TOO MUCH AND NOT ENOUGH:
Family Stresses and Child Care Preferences in Boston During COVID-19
by Kimberly D. Lucas, PhD and Wendy Wagner Robeson, EdD
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The COVID-19 pandemic has added new challenges to Boston families’ abilities to address their child care needs. This project was designed (1) to uncover families’ child care preferences, (2) identify the factors that drive these preferences, and (3) learn how families are handling work and child care issues during the pandemic. In the summer of 2020, Dr. Kimberly D. Lucas and Dr. Wendy Wagner Robeson conducted focus groups and interviews with 24 parents/guardians from the City of Boston who have at least one child not yet enrolled in kindergarten. These mothers, fathers, and non-binary parents/guardians represent diverse family structures, including single-, two-parent, and extended family households; a multitude of races and cultures; and live in neighborhoods across the city. While all families worried about COVID-19, some knew individuals who were infected and others saw COVID-19 enter their own homes.

EXECUTIVE SUMMARY

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For the most part, families were grouped according to their self-identified employment situation (e.g., those working from home, some combination of going to a work site and work from home, needing to be at a work site (some referred to themselves as essential workers), and furloughed/unemployed).

Ultimately we learned: Bostonian families are experiencing too much—too much going on in the world, too much stress in their lives, too much pressure to ensure their family can thrive—and much is being asked of them: from being partner, child, sibling, neighbor, civically engaged resident, parent…and now educator, nurse, chef, ombudsperson, coach, cheerleader, audience, playmate, and friend (among other things). There are only so many hours in the day, and subsequently many families are feeling like they’re not enough—as parents/guardians, as spouses/partners, and as employees.

1 Additional documentation regarding the methodology for this project can be found in Appendix A.
2 The neighborhoods of Boston represented in this report include: Back Bay, Brighton, Dorchester, East Boston, Hyde Park, Jamaica Plain, Mattapan, Roslindale, and West Roxbury.
**FINDINGS**

This research project contains three types of findings. The first underscores data that has been thoroughly confirmed on the state, national, and even global levels that: (1) experiences and needs of families regarding child care are quite distinct in comparing those who work from home versus those who must return to their work sites and (2) womxn take on a disproportionate amount of child care and education and household labor. These findings rang true among our citywide sample, demonstrating that Boston is no exception when it comes to more pervasive and systemic issues of disparities by wealth and by gender.

The second type of finding focuses on the experiences of families across the city. Specifically, we found that families are worried and scared, families feel greater stress in balancing work and child care, and families feel increased constraint and pressure. It is not surprising that in a world where COVID-19 poses several unknowns, families are both worried and scared. Families are worried and scared about being infected with COVID-19, and they worry that returning to child care, school, and work brings increased risk into their homes. They simultaneously worry about how keeping children home might pose detrimental effects on their children’s growth and development. Families must consider the impossible task of weighing the risk of exposure in the short-term against the risk of potential social-emotional or mental health harm to their young children in the long-term.

We also learned how COVID-19’s effect on work intersects with its effect on family life: when it comes to considering how their work interacts with their home lives, families feel that their employers have acknowledged how hard it is to continue to work while having young children at home. But even with this acknowledgement, employees feel pressure to produce the same level of work output as in pre-COVID-19 times. While employers seem to provide ‘flexibility,’ this typically translates into parents/guardians working when not caregiving—meaning that working and care are happening at the expense of personal time or time that would be used for self-care. Despite the fact that families want to be good employees and produce good work, the seeming rigidity of work expectations has created an untenable situation.

Families’ fears and their employers’ expectations compound to produce heightened feelings of constraint and pressure. For example, urban life tends to produce a smaller living footprint than suburban or rural living. When combined with fears of infection, families feel constrained by the limitations of urban space. In another vein, unwavering output expectations at work amidst a sea of change (i.e. children at home, COVID-19 in the community) mean that many feel both inadequate as parents and inadequate as employees. All things combined, it is safe to conclude that families are living in a constant state of stress, potentially producing environments that we know are not ideal for the growth and development of young children.

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The third type of finding that came from this research project focused on families’ child care preferences, both during the pandemic and into the future. We learned that families’ fear prevents them from accessing available care. And that when they did access care, families were more inclined to start with the people and contexts that were most familiar to them. And finally, the elements of child care that families are most interested in as they move into the future include: small group sizes, location close to home, flexible hours, flexibility and understanding regarding drop-off and pick-up times, true affordability, equity in distribution of high-quality care, educators who are professionals and who are valued as professionals, balance between ‘education’ and ‘care,’ and some other organizational amenities.

In sum, key take-aways include:

• Families aren’t just stressed and exhausted. They are scared. Families fear COVID-19, but they also fear losing their jobs, losing their homes, not being able to be the best parent/guardian they can be, not being able to be the best employee they can be, and more.

• A flexible work day is necessary, but not sufficient. As the pandemic continues, we know that the current state is untenable. Flexible work days offer little help in easing the burden of a full work load balanced with finding ways to care for young children full time. We need to move beyond flex time.

• The kind of child care that families want is not yet reflected in their current choices. Families’ preferences have changed during the pandemic, and we notice that there isn’t yet a child care option that meets most family preferences. Child care providers will need to shift their business models, but before they can, other stakeholders in the field will need to shift the system. If we really want to provide the types of child care families want, we need to create the proper infrastructure for that type of child care to exist and thrive.
RECOMMENDATIONS
The findings from this study point to some specific, concrete next steps available to the Mayor’s Office of Women’s Advancement and Economic Mobility Lab—and to other actors within the City of Boston. We believe that the local government’s powers of the bully pulpit, the ability to convene and connect, and the ability to provide tailored, agile innovation are tools that the City of Boston has and can continue to deploy pertaining to the changing wants and needs of the City’s families. We have organized our recommendations into three categories:

1. Address fears, create safety.
   • Provide clear, consistent, evidence-based communications and recommendations regarding COVID-19 protocol regarding young children.
   • Support child care providers with PPE and other capital support to accommodate new health and safety protocols.

2. Champion a ‘beyond flex’ work culture.
   • Encourage and support the business community in easing output expectations and in implementing innovative accommodations for employees with young children.
   • Create stronger ties between child care providers and local small businesses.
   • Support families who have young children in the home and limited space by creating pathways to more easily accessing paid leave; providing in-home child growth and development activities and materials for young children; and providing mental health, emotional, and trauma support for families.

3. Continue to support early childhood education and care programs and early educators.
   • Advocate for federal and state funding set asides specifically for child care.
   • Continue to strengthen and support Boston’s child care businesses and early educators.

Efforts by MOWA, EMLab, and the City of Boston—in partnership with multiple agencies of the Commonwealth, community organizations, early childhood providers, early educators, and even families and young children—can help reduce Bostonian families’ experiences of ‘too much’ and reassure working families that they in fact are enough.
Since 2016, the City of Boston, through the Mayor’s Office of Women’s Advancement (MOWA) and the Economic Mobility Lab (EMLab), has been interested in addressing issues surrounding child care as they pertain to the well-being of womxn and families. MOWA and EMLab have invested in research designed to learn about Boston’s child care sector challenges and in programs to address these needs in impactful ways. Through these efforts, MOWA and EMLab have found a persistent lack of knowledge regarding the ‘true demand’ for child care (i.e. parent/family child care preferences). The COVID-19 pandemic has added new challenges to Boston families’ abilities to address their child care needs. Thus, this project was designed to (1) uncover families’ child care preferences, (2) identify the factors that drive these preferences, and (3) learn how families are handling work and child care issues during the pandemic.

In the summer of 2020, Dr. Kimberly D. Lucas and Dr. Wendy Wagner Robeson conducted focus groups and interviews with 24 parents/guardians from the City of Boston who have at least one child not yet enrolled in kindergarten. These mothers, fathers, and non-binary parents/guardians represent diverse family structures, including single-, two-parent, and extended family households; a multitude of races and cultures; and live in neighborhoods across the city. While all families worried about COVID-19, some knew individuals who were infected and others saw COVID-19 enter their own homes. Participants were asked to describe their child care and work arrangements prior to and during the COVID-19 pandemic. They talked about child care, work, and parenting while living in a pandemic.

They also imagined their ideal child care situation, giving voice to the elements of child care that are most important to them. For the most part, families were grouped according to their self-identified employment situation (e.g., those working from home, some combination of going to a work site and work from home, needing to be at a work site (some referred to themselves as essential workers), and furloughed/unemployed). All conversations were conducted in English, although some participants primarily spoke other languages. To protect the health and safety of the participants and researchers, focus groups and interviews were conducted over Zoom. All participants received a $30 gift card for their participation.

Ultimately we learned: Bostonian families are experiencing too much--too much going on in the world, too much stress in their lives, too much pressure to ensure their family can thrive--and much is being asked of them: from being partner, child, sibling, neighbor, civically engaged resident, parent...and now educator, nurse, chef, ombuds-person, coach, cheerleader, audience, playmate, and friend (among other things). There are only so many hours in the day, and subsequently many families are feeling like they're not enough--as parents/guardians, as spouses/partners, and as employees.

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BACKGROUND

PREVIOUS RESEARCH

Few research studies have attempted to understand the preferences of parents and families regarding their child care choices. The majority of these studies were primarily conducted using focus groups in large, major U.S. cities, and they focused on how parents conceive of ‘quality’ child care. According to these studies, families judge ‘quality’ based on relational factors: how they or their children are treated by early educators. In addition to studies on quality, a small group of studies focused on the factors of child care preference demonstrate a strong preference based on the ‘structure of care,’ which includes early educators’ attitudes, training, and trust. Together, these studies point to the necessity of a strong, trusting relationship built on mutual respect in between early childhood professionals and families.

Preference, of course, is not the only factor taken into account when making decisions about child care. The cost of child care is often cited as one of the major considerations in choosing child care. In Boston, the average cost of care was roughly $13,771 per year—more than annual in-state tuition at the University of Massachusetts Boston.

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Before the pandemic, the Massachusetts Partnership for Infants and Toddlers found that the lack of affordable child care was high on the list of concerns families across the Commonwealth had about child care, and affordability was cited as the top concern for families in Boston in 2019. Beyond affordability, accessibility is also taken into consideration. In 2019, 45% of Boston families cited that child care was too far away or too difficult to find.

On top of these factors affecting child care demand, the COVID-19 pandemic has produced additional constraints and considerations. These include ensuring that child care programs have sufficient health and safety precautions in place, including having enough personal protective equipment (PPE); getting aid from the subsidy system many families and providers rely on; and finding reliable transportation to get to and from child care. In addition, insufficient food for families, loss of income, fear of eviction from housing, and increased attention to racial inequities have all added to the fragile child care system's potential collapse.

Two Bostons.
It is well-documented that wealth disparities in Boston have produced two starkly different experiences of Boston: one where wealth, either gained or inherited, produces a stable foundation and one where lack of wealth means living in constant precarity. Although unintentional, data from this project pointed to distinct differences in experiences, challenges, and needs by employment type.

“This right now, my oldest son is 12. He’s helping with his brother. His grandmother lives upstairs, so she checks in on them. So they’re home right now during my work hours.”

- GG-08

The Boston Context
This project aims to contribute to the existing knowledge—and to inform MOWA, EMLab, and the City of Boston on next steps in terms of child care policy and practice in a world impacted by COVID-19. In this regard, inequity experienced in Boston, by wealth and by gender, is noteworthy. While Boston is certainly not the only city in the country (no less the world) experiencing these types of inequities, the experience of wealth and gender disparity specific to Boston serves as a salient backdrop against which our findings are situated.

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11 Ibid.
Families with at least one parent/guardian who identified their employment situation as either ‘work from home’ or a ‘combination of going to a work site and work from home’ exhibited similar challenges and worries. Participants in these employment situations all began working from their homes in March. While many had been told to prepare to re-enter their workplaces in the fall, by the time of data collection, several employers had already postponed re-opening until the new year or even into the summer of 2021, while other employers had yet to issue further notice. For these families, Zoom became part of their lives, providing their employers, co-workers, and clients a window into their home lives as children, pets, and other family members sometimes made cameo appearances on work video calls. Because their children’s child care or school had shut down as the pandemic hit, these families were attempting to fulfill their obligations to their employers from home while simultaneously caring for their children.

The second group we encountered were families with all parents/guardians working at a site that requires their physical presence. Because these families had to return to their work site, they risked losing their jobs or faced reduced hours if they did not have an alternate means of child care for their children whose child care or school had shut down as the pandemic hit. This was difficult because although emergency child care was available for state-designated essential workers, other forms of child care did not reopen until the end of June. Many of the parents/guardians in these families worked jobs that likely placed their families in the middle-income bracket that is too high to qualify for social benefits but too low to live safely beyond precarity.

While these distinct experiences do not entirely track to previously studied wealth or racial disparity, they do overlap in the differences experienced by those living with stability versus those living in precarity.
Uneven distribution of work across gender. Prior to COVID-19, gender was known to play a role in terms of distribution of housework, child care, and home schooling within the home. The impact of this additional labor (also known as the ‘second shift’) weighed heavily on womxn’s ability to enter or re-enter the workforce. COVID-19 seems to have exacerbated these gendered roles within heterosexual households. In their October 2020 report, the Massachusetts Commission on Status of Women found that among the more than 4,000 survey respondents, 72% said they had an increased inability to work, and 61% reported being severely impacted. These findings corroborate national reports that show a decline in women’s employment due to lack of child care.

A recent study found that twice as many women as men believed a work from home employment arrangement during COVID-19 could have a somewhat or extremely negative impact on their careers. This finding might indicate women’s anticipation that a disproportionate distribution of ‘second shift’ work by gender would lead many working mothers to reduce their paid work hours or to leave the workforce altogether.

My direct manager is also a parent, and he’s super understanding. He actually encouraged me right in March, ‘Just block off times on your calendar that you don’t want to have meetings so you can block off time for child care.’ So that’s been really nice. My husband’s job is not so. He doesn’t feel like that’s something available to him, so I’ve definitely done more of the child care day-to-day.”

- GA-03

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20 Lapowsky, I. (2020, August 20). For working parents in the pandemic, a survey finds dads have it easier than moms. protocol https://www.protocol.com/parents-working-from-home-survey
GS-23: “That’s been the hard part, too: dad doesn’t usually do the doctor stuff. Mom does. So, that’s been a little difficult for him to—just changing roles in general. Just a big giant learning curve. It’s been hard.”

- GS-23

Among our Bostonian study participants, household and child care tasks similarly fell disproportionately on womxn. Working parents/guardians felt overwhelmed by additional child care and school responsibilities presented by COVID-19; however, in two-parent heterosexual families, working mothers in particular seemed to take on more of these responsibilities than their male counterparts. With children and adults home more often than during pre-COVID-19, moms took on more of the household planning and logistics, more of the child-centered tasks (e.g., ensuring children were learning), and more of the household tasks (e.g., making breakfast or lunch, cleaning). One Roslindale mom working in the service industry shared that ‘It’s been the unofficial decision that I’ll be home with the boys when work picks up so dad can go back to work.’ These same moms discussed cutting back their work hours, switching to more flexible work, or simply quitting their jobs, citing their current juggling of the ‘second shift’ with their own paid labor as untenable. A Mattapan mom working as a teacher’s assistant considered her options as she awaited information on whether her job would be remote, in-person, or hybrid in the fall: ‘...I know day care is really expensive, and it’s kinda not worth my paycheck. So unless they [make my job remote], I might just stay home.’

This is not to say that fathers did not contribute to household chores or carework, but that the bulk of the burden fell onto mothers, and many of the mothers we spoke to were, similar to those surveyed by the Massachusetts Commission on the Status of Women, near or already at their ‘breaking point.’ Burnout is a real issue for working families, and the pandemic has magnified gender inequities at home and at work. Womxn tend to be the ‘shock absorbers’ of our society, and so it is not surprising that moms have been exhausted by what was thought at first to be a few weeks, then a few months, and is now a way of life for the near future. This new reality could have a lasting effect on gender equity in the workplace for years.

“Does that mean I need to change my hours? I’m not worried about getting laid off or anything like that, but I still need to support my family. I don’t want to have to quit my job because COVID-19, and I don’t have the proper support for my 4-year-old.”

- GG-08

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22 See vignette on ‘Nichole’ in Appendix C for more context to this participant’s child care story.
Our data produced four themes that cross-cut the wide diversity of our participants. The way these themes affected families were sometimes different, but they remained a pervasive experience across all of our participants nonetheless. In this sense, we are confident that they may be used to broadly inform citywide policy with the caveat that the intersection of identities and circumstance will warrant deeper investigation when applying these to produce more targeted policy solutions. Three themes centered on families’ experience during COVID-19: families are worried and scared, families feel greater stress in balancing work and child care, and families feel increased constraint and pressure. The fourth theme focuses on families’ experience of caring for children or finding care for children during the pandemic as well as the features of child care that families now find ideal. Each of these themes is discussed in greater detail below.

“I have no desire to be in closed spaces for long periods of time. I see how anxious I get, and sometimes I can’t breathe when I’m in a closed place for too long right now....I’m not okay around a lot of people right now, and I’m not okay in closed spaces. I’m okay outside, and that’s something new for me.”

- GN-15
Families are Worried and Scared
When it comes to young children and child care, there is already plenty to worry about. As the pandemic continued into the summer, families’ fears seemed to compound; it is not surprising that fear—of all kinds, but all centering on fear of the unknown—was a strong theme across all families’ experiences.

“But just sickness-wise, and the fact that it’s a virus that no one knows about and that whole scary factor of it adds a lot more unknowns to any situation, so you kind of look at: do you really want to go to that playground, how many kids are actually there? You talk to a kid about going somewhere and you’re like, ‘Oh wow that’s like 30 kids over on that one play structure is that okay? Maybe 30’s a lot, but three or four kids are using the same toddler sized play structure. Maybe we’ll go to another place. Or parents are also looking like--that adult’s not wearing a mask. Those kids don’t wear a mask so maybe we shouldn’t go there.’ That type of thing.”

- GS-23

Families fear becoming infected with COVID-19.
Participants were very concerned about catching the coronavirus. Most families worried generally about the potential unknown effects of the virus on their immediate family members, and many participants discussed isolating themselves, with limited or no direct contact with others outside of their home. One Dorchester mom who is a teacher shared her fears and anxieties:

I have no desire to be in closed spaces for long periods of time. I see how anxious I get, and sometimes I can’t breathe when I’m in a closed place for too long right now....I’m not okay around a lot of people right now, and I’m not okay in closed spaces. I’m okay outside, and that’s something new for me.

Participants took as many precautions they could think of in the early days of March and April, including limiting ventures to the grocery store and ceasing to visit relatives or friends. Some families expressed added concern because their children or other close relatives had conditions that placed them at elevated risk. One Roslindale mom working in the service industry explained:

...just sickness-wise, and the fact that it’s a virus that no one knows about and that whole scary factor of it adds a lot more unknowns to any situation, so you kind of look at: do you really want to go to that playground, how many kids are actually there? You talk to a kid about going somewhere and you’re like, ‘Oh wow that’s like 30 kids over on that one play structure--is that okay? Maybe 30’s a lot, but three or four kids are using the same toddler sized play structure. Maybe we’ll go to another place....that adult’s not wearing a mask. Those kids don’t wear a mask so maybe we shouldn’t go there.’ That type of thing.
Some participants were worried about getting sick for reasons beyond unknown health effects. For example, a Jamaica Plain stay-at-home dad shared, ‘We’re still a little hesitant to take [the kids] to playgrounds, just because they are generally pretty populated, and there’s still a feeling of a germ situation. We don’t necessarily think the kids would get sick, but if either of us [adults] got sick, it could be a really difficult situation watching the kids. And we’re in tight enough quarters that if [my wife] got sick, I would and vice versa.’ And one foster parent fears that a positive diagnosis in any family member might result in having a pending adoption denied.

**Families fear exposure risk at work, at child care, or at school.**

In the early months of the pandemic, essential workers and others who must physically return to their work sites were concerned about the lack of PPE at their work sites. Already fearful about the effects of COVID-19, these participants had no choice but to potentially expose themselves—and their families—by going to work. This fear is all the more salient for womxn of color, who disproportionately hold low-wage and essential jobs.

One East Boston mom working in a health care setting shared her routine:

I come home, I strip naked in my front door because I see patients all day, and they come there with the paper saying they have COVID, and we still have to help them, but we don't have the protections that doctors have. They have the complete setup, we do not. We just have the masks and maybe gloves that we don't even have anymore...It was very scary. I could not hug my daughter when I came home, I just walked into the house, run to the shower.

“**Our current day care provider, she lives with her 90-something year old mother, so it feels very risky to go back, like we could really cause...it’s very stressful to think about.**”

- GA-01

Similarly, all participants expressed concern about school and child care re-opening, citing their concern about increased risk of exposure to their families. As one West Roxbury mom who was working from home shared,

For us, we’ve been super closed off to everyone for the past four months. I feel like we’ve tried to be so careful and so insular that feels like opening it up in such a big way. We’ve interacted with maybe three people, and now all of a sudden, our kid is going to be licking the same toys as how many other kids and how many other people they’ve interacted with. It’s definitely breaking that bubble in a big way.

While the science is still in debate as to the severity of carriers and spread among young children, it is quite difficult to ensure that young children abide by social distance measures even part time. Many of the participants welcomed staying at home for the time being rather than return to large office buildings and other work, child care, or school scenarios with more people.

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26 See vignette on ‘Stacey’ in Appendix C for more context to this participant’s child care story.


Families fear stagnation or even harm to children’s growth and development in isolation. Besides fearing infection with COVID-19, participants also expressed alarm as to the possible harm to their children's mental health, social-emotional development, and other aspects of their child's growth or development due to not being around other children and friends at child care or school. Participants cited examples of behaviors their children exhibited that they felt were worrisome:

- A Jamaica Plain mom working from home described her toddler telling strangers to ‘Stay away from me people!’ when their family ventured outside.

- A Dorchester dad working security shared that his young daughter has ‘been staying up [late], and the whole schedule is upside down.’

- Another Jamaica Plain work from home parent's preschool-aged son misses his friends, asks many questions about death and dying, has trouble sleeping, and is plagued by monsters. The child's mental health and anxiety improved when he was back in child care for five weeks.

- A Dorchester mom working from home shared about how her child started asking about how her co-workers are, since he saw them on Zoom so often. She worried that he was ‘so desperate for other humans that he’s just popping onto these Zoom calls and doesn’t even know these people.’

- A Roslindale mom working at a non-profit observed that her kindergarten-aged daughter stopped communicating when she had to attend school over Zoom.

- Several participants cited that their children were watching more videos and had much more screen time than parents would have ever allowed prior to the pandemic.

- A Jamaica Plain stay-at-home dad told us that his 4-year-old and his 2-year-old would scream for their mother whenever she was on Zoom or on the phone.

“..."This is a day care with two other kids. So if she does have COVID, the people that are there and the people they’ve been in contact with is probably an easy thing to trace, tell everybody. But if you think of a classroom with 15 kids or 30 kids...if the teacher or what if a person in the kid’s family gets it. I don’t know. And we’re two weeks in, so I was like, ‘Well, we made it two weeks.’ It feels like you’re weighing impossible decisions that there are no right answers to.”

- GBL-06
Participants may not have had the jargon for it, but they all expressed an understanding that their children were missing something essential in staying home and away from their typical care situation. The Jamaica Plain stay-at-home dad mentioned above also noted that the lack of safe access to playgroups and other activities (such as storytime at the library) has had an effect on his children’s social development and his family’s ability to provide experiences that help promote positive growth and development for their young children. These observations and related concerns over the effects of isolation on their children’s growth and development complement statewide survey results demonstrating widespread concern that not attending child care would deprive young children of socialization and produce negative effects on young children’s mental health.29

We do want to note that while families’ fears are very real and salient factors in their lives, families are also able to find joy and silver linings during the pandemic. Above all, participants were grateful for the time they are able to spend with their children; for many, they have never been so active in being both awed and supportive of their children’s growth and development. As one West Roxbury mom who is working from home shared, ‘I get to see everything--every new elemental thing...I feel much more like a mom than I did before.’ Participants relished in not rushing around during a morning commute, being able to spend quality time with partners and really getting to know neighbors, developing new skills, and having time to address home and financial needs. The pandemic has offered our participants the opportunity to reflect on what is important, and this further underscores how serious and salient our participants’ and their families’ fears are.

Families Feel Greater Stress in Balancing Work and Child Care

Our Bostonian families found it difficult to find any kind of balance between work life and home life during the pandemic as both worlds had been turned upside down. Many employers understood that children would now be a presence throughout their employees’ work day, but our participants felt that their employers made few accommodations for this drastic disruption of the typical work day. Bostonians consistently cited the fact that the expectation of their work output had not changed--and for some, this expectation was actually greater. Participants discussed their interest and intention to be good workers, but it was clear that the lack of accommodations from their employers made it difficult for them to feel that they were performing well.

Employers acknowledge a more stressful home life during COVID-19.

Participants felt that their employers were understanding that working from home with young children would pose new and different challenges to productivity. This was true especially if their employers were also parents of young children. This finding corroborated evidence from a study on companies in New York state, which demonstrated that many companies’ owners and high-level executives are aware that their employees have problems accessing and affording quality child care--and that several of these companies also anticipated a child care shortage upon re-opening.30 This seems to ring true for Massachusetts-based companies as well.31 A West Roxbury teacher told us that her supervisor also had young children and was very understanding; she was just to do her best given the circumstances and that personal and work lives were now together.

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Co-workers, other colleagues, and clients also seemed accommodating of young children invading (or regularly attending) Zoom meetings (one mom's child attended so often that she began calling him her ‘sidekick’). Participants felt that this blending of work and home helped humanize them and their home situation for their colleagues and clients—and it helped them better understand and have empathy for their peers’ work/home situations. One West Roxbury work from home mom said,

I actually like it when my kid interrupts calls} when it’s with people that I don’t normally see. Especially when it’s my boss’ boss or senior leadership. This is what I’m dealing with. I know you all have kids that are in their teens or 20s, but I have a four-year-old literally climbing up my back, so this is why I’m not doing all the things I’m supposed to be doing. So it’s a nice visual reminder.

**Employees feel pressure to produce the same amount of work output as they did prior to COVID-19.**

Some participants, particularly those working from home in some capacity, noted that their employers are providing more flexibility in work hours and work days. These participants simultaneously explained that their employer’s expectation of work output had not changed.

A West Roxbury work from home mom told us, ‘I think...well, I know the work and output expectations are 100% the same if not more during all this. And it’s kind of just like ‘Make it work.’ At my work at least people are advanced enough to not criticize if kids are around or that you hear kids, but the expectation is that you’re working a full day.’ And a Dorchester essential worker mom said that the attitude at her workplace felt like, ‘They’re acknowledging that COVID is happening still, but at the same time they’re just like, ‘We want our job done.’”

Similar to respondents to a national survey of parents, Bostonian participants feared losing their jobs for not producing as much output as peers who do not have young children. They found ways to compensate for work or time lost, working early in the morning before children woke up, late into the night after children went to sleep, or on weekends. Due to having young children in the home—and no change in output expectations—work was often completed at the expense of sleep; time with their children, partner, or other family and friends; or personal time. One Dorchester mom working from home describes how her child care decisions are fully colored by the inflexible expectations of her and her husband’s jobs and how this, combined with having a young child in the home, became unsustainable:

I’m one of the ones who could keep my job, but I’m not working like I did before. So I have the constant fear that if I’m not focusing more on work, that I am at risk of losing my job. That’s why I feel really pushed to send her back to day care, and that feels really bad...So now imagine all these families that you’re now all of a sudden exposed to. We can control our environment, but we cannot control how the two teachers and the nine other families, what they’re doing. That feels scary. It feels scary because if something happens, I feel like we could have continued what we’re doing now. It’s a matter of how much risk we want to take to feel that we are able to do our jobs.... But we feel that it’s necessary because we want to keep our jobs. We just bought a house, there’s a lot of financial responsibility...It doesn’t feel safe, but it also feels like we have to make sure we can pay our bills.

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32 See vignette on ‘Kayla’ in Appendix C for more context to this participant’s child care story
In a similar vein, another work from home mom, this time from Roslindale, described keeping a professional face for a particularly high-level work group: ‘My supervisors had been understanding, but I feel like it’s navigating with other colleagues. How understanding or not are they going to be...I don’t want them to think I can’t do this just because my kid is home with me. I feel like I have to be this certain person...so that my ability to carry out a task isn’t questioned.’ Related to fear of job loss is fear of stature and capability that many womxn and people of color in our sample had to contend with. These findings corroborate results from a statewide survey that found that working parents worry that ‘their job performance will suffer as they patch together child care arrangements.’

A few participants who happened to be decision-makers in their own organizations recognized that beyond the flexibility of working from home, work expectations might also need to shift. One Roslindale mom working at a non-profit took time to reflect on the question ‘What is work?’; this participant readjusted organizational expectations for her small staff (and herself), and she reports that this adjustment yielded a significant reduction in stress for herself as well as a better working environment for her small staff. A Back Bay dad working from home and managing a small team cited his work culture as supporting him in recognizing that he--and the workers he manages--‘don’t really have the 8 hours or 40 hours a week that they had previously.’ This recognition has changed how he evaluates his staff (and how he is evaluated as well).

For essential workers at the beginning of the pandemic, and for participants whose work site re-opened according to the state’s re-opening plan, there was no other choice but to return to their work sites to support their families. Because child care and school had shut down in the early days of the pandemic, these participants had to find a safe way to care for their children while they supported their families. Finding a safe and trusted place to care for their children is imperative for essential workers in particular, as essential workers (who are largely women of color and also less likely to have a college degree) have also been disproportionately economically affected. While some participants did have access to emergency child care as essential workers, not all who were required to return to work did (and not all took advantage of this option--see ‘Child Care’ section below).

While participants whose employers allowed them to work from home felt stress around competing work and child care needs within their homes, participants whose employer required them to return to their work site felt stress around competing needs because of the separation between their work and child care needs. These stresses were no more and no less greater than one another; they were simply different. At the end of the day, all families are choosing between being good workers and being good parents/guardians. It seems that Bostonians with young children just can’t catch a break.

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35 See vignette on ‘Jess’ in Appendix C for more context to this participant’s child care story.
Participants who had to return to their work site did, however, experience compounded stress when their work site did not seem safe or prepared to deal with COVID-19. One Dorchester essential worker mom described how her work culture affected her home life and child care decisions, despite her worry and concern for her young children:

They were kind of like, ‘You don’t have to come in. Don’t. But we really need you to come in when you can.’...I cannot lose my job right now, especially in my circumstances. Being the sole provider for my three kids, it’s just not plausible for me to say, ‘No I can’t do this’...I go back to work in two weeks... I would love to stay home and be safe, especially with them being so new--and being preemies... They were born two months early.

For these participants, not only did they have to deal with the stress of finding care for their children while they were at work, but they also had to confront their fears around being infected (see ‘Fears’ section above).

Employees want to be ‘good workers.’
Despite the stress experienced in balancing work and child care, participants seemed to want to produce good work for their employers. A national survey of families found that ‘...the vast majority of parents in our survey—approximately 90%—reported that they will be caring for their young children all day despite their other obligations.\(^{37}\)
For many of our work from home families, we also found this to be true. However, we simultaneously found that our participants were going to great lengths to not simply complete their tasks, but to continue to produce high-quality work. For example, one Jamaica Plain mom working for a non-profit shared that her employer gave her an option to reduce her hours without reducing pay: ‘I think I ended up working 30 hours instead of 45 or whatever it is that I normally work, and I was just able to get my work done....It was amazing.’ But later in the conversation, she noted that, ‘When I was working part time, I was working more on the weekends and at night just to get everything done.’

Participants seem to find value and pride in their work and seek workplace accommodations that support their interest in producing quality outputs. One participant even went so far as to offer suggestions that she believed would help her better balance her work/child care time to her employer. For example, she suggested that her work team might decide on specific and consistent blocks of time for Zoom meetings, so that she could plan alternate care arrangements. She noted that suggestions like this were considered by management, but they were ultimately rejected. Without the proper workplace accommodations, the worker potential that seems to be ideal for both employer and employee cannot be realized.

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FAMILIES FEEL INCREASED CONSTRAINT AND PRESSURE

Their fears and employment constraints aside, Bostonian families are feeling constrained and pressured in ways that are different from their pre-COVID constraints and pressures. They feel constraint and pressure physically, emotionally, and mentally.

Families feel constrained by the limitations of urban space.

Small living quarters are typically fine for urban families because they can easily access the amenities of the city (e.g., business districts, parks and playgrounds, etc.). However, limited families in their ability to access public spaces, both because many spaces, such as restaurants, museums, and theaters, either closed or greatly reduced access to their indoor space and because families continue to fear infection and so limit their interactions in these spaces, especially when social distancing or mask wearing seems precarious.

Within the context of their fears and employment requirements, this small spatial footprint creates simultaneous feelings of isolation and crowdedness. A few families who could afford it in either time or money found ways to carve out completely separate spaces for work. Many families await the development of a vaccine, but at the same time fear a surge in cases and being forced back inside as fall and winter return.

Families feel inadequate as parents, inadequate as employees.

Often, participants expressed feelings about not being a good parent/guardians and—in the same breath—they expressed feelings about not being the employee they had been before the pandemic. One Jamaica Plain work from home parent encapsulated this quite well:

The biggest challenge is just trying to work and parent at the same time. Nobody is meant to do that....I can’t be engaged with him while I’m also working. It’s really hard to do at the same time. ‘I want a snack or I need help to wipe my butt.’ Things like that come up that I need to help him with that I can’t do. And I think it’s hard for him to see me at home with him when he can’t engage with me in that way. That’s really hard on him, it takes a toll on him I think....Right now, I’m working 9-2. But I do end up many nights working after he goes to bed. Which again, I’m exhausted and the work is not the right caliber of work. He goes to bed, I do dishes, and clean things up. And by the time I sit down, it’s usually 9:30 or 10 that I’m sitting down at my computer to do work. This is not good for anybody. It usually takes me double the time to do that work, so it’s not great. It’s not good. I feel like a bad employee and a bad parent at the same time.

As a national survey of parents found, ‘These parents are suddenly expected to be full-time care providers for their younger children, full-time teacher’s assistants and classroom managers for their older children, and—in their spare time—full-time employees at their ‘day jobs’ so that they can support their families’ basic needs.’ Another national survey estimated that parents were losing an average of eight hours of work per week trying to make this balance work. As already described, Bostonian families, regardless of type of employment, felt that they had to choose between being a good parent/guardian and being a good employee. With the limitation of only so many hours in the day, the end result for all of our participants was feelings of inadequacy both as parents/guardians and as employees. Even over Zoom, we could see these feelings manifest in pained and anguished looks as participants described their inability to feel good in either of these roles.

“They know I have kids. They run right in front of the screen. Sometimes...a kid will come out of nowhere. So they know I have them, but I don’t really think they know what that means... I don’t know how much they understand that. It doesn’t come up as a conversation unless I make it come up as a conversation.”

- GIJ-11

Families are in a constant state of stress. Combined, families’ fears and their rigid work responsibilities produce constraints against which they must make decisions. Participants noted these constraints, brought about by the pandemic, were doing to their own mental states. They explicitly expressed being stressed, worried and nervous, overwhelmed, and exhausted. Few people had found time for themselves in months. Our Bostonian families described experiences consistent with findings from the Massachusetts Commission on the Status of Women, who reported that 80% of parents experienced significant to overwhelming stress. A Brighton mom working from home walked us through her work/life balancing act:

It just feels like I’m working all the time to try and stay at an appropriate level of output for my job and the level I feel like I need to be producing at to really keep things moving along. It feels like if I take a break to...breastfeed and maybe can't do work, then it feels like I'm going to make up that time later whether I'm planning or, whether I just... [We were then interrupted by her baby.] This is what it’s like all the time at work.

And a Roslindale mom who is a service worker summed it all by saying:

Life goal stuff--like going on a big family vacation--that’s not even on the board anymore. Cause now it’s let’s get through the month. It’s scary. Besides the obvious of sickness and all of that. The financial side of it....We have to have some humor with it because it’s not only a sickness that has taken over and our child care is now completely changed and our way of taking care of our children is changed but the financial, our futures, our careers, everything. I feel like we’re still in that Shake N Bake bag, and no one dumped us out yet.

This finding is particularly striking in light of recent national data demonstrating that families have experienced loss of emotional support during the pandemic. In addition, national and statewide studies demonstrate that high levels of stress, anxiety, and depression as early as April. A separate national study makes note that social distancing has a different emotional toll on women than men. Families are doing all they can to cope. A Dorchester essential worker mom shared that she

...sent [her kids] to [home state] to stay with my family...they stayed for a month and a half. Because...with my little one, because he’d been in the house all day, he was just having too much energy for me when I got home. I wasn’t giving him the time that he needed for his school work or anything, so I just asked my family to take him so he could get the support he needed and I could get the support I needed without being overwhelmed and stressed.

In the same vein, a Hyde Park mom who is a service worker told us that she started taking anti-anxiety medication ‘because I was flipping out about every little thing’ During a time when stress levels are on the rise due to the aforementioned fear of COVID-19, massive job loss, increased attention to anti-blackness and racial injustice, and climate disasters, lack of emotional support adds to the likelihood of the introduction of toxic stress into the home and, therefore, adverse effects on child growth and development.

“For us, we’ve been super closed off to everyone for the past 4 months. I feel like we’ve tried to be so careful and so insular that this this feels like opening it up in such a big way. We’ve interacted with maybe three people, and now all of a sudden, our kid is going to be licking the same toys as how many other kids and how many other people they’ve interacted with. It’s definitely breaking that bubble in a big way.”

- GA-01

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CHILD CARE: DURING THE PANDEMIC AND INTO THE FUTURE

Participants told us about the child care arrangements they had prior to the pandemic, during the early months of the pandemic, and once child care programs began to reopen and schools were making plans. The kinds of child care participants used prior to the pandemic included center-based care, family child care, public or private school preschool programs, relative care, stay-at-home parents, and neighbors. We learned that families’ fears had deep influence on their decision to access available care and that families’ perception of safety and their comfort with their selected child care was of paramount importance when they did decide to return to child care. We also gauged families’ demand for child care, not by asking about the type of child care they would prefer, but by asking about the elements of child care they find ideal.

Families have imperfect information.

One thing that we noticed in speaking with nearly all of our participants was the sheer lack of information and clarity regarding the child care system, COVID-19, or the intersection of the two. Families demonstrated varying levels of confidence in their understanding of the child care system, but consistently shared imperfect information. Families often conflated that amount of authority that the City of Boston had with that of the Commonwealth with regard to early childhood policy, referred to the notion that young children ‘weren’t learning anything yet,’ were unclear or misinformed on the changing regulations during COVID-19, and sometimes just did not know where to begin to find answers to their questions. Families expressed uncertainty around navigating various systems, including how early intervention services coordinated with child care and available summer options for children in BPS K0 or K1 classrooms. Several participants voiced their shock at how the child care system could charge so much and pay so little. And only one family out of 24 even mentioned taking advantage of the Families First Coronavirus Response Act.47

Fear prevents families from accessing available care. Once the pandemic hit, nearly all participants took care of their children in their homes in response to the state of emergency declared by Governor Charlie Baker on March 10, 2020 and subsequently shut down both child care and schools through an executive order on March 18, 2020. Some of our participants were classified by the Commonwealth as ‘essential workers,’ allowing them special access to emergency child care—the only kind that was allowed to open during the first months of the pandemic. While emergency child care was set up rapidly and was free of charge to essential workers, only one of our essential worker participants took advantage of the free emergency care at a family child care home. Other essential workers cited their fear of infection, not knowing how many other children—and not necessarily having a relationship with their closest emergency child care provider, or with other families who may also be accessing care. One Dorchester mom who is an essential worker explained her thought process:

“There was emergency day care open when it first started, before they figured it out at some point. However, they said that up to 40 kids can be in a center at the same time, and in my head I was like, ‘So what if 40 kids actually come, and how many adults are gonna be there? It’s probably not safe. If you’re telling us not to be around, then I’m not going to be around. So why send them there?’

While a national survey found that essential workers had a hard time finding child care for their children, this was not the case in Boston, where emergency child care capacity peaked at 38% while it was available during the first months of the pandemic.

“I definitely felt overwhelmed at first. The reason I sent my oldest son to be with his dad was (1) so he could focus on school, but (2) because I work for [job] when we were around everyone when everything first hit, and we weren’t properly social distancing. My oldest son has asthma, and I was like, ‘What if I bring something home?’ I don’t want to get him sick. And then with my younger son, I felt more stressful because he needed more attention, and I couldn’t give it to him. I couldn’t say, ‘Let’s go to the park and you go and run around’ and things like that. It was really overwhelming.”

- GG-08

50 Mayor’s Office of Women’s Advancement. (personal communication, November 2020). Boston emergency childcare daily attendance and occupancy data.
“There’s no social distancing with preschoolers...I guess my assumption is, ‘Okay, we’ll see if they can wear a mask and if we can all stay healthy,’ but I don’t have the expectation that there is gonna be real social distancing happening. But I do feel like as a kid that since three months old has always gone to school and really loves school, I feel that social benefit now just outweighs to just get him back... My concern during all of this is that he’s isolated. I want him to return to normalcy.”  

- GD-05

Other families do not have the option to keep a parent/guardian home. Participants from these families felt that they had no choice but to send their children to care, underscoring findings from an October 2020 statewide study that found 37% of the respondents (and 40% of essential workers) expressed concern about leaving their children unattended because of a need to work.53 A Dorchester mom who is an essential worker described her current care situation: ‘Right now, my oldest son is 12. He's helping with his brother. His grandmother lives upstairs, so she checks in on them. So they're home right now during my work hours.' Her experience echoes a finding from the statewide survey mentioned above that 29% of families who had to return to work outside of the home considered having an older child watch a younger child while they worked.54 And as mentioned above, the fear of infection that families felt in placing their children in group care alongside the need to physically go back to work placed these families in a position that produced those feelings of inadequacy, both at home and at work.

“A recent statewide survey found that general child care usage in the fall was estimated to be around 76%, but actually turned out to be 62%.51 The top reasons parents cited for keeping children home was to minimize exposure to COVID-19 for their children and concerns regarding cleaning and sanitation procedures. Into late summer, a few participants had either decided to home school their children or that one parent/guardian (in two-parent/guardian, heterosexual couples, this typically meant the mother) would stay home with the children while the other parent/guardian works. These findings corroborate those from a statewide survey that found that, during the summer, 70% of families with school-age children considered keeping both school age children and young children out of child care at home if they were working from home.52

“I just don’t know how to [work] safely. I’m thinking to myself, ‘I need to find a babysitter, but how can we promise anything when I’m around 150 kids every single day. Who’s going to want to pod with us?”

- GIJ-12

52 Ibid.
Families want child care that they feel comfortable with.
Whether it was because they wanted to or because they had to, when families did utilize child care, they went to great lengths to ensure that they felt safe and comfortable with their choice, given their multiple fears and constraints.

Participants who were able, often looked to the familiar first. Community plays an imperative role for families, both in terms of child care and in terms of emotional support. Extended family, trusted neighbors, friends, church members, and other community members continue to provide child care relief into the pandemic, though in new ways and with new considerations. Some participants discussed moving out of state—or moving their relatives in state—for several months to be close to grandparents and other family members who, as part of a family’s ‘pod,’ are thought to be more safe than non-pod child care options. Other participants, fearing for grandparents’ health, drastically or completely cut down on their reliance on grandparents’ help. Some participants discussed leaning on their local connections to find neighbors, friends, and church members who might help alleviate child care needs.

Some participants decided to return to their previous care arrangements immediately upon the state’s re-opening of child care. Others waited as long as they could but ultimately decided to return to their child care. These participants cite knowing and trusting their child care provider as a reason why they felt comfortable with their return. While some participants expressed worry about staff and other parents/families wearing masks and taking the necessary measures to keep everyone safe, having fewer children than was typical pre-pandemic helped ease fear. These fears are also being mitigated by the parallel fear and concern about young children’s mental health and social-emotional development. A Jamaica Plain mom who works for a non-profit brought her daughter immediately back to her family child care provider: ‘I think it’s because it’s three families...they know that we’ll say that she’s been sick. They know that nobody’s gonna bring their kid if they’re sick. We trust the other families, we trust the providers. Nobody’s going if they’re sick.’ Participants who went back to their previous child care provider suggest that strong communication and trust between child care providers and all families will be key.
Families are changing their child care preferences because of COVID-19.

As some families returned to their providers, others changed to new programs. These changes happened for a few different reasons. One reason was mitigation of potential infection. Some families now prefer child care providers with larger spaces and/or fewer children because they feel that the ability to distance helps mitigate the spread of COVID-19. Over the course of a focus group, we watched as Roslindale mom working at a non-profit went through the process of deciding to put her child in a center that they had already placed a down payment on versus their current family child care. As we talked, she seemed to gain clarity on how, at this point, she actually prefers the family child care: ‘I don’t think I’m feeling good about the [center]...just because of how many kids are in a small space. Even though the home day care isn’t huge, it’s less kids, and [the family child care provider] isn’t able to have more kids than that. It’s like nine, ten maximum.’

Because of COVID-19-related changes in employment, including shifting to work from home or onset of unemployment, some families now prefer child care closer to home rather than work. A Dorchester mom who is working from home shared her thought process:

Before COVID, I had this great idea....there’s a day care center in my [work] building....I always wanted my kid to be where I worked. But now, everything changed....So now we’re like, ‘Okay, the day care needs to be where we live instead of where we work.’...Some of my colleagues they had local day cares, and after a while they were able to bond with another family and have the kids be able to hang out with each other or even share child care duties. But because our child care was really far away and it was a commuter day care, [our daughter] doesn’t have any friends here. That is a factor for the future.

Some participants were both lucky enough to qualify for and strongly constrained by their access to a child care voucher prior to the pandemic. For families with vouchers, their use of child care heavily depended on their local access to an open, licensed child care provider that they felt comfortable with. While some participants whose previous child care was no longer an option were able to find new care arrangements that accepted vouchers once child care re-opened in June 2020, others were not as lucky and were unable to find the subsidized care they had previously relied on.

Finally, at the time of participation, public schools had yet to announce their plans for the fall, so some families could not report their preferences or concrete plans for their families in the near or distant future. For some families, it seemed like making decisions about child care options depended first on what the plan was for their local school or school district. These families either had older children already attending a K-12 school (in Boston Public Schools, neighboring districts through the METCO program, or local private/religious schools) or had been accepted into BPS K1 or K2 in the fall. These families seemed to be stuck in a holding pattern regarding child care decisions until a K-12 plan was announced. A Roslindale mom who works for a non-profit summed it up nicely:

It’s a puzzle right? If they do that, and they do that, and she does that, then maybe this is the situation. It’s a lot of cobbling together based on what’s happening, so I think we have to come up with a bunch of different plans... I know that’s not a ‘this is what we’re gonna do’ because there’s so many variables.

A statewide survey conducted in August 2020 found that 52% of Massachusetts families’ decisions about child care were impacted by the plans made by school districts, and our findings with Bostonian families underscore the deep interrelatedness of other institutions, such as the public school system, to child care.
Ideal child care in a COVID-19 world.
After talking through their past and present decisions and considerations regarding child care, participants were prompted to discuss the elements that make up their ideal child care. Several of these findings complement those from a statewide survey of families of infants and toddlers. Across participants, these included:

• **Small group sizes.** Participants preferred small groups of children. They suggested that in centers, this might look like a maximum of 10 preschoolers with two teachers, 5-7 toddlers with two teachers, and 5 infants per infant classroom. For family child care programs, a group size of 5-7 children was thought best.

• **Close to home.** Ideal programs were close to home—within walking distance and with parking and access to public transportation. While some families seemed to continue to rely on public bus services into the pandemic, several participants were leery of taking public transportation (especially with their children), making shorter commutes to child care more ideal. Participants also thought that if neighbors used the same child care program it would lead to stronger bonds between them and other neighbors, strengthening the community fabric.

• **Trust and transparency.** Participants stressed the need to be able to trust not only their child care provider, but also the other families whose children are in their program. While families cited adherence to ever-changing regulations, especially those related to COVID-19 health and safety provisions, they more so found importance in clear and frequent communication with their child care provider and with other families. Participants needed to feel like they could trust their child care provider as well as the other families to not only adhere to agreed upon protocols, but to also be honest about potential or actual infection.

• **Flexible hours.** Participants expressed that many child care programs did not open early enough (as early as 6am); participants also expressed the need to have child care that stayed open later (as late as 7pm). This was especially true for health care workers. In addition, several participants wanted to continue to be deeply involved in their child’s life by having more part-time options.

• **Flexibility and understanding regarding drop-off and pick-up times.** Participants thought that programs should allow more flexibility during drop-off and pick-up times. While participants acknowledged that fees for late pick-ups made sense, Boston traffic would often make families late despite making a good effort to be on time. When programs began re-opening, they implemented staggered and scheduled drop-offs and pick-ups, making it even more difficult for families who missed their specific time window and were fined.

• **True affordability.** All participants wanted child care that was free of cost for everyone. When pressed to think feasibly in the short-term, some participants suggested that groups of workers, such as essential workers, might be made eligible for free child care, and all participants agreed that families should at the most pay on a sliding scale tied to income. Participants felt strongly that the cost of child care should not equal or exceed the cost of a mortgage or rent.

With regard to the current system, some families wished the subsidy system worked for everyone, was more efficient (with shorter waiting periods), and that every child that needed a subsidy could access one. In addition, some families suggested that the cost of child care should be somehow offset by the City so that the full cost burden did not fall on parents and families.

56 Participants also shared about their ideal K-12 and afterschool care. See Appendix B for participants’ thoughts regarding these types of care. 57 DosRemedios, T. & Lamari, B. (2020). What do families want? Findings from a statewide family survey and focus groups. Massachusetts Partnership for Infants and Toddlers. [https://www.researchconnections.org/childcare/resources/38491/source](https://www.researchconnections.org/childcare/resources/38491/source)
• **Equity in distribution of high-quality care.** A Back Bay dad working from home expressed concern ‘that the zip code where you live ends up dictating the quality of your day care, which would be unfortunate.’ Participants valued diversity at their children’s program and believed that all children deserve the same quality of care, regardless of family demographics or location. They suggested that programs should have equitable access to resources, funding, and oversight.

• **Stability.** Participants wanted children to have fewer transitions: their ideal would be to have their child in a single child care from birth until they entered school. In addition, participants articulated the importance of the stability of the workforce, ensuring fewer transitions in relationships with loving caregivers for their children.

• **Educators who are professionals and who are valued as professionals.** Participants felt that early educators should have strong training, a career path, and higher compensation. In fact, participants took extra care to mention the need for higher compensation. In one focus group, participants took time to articulate:

  Dorchester essential worker mom: Better pay for teachers! Better pay! East Boston mom working in a health care setting: Yes! I think everybody is appreciating teachers now more than before. Dorchester dad working security: Teachers need to get paid more cause they’re dealing with our kids...I give em props.

  Their ideal early educator understands child development, has a degree in early childhood education, has regular meetings with families, and is caring and affectionate. They felt that all of these characteristics were related to or influenced their children’s school readiness.

• **Balance between ‘education’ and ‘care.’** Participants described the types of experiences they wanted their children to have, including: increased use of the outdoors, a balance of structure and free play, a play-based curriculum, scheduled field trips, a curriculum inclusive of multiple ways of learning, and a standardized, citywide curriculum.

• **Organizational amenities.** Participants identified a variety of other services that they would want to access via their child care, including: in-house early intervention, a bilingual program, healthy food, and easier way to navigate finding child care given preferences.

  “I want my son to be able to go to school...I want him to learn how to be a student. I’m not a teacher. That’s not a skillset that I’m really strong in, so I don’t want to be the main source of his early ed during this time when I’m already hypersensitive to everything that’s going around. At the same time, if you send these kids to school...I think about his day care years when one kid got sick or a snotty nose, so how are you going to properly do it? But then other times being like, ‘You’re opening a casino? You need to learn how to properly open up a school.”

  - GG-08
In general, it seems that with imperfect information and choices that were already limited, but further limited by the influence of the pandemic, participants had yet to find the child care they wanted and so were stuck deciding among the options they had. As a Dorchester mom working from home stated,

I don’t necessarily want a center, but I like the amenities of a center. I like the app, I like that they send us pictures the whole time, I like that they have a playground, I like that in normal times they have people come in and do all sorts of fun stuff for the kids. I like the amenities and I like the curriculum that I decide that the center is great. I would love it to be smaller, but it’s a trade-off.

“I sent [my kids] them to [home state] to stay with my family... they stayed for a month and a half. Because...with my little one, because he’d been in the house all day, he was just having too much energy for me when I got home. I wasn’t giving him the time that he needed for his school work or anything, so I just asked my family to take him so he could get the support he needed and I could get the support I needed without being overwhelmed and stressed.”

- GG-08

In sum, key take-aways include:

- Families aren’t just stressed and exhausted. They are scared. Families fear COVID-19, but they also fear losing their jobs, losing their homes, not being able to be the best parent/guardian they can be, not being able to be the best employee they can be, and more.

- A flexible work day is necessary, but not sufficient. As the pandemic continues, we know that the current state is untenable. Flexible work days offer little help in easing the burden of a full work load balanced with finding ways to care for young children full time. We need to move beyond flex time.

- The kind of child care that families want is not yet reflected in their current choices. Families’ preferences have changed during the pandemic, and we notice that there isn’t yet a child care option that meets most family preferences. Child care providers will need to shift their business models, but before they can, other stakeholders in the field will need to shift the system. If we really want to provide the types of child care families want, we need to create the proper infrastructure for that type of child care to exist and thrive.
RECOMMENDATIONS

While we knew how important child care was prior to the pandemic, the onset of COVID-19 has really brought home the fact that child care is the bedrock upon which our society runs. Without the use of child care, families cannot get to or focus on work, employers will not be as productive, and children may not receive support in their growth and development. Womxn’s careers in particular are put at an even greater disadvantage in the absence of child care, as ‘child care is fundamentally about gender and race equity,’ functioning as a means to mobility for womxn and womxn of color.

By now, child care programs have been re-opened for a few months, but national data demonstrate that as of July 2020, enrollment was significantly lower than at the start of the year. What is needed right now are ways to address families’ fears, support families in their decision-making, and shore up our child care programs and early educators. The findings from this study point to some specific, concrete next steps available to the Mayor’s Office of Women’s Advancement and Economic Mobility Lab--and to other actors within the City of Boston. While we acknowledge that local governments are limited by the more present roles of the state and federal governments regarding child care policy, we also believe that the local government’s powers of the bully pulpit, the ability to convene and connect, and the ability to provide tailored, agile innovation are tools that the City of Boston has and can continue to deploy pertaining to the changing wants and needs of the City’s families.

1. ADDRESS FEARS, CREATE SAFETY.
To address child care demand, we will need to address barriers, such as fear, lack of trusted information, and lack of trust.

(a) Provide clear, consistent, evidence-based communications and recommendations of a COVID-19 protocol regarding young children.
While scientists have yet to reach a definitive understanding of how the COVID-19 virus interacts with young children, we have still seen advances in our understanding of COVID-19 in the past few months. With over 30 colleges and universities and over 20 hospitals within its bounds, the City of Boston in particular has available to it some of the most brilliant epidemiologists, child development experts, and systems design professionals in the nation. We recommend that the City of Boston convene these experts to review and operationalize current World Health Organization (WHO), Center for Disease Control (CDC), MA Department of Public Health (MA DPH), Boston Public Health Commission (BPHC) and other legitimate and authoritative science-based recommendations regarding young children in partnership with child development experts, including those from MA Department of Early Education and Care (MA EEC), MA Association for the Education of Young Children (MA AEYC), the MA Association of Early Education and Care (MADCA).

“I’m a single parent. There is no other parent involved. I have to work or we can’t pay rent, so it’s kind of a bit of a nightmare.”
- GS-24

Once operationalized, clear and consistent communication should be conveyed to families, child care providers, K-12 educators, and other stakeholders who work directly or indirectly with young children for uniform implementation of a consistent protocol. These communications should reach these audiences in ways that are easily consumed (such as a fact sheet, pamphlet, or mainstream communications campaign) and should be translated into at least the languages required of the Boston Public School system (if not more). One great place to start is MA EEC’s COVID-19 Child Care Playbook, which was developed for child care providers, but could be transformed into something more family-friendly. Such communications may also be incorporated into Mayor Martin J. Walsh’s already frequent and clear COVID-19-related announcements. All stakeholders should be informed of the potential for changes in learning to affect operations and best practices, and any new changes in recommendations should be provided in similar clear, consistent, and accessible formats.

“[My husband’s] been job searching pretty much all summer. And just for his mental health, we needed to send her back. It was not a good situation. He’s not a preschool teacher, and I think it was just really taxing for him to be with a 2 year old all day, so we needed to send her back.”
- I3-20

By producing a single, consistent message distributed to all stakeholders working directly and indirectly with young children, the City will be able to ensure (1) the decision-making by all actors is informed by consistent, science-based information and (2) families in particular can have access to information that will help clarify and/or correct potentially misinformed fears related to child care, COVID-19, or the intersection of the two.
(b) Support child care providers with PPE and other capital support to accommodate new health and safety protocols. It must be clear to families that all child care providers who choose to re-open are equipped with the proper safety equipment in addition to being briefed on a citywide safety protocol. Because child care businesses tend to work on thin margins, and because the legitimacy of a citywide, scaled support system will demonstrate both equity and consistency of support, the City of Boston should create pathways for all child care providers to access proper PPE free of charge. In addition, the City of Boston should work with child care providers to find funding for capital improvements necessary to address health and safety concerns for both children and staff brought about by COVID-19. Such improvements might include replacing HVAC systems and inclusion of supplemental air purification systems afforded to individual programs, but they may also include infrastructure mitigation efforts, such as road closures to increase accessible outdoor space (similar to the use of street and curb space for restaurant Temporary Outdoor Extensions) or improvement of park spaces to include additional safety features for young children (such as barriers to the street) and/or appropriately distanced designations for play spaces (similar to the leaf cut out designations near Boston’s Parkman Bandstand in the Common). These opportunities should be widely shared, perhaps using the communications mechanisms suggested in (1a) above, so that child care providers know that they can access these channels and so the families feel safe in selecting a formal child care arrangement.
2. CHAMPION A ‘BEYOND FLEX’ WORK CULTURE.

To alleviate and address short-term concerns, we will need to create new work norms and expectations.

(a) Encourage and support the business community in easing output expectations and in implementing innovative accommodations for employees with young children. Employers must understand that the increased strain on their employees because of COVID-19 is unsustainable. While one study focused on New York state demonstrated that an overwhelming majority of business leaders think that investment in child care would have a positive impact on their businesses, 60 a separate national study has faulted employers for not doing all they can to help ease burnout among employees. 61 Researchers found that fewer than one third of the companies included in their report had taken the pandemic into account when conducting performance reviews and only half of the companies let their employees know about any changes in productivity expectations. 62 In a similar vein, the New York Times reported that employers are largely providing ‘flexibility,’ but not much else. 63 These findings are echoed in our own Boston sample.

“There is a class that the kids just adore...It’s kind of a KinderMusic class...it’s a lot of the same kind of techniques...We’ve grown to like the teacher a lot, and we sense that he’s probably struggling through this. And it would be really a shame if his business wasn’t able to sustain through COVID or make it out when things are over. He’s been trying to do Facebook video things, but the class is so interactive that it becomes really difficult to bring the same thing. We try to support him financially any way we can. That’s one of the things that every kid we have, we look forward to taking them to that class. It is disappointing to feel like we won’t be able to do that, and it’s possible that that may not even exist. That is definitely one of the high points of our kids’ activities is that class.”

- 14-22


62 Ibid.

Transition costs to employers when onboarding or offboarding an employee are often higher than the costs incurred by keeping an employee with eased output expectations. Global and national researchers have outlined some proactive ways—beyond providing flexible hours—to help with the stress and burnout faced by many families and especially womxn. These solutions include: changing work expectations to be more realistic; extending deadlines and giving employees more time off; establishing work-home boundaries; rewriting performance review criteria; providing more gender bias training for company leaders; updating and informing employees of benefits; and increasing and opening communication with employees.\textsuperscript{64} Our participants also either directly or passively mentioned examples or ideas that Boston employers might consider:

- If offering flexible hours, working out what ‘flexible hours’ actually means and looks like alongside staff.

- Encouraging employees and middle management to create, communicate, and uphold clear work/life boundaries. For example, ‘I will not respond to emails after 7pm.’

- Offering a reprieve day or half day. For example, giving employees every other Friday off or only doing half days on Fridays.

- Offering a pandemic time code that counts some child care hours as work. For example, allowing employees to bill a maximum of XX hours per week as ‘emergency care’ during the pandemic thereby paying full-time salaries for less-than-full-time work.

- To help reinforce boundaries and mitigate expectations, sharing template email responder language that helps ease the need to respond to emails right away. For example, ‘Thank you for your email. Because of the COVID-19 pandemic, please know that my response time may be slowed.’

- Providing a consistent calendar for standing meetings. For example, holding the same block of time each day for all internal meetings.

- Offering to coordinate safe access to work space for part time use. For example, allowing for one week off/one week on in terms of access to work space.

- Increasing amount of paid parental leave for employees, even at partial salary, so that there is less of a need for infant care.

Considering that Bostonian participants clearly want to be good employees and produce quality work, listening to employees’ suggestions and solutions for easing their work/life balance can go a long way.

The City of Boston might not only advocate with the business community regarding easing output expectations, but also provide the business community with the opportunity to commit to sourcing and implementing additional solutions directly from employees. Presently, the Women’s Workforce Council implements the 100% Talent Compact, whose signers have pledged to reach 100% pay equity for women. Working with these signers seems like a natural starting point for discussions around innovative ways to change workplace culture. The City of Boston is, among many things, an employer as well—and an employer of essential workers, and may want to model what it looks like to ease output expectations and source solutions from employees by taking this task on itself.

(b) **Create stronger ties between child care providers and local small businesses.** Small businesses (such as restaurants and retail stores) tend to require employees to report to a work site. Child care providers continue to run under capacity. Location-based relationships between small businesses and child care providers may naturally produce a win-win-win scenario where small business owners can reliably know that their employees can come to work; small business employees can go to work knowing that they have safe, high-quality child care during their work hours; and child care providers may reach their ideal capacity. The Office of Small Business might explore ways to create stronger ties between the work that it already does with Main Streets districts as well as with the Childcare Entrepreneur Fund.

(c) **Support families who have young children in the home and limited space.** Only one of our participants explicitly referenced taking advantage of their right to access extended parental leave afforded by the Families First Coronavirus Response Act. This form of relief, which protects workers from being held to work full-time while still providing a stable salary, proved incredibly useful to the lone participant who took advantage of it. It is worth noting that even though they accessed this particular benefit, the participant who mentioned using this benefit ended up still working overtime and during non-work hours, demonstrating that this benefit proved most useful as a protection of time, allowing our participant not only to flex their hours, but providing protections if they happened to work fewer hours during the week. Such protections are particularly necessary for the low-wage and essential womxn in the workforce, as they face ‘declining protections and stagnant wages that the majority of workers face in today's economy.’

While other participants likely also qualified, we speculate that they may not have taken advantage of these benefits because of lack of knowledge, inability to support their family on only 2/3 of a salary, and/or intimidation of navigating the system to receive funds. In addition, some participants would have been ineligible due to too recent employment (under 30 days) or unemployment/furloughed employment. The City of Boston can use both its communications channels as well as its connections with various parent-, family-, and labor-focused organizations to promote use of and support in accessing these types of benefits.

“[My child care provider] did not [ask for payment during closure]. We chose to pay. We chose to keep paying because for us having it so convenient and so close and knowing how much they love [child] has been really important to us to keep it up to ensure that they were able to keep open. And I know a few other families did that as well.”

- I3-21

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65 See vignette on ‘Cris’ in Appendix C for more context to this participant’s child care story.
To mitigate the stress of having children at home, pre-made or pre-planned activities and materials can help families support the growth and development of young children. The Universal PreKindergarten program recently sent out remote learning kits, and the Boston Children’s Museum also developed and shared open-ended exploration and discovery kits for targeted distribution to families at the PA Shaw Elementary School and in specific neighborhoods. These efforts, which were successfully designed and implemented because of the strong partnerships between these entities, the City of Boston, and other community-based organizations and funders, should be commended and expanded. In addition, efforts to support families in promoting positive growth and development through The Boston Basics and their partnership with WGBH and MA EEC should be leveraged to a greater extent for Boston’s families. Combined with the resources available to the City, such as its parks and greenspace, such a partnership might be able to provide families with ways to utilize space in socially distanced, developmentally appropriate ways and in all seasons. The City of Boston should continue to support the provision of activities sourced and shared by professionals, inclusive of the materials needed to carry each activity out.

Beyond providing pathways for supporting young children’s growth and development in the home, with their families, and in their communities, the City of Boston should consider ways to provide mental health, emotional, and trauma support to parents and families. Families are under chronic stress, stemming from a number of factors, and many are simply trying to get by day-to-day. Families seemed to find their participation in the focus groups cathartic as they shared their stories with one another—people who could empathize and relate. Drawing upon both resources and expertise at the Boston Public Health Commission, including the Early Childhood Mental Health Toolkit and the Neighborhood Trauma Team, the City of Boston should identify a set of supports that can be deployed at the community, neighborhood, or cohort levels. The City of Boston might use and build upon these resources to support families in finding ways to minimize or cope with chronic stress, to help identify where additional supportive services might be offered, and to provide families with tools and resources for mitigating any additional future stress.
3. CONTINUE TO SUPPORT EARLY CHILDHOOD EDUCATION AND CARE PROGRAMS AND EARLY EDUCATORS.

To proactively address long-term concerns, we will need to act now to secure and build resources and infrastructure necessary to build a resilient child care system.

(a) Advocate for federal and state funding set asides specifically for child care. Early childhood and child care advocates across the country agree that without substantial funding, the nation's child care sector is in critical danger of collapse. In particular, increases in the number of child care programs that will not re-open combined with current under-enrollment in currently open programs across the Commonwealth should raise alarm. If the current situation under COVID-19 is untenable for families at present, imagine how much more stress and strain Bostonian families will be under—and how precarious Boston's economic recovery will be—if additional programs are forced to close their doors. The City of Boston, inclusive of the City’s Mayor and City Council, should call upon state and federal representatives to ensure that not only does the Child Care is Essential Act pass in the U.S. Senate, but that any appropriations made by its passage to the Commonwealth and, therefore, to Bostonian child care programs, are ensured to (1) reach those programs most vulnerable to closure and (2) elevate the expertise of early educators by supplementing wages to produce compensation that is reflective of the value of their labor.

(b) Continue to strengthen and support Boston’s child care businesses and early educators. When the country closed down, so did many child care programs. Returning to operating a program has been difficult due to the loss of tuition revenue, increased costs related to PPE, new health guidelines, and fewer returning qualified early educators. As of July 2020, Child Care Aware estimated that 35% of child care centers and 21% of family child care programs remained closed nationwide. Since October, approximately 21% of child care programs have not re-opened in Boston; this represents 163 fewer child care centers and family child care providers. In addition, of those programs that re-opened, not all are operating at their capacity prior to COVID-19. This will make it harder for parents and families to find the care they need so that they can return to work.

Prior to the pandemic, the City of Boston had already begun its own efforts to ensure the sustainability of its child care programs and workforce. Groundbreaking programs such as the Childcare Entrepreneur Fund and Universal PreK have not only provided professional development and coaching to bolster local child care quality, but also provided much-needed funds. Though not intended for such purposes, these funds helped programs stay afloat as the pandemic hit. Not only do programs such as these ensure business sustainability; they ensure family sustainability. Continuation—and expansion—of these types of support will complement any state and federal funding, ensuring that Boston’s child care industry will stand strong.

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70 Mayor’s Office of Women’s Advancement. (personal communication, October 2020). Reopened programs data.
As an example: particularly when families are now stating that smaller programs that are close to home are ideal, family child care providers, who are by design both small and embedded in neighborhoods, seem to fit the bill. Families also note that the feeling of loving care more easily conveyed by family child care providers is also a characteristic they’re looking for—but they would also like the administrative ability of a center, which is something that nearly all family child cares lack. The Childcare Entrepreneur Fund, then, is all the more important in keeping family child care providers afloat as fewer families re-enroll and the cost of PPE and other safety provisions adds to already thin business margins.\textsuperscript{71} This Fund, though, is necessary, but not sufficient: to give families what they are looking for, additional work must be done to structure and support family child care so that they possess the administrative abilities, such as easily finding a substitute when an early educator is sick, that families seek. In addition, this fund might be expanded to include smaller child care centers that might meet challenges similar to family child care providers.

Finally, even if child care programs can find a way to make ends meet through the pandemic, they will not be successful without high-quality early educators. Beyond advocacy focused on compensation as described above, the City of Boston might consider hiring its own early educators to develop and/or implement any of the above recommendations. As Karina Battyany writes, “The solution is not simply a more equal distribution of caregiving between men and women. Rather, the importance and value of caregivers must be recognized and provided by society, with the participation of the state.”\textsuperscript{72} In hiring these experts as contractors, the City of Boston might also do their part to pay no less, but potentially more than, the current living wage for their labor.

\textsuperscript{71} Child Care Aware of America. (2020). Picking up the pieces: building a better child care system post-COVID-19. \url{https://hubs.ly/H0wSd0d0}

“At the beginning of the pandemic, everyone was talking about how the pandemic is kind of like an equalizer, putting us all in the same situation. But I thought it was actually the opposite: now it’s so apparent that some people have a lot more load at home, or they don’t have the equipment that they need or some people live in a one bedroom, some people live in a big house. So for me, it’s more that the office is the equalizer that makes us all being able to live in the same environment, and that’s something that I really miss.”

– GC-10
This research project started as a way to gauge families' child care preferences. We now know: families prefer child care. Period. Full stop.

Families prefer child care to keeping children at home and attended to by screens while they work over Zoom, and they prefer child care to piecemeal solutions for the day or the week while they return to work in our grocery stores, in our hospitals, and driving our buses. They prefer child care to worrying if grandparents will get sick. They prefer child care to moving in with in-laws.

It is clear by now that child care is the bedrock of our economy, our communities, and our city. So what do families want when it comes to child care? Families want their children in the care of professionals who they know and trust, and they want their children to be safe from infection. Families want their children's growth and development to be supported because growth and development doesn't stop while we're in quarantine. And families want their home lives to be less stressful and more joyful.

In order to alleviate the overwhelming amount of strain and stress on Bostonian families—and, specifically, Bostonian womxn—it is imperative that the City of Boston address families' fears about COVID-19, work with the business community to alleviate stress in the home, and begin to take its own actions toward creating a city supportive of families with young children. Child care is a public good, and in addition to advocating for Boston's families on the state and federal levels, Boston itself must begin to act accordingly. Just as we support public schools at the local level, the same needs to be done when it comes to child care. Efforts by MOWA, EMLab, and the City of Boston—in partnership with multiple agencies of the Commonwealth, community organizations, early childhood providers, early educators, and even families and young children—can help reduce Bostonian families' experiences of ‘too much’ and reassure working families that they in fact are enough.
ACKNOWLEDGEMENTS

First and foremost, a huge thank you to our participants, who took the time and emotional energy to share their stories with us. From your stories, we know that your time is precious. We thank you for not only entrusting us with an incredibly personal peek into your lives, but also with the understanding that we might use your time and experiences wisely. We hope we don’t disappoint.

Thank you, of course, to the Mayor’s Office of Women’s Advancement and the Economic Mobility Lab at the City of Boston for sponsoring this research. And specific thanks to Tania del Río, Ashley White, Danny Green, Allie Puleo, Dr. Fernanda Campbell, Pratima Patil, Alex Valdez, Ayanna Polk, Maria Soraghan, and Luz Johanna Perez Borbon for your support as study recruitment, copyeditors, and project advisors.

Finally, thank you to Amy O’Leary and Strategies for Children, for hosting the infamous ‘9:30 call’ every day throughout the pandemic to date. We are inspired by our colleagues in the early childhood field every day. Thank you, Amy and Strategies, for bringing us together to show us the strength of the field.
PARTICIPANT RECRUITMENT AND SELECTION

During the summer of 2020, Dr. Kimberly D. Lucas and Dr. Wendy Wagner Robeson conducted focus groups and interviews with 24 parents/guardians who have at least one young child (ages 0-5) not yet enrolled in kindergarten. These mothers, fathers, and non-binary parents/guardians represent diverse family structures, including single-, dual-headed, and extended family households; a multitude of races and cultures; and live in neighborhoods across the city. All participants live in the City of Boston.

Because the early days of COVID-19 separated out two types of workers, essential workers and non-essential workers, participant recruitment and subsequent focus group grouping was stratified by participants’ self-identified employment type. These were divided into:

- work from home
- hybrid: a combination of work from home and going into a work site
- needing to be at a work site (some referred to themselves as essential workers)
- furloughed/unemployed
- unsure

We had hoped to conduct at least 13 focus groups, with at least two per employment type. Participant recruitment and scheduling proved difficult and took more time than planned. Overall, there were 322 respondents to our recruitment efforts; over 197 of these respondents were eligible to participate. Consistent over the course of our open call for participants, we had an abundance of respondents who identified as working from home or hybrid and fewer respondents who identified as essential workers or furloughed/unemployed.

In total we conducted 15 sessions (eight focus groups of at least 2-3 participants and seven individual interviews). Individual interviews were conducted when a central time could not be met by more than one person from a group of similarly employed respondents. Project staff scheduled the date and time that worked best for a focus group or interview.

Partner organizations were crucial to both participant selection and logistics. We relied on MOWA and MOWA’s partners to aid in identification of representative groups of parents, guardians, and primary caregivers from neighborhoods or constituent groups (e.g., dads groups, moms groups) whose children vary in age between 0-5 years old. Project staff worked with MOWA to identify specific areas of need as responses came in.

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73 One additional parent was excluded from this report as she had all school-age children.
74 The neighborhoods of Boston represented in this report include: Back Bay, Brighton, Dorchester, East Boston, Hyde Park, Jamaica Plain, Mattapan, Roslindale, and West Roxbury.
Fifteen focus groups (2-3 participants) or individual interviews were held to better understand their actual versus ideal visions of child care arrangements. During focus groups/interviews, participants were asked about their:

- Fears and their understanding of safety, however interpreted,
- distance preferences,
- assessment of child development needs, and
- child care preferences and confidence in the current child care system to provide their preferred arrangement.

All conversations were conducted in English, although some participants primarily spoke other languages. All participants received a $30 gift card for their participation.

To protect the health and safety of the participants and researchers, focus groups and interviews were conducted over Zoom. While the results of remote focus groups have not been extensively documented, there are a few studies available that will guide the agenda for the proposed focus groups.75

Pre-focus group survey. A short, online survey was developed prior to the first focus group to collect standardized information about each participant and their family. Information collected included:

- Pre-pandemic child care arrangement
- Employment situation (as described above)
- Child care need during non-traditional work hours
- ZIP code
- Whether they live in a Boston Housing Authority development
- Primary languages spoken
- Family structure (single-parent, two-parent, multi-parent, extended family)

Each participant was asked to complete the survey at intake, as their response to volunteer to participate in the focus group. This survey was thought to take no longer than ten minutes to complete.

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**Introduction.** Researchers and participants introduced themselves. Everyone said their name, neighborhood they live in, ages of children, and one thing that they learned so far about themselves during the pandemic. Participants were also reminded of the language found in the consent form sent ahead of time and reminded about research ethics, including the voluntary nature of their participation and the public and private nature of the data collected.

**Discussion: child care pre-COVID-19 and child care during COVID-19.** The following questions guided the discussion:

1. What is your current child care situation? How is this different from the child care you used before the pandemic?
2. How do you currently balance child care with your employment situation?
3. Do you feel like your employer understands or is responsive to your child care needs?
4. What is something that you found to be more easy than you initially thought?
5. What is something that you found to be more challenging than you initially thought?
6. Have you gotten into a groove or a routine?
7. How sustainable do you think your current situation is?
8. How far along are you in figuring out what child care will be like, at least into the fall or winter?
9. As we move toward re-opening, what are you thinking about when it comes to child care?
10. What are you worried about?
11. Do you need more information? If so, what kind of information do you think you need?
12. What are you trying to balance when you’re thinking through child care solutions into the fall and winter?

**Discussion: ideal child care.** Participants were asked to share their vision for a collective and imagined ‘ideal child care’ for their children. Using, but not limited to the following example prompts, focus group participants were left on their own to talk freely to each other about what elements of child care would be desirable to the collective. After 20 minutes, group-identified elements of their ‘ideal child care’ (and often school or afterschool care) was shared with the project staff. Interview participants were asked these questions directly in conversation with the researchers.

Example prompts included:

- What would your dream child care scenario look like?
- What kind of setup would it be? Who would be doing child care?
- Where would it be?
- How often and when would you use it?
- How many children would you want in your child's classroom?
- What other elements would this dream child care scenario include? Cost? Quality?
- How feasible do you think this scenario is?

**Wrap-up.** A wrap-up discussion helped to close out the focus group. Participants had the opportunity to ask questions and offer final thoughts.
As they discussed their ideal child care, participants also shared their thoughts about their ideal K-12 school and out of school time programs for school-aged children. Many of the ideas were echoed in the ideal options for early childhood programs. These included:

- **K-12 schools.** Ideally, schools would only have 10-15 children per classroom, and school would only occur four days per week. Classrooms would need to be equipped with laptops or Chromebooks. Instruction would focus on needed skills, technology, community building, and self love. In the event of another pandemic (or similar disaster), it was also proposed that school age children would attend in person part-time for the purpose of socialization.

- **Out of school time programs.** Participants would ideally have space for every child and a low teacher-staff ratio, tutoring, creative activities and ways to engage in learning (not just a holding place for children while they waited to go home), and expanded use of outdoor space. Additional ‘wants’ included scheduled field trips, trained staff who want to be there, the involvement of a multitude of non-profits to provide both variety of experiences and extended capacity, regular meetings and updates between families and staff, and computers for children to use.
APPENDIX C - A Closer Look: 5 Family Vignettes

While quotes are helpful in illustrating our findings, we share these vignettes--small snapshots of various families from our sample--in order to fully convey the types of fears, concerns, and stress families are experiencing. Note that names are pseudonyms.

**KAYLA**
Kayla is a single mother who lives with her own mother in Dorchester because she can’t afford to live on her own in Boston. Kayla works in an administrative position in the health care field and has been working as an essential worker through the pandemic.

Kayla has 9-month-old twins. Prior to the pandemic, Kayla wanted to put her twins in formal care, but she found it was too expensive. A family friend watched them while she worked. She had been on a waitlist for a voucher, but found that her work hours did not always match the care she was offered. Once the pandemic hit, Kayla was considered an essential worker and took advantage of the free emergency care she was offered at a nearby family child care home (a four minute drive from her home).

Once child care re-opened, Kayla was going to go back to the family friend, as she would not have been able to afford to pay for care without a voucher. Luckily, the emergency family child care provider reduced her rate to $1500/month, and Kayla is still with the same family child care provider. Kayla has been glad to have the extra help of family members who have also been home, but knows that people are returning to work so won’t be able to help as much.

Kayla has been working quite a few overtime hours as furloughed workers are only being slowly returned. She feels her employer has a ‘you figure it out’ attitude when it comes to balancing finding child care and being able to report to work.

**JESS**
Jess is a married mom who lives with her husband, their six-year-old daughter, and their 11-month-old son in Roslindale. Jess is the Executive Director of a small non-profit. She now works from home some days and goes into the office a few days a week. She has a small staff, and all team members have similar hybrid or completely remote schedules.

Before the pandemic, Jess’ daughter attended a public school kindergarten as well as the school’s afterschool program, and her son attended a nearby family child care program. When the pandemic hit, the family stayed home and developed a routine that included school for her daughter via Zoom. Jess told us that she was stuck in a small house with a screaming baby and a daughter asking for a lot of help. She found herself spending all her time helping her daughter with school work, nursing her son, and working non-stop doing Zoom meetings and answering phone calls. She found that she was wasting away from not eating, feeling exhausted, and not taking care of herself.

Within months, Jess was able to recognize what was happening to her. She started to ask herself, ‘What is work?’ and eventually worked with her staff to set up clear boundaries so that they could better balance their work and home lives. She goes into the office 2-3 times a week (when no one else is there) and has set up her own schedule so that she still gets her work done. Jess sent her son back to the family child care program, as she was already paying for her son’s spot.
Her husband had no work responsibilities in the summer and began doing more of the parenting work with their daughter. In addition, Jess and her husband moved their family to a new neighborhood still in Boston and not too far away from their old house. For a similar price, they had much more space for the four of them to live, work, and play.

Jess did not know how the fall would work. If her daughter’s school continued to be remote, she felt she could take her daughter to work with her. She also weighed the pros and cons of switching her son to a center they had previously used. She seemed to be leaning toward keeping him in his family child care because it was capped at fewer children. She plans on maintaining a staggered schedule at work and now does not feel she needs to force people to come into the work site to get the work done.

**STACEY**

Stacey is a single mother who is working from home. She is a foster parent with two pre-adoptive young children.

Prior to the pandemic, Stacey’s son had attended K0 at a public school, and her daughter had been in a family child care program. Stacey noted that it had been hard for her to find child care for her daughter, as the work of finding a provider that would accept her specific voucher falls onto the parent and there were very few options nearby.

When the pandemic hit, Stacey removed her children from their respective programs a few days before they shut down and set up a structured routine for them at home. Her son had intervention via Zoom twice a day, and her daughter received services via Zoom once a week. In the early months of the pandemic, Stacey did it all: during every waking hour, she was either tending to her children or working. In June, Stacey hired someone familiar with her son to be outdoors with the children for a few hours each day. This allowed her to do uninterrupted work. This care costs Stacey approximately $400/week. She pays for it, even though her weekly DCF reimbursement is only $85.

Over the summer, Stacey’s son was able to go to a camp and her daughter went back to her previous family child care. Stacey was very scared of sending her daughter back to child care so early, and would not have done so but for the fact that her provider told her that she would lose her voucher spot if she did not return. Luckily, her daughter was joined by only one other child upon return. At the time of data collection, Stacey had not heard yet what was happening regarding her son’s school’s re-opening plan, but she was hoping for in-person learning at least two days/week.

Stacey says her employer has been flexible and understanding that with children at home, she can’t be as productive, but it still feels like they expect deadlines to be met. She understands that she must be employed to continue to foster her children, so she will not take her company’s option to go part-time or take unpaid leave. Stacey does her work in a piecemeal fashion and does a lot of work at night. She feels that she is not as productive as before. She has suggested potential modifications to promote productivity and reduce stress to her managers, but her suggestions were ultimately rejected. Stacey says she is very stressed, doesn’t sleep well, and has no real support. She is very worried that she or her children will become infected with COVID-19; she suspects her children may be removed from her care if someone in her household becomes infected.

**NICHOLE**

Nichole lives with her husband and two-year-old twins in Roslindale. Their house used to be full of friends and relatives, but with the pandemic only one grandmother sees the family on a regular basis. Both parents work in the service industry, and except for a few events for Nichole, they have not been employed since March.

Their children had vouchers and attended a nearby child care center, but the family learned the center was planning to close just as the pandemic hit. At the same time, one child was hospitalized for a month, and the other fell sick, too.
Nichole’s children and other relatives are in high risk groups when it comes to COVID-19, and she worries about the unknown, including other children at the playground or other adults and children without masks. She said that with the flu season her family may go back into hibernation in order to keep everyone safe.

During the pandemic, both children receive early intervention five days per week through Zoom. Nichole has taken over all the child-related duties, including learning how to do the therapy activities with her children; her husband has been concentrating on making sure the family can survive, and he has just started to take charge of handling the children’s medical appointments. Nichole feels she has to be as good as their early educator had been as she doesn’t see her children returning to child care until preschool.

Both Nichole and her husband used to work 60-90 hours per week and had relied on their many relatives to help with the children as well as the cost of child care. At the time of the focus group, Nichole confessed that she wears so many hats all day long and wished for just one hour for herself; she said she would even take her hour spread out over the week. Nichole says that the pandemic has changed her and that everything has been uprooted as she will have to start over. She has been working in the service industry for over 20 years and her husband had been in the business for longer. She feels that her life goals are no longer the same and that her expectations and standards were all turned around. She wants to work again as her work was all about bringing joy to others, and she misses talking and interacting with other people. Nichole feels terrified especially about her financial future and with her life goals dashed, she just tries to get through each day. She feels they are ‘still in that Shake N Bake bag, and no one dumped us out yet.’

CRIS
Cris is a single parent who lives in Jamaica Plain with their 4-year-old. Cris is currently working from home.

Their child had attended a nearby child care center that provided 75% of the cost of tuition. When the center closed, both the grandmother and aunt came to help with child care, but the aunt had to go back to work and the grandmother now visits twice per week. When the pandemic hit, Cris was able to take advantage of the Families First program, which allowed them to work 25 hours per week but still get paid for 40 hours. Cris would work in the morning and spend the afternoon outside with their child. When their child went back to child care in August, Cris was able to work without the aid (but then had to resume use of the aid once their child care contract ended five weeks later). Cris’ child was supposed to start BPS K1, but the family had not yet heard about the district’s re-opening plan, so were unsure about next steps.

Cris is very worried about their child and feels like there is too much screen time. Their child misses friends, has had problems with anxiety, asks about death and dying, has trouble sleeping, and has issues with monsters. Cris is worried about the long-term effects of the pandemic and so much screen time with respect to their child’s social-emotional development and anxiety. They say their child has missed a year of their life. Cris feels exhausted and feels like they are engaged all day long, have become less patient, have lowered their standards, and are not the parent they want to be.

Cris finds their biggest challenge is doing their work and parenting at the same time. They have daytime calls to do, and they supervise others. They can’t do those things at the same time as trying to get their child a snack or tend to their child’s needs. They say the non-profit they work at is small, and there is no one else available to do the work, so they are left to do it at night after their child is in bed. Cris feels like they are a bad parent and a bad employee at the same time, although they are trying to lower standards and self-imposed expectations and be gentle on themself.