

Child Care Access, Needs, and Preferences of Diverse New Mexico Families in the Context of the COVID-19 Recovery

New Mexico has done arguably more than any other U.S. state to enhance family access to affordable child care. Through expanded eligibility for child care assistance and increased rates paid to child care providers, the state has created a system in which help paying for child care is available on a nearly universal basis. These policies have been bolstered by an influx of federal COVID stabilization dollars, and New Mexico is well-positioned to sustain them through investments from its Land Grant Permanent Fund and the Early Childhood Trust Fund. Yet families' needs and preferences for child care vary widely, and a truly successful system will require attention to the voices of diverse families, identifying the kinds of care that they need and desire for their families.

This study presents findings from a mixed-method study that focused on recruiting families from diverse communities and exploring current child care arrangements, their reasons for using the type of care they use, and the type of child care arrangements they would use if they were not constrained by cost or availability of care. The sample intentionally included both families who use child care and those who do not. As New Mexico makes unprecedented investments in early care and education, incorporating these perspectives can help ensure the investments are appropriate for all families, especially those who have faced historical disadvantages or barriers to access.

THE STUDY

The research team employed two approaches: A statewide survey of families with young children, and focus groups with families of young children in specific communities and populations. The survey was administered in the summer and fall of 2021, using recruitment approaches intended to oversample Tribal and Spanish-speaking families. The final sample included 374 respondents, of whom about half (n=183) used some form of child care outside the home and half (n=191) did not. Focus groups were conducted with a total of 107 individuals from Tribal (n=22), Spanish-speaking (n=36), and non-Spanish speaking immigrant families (n=49) in partnership with community-based organizations to support culturally appropriate recruitment and language interpretation as needed. The UNM Refugee Wellbeing Project partnered to conduct focus groups with Albuquerque-area refugees in Swahili, Arabic, and Dari. The Native American Budget and Policy Institute conducted focus groups with Tribal families statewide that lived in urban and rural New Mexico and had membership in 11 sovereign nations. The New Mexico Asian Family Center provided recruitment and interpretation for focus groups with participants from Chinese, Vietnamese, Korean, and Filipino Albuquerque-area communities. Spanish-speaking participants were identified through a variety of channels, with support from Ngage New Mexico in the southern border region, Encuentro and the Partnership for Community Action in central New Mexico, and the Expanding Opportunity for Young Families Project in Santa Fe and surrounding areas.

INTEGRATED KEY FINDINGS

- **Most families would use some form of early care and education if they were not constrained.** Although families vary widely in how many hours they need and what setting they prefer, only about 10% of survey respondents said they would use only parental care if all choices were available to them.
- **Families are attentive to quality and define it across various dimensions.** They report a desire for care that is educational and developmentally supportive, where children are safe and receive individualized attention from experienced, patient caregivers.
- **Families desire more care that is linguistically and culturally supportive of their home cultures.** This desire was mentioned most often by Tribal families and by families who speak languages other than English or Spanish. Immigrant and refugee families described a desire for their children to receive foods in care that are appropriate to their cultural and religious diets, and to be spoken to in their home languages.
- **Families reported difficulty finding care that met their needs, especially for infants and toddlers and for children with special developmental or medical needs.** Limitations were even more acute on Tribal lands, where some participants said there was no care at all before children turned 3.

- **Families' search for infant and toddler care is complicated** by fears that pre-verbal children will be neglected or mistreated in care, and concerns that children will lose heritage languages if they are cared for from birth in English-speaking settings.
- **Transportation to and from care is a significant challenge across populations and across settings.**
- **Families report difficulty finding and accessing care that is available during non-traditional hours.** Survey data showed this need is not clustered in any one community, but was a minority need across populations (about 10% of all survey respondents).
- **At the time of our data collection, affordability was still a top-of-mind challenge for families,** despite expansion of child care assistance supports. Knowledge and understanding of child care assistance was mixed, and families identified affordability as core constraint to accessing quality care. In survey data, Spanish speakers and immigrants rated affordability concerns most acutely.
- **Families reported a desire for a simpler process for applying for child care assistance** and more streamlined communication during that process about what would be required. Families who spoke languages other than English or Spanish reported particular difficulty.
- **Child care access limitations have widespread impacts on families,** who described using sub-optimal care arrangements due to constraints. Families described impacts on their careers, finances, and personal lives. In the survey, 26% of respondents said they had left a job because of child care access challenges, 25% had reduced work or school hours, and 18% had chosen a different career or type of job than they otherwise would. Spanish speakers had the highest proportion who had left a job (31%) and the highest proportion who had delayed marriage or cohabitation due to concerns about subsidy eligibility (9%), suggesting acute impacts on this population.

POLICY IMPLICATIONS

State officials could address some of the findings from this study through the following policies or investments:

Ensuring that efforts to build the statewide child care supply are attentive to quality, including ensuring that children receive individualized attention through appropriate group sizes and ratios.

Advancing policies that support a well-trained, diverse and ample child care workforce, through funding that supports increased compensation and continued investments in scholarships and training supports.

Policies that support an increased supply of infant and toddler care, such as child care assistance contracts with providers.

Partnering with Tribal nations to support investments in additional child care supply on Tribal lands, with an emphasis on infant and toddler slots and on providing care that is grounded in Tribal culture and teaches children indigenous languages.

Developing partnerships to support culturally supportive care for minority populations, such as providing technical assistance to support Muslim leaders in Albuquerque in creating an early care and education center based in Muslim culture.

Policies that incentivize provision of care for children with disabilities, including requiring additional trainings and consideration of a child care subsidy premium for children with identified special needs.

Supporting providers in offering care for longer days or on weekends, possibly through provider contracts or supplements in communities with sufficient need.

Streamlining processes and communications around becoming a home-based child care provider, to help build a supply of care that is well-suited to providing care in remote communities and during non-traditional hours.

Supporting transportation to and from care where possible, either by incentivizing providers to offer transportation or partnering with cities to encourage consideration of early care and education when planning bus routes.

Continued investments in strategic communications and navigation supports to help families learn about and successfully enroll in child care assistance. This could include training navigators at community organizations and immigrant and refugee resettlement groups and providing materials in a variety of languages.

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