allows for gathering both quantitative and qualitative, in-depth data. Incorporating diverse perspectives and providing broad community input, methods and participants in this Needs Assessment included:

Childcare Provider Survey	45 respondents employed at 26 childcare facilities
Childcare Provider Listening Session	9 participants in 1 listening session
Family Listening Sessions	39 participants in 6 listening sessions
Community Partner Interviews	20 participants in 19 interviews

- Six 1-hour family listening sessions were conducted via videoconference, including 4 sessions in English, 1 session in Spanish, and 1 bilingual (Spanish/English) session with simultaneous interpretation. Parents were invited to participate through bilingual outreach on social media, printed flyers in both Spanish and English distributed at a drive-through food pantry, and by childcare providers and partner agencies sharing to their contact lists. Participants were compensated with \$50 cash cards and provided with a resource list after the session.
- One 1-hour listening session for childcare providers was conducted via videoconference. Early educators were invited to participate via an email invitation from Smart Start. Participants were compensated with \$50 cash cards. Registration was limited to the first 9 individuals to respond to the invitation.
- Survey, interview, and listening session questions were developed with input from Smart Start staff members.
- Respondents to surveys and interviews and participants in listening sessions did not have to answer every question.
- The content of open-ended questions was analyzed to identify overarching themes and group similar ideas.
- Throughout this report, direct quotes from surveys, interviews and listening sessions are indicated with quotation marks; interview and listening session responses may be paraphrased.

Analysis and Reporting

Smart Start staff members reviewed and analyzed all survey, interview, and listening session data and identified key learnings and priorities in a facilitated participatory data analysis session. (*Staff members participating in data analysis: Carrie Ann Chandler, Sonia Girona, Kelly Hart, Samantha Jamison, Ashley Lamb, Ruth Ramirez-Tafolla, and Erica Woodall*). This **Needs Assessment Report** synthesizes key findings to inform action planning and to allow Smart Start Partnership for Children and community partners to improve the lives of children between birth and five.

SUMMARY OF KEY FINDINGS

1. There are not enough childcare and early education services available to meet the needs of Henderson County families and many families are unable to afford childcare.

Cost and availability of childcare are the two most significant challenges for families with children 0-5. Of the roughly 5,500 children between the ages of 0 and 5 in Henderson County, only about 1,200 are enrolled in licensed childcare facilities. Parents report that cost and availability prevent them from accessing early care and education for their children. Community partners say lack of affordable childcare options is a significant community crisis, and teachers say cost is the biggest challenge for families seeking to access early education.

2. Wages are low and working conditions are poor for childcare workers in Henderson County.

Early educators report being “overworked, underpaid, and unappreciated,” and survey data affirms that low compensation does not support early childhood caregivers and educators as professionals or support recruiting and retaining a qualified early childhood workforce. Survey and listening session participants described their working conditions as dehumanizing and named burnout and high stress as occupational hazards. Community partners offer ideas for supporting the Early Care and Education (ECE) workforce.

3. Mental health services for children and families are insufficient; systems and support are needed to address family stress and trauma.

Early educators are witnessing multiple indicators of trauma and family stress in the lives of the children and families. Community partners report a community-wide lack of mental health services and advocate collaborative, trauma-informed responses to family stress, including training early educators and caregivers in understanding Adverse Childhood Experiences (ACEs). Parents value mental health support for families of children 0-5.

4. Families are struggling to meet basic needs and the cost of childcare contributes to growing inequity.

“There are two Henderson Counties,” as one community partner observed. Families with young children say it is increasingly hard to cover the costs of basic needs such as housing, food, and transportation, and it is difficult for children to thrive when their families are struggling. Parents and community partners tell us that the high cost and limited availability of childcare creates “impossible choices” for families of children 0-5 and propose solutions to these interrelated community-wide challenges.

5. Structural inequity creates barriers for children, families, and early educators, and calls for collaborative solutions.

Community partners identified groups and communities who are missing out on services and support, causing their children to fall behind. Parents and community partners identified barriers specific to structurally marginalized people and communities and brainstormed strategies for removing barriers.

6. Families are seeking connection, relationships, and support to help their children thrive.

Parents are looking for support to give their children a good start. Families report needing access to affordable early education from trusted providers to support children’s social and emotional development and learning. Families and community partners value programs and services that meet families where they are, building trust and relationships, as the best way to connect parents and children with resources and support.

Survey Participants

ECE Workforce Profile



100%

of survey respondents are women



40%

have children in their own household



11%

speak Spanish as their primary language



75%

of survey respondents are white



25%

are people of color

Includes participants identifying as:

- Black or African-American: 9%
- American Indian or Alaskan Native: 2%
- Biracial or multiracial: 2%
- Hispanic or Latino/a/x: 12%
- Asian or Pacific Islander: 0%



22%

of survey respondents are over 55

32% are between 45 and 54
28% are between 35 and 44
9% are between 25 and 34
9% are between 18 and 24



65%

65% have a household income of under \$50,000
36% have household incomes of under \$30,000.

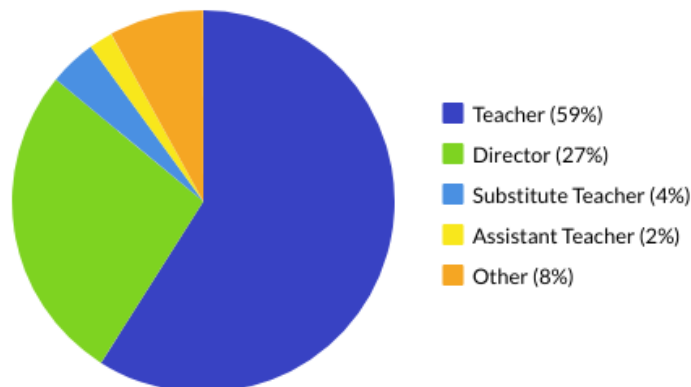


79%

have at least an Associate's Degree.

24% have Bachelor's Degrees
13% have advanced degrees

Survey Participants by Job Title



KEY FINDINGS

1. There are not enough childcare and early education services available to meet the needs of Henderson County families and many families are unable to afford childcare.

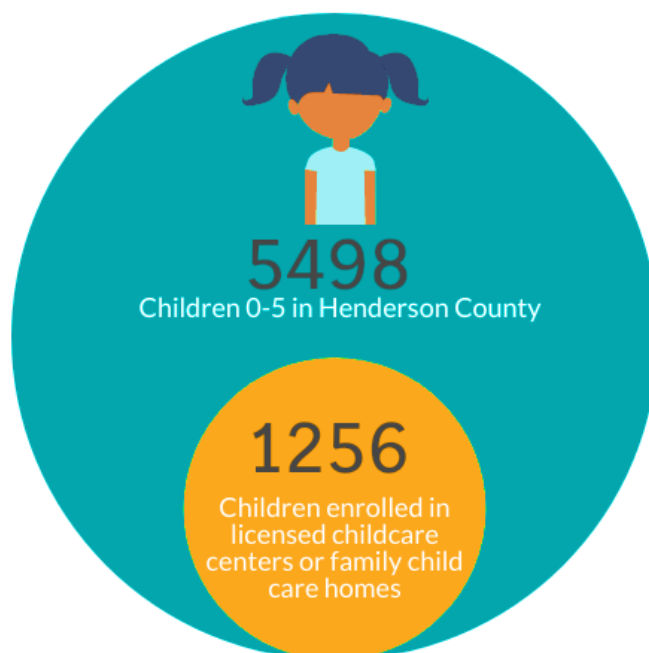
The childcare shortage in Henderson County was identified by families, childcare workers, and community partners as a pressing need. Parents repeatedly articulated the need for “adequate childcare so I can work” and named “lack of quality and affordable child care” as one of the biggest challenges in parenting children 0-5.

Parents spoke of long waiting lists and an insufficient number of providers, and both parents and community partners highlighted high cost as significant barrier to families accessing early care and education for their children.

Lack of available and affordable childcare has a direct impact on parents’ ability to work and earn income: “I went back to work from maternity leave late because I couldn’t find childcare anywhere,” said one listening session participant. Others reported choosing between working to pay for childcare and leaving the workforce to care for their children.

Community partners said the childcare shortage was a “crisis” in Henderson County with negative consequences for families and the community. “We know there are a lot of children who are not in childcare,” said one interviewee. “A lot of them are in unsafe, unlicensed homes with grandparents or no parents or an older sibling and they are not really doing the same things that a child would get in a childcare setting.”

Henderson County Childcare Shortage



LISTENING TO PARENTS

What would help you as a parent to support your children?

AFFORDABLE CHILDCARE

- “I can’t afford daycare.”
- “Todo lo que iba a ganar en un día se me va en cuidado de niños.” (Everything that I could earn in a day goes to child care.)

AVAILABLE CHILDCARE

- “No hay guarderías.” (There are no daycare centers)
- “I’m on a waiting list and I’ve been waiting for two years.”
- “In my situation, I don’t qualify for anything, and the father of my child stays home with him and I work. We barely make it, and it’s difficult because do you put your child in daycare and let your whole paycheck go to paying that?”

CHILDCARE THAT MATCHES MY NEEDS

- Full day programs
- Later hours and evenings
- Flexible and drop-in childcare
- “Infant care especially, not just two and up. A lot of places don’t have infant rooms.”

**LISTENING
TO
COMMUNITY
PARTNERS**

“We don’t have enough infant care. For working families who have a new baby there are only about 74 slots available in our community and we have about 1,000 babies born every year.”

“Most childcare centers are open 8 to 5. We have a lot of people in this county who don’t work an 8 to 5 job schedule. They may work 2 to 7, they may work three long days, paying for full week – if there could be a center that was more able to work with parents’ schedules – the world we live in. Parents have to provide for their families.”

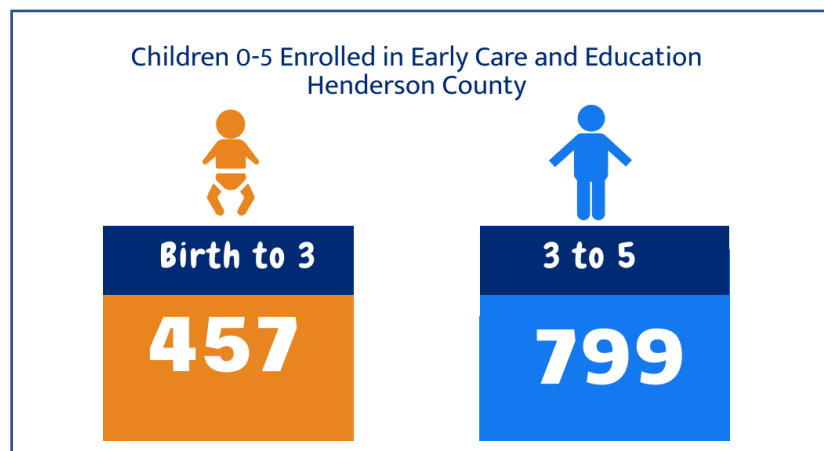
Early educators affirmed parents’ experiences with cost as a significant barrier to accessing the early childhood services that are available. 57% of survey respondents reported that “difficulty paying for childcare” had impacted the families of children in their care and 46% said families had “difficulty finding childcare during the hours needed.”

CHILDCARE PROVIDERS: IN ONE WORD OR PHRASE, WHAT ARE THE BIGGEST UNMET NEEDS YOU SEE FOR CHILDREN AND FAMILIES YOU WORK WITH?



“Anything we could do to get more childcare slots and have them be more accessible to families, I think would be huge,” said one community partner. “That allows people to work. We just need more of the childcare slots.” Other partners and parents advocated for a dramatic expansion of access to early care and education: “We’ve had community-wide and national conversations about Universal Pre-K. Something like that, an expansion like that, would just be so incredible for care and readiness and long-term school health.”

Lack of infant care, drop-in care, and care that matches parents’ work hours were named by parents as specific gaps that affected their ability to work and support their children.



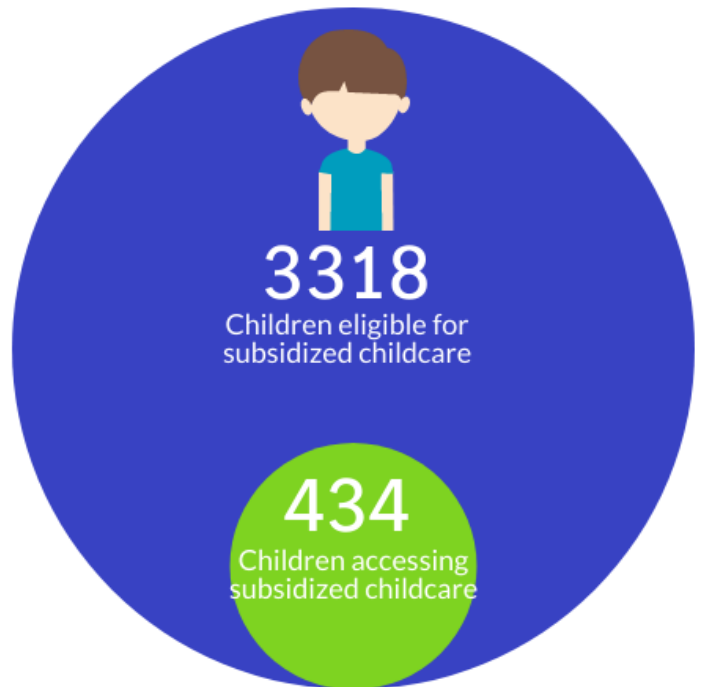
Subsidized Childcare

The availability of subsidized childcare was not well-known by community partners and parents. The few interviewees who mentioned vouchers or subsidies spoke of the value to families and the community and the need for increased access to subsidized care. As one interviewee said: “The most valuable from the home-based perspective are the vouchers for families who are really wanting to get into the center so that they can return to work – there are not enough, at times there will be a shortage, and it’s not available all the time.” Another added, “The ability to have those vouchers for childcare –because it is expensive – is very important in the community. It meets the needs of individuals so that they can further their education and or be in the work force, whereas they might not be able to do so if they were to have to take care of their children.” Community partners advocated increasing awareness of and ease of accessing subsidized childcare, and suggested access would be improved “if subsidies were centralized instead of having to go somewhere to apply.”

Subsidies or vouchers were occasionally mentioned by parents in listening sessions, but not named by participants as a solution to the overwhelming need for affordable childcare that parents repeatedly articulated.

Community partners noted that families who qualify for subsidy don’t have the “luxury” of being choosy about child care, and that lack of availability of childcare reduces options for all parents.

Subsidized Childcare in Henderson County



LISTENING TO PARENTS

“Lack of quality and affordable child care is our main struggle.”

“I’m on a waiting list and I’ve been waiting for two years.”

“I’ve applied to a couple of places and never heard back.”

“A lot of places are overwhelmed, they don’t have enough workers, they’re short staffed and can’t take on more kids.”

“I went from having a career to not being able to afford childcare.”

2. Wages are low and working conditions are poor for childcare workers in Henderson County.

Survey respondents reported wages as low as \$7.00/hour, with the average hourly wage reported by teachers being \$14.70.

Wages and working conditions were named by listening session participants as the hardest things about working in early childhood education, and as the most important changes needed to support early childhood workers. Teachers shared the experience of not feeling valued or respected, “working with an Associate’s [Degree] and making less than a fast-food worker.”

While compensation is low statewide, Henderson County lags behind particularly in benefits, which are key to maintaining a professional workforce.

LISTENING TO EARLY EDUCATORS

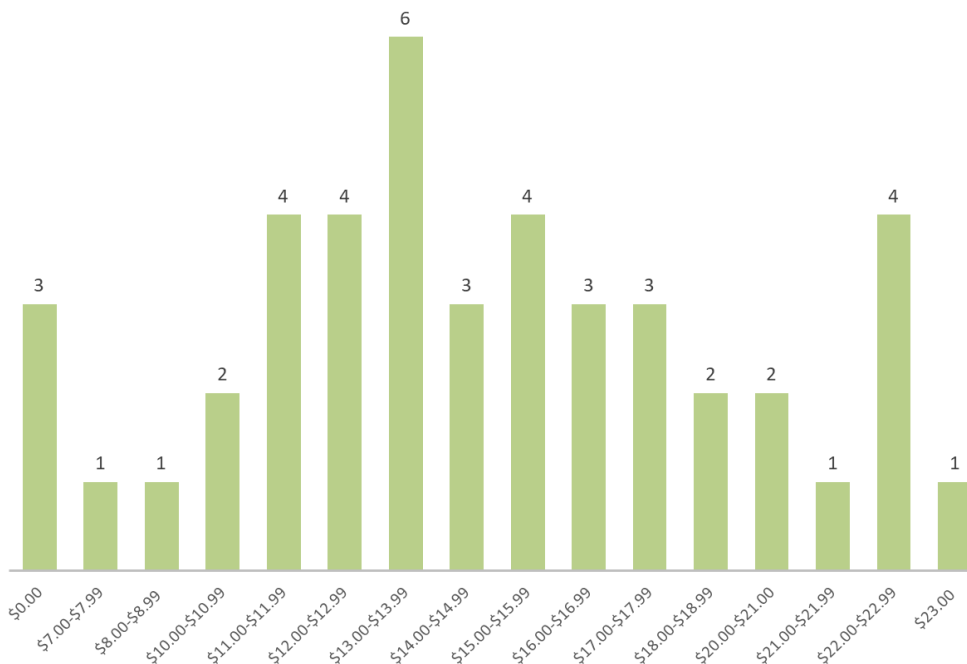
“We have two classrooms open and only four staff. We have been working 10 plus hours a day with no break.”

“We have been very understaffed.”

“If we are stressed, the children feed off of that negativity. It’s not a good environment.”

“We are making less than fast food workers.”

HOURLY WAGE: SURVEY RESPONDENTS



ALL RESPONDENTS

RANGE: \$7.00-\$23.00

AVERAGE: \$15.15

MODE: \$11.50

MEDIAN: \$14.45

DIRECTORS¹

RANGE: \$11.50-\$22.49

AVERAGE \$16.39

MODE: \$12

MEDIAN: \$16

TEACHERS

RANGE: \$7.00-\$23.00

AVERAGE \$14.70

MODE: \$13

MEDIAN: \$14

Benefit Type	North Carolina Childcare workforce study (2019) ²	Henderson County Survey respondents: teachers
Full or partially-paid health insurance	48%	35%
Paid sick leave	71%	58%
Paid vacation time	87%	58%

¹ Three directors responded “0” to this question. These responses were removed from range/average/median/mode calculations.

² See: [2019 North Carolina Childcare Workforce Study](#), Child Care Services Association (CCSA).

Working in Early Education

Of teachers responding to our survey . . .

88%

have no paid breaks during the workday



56%

are not paid to attend required professional development and training



68%

have no planning time during the paid work week



56%

do not have consistent scheduling in their job



52%

are not paid to attend work meetings



\$ AVERAGE HOURLY WAGE
14.70

RANGE OF HOURLY WAGES
\$7.00-23.00

Impact of Low Compensation and Poor Working Conditions on the Early Childhood Workforce

Low wages, along with working conditions described by one survey participant as “being treated as less than human” create a stressed, exhausted, and burnout-prone ECE workforce.

A third of those currently working in Early Care and Education who we surveyed anticipated leaving the field within five years.

According to the Childcare Services Association, “High-quality early care and education (ECE) programs are not possible without high-quality staff—a workforce with the education and competencies to promote healthy child development and that receives compensation to reward them for the important work that they do. Compensation (earnings and benefits) impacts program quality because it affects the ability to hire and retain high-quality staff.”³

The ongoing ECE teacher shortage was named by one community partner, who referenced the “catch 22” of trying to recruit teachers when pay is so low.

Henderson County ECE teachers and directors responding to our survey projected similar timelines for leaving the field, with more than half of all respondents planning to continue working in early childhood for less than ten years.

Survey responses

Which of the following are important to you when you think about how long you would like to continue in this field?

Top three factors in retention

80% Wages

64% Benefits

58% Hours

33%

of survey respondents

plan to leave the field within 5 years



57%

of survey respondents

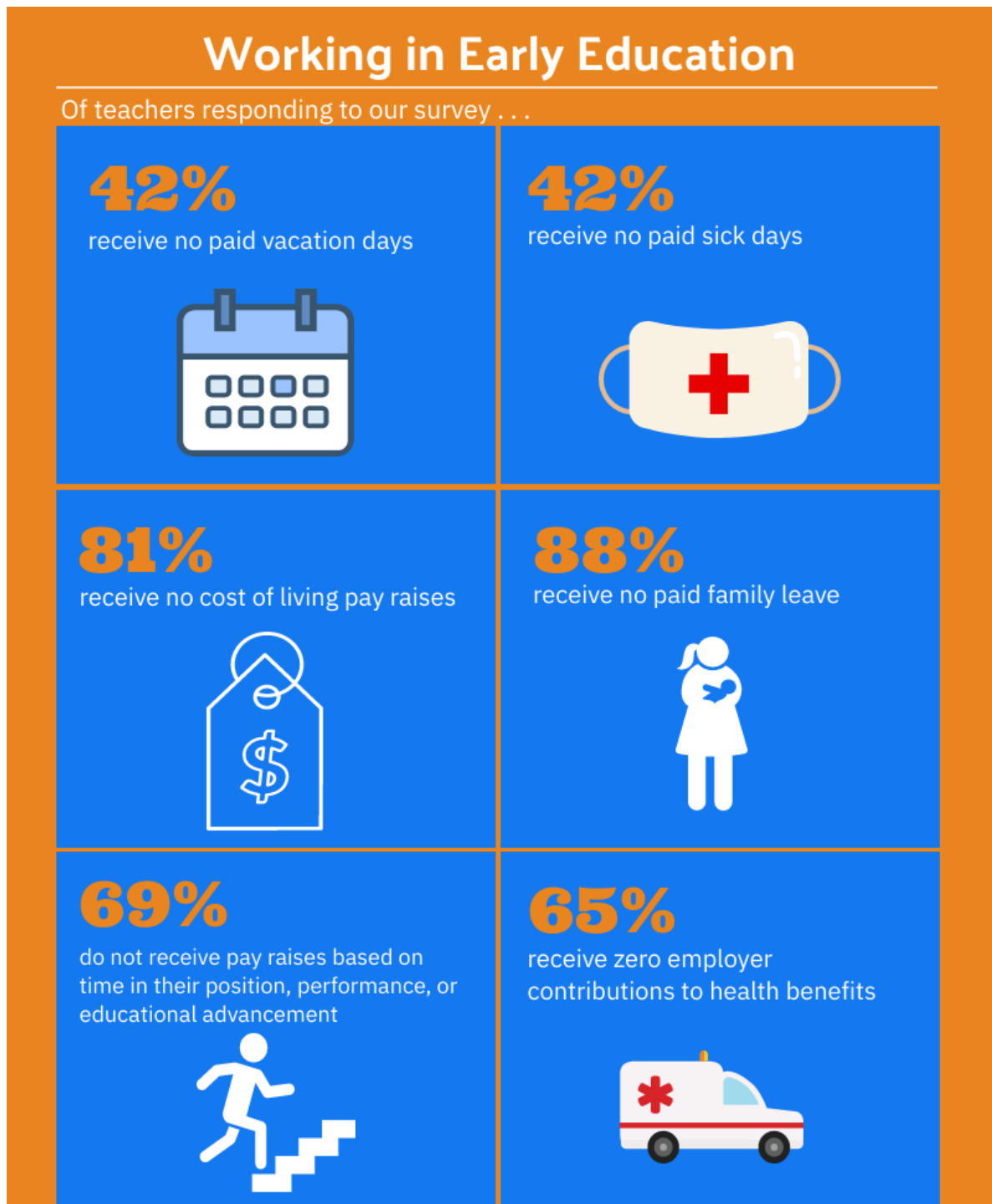
plan to leave the field within 10 years

³ See: [2019 North Carolina Childcare Workforce Study](#), Child Care Services Association (CCSA).

Education & Professional Development

79% of early educators surveyed have at least an Associate’s Degree, with 24% holding Bachelor’s Degrees, and 13% holding advanced degrees. 62.5% of respondents have a degree in Early Childhood Education.

When asked, “which of these have stood in the way of your education and training in early childhood development and education?” 36% of early educators said “I can’t afford tuition or training expenses.” The only barrier named more frequently by survey respondents was, “I don’t have enough time” to pursue educational opportunities. Notably, 69% of those surveyed reported that their employer did not offer pay raises based on educational advancement.

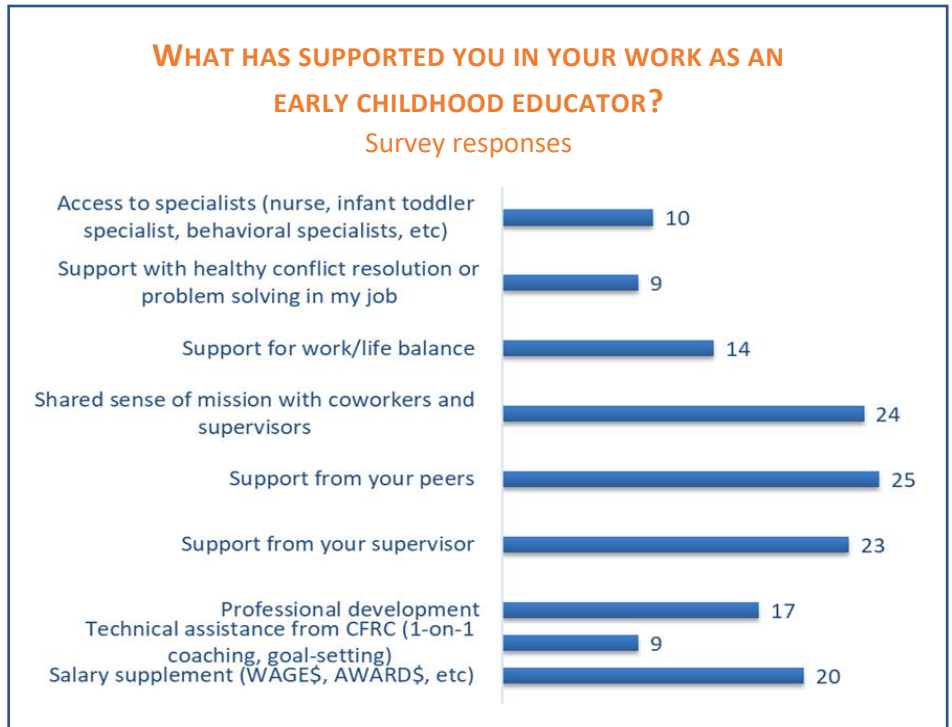


Solutions

Participating early educators named specific solutions to the challenges of working in the field:

- Salary supplements
- Increased pay
- Improved working conditions, including breaks in the workday
- Better communication with supervisors, administrators, and families
- Teamwork and support from co-workers.

Listening session participants and survey respondents agreed that “better pay, support, and appreciation” were key to supporting and sustaining them in their work.

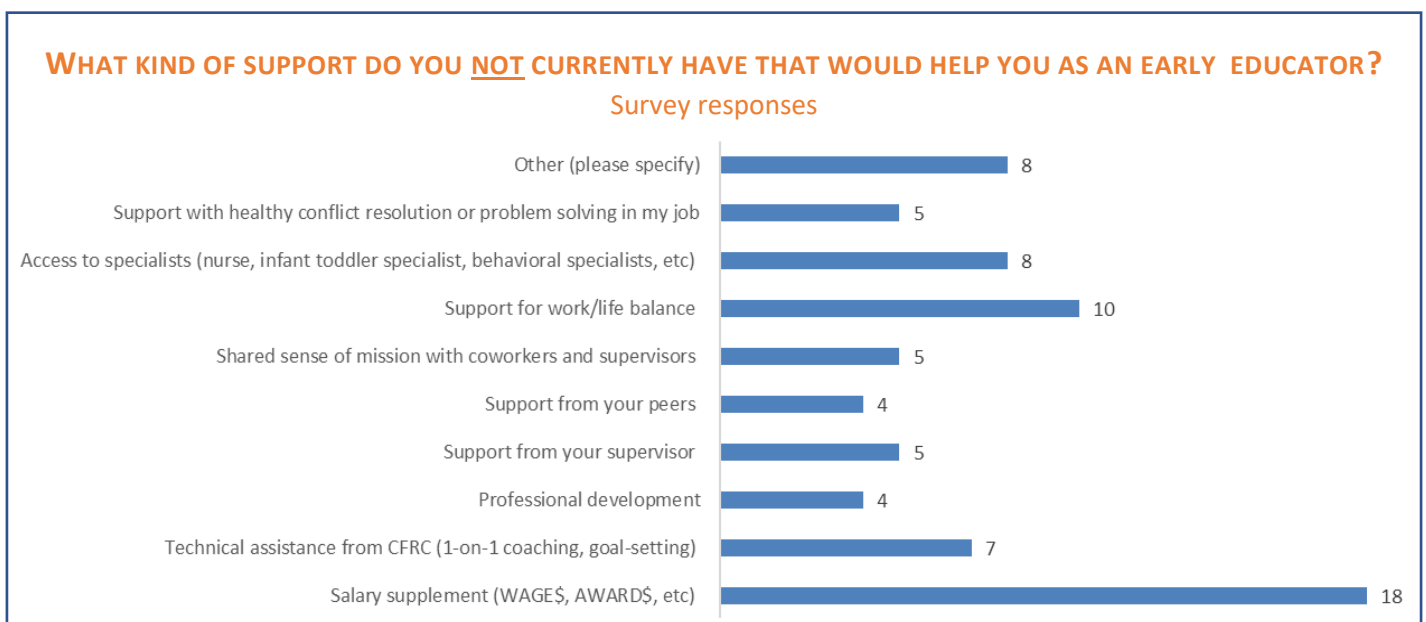


Salary supplements

Smart Start’s salary supplement programs are a critical support for the underpaid early childhood workforce. 44% of early educators we surveyed said that receiving salary supplements (WAGE\$, AWARD\$, etc.) had supported them in their work in early childhood.

When we asked teachers and administrators “What kind of support do you not currently have that would help you as an early childcare educator?” 40% responded that salary supplements would be helpful.

While many community partners were unaware of salary supplement programs, those that knew of the WAGE\$ and AWARD\$ programs said they were valuable to the community. “WAGE\$ and scholarships for childcare providers are invaluable. We just don’t pay them enough for what they do,” said one.



3. Mental health services for children and families are insufficient; systems and support are needed to address family stress and trauma.

Mental health services in Henderson County are insufficient to meet the needs of children 0-5 and their families according to the community partners we interviewed. Parents confirmed their need for mental health care, specifically naming anxiety, depression, postpartum care, resolving family conflicts, and support for children with special needs and behavioral challenges. Childcare providers reported significant experience with indicators of family stress and trauma in the families of the children in their care (see “*Mental Health and Trauma*” survey data below).

Substance use problems in families of young children are indicators of trauma and unmet mental health needs, said community partners. “The biggest issue that people probably see is substance abuse, but I think most of that comes from mental health issues and a history of trauma,” said one interviewee. “It just kind of is a cycle.”

Parents and community partners identified a community-wide need for more therapists, including for young children, those without private pay insurance, and Spanish-speakers. One community partner named the need for “therapists that are trauma-informed for young children,” adding, “We have a lot of families where children who have been through trauma. Trauma can be families who have experienced a really difficult childbirth with a lot of time in the NICU. That’s a trauma for families. That’s really stressful and hard for the whole family.”

Parents confirmed that therapy and mental health care, when available, had been key supports that enabled them to support their young children. “My family has had experience with mental illness so I was fortunate I knew what to look out for and I have a lot of good mental health support but I know a lot of moms don’t, and there so much shame and stigma around that,” said one parent, “that’s something that I really wish was more accessible.”

Community partners highlighted “insufficient mental health services” and pointed to specific gaps, such as an insufficient number of mental health beds, trauma-informed therapists, and the need for “local Spanish-speaking therapist[s] who has a fee structure that makes care affordable.”



Parents said that support groups and parenting classes had helped them better support their children, mentioning specific Smart Start and Children and Family Resource Center programs and small peer groups in general. Connecting with other parents, “you don’t feel so alone going through all of it,” said one. Parents also valued resources to learn about parenting, including peer groups and classes that helped them support their children with emotional regulation and behavioral issues.

Community partners likewise pointed to parenting education as a way to help parents give their children the support they need for emotional development, and to interrupt the trauma cycle. One community partner explained: “We see a lot of lasting effects on discipline. We do have families that use pretty severe physical discipline based on how they were raised and the trauma they experienced growing up. And then they are really struggling with how to discipline their children as an adult.” Another described a program that “helps parents change the way they parent and the way they discipline. But what I’m thinking about ACEs. . .trauma for our parents that has really manifested in issues with discipline and issues of mental health struggles. Trying to interrupt the way trauma has affected parents before it is passed down to kids.”

Partners familiar with Smart Start’s specific parenting programs valued them. “Parents as Teachers definitely stands out to me,” said one. “As far as the DSS child protective services world, that is very valuable. We are always needing more education and understanding of child development for parents. I refer parents to Parents as Teachers. Sometimes they are already involved when we get involved. It’s really positive.”

Many community partners saw the value of training in ACEs and trauma-informed approaches, based on their experiences within their own organizations or agencies. One shared a story: “Just yesterday. . .we were screening two little boys. . .and they were brought in because they were non-verbal. My staff member heard them talking to each other. So, they’re not exactly nonverbal, they’re just choosing not to communicate as a trauma response to what they’ve experienced. . .So had my staff member not been trauma-informed, had we not gone through this entire past year of learning about ACEs and trauma and things like that, she would have probably not recognized that in that way. . . And how to support them with that shared language. That trauma response as a community is huge.”

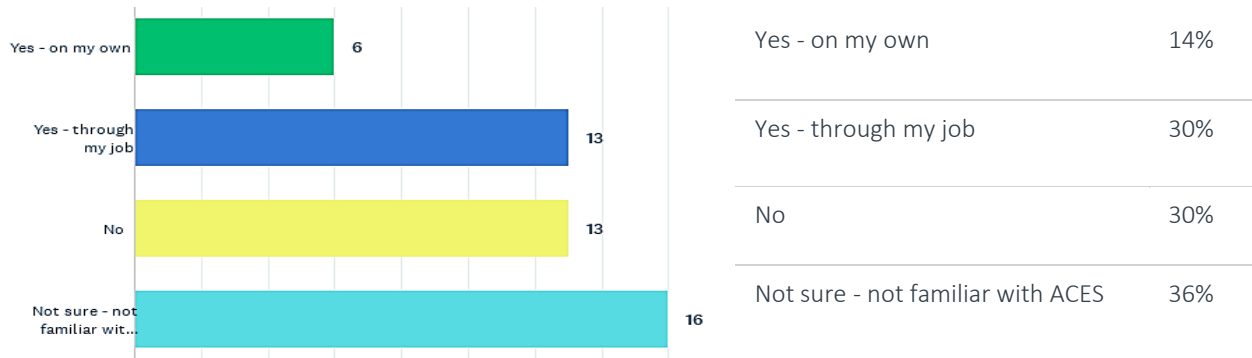
Early Care and Education facilities were identified as a place where a trauma-informed lens and training of staff about Adverse Childhood Experiences (ACEs)⁴ could make a difference in the lives of children and families. “Daycares even more than schools lack some of those additional supports that the families need to overcome all of the other issues that are happening in that family’s life,” said one community partner. “Schools and daycares are often the only safe place besides a shelter,” noted another. “And so that places a pretty significant burden on those teachers to manage kids with trauma, families with trauma, frustrating behaviors we associate with trauma, having the education and support that they need to support families. Can a trauma-informed perspective be incorporated into all services, parenting programs, teacher trainings, daycares?”

“For us the biggest need is mental health. Supporting people in having their stories heard and their needs met. Waiting lists are longer than ever, increased stress and family violence are more likely to occur and less likely to be seen. We have seen such a huge spike in abuse, neglect, and assault for children in our community. Our parents are constantly trying to get the right resources for their children, the extra stress of the covid year, dealing with the stress of learning technology, not being able to find work, trying to find child care so that they can work.”

⁴ See [Adverse Childhood Experiences: Fast Facts – CDC](#), April 2021

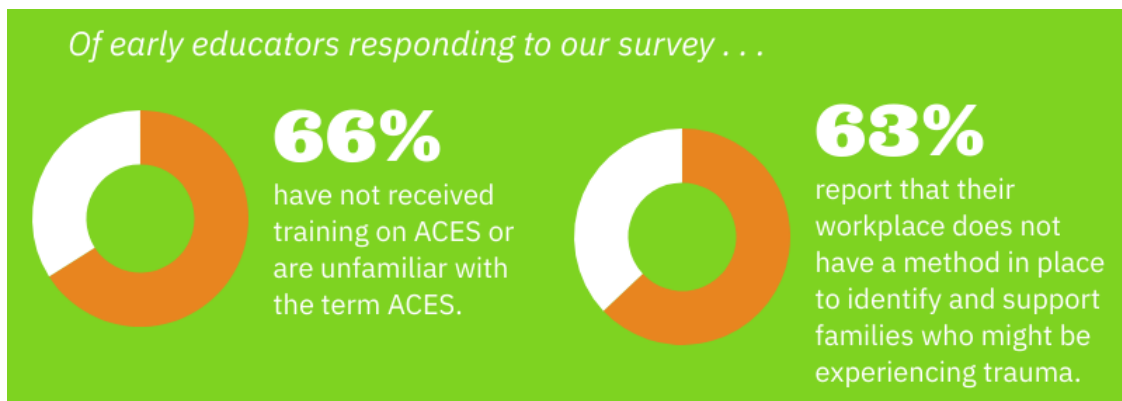
While almost all community partners interviewed were familiar with the term ACEs and all but two had received training in ACEs and trauma, the early educators we surveyed were far less informed about ACEs. 66% either were not familiar with the term or had not had access to training on ACEs. Several community partners suggested training early educators in ACEs and trauma-informed approaches. “You know childcare providers tend to make anywhere from \$7-\$12 an hour. We know that they also most likely have high ACEs scores. They have the most important jobs, in my opinion. . . .How can we support those folks and just help them identify what’s happening with them as well as seeing it in children?”

HAVE YOU HAD ACCESS TO TRAINING ON ADVERSE CHILDHOOD EXPERIENCES (ACEs)?



Community partners highlighted opportunities for trauma-informed interventions during early childhood to break the cycle of trauma in families: “So whenever I think about what do you do for ACEs, the evidence-based strategies to really impact ACEs are things like early childhood home visitation, high quality childcare, teaching social-emotional learning, parenting skills is huge.”

Within childcare settings, 58.5% of early educators reported that there is a method in place for social and emotional screening of children at their workplace and 36.6% reported having a method in place to identify and support families who might be experiencing trauma. 63% said there was a system in place for behavior management. While community partners in the health and mental health fields noted that teachers might need support recognizing and responding to behavioral issues related to trauma or stress (“where there is behavior – because of the stress that babies and children have, maybe they are dysregulated”), survey results suggest behavior management systems are likely not trauma-informed or equitable. Six survey participants at six different facilities reported that children 0-5 had been suspended or expelled from their program over the past year.⁵



⁵State and national studies show that Black preschoolers are far more likely than non-Black children to be suspended or expelled. See [2014 national report from the U.S. Department of Education’s Office of Civil Rights](#), [data from North Carolina public preschool programs](#), [Center for American Progress’s nationally representative survey](#) and [Education NC’s 2020 summary](#) of NC and US data.

4. Families are struggling to meet basic needs and the cost of childcare contributes to growing inequity.

“We live on a tight income, we live paycheck to paycheck,” said one parent. Financial stress and struggles to pay for basic necessities were voiced by parents participating in every listening session and affirmed by community partners who work in nonprofit organizations, health care, and public agencies that support families struggling to meet basic needs.

Parents said that paying for childcare, rent, and food were some of the biggest difficulties they face as parents. Insufficient income to meet basic needs was named by parents, community partners, and early educators as a significant problem for families of children 0-5 in Henderson County. Partners observed the impact of insufficient income rippling out into the community in many ways.

Food insecurity, housing insecurity, and lack of transportation were all named as barriers that prevent families from accessing services for their children. Community partners noted that these problems were significant in the community, and likely to worsen. Early educators observed significant rates of housing insecurity and food insecurity in the families of the children in their care as well as other indicators of financial stress (see “*Meeting Basic Needs*” survey data above).

Housing insecurity, substandard housing, and the lack of affordable housing were specifically highlighted. “We are not just in a housing crisis – we are in a housing catastrophe,” said one community partner. “I think [housing] is an issue for really all of the working families in our community,” said another. A third added: “There are people living in unsafe trailers and shacks. And lack of affordable housing goes hand in hand with low wages for basic entry level service jobs.” Several pointed out how housing insecurity and lack of affordable housing affect families of small children in a multitude of ways. “Fears related to consistency of housing,” said one interviewee, make it hard to focus on “something as complicated as getting your kid to school every day.”



LISTENING TO PARENTS

“Financial struggles. Childcare is expensive, rent is high, food is getting expensive too. I recently had to drop out of the nursing program because my parents live too far to help. The free childcare hours here don't have enough space for my son. I would have to get a night job to just pay daycare. . . . It just isn't possible for us right now.”

Difficulty meeting basic needs affects not only the lowest-income families but many parents grappling with the high cost of living relative to wages in Henderson County, said community partners. The underlying cause, said several, is “income inequality. We need to be paying people better. We need living wages⁶. . . We know that when people have a little bit more of a cushion, they can support their families better, their children better.”

Community partners named disparities that divide “haves and have nots.” Said one, “we’ve got pretty significant disparities even though we are a pretty wealthy county in terms of people having the resources to support their kids at an early age.” Several pointed to a “cycle” or feedback loop of housing insecurity, employment and wages, and access to childcare and family services. Parents and interviewees both named “impossible” choices between working to pay for childcare and caring for children without sufficient income.

Parents and community partners also noted the particular challenges of single parents and families with only one income-earner in the household. “In order to get by you almost need two adults, two incomes,” said one interviewee. 32.5% of children 0-5 in Henderson County live in a one parent household. Parents in all listening sessions shared struggles with “being a single parent,” and “raising my child alone.”

Parents spoke of “getting by” thanks to direct services like food banks and diaper drive throughs and relying on church, family, and friends to meet basic needs. Both parents and community partners expressed concern about the impact on children of family stress and insecurity in meeting basic needs.⁷

Community partners called for a community response that draws together connected supports in a “safety net” for families struggling to meet basic needs. Partners suggested community-wide, collaborative solutions including:

- Advocacy to change policies and systems
- Coordinating services and “systems of care that support families”
- Removing barriers by meeting families where they are with services
- Increasing access to affordable childcare, housing, and transportation through direct support to families
- Centralizing resources and information and community education to connect families to resources.

Parents offered solutions that overlapped with those of community partners: more affordable or universal childcare, direct assistance, increased income, and resource hubs (“Centralize services. I don’t know where to look for the services.”). Parents also valued peer support, social networks (online and in-person), and relationships with trusted people to connect them with systems, services, and resources.

“We have two Henderson Counties. One that’s very successful, and this underclass that’s just churning just below the surface. That group has a hard time taking advantage of the services, those kids do poorly in school but the high achieving kids are averaging them out.”

“Housing is an issue. That is an unmet need. And childcare and housing go hand in hand – if there were affordable childcare, they would have more money for housing.”

“We see it every day, especially with the pandemic, people who had never not worked that suddenly didn’t have jobs – applying for help. . . There are people that are your neighbors that are worried about having enough food to eat. 0-5 kids don’t have school social workers.”

⁶ Estimates of a living wage for Henderson County range from \$13.00-\$16.00/hour or higher ([Just Economics/MIT](#))

⁷ See the [American Academy of Pediatrics briefs](#) on the effects of poverty, hunger, and homelessness on children’s emotional and physical health, academic achievement, and psychosocial outcomes.

5. Structural inequity creates barriers for children, families, and early educators, and calls for collaborative solutions.

Community partners identified barriers specific to people and communities marginalized because of structural racism and exclusion. One interviewee talked about “historically marginalized populations” as missing out on services and support, and other partners named “racial and ethnic minorities,” Latino/x families, Black families, and immigrant communities as populations facing barriers to accessing services. “Generational poverty” and trauma were linked to structural exclusion for many families. Parents and community partners identified strategies for building relationships and removing barriers to expand access to services and support.

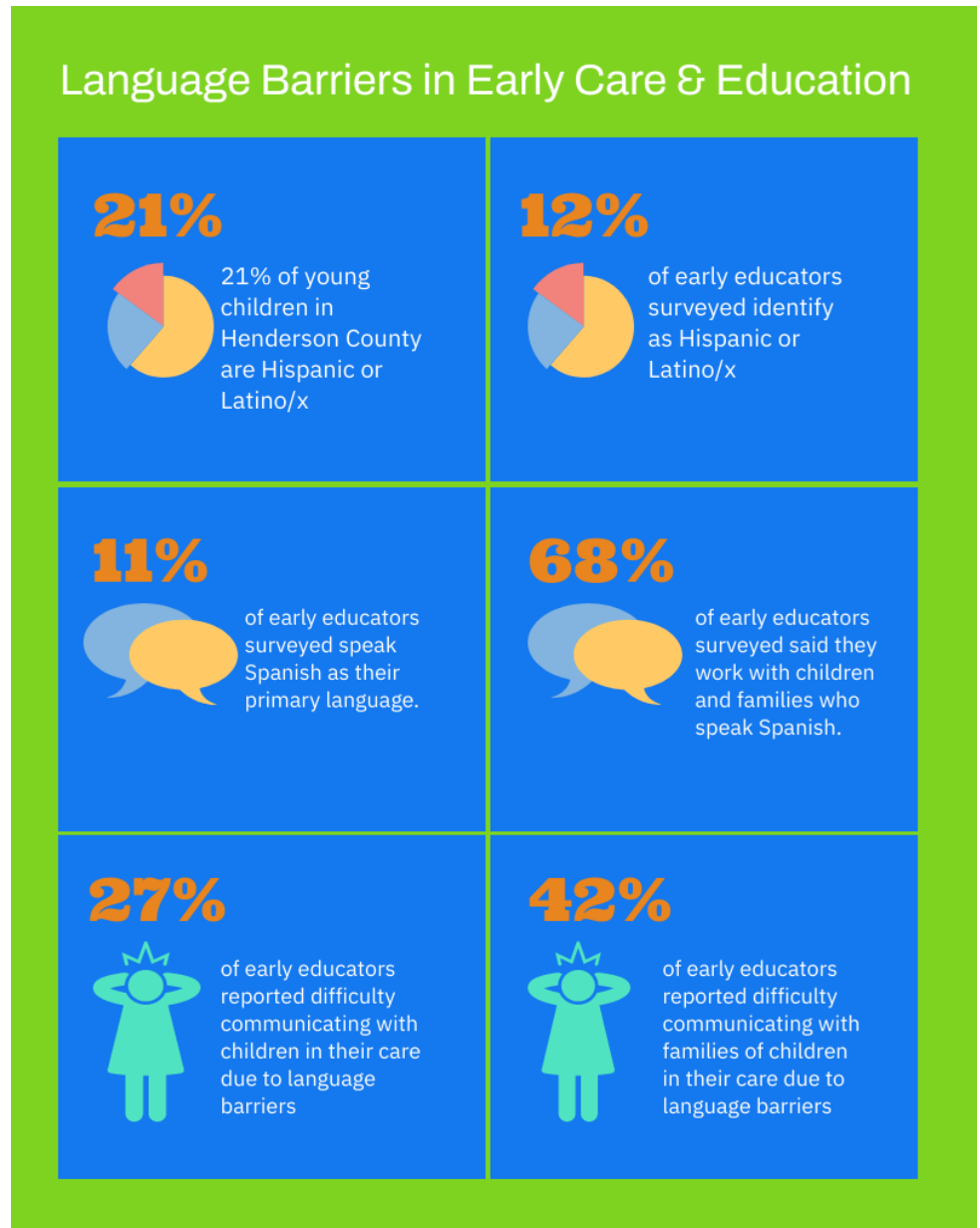
Language barriers

Spanish-speaking parents reported that language barriers prevent their families from accessing services and support for their 0-5 children. When asked the hardest thing about parenting, listening session participants said “not speaking English” and not having access to services in Spanish meant “making appointments or purchases is difficult” and created barriers to interacting with school and service providers.

Community partners noted gaps in bilingual services and programs: “For Spanish-speaking families a lot of places have materials in both languages but if they needed to call and get information this is sometimes hard, they have to depend on their own older children to make those phone calls,” said one interviewee.

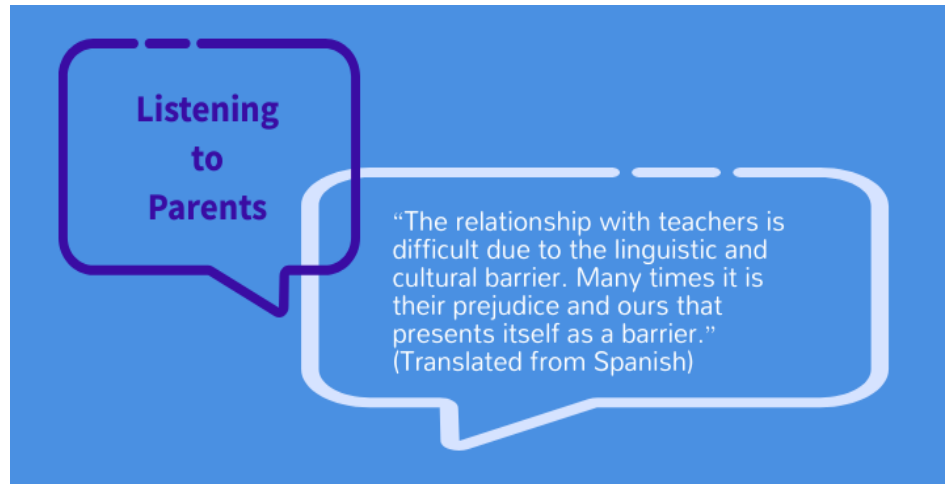
Parents also reported problems with interpretation in navigating school settings. One parent spoke of “not speaking the language and being assigned with interpreters who do not honor the transparency of the interpretation.” Another offered an example: an interpreter did not interpret what she was saying because s/he said that “there are things that should not be said and it is better to keep it quiet.”

18% of childcare providers surveyed reported working with families and children who speak languages other than Spanish and English, including Romanian, Russian, French, Khmer, Turkish, Vietnamese, Mandarin Chinese, and American Sign Language.



Cultural Barriers and Bias

In addition to language barriers, parents who are immigrants shared their experiences of cultural barriers and bias. One parent said it had been difficult “having to deal with the difference between my country’s customs and traditions and this country’s customs and traditions” and others voiced that connections and relationships with service providers were difficult because of cultural barriers and “prejudice and misunderstandings.”



Mistrust, Chronic Trauma, and Exclusion

Community partners also noted that in communities where multigenerational systemic exclusion and chronic trauma have occurred, there is a lack of trust of service providers based on experience and history. Interviewees said that “families who don’t trust the system” are missing out on programs for families with children 0-5.

One community partner reflected: “If I were a Hispanic family who was not secure in – my status as a resident – I’m sure they’re very mistrustful of services, even getting a food box, giving an address to get information. . . .They’re suspicious, and rightly so. . . .Shoot, I’ve heard that for African American families. That fear, that very valid fear that their kids are more likely to be taken from the home.”

Several community partners noted that mistrust of the system is rooted in recent and chronic traumatic experience. In Henderson County, there were 156 arrests by Immigration and Customs Enforcement (ICE) between 2014 and 2018, and parents spoke of family separation due to migration and immigration policy as a significant difficulty in every listening session that included Spanish-speaking families. Latino/x parents talked about separation from family members (“my spouse,” “my mother”) as having made parenting more difficult and complicating childcare decisions. Many voiced the challenges of isolation and lack of support due to family separation. “I am here alone in this country,” said one parent. “My husband is out, he can’t come back for like three more years, so I’ve been taking care of and raising my son alone and it’s been very, very hard. Everything that a couple would usually share is on my shoulders.” Transportation barriers due to immigration status were also highlighted by parents. Several named “having a driver’s license,” as something that would support them in parenting their young children, adding, “Immigration status has become a big barrier.”

The Early Care and Education Workforce is Multiply Marginalized⁸

The Early Care and Education workforce in Henderson County is made up disproportionately of women and people of color. While only 3.4% of the total population of Henderson County is African-American, 12% of the early educators responding to our survey identified as Black or African-American and an additional 2% identified as biracial or multiracial. 100% of those responding to our survey were women. The racialized gender pay gap⁹ and low wages and poor working conditions reported by ECE workers contribute to continuing inequity.

⁸ “Multiply marginalized” is a term that acknowledges that people have multiple identities that influence their perspectives and experiences. Multiply marginalized people belong to a multiple groups that are frequently marginalized (because of race, gender, age, ethnicity, class, religion, sexual orientation, etc.). This concept is based in Kimberlé Crenshaw’s framework of intersectionality.

⁹ Nationwide, white women currently earn \$0.79 for every dollar earned by white men; with Black women earning \$0.62 and Hispanic/Latino/x women earning \$0.54 to the dollar. See gender pay gap data from the [Pew Research Center](#) and the [US Census Bureau](#).



LISTENING TO
COMMUNITY
PARTNERS

“I think a lot of what might look like services and opportunities don’t look that way to our families because of the experiences they’ve had in the past or that their parents had. That gets to equity, feeling generationally marginalized. A huge aspect of getting to the next level has to do with trying to break down those barriers, and that is no easy feat.”

Removing barriers

Partners advocated bringing services to people and communities where they are through trusted individuals and organizations, and said relationship-building is a way to remove barriers. One suggested “satellite offerings in places where people were comfortable, like community centers, Boys and Girls Club” and others mentioned home-based services, outreach through churches, and connections with schools, community hubs, and nonprofits. Partners advocated personal, long-term relationship building with families as a strategy to expand inclusion.

Parents in listening sessions said that peer networks and parenting groups (online and offline) are trusted sources of information and connection. They also named trusted nonprofit organizations, school personnel, and health care providers, specific individuals with whom they were in ongoing relationship, as sources of information and support in parenting their children 0-5.

Community partners said information is disseminated by “word of mouth” through existing social, family, and work networks in migrant and immigrant communities specifically. (“It’s word of mouth how people find out about us: ‘I know where this center is, that is where you should take your child.’ . . . Usually parents will find out about us from a co-worker or another parent. . . from families that they know or from employers.”)

Spanish-speaking parents said “knowing the language [English] would give me the opportunity to access more services.” They added that a key support for them as parents of children 0-5 would be an opportunity to study English with childcare (“A place where they can teach us English; a place that can offer English classes, child care and transportation”). “*Siento que muchas cosas se me resolverían si pudiera hablar inglés*” said one parent (“I feel like a lot of things could be resolved for me if I was able to speak English.”)

Community partners noted that hiring bilingual Spanish/English staff members was an effective way to remove barriers that exclude Hispanic/Latinx families. “We hired three bilingual staff members and that has helped a lot,” said one.

One interviewee suggested hiring community members and respected community leaders to carry outreach work into communities: “It gets back to figuring out how to build authentic relationships . . . We’re talking about paying community ambassadors that are either from that community or have some cultural similarity to that community that helps break down barriers that may exist to them processing that information. . . .It will certainly take investment in that type of a workforce. Promotores¹⁰ are really prevalent in Latin America – and . . .it’s sort of building on that model. And it has the affect of empowering that person for their expertise. Part of the process is empowering and educating that person with accurate information. But it has really strong potential to connect with people in ways that we are not currently as successful at doing. Supporting existing community leaders, natural community leaders and partnering with them to be community educators. You can get at some of these values by appropriately training an outreach worker. We need more workforce development, but hiring and training people, starting with people from the community.”

¹⁰ The CDC defines *promotores* as follows: “Promotores de salud, also known as promotoras, is the Spanish term for ‘community health workers.’ [Many Latinx communities] recognize promotores de salud as lay health workers who work in Spanish-speaking communities.”

6. Families are seeking connection, relationships, and support to help their children thrive.

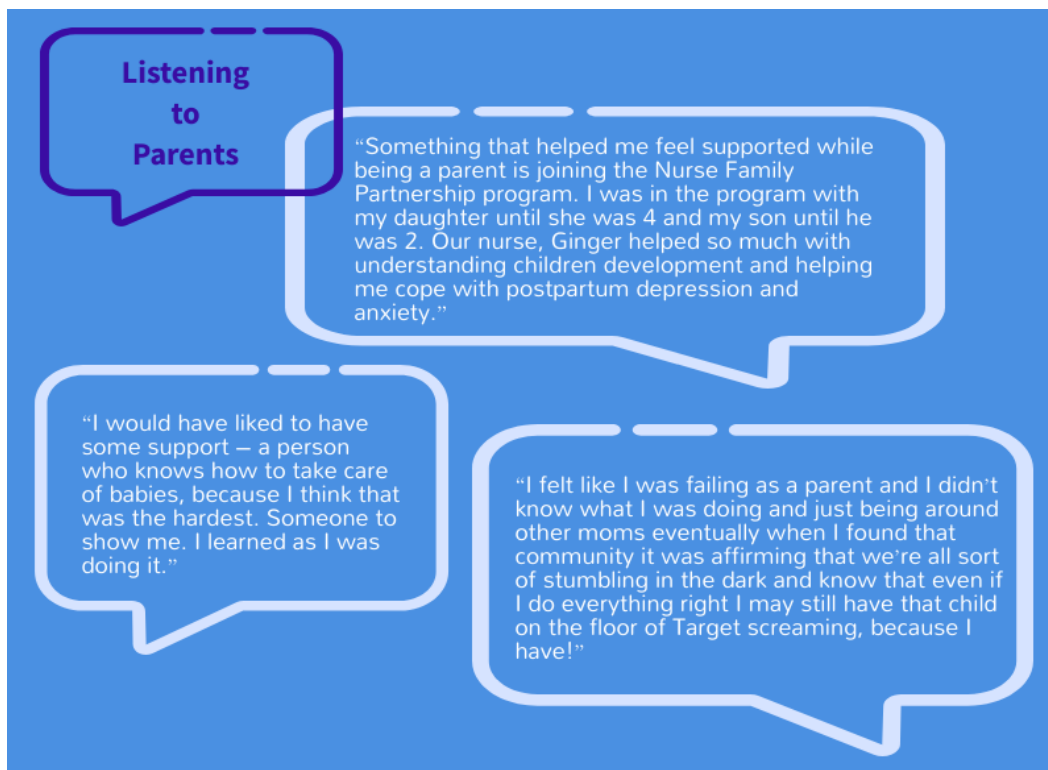
Parents who participated in our listening sessions repeatedly voiced a need for connection, trusting relationships, and a community of support to help children thrive. For many parents, the challenges of parenting and supporting their young children were overwhelming and isolating. “Everything is hard. I feel like everything is a new learning experience,” said one new parent. Another recounted, “Becoming a parent was life altering. That change was the most difficult.” Parents said “feeling heard” and having “another brain to problem solve” were game changers for them in parenting their children between birth and 5, and that being connected to trusted peers and professionals would help them better support their children as they grow.

Postpartum Support

Beginning with the earliest days of parenting, many parents felt alone and lost. “I really didn’t have anyone checking in on me,” said one mother recalling her postpartum mental health struggles. Another parent recounted: “With my second child, I was diagnosed with postpartum depression and anxiety. And I didn’t know anyone in my family, my friends, who had ever been diagnosed with that before. And I really struggled, my husband really struggled with how to support me. We had never experienced it before and had no clue that it can present itself in ways that you didn’t expect. Like, bouts of pure rage that came out of nowhere. I thought for a while I was losing my mind. And it was one of the scariest things I’ve been through. And I wish I had spoken up earlier than I did because I think that I let it get worse than it needed to be.” Parents named postpartum support as key need for families with children between birth and 5.

Opportunities to Learn About Parenting

Parents also said that opportunities to learn about effective parenting early on would have supported them in caring for their children. One of the biggest challenges named was “not knowing what the right way to guide them is.” Parents wished for “someone to help me and teach me about taking care of my kids, especially when they were babies.” Parents expressed a need for “having someone to bounce ideas off of for parenting,” including help with specific things like “developing a routine and time management skills,” “balancing childcare and self-care,” and “how to help with meltdowns, tempers, and feelings.” Parenting classes “at the Children and Family Resource Center” and “at the job center” and Parents as Teachers were named specifically as helpful resources.



Supporting Children’s Social and Emotional Development

As babies grow into toddlers and preschoolers, parents spoke about “not knowing how to handle outbursts and behavioral issues” and “helping my child control her emotions,” “helping him regulate,” and “teaching her not be mean.” One parent shared, “*No se como tratar a mi hija*” (I’m not sure how to deal with my daughter.) Parents said isolation made parenting harder, and connecting with trusted helping professionals and peer networks helped them learn how to support their children’s social and emotional development.

Peer Support

Parents shared that “feeling heard and seen by other parents” and having “a community of moms “to come alongside you in times of struggle especially in the earliest years” was a key support. “Hearing from others in a small group,” was important so that “you don’t feel so alone going through all of it.” Parenting networks, both online (Facebook, TicToc) and in person (Circle of Parents) as well as church and social groups help parents of young children navigate the challenges of parenting and support their young children.

Social Support

Parents talked about isolation due to COVID-19, not having a vehicle or a driver’s license, and “being alone with my daughter” as making parenting children 0-5 more difficult. Many wished for “more friends, a way to meet people” and opportunities to gather socially as a way to improve their lives and their children’s lives. “As a mom to be able to go and interact with other humans [besides] your children,” was named as critical for parents of young children. “My saving grace was getting out of the home, to be a better parent, because I was isolated,” said one participant.

Parents who are separated from spouses, parents, and extended family due to migration said that “support for people without family in the region” was a particular need. “Not having family here and not having anyone who I trust” means relationships with “people I can trust” including friends, other parents, and trusted providers or liaisons are critical to help parents connect with resources and support.

Socialization for Children

“My son doesn’t have anyone to interact with, to play with. It’s been really difficult, he doesn’t really know how to interact with other people,” said one mother. Other parents echoed this experience (“He’s a little isolated, he’s here with me all the time and I can see that he doesn’t know how to get along with or socialize with other kids.”) Parents are seeking tools for “helping my child learn how to socialize and relate to other people,” from simple interactions like “how to say hi” to “how to get used to being around people” and “how to interact with other people.” Community partners echoed the importance of social support for families, mentioning drop-in playgroups as a way for children and parents to experience social support and for children to build social and emotional skills.

What has supported you as a parent?



Family and Friends



Other parents

Peer support
Parenting networks



Therapy
Mental health care



Healthcare providers



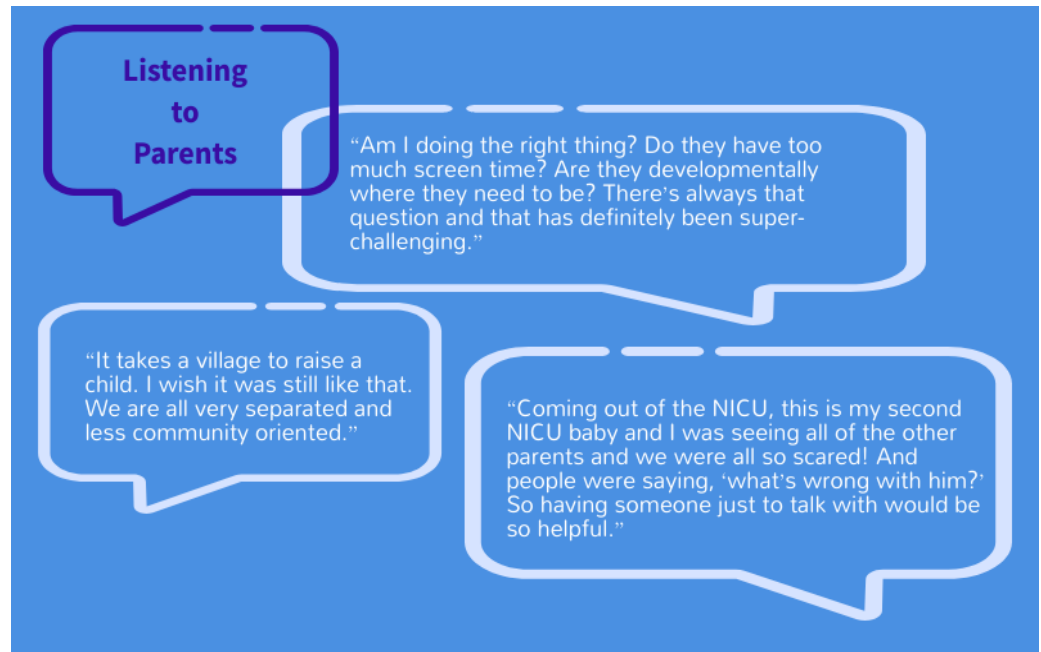
Human Service Agencies



Schools, Libraries,
Churches

Community Support to Meet Basic Needs

Parents said that in addition to social support, “having some community support that if a parent needs respite or a family is dealing with something can ask for a meal or a gift card for groceries” was important. They named specific community programs that provided food, diapers, car seats, and other tangible support to meet the needs of families with very young children and said that additional supports were needed for families who are struggling to get by.



Organizations providing direct assistance with basic needs were also trusted as resource hubs. One mother said she had gone to a nonprofit agency [True Ridge] for another need and found parenting support: “If I hadn’t have been there I wouldn’t have learned about these services for my children.”

Healthcare Providers

Parents consistently spoke of primary care providers as trusted sources of information and support. Doctors, particularly pediatricians, nurses, and therapists were named as supportive. One parent said her doctor had been helpful because “she listens to me” and another said she trusted her pediatrician because he was “not judgmental.” Parents appreciated quick, easy access to healthcare providers (“You can call or text and get really quick responses.”)

Affordable, Accessible Childcare and Early Education from Trusted Providers

Parents said access to affordable childcare and early education would support their children in social and emotional development, socialization, and learning. Both parents who worked outside the home and stay-at-home parents said that increased access to trusted, safe, high-quality early education would allow parents the time and energy they needed to take care of themselves and improve their parenting, reduce family stress, and support children’s social and emotional development as well as early learning.

Relationships, Trust, and Meeting Families Where They Are

Trusting relationships are key in connecting families to resources. Parents said “people who I trust” had supported them in parenting their young children. One remembered that after she became a parent, “I had no resources, they guided me to resources.” Community partners noted that caring professionals who “meet families where they are” and people who “look at the bigger picture of what families are going through” including difficulty meeting basic needs, trauma, and mental health can provide connections to services and support.

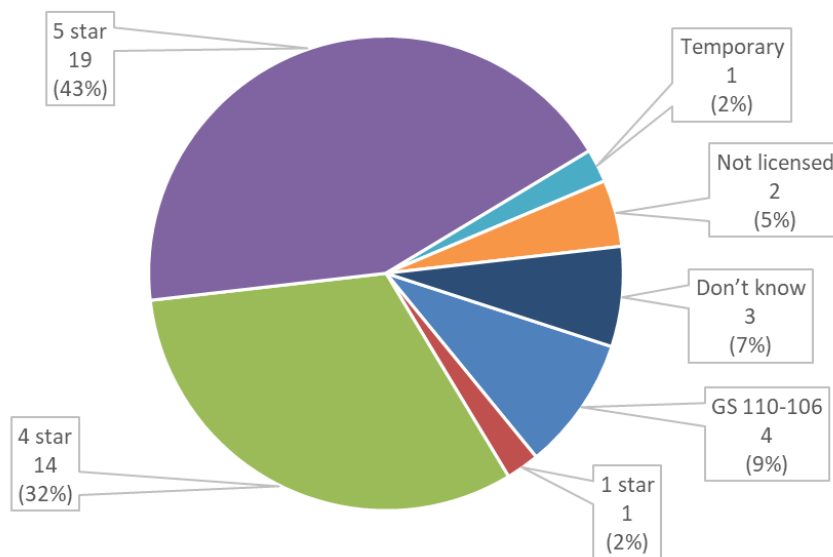
As one community partner said, “I think there are parallels across the basic needs spectrum where people stand to benefit from another human being sitting across from them, a person caring about them, that has a strong knowledge base in a variety of basic services that that person needs. There are certainly creative ways to get people connected, media, and social media in particular has some pretty powerful ways of getting people connected, but I really think that we might be seeing the pendulum swing toward a recognition about the value of case workers, outreach workers.”

CHILDCARE PROVIDER SURVEY HIGHLIGHTS

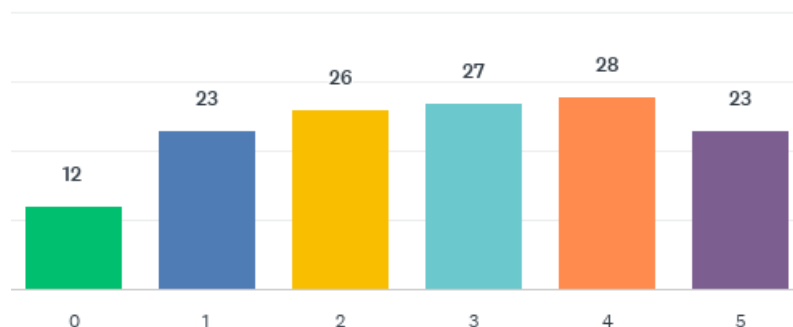
At what type of facility do you work?



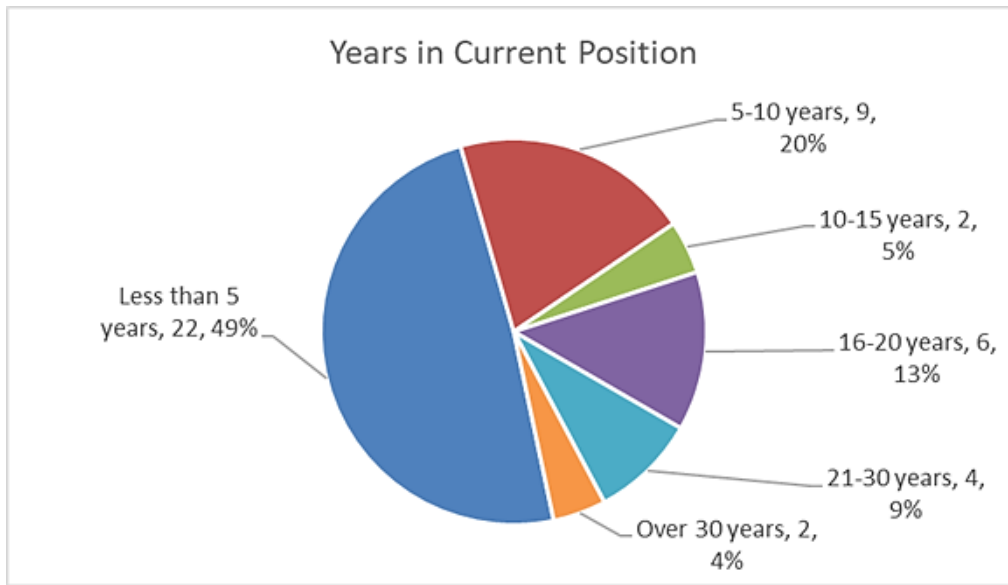
What is the license type of your workplace?



What age(s) are the children that you personally care for?



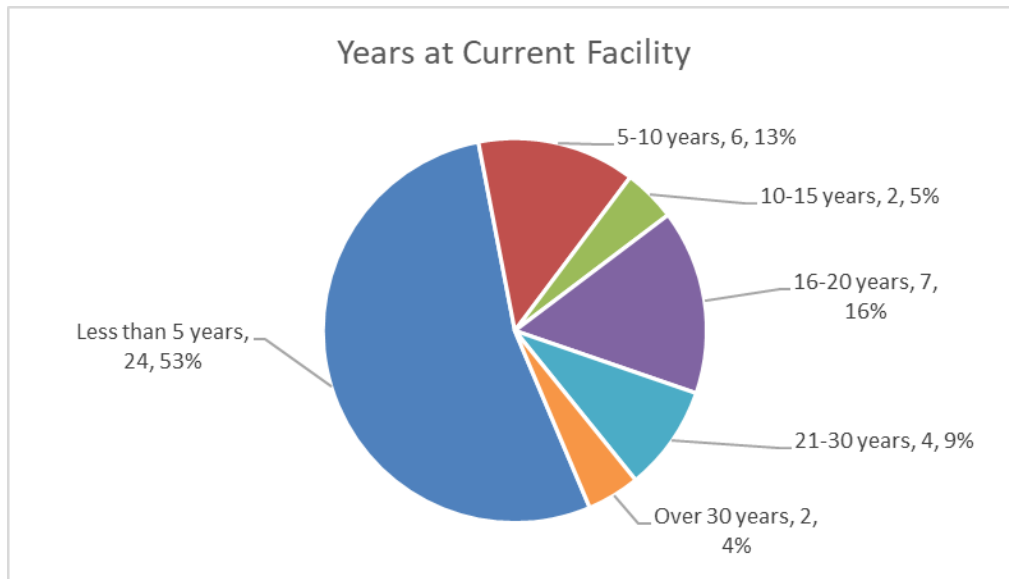
How many years have you been in your current position?



AVERAGE: DIRECTORS - 10.8 YEARS; TEACHERS - 8.5 YEARS
MEDIAN: DIRECTORS - 6.5 YEARS; TEACHERS - 4.5 YEARS
MODES: DIRECTORS - 1, 4, AND 16 YEARS; TEACHERS - 1 YEAR

AVERAGE, ALL RESPONDENTS: 9 YEARS
MEDIAN, ALL RESPONDENTS: 5 YEARS
MODE, ALL RESPONDENTS: 1 YEAR ¹¹

How many years have you worked in your current child care facility?

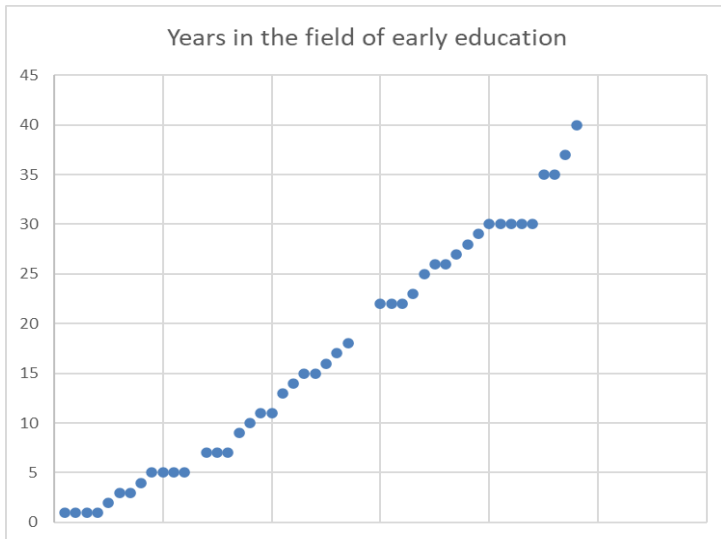


AVERAGE: DIRECTORS - 11 YEARS; TEACHERS - 6.6 YEARS
MEDIAN: DIRECTORS - 7 YEARS; TEACHERS 3 YEARS
MODES: DIRECTORS - 1, 4, AND 7 YEARS; TEACHERS 1 YEAR

AVERAGE ALL RESPONDENTS: 8.5 YEARS
MEDIAN ALL RESPONDENTS: 4 YEARS
MODE ALL RESPONDENTS: 1 YEAR

¹¹ *Average*: the mean; found by adding all data points and dividing by the number of data points. *Median*: the middle number; found by ordering all data points and picking out the one in the middle. *Mode*: the number that occurs the highest number of times.

How many years have you been in the field of early childhood education?



COLLECTIVE EXPERIENCE AS EARLY EDUCATORS: 753 YEARS

AVERAGE: 16.7 YEARS

MEDIAN: 15 YEARS

MODE: 30 YEARS

DIRECTORS

AVERAGE: 23 YEARS

MEDIAN: 26 YEARS

MODES: 26, 30, AND 35 YEARS

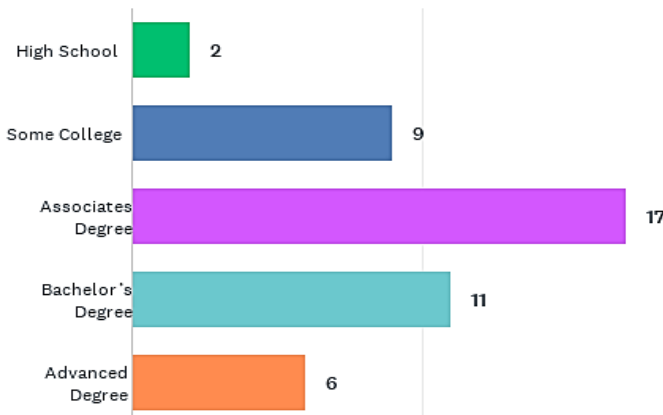
TEACHERS

AVERAGE: 14 YEARS

MEDIAN: 12 YEARS

MODE: 1 YEAR

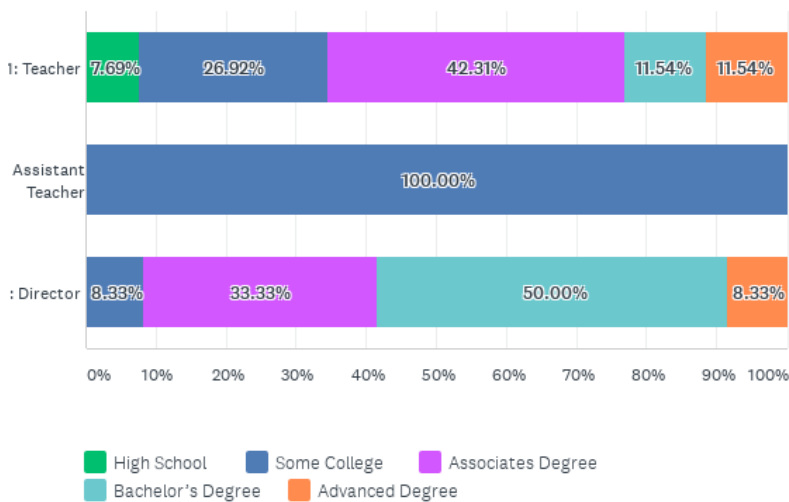
What level of education you have completed?



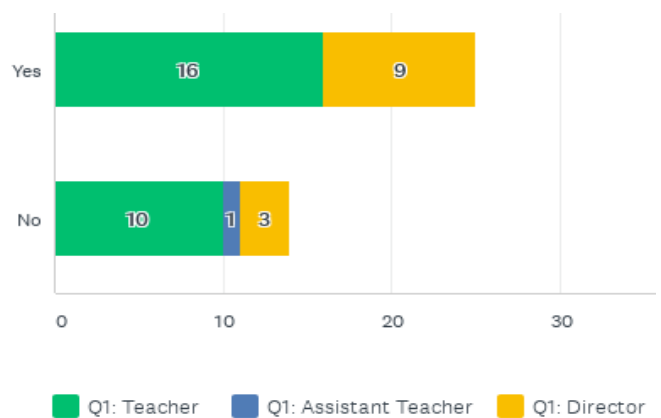
ALL RESPONDENTS

High School	4.44%
Some College	20%
Associates Degree	41.67%
Bachelor's Degree	24%
Advanced Degree	13%

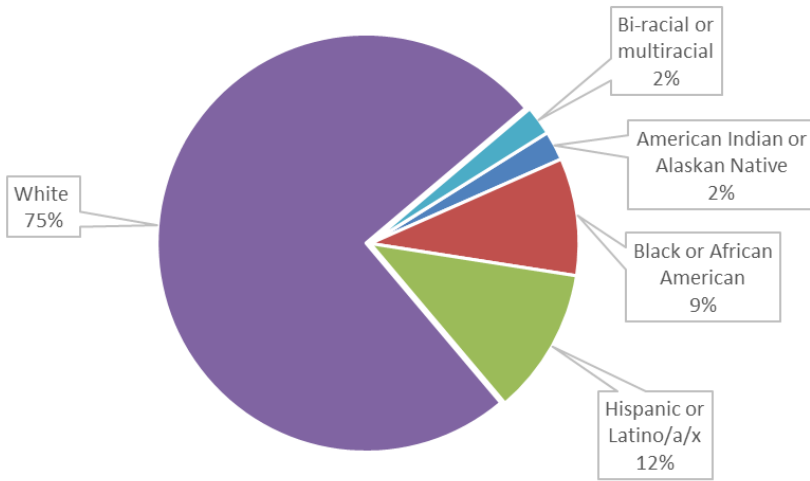
LEVEL OF EDUCATION BY JOB TITLE



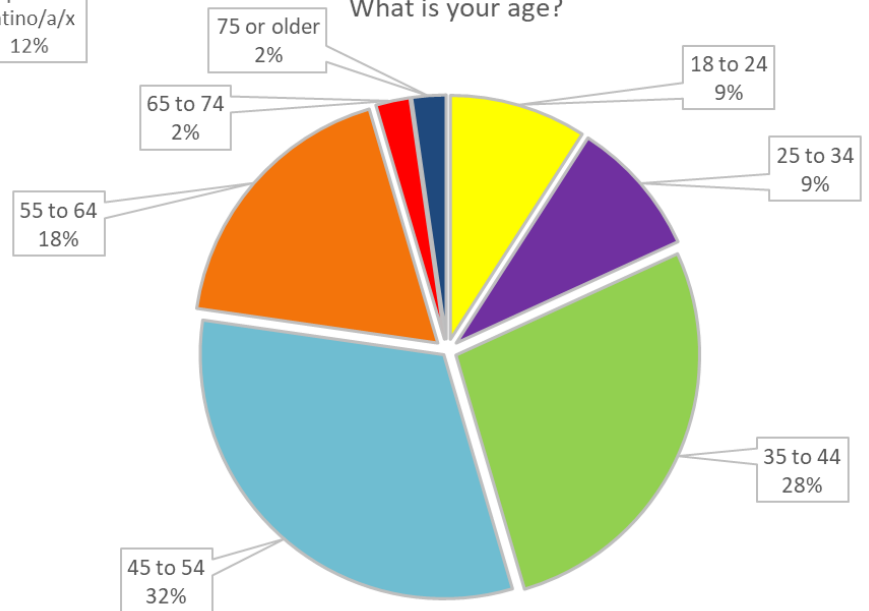
DEGREE IN EARLY EDUCATION BY JOB TITLE



Which race/ethnicity best describes you?



What is your age?



IN ONE WORD OR PHRASE, WHAT DO YOU LOVE MOST ABOUT YOUR WORK?



COMMUNITY PARTNER INTERVIEW FINDINGS

Overview and framework

One-on-one interviews allowed for the collection of qualitative, in-depth information from community partners, each with a unique perspective on the needs of families with children 0-5 in Henderson County, the impact and value of current programs and services, barriers to inclusion, and unmet needs. Over the course of several months, facilitators conducted 19 interviews that ranged from 30-60 minutes depending on the responses of the interviewee. All interviews were 1-on-1 except one interview that included two interviewees from the same agency, so a total of 20 interviewees participated (see [“Participating Community Partners,”](#) page 4, for a list of individuals interviewed). Each interview included 10 open-ended questions. This report synthesizes themes from interviews as identified by staff and consultants.

Interview limitations

The purpose of interviews is to gather in-depth information. Interviewees speak only for themselves from their own unique perspectives, based on their lived experiences, and including their own biases and subjective opinions. Interviewees were selected by Smart Start staff with the intention of gathering input from a broad range of partners with a depth of knowledge about the issues faced by families of children 0-5 in Henderson County, but represent only a small selection of perspectives and opinions.

Interview analysis and reporting

Because the purpose of the listening session was to gather in-depth information, it is not common practice to quantify this data (i.e., 10 people out of 30 people think ‘x’ is the most important issue”). This report synthesizes themes mentioned by multiple participants. Smart Start staff and consultants reviewed and analyzed all interview responses, identifying key learnings to inform this report. Concepts are paraphrased; direct quotes are noted with quotation marks.

All interviews included the following questions:

Impact and value of current programs and services

1. What are the most valuable services that Smart Start Partnership for Children provides? What value do these services provide for your organization or the people you work with?
2. What are the unique strengths of the Partnership for Children that should be preserved and leveraged in the coming years?

Barriers to inclusion

3. What barriers do you see for families with children ages 0-5 to accessing programs and services in our community (Smart Start programs and services from other agencies and organizations)? What ideas do you have about how to remove these barriers?
4. Who is missing out on programs or services that are available to families with young children in our communities? What changes could Smart Start Partnership for Children make to reach families who are not currently accessing services?

Unmet needs/opportunities

5. What are the biggest unmet needs for families of young children in the community? How could Smart Start Partnership for Children help meet those needs?
6. We are all learning more about Adverse Childhood Experiences (ACEs) and their lasting impacts on communities. What kinds of needs are you seeing related to these adverse experiences? How is your organization or agency responding to these needs and what could Smart Start do to address these needs? (Follow up: what effective strategies for prevention and mitigation of these adverse experiences are you aware of?)

Broadening impact

7. What are the big problems we need to solve as a community that affect families with young children? How can we have a bigger impact? How can we shift things in big ways at a community-wide level to improve lives for families with young children?
8. What ideas do you have about how Smart Start Partnership for Children could collaborate with your organization/agency and others to better meet the needs of families and children?
9. Looking into the future, what emerging trends do you see? What new opportunities or potential challenges do you see that might affect Smart Start Partnership for Children?

Catch-all/open-ended

10. What questions should we be asking about the needs of children 0-5 and their families? What should we have asked that we didn't? Is there anything else that you'd like to tell us as we move ahead? Anything else you'd like to add?

Strengths and Value of Smart Start's Work

- **Early literacy programs** – In many cases these were the programs that interviewees were most familiar with and valued the most highly. Community partners specifically valued **Imagination Library** (“To get a free book in the mail can be a real treasure.”) and **Reach Out and Read** (“For me as a pediatrician making that part of the visit – for their IQ, doing better in school, the importance of early reading and continued reading. . .It helps us make that connection in a busy visit, brings up that conversation, that you actually have to hand them a book.”)
- **Kindergarten readiness and kindergarten transition** – “For center-based families the work Smart Start does around kindergarten readiness and transition is extremely valuable.”
- **Advocacy and collaboration with community partners to expand impact** – “From a community standpoint, their ability to build partnerships and educate the community about the importance of early childhood” was named as a strength of Smart Start. “They are very deliberate about being a good community partner, being present, looking for opportunities to connect the dots.”
- **Expertise in early childhood** – Partners value Smart Start’s role as leaders and experts in advocating for children 0-5. Smart Start is a trusted partner viewed as collaborative and engaged, with “a handle on our local trends and data and who is getting served and who isn’t, as well as connecting that back to national research and best practices, and advocating in our community for what needs to happen. They are a really respected voice.” One interviewee appreciated Smart Start’s “identifying cutting edge interventions and activities and helping get those kinds of things started in the community.” Another said, “I believe in all of their programs. . .For me, the most important role that they play is having that big picture view of what our families with young children need.”
- **Connections with health care providers** – Existing relationships with pediatricians and the newly-launched Family Connects program are seen as a strength. “I’m really excited for the nurse family partnership. I think that’s a great value add to our community,” said one. “The more support we can have in place for families early on the better.” Partners are hopeful that Family Connects will be a conduit to existing programs and supports for families who would not otherwise have access. “Family Connect is going to be like a nexus . . . someone who comes and sees you in your home, and who is very aware of all the local resources is going to be very beneficial.”
- **Support of Early Educators** – Community partners in the field of Early Care and Education value Smart Start’s support of ECE workers, including salary supplements and scholarships for educational advancement. (“WAGE\$ and scholarships for childcare providers are invaluable. We just don’t pay them enough for what they do.”)

LISTENING TO COMMUNITY PARTNERS

“Just reading to their children for a few minutes a day was a way for parents to keep their kids connected and educated. It’s a game changer in terms of early education.”

“We know that the data shows that students who do not attend a licensed facility don’t typically come to school as prepared to read. And they don’t come to school typically as prepared to be a successful student. They don’t have those social skills. . . . Our kindergarten teachers say that right away they can tell who has not been in preschool.”

Opportunities to Expand Impact

- **Engage Employers** – “Employers are a huge piece of the puzzle” in solving community problems that affect families with children 0-5, said interviewees. Community partners recommended “engaging employers and the Chamber” in the conversation about the childcare shortage. “Talk about this from a current pain point to employers,” said one, “they can’t find workers. What are we going to do about that?” Employers can be part of the solution: “If they recognize the value of investing in early childcare it can strengthen the value of their own workforce. Whether that childcare occurs on campus with the employer or they’re investing in it increasing the community’s capacity to offer it.” On the flip side of the challenges parents reported with employers not accommodating the needs of families, “Employers being able to support their employees with more family-friendly policies helps.”
- **Bring services to families** – Partners saw opportunities to reach families of children 0-5 by “having programs that travel,” and “bringing supports to parents.” For rural families facing transportation barriers and parents who are isolated, “if you have a program that can go into rural areas to community centers, churches, playgrounds, take the programs on the road. So that families are gathering in their space on their own – in their place. Can our current programs go to different places in the community?” Partners articulated a need for “addressing the isolation that occurred during COVID” and ongoing structural exclusion by bringing services to families in their homes and communities.

Services that “meet people where they are” and are mobile and/or available via videoconference were named as a solution to the problem of transportation. One interviewee said the solution was “portable, mobile services – taking the services to neighborhoods so people could walk to them.” Another recounted, “We have a lot of families who have very unreliable transportation, and that stops them from participating in a lot of programs. Since COVID we have been able to obtain waivers that allow us to do more teleconferencing with families instead of them having to come in.” Several suggested that “any kind of in-home service” will “broaden access” and reach people who are facing barriers due to transportation. Family Connects was specifically mentioned as an example of bringing services to where families already are (“The intakes in the hospital was genius.”)

- **Build on community-wide attention to trauma and ACEs** – Community partners noticed a rising community-wide awareness of ACEs and a trend toward trauma-informed approaches. “We are on the right track in terms of understanding trauma, understanding the importance of early childhood education, it’s not as taboo to talk about mental health and seek out help, even for little ones. I see that as a good direction in general,” said one. Partners see an opportunity in this increased awareness: “A positive trend would be if we could have an ACEs collaborative for our county,” said one. “As a community we could focus on this trauma-informed response,” said another, adding “It’s how we react to the families that are engaging with us and just ensuring that we all have that sort of shared language and knowledge around trauma and the effects of trauma and how we can support folks as non-profits and educators and childcare providers. . .”

Overall, interviewees were familiar with ACEs terminology and framework and were engaged to different degrees with applying an ACEs and trauma-informed lens. All interviewees knew the term “ACEs” and all but two interviewees had been involved in training, internal dialogue within their organization or agency, or community conversations around ACEs. Participants identified needs, shared current responses, and brainstormed ways that Smart Start could help address needs related to ACEs. Community education on ACEs and trauma was named as a way to shift entrenched community problems.

- **Build awareness about ACEs in the field of Early Childhood** – Community partners advocated for Smart Start to provide leadership in building awareness of trauma-informed approaches and ACEs in the field of Early Care and Education. “They have a tremendous role they could play because they are the space to go to for early childhood – them and pediatricians.”

Gaps and Unmet Needs

- **Lack of available childcare** – “We don’t have enough childcare slots in the community, especially infant slots.” Some community partners named the childcare shortage as the most significant barrier faced by families of children 0-5 in Henderson County.
- **Cost of childcare** – “The cost of childcare is just a huge stressor and difficult.” Several referenced their own experience as parents as well as their professional perspective. One shared a story of having decided not to work when her own child was young: “I could not afford daycare. I was that parent that was faced with, ‘what am I going to do, am I going to have to quit my job?’” Interviewees were concerned about “families who do not qualify financially.” Families who are just above eligibility for programs exist in a service gap, said interviewees. “We often see families who are just over income. They cannot afford it. There are a few slots for families that are over income but not many.”
- **Affordable Housing** – Community partners highlighted the challenges of housing and homelessness that families face in Henderson County and noted the toll that housing insecurity takes on parents and children.
- **Mental Health Care for Children and Families** – Interviewees named mental health services and support as an unmet need, tying this need to family stress and trauma. Many said there are simply “Not enough mental health services available.” They identified a web of related mental health needs that are insufficiently met in Henderson County:
 - **Pediatric mental health care** – “There are not a lot of offerings for pediatric mental health, mental health providers are booked. There is a huge space where we could fill a need there and I think we’re only going to see that increasing with what we’ve experienced in the last year and a half.”
 - **Increasing mental health needs for children 0-5** – Service providers observed increasing mental health needs for children, including those in the 0-5 age group.
 - **Infant mental health services** – “Infant mental health services for families is a huge unmet need.”
 - **Access limited by insurance** - “Children’s services are all really structured around payee source, and so accessing mental health services, intensive mental health services, intensive in-home services, all of those are really limited by insurance.”
 - **Access limited by hours of availability** - “Walk in clinic for crisis mental health is open Monday through Friday 8-3.” That leaves many people out. “So then people go to the ERs, and the ERs aren’t the right places for small children to be. The parents might be having a mental health crisis.”

LISTENING TO COMMUNITY PARTNERS

“The biggest needs I see are for free or very, very low-cost childcare that will enable children to have the same benefits that children from homes that are stable and middle class and up. They are missing out on those opportunities because they can’t afford childcare or physically can’t get there. Getting access so every child can be in Pre-K and three year-old programs.”

“For us I see a trend that while it used to be whenever you needed therapeutic foster care for kids, that tended to be teenagers. But now I see an increase in – when I saw a two year-old, I was shocked, I couldn’t believe they even approved it -- but, 2, 3, 4, 5 year-olds needing therapeutic care with more serious behaviors, behavioral issues than we’ve seen in the past. Obviously there’s trauma, but there’s always been trauma. I’m not sure what that is about right now, what’s behind that trend. We are seeing more of that. About half of our kids in custody are 0-5.”)

- **Access limited by number of providers and facilities** - “Just because a service is available doesn’t mean it’s necessarily sufficient or adequate. The assessment center has been full for weeks families are having to keep suicidal, homicidal kids at home. So it’s inaccurate to say that we have an assessment center when the assessment center isn’t adequate.”
- **Access limited by lack of providers that match family needs** - “Referrals for children who may have any kind of developmental delays, mental health issues” particularly services available in Spanish; “if one of the current mental health systems that serves children don’t accept a referral for a four year-old because they’re full, or they don’t have that service available, where does that child go and who follows up with them? That’s not clear right now.”
- **Access limited by immigration status** - “Affordable therapy for children who may not be documented and don’t have social security number or status.”
- **Symptoms of mental health care gap** – “Mental health and substance abuse issues usually lead to not having a job, not having transportation, not having a support system. It’s kind of all intertwined.”
- **Substance abuse treatment for parents** - “We have a need in Henderson County for substance abuse treatment. Buncombe County has quite a few resources and some families can drive over and get those services, but there’s not as much in Henderson County specifically. Families don’t have access if they can’t get themselves to Buncombe County.” “Every time people talk about the opioid crisis, I want to say where is the group that’s talking about the children who are impacted by the opioid crisis?”

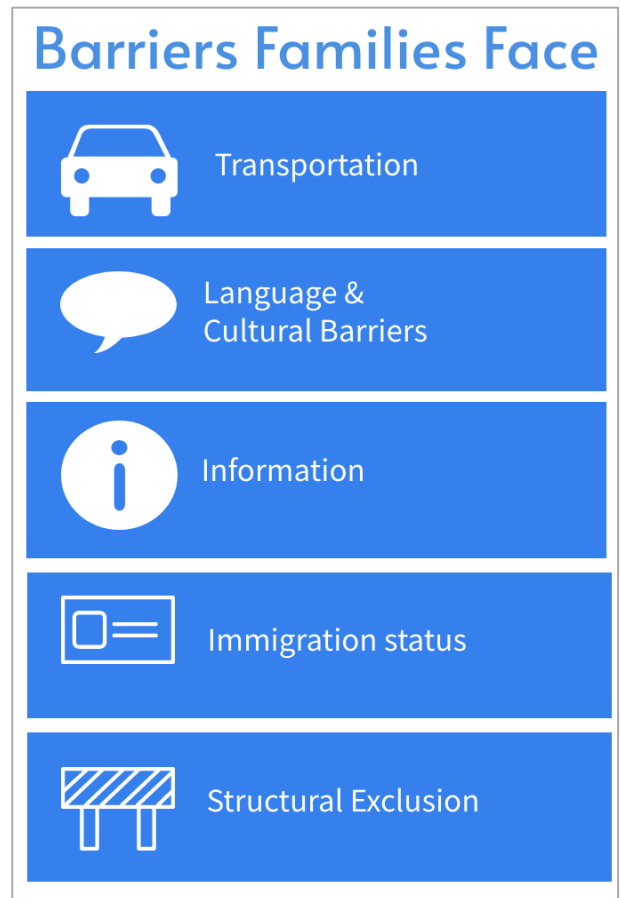
LISTENING TO COMMUNITY PARTNERS

“Substance misuse numbers are skyrocketing. We don’t have services in place still to manage the need. And so people end up in jail because there are no treatment facilities. Jail is not a good place for people who have substance misuse issues. And that just trickles down to the children in the home. There’s so much that happens – you just, you’re in jail, you can’t show up to work, so you lose your job. You lose your job, you lose your income. You lose your income, you lose your house. Now you are couch surfing and your kids come along with you. Which really kind of feeds that substance misuse because now you have all these other issues on top of – you know, it is such a vicious cycle and a long one that we don’t have a quick fix for. I believe we are going to see more of that coming. That will unfortunately likely impact youth 0-5 in ways we haven’t seen yet.”

“It’s super hard for law enforcement, people don’t know where to go, they go to the Emergency Room. This impacts parents. Involuntary commitments are up 91% in our state. What happens is they go to the ER, and to get to a mental health bed they have to go somewhere else in the state, and the hospital doesn’t want to transport them, so they IVC them so the Sheriff’s department has to transport them. So these people who voluntarily went to a hospital for mental health care are now in handcuffs in the back of a sheriff’s car being transported across the state. And I’m sure that impacts their families.”

Barriers to Accessing Services and Support

- **Transportation** – Transportation was the barrier to accessing services named most often by community partners: “Parents don’t have a driver’s license or vehicle, and there is not good public transit,” said one. Another explained: “We have families with one car, the person working takes the car to work, the person taking care of the children is at home without a car. It would be great if all families had access to public transportation.” Rural residents were named as disproportionately affected by transportation barriers: “Families in really rural areas have less options than families that live in town or on transit routes.”
- **Community Awareness of Services** – Community partners identified a need identified to increase community awareness of programs and services available to families of children 0-5. There is “not enough knowledge of what is available,” said one. Several suggested coordinating and centralizing information and resources to help parents connect with services and support. Several called for “a systemic approach to reaching families. . .A systemic way of connecting parents over time with those resources as issues come up.”



- **Language barriers and cultural barriers** –Service providers noted that there were still not sufficient Spanish-language services for families with young children and that significant cultural barriers continue to exist for Hispanic and Latino/x families. “Families may not have heard about resources especially if they are Hispanic or speak any other language besides English. Maybe some way to get promotions out to areas of the county who may not know this is out there, going where families are.” They also drew attention to families that speak languages other than English and Spanish who face barriers in accessing services. One specifically named Micronesian families: “There is a small group of Micronesian families in this area. Most speak some English but they do not understand the rules and regulations and ways of participating in the program. They’ll come in but they won’t utilize their benefits from WIC. We’ve been doing extra outreach, a teaching session at the grocery store on healthy foods – we are trying to work with those families and overcome the language barrier. They have a different culture, different eating habits. They are spread out all over the counties wherever they can find affordable housing.”
- **Barriers for undocumented parents** – Partners named that “undocumented families” are missing out on services either because of being ineligible or because of fear, marginalization, or structural barriers. “Over the last few years, there were concerns of undocumented immigrants not even wanting to apply for Medicaid or services because they were concerned about that impacting their potential ability to get a work permit or citizenship.”
- **Chronic trauma and mistrust within structurally excluded groups and communities** – In addition to barriers of language, culture, and immigration status for Hispanic and Latino/x families, interviewees said that both Black and Latino/x families were missing out on services. Some suggested that families continued to be excluded from or miss out on services because of historic and current marginalization and others named mistrust of systems and institutions because of past and current exclusion and chronic, multigenerational trauma.

Community-Wide Problems and Community-Wide Solutions

- **Childcare Shortage** – Awareness of the childcare shortage in Henderson County ranged widely among interviewees. Some were acutely aware as professionals working in the field of ECE or parents of young children themselves; others were not. Expanding awareness of the lack of childcare and working to increase the number of ECE facilities was named as a problem needing community attention.

Solutions suggested included:

- **“Support more childcare facilities to open throughout the community.”**
 - **Childcare Workforce Development** – “Childcare providers are doing some of the most important work for the least amount of money. . . . How can we support this workforce that is showing up every day and with our children in the most formative time of their lives, but not getting the acknowledgement or support they need?”
 - **Living Wage for Childcare Workers** – “We do have a different living wage than Asheville, I’m proud that we can pay \$13/hour which is the rural living wage.”
 - **Advocacy** – “We really need to do some advocacy work together if we want to make some bigger change.” Some suggested advocacy with local governments (“Advocating for the city and county to lease the extra space they have to childcare facilities. Bring people to the table who have the properties.”) and others mentioned “universal childcare” at a County or State level (“If we talk about health care being covered – what if child care could be covered or universally available?”)
 - **Universal Pre-K**
- **Mental Health and Trauma** – Community partners envisioned community-wide approaches to supporting families in caring for their mental health and well-being.

Solutions suggested included:

- **Becoming more trauma-informed**– “The organization has to do some of their own trauma informed, trauma resilient work, and then incorporate this community services lens and figure out how to incorporate that into the work with families and individuals.”
- **Training staff of service providers on ACEs** – most interviewees mentioned training their own staff and “looking through a trauma lens” and “embedding” trauma-informed practices in all services and approaches community-wide. One envisioned a community wide rising tide of awareness about ACEs: “I do have a handful of staff who would like to become trainers in this. I would love to get quarterly trauma training offerings, like at a groundwater level, like a basic 3 hour or 2 ½ hour entry level trauma piece, that we could say any time a new employee or new board member comes on, it’s offered four times a year and we can plug them in in this way. Having that as a resource would be amazing. Getting folks all on the same page with that shared language and shared knowledge.”
- **Partnerships with healthcare providers** - “When you have a young family come in and they have food insecurity, or it’s a single mom, or there are identified stressors in the family – I’m seeing the pediatric offices understanding that that is a public health issue. Henderson Peds has employed a psychologist now, who works with families, and they’re focusing on behavioral health. The trend I’m seeing is that our medical community is now recognizing that family stress has an impact, is huge with just health in general. We know this from the ACEs study that if you have toxic stress then your likelihood of having health issues as an adult is much higher. So...I see that as a trend across everywhere. As far as how that might affect Smart Start in terms of how to support the pediatric offices, Zero to Three has some programs where they look at bringing in therapists, or people who look at the bigger picture of what families are going through.”
- **Accessible mental health services in locations where families feel safe** “Having mental health care more available – through schools, through childcare, for families to access mental health support”

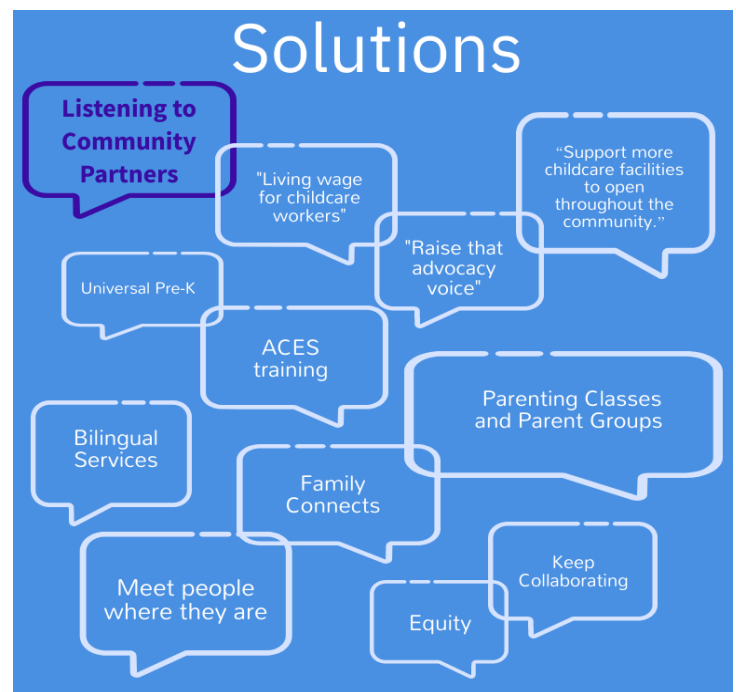
- **Increasing mental health capacity countywide** - “expanding the number of people and the number of people who have a background and capacity to be able to respond to mental health issues. More capacity, more people.”
 - **Partnerships with others focusing on ACEs** – specific partnerships suggested included Crossnore, School System, and the Children and Family Resource Center. The emerging ACEs collaborative was also mentioned as a resource.
 - **Bringing ACEs training to the Early Care and Education workforce** – “You know childcare providers tend to make anywhere from \$7-\$12 an hour. We know that they also most likely have high ACEs scores. They have the most important jobs, in my opinion. . . .How can we support those folks and just help them identify what’s happening with them as well as seeing it in children?”
 - **Supporting early care workers in their own well-being** - “If you have a daycare full of staff that are tired and burned out and stressed, and they are knowledgeable about ACEs and trauma and how to work with traumatized kids, are they going to be able to from that stressed out place?”
 - **Parenting programs** – Interviewees highlighted the value of parenting classes and support groups, “giving parents that space where they can be honest and receive the help they need.” This support benefits “kids that are unregulated or have a really hard time regulating emotions, and aren't starting to develop those skills” and parents who may have experienced trauma themselves as parents and need to learn new parenting approaches.
 - **ACEs training for parents** – “It would be great to have that support around ACEs to help with families who have ACEs happening right now,” said one interviewee. Another asked, “Could Smart Start offer ACEs training? It really should be someone who is equipped to give that training, not like a home visitor. . . . Someone who is prepared to respond to what comes up when ACEs is discussed with parents.”
 - **Specific tools and approaches** – Programs and approaches mentioned included: Family Development Credential, Mental Health First Aid, Family Centered Therapy.
- **Removing Barriers to Access** – Reflecting on the barriers families face in accessing services, community partners named a variety of strategies to remove barriers and increase equitable access.

Solutions suggested included:

- **Family Connects** - “One of the things I’m really excited about is the new grant that Smart Start has written and is working on, Family Connects. . .being able to check in with all families, not just those who qualify for Medicaid, early on, right after delivery, and then being able to connect them with services early.”
- **Handle with Care** program - “Let’s say the Sherriff’s Department goes to a child’s house to arrest their uncle and the child sees all this. . . . So the next day, the Sherriff’s Department will have already sent a message to the child’s school saying ‘this happened, handle this child with care today.’ So if the child is acting out, or just so everybody knows, just gentle hands today. . . .That’s just one of those examples, those ideas about trauma-informed work that we could do more of, if we could find funding for it. I don’t know if that program is only for school-aged – could it be shared with childcare centers?”
- **Bilingual services** – Improve access for Spanish-speaking families by ensuring services are truly bilingual.
- **Advancing Equity** – “We have to include some equity work in there as well. How we show up for all families is really important. There is an opportunity for growth in that regard in our community. In the same way we would have a quarterly trauma offering, a quarterly high-level equity offering.”
- **Systems Change** – work to change systems, policies, and structures that exclude some families and prevent children 0-5 from access to the support they need to grow, learn, and develop.

The Role of Smart Start

- **Leverage networks and programs to expand impact** - Partners suggested that Smart Start could build on the foundation of their early literacy programs and “use their network to build connections” with parents and “get information and resources out to people.”
- **Convene Conversations** – “More ongoing set times for us to sit down, with Smart Start, with some of these larger agencies. Maybe have it planned out on a yearly basis so that we are meeting and talking about these topics. I know we do our community assessment once a year, and other agencies are invited to that to come sit in on and hear the feedback. But then after that, what’s going on. In an ongoing way convening some conversations between agencies and providers so it's not just happening when an organization is doing its own assessment.”
- **Advocate to Change Systems and Policy** – “Advocacy is probably the biggest place that they could help. They are knowledge experts in a lot of these areas. Maybe raising their profile as an advocacy organization in terms of all of the factors that affect families with young children. We think of literacy when we think of them - that’s my first association. We know they care about more than that. Maybe raising that advocacy voice a little louder.” Partners suggested a policy agenda, toolkit, and calls to action from Smart Start: “That sort of thing might be really impactful. Calls to action on specific advocacy that other agencies could engage in. Something like, a bunch of folks in our community want to advocate for pre-K. Could you help us, give us the tools, organize our advocacy. Would United Way sign on to that? Maybe. Even if it doesn’t feel like one organization’s advocacy voice is that powerful, if you add a bunch of them together, maybe it would be.”
- **Keep Collaborating, Build on Existing Collaboration** – Collaboration was seen as a core strength of Smart Start. “They are very intentional about working with community partners.” Partners urged Smart Start to call on them to collaborate, and to lead community efforts in collaborative advocacy and collaborative funding to improve lives for families with children 0-5. “I trust them,” said one; others offered to participate in collaborative efforts with Smart Start. “Collaboration is already happening. Don’t stop. Don’t slow down.”
- **Pull together resources into a “system of care”** – Partners advocated “taking advantage of existing resources, strengthening those connections, connect different pieces of the puzzle for families, which I think Family Connects is going to try to do.” They envisioned a “Community-wide wrap around approach to support families in all the ways rather than just keeping folks connected.” Several highlighted Smart Start’s role in “relaying information, connecting people to services, connecting service providers to families and childcare workers.”
- **Stay connected with ongoing communication** – “I hope you keep up the connection with pediatric practices. We see probably 30 well child visits a day, please keep up that connection. . .it helps a lot. Keep it as easy as you can.”
- **Clarify Smart Start’s role and identity** – “We need some clear community education about what is Smart Start and what do they do? Kind of the role they play, and the importance and impact. In my position I would have assumed I would know what they do and I don’t.” “Our community doesn’t always know the difference between CFRC and Smart Start. We need just like a two-line statement that explains the difference. It would benefit both agencies.”
- **Fund program implementation** – “We will happily support Smart Start in anything that they do and we would love to be there to support and expand any new or existing programs, we have a great relationship. The shift that has been taking place community-wide to ‘we’re all in this together’ has reemphasized that no one can do everything and how can we support each other. Using our resources to the best of our ability.”



CHILDCARE PROVIDER LISTENING SESSION FINDINGS

Overview and framework

Incorporating listening sessions into the needs assessment allowed for the collection of qualitative, in-depth information. This listening session enabled us to hear from early educators in their own words in conversation with each other. This 1-hour listening session was conducted by videoconference and facilitated by Magaly Urdiales and Beth Trigg. One Smart Start staff person attended the session as an observer. Participants were compensated for their time at a rate of \$50/hour. Nine early educators working in Henderson County childcare centers attended the session.

Listening session limitations

The purpose of listening sessions is to gather in-depth information; the participants do not represent the entire population of childcare workers in Henderson County. We did not ask participants to provide information about their racial/ethnic identities, age, gender, or other identities, so analyzing individual responses in the context of those identities relies on how facilitators and observers perceived how participants presented. Participants were invited to register for one session with a limit of 10 participants on a “first come first served” basis, so those who were able to access the invitation and respond quickly had an advantage.

Listening session analysis and reporting

Because the purpose of the listening session was to gather in-depth information, it is not common practice to quantify this data. However in this report the most common perspectives, mentioned by multiple participants, are highlighted at the top of each section and identified as major themes. Perspectives voiced by just one person are included at the bottom under the heading “Other Views.”

The Childcare Provider Listening Session included the following questions:

1. What has helped or supported you in your job working with children? If you can recall a story of a time when you felt really supported - how, what happened, who helped, what was most helpful?
2. What are the most difficult things about your job working with small children?
3. What kind of support do you wish you had in your work as an early educator? What would help you do your best work, take care of yourself, and support the children you work with?

Participants were invited to respond to each other and facilitators asked follow-up questions to clarify and deepen discussion. Responses are grouped in this summary by theme and may be paraphrased, with direct quotes indicated by quotation marks.

1. **What has helped or supported you in your job working with children? If you can recall a story of a time when you felt really supported - how, what happened, who helped, what was most helpful?**

Three main themes were mentioned by multiple participants:

- **Teamwork**
 - Support from team and employer, work family
 - “Teamwork is key”
 - “We couldn’t make it if we didn’t have each other”
 - Team members share information about what works with different families, what helped you, what didn’t work
 - If a kid is melting down I can go to someone on my team and communicate that I need a minute to take a breath.
 - Open communication - a team that can talk with each other about what is working, what’s not working, with supervisors and with those you are working with directly

- **Feeling valued**
 - Staff need to be valued
- **Support for classroom staff**
 - Having supervisors and administrators who actively support classroom staff, “to support you and be there with you to help you.”
 - Having supervisors that classroom staff feel comfortable going to “when you’re not quite sure what you’re doing or if there’s something you don’t understand,” “people I can go to with a question.”

Other views: One participant mentioned “conversations with parents to see the bigger picture” and “parents and teachers as a team.”

“We’re there to support each other, laugh together, cry together, bounce ideas off of each other.”

“Knowing when you just need to tap out for a minute, when you need a break, and you can say that to the people you work with and get support.”

“Burnout level working with children can be high but I admire how different people can shine in different ways, have different strengths, help each other on different days.”

2. What are the most difficult things about your job working with small children?

Four main themes were mentioned by multiple participants:

- **Wages**
 - Three participants mentioned starting pay of \$10-\$11
 - “We only receive a \$0.25 raise per year”
 - “We are making less than fast-food workers.”
 - “11, 10, 9 dollars per hour is unfair.”
- **Working Conditions**
 - Lack of breaks during the workday - five participants reported not getting breaks as a major hardship in their job. Two participants reported working 10 hours with no break at all and one participant specifically mentioned “no lunch or potty breaks.” Another voiced, “You need a mental break at some point!”
 - Insufficient staff (“We have been very understaffed.”)
 - “If we are stressed, the children feed off of that negativity. It’s not a good environment.”
- **Lack of Support**
 - Lack of support from administrators and supervisors – several mentioned “paperwork” and “having it thrown at you to figure it out. . .on top of teaching and trying to be there with children”
 - Several participants linked overburdened classroom staff with disengaged administrators: “They don’t step in to support classroom staff,” said one; “They take advantage of their titles” and stay in their offices, don’t help in the classroom,” voiced another.
 - “There is no communication.”
- **Being Unappreciated and Unvalued**
 - Parents “see us more as babysitters than teachers”
 - Administrators and supervisors have not been there for us.
 - Wages and working conditions were linked to the work of childcare and early education being undervalued.

Other views: Other topics named were turnover (“losing valuable team members”) and the COVID-19 pandemic was mentioned as an additional factor in staffing and overwhelm. One participant mentioned lack of time to fulfill work responsibilities (“our time is valuable and we don’t have a lot of it.”) Another shared her difficulty “selling it” to parents “when I don’t have my own kids despite my experience in the field.” One participant complained of a supervisor that is too involved, “overstepping their role.”

“The most difficult part is being overworked, underpaid, and unappreciated.”

3. What kind of support do you wish you had in your work as an early educator? What would help you do your best work, take care of yourself, and support the children you work with?

“We have 2 classrooms open and only 4 staff. We have been working 10 plus hours a day with no break. And our supervisor is the one who comes into the classroom and says, ‘there’s no breaks today,’ and she doesn’t give us the chance to say, ‘we need a break,’ or anything like that, she just pops in and pops out. And it has been like that forever. It’s just a shortage of staff. And lack of professional supervisor. . . . We are stuck in the classroom all day. Ten hours. With nobody to come let us get a lunch break or even a five minute mental break. Sometimes if you’ve been in there all day you need to just step out once. . . .”

Participant responses were focused on four main themes:

- **Communication**
 - 5 participants mentioned “lack of communication”
 - “Being in a place where I can be heard and say what I need.”
- **Better wages**
 - The majority of participants named increased wages
 - “Not working with an associates and making less than fast food worker.”
- **Support and appreciation**
 - “Ability to lead in the classroom and be respected in my position” was named by one participant. Others spoke of wishing for agency and respect as teachers who understand the children in their classrooms (“Not everyone teaches the same way and each child as an individual learns differently,” and “I know my children! Let me teach them!”)
 - Acknowledgement of expertise of early educators
 - Parental support
 - Support from administrators and supervisors
- **Resources**
 - “Funding for services, funding in every aspect of childcare”
 - 5 participants mentioned buying supplies) for their classrooms (art supplies, cleaning supplies, materials) out of their own pockets

Closing

To close the session, participants were invited to respond to the question, “**What would you change in our community to make things better for young children, their parents, and their teachers and caregivers?**”

- One participant summarized, “better pay, support, and appreciation.” All other responses were similarly focused on **wages** and **appreciation**.

Observations on Disparity

Facilitators noticed that low wages and inhumane working conditions seemed to be disproportionately reported by teachers of color. While wages and working conditions (particularly breaks during the workday) were named by participants across racial and ethnic identities, Latinx teachers shared stories of working ten-hour days with no breaks. Power differentials between classroom teachers and administrators also raised questions about inequity and disparity.

FAMILY LISTENING SESSION FINDINGS

Overview and framework

Family listening sessions allowed for the collection of qualitative, in-depth information from parents of children ages 0-5 in Henderson County. Family listening sessions enabled us to hear from parents in their own words in conversation with each other. Listening sessions focused on families with children as the people most impacted by Smart Start's work, centering the lived experience of parents as key to understanding the needs of children and families. We conducted six family listening sessions by videoconference over the course of two months, with a total of 39 participants. Listening session participants were parents (and one grandparent) of a total of 70 children ranging in age from five weeks to 20 years old. All participants were currently caring for children ages 0-5 with the exception of one foster parent who was currently parenting a child 0-5, but has in the recent past. All sessions had two facilitators from a multiracial, bilingual team of four experienced facilitators: Ada Volkmer, Magaly Urdiales, Kamryn Mason, and Beth Trigg. Each session was also attended by a different Smart Start staff member.

Bilingual and Spanish-only sessions with facilitation by native Spanish speakers allowed all participants to speak in the language in which they are most comfortable. Simultaneous interpretation by Cenzontle Language Justice Cooperative allowed for one group to be inclusive of families with different languages, national origins, and cultural background, which created space for identifying commonalities and differences across identities and communities. Listening sessions were conducted on various days of the week and at various times of day to allow the greatest participation. Participants were compensated for their time at a rate of \$50/hour.

Listening session limitations

The purpose of listening sessions is to gather in-depth information; the participants do not represent the entire population of families with children 0-5 in Henderson County. Sessions were only offered in Spanish and English, and interpretation was not offered for speakers of any other languages. Sessions were conducted by videoconference, so were limited to people able to access Zoom via smartphone.

Listening session analysis and reporting

Because the purpose of the listening session was to gather in-depth information, it is not common practice to quantify this data (i.e., 10 people out of 30 people think 'x' is the most important issue"). However in this report the most common perspectives, mentioned by multiple participants, are highlighted and identified as major themes with related ideas grouped together. Perspectives voiced by just one person are added at the bottom under the heading "Other Views." Topics mentioned by multiple participants within one group are indicated with an asterisk (*) and topics mentioned by participants in more than one group are indicated with a diamond (◆).

Family Listening Sessions included the following questions:

1. Sources of Information: where do you get information about programs and services for your children? How do you know if a program or service is something you might want to look into? What are your trusted sources for information about programs for your kids?
2. What has helped or supported you as a parent? Tell a story of a time when you felt really supported - how, what happened, who helped, what was most helpful?
3. What is the hardest thing about being a parent? What are the things that keep you up at night, the things that are the most challenging as a parent?
4. What would help you as a parent to support your children? What kind of support do you wish you had as a parent? Take a moment to think about the top 1-2 things that would make it easier for you to support your young kids. What kind of support would you have in your dream world? Any kinds of programs or services that would be especially helpful?
5. What are your dreams for your child or children? If you had a magic wand, what would you change to make these dreams come true?

Family Listening Session Participants

Date	Number of participants	Number of children	Language
July 8	8 parents	12 children	English
July 15	7 parents	12 children	Bilingual Spanish/English
July 15	4 parents, 1 grandparent	11 children	English
July 30	8 parents, including 1 foster parent	12 children	English
August 4	4 parents	8 children	Spanish
August 5	7 parents	15 children	English
TOTAL	39 participants	70 children	

1. Sources of Information

Where do you get information about programs and services for your children? How do you know if a program or service is something you might want to look into? What are your trusted sources for information about programs for your kids?

Social media

- Facebook* ♦
 - Moms group* ♦ /Hendersonville moms group* ♦
 - “Family Friendly Asheville” group
 - Henderson Resiste
- Meetups

Other Media

- Public television (“from commercials on the kids channel Rootle”)
- Hola Carolina*
- Hendersonville Macaroni Kid
- WNC Parent magazine

Human Services Organizations & Agencies

- Child Development Services Agency (CDSA)* ♦
- WIC
- Children and Family Resource Center* ♦
- St. Gerard House
- WCCA* ♦
 - WCCA home visits*
- True Ridge (“If I hadn’t have been there I wouldn’t have learned about these services for my children”)* ♦
- Interfaith* ♦
 - “I picked up a flyer”
- CC4C - Care Coordination for Children (NCDHHS)
- Crossnore
- Food pantry* ♦
- Centro Comunitario de Hendersonville*
- DSS worker
- Library* ♦

Internet search

- Google search for general information*

Health care providers

- Pediatrician/doctor's office* ♦
- Mission Children's Hospital
- Therapist
- NICU

Word of mouth

- Friends* ♦
 - Other parents ("Mom friends")* ♦
 - *"From a friend who was going to Circle of Parents"*
- Family members*
- "People In the community"

Schools

- Hendersonville Public Schools* ♦
 - Email (*"I have two older children and I get information from the Henderson County Public Schools through emails"*)
- Bruce Drysdell and Dana Elementary
- Fernleaf

Parent Groups

- Circle of Parents*
- Exceptional Children's Program parents group

Church

- My church*
 - Biltmore Church

Childcare Centers

- My child's [preschool] teacher*

Sources of information specific to Spanish-speaking participants

Comments from Spanish-speaking participants are integrated above, and the following are specific to Spanish speakers:

Media

- Hola Carolina
- Henderson Resiste
- Centro Comunitario de Hendersonville*

"Organizations that have information in Spanish"

- WCCA home visits
- True Ridge*
- Food pantry

Schools

- Bruce Drysdell and Dana Elementary

Note: Spanish-speaking facilitators observed that "many people didn't know the exact name of organizations" and noted that participants referred to "the place where they give food," "the teacher who visits my home" or "the place with the woman with the curly hair."

2. What has helped or supported you as a parent?

Tell a story of a time when you felt really supported - how, what happened, who helped, what was most helpful?

Family and Friends

- “*Gente de mi red de apoyo – familia y amistades*” (folks in my support network, like friends and family)
- Family* ♦
 - Being near family and friends
 - “I have a good support system with my family. My son’s father and I are still together and my son has both of his grandparents and they’re all very supportive, and I think that’s really important to have a village or a backup. And I also have friends that are very supportive. And I think that’s very important to me, to have that. When the things that come up, the daily stresses of having a young child.”
 - My family has helped me “keep my head above water”
 - Several parents who grew up outside of the US spoke of the difference between having family close by and being separated from family as a parent: “In Colombia I had a really different experience with my first child. I had my whole family with me, my mom supporting me”
 - “Talking to my mom, even though she’s not here close, I call her on the phone and she gives me advice, home remedies”
 - “When I was first pregnant it took me a while to let everyone in my family know. I was just scared and I didn’t know how everyone was going to react. But they were really supportive and they really helped me because I didn’t know anything. It’s different when you take care of somebody else’s baby – it’s really different. I’m really grateful that my family was able to help me.”
- Advice from my friends* ♦
- “People who I trust”*
- Having a supportive partner*

Peer Support

- Feeling heard and seen by other parents* ♦
- Community of moms “to come alongside you in times of struggle especially in the earliest years”*
- “Hearing from others in a small group,” peer support, especially smaller groups so that “you don’t feel so alone going through all of it”*
- “I felt like I was failing as a parent and I didn’t know what I was doing and just being around other moms eventually when I found that community it was affirming that we’re all sort of stumbling in the dark and know that even if I do everything right I may still have that child on the floor of Target screaming, because I have!”

Parenting Networks on Social Media

- Tik Toks on gentle parenting
- Facebook moms groups* ♦

Parenting classes

- At the Children and Family Resource Center, Parents as Teachers * ♦
- At the job center, focused on discipline
- Birds and the Bees parenting class*

Therapy

- Postpartum depression and anxiety* ♦
- Support from a therapist* ♦

School Staff

- School counselor*
- Speech therapy at Clear Creek School
- Child's teacher* ♦

Activities for parents and kids

- "My saving grace was getting out of the home, to be a better parent, because I was isolated"

Human Service Organizations and Agencies

- YMCA
 - Offers scholarships for LMI parents
- WCCA* ♦
 - WCCA offering childcare
- Camp Compass – grief camp for children – "their support was a big help"
- WIC
 - WIC database articles and quizzes - nutrition facts and food options
- True Ridge
- Crossnore - "as a foster parent – it's a different type of parenting, taking care of children with trauma"
- *Abriendo Puertas* (Blue Ridge Literacy Council)
- Diaper drive through "really helped us a lot"

Adolescent parenting program

- Balfour [High School adolescent pregnancy program?] "They were able to set me up with a lady who gave me information about how my body was changing, how my baby was growing. I was able to get help from the community and things that we needed. She even brought a brand new car seat the day he was born."
- I had my first child at 15. "I also had a good support from the adolescent parenting program back in the day in 2015 and gave me the tools to become a better parent."

Health Care Providers

- Nurse Family Partnership Program - "Something that helped me feel supported while being a parent is joining the Nurse Family Partnership program. I was in the program with my daughter until she was 4 and my son until he was 2. Our nurse, Ginger helped so much with understanding children development and helping me cope with postpartum depression and anxiety."
- Doctors*
- Our doctor - "she listens to me" [Our Family Doctor in Asheville]
- Pediatricians* ♦
 - "not judgmental"
 - "You can call or text and get really quick responses"
 - "I guess I've been an anxious mom, especially with COVID, so they're just amazing."

Church

- Church family - I had no resources, they guided me to resources
- Friends from church, their support allowed me to pursue my education

Libraries

- A place to go with children
- Programs through the library

Breastfeeding support

- La Leche League - “La Leche League in Buncombe County has really helped me with nursing, I would love to have one here in Henderson County.”
- Breastfeeding support group at the hospital where I used to live “because it connected me with other moms. When I moved here and had [my second child] that was the one thing that I looked for and tried to make connections with were other moms who could help me understand what I was going through and help me talk to someone, you know, over the age of 6.”

Smart Start

- Smart Start providing vouchers for childcare
- “Kelly at Smart Start”

Other views:

- **A pregnancy support center:** One participant shared, “I was 18 when I found out I was pregnant. I went to a pregnancy support center that I found on google that I went to before even talking to my parents because I was terrified. They were very religion-based but aside from that they were very supportive and provided counselling. I was very lucky things turned out very well for me and I credit a lot of that to them being there for me.”
- **The WNC Workers Center** (*Trabajadores Unidos*) was mentioned by one parent
- **“Reading a lot”** supported one participant who reads articles online about parenting to become a better parent.
- **My past experience** – One participant reflected, “I have an older child and the experience of having a child before helped me with my second child. Reactivating that knowledge that I already had was a beautiful experience. . .you learn something every time.”

3. What is the hardest thing about being a parent?

What are the things that keep you up at night, the things that are the most challenging as a parent?

Cost of Childcare

- Finding affordable childcare* ♦
- Childcare is too expensive* ♦
- “We don’t qualify for anything”
- “Financial struggles. Childcare is expensive, rent is high, food is getting expensive too. I recently had to drop out of the nursing program because my parents live too far to help. The free childcare hours here don't have enough space for my son. I would have to get a night job to just pay daycare. If I was in the program I would be in school six or seven days. It just isn't possible for us right now.”
- “In Colombia there are places where you can take your children to free childcare centers, time for yourself and to develop yourself professionally. I haven’t found that here. And you know, I work.”

Availability of Childcare

- Finding adequate childcare so I can work; so my spouse and I can work* ♦
- “No hay guarderías.” (There are no daycare centers)
- “Lack of quality and affordable child care is our main struggle as well.”
- “I’ve applied to a couple of places and never heard back.”
- “A lot of places are overwhelmed, they don’t have enough workers, they’re short staffed and can’t take on more kids;” “. . .because of COVID they were understaffed and they were taking less kids.” * ♦
- “Infant care especially, not just two and up. A lot of places don’t have infant rooms.”
- “I went back to work from maternity leave late because I couldn’t find childcare anywhere.”
- “Taking your daughter around at an adult pace because she has no childcare options.”

Childcare available when I need it

- Limited hours of childcare* ♦
- Hours that match work schedules – “We have a wonderful daycare - but they have a 9 hour rule. “My workplace is not very understanding and that has been almost impossible. My husband and I both work and we have two kids that have very opposite schedules.”
- Need for drop-in care* ♦
 - “. . .somewhere with other kids, somewhere he can have fun” for a couple of hours that is closer than Asheville
 - “Spontaneous day care”
 - “not having to bring all three kids to an appointment”
 - “In Florida there was a place that was open 24/7 and it was round the clock care and you could drop off for a couple of hours. If anyone had a business like that here it would do really well!”
 - *Drop and Play* closed during COVID

Finding a childcare provider that I can trust

- “To have to leave my son at a house, with a person that I don’t know and just go to work and trust that everything is going to be ok”
- “Wanting to make sure they are learning, protected, and safe”

Financial challenges

- Paying for childcare, rent, and food* ♦
- “Affordable childcare and health insurance for my child when we don’t qualify due to income.”
- “We live on a tight income, we live paycheck to paycheck”

Balancing work and parenting

- “I went from having a career to not being able to afford childcare.”
- “The hardest thing about being a parent has been being a working parent, in all honesty. Trying to have a job and also be a good mom.”
- “Trying to juggle all of the expectations, it’s a lot to juggle. All the different hats you wear as a parent. I find myself exhausted a lot.”
- “You’ve got to juggle between wanting to work and wanting to raise your kids.”

Meeting children’s needs for social and emotional development

- Helping my child learn how to socialize and relate to other people, “how to say hi;” how to get used to being around people and “how to interact with other people”* ♦
- Not knowing how to handle outbursts and behavioral issues, big emotions; helping my child control her emotions, regulate, “not be mean” or rough* ♦
- “*No se como tratar a mi hija*” (Not sure how to handle/deal with my daughter)

Adjusting to parenting as a new parent

- The shift of being a new parent and having additional responsibilities * ♦
- “I decided to have a child at 40 and becoming a parent was life altering. That change was the most difficult.”
- “Everything is hard. I feel like everything is a new learning experience.”

Isolation

- Isolation due to COVID* ♦
- Not having a vehicle
- “Being alone with my daughter”

Lack of family support

- Not having support from my family* ♦
- My family “don’t live close to help, makes it hard to get time for self care.”
- Being a single parent, raising my child alone* ♦
- Not having any child care support
- Not having the support of my husband
- “*Básicamente criando a mi hija sola porque mi pareja trabaja horas largas*” (Basically raising my daughter by myself because my partner works long hours)
- Family separation due to migration - “I am here alone in this country. My husband is out, he can’t come back for like three more years, so I’ve been taking care of and raising my son alone and it’s been very, very hard. Everything that a couple would usually share is on my shoulders.”

My mental health

- Prioritizing my own mental health* ♦
 - “Finding time for myself, to take care of my own needs. Because it can be really easy to put everyone else in the family first, and then the things that I need go down to the bottom and then all of the sudden your cup is empty.”
 - Finding balance between taking care of your family and yourself* ♦
 - “It would be life-changing to have someplace safe that I could take my daughter for a couple hours just so I could go out and spend some time by myself.”
- Guilt, “mom guilt,” “Feeling defeated about things I think I didn’t do well” * ♦
 - Comparing my parenting style to other people on social media “I feel like maybe I’m not doing enough or I could do more. And you find yourself comparing how you do things and how - everything on social media, it’s hard always comparing yourself.”
 - “Worrying: am I doing the right thing? Do they have too much screen time? Are they developmentally where they need to be? There’s always that question and that has definitely been super-challenging.”
 - Feeling like I’m not doing enough as a parent * ♦
- Anxiety* ♦
- Postpartum depression and anxiety* ♦
 - “With my second child, I was diagnosed with postpartum depression and anxiety. And I didn’t know anyone in my family, my friends, who had ever been diagnosed with that before. And I really struggled, my husband really struggled with how to support me. We had never experienced it before and had no clue that it can present itself in ways that you didn’t expect. Like, bouts of pure rage that came out of nowhere. I thought for a while I was losing my mind. And it was one of the scariest things I’ve been through. And I wish I had spoken up earlier than I did because I think that I let it get worse than it needed to be.”
- “*Sentirse responsable de todo, salud, estabilidad, etc.*” (Feeling responsible for everything, health, stability, etc.)
- Need for a break from parenting* ♦
 - “...We need to have our own space as parents and being with them for an excessive amount of time we tend to not even know if we are doing a good job raising our children. They stop responding to you, they stop paying attention to you and listening to you.”
 - “Not being able to focus on myself as a woman or on my career. Not having space for myself.”

Lack of support with family and relationship challenges

- Learning to navigate separation or divorce and becoming a single parent* ♦
- When you and your partner disagree on how to raise your child. How to know when and how to address this? When is it a good time to do that?
- Knowing how to navigate disagreements with difference in parenting styles

Finding Resources and Parenting Support

- Not knowing where to find support and resources* ♦
- I need help, support, “another brain to problem solve”
- Choosing the right school, right therapist, etc.
- “Not knowing what the right way to guide them is”

Parenting multiple children

- Being spread too thin across my kids*
- Neglecting the older child because they’re more self-sufficient than younger children

Worrying about children when I am not with them

- Difficulty and anxiety of leaving children in childcare or with someone else.* “They are out in the world without you,” said one, and “you can’t always protect them” added another.
- “Having to go to work, because you have no choice, and having to leave your children”
 - “Dejar a los hijos. La necesidad nos obliga dejar a los hijos en guardería” (Leaving our children. Necessity obligates us to leave our children in childcare)

Finding resources for children with special needs

- Not knowing where to locate resources for children with special needs
- Juggling two kids with special needs

Pandemic-related challenges

- Lack of socialization and opportunities to be with other children and parents* ♦
- “Trading childcare with other moms has been harder with COVID”
- Not being able to participate in indoor activities

Other views:

- One participant spoke of “learning to accept kids for who they are and not impose my will on them” and “realizing your children are their own individuals who will make their own decisions despite how you as a parent may want them to turn out.”
- One participant talked about “bullying, school shootings, and mean kids.”
- One participant said, “Summers are super difficult” noting that fewer resources are available in the summertime.
- “No follow through from schools” was mentioned by one participant.
- One participant spoke of wanting to “raise my children as my parents raised me.”

Challenges specific to Spanish-speaking participants

Comments from Spanish-speaking participants are integrated above, and the following are specific to Spanish speakers:

Language Barriers

- “I don't understand or speak English.” * ♦
 - Not speaking English – “making appointments or purchases is difficult”

Cultural Barriers

- “Tener que lidiar entre mis costumbres y tradiciones de mi país con las de este país” (Having to deal with the difference between my country’s customs and traditions and this country’s customs and traditions.)
- The relationship with teachers is difficult due to the linguistic and cultural barrier. Many times it is their prejudice and ours that presents itself as a barrier.
- Connections and relationships with service providers because of language or cultural barriers or because of prejudice and misunderstandings

Interpretation

- Problems with interpreters at the school
- “Not speaking the language and being assigned with interpreters who do not honor the transparency of the interpretation.” An example: An interpreter did not interpret what she was saying because said that there are things that should not be said and it is better to keep it quiet.

Family separation due to migration

- Separation from my spouse, mother due to migration and immigration laws
- Isolation and lack of support due to family separation

4. What would help you as a parent to support your children?

What kind of support do you wish you had as a parent? Take a moment to think about the top one or two things that would make it easier for you to support your young kids. What kind of support would you have in your dream world? Any kinds of programs or services that would be especially helpful?

More affordable, reliable childcare options

- More affordable/less expensive childcare* ♦
 - “I can’t afford daycare.”
 - “I had a babysitter and the amount that I would pay her – for childcare it would be double that.”
 - “Do you work and pretty much one person’s paycheck go to childcare? Or do you stay at home?”
 - “In my situation, I don’t qualify for anything, and the father of my child stays home with him and I work. We barely make it, and it’s difficult because do you put your child in daycare and let your whole paycheck go to paying that?”
 - “Low costs for child care services. We don’t all have the same income.”
 - “*Todo lo que iba a ganar en un día se me va en cuidado de niños*” (Everything that I could earn in a day goes to child care)
- Trustworthy/reliable/consistent/quality childcare options* ♦
 - “*Personas preparadas para ayudar a cuidar a mis niños.*” (Trained folks to help take care of my children.)
- Enough childcare available (“very long wait list for daycare”) * ♦
 - “I’m on a waiting list and I’ve been waiting for two years.”
- “A lot of times we pass our stress on to our children – having childcare could help with the stress”
- Infant care

Childcare available for more/different hours

- More afterschool programs* ♦
- All-day programs* ♦
- Later childcare hours* ♦
- More flexible childcare options * ♦
- Drop-in childcare (“drop and play”) * ♦
- More affordable options for evening childcare*

Income and help meeting basic needs

- “I would love to have another child but we cannot afford it unfortunately.”
- Monthly income from federal government for children
- Assistance similar to what’s offered at Pisgah Legal Services for how to work and not lose benefits (Medicare and disability) [*Benefits cliff navigation*]
- Food banks – “being paycheck to paycheck food banks are extremely helpful - I don’t know how to find them here except when I hear WLOS mention them on the news.”

Supportive employers and family-friendly workplaces

- More time off/more sick time* ♦
 - “Time off from work without the guilt of taking off.”
- Flexibility with work from home options* ♦
 - Flexible employment - sick leave, maternity leave, emergencies for children, doctor’s appointments etc.
 - “Affordable childcare, but also having a workplace that helps and being flexible with times to be able to pick up and drop off at childcare.”
- “Changing culture of mom managing/staying at home. My husband’s employer refused him a four-day work week so I could keep working.”
- Jobs for stay-at-home moms, jobs where moms could work from home

Policy changes and public benefits

- “If income limits were different.”* ♦
- Universal day care/preschool*
- More services for people in need from federal government - it’s bigger than local providers
- Early Head Start - no income limitations/threshold (“It’s all or nothing”)
 - Navigators to help with this system
- “*Más apoyo con cuidado de niños*” (More support with childcare)

Socialization opportunities for children

- Socialization* ♦
 - “My son doesn’t have anyone to interact with, to play with. It’s been really difficult, he doesn’t really know how to interact with other people.”
 - “He’s a little isolated, he’s here with me all the time and I can see that he doesn’t know how to get along with or socialize with other kids.”
 - “We have been extremely safe with regard to COVID, so I didn’t send my son to preschool last year, we were planning to wait ‘til this year, now it’s gotten bad again. So I was trying to find an outdoor preschool, and I can’t seem to find one. He’s had very limited socialization, so I’ve struggled with that. That’s my biggest thing that I’m struggling with is how to get him socialized and in a preschool somewhere that is as safe as it can be. He hasn’t even been in a building other than our house in a year in a half.”

Social support for parents

- Connecting with other parents* ♦
 - “As a mom to be able to go and interact with other humans except for your children”
 - “just to go meet up with other moms”
 - In another community where I lived, there was a regular meetup for exercise for moms. “Kids sat in their strollers and you would jog or walk with them and exercise, and then the kids played together.”
- “With COVID I think we all just got exhausted” and couldn’t get together in person ♦

Parenting support

- Having someone to bounce ideas off of for parenting
- “Someone to help me and teach me about taking care of my kids, especially when they were babies.”
- Developing a routine - time management skills*
- Balancing childcare and parent care
- Support on how to help with meltdowns, tempers, feelings
- “I would have liked to have some support – a person who knows how to take care of babies, because I think that was the hardest. Someone to show me. I learned as I was doing it.”

Mental health care

- Therapy* ♦
 - “Therapy was great for me but I haven’t been able to go because childcare is too hard.”
- “taking the stigma away”*
- “My family has had experience with mental illness so I was fortunate I knew what to look out for and I have a lot of good mental health support but I know a lot of moms don’t, and there so much shame and stigma around that especially with being at home for a year with our kids because of COVID or because you can’t get childcare - that’s something that I really wish was more accessible.”
- “My dream is to have a center where parents can get together especially for families that struggle with mental illness.”

Better Postpartum Support

- Better postpartum care* ♦
 - “I didn’t really have anyone checking in on me”
- Including therapy - “Whether someone has postpartum depression or not it can be a big help.” * ♦
- “Coming out of the NICU, this is my second NICU baby and I was seeing all of the other parents and we were all so scared! And people were saying, ‘what’s wrong with him?’ So having someone just to talk with would be so helpful.”

Community support

- “Having some community support that if a parent needs respite or a family is dealing with something can ask for a meal or a gift card for groceries.” *
- “More friends, a way to meet people” * ♦

Affordable activities for kids and parents

- Free activities that are consistent, the same day of every week or month (library story times, mom groups at the park and CFRC) * ♦

Centralized and accessible way to connect with resources

- A centralized location to find services.
 - “There is no time to go here and there asking around...”
 - “Centralize services. I don’t know where to look for the services. One has to go to many places to search for information.”
- A parent hotline

Access to services and resources

- Literacy and internet access are barriers
 - “Not just keeping everything online”
- Transportation is a barrier

A way to ensure providers are trustworthy and safe

- A way to know that a childcare provider is trustworthy* ♦
 - “Everything seems like a scam, you don’t know what to trust”
 - A way you could see into the classroom, a camera that you could access from your phone; video monitoring of classrooms*
 - “My son got smacked by a daycare teacher when he was 8 months old and he had a big handprint bruise on his back when I went to pick him up. I took him to Social Services and tried to press charges but they wouldn’t let me press charges because there was no video evidence....it was very traumatizing and made me not want to put my kids back into daycare.”

Other views:

- One participant said that “early care services for special needs children” would be helpful
- One participant mentioned vouchers specifically as a support that would help (separate from the discussion of income levels to qualify for vouchers that came up in several groups)
- One participant said, “I wish we had more support from our families” and talked about having a family that “adopted” her family and provided the kind of support she and her husband didn’t get from their families of origin.

Supports specific to Spanish-speaking participants

Comments from Spanish-speaking participants are integrated above, and the following are specific to Spanish speakers:

Opportunities to learn English with childcare

- “*Poder estudiar inglés Y tener cuidado de niños*” (Being able to study English AND have childcare) * ♦
→ “A place where they can teach us English; a place that can offer English classes, child care and transportation”*
- “*Siento que muchas cosas se me resolverían si pudiera hablar inglés*” (I feel like a lot of things could be resolved for me if I was able to speak English.)
- Knowing the language would give me the opportunity to access more services.

A driver’s license

- “Having a drivers license. Immigration status has become a big barrier.”
- “Having a drivers license would mean I would have transportation.”

Support for parents dealing with family separation due to migration

- Participants spoke of separation from spouses, parents, and extended family as a challenge and wished for “support for people without family in the region.”
- Childcare for single working parents without family support due to migration

Relationships, trust, and community support for immigrant families

- “Not having family here and not having anyone who I trust”
- Navigating cultural differences, bias, and language barriers
- Relationships and “people I can trust” were named as key elements of support; specific people were named as trusted providers or liaisons.

5. What are your dreams for your child or children?

If you had a magic wand, what would you change to make these dreams come true?

Opportunity* ♦

- For my kids to fulfill their full potential
- “All the chances I never had.”
- “For them to have opportunities and resources to pursue whatever they want to pursue!”
- “Them reach their full potential, magic wand to have unlimited resources so they could explore each and every one of their passions.”

Happiness* ♦

- “*Que donde ella vaya, lleve alegría.*” (That wherever they go, they take joy with them.)
- “*Una vida feliz*” (A happy life)
- Contentment even when circumstances are difficult

Community* ♦

- “It takes a village to raise a child. I wish it was still like that. We are all very separated and less community oriented.”
- More support including friends or family

Better Systems *

- “Better healthcare, and schools so they can learn and become successful, more affordable mental healthcare options as well”
- Great education, good teachers, a great support system

To be who they are and accepted for who they are* ♦

- That we realize that all kids are different
- My dream is for my kids to have his own dreams!
- More information for kids with autism, ADD, differences – just because they’re different doesn’t mean they can’t learn
- *Let kids be whatever they want to be, “no boxes”*
- For my child to be able to have his own dreams, to be independent, to just be able to be a kid
- “become someone they want to become”
- “All children need to know that they matter, they are loved, they can overcome situations.”

Health, Safety, Stability, and Security* ♦

- To be healthy
- “Stability would be amazing.”
- *if I had a magic wand I’d make them have a better life than I did.”*

Acceptance, Kindness, Equality* ♦

- Parents and kids being accepting with each other, getting rid of divisions
- “For my children to know that we are all equal”
- For my child to see we are all equal and to love people more. To help our society grow and love more.
- “For them to be decent human beings who believe in equality for everyone.”
- I want my kids to be kind to all people and to love everyone
- *“Que mi niña crezca a ser una persona sociable y empática.”* (For my daughter to grow up and be a social and empathetic human being.)
- To help other people when they are in need, to “be of service to society”

Other

- Access if/when we need it
- To improve my relationship with my spouse.
- Someone to help clean my home
- Want them to be proud of their roots
- Legal papers in this country

CONCLUSION & RECOMMENDED NEXT STEPS

This Needs Assessment is intended to serve as a resource for planning, collaboration, and program development. It is our hope that the voices of early educators, parents, and community partners will inform strategic direction for Smart Start and that findings will be useful to other nonprofit agencies, public agencies, schools, ECE facilities, and professionals working in the field of Early Care and Education in Henderson County.

Smart Start's programs are valued by community partners and early educators. Early literacy programs and kindergarten preparation and transition are seen as key supports for children 0-5. Salary and education supplements for ECE workers provide a critical supplement to inadequate compensation for early educators. Subsidized childcare addresses a dire need for affordable childcare, although it is still only accessed by a fraction of families who could benefit from support. Parents, community partners, and childcare providers offered insights into gaps, unmet needs, and barriers and suggested priorities to inform action:

1. Support early childhood educators.

Continue and expand strategies to raise wages and improve working conditions for early educators.

2. Develop community strategies to increase availability and affordability of childcare.

Engage community partners, employers, and others in developing strategies to expand available and affordable childcare for families in Henderson County.

3. Advocate and collaborate for systems change.

Collaborate with community partners to advocate for systems change to improve the lives of children and families.

4. Meet people where they are and build strong connections with families.

Support holistic, relationship-based, trauma-informed approaches that bring services to people.

5. Connect the Early Care and Education workforce to ACEs training and trauma-informed approaches.

Build on the increased awareness of ACEs within the human services sector to bring ACEs training into Early Care and Education.

6. Clarify Smart Start's identity and focus.

Continue community education on the importance of support for children 0-5 and clarify Smart Start's role and identity as a leader of community efforts to meet the needs of children 0-5 and their families.

Recommended Next Steps:

- Share findings with community partners and seek their collaboration in building solutions.
- Continue to engage parents and early educators in conversations about what is needed and how community-wide problems can be solved.
- Integrate learning from Needs Assessment process and findings into Smart Start strategic planning in the Spring of 2022. Continue to analyze systems, patterns, and themes in this data to inform planning and action.