



African American Youth Harvest Foundation (AAYHF)
Planning Process for Early Childhood Expansion
SURVEY REPORT

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Summary

The African American Youth Harvest Foundation (AAYHF), in partnership with Black Women In Business, recently completed a planning grant awarded by St. David’s Foundation to explore how to best create messages and interventions to improve the rates of Kindergarten readiness among families within a targeted population (e.g. minority, low income, particularly African American families, boys of color, etc.), with an ultimate objective of:

1. Formalizing and promoting a “one-stop” connection point for families with children ages 0-5 through AAYHF’s Youth Resource Center, which would utilize, connect to and align with existing Early Childhood resources and systems created through the Success By 6 (SB6) / School Readiness Action Plan (SRAP).
2. Developing systems for data collection and sharing to support project evaluation and future analysis of outcomes related to early childhood and wraparound support efforts.

AAYHF and BWIB interviewed 18 community leaders in Phase I of the planning process, and 298 individuals from Travis, Williamson, Bastrop, Hays, Caldwell and Other counties in Texas (262 from the Austin/Central Texas region) responded to the survey for parents and caretakers in Phase II. Approximately 18% of survey respondents were Hispanic or Latino(a); 86% were female and 14% male. The two tables below provide breakdowns based on race and age. The ‘Under 5’ category denotes the total number of young children represented as being under the care of the adults who responded to the survey. The average age among survey respondents was 39 years old.

Race		Age	
American Indian/Alaska Native	2.01%	Under 5	478
Asian	1.68%	5-17	0
Black/African American	70.47%	18-54	250
White	16.11%	55-64	9
Native Hawaiian/Pacific Islander	0.00%	65 plus	0
Some other race	3.69%	Unknown	39
Two or more races	6.04%		

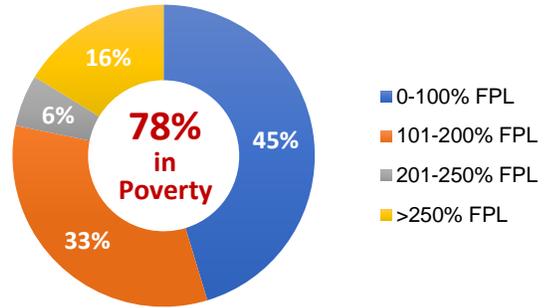
The majority of survey respondents live in a household with income under 200% of the Federal Poverty Level (FPL).

The following characteristics and sentiments were conveyed by survey respondents:

- Over 70% are employed part or full time
- Almost one-third (29.53%) raise their children alone without help
- Childcare arrangements most frequently used are child development centers (42%), the child’s grandparents (27%), and other family/relatives (28%)
- Childcare affordability represents the highest stress factor, causing significant to severe stress for over 53% of respondents, followed by utilities, housing and childcare quality.
- Respondents are most likely to go to friends or family for assistance with household needs, followed closely by internet searches. These two sources are preferred by respondents when seeking assistance, followed by church, 211, and non-profit service providers.
- Overwhelmingly, the top reason why respondents do not access services they are aware of is ineligibility due to income or geography, with frustration expressed by individuals who do not earn enough to cover living expenses but earn too much to qualify for assistance.
- Over 85% indicated that they would be likely to utilize counseling services if they were accessible, with time/schedule and comfort/privacy being the major concerns and over 45% preferring that the provider be of the same ethnic background.
- Nearly 60% indicated they would participate in support groups to learn about child development milestones (how to ensure their children are on-track), stress management and parenting/co-parenting. Nearly 50% indicated interest in health and nutrition classes.
- 130 respondents stated they were unaware of any excellent/effective services in meeting the needs of parents with young children. Those who did share about excellent/effective services mentioned WIC frequently, along with a broad array of service providers.
- Responses regarding negative messaging largely cited abuse/neglect, negative attitudes, and low quality of services, particularly by providers serving low-income and people of color, as breeding significant distrust and apprehension about placing their children in childcare centers.
- Most respondents feel their parenting is judged by others often or sometimes (63%), with family and friends doing most of the judging.
- When respondents felt properly supported in obtaining assistance, it was due to positive interpersonal interactions with people who provided encouragement and effective help in a non-judgemental way that reinforced dignity and a sense of accomplishment.
- 140 respondents expressed immediate need for assistance in completing the survey.

Poverty Levels of Survey Respondents

(n=289)



Source for calculating Federal Poverty Levels: <https://aspe.hhs.gov/poverty-guidelines>

The survey results in this report speak to a compelling need for critical and coordinated services, examination and reconsideration of policy and practice, and focused outreach to improve perceptions and increase awareness about the many services available to the community. AAYHF hopes to leverage its strengths and relationships to identify solutions and notably improve community outcomes.



Background and Objectives

The African American Youth Harvest Foundation (AAYHF), in partnership with Black Women In Business (BWIB), received a 9-month planning grant from St. David’s Foundation to explore how to best create messages and interventions to improve the rates of Kindergarten readiness among families within a targeted population (minority, low income, particularly African American families and boys of color), with an ultimate objective of:

1. Formalizing and promoting a “one-stop” wraparound support connection point for families with children ages 0-5 through AAYHF’s Youth Resource Center, which would utilize, connect to and align with existing Early Childhood resources and systems created through the Success By 6 (SB6) / School Readiness Action Plan (SRAP).
2. Developing systems for data collection and sharing to support project evaluation and future analysis of outcomes related to early childhood and wraparound support efforts.

Based on 12 years of offering programs targeted to middle- and high-school aged youth who consistently and increasingly show signs of persistent childhood trauma and need for support, AAYHF’s new “Cradle to Contributor” (C2C) strategy was developed to target and form relationships with families at the point of conception, in order to assist in stabilizing families early in a child’s development and walk alongside families to ensure the proper conditions exist in every household to nurture the positive, on-time or accelerated development of children and youth who would otherwise experience a disproportionately high level of adverse environmental conditions that could negatively influence their personal outlook, approach to learning, and access to opportunities that can increase their chances of success in attaining ideal quality of life outcomes.

The AAYHF Planning Process for Early Childhood Expansion will inform and infuse AAYHF’s C2C strategy, as well as policy and practice for other child-focused agencies and coalitions, with tactical recommendations that align with the Harvard’s Center on the Developing Child three principles to improving outcomes for children and families, which are to:

1. Support responsive relationships for children and adults;
2. Strengthen core life skills; and
3. Reduce sources of stress in the lives of children and families.

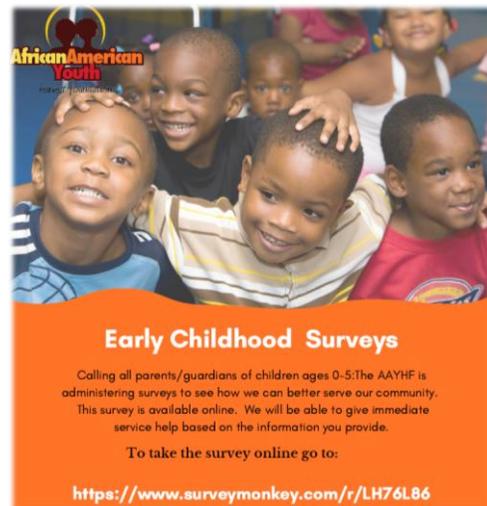


Methodology

To begin the planning process (Phase 1), leaders from AAYHF and BWIB interviewed numerous community leaders who play key roles in the Early Childhood sphere in Central Texas, and their input was used to develop 32 survey questions for Phase II surveys administered to parents and caretakers of children ages 0-5, with African Americans as a focused but not exclusive target, to ensure broader community voice was captured. Surveys were administered in English via paper copies and an online link that was shared through AAYHF’s email list serve, social media (primarily Facebook), and via email and social media networks of several partners. Focused discussions were conducted at BWIB chapter meetings. Paper copies were distributed and collected in-person at the following locations: 15 Child Inc locations (outside of Austin ISD), 15 churches, Austin Achieve Public Schools, Manor ISD, Del Valle ISD, Pflugerville ISD, Central Health, 5 child development centers (CDCs), Foundation Communities, People’s Community Clinic, HopeFest community event at Northeast Early College High School, and to various individuals encountered in day-to-day interactions. Paper copies were entered into the online system manually by AAYHF’s AmeriCorps VISTA, who provided weekly updates on survey results and a culminating data summary report to AAYHF leadership. The survey opportunity was also promoted by KAZI 88.7 FM community radio station, which has a strong African American listener base, and shared in-person at the October 24th Success by 6 Stakeholder Meeting. HEB gift cards were offered as incentives for survey completion.

One additional survey question was added after initial release, to capture addresses of respondents for mailing of gift cards that were offered as incentives for survey completion after the gift cards became available.

Overall, 298 individuals responded to the survey, with a 100% completion rate for online surveys (i.e., all individuals who opened and starting answering questions online completed the survey).





Phase I Results

Stakeholders providing input in Phase I interviews:

Stakeholder Category	African American	White	Hispanic	Other
Elected official	1			
Public health system leaders	2	3		
Childcare center leaders	2	1		
Education system leaders	1	1		
Direct practitioners	6			
Faith-based leaders	1			

Phase I interviews consisted of the following steps:

1. Explain the project/scope (above)
2. Ask the following 4 questions:
 - a) What do you know that we should know?
 - b) What do you not know that you need to know?
 - c) What are some of the best places we can go to gather input from parents and community members (for 'Phase 2')? (e.g., daycares, beauty salons, community centers, service provider locations, etc.)
 - d) Do you have any questions for us, or anything else you want to say?

Information collected and compiled in Phase I informed the targeting of Phase II interviewees, as well as the structure and content of the surveys/discussions conducted in Phase II.

The table on the following pages aligns with the Harvard Center’s three principles to summarize input received from 18 leaders who work within spheres that are connected to the early childhood field in some form. For number of instances, an “instance” represents whether a particular topic area was mentioned within the context of one interview with one person, and is only counted once per interview, even if the interviewee mentioned several aspects of a particular topic (e.g., listing multiple basic needs), or if the interviewee mentioned the same concept several times throughout the course of the interview.

Harvard CDC Principle	# of Instances	Examples of references to this principle	Potential Solutions/ Bright Spots Identified
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Sources of stress			
Basic needs <i>*Consistently, at least 4 or more mentioned within 1 instance, so # of instances could be multiplied.</i>	11*	Healthcare/insurance; food; diapers; transportation; jobs, with criminal history assistance; financial issues; Maslow’s Hierarchy; safety; Black population is not homogenic – various levels and stressors (middle and low income); safety (household and neighborhood levels)	Doctors visiting homes; wraparound supports for childcare clients (Head Start) based on <i>parent</i> need vs. child need; Family Connects short-term nurse home visiting program; resource list/ Aunt Bertha; Any Baby Can; build support systems
Single, separated and grandparent parenting	6	Broken relationship between mothers and fathers; grandparents helping single parents	
Language barriers	2	Spanish-only speakers	Interpreters at meetings
Need for consistent, quality and affordable childcare	8	Parent cannot afford – even middle class, due to cost of living; eligibility can be overly restrictive; subsidy process is burdensome; extended-hour programs	Creation of single application for Child Inc, Head Start and early care; mixed-income business models with equity focus; full-day PreK
Excessive labeling, diagnosing and reporting that leads to adverse channeling through systems	4	Disproportionality in CPS reporting against Black mothers creates anxiety – possibly restrictive behaviors that are counter-productive to child development best practice (e.g., holding child excessively vs. allowing to crawl on floor); Behavioral diagnoses/SpEd placement; involvement of correctional systems	

Core life skills			
Education/workforce	6	For parents: GED; ESL; job skills training; literacy; IT/computer literacy For children: English-based literacy is key missing component; access to tech tools for learning, such as iPads; kids not attending Kindergarten; lack of books	
Parenting skills	6	Navigating SpEd/education system; nutrition; co-parenting; identifying learning disabilities early; grandparents mindsets; child development benchmarks	Advocates to represent children/families; list/ curriculum/ criteria that can be shared with parents

Demographic interconnection	1	Combining high & low income, diverse ethnicities, etc.	Open Door
Social-emotional	8	Adverse childhood experiences (ACEs) impacting children; handling peer pressure; sexual behavior; stress management/ mental health for parents (most often tied to lack of basic needs); personal development	Faith-based support

Responsive relationships for children and adults

Grandparent connection	4	Grandparents often raising young children; increasing their understanding of school systems, child development principles, etc.	
Faith community connection	6	Church presence missing among young parents/children; can also provide resources	
Mentor connections	4	Positive influences, particularly males/mentors of color	

Implementation approach recommendations (overarching)

Establishing trust / building relationships	3	Requires multiple contacts; people won't immediately share root causes	
Strategic scope	3	Start small and scale incrementally; restrict by neighborhood/geography vs. income level, etc.; follow up after age 5 to examine outcomes, predictive factors and keep kids on track	Example: Hornsby Bend Planning Area https://www.centralhealth.net/eastertravco/hornsby-bend/
Referral loop	2	Connection to wraparound supports; follow-up	Aunt Bertha developments
Parent input process	2	Vital component; must be iterative vs. one-time, to guide work forward	Parent leadership councils/advisory groups
Interconnection between populations	1	Open Door example	
Data-driven	3	To understand root causes; actual family circumstance	
Policy review	1	Those affecting early childhood systems and funding	
Home visits	3	As a method to deliver wraparound support and direct services	

Potential Questions for Phase II Outreach

(based on Phase I input – i.e., what do leaders in the field want to know?)

Questions for parents and community members (integrated into this project):

- What is the environment in relation to positive influences/access such as libraries, faith-based institutions, Boys & Girls Clubs, support systems, etc.?
- What are the best ways to connect with families?
- Why aren't people accessing existing services? What are they doing instead?
- What do parents and young children need?
- Who is doing this well – can we share their practices/tools? Ensuring culturally fitting curriculum, practice, etc. What wraparound services do parents with 3/4 year old students need? (so PreK-12 system can plan/respond)
- How do we best identify and create authentic solution to meet the needs of families who are “off the radar” of child-focused systems and institutions.
- What are families' perceptions of subsidy process? Many aren't fully utilizing these benefits. We are assuming that if the app process is easier to navigate, more families would do it.
- What messages are prevalent in the community that are counterproductive to progress (e.g., if kids don't get on track by a certain age, it's too late). What is perceived as support vs. judgment? How do we best convey messages without the appearance of being condescending?
- How are parents aware of the opportunities to place their child in programs to prepare them for academic readiness?
- *(Possibly another project)* Are higher income families aware of implications of decreasing enrollment in CDCs with equity-based business models, and would they want to be part of a bigger collective solution by enrolling their children in such programs?

Questions for systems/program leaders (out of scope for this project, but can be carried forward into broader conversations):

- Systems data points, such as hospital discharge, % families in poverty, uninsured, single-parent households, ethnic/language breakdowns, etc. [[online dashboard?](http://readyby21dashboardatx.org/) <http://readyby21dashboardatx.org/>]
- Analysis of parents: how many went to college/trade school, finished high school, been in correctional system, importance of education in household, role models/influences on young black males in these communities, etc.
- Interplay between males and females in the age range – are there more support systems for young girls than boys?
- What is being done to reduce SpEd placements in schools?
- How has kindergarten readiness impacted the number of students eligible for SpEd services?
- What are we doing to support basic needs/healthcare?
- How are we increasing teacher cultural competency and diversity in the classroom once they are in kindergarten?
- Look at cohort that is age 6-11 to see what happened to them and what they look like now.
- Who are key and emerging players in EC field, what services do they provide, and how can we work more effectively together?

- Would like to learn the broad interest for collaboration. What are the rules for collaboration? How do we overcome politics/interests? Lots of tension between charter and public schools – how can we overcome this? When the tension trickles into other things, it is troubling – are we really working together to foster an environment where families are at the center? How can we shift the ‘rules’ that limit collaboration?
- Information about best practices in the field – particularly for this constituency.
- From entities that want future workforce, what is preventing them from connecting with childcare sector – where are the disconnects? How do we engage together more intentionally?
- For parents who are unable to enroll their child into a high-quality academic program prior to kindergarten enrollment, do we have a list of criteria or a curriculum available for parents to develop social and cognitive readiness for their child.
- Are there any programs available to increase parent support and access to academic resources, technology, transportation and materials?
- How do City, State & Local Organizations and Leaders plan on combating this perpetual problem? Would like to know point of contact and the lead within the community that can provide resources, information and access to the vacancies and voids in our homes, childcare providers and churches.
- What are public schools offering 3-year-olds now that they are pulling them in, and is that the best thing for children that young?
- How can public schools and childcare providers work together for the interest of children?
- How is it that the African American Community (organizations, non-profits, churches, schools, black-owned businesses, African American childcare providers, leaders, etc.) are not collaborating on one accord to create this particular support system for our families and children?

Places for Phase II Outreach

(based on Phase I input)

- Zip codes with high instances of African American residents: 78721, 23, 24, 25, 54, 78660 – where approx. 70% of African Americans in Travis County live.
- Schools with high target population; survey parents w/ kids entering PreK or Kindergarten
- Apartment complexes that feed into target schools: Walnut Creek; Decker Lane (lots of Katrina folks); apartment of seniors and children across street from Dollar General near Palmer & Dessau (many grandparents taking care of young children)
- Pflugerville latch-key children with working parents.
- Churches
- Childcare development centers – Child Inc/Head Start, Avance, etc.
- United Way programs
- Community centers (Asian, African American, other resource centers)
- Health/CommunityCare clinics; pediatrician offices
- Carousel Pediatrics (comes up a lot at Austin Achieve, when asked for medical providers)
- Dell Med
- *EM can send list of concentrations of families in apartment complexes (can Mobility Blueprint help?)

- GAVA does a great job working with parents
- Home Childcare Provider Association
- Libraries
- Laundromats (parents often bring kids)
- Economic Growth Business Incubator (EGBI) – helps launch small businesses, including parents with young children at home
- Mobile food pantries
- Judges and JP courts
- Housing Authority
- Apartment managers/community liaisons may know families in need
- WIC (must get permission from state; can take months)
- Local playgrounds; parks
- Children’s museum
- Social media
- Little League athletic teams/sports
- Teacher workshops
- Workforce workshops
- PTAs; PTSAs; Back to School events
- African American beauty salons and barber shops (do not leave fathers out)

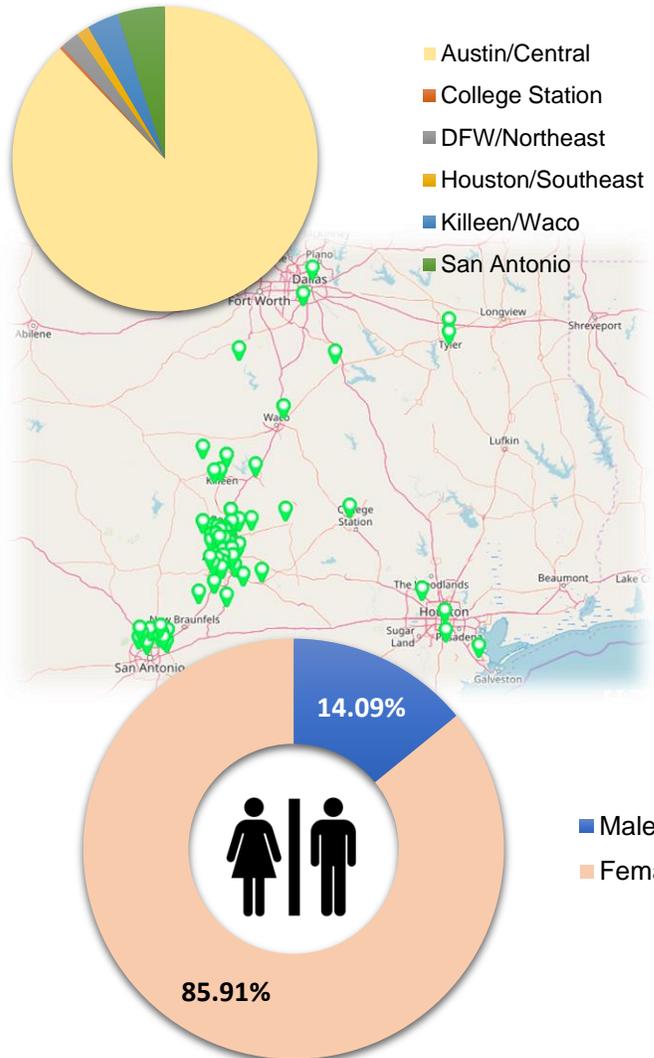


Phase II Results

Question 1: Zip code

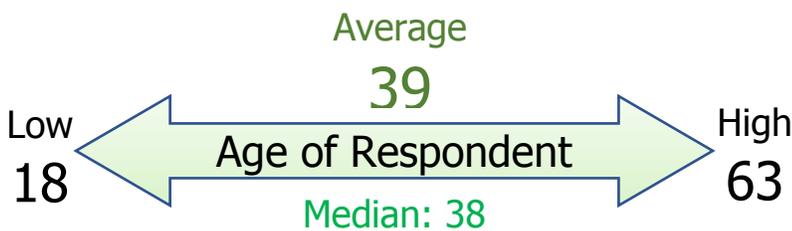
Survey respondents reported zip codes from various geographic regions of Texas, with 88% of responses from the Austin/Central Texas region, which is the area of intentional focus for the current planning project. Respondents outside of the Austin/Central Texas region may likely have participated due to their involvement in the BWIB network, as BWIB played a key role in survey distribution with chapters in Austin, San Antonio, Killeen, San Marcos, Dallas, Texas City, Waco, Houston and Fort Worth, and many of the business owners within these networks are parents or grandparents of young children. Also, social media posts were shared through AAYHF partner networks, including BWIB and San Antonio CARES, which could account for San Antonio representing the second highest response rate (5%).

Survey Respondents, n=298



Questions 2 and 3: Gender and Age

86% of respondents were female and 14% male. Average respondent age was 39, with 18 as the lowest age and 63 as the highest age, and an overall median of 38.



Gender and age are noteworthy in understanding the optimal target audience for outreach and engagement purposes.

Questions 4 and 5: Ethnicity and Race

Respondent Ethnicity

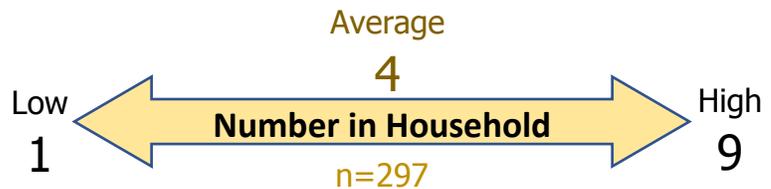
Answer Choices	Responses	
Hispanic or Latino	17.79%	53
Non-Hispanic/Latino	82.21%	245
	Answered	298
	Skipped	0

Respondent Race

Answer Choices	Responses	
American Indian/Alaska Native	2.01%	6
Asian	1.68%	5
Black/African American	70.47%	210
White	16.11%	48
Native Hawaiian/Pacific Islander	0.00%	0
Some other race	3.69%	11
Two or more races	6.04%	18
	Answered	298
	Skipped	0

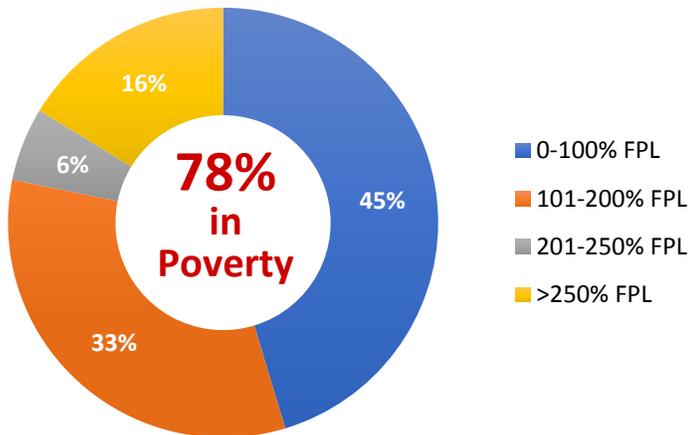
Question 6 and 7: Number and Income in Household

The majority of respondents lived in low-income households, with an average of 4 individuals per household.



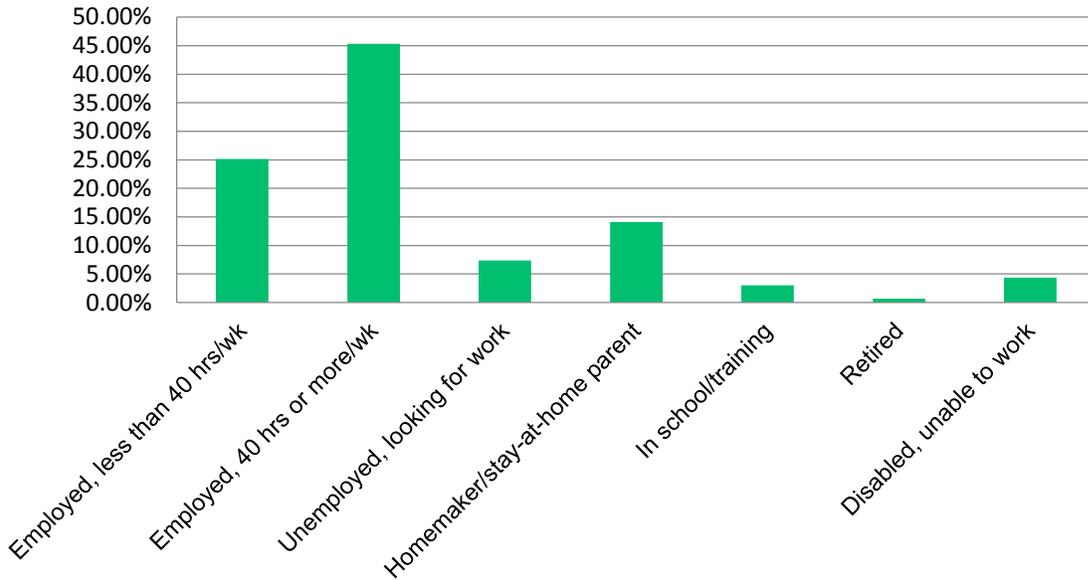
Poverty Levels of Survey Respondents

(n=289)



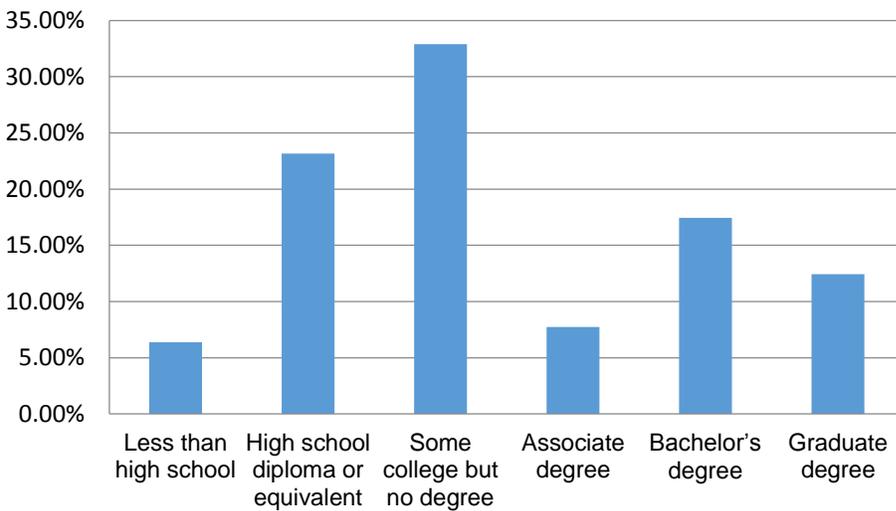
Source for calculating Federal Poverty Levels:
<https://aspe.hhs.gov/poverty-guidelines>

Question 8: Employment status (n=298)



The majority of respondents were employed (70%), of which 45% were employed 40 hours or more per week, and 25% were employed less than 40 hours per week.

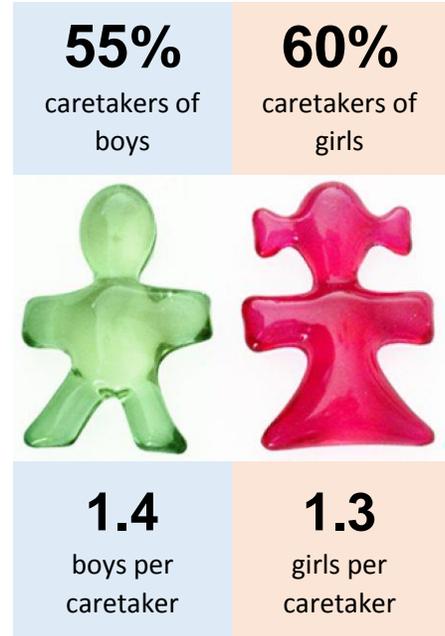
Question 9: Education status (n=298)



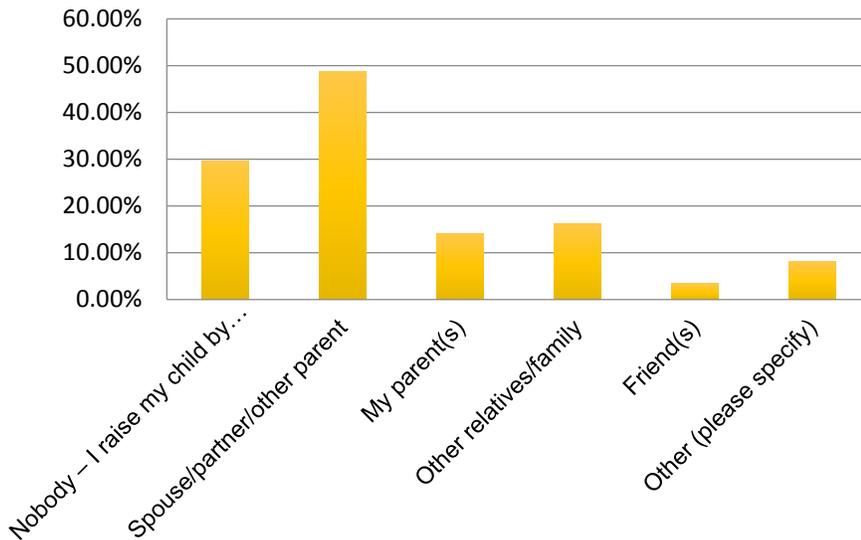
Over one-third of respondents (38%) had obtained a college degree of some sort, while another third (33%) had completed some college, and 23% had obtained a high school diploma or equivalent certification of completion.

Questions 10 and 11: How many BOYS and GIRLS (respectively) ages 0-5 do you take care of?

Respondents reported an even split in the total number of boys and girls between ages 0-5 under their care (239 girls and 239 boys), with 60% of respondents having girls under their care, and 55% of respondents having boys under their care.



Question 12: Who helps you to take care of your child(ren) on a daily/weekly basis?



The majority of respondents (82%) reported that family and friends help take care of their children on a regular basis. Almost one-third (30%) reported having no one to help take care of their children on a regular basis. Most respondents who selected ‘Other’ specified family members or child development centers – one specified afterschool programs and one specified a mentee – as helping to take care of their children on a regular basis.

Question 13:

Thinking back to the last 6 months, what services, relationships or other factors have helped you to ensure your child(ren) will be ready for school and/or successful in life? (open-ended)

The table on the following pages aligns with the Harvard Center’s three principles to summarize respondent input. For number of instances, an “instance” represents whether a particular topic area was mentioned at least once within the context of one unique response.

Harvard CDC Principle	# of Instances	Examples given by parents & caretakers
Sources of stress		
Basic needs	86	<ul style="list-style-type: none"> • Food; school food pantry (4) • Rental assistance • WIC (12) • Medicaid; CHIP; health/dental services (13) • Government assistance (2) • Communities in Schools (4) • SNAP/EBT/food stamps (12) • School/community services (5) • Back-to-school events; ROSES supply drive; Operation School Bell (9) • Jobs; Workforce/CCMS (8) • “picking up side gigs as needed” • DaVita • SafePlace; CPS (2) • Foundation Communities (3) • Pediatricians (2) • Jeremiah Program (3) • Pregnancy center • Transportation
Need for consistent, quality and affordable childcare	53	<ul style="list-style-type: none"> • Pre-K / CDC (“daycare”) (48) • Afterschool programs (4) • Montessori
Core life skills		
Education/workforce	92	<ul style="list-style-type: none"> • Tutoring • Learning games/activities/ technology at home; HIPPIY (39) • Report cards for monitoring progress • Speech/special needs therapists (4) • School/teachers/counselors (30) • “Their teachers donating books.” • “Change in location to better school.” • <i>When schools were named, they were charter schools.</i> • STEM program (2) • Post-secondary for parents; scholarships/grants (8) • Friends that are educators • Libraries (2) • Home-school coop (4)
Parenting skills/ support	14	<ul style="list-style-type: none"> • Any Baby Can (5) • Alamo Area Council; Autism Support groups; parent child interaction therapy (6)

		<ul style="list-style-type: none"> • School conference • Nurse Family Partnership • “relationships between people that are encouraging positive things for me to do for them”
Physical wellness	7	<ul style="list-style-type: none"> • Recreational sports (3) • Safe outdoor spaces to explore (2) • Good nutrition (2)
Music/arts activity	3	<ul style="list-style-type: none"> • Songhai Bamboo Roots nonprofit (Killeen)
Social-emotional/life skills	5	<ul style="list-style-type: none"> • Playing with other kids; playdates • “I always give them positive vibes. That way they continue to thrive in school.” • “Bed by 8:30. Read every night. • Breakfast in the mornings. Self-esteem building.” • “having a car and keeping my child around people with values and positive goals.”

Responsive relationships

Family connection	69	<ul style="list-style-type: none"> • Family/co-parents (49) • Child’s grandparents (20) • “we have a great village that emotional, socially, and educationally support our sons”
Faith/community connections	45	<ul style="list-style-type: none"> • Church/spirituality (33) • Summer programs • Community nonprofits/events (10) • Community support (2) • “Not many services for our kids for that age in the community.”
Friends/individual caregivers	12	<ul style="list-style-type: none"> • Other moms (2)
Mentor connections	3	<ul style="list-style-type: none"> • Mentors/groups (2) • Mentee and her family
Social media/online groups	2	<ul style="list-style-type: none"> • Mom’s group
Workplace	1	<ul style="list-style-type: none"> • Support services provided
Self	63	<ul style="list-style-type: none"> • Childcare experience/ professional background (3) • “The will that I have for them” • “Me myself & I” • None; n/a (44)

Question 14: What childcare arrangements do you use MOST FREQUENTLY?

Answer Choices	Responses	
Daycare/childcare center	42.28%	126
My parents/guardians	27.52%	82
Other family/relatives	28.52%	85
Friends	9.40%	28
Non-family members you heard about through family or friends	4.36%	13
Other (please specify)	18.79%	56
	Answered	298
	Skipped	0

Of the 56 respondents who selected 'Other', 36 stated they take care of their children themselves, 11 cited family members, and 9 cited some type of child care center or program as a supplement (e.g., partial-day coverage) to their direct care.

Question 15:

On a scale of 1 to 5 (where 5 = severe daily stress; 1 = no stress), rate the level of stress you experience related in the following areas:

	No stress	Minimal	Moderate	Significant	Severe	Weighted Average
Diapers	51.01%	5.74%	19.26%	14.53%	9.46%	2.26
Other baby supplies	46.94%	8.16%	24.83%	12.93%	7.14%	2.25
Food or milk/formula	39.38%	13.70%	23.63%	14.04%	9.25%	2.4
Childcare affordability	23.29%	9.25%	14.04%	15.75%	37.67%	3.35
Childcare quality (it may be affordable, but is my child learning, engaged and being treated with the utmost care)	34.34%	12.46%	15.49%	12.79%	24.92%	2.81
Transportation	32.89%	16.44%	19.46%	12.42%	18.79%	2.68
Housing	30.51%	11.86%	23.73%	10.85%	23.05%	2.84
Employment	31.08%	14.19%	20.61%	12.84%	21.28%	2.79
Utility assistance	30.48%	13.01%	19.18%	15.07%	22.26%	2.86
Safety (neighborhood or household level)	44.07%	17.97%	19.66%	7.80%	10.51%	2.23
Healthcare/insurance	35.81%	16.22%	15.20%	12.50%	20.27%	2.65
Relationships with family members	41.22%	22.64%	19.26%	8.78%	8.11%	2.2
Relationship with other parent	47.80%	15.59%	11.86%	7.80%	16.95%	2.31
Technology/communications (lack of consistent computer, phone, etc.)	50.34%	17.23%	18.24%	8.11%	6.08%	2.02
Finding information about free or low-cost services and resources	28.52%	18.46%	24.50%	10.74%	17.79%	2.71

Six (6) responses to 'Other (please specify)':

- making ends meet
- ?
- I don't know about any services
- I have two other children that are under 5 that I care for, my grandkids, and it keeps me from going to school and work
- We make too much for assistance but not quite enough after we pay high Austin rent, childcare and health care
- Just hard to find resources

Answered 298
Skipped 0

Question 16: When you have a problem or need resources to meet your needs related to your young child(ren), how likely are you to go to each the following for assistance?

	Not likely at all	Rarely	Somewhat	Likely	Very	Weighted Average
Friends/family	15.88%	10.14%	18.92%	13.85%	41.22%	3.54
Neighbors	73.90%	12.54%	5.08%	4.07%	4.41%	1.53
Church	37.11%	17.53%	19.59%	11.68%	14.09%	2.48
Employer/co-workers	69.39%	11.22%	11.56%	3.06%	4.76%	1.63
Internet search	13.75%	10.65%	23.37%	16.15%	36.08%	3.5
Social media (Facebook, etc.)	47.12%	15.59%	16.61%	6.44%	14.24%	2.25
211 resource line	31.42%	11.82%	20.27%	10.81%	25.68%	2.88
Medical provider/child’s pediatrician	26.01%	12.84%	23.31%	15.20%	22.64%	2.96
Community organization such as library, non-profit organization or recreation center	30.27%	15.65%	26.53%	8.84%	18.71%	2.7

Six (6) responses to 'Other (please specify)':

- Pregnancy Resource centers
- Homeschooling co-op
- Again for 0 - 5 limited resources available

Answered 298
Skipped 0

Question 17: If you had your preference, where/how would you PREFER to access information or assistance for your family needs? (select up to 5 - fewer is better)

Answer Choices	Responses
Friends/family	60.07%
Neighbors/neighborhood association	15.44%
Church	39.26%
Work / place of employment	16.11%
Internet/online directory	45.64%
Social media (Facebook, etc.)	21.14%
211 resource line	37.92%
Medical provider/child’s pediatrician	20.81%
Library	14.77%
Mentor	15.10%
Non-profit organization that serves my family	38.93%
Recreation center	10.74%
“One-stop” physical resource center	19.13%
Home visits by a person or organization that I trust	13.42%
Phone (verbal)	23.15%
Text	32.21%
Other (specify): <i>None specified</i>	0.67%
Answered	298
Skipped	0

Question 18: Are you AWARE of the following services? (check all that apply)

Answer Choices	Responses
WIC (food stamps, breastfeeding assistance, nutrition education)	94.97%
Subsidies (financial assistance/discounts) for childcare	41.61%
211 resource line	65.77%
Head Start / Child Inc	57.38%
African American Youth Resource Center	17.11%
Central Health Medical Access Program	15.44%
Central Texas Food Bank	47.65%
Diaper assistance	15.10%
Any Baby Can	35.57%
Free Pre-Kindergarten for ages 3 and 4 through public school system	47.65%
Other (please specify)	2.01%
Answered	298
Skipped	0

Six (6) responses to 'Other' (please specify):

- no (x3)
- HIPPY
- Free pre-K is restricted to certain family demographics..
- You have a certain income that you have to qualify

Question 19: Of these services, which have you USED (or attempted to use) in the past? (check all that apply)

Answer Choices	Responses
WIC (food stamps, breastfeeding assistance, nutrition education)	83.89%
Subsidies (financial assistance/discounts) for childcare	22.82%
211 resource line	48.32%
Head Start / Child Inc	26.17%
African American Youth Resource Center	4.36%
Central Health Medical Access Program	7.38%
Central Texas Food Bank	20.81%
Diaper assistance	7.38%
Any Baby Can	11.74%
Free Pre-Kindergarten for ages 3 and 4 through public school system	25.84%
Other (please specify)	9.40%
Answered	298
Skipped	0

28 responses to 'Other' (please specify):

- None or n/a (x23)
- SafePlace
- Mom's Place for breastfeeding
- Easterseals
- Jeremiah Program
- Outgrow WIC, paperwork problem with childcare assistance

Question 20: For services you knew about, but have NOT used (or discontinued using), please:

- name the service(s)
- share why you didn't use them, or why you stopped using them
- tell us what you used instead. *(open ended)*

Categories of reasons for not accessing known services	# of instances	Notes
Ineligible due to income or geography	64	Income eligibility sentiments ranged from a sense of accomplishment (e.g., becoming ineligible after income increased) to frustration at the severe level of poverty required before becoming eligible (see comments below). Geographic ineligibility was often due to moving out of an eligible geographic zone (e.g., moved to Williamson County)
Unaware / not sure how to access	29	
Ineligible due to child's age	26	
Found alternative solution	19	Most frequently, moved from one service to another after eligibility ran out, or received help from family/friends
Not needed / no longer needed	19	Respondent determined
Burdensome compared to benefit	18	Too many appointments, tasks or requirements; service hours not compatible with work schedules
Wait list / lack of provider follow-up	13	In one instance, son was on wait list for 3 years
Provider lack of capacity to assist	13	Lack of funding, inaccurate information; inability to point people in the right direction
Apprehensive about quality of childcare	3	
Embarrassed / difficult asking for help	2	

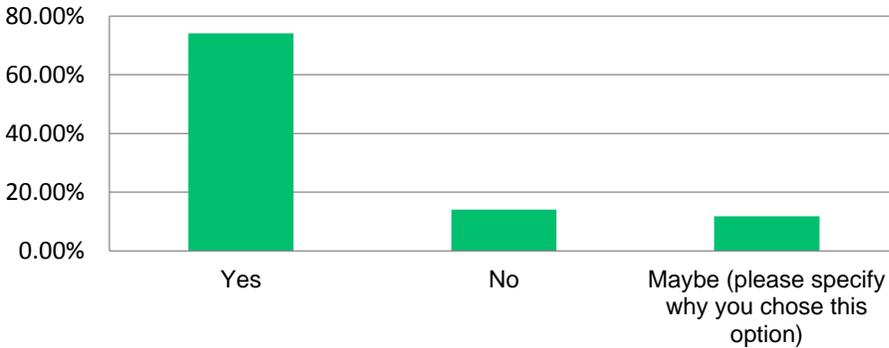
Several respondents expressed frustration regarding income eligibility thresholds, including but not limited to the following:

“Don’t qualify because I’m working a part time job. I’m convinced the system wants you to have absolutely nothing before being helped.”

“I am always considered to be making too much money but my bills and children are never factored in most times I can barely pay my bills.”

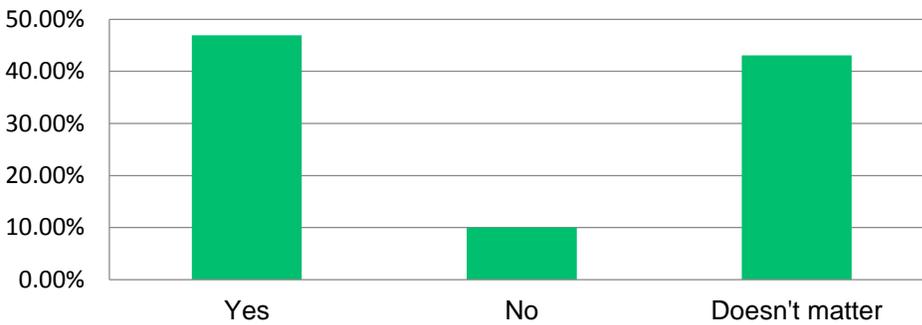
“No longer eligible. Only eligible when unemployed. There are no resources if you make \$20k.”

Question 21: If accessible to you and your family, would you utilize counseling services to help manage stress or relationships?



The majority (74%) of respondents indicated they would utilize counseling services to help manage stress or relationships. Of the 35 respondents (12%) who selected ‘Maybe’, 12 stated uncertainty about the need for counseling but willingness to consider it for themselves, 9 cited time/schedule/convenience as a significant consideration, 6 cited comfort/culture/privacy as a consideration, and 1 cited cost as a barrier.

Question 22: If you answered yes to the above question, would you prefer that the provider (counselor, doctor etc.) be of the same ethnic background as you?



Almost one-half of respondents (47%) indicated a preference for the provider of counseling services to be of their same ethnic background, and 43% indicated no preference in this regard. Interestingly, 10% of respondents indicated that they would not prefer such a provider to be of the same ethnic background.

Question 23: Would you participate in a support group to share and learn more about: (check all that apply)

Answer Choices	Responses
Parenting/co-parenting	57.05%
Things to do and look for, to ensure your child(ren) are on-track in developing important life skills to ensure their future success	59.73%
GED	10.07%
Workforce skills training	30.20%
Stress management	58.39%
Health and nutrition	47.65%
Other (please specify)	9.06%
Answered	298
Skipped	0

27 responses to 'Other':

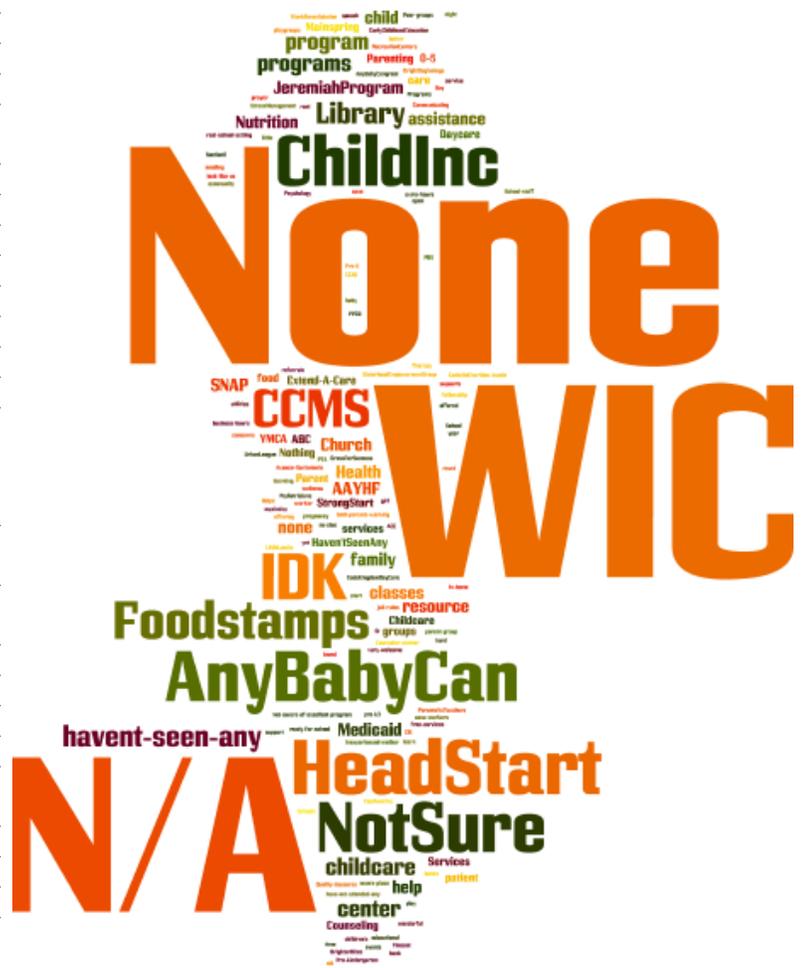
- None or n/a (x14)
- SafePlace pregnancy resource center
- Being an autistic parent (autistic myself)
- Money and wealth management. Strengthen marriages. Travel
- Financial management
- Increasing income
- Financial literacy from someone of the same ethnic background
- Grief, depression, post partum I, trauma victim counseling
- Housing
- Work from home
- 1st time home buyers
- Resources for children 0- 5 early education
- Something to help me with childhood development and myself
- Resource sharing, peer support for single moms

A majority of respondents indicated that they would participate in support groups for parenting/co-parenting (57%), child development indicators (60%), or stress management (58%), with almost half (48%) indicating interest in health and nutrition support groups.

Question 24: What EXCELLENT programs, services or practices have you seen that are TRULY EFFECTIVE in meeting the needs of parents with young children? (open-ended)

Program and services highlighted by respondents	# of instances
None/not sure/don't know of any	130
Service Providers: Austin Community College CDC, St. Vincent the Great, Revel Resource Ctr, YouthWorks, AAYHF (2), CIS, Big Brothers Big Sisters, Urban League, Avance San Antonio, Foundation Communities, Little Lambs diaper bank, Brighter Bites, LifeWorks, Catholic Charities of Austin, Jeremiah Program (3), YMCA (2), PPCD, Mommy & Me, Dress for Success, Strong Start, Sisterhood Empowerment Group, Mom's Place, Extend-A-Care (2), Bright Beginnings, SAFE, Black Mamas ATX, God's Kingdom Day Care, CCSD, Mainspring (2)	36
Child Inc / Head Start	24
Rent/utility assistance (Section 8)	2
WIC (1 mentioned online classes)	45
Psychology/counseling; therapy (Parent Child Interaction Therapy)	6
Recreation centers	1
Church groups/programs/events	6
Food/clothes banks	2
2-1-1	4
SNAP/EBT/Food stamps	13
Medicaid	3
Any Baby Can	13
Public libraries (play groups; programs)	5
Parent support/peer groups/ events (stress mgmt.; health & nutrition; at daycare or schools/PTA; one-on-one's; black mothers; Strengthening Families)	16
Childcare assistance/CCMS/ Workforce Solutions	15
Childcare programs (general CDCs; PreK; EC education)	8
Jail/rules	1
PBS Play to Learn helps ages 2-4	1
Nurse Family Partnership	1
HIPPY	1
Pediatricians for referrals (e.g., speech)	1
School staff	2
Co-parenting	1
Stress cope	1
Homeschool: co-op; Parents As Teachers; TX Home Visiting Prog.	1
Pregnancy center (Heart of Texas)	2

Most notably, a large share of respondents (44%) answered that they could not think of any excellent programs, services or practices, which could be due to sheer unawareness or lack of positive experiences. WIC was referenced most frequently. The large number of references to Child Inc / Head Start could be attributed to the fact that surveys were distributed and collected at 15 Child Inc centers.



(Question 24 continued)

Practices highlighted by respondents:

- Business hours that accommodate both working and non-working parents. After-school care. Services offered in the evening.
- Eating dinner together each night for open communication
- Just being patient and listening to all my children's concerns
- Communicating and being patient
- Any Baby Can has a great program that a case worker came to see my son to help him but there weren't really case workers who looked like us so it made it hard at times.
- Being physically present in child's life offering positive reinforcement
- Family outings
- Budgeting better and prayer
- My mentee and her family — and another friend/nanny — have been wonderful and have loved and taken care of my little girl like family. Plus my husband who had experience with babies already. I don't know what I would've done without all of these wonderful people to help this new, inexperienced mother to raise a baby.
- I really love the pre k3 aspect of getting the child ready for school in a real school setting
- Health and nutrition

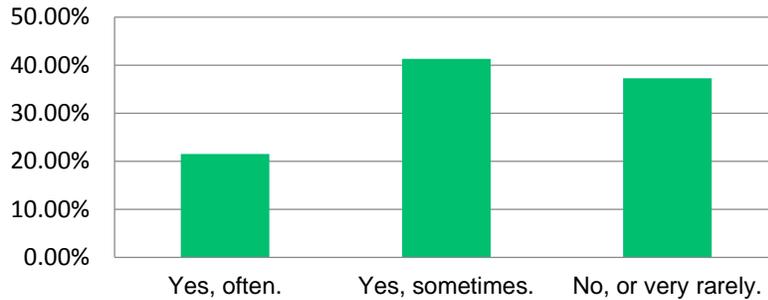
Question 25: What types of NEGATIVE MESSAGING have you heard that impacts how you feel about childcare systems and services, or the people who represent these institutions? (open-ended)

News/media stories were referenced 26 times by respondents citing abuse/neglect/bullying and the negative video images used to highlight these issues. Several comments about negative elements such as abuse, neglect and low quality were coupled with beliefs that these negative elements exist more prevalently in childcare centers serving low-income clients, African Americans, or those utilizing childcare assistance. Some respondents did not provide specific examples of messaging, but made general statements such as “I don't trust them”, “Too many to name.” Some indicated that they personally had bad experiences. One respondent indicated a good experience after feeling apprehension at placing her child into childcare, “I use to be afraid when I read about abuse on childcare settings and was very skeptical about my kids going. I'm glad that I have had some pretty awesome teachers working with my children.”

Types of messaging cited	# of instances	Sample quotes from respondents
None / N/A	126	
Abuse/neglect/bullying	78	<ul style="list-style-type: none"> • “Children die due to abuse” • “Special needs kids are treated horribly” • “All of the horrible daycare stories that I hear in the news.” • “I have seen numerous news articles on children who were abused and even killed by childcare services.” • “I’m scared to put my daughter in daycare because I heard so many bad things that they mistreat kids so I'm just waiting till she’s 3 to put her in pre-K 3” • “I’ve seen on the news, kids being mistreated or abused at childcare facilities, and it’s usually the ones that accept CCMS and are for lower income families” • “Kids getting hurt by adults that are supposed to be taking care of them. Very scary” • “Too many people are doing ugly things to children and causing some to even lose their lives. I can’t lose my children they are my everything” • “I have heard stories of abuse by the childcare providers, as well as stories of abuse by other children being cared for. I don’t want my daughter in a potentially dangerous environment five times a week, without my knowledge of what’s going on.” • “Abuse and not treating children the same as paying parent”
Attitude of apathy or disdain / providers don't care (particularly for African Americans or those on assistance/ low-income)	47	<ul style="list-style-type: none"> • “That the child is just a number” • “Some of the people don't care about our well-being” • “Stereotypes about black families as of all black women are single and all black men abandon their Children. The system wants us to believe we need assistance because we lazy and won't work. None of which is true” • “Single black mothers are all on welfare and abuse the system. It's a negative stereotype.” • “People think it's for poor people but really it's temporary assistance to people that need it” • “You’re too young to be a mom”

		<ul style="list-style-type: none"> • “I've seen it with my own eyes. There's a level of condescension” • “People are rude. With no compassion.” • “Someone told me once I shouldn't even work because "We" won't hold a job anyways. So basically because I am living in low-income I'm not equal to a person who is not getting assistance.” • “Black kids will always be slow, low income families are only for blacks, day cares hit kids” • “They're tracking our kids and labeling them. We aren't receiving the proper care for our children. Our children aren't properly taught...there is a low expectation of them.” • “Not at my institution, but definitely frowned upon people using subsidies and grants to pay for daycare” • “That you are ghetto or poor if you are on assistance.”
Low quality (general, due to unqualified staff, crowded centers, lack of resources, lack of diversity)	29	<ul style="list-style-type: none"> • “Teachers aren't truly watching the children in daycare. No nutritional food is being served. No daily reports” • “lack of diversity in the curriculum, safety and care of my child” • “Just how people are doing the children now days in childcare facilities period these days. There's no one really caring or genuinely loving the kids” • “As a foster parent I wish that the parenting classes were better and nutritious food was easily available.” • “Childcare centers that accept assistance don't pay attention to the kids, or have a learning curriculum”
High cost of care / greed	16	<ul style="list-style-type: none"> • “They are just in it for pay and not care about your children.” • “Some providers there for money & not for the children.... Got to love children to work around children” • “The price or affordability is very very expensive”
Health concerns (dirty, unsafe, poor nutrition)	12	<ul style="list-style-type: none"> • “That it is dirty, expensive, crowded, and my child will just end up sick”
Policies that divide families, force divulgence, or reinforce poverty	11	<ul style="list-style-type: none"> • “That you cannot have a man in the household to get government assistance without putting him on child support” • “Forcing moms to put the dad's info even if they don't want to acknowledge him” • “Stereotypes. Making too much to get help but not enough to provide the type of life you would like for your kids.” • “That they take peoples children, or fail to act when necessary. Or that they want to place labels on African American children medically and socially for the purposes of funding and discrimination.” • “Looking for something wrong to report to CPS” • “You have to have \$0 income before getting help.” • “Just their willing to take your children away because your struggling” • “Those that abuse the system have made it hard for those of us that desperately need it.”
Difficulty with enrollment process (wait lists, strict/unfair eligibility requirements)	5	<ul style="list-style-type: none"> • “Income isn't evaluated fairly” • “The wait that it takes to get services.”

Question 25: Do you feel like your parenting is judged by others?



Question 27: If you answered 'yes' above, who is doing the judging?

Answer Choices	Responses
Family	58.73%
Friends	36.11%
Church members	18.25%
Community leaders	9.92%
Medical/health service providers	11.51%
Childcare providers	11.90%
Other service providers or people who are supposed to be helping me	12.70%
Other (please specify)	30.95%

Answered	252
Skipped	46

78 responses to 'Other':

- Blank / None / N/A / Didn't answer 'yes' (55)
- Strangers / random people / general public (5)
- School / school officials (2)
- Co workers / Work offices don't understand I am a single parent (2)
- his fathers family
- everybody
- it don't matter
- Other parents
- Any baby can
- My kids
- I've only received good feed back from my pediatrician and family on my infants health
- My child is bi racial and we get judged alot for it and are told were making her life hard because shes bi racial
- I don't pay attention to other people's opinions of my parenting style. I understand the future and destiny for MY child and will rear her up in alignment with that. Other's outside opinion will play no role because most of them are not even aligned with their own purpose or destiny. They wouldn't know purpose if it slapped them across their faces based on the low level thinking and warped perception of life they currently live in.
- My parenting will always be judged due to the fact I brought 3 children in the world who's interaction with the world will be based upon the environment we're bringing them up in.
- Community schools and some neighbors.
- people online
- neighbors and teachers
- Peers

How respondents felt supported	# of instances	Sample quotes from respondents
<p>Positive experience for parent (non-judgemental, words of affirmation and encouragement, empathy, respect, genuine care/concern, no ulterior motive, compassion, relatability, sense of peace/relief)</p>	<p>159</p>	<ul style="list-style-type: none"> • “I felt included and not pushed away” • “Genuine interest in me and care to help” • “Positive talk, hearing people say I’m doing a great job at raising my kids.” • “They didn’t want anything in return to help, it was out of kindness.” • “Words of affirmation made me feel important.” • “It gives me a push to keep going” • “My son’s doctor I feel really cares and will call to check on him if it has been awhile since he has seen her” • “No bias, and asking questions instead of assuming” • “Respect. I am not an animal just because I am not rich. I try so hard.” • “That I’m a good mother to my children” • “Made me feel good that people still have compassion for others and genuinely care” • “Positive people who I am around and understand where I’m coming from.” • “Being listened to, follow up without being asked, people remembering specific conversations.” • “There was no judgement. No one behaved as if I did this to myself.” • “It offered emotional support which allowed me to stay clear headed during stressful times.” • “It made me feel that others had confidence in me and want to see me succeed.” • “the kind words that things will get better and no judgement on the fact that I’m in need of help” • “They didn’t look down on me because I am a young parent” • “Sometimes at the doctor’s office the nurses or Med techs are nice” • “Hugs and great words of advice” • “The good attitude of the person giving the service” • “It was provided by a peer, someone who has truly experienced the same things I am experiencing, not judging and dictating from the high horse of superiority.” • “that I know that I am important lovable and valuable. And my children know that their mother is trying her best” • “Finally feeling like I can breathe for one moment” • “Feeling seen and accepted” • “Going out to grab lunch.” • “My Dr. Gave Me Hope”
<p>Not alone (can rely on others to help; being part of a community/church, cultural connection)</p>	<p>41</p>	<ul style="list-style-type: none"> • “Knowing someone had my back regardless of my decisions.” • “Knowing that someone is going to love you no matter if you mess up or come short, makes you feel secure” • “My church has been a huge support. I’m a young mom so I feel judged all the time” • “Just the idea or fact that there are legit services of people who can help me when I am in need” • “I like feeling like part of a community”

		<ul style="list-style-type: none"> • “Knowing I wasn't alone”, “Being told I'm not alone.” • “Just the fact that I had a support system and help. That people didn't judge me based on my situation” • “People that speaks my same language” • “Knowing someone else is going through something similar” • “African centered family support”
Family/friends support	25	<ul style="list-style-type: none"> • “My children mostly make me feel like I'm doing a great job. As well as their dad.” • “It was a good feeling to know that if I ever need anything my family and friends are they to help me and my daughter get what we need” • “No matter my situation my dad always finds a way to help relieve my stress.”
Kids are happy/supported	24	<ul style="list-style-type: none"> • “the children are getting resources needed for success” • “See my child learning” • “The smile on my children faces” • “When my kids do not experience the turbulence if we're 'shifting.'”
Success, sense of accomplishment, outcomes, results, providing for family	22	<ul style="list-style-type: none"> • “The results oh striving to do my best=outcome” • “Being able to provide.” • “Knowing I still could do it” • “That I'm trying” • “Felt I could conquer anything” • “With the SNAP program I am able to provide food for my family” • “It was very helpful and helps me know that I'm on the right path.” • “It made me feel confident like I can do this or I am going in the right direction to provide”
Real help, individualized support	20	<ul style="list-style-type: none"> • “Asking or seeking help and actually receiving the help needed” • “That someone really help cause in this world people really don't help” • “Foundation communities helps with everything we need” • “Information about that how and what to do to solve childcare issues” • “Having easy access, no judgement, individualized support rather than blanket statements or resources”
N/A / Haven't experienced / unsure	24	<ul style="list-style-type: none"> • “Never really had support” • “No I feel alone most of the time. Hopeless” • “I haven't had that” • “I'm not sure how to answer this. It's been a very long time if ever I have felt that way.”
(No answer)	22	

Question 29: Do you know any other people or groups we can connect with to ask these same questions, where we might get more good information? (if so, please share any details) (open-ended)

Most respondents left this question blank or answered with ‘N/A’, ‘No’ or similar answer. Of those who responded, several mentioned sources already approached by AAYHF in Phase II of the planning process. For those who cited sources not yet approached, answers included specific personal contacts (i.e., individuals’ information) and the following:

- Austin Community College or colleges in general
- Teachers KISD
- Urban League
- Pregnancy resource center (Heart of Texas)
- Shoppers
- Austin Life Care
- Jeremiah Program
- Easter Seals
- SAFE Alliance
- Community centers
- Goodwill student services
- Catholic Charities of Austin
- Rehabs and clinics
- Parenting/moms groups online
- Melanin San Antonio Momma Facebook group
- IDADS
- Homeless families/shelters
- The Chasco YWCA
- Capital IDEA
- Texas Perinatal Coalition
- Mama Sana
- Texas Empowerment Academy
- Babycenter.com (parents willing to answer questions)
- Bio parents in the CPS system (for support after reunification)
- Black Nurses Association
- NAACP Members
- Open Door Preschool
- Black Chamber/ YP
- LifeWorks
- CPS
- Foundation for the Homeless and FII
- Boys & Girls Club
- After-school programs
- Manor meet-up mamas

Question 30: Do you have a need NOW that we can assist with?

Answer Choices	Responses	
Yes	46.98%	140
No	53.02%	158
Answered		298
Skipped		0

AAYHF has worked to follow up with those who expressed immediate need for assistance in this question, although case management workers are currently limited to one part-time contractor. Before October 21st, approximately 50 surveys had been completed, and only about 12 respondents indicated need. AAYHF’s case manager followed up individually with these. A sudden influx in survey responses the week of October 21st resulted in nearly 100 requests for immediate assistance. With AAYHF’s limited capacity and HopeFest, a large community resource event, approaching on October 26th, AAYHF staff emailed and called each individual indicating need in the days preceding the event and encouraged their participation at HopeFest, where most of their expressed needs could be addressed. The majority of needs stated by respondents included assistance with utilities, housing, rent, food, diapers, baby clothes and supplies, counseling, job placement, and childcare. Some respondents attended HopeFest and met AAYHF representatives in person at the event. AAYHF’s part-time social worker continued to follow up individually with respondents indicating need after October 26th.



Question 31: If you answered 'yes' to the above question, or would like us to follow up with you for some other reason, please type your:

- **First and last name**
- **Preferred method of contact (e.g., phone number, email)**
- **Request(s) for assistance/follow-up at this time (open-ended)**

Respondents provided their personal contact information, which AAYHF used to follow up with each individual.

Question 32: Please share any additional information that you feel is important for us to know. (optional) (open-ended)

Most respondents did not respond to this optional question. All responses that were provided are included below.

Responses
Childcare services for the Del Valle area.
Mental health is a big issue, especially for mothers.
Nothing but thank you for survey
I just recently move into my home on yesterday after being homeless with 3 kids since 9/30. I need help getting full size bunk beds and full size bed for my 17 year old son
Non-custodial hasn't paid since Sept 2017
I am looking for a stable job that pays well; to better provide for my three children ages 16, 14 and 3.
I have a non-profit called collegiate mom coalition and we provide resources and scholarships to moms attending college. If I can help in anyway please let me know. Website: collegiatemomcoalition.org
Really good information needed
hoping you can create more programs for 5 and under (my daughter is 4)
I am pregnant and staying with family, I have 2 kids and we need a home.
Yes I'm a grandmother and a mother who has cancer and diabetic high blood pressure blood clot in my lung. I plan on being around for many more years for my kids grandkids and great-grandkids
I need to become more familiar with the services you provide
Thank you this is useful and user-friendly!
I just started school and need help with paying for daycare.
single mother of a 2 year old daughter
My name is Elijah Cofield I'm a young father of 2 about to be 3 girls not all young parents are bad or irresponsible it all depends on the mind frame of the individual
Thank you
coming back to same number
Letting communities know they are not alone and they do have resources and getting the word out about it and letting them know it's not embarrassing to ask for help.
I have three children two boys and one little girl my boys are autistic
Not all young parents are bad parents. It all depends on the mindset of the parent.
I have 2 grand girl babies that we help with and one on the way.
Affordable housing after graduation. Most jobs don't pay enough for single parents with only one income.
Thank you for your time and consideration in advance
I have been looking for housing for one year.
I'm a great mom
I have just recently went back to work on October 7th after being on unpaid maternity leave for three months from having my daughter in July. Since going back to work and stopping breastfeeding, it's been very hard trying to make sure I always have enough formula for her. I have a breast milk stash, but I don't want to completely use it up in one period of time. Basically, it's been a struggle for my husband and I, financially.

That's all
I am currently dealing with anxiety due to a traumatic car accident on 06/17/2019 and I am seeking guidance on how to deal with it.
I'd love to see some sort of solution for parents who need after-hour support — after daycares close — as I often need to work past the regular work day.
Single parent, 3 daughters, 21 in college, 12 7th grade, 6 1st grade.
I have a teen son with a infant baby that lives with us, my daughter is 19 with two children 2/8 months, I have a 2 year old son and a teen daughter that lives with me I am trying to stay in school and work and I feel like giving up
Black Men in Business would love to do assist in any way that we can.
This service is great!
Making my family is well cared for and safe
Programs for young parents and also looking for programs for toddlers.
Help our child much earlier
Thank you!
I have 6 kids and any resources will help
Thank you for taking the time to ask!
Mother and daughter sex trafficking survivors

Question 33: Congratulations! You have completed the online survey. If you wish to receive your \$5 HEB gift card, you can either *[provided in-person and mail options for gift card redemption]*



This question was added around mid-October after AAYHF purchased HEB gift cards and began promoting this incentive, after which 124 respondents provided their information to receive gift cards for completion. Highlighting the gift cards, along with more emphatic promotion from AAYHF and BWIB, is likely attributable to the sharp increase in responses during and after the week of October 21st. Some respondents who completed paper-copy surveys or online surveys before this question was added followed up directly to redeem gift cards.

Focused Discussions

Conducted by Black Women/Men in Business

Black Women in Business

The Early Childhood Planning Project was discussed thoroughly at the Austin, Killeen, San Marcos and San Antonio meetings. Those who were parents of children ages 0-5 years of age were asked to complete the survey. We also had an open discussion about the challenges parents/families face during early childhood stages that would impact a child's formative years.

Challenges:

1. Lack of family support / necessities (food, utilities)
2. One parent households (tired, frustrated, doing the best they can to get by)
3. Older siblings taking care of younger siblings
4. Lack of finances / barely enough to cover household bills
5. Stress to provide the necessities / depression
6. Unaware of resources
7. Parents do not qualify for resources (borderline for assistance)
8. Grandparents raising children (older and less informed of resources available)
9. Resources / education / assistance not available or limited where it is most needed.
10. Parents feel like no one wants to help or are too prideful to ask

Suggestions:

1. Funders could partner with non-profit organizations, neighborhood associations, community centers, churches etc., to create support groups throughout the city. These support groups could be responsible to provide wraparound services that could fill in the gaps and offer an alternative. Placing these “hubs” in the neighborhoods where needed would also benefit those who do not have transportation.
2. Partner with counselors that will go into the community centers, recreation centers, churches, etc., and host support groups to help parents deal with stress, depression, postpartum symptoms. They could also offer parenting classes for parents and grandparents who are taking care of their grandchildren. Provide assistance with daycare expenses for those who complete parenting classes.
3. Partner with financial Institutions to offer assistance with day care expenses for those parents who complete financial literacy classes.
4. Designate a “one-stop shop” for parents of children age 0-5 needing assistance.

Black Men in Business

The Early Childhood Planning Project was discussed thoroughly at a Black Men in Business meeting. Those who were parents of children ages 0-5 years of age were asked to complete survey. We also had an open discussion about the challenges parents/families face during early childhood stages that would impact a child’s formative years.

Challenges:

1. Child(ren) not living with father. Not aware of challenges mother is facing in raising children.
2. Two-parent households with two incomes experiencing financial struggles.
3. Fathers who may have a criminal background are not allowed to live in apartments or assisted housing facilities where their children reside. This creates a strain on the father-child relationship and forces the mother to act as a single parent within the home.

Solutions:

1. Co-parenting workshops that include early childhood challenges and solutions. Counselors should be available at these workshops to assist those parents who may need it.
2. Financial literacy courses for couples. Provide some sort of financial assistance for those couples who complete the courses.
3. Support groups/re-entry programs for fathers and mothers who are dealing with criminal background challenges.

South Austin Community Church

The Early Childhood Planning Project introduction and information was sent via email to Pastor Sneed. The survey was also sent via email for members who were parents of children ages 0-5 to complete.

Challenges:

1. Finding quality daycare near their homes and jobs that are affordable. (gentrification)
2. Families have multiple children within the ages of 0-5 making it financially impossible to afford daycare. Settling for family members who are simply “watching” the children as opposed to providing an educational atmosphere.
3. Young parents (25 and under) not educated or informed on parenting skills or resources.

Solutions:

1. More affordable housing in Austin.
2. Offering financial assistance for childcare for parents (especially parents under age 30) who complete a parenting program.

3. Churches and/or organizations form a “hub” for parents and families where specialists come in to offer counseling, parenting classes, financial literacy, budgeting, resources and tools to improve their family dynamics.

Abundant Life Church

The Early Childhood Planning Project introduction and information was sent via email to Pastor Freeman in care of Candace Akers. The survey was also sent via email for members who were parents of children ages 0-5 to complete. A date (Oct. 15th) was set to have a representative come out to the site. BiNi Coleman (AAYHF) visited the location to provide more information and give instructions.

Tamitha Blackmon, Owner & Teacher - Nehemiah Christian School

Tabathie Lofters, Daycare Owner & Teacher: Mrs. Tab’s Day Care

Challenges:

1. Families who truly need quality childcare cannot afford it.
2. Parents are stressed out and struggle with “Maslow’s Hierarchy of Needs.”
3. Parents/Families remain in a vicious cycle emotionally, physically and financially as a result of having less and raising children who deserve more.
4. Daycare has lowered their rates to serve those in need.

Solutions:

1. Find sustainable avenues for low income families to have affordable high-quality childcare for the duration of the years 0-5.
2. A collaboration of resources and services under one roof to better assist parents with children in this age group.
3. Provide a workshop for daycare owners and childcare centers to inform them of services provided for families throughout the community.
4. Provide financial assistance for daycares who host classes that assist parents and families with children in this age bracket.



Conclusion

After conversations with community leaders, child development centers, parents and caretakers, the data collected and compiled in this planning process, as well as the lived experience of AAYHF and BWIB leaders, clearly point to a need to provide African American, Hispanic/Latino and low-income families with the assistance they need and deserve to overcome otherwise insurmountable obstacles to ensuring young children enter Kindergarten ready to learn and thrive.

Studies show that a child’s experiences during those early years literally build the architecture of their brain. Yet, children cannot control what occurs in the household environment. Thus, the stressors and dynamics in the family and community are projected and hard-wired into a child to form their life disposition and outlook, which translates into their actions and behavior upon entering school. The recommendations in this plan are a roadmap that, if implemented in large part or their entirety, will ensure that the most vulnerable children in Central Texas enter Kindergarten happy, healthy, and prepared to succeed in school and beyond.

The recommended actions that follow can create a brighter future for all children in the current Central Texas educational pipeline and transform their social, emotional, educational and economic trajectory for generations to come. AAYHF and BWIB are honored to be a part of the process.



Recommendations

The following recommendations are aligned with the Harvard Center on the Developing Child three principles, and complement the Austin/Travis County Success By 6 Coalition’s strategic plan to increase Kindergarten readiness as well as other local systemic efforts to achieve improved outcomes for children and families.

Support responsive relationships for children and adults

Respondents overwhelmingly indicated that they were most motivated by positive experiences in which they feel respected, unjudged, effectively supported, validated, encouraged, accomplished, and cared for by family, friends, providers and the community. At the same time, they felt most judged by friends and family, who they also view and prefer as a top source of support in taking care of their children. The following recommendations can help support responsive relationships that lead to community-wide impact and outcomes:

1. Develop home visitation strategies through which trusted non-profits in the community can support families with information and best practices that lead to more healthy interactions and the creation of a household environment that nurtures the social-emotion and learning needs of young children, as well as a clear understanding of developmental milestones that are conducive to success in school, work and life. Consider friends and family as an extension to integrate into home visitation strategies.
2. Provide/require training and support for agencies offering services to low-income families and people of color, focused on exemplary customer service practices, cultural proficiency, and sensitivity to families dealing with high levels of stress.
3. AAYHF can strategize with United Way and others to determine how to coordinate with systems such as 2-1-1, Aunt Bertha, etc., to ensure families can connect positively with people and continue searching for solutions when those systems are unable to fully meet the needs of families, or to establish a “warm hand off” after receiving a particular service, to connect families to a place where they can continue to receive other wraparound services needed to thrive over time versus simply survive at the moment.
4. Work collaboratively to explore, implement, support, and/or strengthen effective practices for serving the community through friend and family networks.

Strengthen core life skills

Respondents indicated high levels of valuation and interest in programs such as parent support groups and counseling services that can result in learning pertinent life skills, addressing high

levels of stress experiences, and understanding how to better support their children’s development. Resulting recommendations are:

1. Support the implementation of parent support groups, led by trusted non-profits and peers in the community and provided in locations such as neighborhood centers or apartment complexes, starting with topics highlighted by respondents’ as being of the highest interest.
2. Increase investments in family counseling services and the creation of a pipeline of counselors/therapists of similar racial and ethnic background as the families served to support families dealing with high levels of stress.

Reduce sources of stress in the lives of children and families

By far, respondents in this process associated the highest levels of stress with finding affordable childcare, housing, utilities, and childcare quality, followed by an array of other stressors that adversely affect their mental health and ability to properly nurture and guide the development of children in their care. Almost half (140) of the survey respondents indicated crises in their households for which they need immediate assistance, and we are confident more families would come forth for critical assistance if survey/awareness efforts are continued. After friends and family, a majority of respondents indicated internet searches and 2-1-1 as preferred methods to find assistance. Incorporating their survey input, as well as the input of leaders interviewed, AAYHF is presenting the following recommendations:

1. Examine current eligibility thresholds for critical services and assistance and create/identify a source for looking up the requirements of multiple agencies at one time, so case workers can most effectively service clients. This could include understanding systems like AuntBertha.com or the development of a document that lists various agencies and their requirements in highly utilized areas of assistance.
2. Funders and systems leaders may consider modifying policies and requirements that prevent families from receiving assistance needed by providing more flexibility, particularly as it relates to geographic constraints, parents with multiple children, and/or income levels for working parents who need assistance.
3. Support implementation of a major awareness campaign that dispels misconceptions about child development centers and provides practical guidance on where/how to access assistance. Leverage existing resources such as the *No Small Matter* documentary and associated awareness and advocacy collateral.
4. Offer services and support at times and locations that are convenient for parents and caretakers, which may include modified or extended hours for working parents. This could include a physical “one-stop shop” and/or leveraging of existing infrastructure such as neighborhood centers. Explore, implement, support, and/or build capacity for effective models of this type of service coordination.
5. Reinforce the understanding that poor mental health for Black, Brown and low-income individuals is most often a result of significant or severe levels of stress, rather than

genetic or physiological defects, and by implementing the above strategies, systems and agencies can contribute significantly to improving mental health through a universal approach (versus counseling only).

6. Invest in case workers and building capacity of agencies such as AAYHF to meet the immediate, critical need expressed by survey respondents, as well as hundreds of additional families who could be identified and supported as we increase awareness of services available.