

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

Results from Focus Groups with Families of Young Children

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## **Introduction**

Sustained access to child care has been shown to support multiple dimensions of family well-being and stability, including women’s labor force participation, increased earnings, decreased work disruptions, and support for children’s development when care is continuous and of high quality. The COVID-19 pandemic raised the salience of child care for many policymakers and governments, as the absence of reliable care disrupted the workforce across nearly all sectors. Yet not all child care works equally well for all families and populations. And as millions in federal and state dollars have been allocated to stabilize and rebuild the child care sector, policymakers have limited information about the child care needs and preferences of diverse communities. Literature exploring this has mostly drawn on pre-COVID contexts that may now be reshaped by new norms around remote work and potentially lasting changes in how families weigh the risks and benefits of congregate spaces for children. This paper presents findings from focus groups and interviews with New Mexico families from traditionally underserved populations during 2020, 2021, and 2022. Through focus groups and interviews with Spanish-speaking families, Native American families, refugee families and Asian/Pacific Islander immigrant families, we examine similarities and differences in the types of child care these families want and value, as well as in their needs around care hours, location/transportation, and affordability. The research was conducted by an interdisciplinary team at the University of New Mexico (UNM) Cradle to Career Policy Institute (CCPI).

The brief is situated in Friese et al.’s 2017<sup>1</sup> framework for defining and measuring access to high-quality early care and education (ECE), which was developed for the U.S. Administration for Children and Families and defines ECE access along the dimensions of Reasonable Effort; Affordability; Supporting Child Development; Meeting Parents’ Needs; and Characteristics of Children, Families and Communities. This paper examines each of the first four dimensions through the lens of the fifth. Preliminary findings suggest that families in our sample have distinct sets of culturally specific child care needs, which exist alongside widely shared needs and preferences identified by previous literature. Families across populations said they value care that prepares children for school and keeps them safe, and where children seem happy to be in care. They were constrained by care hours, affordability, and location/transportation. Between-group nuances emerged especially around language and culture, with Native American families expressing a desire for care that affirmatively helps stem systemic language and culture loss, often felt by parents who themselves have lost or never gained indigenous language fluency. Immigrant and refugee families’ cultural concerns were framed differently, around worry that their young children might lose their home language if placed in care before kindergarten. And Spanish-speaking families expressed some preference for culturally congruent care, but less strongly than other groups. This was likely contextualized by strong sampling from New Mexico’s southern border region, where Spanish is widely spoken and bilingual caregivers are relatively more available compared to those proficient in other languages and cultures. These findings, and others from the study, are essential to inform a child care policy environment in which access is equitably and meaningfully defined for families of all kinds.

## **Study Design and Sample Characteristics**

Researchers conducted virtual focus groups with diverse New Mexico families, to better understand the child care they use, their preferred or ideal child care arrangements, the gaps between their preferred and actual child care arrangements, and any consequences to their lives due to child care access limitations. In some cases, data collection was conducted through individual interviews rather than focus groups, to better accommodate participant schedules. Focus groups were conducted between October 2020 and June 2022, and families in different populations were recruited using three distinct approaches.

For Tribal focus groups, CCPI partnered with the University of New Mexico (UNM) Native American Budget and Policy Institute (NABPI). NABPI's particular focus on Native American communities and partnership with Native American researchers supported the team's ability to meaningfully recruit families with young children from across New Mexico's Tribal populations. NABPI researchers and CCPI researchers collaborated to recruit families virtually through trusted community-based organizations and informal networks.

To connect with families for refugee and immigrant focus groups, CCPI contracted with two organizations for recruitment and interpretation services. Refugee families were recruited through the UNM Refugee Well-being Project, and Asian and Pacific Islander (API) families were recruited through the New Mexico Asian Family Center. Both organizations are based in the Albuquerque metro area and aim to support families, build community, and serve as systems navigators to connect families to available services.

Spanish-speaking participants were identified through a variety of channels. Researchers recruited families through community organizations that are trusted by families and that represent key geographic areas of the state. These organizations included entities such as Ngage New Mexico, a non-profit focused on community engagement and capacity building in New Mexico's southern border region, as well as Encuentro and the Partnership for Community Action (PCA), community organizing non-profits focused primarily on Albuquerque's South Valley – an important enclave of immigrant and Spanish-speaking Hispanic culture in New Mexico. Families were also recruited through the Expanding Opportunity for Young Families Project, based in Santa Fe and focused on young parents.

Across groups, a total of 107 individuals participated in a focus group or interview. Participants were primarily mothers of young children, with some participation by fathers and other caregiving guardians. The final sample comprised 34% Spanish-speaking families, 46% immigrants speaking other languages (refugee and API), and 21% Tribal families. The Spanish-speaking group consisted of 36 participants, across 21 focus groups and interviews. These families lived across New Mexico (44% Southern, 25% Central, and 22% Northern). The group of immigrants speaking non-Spanish languages consisted of 49 participants, across 13 focus groups. These families all resided in Albuquerque, NM. The API group consisted of 27 participants from Chinese, Vietnamese, Korean, and Filipino communities. The group recruited through the Refugee Well-being Project consisted of 22 individuals who spoke Dari, Swahili, and Arabic. The Tribal sample consisted of 22 participants, across 10 focus groups. These participants lived in urban and rural New Mexico

and represented the Navajo Nation and the Pueblo nations of Zuni, Acoma, San Felipe, Zia, Santa Clara, Santo Domingo, Ohkay Owingeh, and Laguna. Additionally, one participant each identified as a member of the Kiowa nation and as Alaska Native.

## **Affordability**

### **What Families Have Now**

**Across all focus group populations, the high cost of care was raised as a serious constraint on access to child care.** Families broadly perceived that the care in their communities was not affordable, and that more affordable care options were of lower quality, with higher ratios of children to adults and less focus on children’s development. Families also specifically noted the especially high costs for infants and for families with multiple children.

Specifically in focus groups with Spanish speakers, several respondents noted that **the cost of child care tipped their analysis of whether it made sense for them to work.** For those with the option of caring for children at home, low-wage job opportunities combined with the cost of care for babies or multiple children led them to decide not to work, since so much of their earnings would be going to pay for child care. **Spanish speakers were also the group that most often said child care assistance co-pays were too high.** Although co-pays were waived for many families during the study period, and have subsequently been waived for all families, families in the Spanish focus groups perceived that co-pays were not affordable and were set without adequate accounting for the many other expenses that families must pay.

*“My salary was going to be almost as much as daycare cost, so, for me, staying at home was a better option instead of working out of the home.”*

*-Spanish-speaking participant*

**Families across groups discussed the importance of child care assistance or other public funding (such as Head Start or public PreK) in helping them afford care.** In the immigrant and refugee focus groups, those new to the country frequently noted they had been connected to child care assistance by resettlement navigators or other community resources. This was less true for immigrants who had been in the country for longer and had higher earnings. Tribal focus group participants most often described frustrations with eligibility criteria for child care assistance or Head Start. **A number of Tribal families described feeling they earned just over the income threshold for public programs or assistance, or felt penalized because they were married or lived with a partner.**

## What Families Say They Want

Participants across groups said more affordable care was needed in their communities, and some specified that this care needed to be of high quality. Families are not looking for “discount” care with lower quality standards at a lower price point, but rather for quality care that they can afford. This was especially true for higher cost infant and toddler care. **Families also said they would like more transparency in how child care assistance eligibility is determined, and eligibility criteria that would not penalize them for modest increases in earnings.** Families said eligibility and co-pay policies should take into account the other bills and expenses families face, and should allow them to increase their standard of living through increased earnings, instead of losing their benefits and being worse off despite higher pay. These responses were relatively consistent across Spanish-speaking and Tribal populations. **Refugee participants, specifically, spoke about needing additional guidance and support upon initially entering the country to understand child care and early childhood systems in the United States** and to adjust to new responsibilities that necessitated paid child care.

## Meeting Families’ Needs

### What Families Have Now

#### *Child Age*

Families’ ability to find care that meets their needs was conditioned significantly by the age of their children. Care options for children under 3, and especially infants, were particularly limited. This overall finding was consistent across groups with some nuanced differences across them. The immigrant and refugee participants, who all lived in the Albuquerque metro area, described difficulty finding infant care or waiting lists for the care that did exist. **But Tribal families, especially those who lived in rural reservation lands, described a complete lack of any available care for children under age 3.** For many of these families, care arrangements were limited to arranging informal care or driving long distances to other communities.

*“Overall, is there enough?  
No, because I waitlisted  
with my first since I was  
six months pregnant.  
... We had to drive to  
another city to get child  
care.”*

*-Rural Tribal participant*

#### *Location and Transportation*

Families across groups described location and transportation as critical factors they considered when choosing care, and in some cases as barriers to accessing care at all or accessing preferred forms of care. These issues were especially acute for refugee families who were new to the country and often lacked a car or driver’s license upon arrival. Even outside this population, all groups contained participants who said they couldn’t afford or didn’t have reliable access to a car. These families noted that they were limited to care options that were within walking distance of their homes or easily accessible by bus. **Participants in both the immigrant and Spanish-speaking groups described inadequate public transportation in their communities,** saying travel by bus often required multiple transfers and pushing strollers on

streets without safe sidewalks to get to their destinations. Barriers were also significant for Tribal participants, but were different. **For families living on Tribal lands in rural areas, accessing care often required driving long distances to neighboring communities on roads that sometimes became impassable in winter.** The context of rural Tribal areas created particular constraints to employment as well as care access. Participants often had to leave Tribal lands and drive to neighboring communities to access jobs, and the jobs available to them were often low-wage jobs in the service sector.

### **Hours**

**Families across groups described an unmet need in their communities for child care available in the evenings and on weekends.** A number of families spoke from their own experience, but on this topic families also generalized and spoke about the experiences of others they knew. Across all populations, families described child care arrangements that don't meet the needs of parents working in retail, food service, health care, nail salons, and other sectors with nontraditional hours—often among the only jobs available to them. Families described difficulties being late to work or having to leave work early to accommodate child care, being charged by their care provider for arriving late for pick-up, and enlisting friends and family to help with pick-up and drop-off. As one participant noted, it's parents—not providers or employers—who must accommodate the mismatch between care and work hours. Families in the Tribal and Spanish-speaking groups, specifically, described the challenges of scheduling work around early childhood education programs that ended in the mid-afternoon, such as Head Start and some PreK sites. This was especially challenging for Tribal participants who described long commutes to access employment off Tribal lands, and therefore needed longer care hours to cover extended transportation time.

### **Type of Care**

**Across all populations, a substantial number of families reported that they were providing care within the household or using informal care provided by family members.** This was conditioned both by the context of the COVID-19 pandemic, and by constrained access to more formal care options in their communities due to factors like location, hours, and cost. Some families reported that providing full-time parental care was an affirmative choice, while others said they would prefer to work or enroll their child in developmentally supportive care if child care costs didn't consume so much of their earnings. **Participants also described a variety of attitudes toward grandparent care.** Some said they felt most comfortable keeping care within the family, while several others said grandparent care was necessary but suboptimal, as aging relatives were often in poor health or easily fatigued and unable

*“There are two groups. One group, they want their younger kids to stay with them and they take care of them at home, but there is another. The other group is getting bigger and bigger. They want to enroll their younger children to enter daycare or an EC center, but [the] financial problem is a barrier.”*

*-Refugee participant  
describing their community*

to keep up with young children and provide them with enriching interactions. Participants also expressed feelings of guilt and concern about the strain on parents or grandparents who in some cases drove long distances to provide care, retired from paid work earlier than they otherwise would have, and made other sacrifices to help with care.

## **What Families Say They Want**

**Families' care preferences and desires for themselves and their communities were shaped by a number of factors, including child age.** Participants who were refugees or recent arrivals said more often that they would prefer to care for children at home with the family until they turned 3 or 4, when they would be interested in a center-based preschool to prepare them for kindergarten entry. This preference was generally based on cultural norms brought from their home countries, and a sense both that very young children are best cared for by their mothers and that home care in the early years helps ensure children do not lose their home language and culture. However, this preference was constrained by new obligations upon arrival in the United States. Participants reported they needed paid care upon arrival because they often were separated from extended family and needed to work, attend English classes, or fulfill other obligations. **For other groups, particularly the Tribal and Spanish-speaking groups, some families expressed mistrust or concern that very young children could be mistreated or neglected, and said they would be more comfortable with center-based care after children learn to speak.** Participants described direct experiences, anecdotes from friends, and media portrayals of mistreatment or poor caregiving in centers as reasons they would not send a child into a formal setting until the child is verbal enough to tell the parent about their experiences in care.

**Transportation supports and conveniently located care emerged as a significant unmet need, and an area where participants expressed preferences that differed from their actual arrangements.** All three groups contained

participants who reported they did not have reliable access to a car, and even those with cars sometimes needed transportation supports, e.g. to transport children from a center to a relative's house while a parent is still at work. Participants said their families would benefit substantially if providers offered some form of bus transportation for children. Some families, especially in the Spanish-speaking groups in the southern part of New Mexico, said they had accessed or were aware of care providers that provided bus transportation, though some of these services had been suspended due to COVID-19. No Tribal participants described having ever accessed care that offered transportation to families.

This suggests that provider transportation norms vary throughout the state, with provider buses offered more often in urban areas. In addition to transportation offered directly by providers, immigrant and Spanish-speaking participants described a need for enhanced public

*"If you don't have a car, then you're trying to figure out, 'Is it close to a bus stop? Does the path there help when there's bad weather?'... I've seen families pushing their children in strollers to child care. There's not a bus system that's family-centered just to take families to child care."*

*-Urban Tribal participant*



transportation that more effectively links residential areas with child care facilities, and more care options that are equitably distributed in communities and located along accessible bus routes. **For Tribal participants living in rural areas, the greatest need is for additional care options in the communities in which they live.** Public or provider-run buses may be impractical in sprawling rural areas where families live far from the nearest care provider. In this case, policies that incentivize the care supply in rural areas would be most useful to Tribal families.

**Families also expressed a need for extended and flexible care hours.** This included a need for full days of care, year-round care, as well as care in the early mornings, evenings, and weekends. Families across groups described misalignment between their work schedules and the care available to them. While most families articulated a need for more or longer care hours, a few families also said they would benefit from affordable part-time care, or “drop-in” care that they could use flexibly at less predictable times. One participant said part-time care costs nearly as much as full-time care.

### **COVID Impact**

**Families spoke of multiple ways in which their child care access was altered, constrained or improved by the COVID-19 pandemic.** These included loss of formalized care and services due to provider closures or reduced hours, frequent provider closures due to COVID exposures, and participants who voluntarily withdrew their children from center-based care during the pandemic due to concerns about exposure to the virus. Most families who had used center-based care prior to the pandemic described this as a strain and were eager to get back to their care arrangements as public health conditions allowed. However, a few said COVID closures and the subsequent flexibility to work from home actually improved their lives, allowing them to provide parental care that they preferred for their children while also earning income. And others, especially among the urban participants in the immigrant and refugee groups, said the pandemic had shortened waitlists for infant care and in some cases had freed up the supply of available slots. **In addition to the changes in families’ access to care, the pandemic also altered families’ preferences.** Some families who might normally have preferred center-based care were more comfortable with family or parental care due to concerns about disease exposure in larger groups of children.

## **Supporting Child Development**

### **What Families Have Now**

**A major challenge for Tribal and Spanish-speaking participants was a lack of care that they perceived as high quality and trustworthy.** As noted above in the section on the types of care settings that families use or prefer, families in the Tribal and Spanish-speaking groups described concerns that children’s developmental needs would not be met in the centers available in their communities. Sometimes this was voiced as a specific concern that children would be ignored while providers tended to other children in

*“In my opinion, I’ve seen daycare centers for children, and I don’t like the way they watch them. I mean, they leave one unattended to see another one, and the other one is crying and—I don’t like that. That’s why the majority of the times that my sister watches [my child].”*

*-Spanish speaking participant*

settings with too many children per adult, or that individual care providers were not well-trained or trustworthy. Many families in these groups had not used center-based care themselves, but had chosen to keep care within the extended family partly as a result of these impressions. **This finding differed markedly for refugee participants and newer immigrants, who more often reported satisfaction with their care, and that the center-based care they used was supporting their children's development of social and language skills.**

**Across groups, families who had actually used paid child care outside their families spoke more positively about the social and cognitive benefits of care for children.** This included a few Spanish-speaking families who had chosen home-based care settings (not with relatives) that they perceived as better than centers for children's development because there were fewer children in care and children could get more individual attention. Families who had selected external care for their children described things they liked about their care that included: experienced and responsive staff, perceptions that the center was clean and safe, learning activities that prepared children for school, and flexibility in collaborating with other services like early intervention to support children with delays and disabilities.

**Families who spoke languages other than English and Spanish, or had religious dietary needs for their children, said they had difficulty finding care that supported those needs.** Families in the focus groups with refugee participants said they had difficulty communicating with their children's care providers, which made it harder for them to engage as partners in their children's care and development. Even when interpreters were used, this could lead to a loss of privacy when discussing a child's health needs or behavioral challenges. Participants in the API groups, which had a mix of participants who spoke English and more recent arrivals who did not, also spoke to their inability to find care staffed with API providers who could reinforce their children's home language and culture throughout the day. Refugee participants, who generally expressed high satisfaction with their care, were frustrated by difficulty getting care providers to accommodate halal diets or other cultural food needs. Immigrant families in the API focus groups who sought religious care based in Christianity said they were generally able to find it, while Muslim participants reported that they were unable to find explicitly Muslim care options, even in the state's largest city. **For Spanish speakers, regional variations emerged in how easily families could find providers who spoke their language.** Participants in the southern part of the state, near the U.S.-Mexico border, generally reported that it was easy to find providers in their community who spoke Spanish. This was less true for participants in central New Mexico. **Tribal families, while describing a general lack of care options in their communities, said the care that was offered on Tribal lands was generally grounded in Tribal culture and affirmed indigenous language, food and traditions.** For indigenous participants living in urban areas, culturally affirming care was harder to find, although one participant described finding supportive, culturally competent care from non-Tribal providers.

**Participants across groups described a lack of child care providers that are equipped to care for a child with special needs or a disability.** This was especially prevalent in the Tribal focus groups, where participants from rural areas shared stories of friends or relatives who had to make major life changes such as moving or leaving the workforce to adequately care for children with disabilities, especially autism. It was raised the least often in the focus groups with Spanish speakers, perhaps reflecting that those participants were already more inclined toward care within the family and had not looked for center-based care that could support and accommodate children's delays or disabilities.

## What Families Say They Want

Families across groups placed a high value on care that would support their children’s learning, social development, and readiness for school. Participants from all populations spoke to the importance of the early years, with some invoking the rapid brain development and the foundational nature of the first several years of life. Participants also articulated that children have different needs at different ages, describing a need for care that is differentiated to support the developmental needs of infants, toddlers and preschoolers. Given an opportunity to describe what quality care would look like to them, families described settings staffed by experienced, well-trained, mature and attentive caregivers. The importance of individual caregivers came through strongly across groups, as families said they look for low turnover and care professionals who will teach their children foundational skills like colors, shapes, numbers and letters. They said a quality setting would have a variety of age-appropriate learning materials to support that learning, and regular communication with families. **In the Spanish-speaking groups in particular, participants connected school readiness and brain development to the close, individualized attention that an infant or toddler receives from a parent, relative, or home-based provider caring for a small group of children.** A few families mentioned New Mexico’s quality rating system in their conceptions of quality, but this was relatively rare.

*“I’m concerned [about] the ratio of the teacher to students as well, but low ratio, you have to pay more, definitely.”*

*-API participant*

**Cleanliness and safety were raised across groups as essential components of quality care.** Families used apparent cleanliness of facilities and security procedures as heuristics for quality. Some described touring centers that they ultimately did not enroll in because they didn’t look clean or didn’t have clear systems for ensuring children were not released to anyone other than family. In describing the care they did ultimately choose, participants said they valued features like security cameras and firm procedures for signing children out. **More subtly, families linked the idea of safety with caregiver quality and trust.** Especially in the Tribal and Spanish-speaking groups, families did not automatically trust that their children would be safe in the care of others, and implicitly required a trustworthy caregiver in order to consider care outside the family.

**Family attitudes toward home language and culture in their care setting were nuanced and varied across groups. However, most families would value and prefer care that affirms and supports their home language and culture if they could find it.** Tribal families said they would value care that teaches children their indigenous language and culture, while incorporating traditional foods and music. **Contextually, these parents often described themselves as non-fluent in their indigenous language and said culturally affirming care for young children could help preserve cultures in danger of being lost due to systemic erasure and colonization.** The context for Spanish speaking participants was different, especially for those living in southern New Mexico where participants said Spanish-English bilingual providers are relatively easy

to find. This was less true for Spanish speakers outside the southern region. **In general, Spanish-speaking families emphasized the importance of finding a provider who could speak Spanish to enable clear parental communication with their children’s teachers, including about sensitive issues like behavior and development. Some participants also emphasized the value of a bilingual care setting where both English and Spanish were spoken, though this was a secondary theme.** This likely reflects New Mexico’s particular context, where Spanish is widely spoken in some communities and children have opportunities in multiple settings to listen and speak in both Spanish and English. **Among the immigrant and refugee participants, families placed a high value on helping their children learn and maintain their home language.** Because families could not find care settings staffed with caregivers who spoke their languages, some addressed this by keeping children home with parents or grandparents until they turned three or four, in an effort to prevent children losing their home language and assimilating completely to English and American culture. **Muslim families and families in the API focus groups expressed a desire for culturally affirming care that currently does not exist.** Specifically, Asian families said they would value a child care center where even just a single caregiver spoke their language and could speak it to children during the day. Muslim families said they would value an early childhood care and education center grounded in Muslim traditions and culture—something that does not exist in New Mexico. **The desire for culturally concordant care was not unanimous, however, with some families in this group reporting that they valued the English learning and assimilation their children experienced in child care settings, feeling that it would help prepare them for later schooling in English.**

*“I think that’s super important, especially now with our culture and language dying, just really incorporating that and having the state and federal government really be cognizant and have more awareness ... they’re slowly introducing it into public school systems, but daycare as well.”*

*-Tribal participant*

Access to adequate, nutritious, culturally appropriate food while in care was raised across groups as important to families. This was raised most often in the immigrant and refugee groups, who expressed a desire for providers to work with them in serving children food while in care that aligned with their religious and cultural needs. This was especially relevant for families with care providers who do not allow food from home and instead provide food to all the children in their care. In the Spanish-speaking and Tribal groups, participants said children must be given enough food to eat, including snacks, and that providers should be flexible in accommodating children’s dietary needs and preferences. These concerns centered more on whether children would be fed enough high-quality food while in care than on the nature of the food.

## **Reasonable Effort**

### **What Families Have Now**

**Across groups, families described word of mouth recommendations as an essential part of how they searched for and selected care.** Less frequently, they also mentioned use of internet searches and said they relied on online reviews from other parents. Some families said in-person tours were an important part of how they would prefer to search for care, but most care facilities were closed to families during the pandemic. The ease of families' search and selection process was conditioned by where they lived; families in rural areas often had not searched for care because there was no care or very limited care in their area. Families living in larger cities were more likely to say they had undertaken a comparative search process when selecting care. **Participants who were new to the U.S., across the Spanish, API, and refugee focus groups described difficulty finding and accessing care upon their arrival because they did not understand the early childhood system in the United States or how to access it.** Families perceived that systems of paid child care, child care assistance, and state-funded PreK for 3- and 4-year-olds were complicated and hard to understand. Some families said they missed out on early care and education when they first arrived in the United States because they didn't know it was available and didn't know to search for it. Some refugee families said they were helped by resettlement agency navigators, but others said their navigators did not connect them to early childhood supports and did not seem to be aware of them.

*"[Participant name] did hear some information about there is some kind of assistance for daycare services, but she didn't know, and the person who told her the information also didn't know how to apply for the grant, so she didn't get enough resources for applying."*

*-Interpreter for refugee participant*

**Families across groups expressed low awareness of the child care assistance program,** which subsidizes child care costs for income-eligible families. In some cases study participants themselves had not heard of the program at all, or had heard of it vaguely but did not know how to access it. Some had heard of the program but assumed they would not qualify, although income eligibility at the time of the focus groups had been increased markedly to 350% of the federal poverty level, making far more families eligible. In other cases, participants knew of the program but perceived that it was poorly understood by other families in their communities. Families did not perceive that it was easy to learn about child care assistance or apply for it. When families had heard about the program it was often through word of mouth from friends and family, or from their providers.

Few families in the sample had direct experience applying for child care assistance. **Those few who had applied reported that the process was burdensome and hard to understand.** Some of this difficulty stemmed from language barriers, especially for families who spoke languages other than English or Spanish. Refugee and API immigrant families found that application paperwork was not available in their languages, and was complicated and confusing even for volunteer navigators who helped them fill it out. Spanish-speaking families fared better, with one participant reporting that they were easily able to request a Spanish speaking eligibility worker, and another reporting that she perceived that families in her community seemed to access assistance without difficulty. The few Tribal participants who had applied for assistance described administrative burdens unrelated to language, including difficulty navigating the application website, lack of clarity about the required steps to enrollment, and negative experience when calling for help, such as being hung up on, put on long holds, or spoken to rudely.

### **What Families Say They Want**

**Participants across groups described a desire for streamlined paperwork and stronger communication with families about child care assistance.** This included advertising and information about the program’s existence, how to apply for it, and what the application process would entail. Participants expressed a desire for a reduction and consolidation of forms for enrolling in assistance, and said they would like to know at the start of the subsidy enrollment process how long it typically takes and how many forms they will ultimately have to fill out. Some participants also said they would like clearer and more transparent information throughout the application and enrollment process about subsidy eligibility, copay amounts, and the number of care hours families are awarded.

**All participants who did not speak English, including the Spanish speakers, described a need for interpretation and translation supports to help them access subsidy systems.** Regional differences again played a role for Spanish speakers, with one participant reporting that they were well supported with Spanish access in communities near the U.S.-Mexico border, but ran into language barriers when they tried to call and access services through offices located in central New Mexico. Participants who spoke languages other than Spanish reported even more difficulty learning about early childhood programs and filling out required forms. Some pointed to interpretation in medical settings as a model, saying the level of professional interpretation in those settings was helpful and reduced their burden, compared to having to arrange for informal interpretation themselves from friends or family in early childhood settings.

*“It would be better if there was more assistance with Spanish in most of New Mexico. In Hispanic areas, there is help for those that don’t speak English but when we call Albuquerque, we call Santa Fe, we always come up against that barrier.”*

*-Spanish speaking participant, southern NM*

**Participants said they would like to see a system in which information about child care assistance was shared with families through multiple systems and points of referral.** Families suggested that parents could be notified about assistance by their child’s pediatrician, at birthing hospitals, through home visitors, through the Women, Infants, and Children (WIC) Program, or even automatically whenever a new baby receives a birth certificate. Participants in the refugee focus groups emphasized the importance of ensuring that community organizations and resettlement navigators are equipped with clear and accurate information about child care assistance, as several families said they were not told about early childhood services as part of their resettlement process when they learned about other supports and programs. **Participants also described a need for improved communication with and about providers.** Families said they need clearer communication about provider enrollment processes, waiting lists, and hours providers are open. One Tribal participant also said information about provider quality ratings should be easier to access, to help families more easily assess program quality prior to enrollment.

**A small number of participants in the Spanish-speaking and Tribal focus groups said the state should ease the processes for becoming a home-based care provider.** These participants said they knew people who had tried to become registered or licensed care providers and gave up after finding the process onerous. This makes it more difficult for family and friends to provide the flexible care during non-traditional hours that many families need.

## Consequences of Limited Access

**Lack of overall child care access had numerous consequences for study participants.** The lack of affordable formal care, coupled with an absence of any available care in some regions or for some child age groups, transportation challenges, and lack of care that aligned with work hours, meant families compromised in the type of care they used, and in the pursuit of their own career and educational goals.

## Consequences for Care Used

**Because of the lack of access, numerous participants used different care arrangements than they would have used if they were not constrained.** Participants across groups said access limitations led directly or indirectly to their decision to 1) provide full-time parental care, 2) use family members or neighbors as care providers, 3) use a lower-quality provider than they would have preferred, or 4) use a more preferred quality provider but for limited hours. Several participants said they chose to care for their children at home or with relatives after researching child care options and finding they were not affordable or available during the hours needed. **While some families preferred to provide care within the family, a substantial number described this arrangement as a compromise.** Participants across groups described children left in the care of grandparents or other elders who lack the energy to keep up with the children or provide them with stimulating activities. Participants also described the difficulty of cobbling care arrangements together across extended family and continuously leaning on people to provide care on their days off. One participant described this as the “group strain” of providing care within an extended family in which most people want to help, but also work.

## Consequences for Life Goals

**Participants described substantial impacts on employment and career pathways, especially for women.** These impacts mainly centered on mothers leaving the workforce or reducing their hours after their children were born, or after the birth of a second or third child made child care costs prohibitive. This had long-term consequences for mothers' ability to build toward career goals and lifetime earnings. In a few cases, participants also described grandmothers retiring earlier than they otherwise would, to provide care. Even when participants did enter the workforce or attempted to, they reported that they couldn't find or keep jobs that provided the flexibility they would need to compensate for child care access challenges. This led them to forgo opportunities for extra hours or added job responsibilities, slowing their career and earnings advancement. **Participants' efforts to pursue higher education were similarly impacted.** This was raised most often by families in the Tribal sample, who described delaying going back to school or taking longer to finish degrees because they couldn't access child care that worked for their families. Impacts to participants' personal lives were less common, but severe. One Tribal participant said she delayed marriage because of worries about losing her child care subsidy benefit if she did.

*“At some point I was just basically making my money and giving what I was making to childcare, all of it. At some point I’m like, ‘Well, do I want to stay at home with the kids or should I -?’ . . . But then if you think as a woman, then if you start going back into work it’s harder.”*

*-API participant*

**Participants across groups also described financial impacts to their families, either from paying the high cost of formal care or from lost income due to women leaving or reducing their paid work.** Families reported that these costs made it difficult to build family savings or feel economically secure, with some reporting that they took out loans or charged child care costs to credit cards. Spanish-speaking and Tribal families more often framed the financial impacts around lost earnings from women leaving the workforce, while families in the API groups spoke more often about the strain of paying the high cost of formal care.

## Implications

### Affordability

**Families across groups described acute difficulties affording child care.** Focus groups took place in a particularly fluid policy context, as New Mexico in July of 2021 expanded child care assistance eligibility to 350% of the federal poverty level (about \$92,000 annually for a family of four) with graduated phase-out up to 400%, or about \$106,000 at the time. The study includes interviews across groups from both before and after this policy change, with



all refugee groups taking place before and all API groups held after the change. However, this policy inflection did not appear to cause a marked change in families' perceptions of affordability. In one explicit reference to the change, a Tribal participant said they saw an announcement about the increased eligibility, but still struggled to find the link to apply.

**Families throughout the study period expressed low awareness of the existence of child care assistance and how it works, with some believing they likely would not qualify for the program.** This was especially true for families who were not using any type of formal child care. Many of these families had not investigated child care costs in their area, or had not done so recently, but were under the general impression that high-quality child care would be out of reach for them. Policy leaders could address these issues through:

- Continued investment in strategic communication efforts to ensure that information about child care assistance, expanded eligibility, waived co-pays, and clear steps for how to apply is reaching families who are currently disconnected from the child care sector.
- Implementing diverse strategies including mass communications campaigns, as well as partnerships with community navigators, resettlement agencies, and others who are well-positioned to share information about child care assistance in ways that intentionally target diverse families with access to different networks and supports.

## Meeting Families' Needs

**Families across groups described a lack of child care options in their communities that meet their practical and logistical needs.** This was most pronounced among indigenous families living on Tribal lands, who often described a complete lack of any formal care options near them, or any options for children under age 3. In general, care for infants and toddlers was the most scarce, even in the Albuquerque metro area where the care supply was greater than in other parts of the state. Transportation difficulties and lack of care with flexible or extended hours were also significant barriers to access. Policy leaders could address these issues through:

- Adopting policies, such as child care assistance contracts with providers, that incentivize the provision of high-quality infant and toddler slots that are currently not supported by the market.
- Partnering with Tribal governments to fund and incentivize the creation of additional child care options on or near Tribal lands, with a focus on infant and toddler slots and full-day wrap-around care to complement existing Tribal Head Start options.
- Incentivize care providers to offer bus or van transportation for families in parts of the state where this is feasible.
- Partnering with city planners in urban areas to support development of public transportation routes that facilitate access between low-income residential areas and care providers.
- Adopting policies, such as child care assistance contracts with providers, to incentivize provision of care on weekends and in the early morning or later evening hours.

- Adopting policies that ease the administrative processes for becoming a licensed home-based care provider, to support provision of high-quality, flexible care in communities that are too small to sustain center-based care or in which families prefer smaller care environments.

## Supporting Child Development

**Families across groups placed a high value on trustworthy care that would keep their children safe, support their development and readiness for school, support and affirm family culture and language, and appropriately support children with special needs.** Families in Tribal communities placed a particular emphasis on care that would support their children in learning and maintaining indigenous language and culture. Refugee and API immigrant families expressed concerns that sending very young children into English-speaking care settings could lead children to rapidly lose touch with their heritage language and culture. Tribal and Spanish-speaking families, in particular, expressed a lack of trust that children would be well cared for in child care settings, especially pre-verbal children. Policymakers could address barriers and support access through:

- Maintaining and expanding investments in the early care and education workforce, including the competitive compensation and working conditions needed to attract and retain highly qualified professionals.
- Maintaining and enhancing New Mexico's FOCUS quality rating and improvement system to ensure it effectively incentivizes provision of care that includes enriching activities and practices and maintains small child-to-teacher ratios.
- Investing in specific efforts to recruit a culturally and linguistically diverse early care and education workforce, including proactive recruitment and development of educators who speak languages other than English.
- Partnering with Tribal governments and organizations to support development of culturally affirming care options on and around Tribal lands, including infant and toddler care and care settings that incorporate indigenous language, traditions, and stories.
- Partnering with local communities to support and incentivize creation of culturally specific and appropriate care for underserved communities. For example, development of a high-quality early care and education center grounded in Muslim culture in the Albuquerque area.
- Adopting policies that incentivize provision of high-quality care for children with disabilities, such as through a differential child care assistance rate for children in need of additional services and supports.
- Providing funding and supports to train care providers on care for children with autism spectrum disorders, with an emphasis on areas near or on Tribal lands, where families said such care was especially lacking.
- Partnering with sponsoring organizations in the Child and Adult Care Food Program to ensure that provider trainings include information on serving foods that meet federal nutritional guidelines while also meeting the needs of diverse families (such as those who maintain halal diets).

## Reasonable Effort

Families across groups experienced New Mexico's early care and education system as complex and difficult to navigate without a guide. Newcomers to the United States, especially, said they were often not aware of child care assistance or public PreK, and did not learn about them from navigators helping them with other necessities like housing. Tribal families expressed a vague knowledge that some support is available, but a lack of clarity on how it works and how to access it. Families who did apply for child care assistance or seek to enroll in child care often described language barriers and overwhelming paperwork. Policymakers could ease families' effort through:

- Continuing investment in strategic communications and partnerships with community organizations to ensure that information about child care assistance and PreK flows to families through multiple trusted avenues including home visiting programs, WIC offices, refugee resettlement agencies, pediatricians, and birthing hospitals.
- Streamlining paperwork and administrative processes in applying for child care assistance, including development of a transparent, up-front accounting of the required steps and estimated length of the process.
- Investing in enhanced translation and interpretation supports to ease child care assistance enrollment processes for families who do not speak English, and especially for those speaking languages other than Spanish.

## Conclusion

Families across groups described wide-ranging consequences to their families, stemming from inadequate access to child care. Primary among these were disruptions to women's professional and educational pathways, and use of child care arrangements that families would not have chosen if they had been less constrained. These challenges fall especially heavily on families who live in rural or Tribal areas, those who do not speak English, and those who are new to the United States. Additionally, families across groups described unmet need for culturally and linguistically affirming care. As New Mexico—and the United States more broadly—shapes early care and education policy in the COVID-19 recovery and beyond, it will be vitally important to attend to the voices of diverse families and build systems that meet their needs and preferences in ways that the current system still largely fails to do.

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<sup>1</sup>Friese, S., Lin, V., Forry, N. & Tout, K. (2017). Defining and Measuring Access to High Quality Early Care and Education: A Guidebook for Policymakers and Researchers. OPRE Report #2017-08. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

