

EARLY CHILDHOOD CARE AND EDUCATION WORKFORCE THINK TANKS DISCUSSION SUMMARY

The Workforce Planning and Development Program of the Buffett Early Childhood Institute recently convened two think tanks with early childhood professionals who work directly with practitioners or who provide some type of regulatory oversight to child care and education providers and settings. Similar to previous think tanks convened with faculty and administrators from institutions of higher education in October 2015 and March 2016, participants were invited to discuss statewide competencies for Nebraska early childhood educators and to reflect on the Workforce Theory of Change that is evolving in response to think tank feedback.

The goals of the discussions were to develop a shared understanding of the challenges and barriers facing the early childhood workforce, identify key competencies essential to a highly qualified early childhood educator, and explore opportunities for innovation and collaboration. Both half-day meetings took place at the Buffett Early Childhood Institute Collaboratorium in Lincoln. On Tuesday, May 17, Extension educators and early learning coordinators convened. The following day, May 18, personnel from Nebraska's Department of Education, Nebraska Department of Health and Human Services, Nebraska Association for the Education of Young Children, and Nebraska Children and Families Foundation gathered. Those unable to attend in person were connected remotely.

Though each discussion addressed the same issues, the conversations were quite different, given the perspectives of the participants. There was much consensus about the overall needs of Nebraska's early childhood care and education workforce, the specific focus of each discussion reflected the nature of the work performed by members of each group. As such, many valuable ideas and insights from participants were solicited. Highlights of the discussions are presented below.

Value of Early Care and Education

Both groups agreed on the need to recognize the early care and education provider as central to high quality early care and education and that high quality settings are needed for more children across the state. An important first step is an alignment of our language about early care and education so that all providers are able to identify themselves as professionals in the field, and that the language is reflected in regulations and aligned with national efforts. The groups also identified parents and families as key players in increasing the demand for higher quality providers and programs, with one group even suggesting that the quality care message be delivered very early on by educators in childbirth classes and in hospitals by obstetricians and related colleagues. Further, both recommended working with targeted stakeholders to further public understanding of the importance of provider quality with one

group suggesting that achieving a community-specific understanding would be furthered by working with superintendents across the state.

Implications of Competency Agreement

Though both groups supported the establishment of a core set of competencies for early care and education providers, the focus of each discussion highlighted differences in perspectives. Both groups recognized the need to come to a decision for the state as a whole and, as one participant put it, “we need to agree to compromise.” In an interesting contrast from the previous discussions with higher education groups, the conversation did not focus on identifying specific competencies. Instead, these groups targeted the process of ensuring competency achievement. Both groups discussed the benefits of tying the importance of provider competencies to the anticipated Step Up to Quality marketing effort.

One group recommended that competencies be understood as a continuum and should involve taking a stepwise approach to increase them. They suggested that competencies be simplified so that they are user friendly for directors, trainers, and practitioners and recommended that they be incorporated into existing training systems. Upon consideration of using NAEYC statements as the basis for competency agreement, these professionals questioned whether this would be achievable for practitioners who are not enrolled in or graduates of higher education programs.

The other group focused less on competency development among providers and more on systems to ensure providers possess the prescribed competencies. They recognized that foundational competencies may appear different in practice depending on the setting, the age of the child, as well as other factors understood to impact early care and education. They discussed connecting competencies to licensing but raised concerns about demands placed on licensing specialists. The group also questioned the validity of relying on self-reported competency achievement without a system available to verify submitted information. Finally, these professionals identified the need to go to the community level to establish what will work within the community and determine how to create standards that are flexible and thus community relevant, but not meaningless.

Mobilizing Current Providers

A theme emerging from discussions across both think tanks was how best to mobilize providers currently working within the early care and education workforce. They agreed on the merit of creating professional paths for providers, acknowledging the importance of meeting providers where they are, and increasing their skills from that point. In addition, both groups raised the issue of professional identity within the field among providers and encouraged explicit attention be paid to helping providers (i.e., child care providers) and educators (i.e., PreK to Grade 3 teachers) see themselves as a team across the community and across professional environments.

A key question raised by one group was, “what is the incentive for current providers to invest in themselves?” They acknowledged that there is peer pressure for increasing quality, but currently no financial incentive of increased wages exists. There was much energy around a discussion of creating a path for professionalization of non-degree providers who exhibit readiness to change and grow. They suggested aligning trainings with core competencies and CDA requirements. To address increased

demands for trainings, this group recommended persistent attention to facilitating collaboration between existing structures suggesting the use of standard templates to ease the process of sharing trainings. They also suggested implementing a system of cataloging trainings so that they are searchable by competency focus and level, thus making them easier to find and share.

A different question was raised regarding why current programs do not volunteer to participate in the opportunities already in place and available (i.e., Step Up to Quality). It was suggested that the lack of investment may have more to do with the bottom line of running a business than in lack of interest in participation. These professionals acknowledged the need to engage providers where they are professionally. They suggested that each provider be able to develop her/his own professional development plan that has a balance of flexibility and accountability. Licensing specialists were identified as key to encouraging providers to participate in professional development opportunities. However, there was concern surrounding challenges of equity and a call to be cognizant that those providers who may be the “least competent” in measures of quality are likely to be also facing additional barriers. Finally, this group voiced the importance of acknowledging that education is not only within the purview of college and university degrees but that ongoing professional development is also a form of education and explicit recognition of experience as both time in the field as well as demonstrated experiences acquired in the field.

Community Engagement

Across both groups, there was a theme of community engagement, specifically emphasizing that individual community needs must be considered and addressed for all initiatives. At the community level, both groups reported that efforts to make early childhood education available through local schools can be viewed as a threat to the rest of the local early care and education industry. They shared fears of community members that Educare and other programs with alternative funding streams will eliminate sources of business and revenue. One group discussed the importance of high quality early care and education to community economic vitality and identified the need to address the critical position of access to such services within the local economy. Related to this, the other group recognized the urban and rural differences in workforce stability and the more limited opportunities of individual providers in rural areas to move to a higher quality setting (i.e., place of employment) should they seek to do so. Only one group recognized unlicensed care as a valid choice for some families, given the challenges of finding care in some communities.

System Communication Needs

Another theme emerging across discussions was the need to address communication challenges across systems. One group called for a more inclusive and formalized communication structure. The other group suggested creating a regional structure with regional anchors that are aligned across systems so that regions in one system include the same areas and communities as regions in another system. Both groups also identified a lack of communication among the current providers working in the field. One group recommended using a skilled facilitator to build a community across providers. Further, it was recommended to include perspectives from the Department of Labor, the Department of Economic Development, NSEA, and the Children’s Commission, among others. Finally, the groups recognized the value of concurrent efforts of the ECICC as well as the Governor’s Office.

The Buffett Institute thanks the participants from the Early Learning Coordinators, Nebraska Extension, the Departments of Education and Health and Human Services, as well as the Nebraska Association for the Education of Young Children, and the Nebraska Children and Families Foundation for their contributions to these important discussions. The Workforce Planning and Development Program will continue to look for opportunities for collaboration as we work to develop a statewide understanding of these significant issues.