

OREGON PRESCHOOL DEVELOPMENT GRANT

Findings from Oregon's Early Childhood Care Provider Survey 2022: Challenges and Opportunities for Professional Development and Coaching

Executive
Summary

Report to the **Oregon Early Learning Division**
and the **Early Learning Council**

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Findings from Oregon's Early Childhood Care Provider Survey 2022: Challenges and Opportunities for Professional Development and Coaching

Early childhood education (ECE) programs and the individuals who provide care to the children and families within those programs (referred throughout this report as “providers”) have experienced an array of challenges since 2020, including the advent of the COVID-19 pandemic, with associated changes in guidelines, program closures, and severe staffing shortages. These more recent challenges have compounded long-standing issues of low provider pay, systemic racism and classism experienced by many providers, lack of resources for supporting children with perceived behavioral challenges, and pre-COVID staffing shortages, to name a few.¹

To better understand current challenges (other than COVID-19 specifically) facing Oregon's ECE providers, the Early Learning Division (ELD), in partnership with researchers at OSLC Developments, Inc. and Portland State University's Center for Improvement of Child and Family Services, conducted a statewide survey of all licensed ECE providers in May of 2022 to provide information about:

- Provider wellbeing, such as anxiety, depression, and feeling overwhelmed or unprepared to support children whose behavior they perceived as challenging
- Barriers to receiving support to address the needs of children whose behavior they perceived as challenging, rates of asking children to leave care, and access to and use of Infant and Early Childhood Mental Health Consultation (IECMHC) services
- How many providers had served as coaches or mentors to other providers, as well as information about their backgrounds and training, types of coaching/mentoring activities, how much of their work time was devoted to coaching, and what barriers they experienced to coaching providers
- How many providers received coaching or mentoring in the past year, how much and how regularly they met with coaches, and what sorts of activities they engaged in with their coaches
- What other professional development (PD) activities providers had engaged in over the past year and the accessibility and utility of these activities.

¹ McLean, C., Austin, L. J. E., Whitebook, M., & Olson, K. L. (2021). Early childhood workforce index - 2020. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. Retrieved from <https://cscce.berkeley.edu/workforce-index-2020/report-pdf/>

Methodology and Sample

Methodology

The survey sample included ECE providers from across the state. All directors, owners, teachers, assistant teachers, assistants, and aides who were registered as providers with the state of Oregon as of March 2021 received emails with a link to participate in the survey. Additional recruitment took place through posting about the survey on the websites and social media accounts of the ELD and early learning partners (e.g., Early Learning Hubs and Child Care Resource and Referral Networks). The survey was administered primarily online (in Chinese, English, Russian, Spanish, and Vietnamese), although providers could also take the survey over the phone, and was open from mid-April through May 2022. Each eligible respondent who completed the survey received a \$25 digital gift card.

Survey analyses primarily focused on descriptive statistics for the responses of all participants and subgroups of respondents, including provider role, facility type, geographic region, racial and ethnic identities, languages spoken, and whether the provider's program received state funding for pre-kindergarten. Providers could select multiple racial and ethnic identities and languages spoken. Data were reported for subgroups that included more than 10 people.

Respondents

2,166 providers responded to the survey. The biggest groups of respondents identified themselves as lead teachers (37.3%) and worked at a community-based child care center that was not a Head Start Program (39.1%). Most respondents were female (92.1%), White (75.4%), lived in urban areas (74.6%), and spoke English (88.9%). Over a quarter of respondents worked in pre-kindergarten programs that received state funding. Table 1 shows the demographics for the whole sample.

Frequently Used Acronyms

- ECE** Early Care and Education
- EI/ECSE** . . . Early Intervention/Early Childhood Special Education
- ELD** Early Learning Division
- HS** Head Start
- IECMHC** . . . Infant and Early Childhood Mental Health Consultation
- OPK** Oregon Pre-kindergarten
- PSP** Preschool Promise
- PDG** Preschool Development Grant
- PD** Professional Development

Table 1. Demographic characteristics of the sample

Role	Percent
Lead teacher	37.3%
Assistant teacher	17.0%
Director	10.4%
Owner	17.3%
Aide	8.4%
EI/ECSE specialist	1.6%
Other	1.8%
Manager/coordinator/coach	3.4%
Family advocate/home visitor	2.7%

Facility Type	Percent
Head Start Program	23.1%
Other community-based child care center (not HS)	39.1%
Child care co-located in K-12 school	10.1%
Family/home-based child care	22.3%
EI/ECSE	3.3%
Relief Nursery	2.1%

Program has State-funded Pre-K Slots	Percent
OPK	18.9%
PSP	10.3%
No state-funded pre-k slots	70.8%

Rurality	Percent
Frontier	1.8%
Rural	23.4%
Urban	74.6%

Gender	Percent
Female/Woman	92.1%
Male/Man	3.8%
Non-binary, Genderfluid, Genderqueer	1.5%
Questioning or unsure	0.2%
An identity not listed	0.1%
I prefer not to respond	2.3%

Identify as Transgender	Percent
Yes	0.5%
No	93.5%

Age	Percent
18-24	11.8%
25-39	37.9%
40-54	31.1%
55 and older	17.1%
Prefer not to answer	2.1%

Languages Spoken	Percent
Chinese	2.0%
English	88.9%
Russian	1.2%
Spanish	21.6%
Ukrainian	0.5%
Vietnamese	0.7%
Another language	6.8%

Identify as Similar	Percent
There are children in your classroom who match or partially match your race/ethnicity	89.5%

Education	Percent
8th grade or less	0.4%
9-12 grade, no diploma	1.4%
HS diploma, GED or equivalent	12.0%
Some college credit but no degree	22.4%
Community college certificate	4.7%
Associate degree	15.7%
Bachelors degree	29.9%
Graduate degree	12.1%

Years in ECE	Percent
0-5 years	32.5%
6-10 years	22.3%
11-15 years	12.6%
16-20 years	9.8%
21-25 years	8.0%
26 years or more	13.2%

Gross Total Household Income	Percent
Less than \$15,000	8.4%
\$15,001 - \$25,000	12.0%
\$25,001 - \$35,000	15.1%
\$35,001 - \$40,000	9.8%
\$40,001 - \$50,000	10.7%
\$50,001 - \$65,000	10.8%
\$65,001 - \$80,000	9.9%
\$80,001 or more	20.0%

How much of your 2021 income is from your work in ECE?	Percent
All	34.5%
Almost all	12.7%
More than half	8.2%
About half	10.4%
Less than half	16.4%
Very little	10.8%
None	5.1%

Household Income	Percent
Less than FPL	31.7%

Race/Ethnicity	Percent
African American or Black (included African American, African, and Carribean)	3.7%
Asian (included Asian Indian, Cambodian, Chinese, Filipino/a, Hmong, Indonesian, Japanese, Korean, Laotioan, Mien, Nepali, South Asian, Sri Lankan, Taiwanese, Thai, and Vietnamese)	5.5%
Hispanic or Latina/o/x (included Caribbean, Central American, Cuban, Mayan, Mexican, Portuguese, Puerto Rican, South American, and Spanish)	19.2%
Middle Eastern or North African	1.2%
Native American or Native Alaskan (included Alaskan Native, Canadian Inuits, Metis or First Nation, Indigenous Mexican, Central american or South Amerian, Native American, and Members of the following tribes: Arizona, Blackfeet, Cherokee Nation, Chickasaw Nation, Choctaw, Confederated Tribes of Coos, Lower Umpqua, and Sisulaw Indians, Confederated Tribes of Grande Ronde, Confederated Tribes of Umatilla Reservation, Coquille Indian Tribe, Cow Creek Band of Umpqua Indians, Cowlitz, Creek Indian of Oklahoma, Haida, Hawila-Saponi, Klamath Tribes, Keweenaw Bay Band of Lake Superior Ojibwe, Montna Little Shell Tribe of Chippewa Indians, Oglala Sioux, Sious, Sunaq, Tlingit, Turtle Mountain Band of Chippewa Indians of North Dakota, Wahpeton-Sisseton, Walker River Paiute Tribe)	4.0%
Native Hawaiian or Pacific Islander (included Guamanian, Micronesian, Native Hawaiian, and Samoan)	0.7%
White (included Balkan, Czech, Eastern European, Egyptian, Greek, Hispano, Iranian, Irish, Isreali, Italian, Jewish, Latin, Middle Eastern, Mixed race, Nordic, Northern European, Sami, Scandinavian, Slavic, South American, Southern European, Swedish, Western European, and White)	75.4%
Another identity (included Afrikan, Biracial, Cape Verdian, East African, Ethiopian, French Creole, Mestizo, Moorish, Persian, and West African)	2.9%

Challenges for the ECE Field

Provider Levels of Distress

We asked providers to indicate the frequency with which they were feeling symptoms of anxiety and depression using a widely used measure, the Patient Health Questionnaire-4 Item (PHQ-4). Overall, 26.2% of ECE providers were above the cutoff levels for screening for clinical anxiety, a rate more than 5 times that in the general population. Across all providers, 15.9% were above the cutoff for screening for clinical levels of depression, a rate more than 2.5 times that in the general population. About 52% of providers also indicated that they felt overwhelmed/burdened on the job, like they didn't have the skills they needed to effectively support or manage children's behavior. Feelings of anxiety, depression, and being overwhelmed were also significantly interrelated such that a provider who was showing high rates of anxiety, for example, was likely to also show high rates of depression and feeling overwhelmed.

Notably, providers who were Early Intervention/Early Childhood Special Education (EI/ECSE) specialists reported levels of distress that were higher than the average for the whole sample. Providers who were owners of programs and those who worked within family- and home-based programs showed the lowest levels of distress for the whole sample.

Barriers to Helping Children with Behaviors Perceived as Challenging

As is noted above, a majority of providers at least sometimes felt that they were overwhelmed and that they did not have the skills they needed to effectively support or manage children's behavior. Out of all of the providers, 1,152 (53.2%) indicated that they had tried to get support for addressing the needs of children with behaviors that they perceived as being challenging. We asked them whether a range of factors had been barriers to receiving help to support children who had behaviors that they found challenging. Sixty-eight percent believed that families having difficulties acknowledging children's perceived challenging behaviors was a barrier, while 58% believed that families' difficulties addressing issues at home (e.g., substance use, mental health) were barriers. It is important to note that in a study of families whose children were asked to leave care, a number of parents felt that they had not received sufficient support from providers to help their children remain in care despite the families' willingness to receive support.² Research has also indicated that when providers and families are from different racial backgrounds, providers may be less empathic about family circumstances that may be perceived as difficult.³ Together, these findings suggest that more PD focused on recognizing potential implicit biases and forming healthy partnerships between providers and all the families they serve may be needed to increase the likelihood of inclusive support for children whose behaviors are perceived as challenging. More than one half of providers also cited a lengthy process to get early intervention or preschool special education evaluation or support (52%) and that there were not enough mental health/behavior specialists or a long wait to see a specialist (51%).

2 Burton, M., Green, B. L., Houser, C., Lau, S., Ordonez Rojas, D., Richardson, A., & Rodriguez, L. (2022, July). Families' experiences of early childhood care suspension and expulsion: Messages for building more inclusive environments. Report submitted to the Oregon Early Learning Division.

3 Gilliam, W. S., Maupin, A. N., Reyes, C. R., Accavitti, M., & Shic, F. (2016). Do early educators' implicit biases regarding sex and race relate to behavior expectations and recommendations of preschool expulsions and suspensions. *Yale University Child Study Center*, 9(28), 1-16.

Asking Children to Leave Care: Frequency and Reasons

One outcome when providers do not feel able to meet the needs of children whose behaviors are experienced as challenging is that these children are asked to “take a break” from care or to be formally suspended or expelled. We asked providers if any students in their classroom or program had been asked to leave the program or take a break because the program could not meet their needs and, if so, how many children. Almost 20% of respondents (19.3%; n = 419) indicated that a child had been asked to leave care in the past year. In all, providers across Oregon indicated that an estimated 735 young children in their programs or classrooms had been asked to leave care in a 1-year period, which is likely to be a conservative estimate. Children in community-based child care centers (that were not Head Start) and child care programs co-located in K-12 schools were more likely to be asked to leave care than average. Children in family- or home-based programs were least likely to be asked to leave care.

We then asked respondents to provide information about the race and ethnicity of the children whom they had asked to leave care. Due to concerns about how providers understood and reported data for this item, the results were difficult to interpret and any conclusions should be regarded as preliminary. That said, one finding that stood out across a variety of approaches to minimizing incorrect or unreliable reporting was that children whom providers reported to be Black or African American were disproportionately more likely to be asked to leave care than would be expected, given the proportion of Black or African American children in the general population in Oregon.

Providers who had asked children to leave care indicated whether they did so for a variety of reasons. The most often cited reason for asking a child to leave care was not being able to meet the child’s needs for behavioral support (cited by 84% of providers), followed by the child’s behavior being potentially dangerous to other children (74%). The least cited reasons were not being able to meet the child’s medical (9%) or physical needs (18%) and the child being placed into a special education classroom (19%).

For community-based child care centers (not Head Start), children were more likely than the average for the sample to be asked to leave care due to their behavior (cited by 92% of these providers) or because their behavior was potentially dangerous to other children (82%). Compared to the sample average, children attending Head Start were less likely to be asked to leave because the program could not meet the child’s needs for behavioral support (72%) or because the child’s behavior was potentially dangerous to other children (62%). This is likely due to Head Start regulations limiting suspensions and prohibiting expulsions, calling instead for programs to transition children to more appropriate programming.⁴ In fact, children in Head Start were much more likely than children in other programs to leave because they were placed in a special education classroom (39% for Head Start vs. 19% across the sample).

⁴ <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-17-suspension-expulsion>

Provider Access to Infant and Early Childhood Mental Health Consultation

Research has shown that IECMHC services can increase providers' capacities for supporting children's positive social-emotional skills, as well as reduce perceived challenging child behaviors.⁵ Given the high levels of provider distress and barriers to getting support to address children's perceived challenging behaviors cited above, the provision of these services could be an effective way to address these issues and prevent their development in the future. However, when we asked providers whether, in the past year, they had had access to IECMHC services or worked with or been supported by a mental health consultant (MHC), fewer than a quarter (23%) had had access to IECMHC and only 18% had worked with a MHC. Those who owned their own programs had the least access to IECMHC, while providers who were EI/ECSE specialists, managers/coordinators/coaches, or family advocates/home visitors had the most access. Providers working in programs that were supported at least partially by public funding (e.g., Head Start, EI/ECSE programs, and Relief Nurseries) had the most access to IECMHC services, while those that might have less access to public funding (e.g., community-based centers and family- or home-based care) were least likely to have such access.

The State of Coaching for ECE Providers in Oregon

Coaching is an effective way to increase both the quality of providers' instructional practices and social-emotional outcomes for children.^{6,7} Thus, coaching, in partnership with or during IECMHC, may be a method to address providers' needs for more support in addressing child behaviors perceived as challenging. The ELD, in partnership with the Early Learning System Initiative at Oregon State University, is currently developing PD pathways for coaches in ELD-funded early learning programs, including mentor coaching, tiered certification, communities of practice, and workshops.⁸ However, when the survey was conducted, these systems were not yet all in place. Thus, the results presented here are considered to be a snapshot of what has been happening for providers across the state prior to the adoption of coaching competencies.

Who is Coaching ECE Providers?

We asked survey respondents to tell us whether they had acted in the role of a coach or mentor in their program since March 2021. Almost 17% of respondents (16.6%; n = 360) indicated that they had done so. Notably, most providers who had served in the role of coach in the past year did not have that position title and most (71.7%) spent less than a quarter of their working hours coaching others. About a third, the largest percentage of all of these providers, indicated that they were lead teachers in their programs; 24.7% indicated that they were directors; and 16.7% indicated that they were owners. Forty-one percent of all coaches worked within community-based child

5 SAMSHA. About infant and early childhood mental health consultation. <https://www.samhsa.gov/iecmhc/about>

6 Kraft, M. A., Blazar, D., & Hogan, D. (2018). The effect of teacher coaching on instruction and achievement: A meta-analysis of the causal evidence. *Review of Educational Research*, 88(4), 547-588. <https://doi.org/10.3102/0034654318759268>

7 Brunsek, A., Perlman, M., McMullen, E., Falenchuk, O., Fletcher, B., Nocita, G., Kamkar, N., & Shah, P. S. (2020). A meta-analysis and systematic review of the associations between professional development of early childhood educators and children's outcomes. *Early Childhood Research Quarterly*, 53, 217-248. <https://doi.org/https://doi.org/10.1016/j.ecresq.2020.03.003>

8 <https://health.oregonstate.edu/elsi>

care centers and almost a quarter worked in Head Start programs. The median number of years that respondents had been coaching others was 4, with about 30% of the coaches having had a year or less of experience. Notably, when compared to the distribution of race and ethnicities for the whole sample, providers who identified as Hispanic or Latina/o/x were underrepresented as coaches (19.2% in the whole sample vs. 13.9% as coaches). When median years of coaching experience were examined by race and ethnicity, respondents who identified as Hispanic or Latina/o/x or Asian had fewer years of experience than the median for all respondents.

We asked coaches to tell us what kinds of PD opportunities they had received in the past year. Coaches were most likely to have received PD in communication methods. They were least likely to have received PD in coaching structure and implementation or adult learning as a tool for coaching delivery.

The median number of providers with whom coaches worked with overall was three, while the median number of providers coached in one-to-one partnerships was two. Directors and respondents who had roles as managers/coordinators/coaches worked with more providers on average and owners worked with fewer. Just over one half (51.1%) of respondents were coaching or mentoring their supervisees, suggesting that there may be a structural hierarchy/power differential in many of the coaching partnerships that are occurring.

When we asked coaches what they did with providers during coaching sessions, they reported being most likely to provide emotional support to providers and model practices or behavior for them. They were least likely to set goals and assess progress toward those goals; help with preparing materials, lessons, or schedules; or to use Coaching Companion (an online platform featuring exemplar videos and materials for setting coaching goals). We also asked how often a range of factors were challenging to them in their role as coaches. Early educator turnover was the most commonly experienced challenge to coaching, followed by a lack of coach time for meetings with early educators, and educator personal crises, stresses, and mental health. The least often cited challenges were the level of support from center or program directors and directors or supervisors interfering with the coaching process.

To gain an understanding about the potential pool of individuals interested in being coaches, we asked respondents who had not served as a coach in the past year if they had ever wanted to become a coach or mentor to other early educators. Of the 1,806 respondents who were not currently coaches, 25.6% (n = 463) noted that they would like to become one. Notably, and in contrast to their lower rate of currently acting as coaches, a slightly higher proportion of respondents identifying as Hispanic or Latina/o/x wanted to become coaches (22.5%) versus the proportion in the whole sample (19.2%). We asked respondents what supports they would need to become coaches. The most frequent answer was that they would need training and experience in coaching, followed by needing the job opportunity or role to be open, and needing time and other supports (e.g., child care, accessibility, supervisors' support) so that they could receive training.

Who is Receiving Coaching?

Almost 28% of all survey respondents indicated that they had received coaching in the past year. The largest percentage (40%) were lead teachers. Providers in Head Start programs were the most likely to receive coaching. The majority of respondents who had received coaching had worked in ECE for 10 or fewer years. Providers were most likely to meet with their coach once a month, although a quarter of providers saw their coaches less than monthly or never. Respondents indicated that the one-to-one meetings with their coaches tended to last 45 minutes on average. However, almost 25% of providers met with their coaches for less than 30 minutes. Providers in family- or home-based child care or Relief Nurseries spent more time than average in meetings with their coaches, while those in community-based child centers that were not Head Start and EI/ECSE programs spent less time on average. Providers who identified as African American or Black and those speaking a language other than Chinese, English, Russian, Spanish, Ukrainian, or Vietnamese spent less time with their coaches than the average for the whole group.

We asked providers to tell us about the structure and process of their coaching meetings. The majority of providers worked with their coaches to make these decisions, and the coach or the program director were the next most likely people to help make the decisions about what the coach and provider worked on together. Overall, providers were most likely to have sit-down, kid-free meetings with their coaches, to get positive feedback, and to reflect on progress towards goals. Fewer providers tended to have structured meetings with their coaches, be observed by their coach, or have their coach seek to understand their cultural perspective and values. Notably, about 20% of providers indicated that their coaches often or almost always worked with them without a clear plan or goal.

We asked respondents if their coach offered materials in their primary language and if their coach spoke their primary language. Across all providers receiving coaching, 92.1% said that their coaches offered materials in their primary language and 89.3% said their coach spoke their primary language. While these numbers are high, they indicate that about 10% of providers were not able to receive either materials or coaching in their primary languages. Notably, speakers of languages other than English were less likely than the average to receive materials in their primary language.

Finally, to better understand the need for further opportunities for coaching, we asked the 1,428 providers who had not received coaching in the past year if they would participate in coaching if it were available. Two-thirds of these providers answered affirmatively. Notably, levels of anxiety, depression, and feelings of being overwhelmed were significantly higher in those providers who wished to participate in coaching, suggesting that they perceive coaching as a way to receive support.

General PD Opportunities for ECE Providers

To understand the general PD opportunities available to providers, besides coaching, we asked them questions about the topics in which they had been able to receive training as well as the accessibility and availability of PD opportunities.

Topics and Utility of PD Opportunities

We asked respondents about the topics in which they had received training, mentoring, or PD in the past year. Providers most often received PD in managing children with behaviors perceived as challenging, better supporting children’s diverse cultural and linguistic needs, and understanding how implicit bias might influence their practices. They were less likely to receive PD in using or understanding the Classroom Assessment Scoring System (CLASS)⁹ observation scores and practice-based coaching. Notably, providers in programs that did not have state-funded pre-kindergarten slots were less likely than average to receive PD in any of the topics.

To understand how useful the PD topics were, we asked providers who received PD in each topic to rate the utility on a four-point scale from “not at all useful” to “extremely useful”. Most respondents found PD on managing perceived challenging behaviors, better supporting children’s diverse cultural and linguistic needs, and understanding how implicit bias might influence practice to be moderately or extremely useful (64%, 60%, and 62%, respectively). Notably, the topics most likely to be rated as not at all useful—using CLASS observation and practice-based coaching—were also the topics in which providers were least likely to have received PD in the past year. Across provider roles, aides found PD on managing children’s behaviors perceived

as challenging to be useful at higher rates than the overall group, and EI/ECSE specialists and family advocates/home visitors were much more likely to find PD in implicit biases to be useful.

Accessibility of PD Opportunities

We asked providers how often the PD opportunities that were available to them were: affordable, accessible, relevant to their job, and helpful in reducing job stress, allowing them to feel more successful in their job and progressing in their job.

Overall, a third of respondents only “sometimes” found PD opportunities to be affordable. Assistant teachers, aides, and those in other roles were least likely to say that opportunities were often or almost always affordable. PD opportunities were often accessible for the majority of respondents. PD opportunities were sometimes relevant for 33% of respondents and often relevant for 32%. Notably, respondents were likely to report that PD opportunities were only sometimes or rarely helpful in reducing job stress. A quarter of respondents found that opportunities often helped them to feel more successful in their jobs, but were more likely to say this was true only sometimes. Nearly a third of respondents reported that PD opportunities sometimes covered information that was helpful for them to progress in their jobs, and 12% said that opportunities never covered such information.

Respondents identifying as Asian, Hispanic or Latina/o/x, and Native American or Native Alaskan, and those in programs that did not have state funding for pre-k slots, were less likely to say that PD opportunities were often or almost always affordable.

⁹ The CLASS is an observational measure that assesses the quality of teacher–child interactions in preschool classrooms.

Conclusions and Recommendations

The findings from the 2022 PDG Provider Survey provide critically important information about the current needs and opportunities across ECE programs and the ECE workforce. The findings emphasize ECE providers' current levels of feelings of distress and being overwhelmed. The findings also illustrate widespread provider needs for supports across contexts and programs and they highlight what providers have found to be useful in PD and coaching opportunities. The following conclusions and recommendations provide actionable information about how equitable and accessible PD and coaching opportunities could be tailored to aid in developing and sustaining a valued and well-supported ECE workforce that will contribute positively to the growth and development of our children and families.

1. Providers are reporting high levels of anxiety and depression that are tied to feelings of being overwhelmed and/or not having the skills they need to handle perceived challenging behaviors in the classroom. It is critical to identify methods to increase provider overall wellbeing in addition to helping providers to gain skills to promote children's positive development. Providers who were more anxious, depressed, and overwhelmed also tended to be more interested in receiving coaching and mentoring supports, suggesting that they are open to assistance. Although ECE providers are tasked with one of the most important societal jobs, that of nurturing our youngest members, they receive some of the lowest wages and few benefits. Additionally, women and people of color are overrepresented in ECE provider roles and thus face systemic, institutionalized inequities

and barriers.¹⁰ This all suggests that changes to better support ECE providers need to be made in multiple domains and at programmatic, structural, and societal levels. These include:

Better compensation including health and financial benefits

Increased access to physical and mental health services and wellbeing supports within the workplace

An established system of education and PD programs, including financial aid as well as paid time to receive training and child care during training

Supports across the full range of provider roles and types of ECE programming, including management level staff, teaching staff, family engagement staff, and specialists

Supports available in culturally and linguistically appropriate formats to ensure equitable access for ECE providers from a diverse range of backgrounds.

2. Providers need to be better supported to foster the positive growth and development of all children within their care even when children's behaviors and needs are perceived as challenging. Almost 20% of providers who responded to the survey told us that they had asked children to leave or take a break from care because the program could not meet the children's needs, reflecting an estimated 735 children being asked to leave care. Children who were Black or African American were disproportionately more likely to be asked to leave care. The

¹⁰ Gillispie, C., Codella, C., Merchen, A., David, J., & Cappo, A. (2022). Equity in child care is everyone's business. The Education Trust & U.S. Chamber of Commerce Foundation.

large majority of providers indicated that they had asked children to leave because they could not meet a child's needs for behavioral support or because a child's behavior was dangerous to other children. Taken together, these findings suggest the need for a number of changes:

Augmenting and strengthening systems-wide training, mentoring, and ongoing coaching support for individualizing programming and including all children in classrooms should a priority. Providers told us that their PD opportunities most often focus on managing perceived challenging behavior in the classroom. Further, providers tended to rate these trainings highly in terms of utility. The continued high rates of provider feelings of being overwhelmed and children being asked to leave care suggest that trainings should be enhanced with implementation supports—such as coaching, mentoring, and peer support—to increase effects on provider practice.

A greater focus needs to be placed on helping providers to recognize implicit bias, to improve their abilities to support children from diverse backgrounds and with a range of abilities, and to change their practices to do so. Sixty percent of providers indicated that they had received training in better supporting the cultural and linguistic needs of children from diverse background and on recognizing how implicit biases affect practices. Further, they tended to rate these trainings highly on utility. Thus, providers are willing to pursue these topics. Increasing the reach of trainings as well as their effects on practice is critical.

We need a better understanding of what is currently working for providers and programs who are able to keep children in care. Providers in family- and home-based programs were less likely to ask children to leave their programs. It is important to understand what might be happening within these programs that allows all children to be supported in care.

Families' perspectives need to be included in efforts to ensure that all children are included in classrooms. A recent study of families whose children had been asked to leave care highlighted the great burden placed on families when this occurs.¹¹ Families also offered stories about successful partnerships between themselves and providers to find inclusive arrangements for their children, as well as suggestions about how such efforts could be expanded. Greater inclusion of families in the planning of PD and supports for providers, as well as for other families in the same situation, will increase the likelihood that these efforts will succeed.

3. IECMHC may be a particularly effective way of increasing both providers' wellbeing and their ability to support ALL children and families. Research supports the efficacy of IECMHC in helping providers and families to support children's positive growth and development. If providers feel less stress in the classroom, their feelings of anxiety and depression may decrease. Additionally, IECMHC engages not only ECE providers but also families of the children in programs. This is important because providers often perceived families themselves as being barriers to their abilities to support children with

11 Burton, M., Green, B. L., Houser, C., Lau, S., Ordonez Rojas, D., Richardson, A., & Rodriguez, L. (2022, July). Families' experiences of early childhood care suspension and expulsion: Messages for building more inclusive environments. Report submitted to the Oregon Early Learning Division.

behaviors perceived as challenging. For IECMHC to be maximally effective in alleviating current challenges for ECE providers, the following recommendations should be met:

IECMHC services need to be expanded to be much more widely available to providers across a range of roles and settings.

Less than a quarter of ECE providers had either access to or worked with a MHC in the past year. Providers working in programs that were supported at least partially by public funding (e.g., Head Start, EI/ECSE programs, and Relief Nurseries) had the most access to MHCs, while those that might have less likelihood of public funding (e.g., community-based centers and family- or home-based care) were least likely to have such access. Owners of programs were also much less likely to have access to IECMHC. Over 50% of providers also indicated that the lack of enough consultants and/or the long wait to receive EI/ECSE services was a barrier to their being able to support all children. Notably, recent Oregon legislation provided resources to design and implement a statewide system of IECMHC; this work, being led by the ELD, is currently in the planning phase with implementation to begin in 2023.¹²

IECMHC services must also be tailored to meet the cultural, linguistic, and developmental needs of children and families.

In other reports in which we asked families from diverse backgrounds about barriers to finding child care, they indicated that finding culturally

and linguistically responsive care is extremely important to them but very difficult.¹³ Further, the behavior of children from traditionally minoritized groups is more likely to be perceived as extreme than the behaviors of children from traditional majority groups.¹⁴ Ensuring that all ECE services meet the needs of families from a range of backgrounds and recognize the effects of structural discrimination is critical for equity and positive outcomes.

4. Coaching appears to be an acceptable and desired method of receiving PD across providers and settings.

While currently less than 30% of providers are receiving coaching, the vast majority noted that they would participate in coaching if the opportunity were available. Both provider and coach reports indicate that they are engaging in a range of positive, supportive coaching activities that suggest partnerships. Further, the fact that providers who said they would participate in coaching had higher distress levels suggests that coaching is viewed as a potential positive support by providers. For coaching (of which IECMHC is one type) to be maximally effective, we recommend the following:

Implement structural changes to allow more time and opportunities for coaching.

Most providers saw their coaches only once a month for less than an hour and most coaches reported that they were able to devote less than 25% of their work time to coaching. Changes could include **hiring more substitutes** so that regular classroom providers can engage

12 Rodriguez-JenKins, J., Mitchell, L., Tremaine, E., Green, B., Dupee, A., Ordonez Rojas, D., Lau, S., Monroy, J. (2022). Centering Racial Equity: Design Considerations for Oregon's Statewide Infant and Early Childhood Mental Health Consultation (IECMHC) Program. Center for Improvement of Child and Family Services, School of Social Work, Portland State University. [Final Report to Oregon Department of Education: Early Learning Division].

13 Burton, M., Green, B.L., Houser, C., Joseph, R., Lau, S., Ordonez-Rojas, D., Reyes, N., Richardson, A., Rodriguez, L. & Salazar-Robles, S., (2022, July). Hearing from families about: (1) Early childhood suspension and expulsion; (2) accessing child care for Oregon's infants and toddlers; and (3) Supporting inclusive care for LGBTQIA+ families. Report submitted to the Oregon Early Learning Division.

14 Gilliam, W. S., Maupin, A. N., Reyes, C. R., Accavitti, M., & Shic, F. (2016). Do early educators' implicit biases regarding sex and race relate to behavior expectations and recommendations of preschool expulsions and suspensions. *Yale University Child Study Center*, 9(28), 1-16.

with their coaches, **providing paid time out of classroom hours** for coaches and providers to meet, and **embedding more opportunities** for coaches to work with providers in their classrooms.

Culturally and linguistically specific and appropriate coaching must be made available across providers and types of care. Although lead teachers were most likely to receive coaching, other members of classroom teaching teams, such as assistants and aides, were less likely than other providers to do so. To be maximally effective, all members of the teaching staff should be engaging in the same practices and behaviors. Similarly, providers in some types of facilities, such as family- and home-based care and preschools co-located in K-12 schools, were less likely to receive coaching. To ensure equitable access to resources, all providers should be able to receive coaching.

Coaching *must* be offered in providers' primary languages and be culturally specific.¹⁵ Speakers of languages other than English were less likely than the average to receive materials in their primary language. This situation has to be corrected. When we asked providers if they wanted to be a coach, those who replied affirmatively represented a range of linguistic and cultural backgrounds. This demonstrates that there is a willing pool of candidates to fill the need for a diverse coaching workforce.

To increase the availability of coaching, increase the number of coaches across all programs. A quarter of the providers who were not currently serving as coaches wanted

to become coaches, suggesting that there is a pool of potential coaches. Importantly, these providers indicated that **they would need training as well as supports such as time off from work and child care to be able to engage in that training.** Further, in addition to training in building coaching relationships, **PD opportunities for coaches need to include greater emphases on implementation of coaching and principles of adult learning.**

Opportunities to become a coach must be equitably distributed across providers with a range of racial, ethnic, and linguistic backgrounds. This will increase access to coaching in a range of languages and with relevance to different cultures, as recommended above.

- 5. Increased state funding may be needed to ensure the widest and most equitable access to the supports for ECE providers that are recommended above.** The ELD is currently making investments in a number of systems, such as increased access to IECMHC and mentor coaching, for ECE programs that receive state funding (such as OPK and Preschool Promise). Further, findings demonstrated that providers in programs that traditionally receive at least some federal or state funding were often more likely to have access to a variety of supports. For example, providers in Head Start programs were most likely to receive coaching and those in Head Start, EI/ESCE, and Relief Nursery programs were most likely to have access to MHCs. While these federal- and state-funded programs are designed to serve vulnerable children and families (e.g., those with low incomes, children with developmental

¹⁵ Culturally specific trainings and PD are designed by or adapted for members of the community served; reflect the values, beliefs, practices and worldviews of the community served; are provided in the preferred language of the community served; and are led and staffed by people who reflect the communities served.

disabilities or chronic medical needs, children whose parents may be at risk for becoming abusive), there are not enough spaces within these programs to serve all of these children and families. Thus, expansion of some of the state-provided resources beyond those programs currently funded by the state would further increase the reach of resources.

Oregon's early learning system continues to face a number of unprecedented challenges since 2020, with the advent of a pandemic and the associated effects on the ECE workforce and programming. These new challenges add to and exacerbate long-standing issues that have faced the ECE field, such as historically low wages and benefits for employees and rising rates of suspension and expulsion of children. In the face of these challenges, Oregon leaders have continued to prioritize early childhood education in legislation and funding priorities and have made some solid preliminary progress in addressing these issues. The findings presented here suggest the need for expanded and ongoing systems change to adequately and appropriately support the workforce that is so vital in the positive growth and development of our children.