

Nebraska Early Childhood Workforce Survey Webinar

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Presenters



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About the Institute



- Four Campus
- Birth – age 8
- Urban and Rural
- Applied research, training/ professional development, outreach, and policy

Early Childhood Workforce Development Program

Committed to building a strong coalition of adults who care for, teach, nurture, and advance children's development through meaningful relationships and enduring experiences from birth through age 8.



**79% of
children <6
are in paid
child care in
Nebraska**



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Nebraska Early Childhood Workforce Survey: A Focus on Providers and Teachers



Nebraska Early Childhood Workforce Survey: *Overview*

- Largest and most comprehensive survey of the state's early childhood workforce ever conducted
- Focuses on the lives and the working conditions of the professionals who care for and educate our youngest citizens

Nebraska Early Childhood Workforce Survey: *Settings*

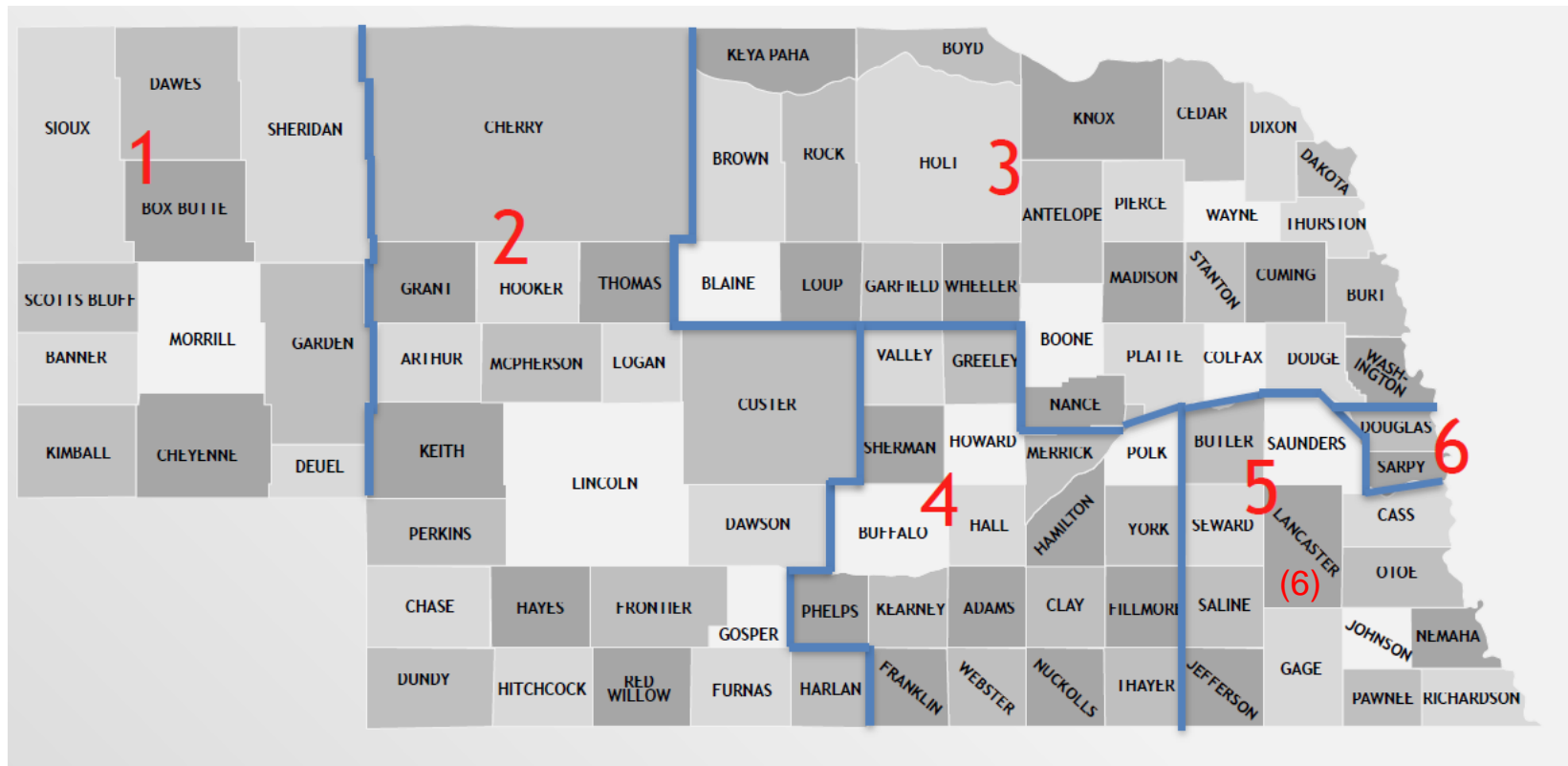
1. Licensed home-based providers
2. Licensed child care center teachers
3. Public PreKindergarten teachers
4. Kindergarten to Grade 3 teachers



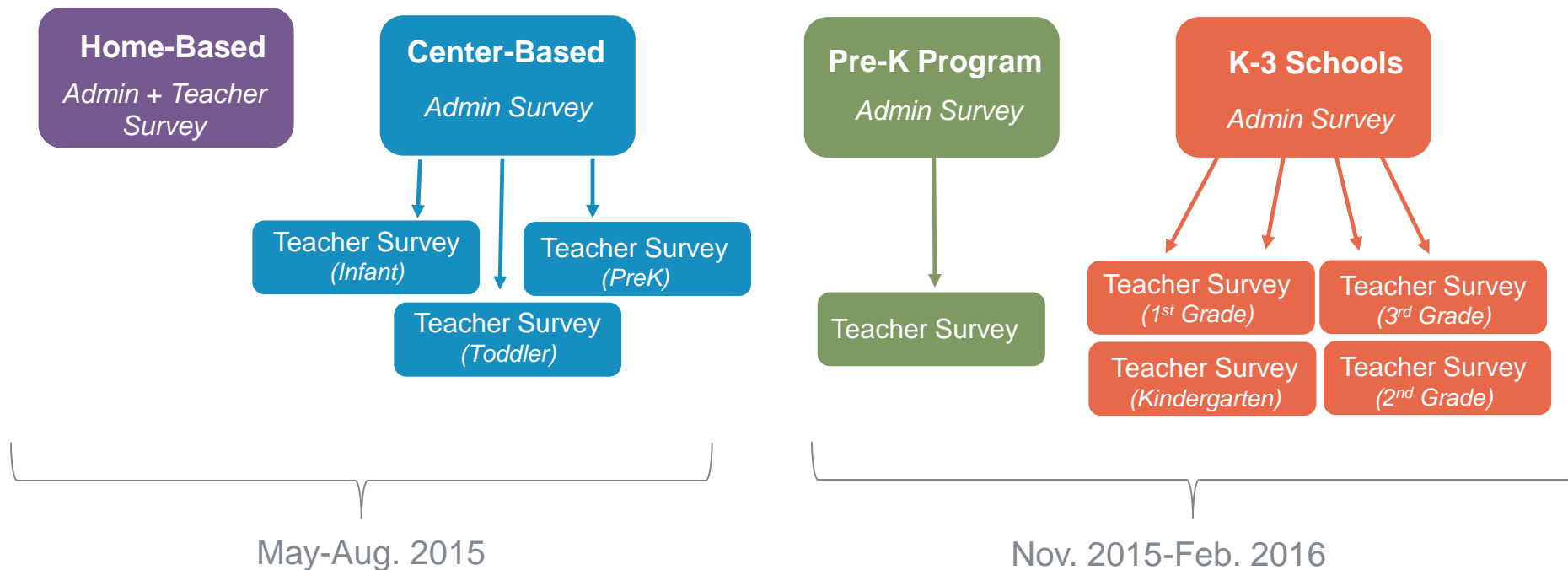
Methodology



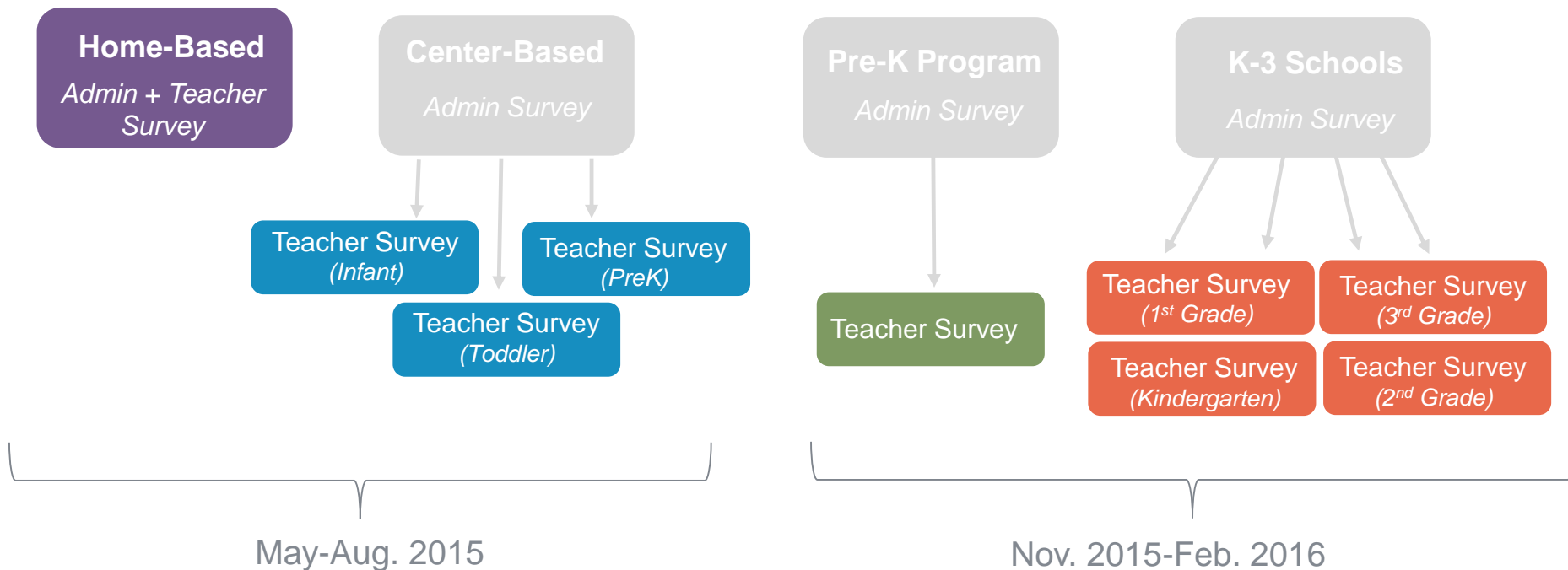
Stratified Random Sampling



Data Collection



Current Report Focuses on Teachers/Providers



Response Rates

| Setting | Respondents | Response Rates |
|--------------|-------------|----------------|
| Home-Based | 403 | 38% |
| Center-Based | 371 | n/a |
| Pre-K | 272 | 67% |
| K-3 | 594 | 56% |
| Total | 1,640 | n/a |



Results

Results

- Location, auspice, child characteristics
- Demographics
- Degree, training, tenure, and child-centered beliefs
- Professional development and continuing education
- Compensation, benefits, and public assistance
- Stress & depression

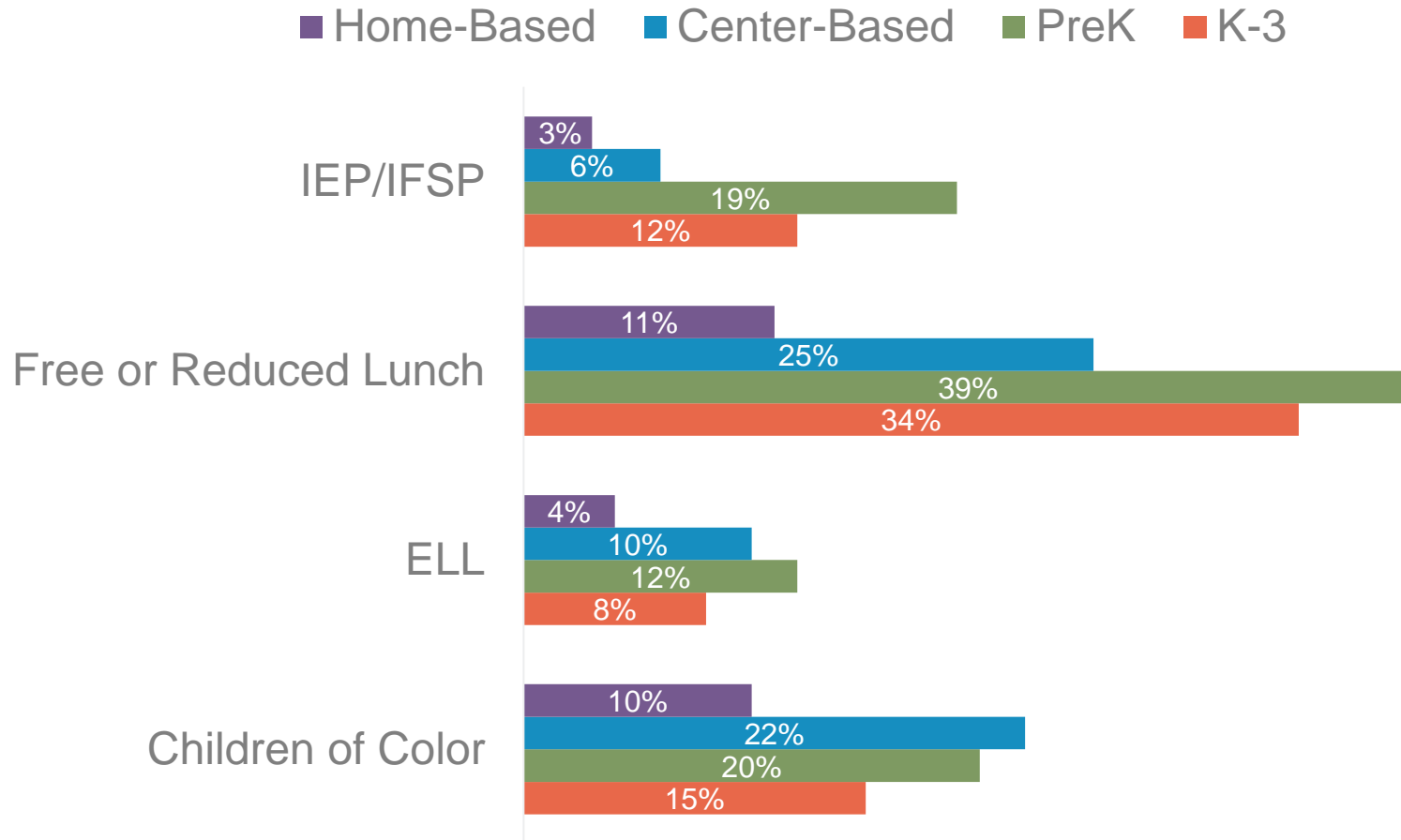
Results

- **Location, auspice, child characteristics**
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Educators responded from various regions of the state

| Urbanicity | Home-Based | Center-Based | PreK | K-3 |
|-----------------------------|------------|--------------|------|-----|
| Urban/ Metropolitan | 40% | 60% | 37% | 30% |
| Large Town/ Micropolitan | 34% | 28% | 30% | 39% |
| Small Town/Rural | 26% | 12% | 33% | 31% |

“Average” Classrooms:



Results

- Location, auspice, child characteristics
- **Demographics**
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Educators are demographically homogenous

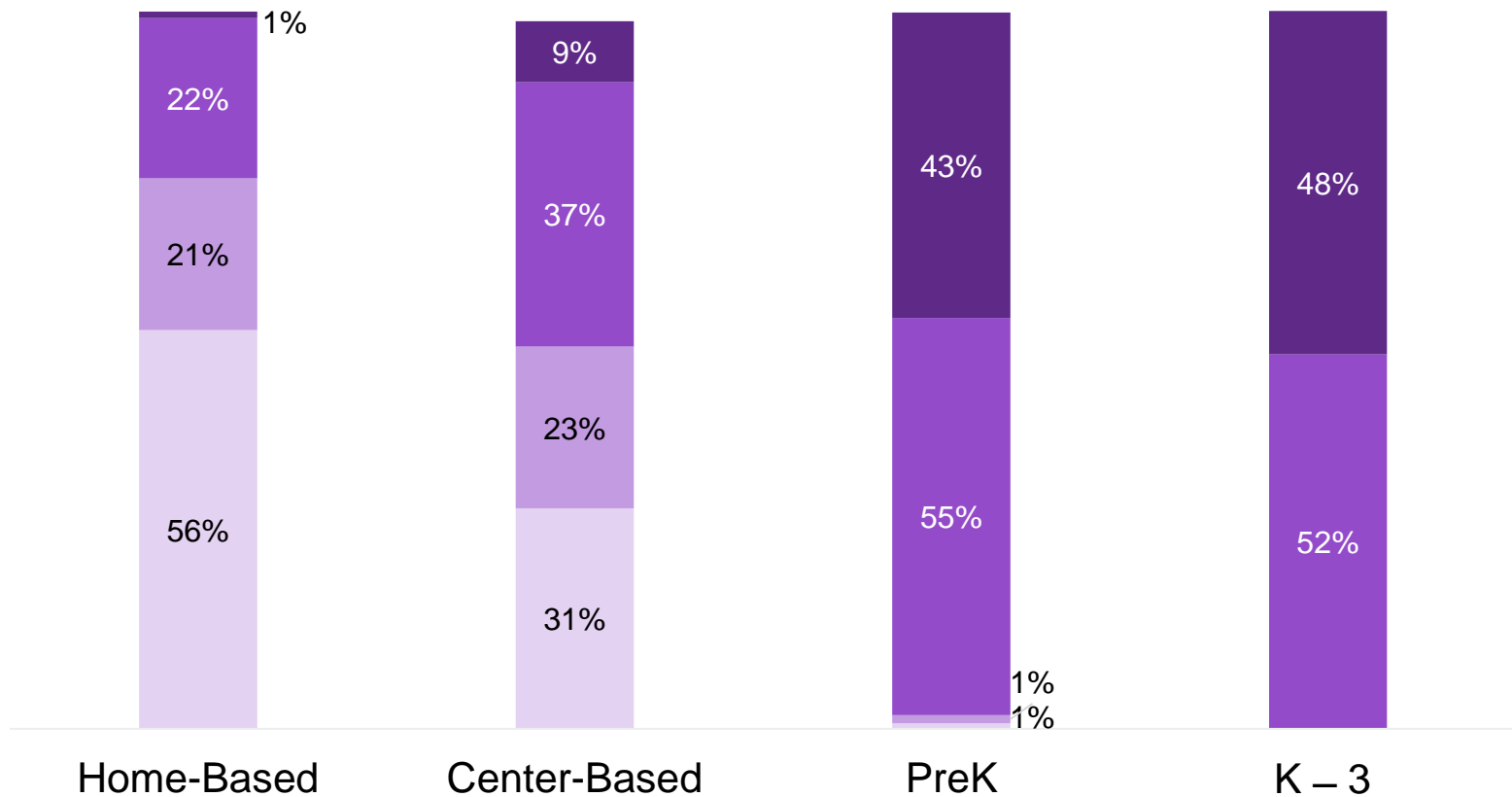
| Urbanicity | Home-Based | Center-Based | PreK | K-3 |
|------------|------------|--------------|------|-----|
| Female | 100% | 97% | 98% | 97% |
| White | 94% | 87% | 99% | 99% |
| Avg. Age | 48 | 37 | 39 | 42 |

Results

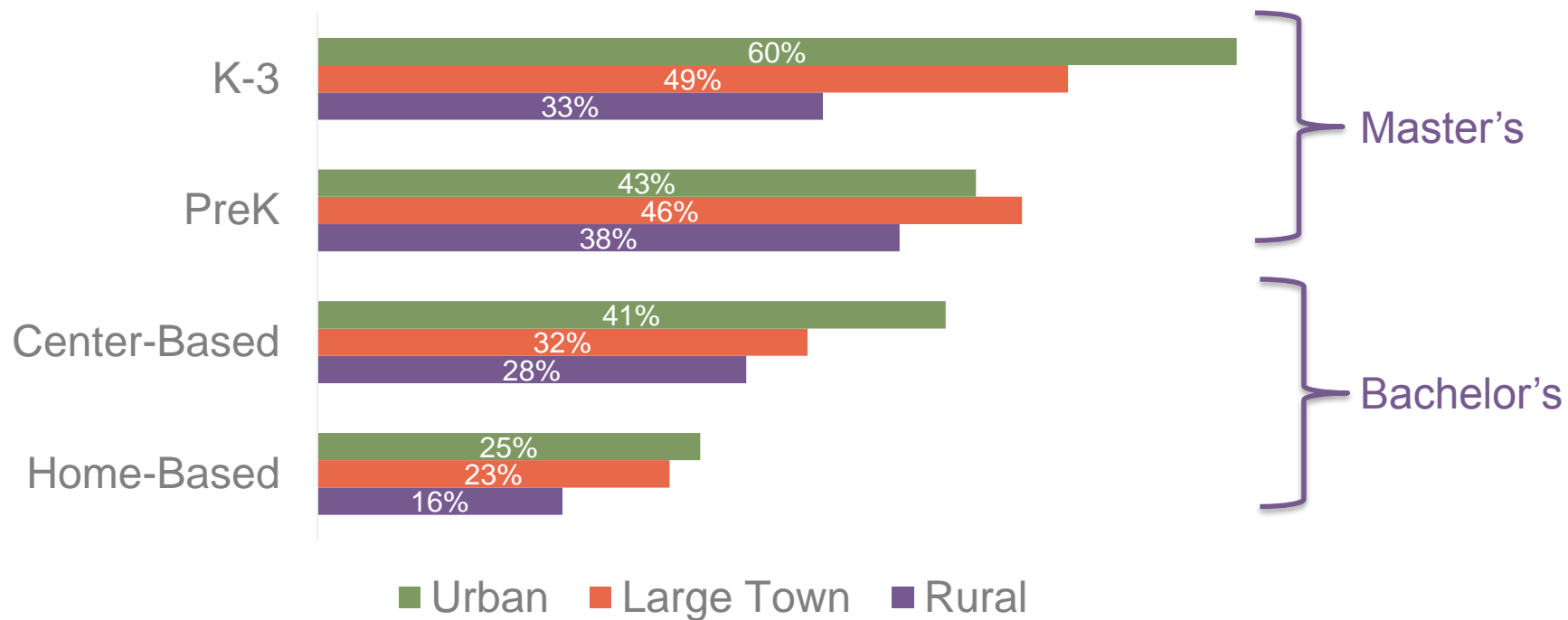
- Location, auspice, child characteristics
- Demographics
- **Degree, training, tenure, and child-centered beliefs**
- Professional development and continuing education
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Educational Attainment Varies By Setting

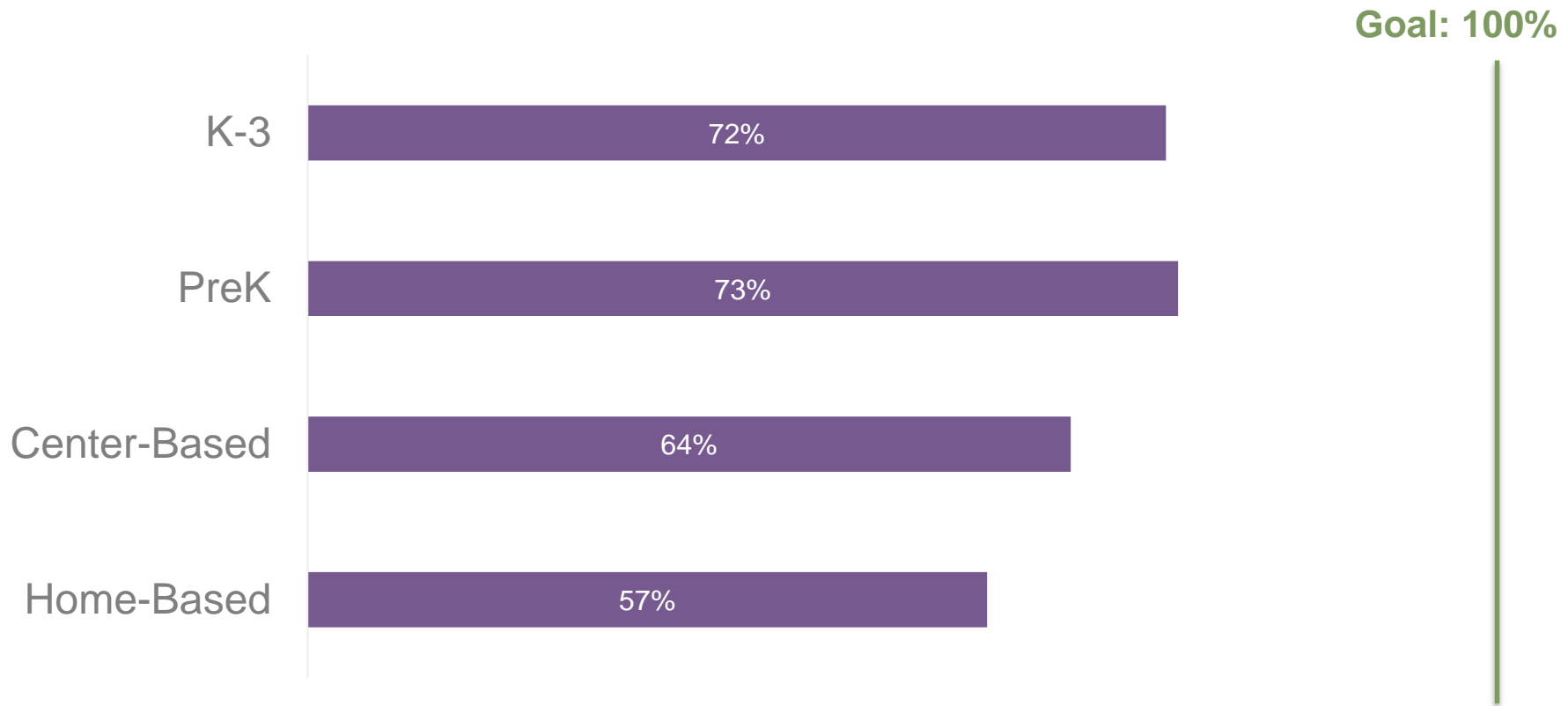
■ HS Diploma or GED ■ Associate's ■ Bachelor's ■ Graduate



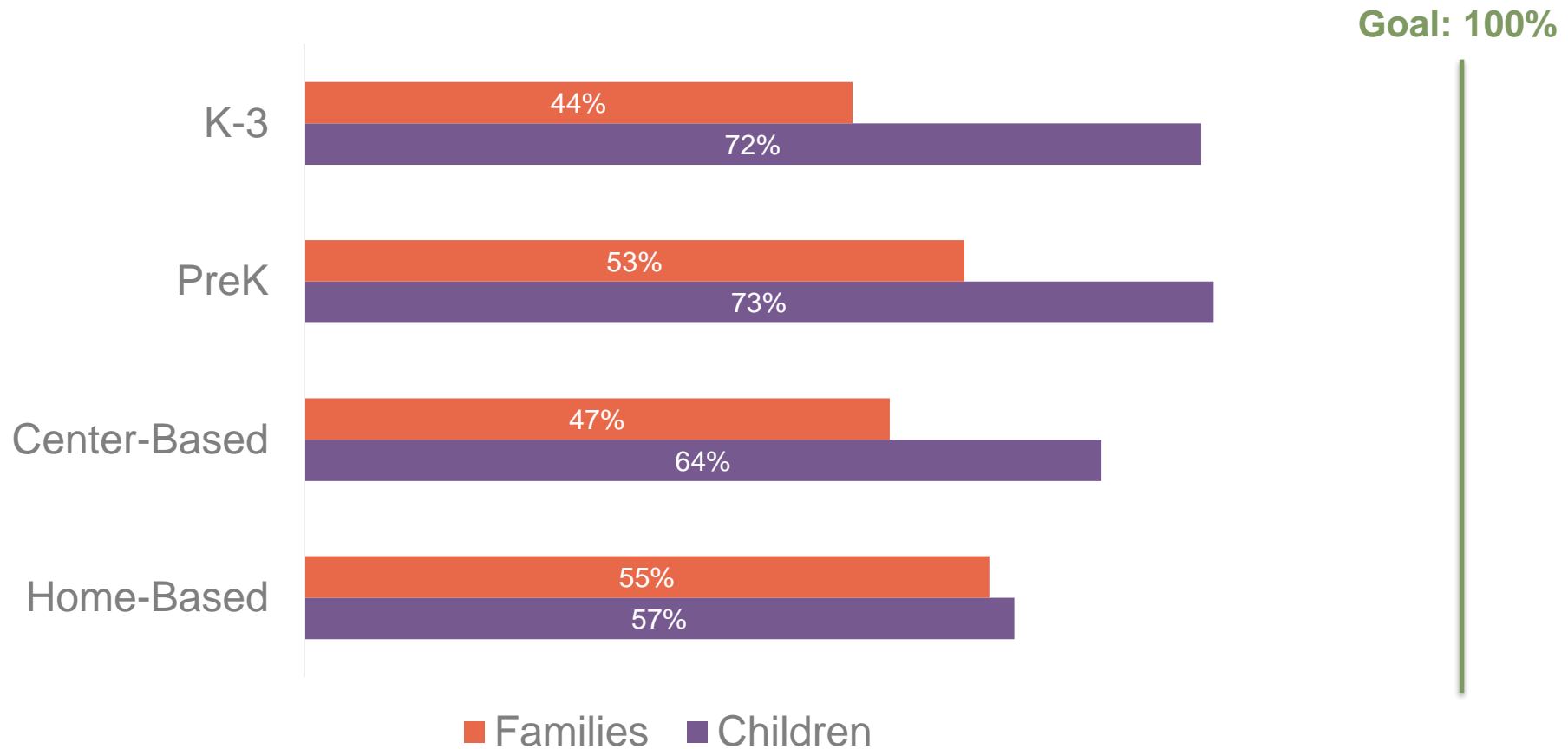
Educational Attainment Varies by Urbanicity



Teachers Did Not Consistently Feel Well Prepared to Teach Children



Teachers Felt Less Prepared to Work with Families than Children



Teachers have considerable experience in the field

| | Home-Based | Center-Based | PreK | K-3 |
|--------------------------|------------|--------------|------|-----|
| Avg. Years of Experience | 19 | 12 | 14 | 17 |

Results

- Location, auspice, child characteristics
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- Degree, training, tenure, and child-centered beliefs
- **Professional development and continuing education**
- Compensation, benefits, and public assistance
- Stress & depression

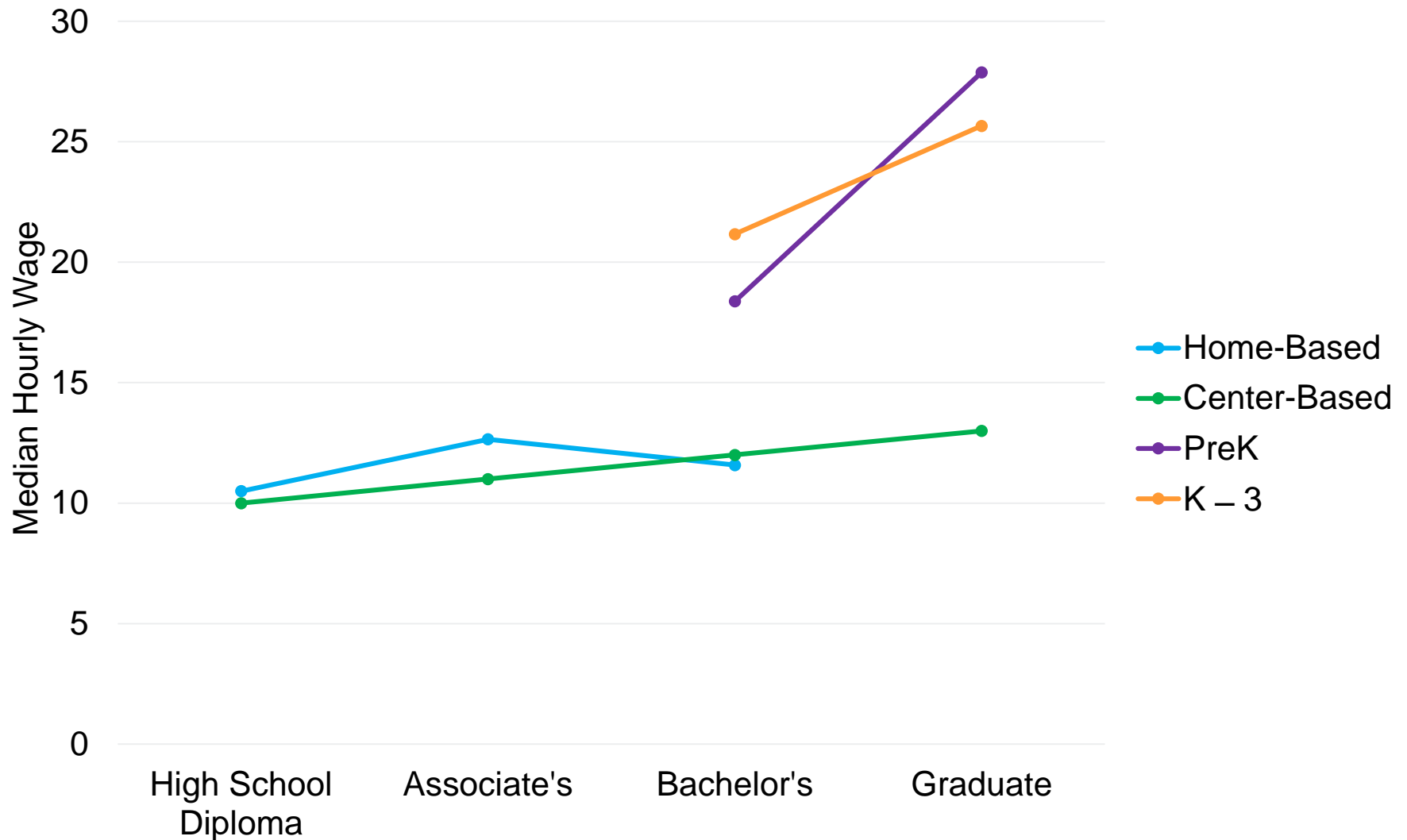
Although educators engage in various trainings, they are not utilizing/not aware of valuable scholarships

| T.E.A.C.H. | Home-Based | Center-Based | PreK | K-3 |
|---------------------|------------|--------------|------|-----|
| Participate | 4% | 6% | 4% | 1% |
| Don't Know About It | 27% | 38% | 44% | 50% |

Results

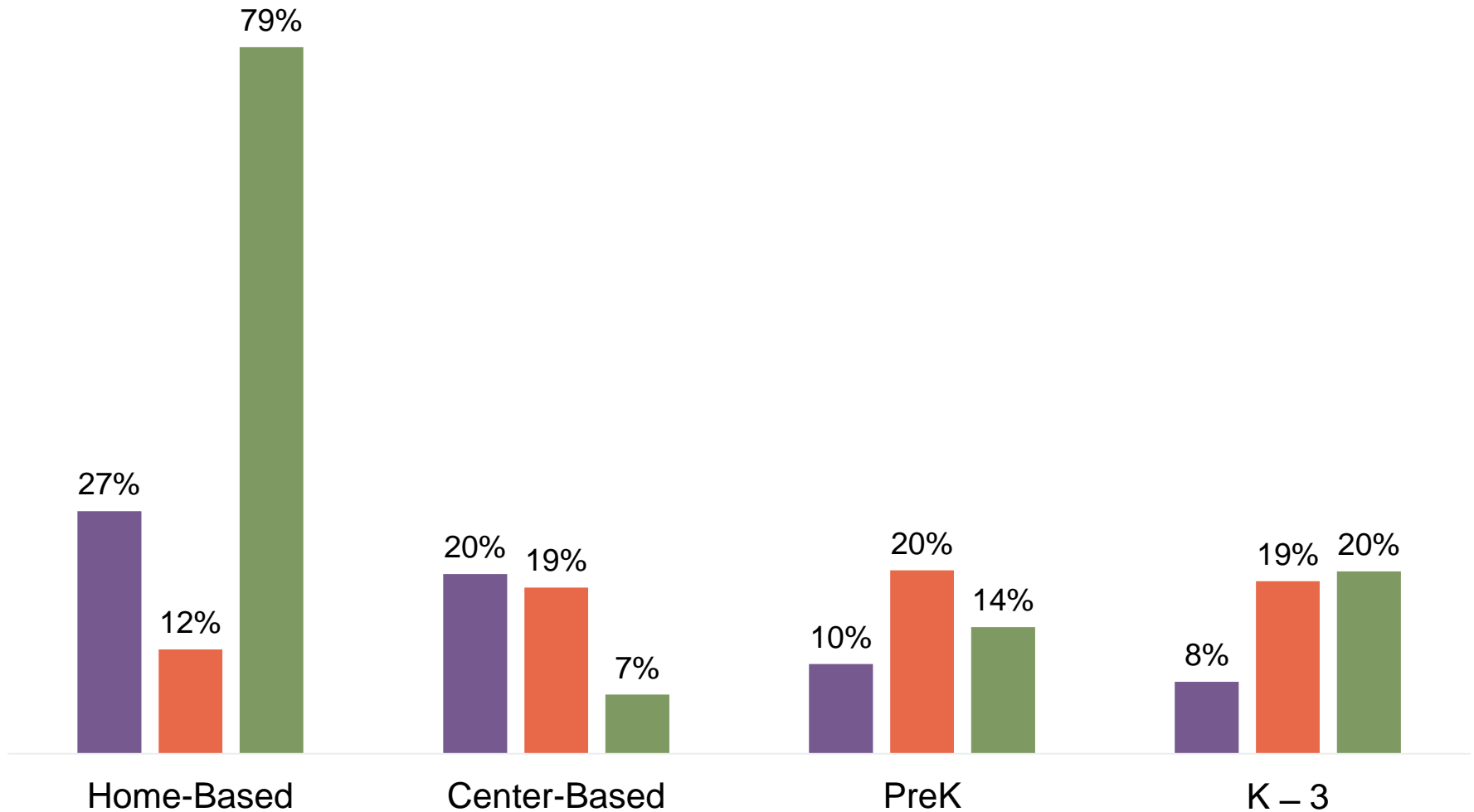
- Location, auspice, child characteristics
- Demographics
- Degree, training, tenure, and child-centered beliefs
- Professional development and continuing education
- **Compensation, benefits, and public assistance**
- Stress & depression

Earnings Vary by Setting



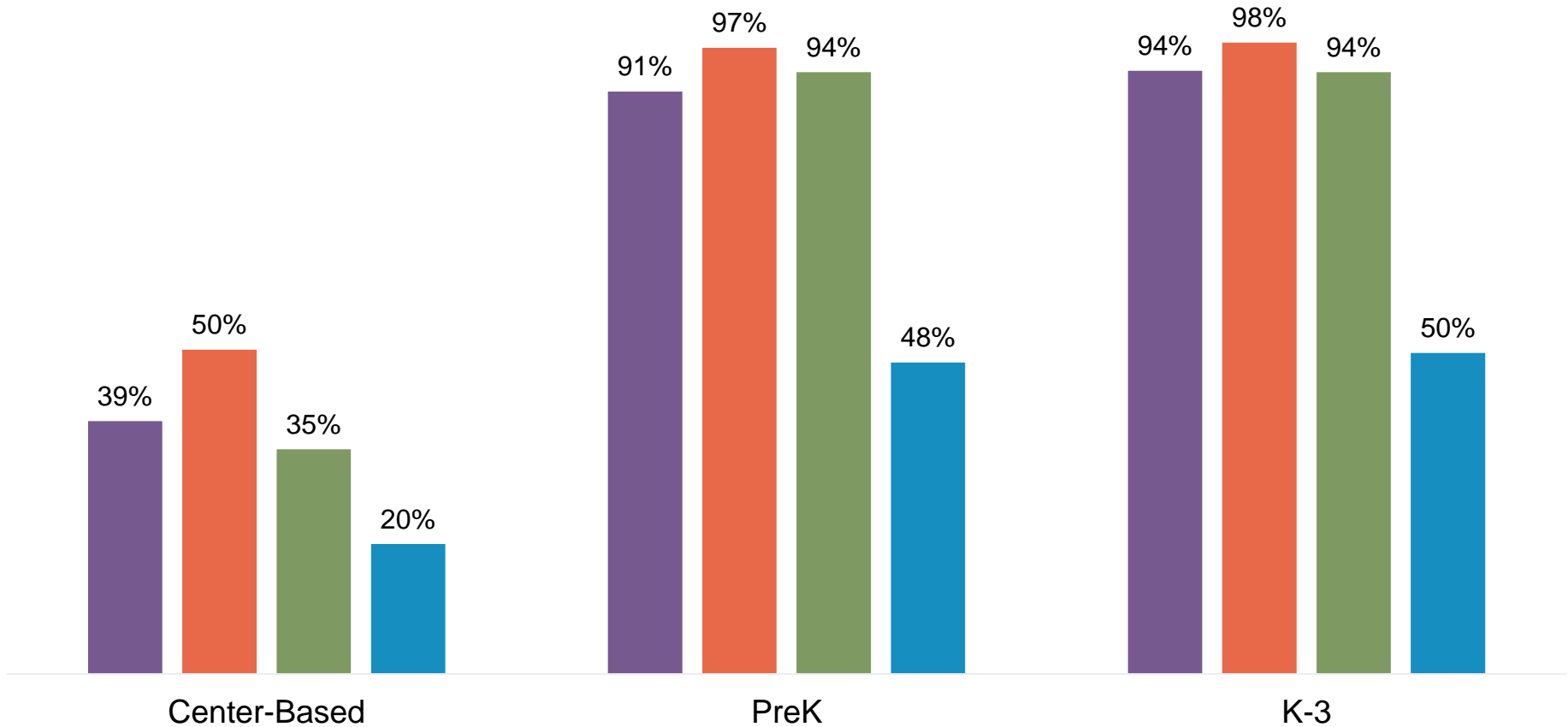
Supplementing Low Wages

■ Utilizing Public Assistance ■ Holding Second Jobs ■ Working 40+ Hours/Week



Benefits Are Variable

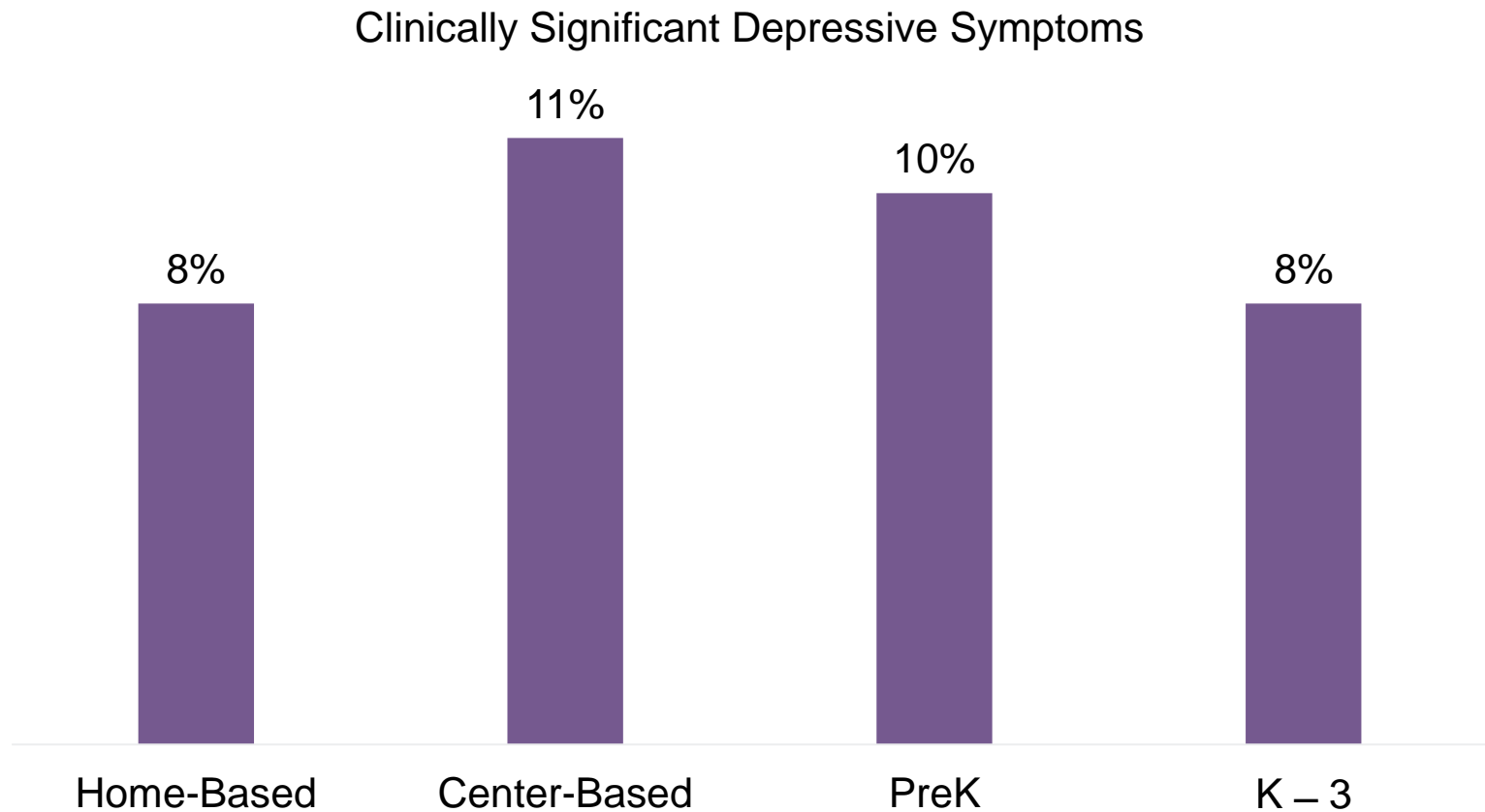
■ Health Insurance ■ Sick Leave ■ Retirement Benefits ■ Paid Maternity Leave



Results

- Location, auspice, child characteristics
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- **Stress & depression**

Depressive Symptoms Experienced Across Settings



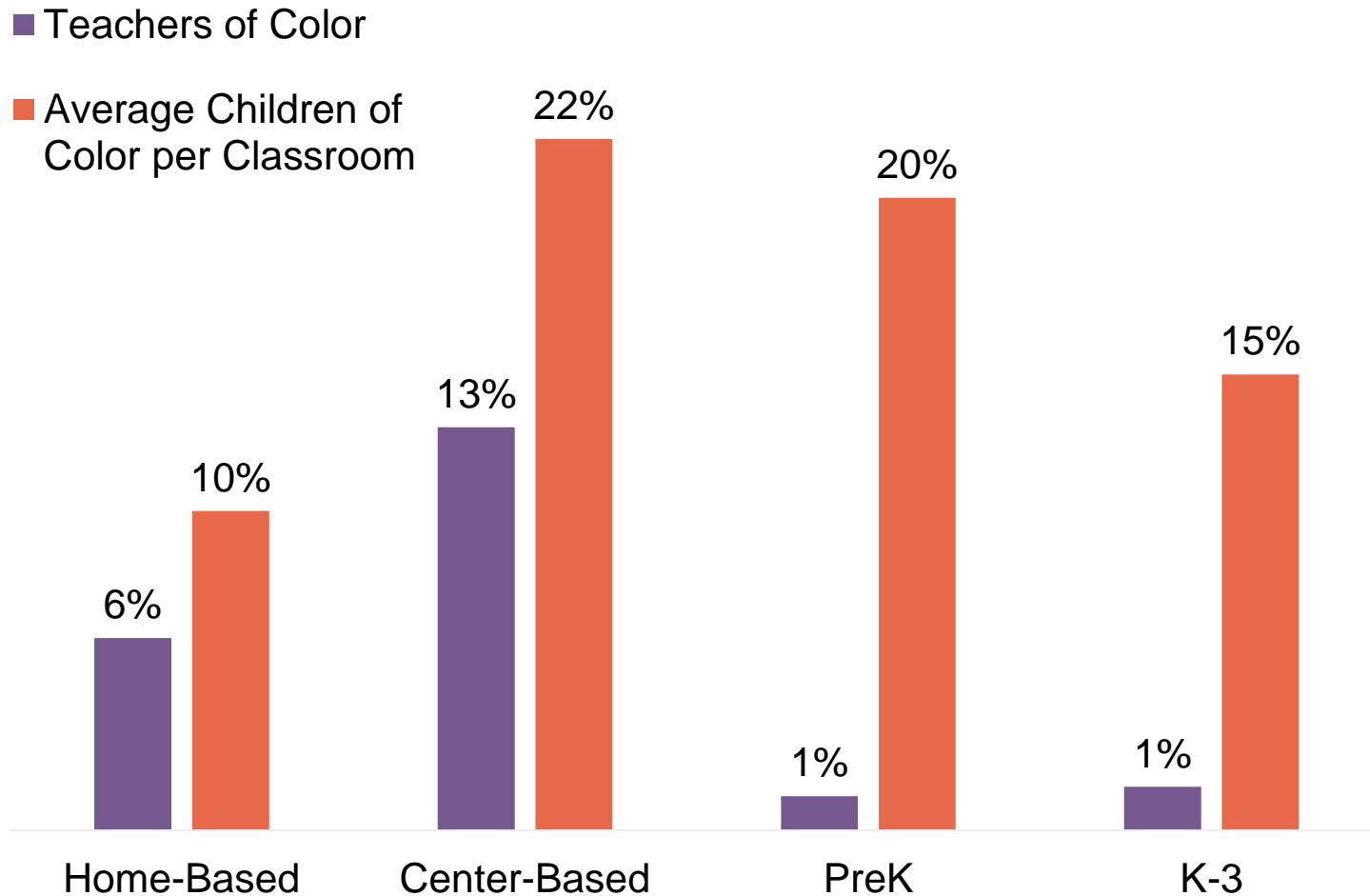
Conclusions & Recommendations



Nebraska Early Educators Demonstrate a Commitment to the Field

- Teachers tend to have considerable experience in the field
- They report engaging in various trainings throughout the year
- Among teachers with degrees, most majored in education-related fields

Greater Racial and Ethnic Diversity Is Needed Among All Early Childhood Teaching Staff




Implications for Training and Higher Education



**Livable wages
and employer-
sponsored
benefits** are
needed to avoid
reliance on public
assistance and
second jobs.



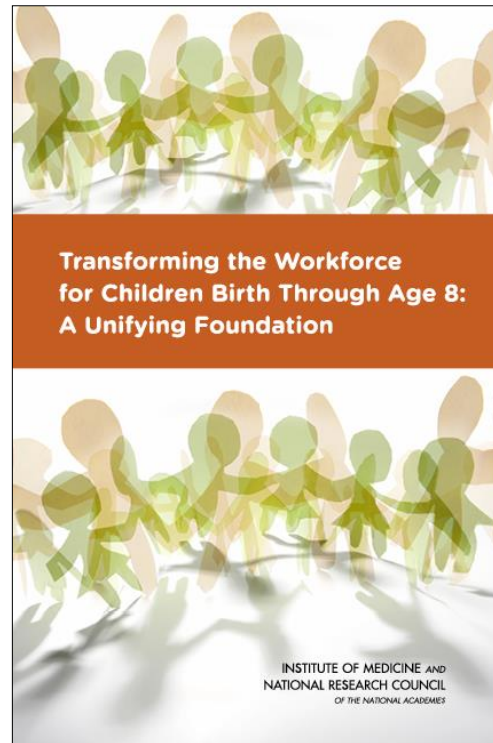
A photograph of two young girls jumping rope in a large, open space with a series of stone pillars and arches in the background. The girl on the left has curly blonde hair and is wearing a white t-shirt and blue jeans. The girl on the right has long dark hair and is wearing a grey hoodie and blue jeans. They are both wearing sneakers and are captured in mid-air while jumping rope. The text "We must support the psychological well-being of the workforce." is overlaid on the left side of the image.

**We must
support the
psychological
well-being of
the workforce.**

Efforts must be **systematic** and **sustained** and require the **creative** thinking and **commitment** of stakeholders, policymakers, and the public.

Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation

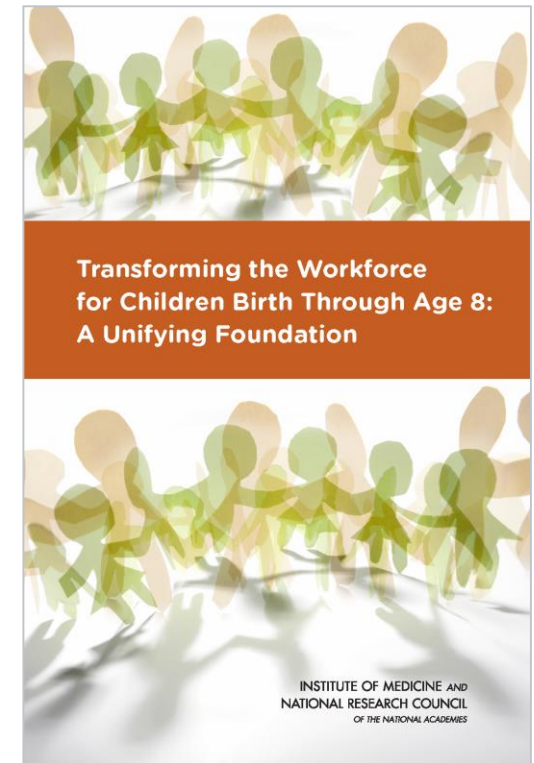
www.iom.edu/Birthtoeight



Suggested citation: IOM (Institute of Medicine) and NRC (National Research Council). 2015. *Transforming the workforce for children birth through age 8: A unifying foundation*. Washington, DC: The National Academies Press.

INSTITUTE OF MEDICINE AND
NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES

How can the science of children's health, learning, and development inform how the workforce supports children from birth through age 8?



Key Messages

Children are already learning at birth.

Development and learning in the early years is rapid and cumulative – and is the foundation for lifelong progress.

Adults who provide for the care and education of children birth through age 8 bear a great responsibility for their health, development, and learning.

Key Messages

Just when consistent, continuous support is so important, the systems and services that children encounter – and the systems that support the adults who work with them – are fragmented.

Practices and policies have often not kept pace with what we know about the sophisticated knowledge and competencies required to provide high-quality care and education for children birth through age 8.

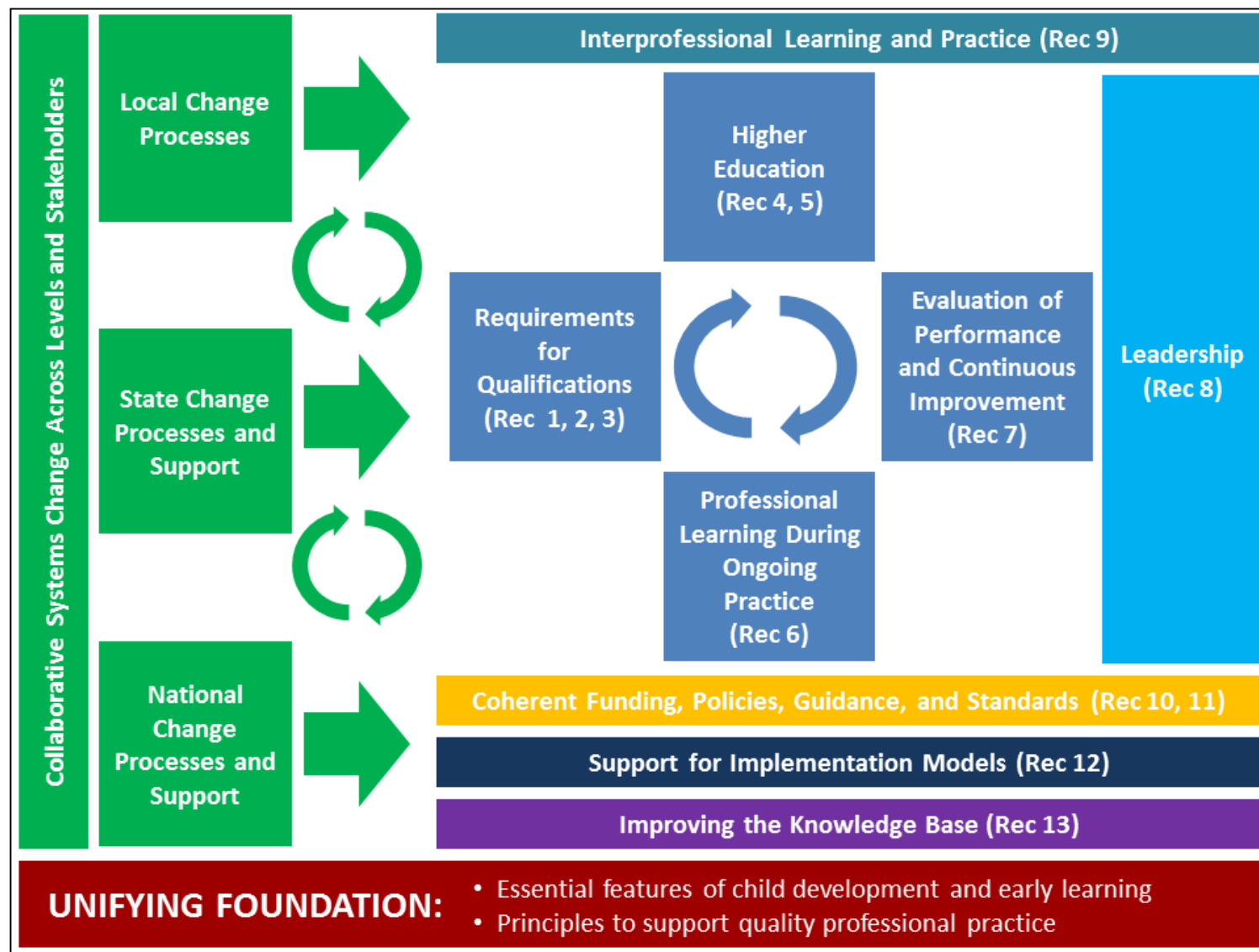
High-quality practice requires more than individual mastery of competencies.

The Science:

4 Categories of Insight

- The rapidity of brain development
- The interplay of genes and environment
- The impact of stress on development
- Individual differences in sensitivity to environments

Overview of Recommendations: A Blueprint for Action



The Vision:

A care and education workforce for children birth through age 8 that is unified by:

- A foundation of the science of child development and early learning,
- Shared knowledge and competencies, and
- Principles to support quality professional practice at the individual, setting, systems, and policy levels.

A Unifying Foundation: Principles to Support Quality Practice

Professionals need:

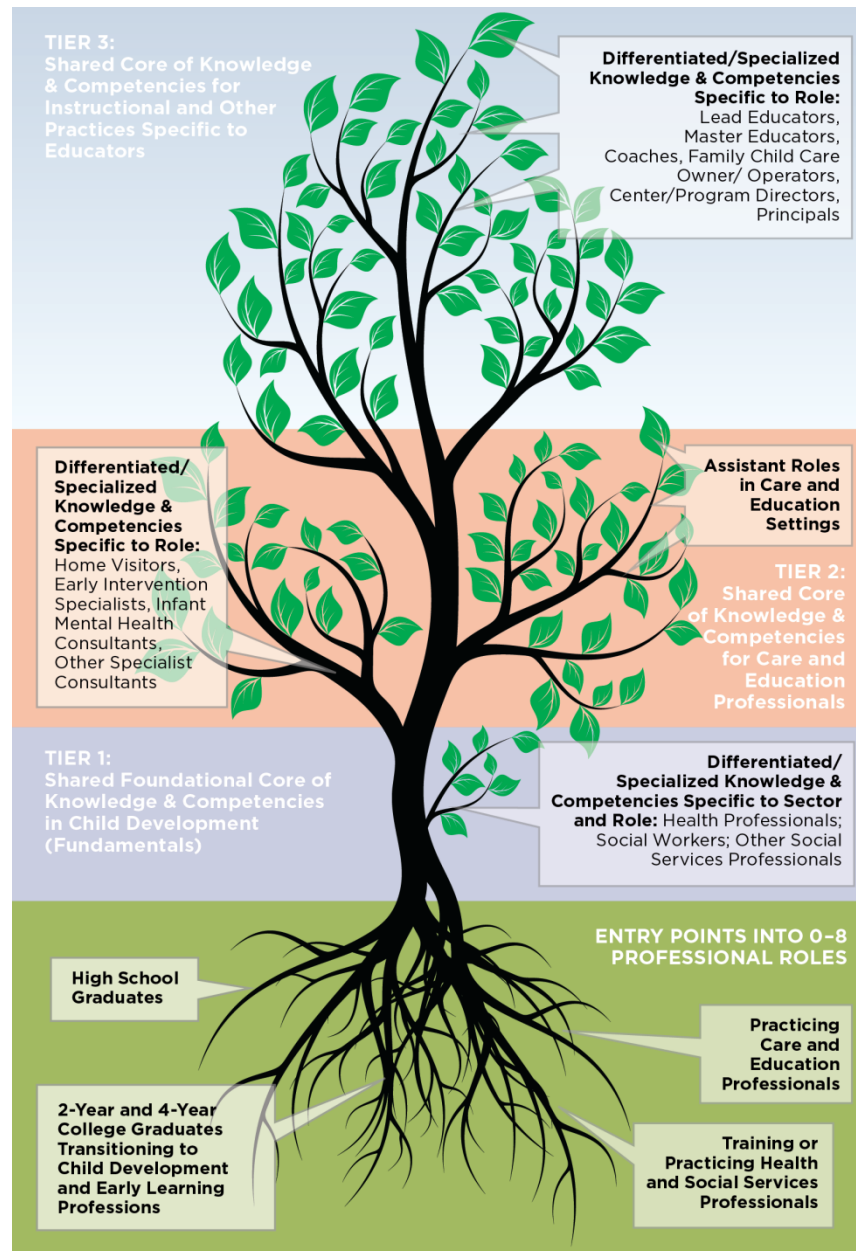
- foundational and specific competencies.
- to be able to support diverse populations.

Professional *learning systems* need:

- to develop and sustain professional competencies.

A Unifying Foundation: Principles to Support Quality Practice

- Practice environments need to enable high-quality practice.
- Systems and policies need to align with the aims of high-quality practice.
- Professional practice, systems, and policies need to be adaptive.



Competencies

Shared competencies for all professionals who provide direct, regular care and education for young children:

- Core Knowledge Base
- Practices to Help Children Learn
- Working with Diverse Populations of Children
- Developing and Using Partnerships
- Continuously Improving Quality of Practice

Competencies

In addition, for **leaders and administrators**:

- Practices to Help Children Learn
- Assessment of Children
- Fostering a Professional Workforce
- Assessment of Educators
- Developing and Fostering Partnerships
- Organizational Development and Management

Current Work

Power to the Profession (NAEYC):

- 15 ECE Professional Organizations

National Academy of Medicine:

- State Teams and Discussion Paper

National Association of State Boards of Education

National League of Cities

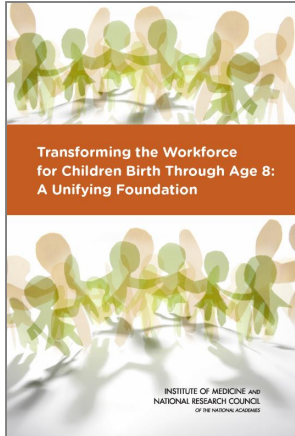
Philanthropic Community

Challenge to the Field

Use the IOM report's synthesis of current science and its proposed recommendations to:

- Define itself,
- Demand appropriate preparation & compensation, and
- Outline the critical elements for professional monitoring and accountability systems.

Call to Action



This report calls for a commitment to the pathways that will lead us to the systems and policies that we *need* (rather than making do within the systems and policies that we *have*).

This is not fast, easy, or cheap. It will require a strategic, progressive trajectory to transform the professional landscape, accompanied by significant commitment, mobilization of resources, and innovations in financing.

But the status quo will perpetuate today's fragmented approach, resulting in less than adequate support for children's development and learning.



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Start early. Start well.

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