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PILOT PROJECT: QUALITY OF CHILDCARE

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ABSTRACT

Employment has shown to be an important step in a refugee's successful integration into their host environment, providing both financial and social health benefits to the refugee. This pilot study evaluated the change in quality of child care provided by child care providers, all refugee women, after working with a trained coach. This project provided one-on-one coaching of child care skills and knowledge to five licensed child care providers in the Salt Lake City area. Areas of focus were the quality and content of the play area, nutrition, and selected Care About Childcare curriculum topics. Change in the quality of childcare was measured quantitatively through pre- and post-testing and a qualitative post-training interview with the provider.

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LITERATURE REVIEW

Refugee resettlement is a challenging issue for both host countries and the refugees. Finding employment can give refugees and their families a sense of belonging and productivity in their new communities. Immigrants and refugees enter new countries with career concerns around being within larger systems, such as cultural customs and interacting with receiving communities (Yaushko, Backhaus, Watson, Ngaruiya & Gonzalez, 2008). New places have their own expectations, meanings and ways of society, and values that may differ from a refugee or immigrant's (Brush & Vasupuram, 2006). When having to learn a new way of society on top of a new career, Brush and Vasupuram say that a "myriad of social, cultural, economic and political processes" can be a challenge for caregivers of young children getting into the workforce (2006, 181-185). Housing security is a key issue for refugee youth, especially as they become young adults and enter into the workforce (Correa-Velez, Gifford, & Mcmichael, 2015). The more stable that a youth can be in their housing as a refugee, the more stable their future life is likely to be with housing, work, and starting families. A supportive and stable social environment has been identified as a protective factor for resilience in refugee youth, which is most easily found when family has roots in the community and steady income (Correa-Velez, Gifford, & Mcmichael, 2015).

To better prepare migrant caregivers for the workforce in English-speaking countries, language and accent modification is a good means to integrate migrant caregivers into their new host communities (Brush & Vasupuram, 2006). Beaman (2011) claims that employment opportunities are important for setting up a new home base for refugees and their families. Beaman (2011) states that an increased number of members in one's social network of experienced individuals can improve one's probability of employment and also increases one's hourly wage. If refugees can create a network for themselves, then that increases their chances of

getting hired – in this case as a childcare provider – plus, because of the references that they have from their network, a greater than minimum wage could be negotiated. English is not always a significant predictor of work-opportunity or quality of work though (Correa-Valez, Barnett, and Gifford, 2013). Additional predictors of employment for refugees include: “region of birth, length of time in [a particular country], seeking employment through job service providers and informal networks, and owning a car” according to Correa-Valez, Barnett & Gifford (2013, 321-337). In addition to predictors of employment, employers of refugees note that the following traits desirable: trust, kinship, gender, social networks, and a language compatibility (Bloch & McKay, 2014).

The ability to speak the language of a host country does help refugees’ abilities to obtain and hold jobs. Sometimes refugees come into a host country with certain previous credentials for a job from their home country, such as childcare. When this is the case, teaching English to refugees that are already early childhood educators can help the refugees become better at communicating with the children and families that they take care of, as well as make more of a name for their services in the community for future business and community integration (Massing & Shortreed, 2014). One issue that comes with teaching immigrants English, or even improving it, is that some might find that asking for help is a show of weakness (Yaushko, Backhaus, Watson, Ngaruiya & Gonzalez, 2008). Refugees might also perceive that asking for help outside of their family is inappropriate (Yaushko, Backhaus, Watson, Ngaruiya & Gonzalez, 2008). In these cases, it is important for coaches, social workers, or anyone working with the refugee or immigrant population to offer help and encouragement in seeking out available community resources. Community resources can help with balancing work life and educational needs, as well as discussing family policies with employers so the employed refugee’s needs can be fulfilled (Yaushko, Backhaus, Watson, Ngaruiya & Gonzalez, 2008).

Some common barriers that have been found to keep refugees from seeking out further education on job training are not knowing where to find courses or programs, financial constraints, time constraints, communication problems, and transportation constraints (Sethi, 2013). In addition to the barriers previously mentioned, not being able to find/afford childcare, lack of courses, classes being too full, not being able to navigate the internet, staff not having the knowledge or skills to help newcomers, and cultural climate are all issues that have the potential to keep refugees from finding or wanting to find training (Sethi, 2013). Sethi (2013) exemplifies how important it is to have job training access that is easily available to refugees, including some trainings that are used to overcome and/or avoid the previously mentioned barriers.

Childcare is important for the working parents in a community. Parents select childcare according to cost, location, and availability (Sandstrom & Chaudry, 2012). When there is a quality childcare service in the neighborhood that is provided by a refugee, then multiple families can benefit from the service. Parents strongly prefer childcare that enables their children “to learn and be in the presence of caring and trustworthy caregivers” (Sandstrom & Chaudry, 2012). When childcare services are provided for out of refugees’ homes, it is important that the homes are well maintained and enable the best health for the children and provider’s family. Health can be maintained by being in a warm environment that is both affordable and adequate (Thompson, Thomas, Sellstrom & Petticrew, 2013). When in an affordably well-managed childcare facility, improved health can improve social relationships and reduce absences from school or work (Thompson, Thomas, Sellstrom & Petticrew, 2013).

Although English training is beneficial for refugees, so is training for a specific job. Specific employment training, such as training for providing quality childcare, can help refugees cross barriers into social, economic, and political societies within the hosting regional and provincial societal levels (Sethi, 2013). Once refugees have found a childcare provider training

that they are interested in, it is important for that program to ensure that they are setting the refugee providers up for success. Quality teaching can be coached through working with providers on goal setting and performance feedback on teaching style for maintained behavior change (Ivy & Schreck, 2008).

Despite research being done on how to help refugees gain quality employment in childcare, there is a lack of research on how refugee families can find and afford culturally appropriate childcare for their children. It is important for families to feel like they have a place in their community. It is also important for them to have a community of support and understanding with fellow refugees, especially when trusting a stranger to take care of their child while the parents are at work. More research, specifically in the United States, is needed on how to enable refugees to find communities and childcare facilities with which they feel comfortable.

METHODS

Study Design

This pilot study originated from the combined efforts of Salt Lake County's Office of Community Innovation, the University of Utah's Center for Research on Migration & Refugee Integration, and Care about Childcare's efforts to license refugees as quality childcare providers. Salt Lake County received a grant to train six licensed childcare providers on higher quality childcare efforts. A timeline for a seven-month project (November 2016 to May 2017) was drafted in order to complete the study. Due to slow participation, the study lasted through the end of 2017, with evaluation ending in the Spring of 2018. All study procedures were approved by the University of Utah Institutional Review Board and all participants provided informed, written consent.

This project used mixed methods to test effectiveness of the coaching with the providers. A pre- and post-test were developed from the Care about Childcare curriculum. Both knowledge and self-efficacy as a childcare provider were tested in the surveys. A post-interview was also developed. The individual interview asked about the participant's favorite parts of being a childcare provider, their experiences with the coach, and how the training helped them. The pre-test was completed during the first training session. The post-test and interview were completed after the last training. The coach was on hand during the interviews in order to help with posttest questions and rephrasing interview questions, as well as to make the provider feel more comfortable.

The qualitative data were analyzed through open coding and looking for main themes in the providers' responses. The quantitative data from the surveys were evaluated using Microsoft Excel.

Training

Each childcare provider had the opportunity to have up to 10 training sessions with the coach. The training explored aspects in childcare that the provider noted they were interested in improving or the coach noticed needed improving. Aspects of training ranged from understanding the curriculum, painting the childcare space to improve the overall environment, and figuring out how to enroll with food stamps in order to feed the children well within a certain budget. The coach took detailed notes on each training session to determine how well the session went and the topics covered.

A meeting to introduce all six participants was scheduled for December 2016. This meeting informed all participants about the study, what would be entailed, and conduct the pre-test. Two refugees attended the meeting. Consent and pretests were then completed at the first

training session with each refugee woman along with the coach. Five of the original six participants completed the informed consent and pretest.

Participants

Six childcare providers were selected after an application process by Salt Lake County and Care about Childcare. Each refugee was selected due to their English-language ability and their commitment to providing high-quality childcare. The refugees were selected through Salt Lake County’s Office of Community Innovation. Five of the intended six childcare providers entered and completed the training program.

Table 1.1 Demographics

Gender	Age	Country Born In
Female	50	Congo - Lubumbashi
Female	44	South Sudan
Female	41	Iraq - Baghdad
Female	35	Congo
Female	32	Liberia

A coach was selected through Care about Childcare to work one-on-one with each provider. The coach was selected through Care about Childcare based on an email asking for interest in a four-month opportunity. The coach for this project was a National Association for Family Childcare Accredited childcare provider and had previous childcare training experience.

RESULTS

Of the six participants that were originally awarded the grant to participate in this pilot, five completed the pre-test. Of those five that completed the pre-test and some training, three

participants completed the training, the posttest and post-interview. The two providers who did not complete the training dropped out and had to restart childcare practice license.

Pre- and Posttest results

The pretest consisted of 47 questions. Section One consisted of questions 1 through 9 and asked about demographic data of the person completing the pre-test. This included their name, where they were from, how many people lived in the provider's home, and how many children they cared for. This section was not scored.

Section Two, questions 10 through 47, consisted of knowledge, attitude, and behavior questions. Question 10 was scaled 1 – 4, 1 meaning the participant was not confident in their ability to manage a family childcare business and 4 meaning the participant was extremely confident. Questions 11 through 25 asked providers to mark their level of knowledge on various childcare topics. The scale for these questions started with 1 representing a self-reported very low level of knowledge and 5 representing a very high level of knowledge. Questions 26 through 37 were multiple choice questions based on the Care about Childcare curriculum. The questions were marked incorrect with a zero and correct with a one. Questions 38 through 47 asked the provider to self-report how well they implement curriculum guidelines on a scale from 1 – do not meet to 5 – exceed.

For the pretest, participants claimed they had the highest knowledge levels of childcare requirements, child nutrition, emergency preparedness, and equipment regulations on the pre-test as all had average scores of 4.33. Participants got an average of five out of 12 multiple choice answers correct. Most questions were close to being answered correctly, but were not counted as correct if not completely correct. The providers reported that they were most confident in their “ability to address all areas of development” on the pretest.

The posttest results show that self-reported knowledge increased for all questions or stayed the same. This information most likely because the training that the providers received focused on quality childcare and the participants could ask the coach one-on-one about specific questions they had. The average amount of correct multiple choice answers on the posttest decreased to four out of 12. This change could be because of the time spent away from the curriculum and not focusing so much on rules but the provider's quality in administering care. Self-report scores on carrying out curriculum did not have a consistent increase or decrease between each question on the pre-and posttest. The questions that had the highest average on the posttest were "curriculum is based on what the industry knows works well" and "my children learn through focused and intentional learning." The questions that had the largest increase in scored between the pre-and posttest were the two just mentioned and "I make sure my goals are shared by all".

Table 1.2 Test Results

Question	Average Pretest Response (n=5)	Average Posttest Response (n= 3)
10. How confident are you in managing the <u>business</u> of being a family childcare provider?	3.33	3
Mark your knowledge level for the following:		
11. Childcare certification requirements	4.33	4.33
12. Training update requirements	4.33	4.33
13. Child nutrition	4.33	4.67
14. Appropriate discipline techniques	4	4.67
15. Infection/disease prevention & control	4	4.67
16. Diapering & toileting hygiene	3.67	4.33
17. Emergency preparedness	4.33	4.33
18. Child development & mental health	3.67	4.67
19. Safe indoor equipment	4.33	4.33
20. Safe outdoor equipment	4.33	4.67
21. Injury reporting requirements	4	4.67
22. Rules for transportation	4	4.5
23. Rules for injury prevention	3.5	4.33

24. Requirements for record keeping	4	4.67
25. Immunization record requirements	4	4.67
26. Choose the discipline methods that are/is OK for you to use with children	0	0
27. Which places are OK for you to change a child's diaper?	0	0
28. When should you and the children wash hands?	0	0
29. How often should you check the diaper of a child who is awake?	1	1
30. School age children should be allowed to use the toilet in private.	1	1
31. You should post emergency phone numbers:	0	0
32. When a child gets sick, you should:	0	0
33. A good place to store medications/ poisons is in a cupboard (or on a shelf) that:	1	0
34. Fences are used to keep children away from water, streets with more than 2 lanes of traffic, and equipment or machines that they shouldn't touch. How high should a fence be?	0	0
35. One of these is not a correct safety rule for outdoor play and equipment. Which is it?	1	1
36. What is the maximum number of children – including your own children under the age of 4 that you can be caring for in your house at one time?	1	0
37. One of these is not a correct safety rule for transporting children in a car. Which is it?	0	1
Please rate how well you carry out the following curriculum guidelines:		
38. I keep the children in my care active and engaged	4	4
39. I make my goals clear	4	3.67
40. I make sure my foals are shared by all	3.67	4.33
41. My curriculum is based on what the industry knows works well	3.33	4.33
42. My children learn through focused and intentional learning	3	4
43. My children also learn through investigation of subjects	3.33	3.67
44. My lessons build on what I have previously taught the children and their experiences	3.67	3.67
45. I address all areas of development	4	3.67

46. My subject-matter is validated by the organization I was taught by	3.67	3.67
47. My curriculum is likely to benefit the children.	3.67	3.67

Between the pretest and posttest each childcare provider had 10 training sessions that were offered to help her increase her knowledge on whatever topic she and the coach thought was best. The pretest and posttest included the same questions. The posttest included questions on the training and asked the provider how helpful she thought it was. There were 10 Likert-type scale questions asking the provider to rate their agreement with statements. There were also three “check all that apply” questions on value of the training. See Table 1.2 for responses. They were scaled from 1 – strongly disagree to 5 – strongly agree.

Table 1.3 Training Evaluation (n=3)

Question	Average response
48. The childcare coaching prepared me to be a certified home childcare provider	4.67
49. The objectives of the coaching program were clear to me when I started	4.67
50. The information I learned will help me be a better childcare provider	4.67
51. I learned new, specific skills that I can implement as a home childcare provider	4.67
52. I learned a new approach to childcare	4.33
53. The trainings I attended gave me useful information for making decisions about being a home childcare provider	4.33
54. Overall, this coaching was helpful to me	4.67
55. I am confident about being a good home childcare provider	4.67
56. I am able to manage my home childcare business	4.33
57. Length of the training was adequate	4.67

58. By participating in the coaching, I see the value to me in the following ways:	I gained one or more specific ideas that I can implement in my area of practice	I learned a new approach about childcare	It may help me do a better job
59. By participating in the coaching, I believe:	I was able to update my skills	I have better knowledge on which to base my decisions/actions in my practice setting	I am reconsidering my views towards the topic(s) presented
60. Overall this training was helpful to me	Strongly agree		

Interview Results

Key themes arose from each of the three interviews and were pulled from the responses.

Overall, each provider had a great time with the coach and wished they could do more training with her.

Table 1.4 Quotes from Interviews (n=3)

Interview Question	Exemplary Quote
Tell me about being a childcare provider	“It’s not easy because I’m not from here, so all of the rules and the language is hard to learn.” “I know how to take care of kids” “I like it, it’s more responsibility and a new experience”
Describe the process of training	“It was lovely. I formed a deep connection with [the coach] and feel blessed.” “Saw things a lot clearer and gained a new friend!”
How well is being a childcare provider going for you?	“I really like it!”
Who are the children?	“neighborhood families” “From website, neighbors, some on call” “DWS”
Most rewarding part?	“I have a natural connection with kids.” “Kids are fun.” “Being at home is great for me and my family.”
Least rewarding part?	“None, I work for the kids.”

	“When babies cry a lot, and have to make sure all of the other kids are being taken care of, I have to put the clingy baby on my back to multitask.”
Describe your experience working with the coach?	“She was very smart and supportive.”
How well did the coach work with you?	“She opened my eyes.”
What did you learn?	“How to make the [daycare] space more open and better.” “How to enroll in food stamps.”
What information did you expect?	“Updated information and policies.” “Food program and making sure the area is clean.”
Additional curriculum clearly presented, what parts were useful to you??	“Worked more on specific areas of interest and incorporate them in the space, did not specifically do curriculum.” “Learning about circle time, block play and sensory learning.”
What would you like more training about?	“More English and I always want to keep learning.” “More about America and the culture. Also, the changing rules.” “Transportation – such as how feasible it is to do and who could do it if I don’t.”
Anything you'd like to share about working with the coach?	“I learned how to make Play-Doh!” “I went to [the coach’s] daycare to see the full-on action, it was very helpful to see her organization, use of space, number of kids, and license differences.” “It was good to receive an answer and an example to questions I asked of the coach.”

DISCUSSION

The qualitative data and evaluations of the training sessions support that the training was effective and a good experience for the providers. The quantitative data in confidence and ability to implement curriculum guidelines increased from the pre- to posttest. However, the quantitative multiple choice results decreased, suggesting a possible decrease in curriculum knowledge.

Quantitative

Confidence

The question asking about confidence level on managing a business had a third of a decrease in its score. The decrease could be because of the decrease in population size for the pre- and posttest. It could also be because of the full, possibly daunting, comprehension of how to successfully run a quality business. Analysis of the just three that completed the pre- and posttest show that the average score also decreased by a third. This information does not mean that the providers do not know how to run a business, as it seemed to be going well for each of them, but rather it may speak more to their confidence and lack of experience of running a business in the United States.

Knowledge

The decrease in curriculum knowledge was not expected, but does make sense because of the length of time that the providers spent away from the Care about Childcare curriculum, and instead focused on the Quality Childcare curriculum. Low scores on both tests could be due to the difficulty of the test as well. Most providers had a hard time with the literacy level of the test, especially with a double negative question.

The caregivers' self-reports of knowledge on the Care about Childcare curriculum did increase from the pre- to posttest. The knowledge increase could be because they did gain greater understanding of the curriculum through working one-on-one with the coach, and instead did not just memorize what the correct answers on the tests would be.

Curriculum Implementation

The self-reports of "carrying out the guidelines" support that the trainings were effective because of the average increase in scored responses. The responses that had the same average response at pre- and posttest were: "My lessons build on what I have previously taught the children and their experiences", "My subject-matter is validated by the organization I was taught

by”, and “My curriculum is likely to benefit the children”. The lack of change in score could be because the providers focused on quality of childcare, which included lesson planning – but since their knowledge of curriculum went down, they might not know how well their curriculum for lessons matches the curriculum of Care about Childcare. “I make my goals clear” was a third lower on the posttest than on the pretest. This decrease is possible because after the trainings the caregivers had to make new goals and might not be sure how to communicate those with their agency or their customers. From the qualitative interviews, participant statements indicated that a common goal was to continue to be the best childcare provider that they could be and continue to seek out current knowledge.

Qualitative

The post-interviews are what really exemplified how impactful this experience was, both for the provider and the coach. The providers were all proud of themselves for going through this training and learning so much. The coaching sessions enable each provider to learn a lot, and hands on, on topics that they were passionate or curious about but had no means or ideas on how to learn such things. The space renovations and meaningful knowledge that was gained through the trainings made a great impact on the providers and they were excited to be able to care for the children better than they had before. The coach also had a great experience from this program. The qualitative portion of this research shows that this pilot program had a positive impact on all of those who were involved, especially ones that completed the program.

Recommendations

If this program is to be adopted and developed for future use, there are some improvements that could be made. One of the biggest issues with the sustainability of the program was the drop-out rate of participants. This issue might be avoided if the caregivers were almost guaranteed to stay in their same space throughout the training, given the grant money

throughout the program instead of up front, and having a clear expectation between the coach and the providers of completing the program and what to expect with each module. The coach voiced the opinion that it would be helpful for the coach to have a say in the childcare provider selection process and get to know the program design before jumping into one-on-one sessions. Another suggestion for improvement would be decreasing the literacy level of the tests. Many of the childcare providers struggled with taking the pre/posttest and took much longer to complete it than was expected. If the questions were easier to understand for the providers, the scores and impact of the training might be more obvious in the quantitative portion of this research. Question 38 had a double negative that all of the providers struggled to understand and asked the coach to clarify for them. Clearer questions would also be better and could help to avoid any sort of bias in the way that they answered.

Implications

An outcome evaluation would be a positive research activity for this project to show the long-term success and/or impact of this program. Unfortunately, since this project went over schedule, that was not an option for the pilot. While the pilot was being conducted, one of the women that was a part of the trainings and was the first one done was hired as a full-time refugee support person within Care about Childcare. This hiring will be beneficial for all of the refugee childcare providers because they can have someone as a resource that has a comparable story and experience with being a refugee and figuring out how to be a childcare provider in Salt Lake City. However, it would be helpful if there were multiple positions like this offered, because one person cannot fulfill all of the providers' needs and having the opportunity of multiple languages would make asking for help a lot easier and a lot more welcoming for the childcare providers. The experiences shared, plus the increase in confidence and pride exuded from the childcare providers make this experience worth it. The recommendations given would be highly beneficial

for any program continuing on, but it would be a worthwhile program for the county and other counties to adopt and continue.

CONCLUSION

Overall, this pilot was a success. The training sessions opened the eyes of the refugee childcare providers to resources available to them, made them more comfortable as a childcare provider, and overall increased the quality of childcare given by these women. There are improvements that could be made for ease of success in the future; however, a quality training program including one-on-one sessions between a coach and refugee childcare provider is recommended for Salt Lake County and the state of Utah to progress.

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