Preschool Development Grant, Ages Birth–Five

Qualitative Deliberative Group Data to Inform State Needs Assessment and Strategic Plan for Early Childhood Services

Samantha Ball, Ph.D., Research Associate
Dianne Meppen, Director of Survey Research
Marin Christensen, MS, Research Associate

August 2019

Kem C. Gardner
POLICY INSTITUTE
THE UNIVERSITY OF UTAH
DAVID ECCLES SCHOOL OF BUSINESS

Kem C. Gardner
POLICY INSTITUTE
THE UNIVERSITY OF UTAH
DAVID ECCLES SCHOOL OF BUSINESS

Preschool Development Grant, Ages Birth–Five

Analysis in Brief

In May and June of 2019, deliberative groups of parents and early childhood service providers in communities throughout Utah identified challenges and barriers to learning about and accessing early childhood services. Some difficulties, such as a lack of knowledge about the existence of programs, eligibility requirements, and childhood development markers, were noted in all communities. Barriers also varied by community, such as the need for language translation to understand application forms and websites, or a sizable portion of the community living without cars or driver's licenses. Participants offered ideas to raise awareness about programs, and suggested website names and search terms.

Key Themes

- There are many unknowns for parents: a lack of knowledge of developmental milestones that might indicate the need for early childhood services, a lack of awareness of existing programs, and eligibility misconceptions that discourage service application.
- Variable income poses challenges to maintaining service eligibility. Temporary extra income from seasonal work or year-end bonuses can disqualify families from services. The possibility of losing Medicaid eligibility for their children is a deterrent to maximizing earning potential.
- Participants learn about services through family, friends, or acquaintances; the planned one-stop website, while warmly welcomed, is unlikely to be the first place families learn about services without significant outreach and marketing.
- Stigma affects parents' willingness to seek government services. For those who do seek services, negative interactions, particularly towards non-English-speakers applying for services and parents making WIC purchases, can deter them from further service use.
- Barriers varied by community and parent background. Transportation difficulties are felt in most rural communities, and language barriers by migrant workers and refugees.

At a Glance: Information, access, and quality findings

Information

- Parents typically first learn about services from a friend, family member, or acquaintance.
- Families often receive their first early childhood service after a health event like a birth or diagnosis.
- Participants were pleased with the idea of a one-stop website, but some anticipated needing help with navigation and urged attention to security.
- Awareness campaign ideas include posting flyers, utilizing doctor's offices, booths at community fairs, posting on local Facebook pages, and purchasing radio and billboard ads.

Access

- Transportation access deters service use due to lack of public transportation, the expense associated with cars, a lack of a driver's license, and long distances.
- English language learners experience barriers when they cannot understand paperwork, the public transportation system, websites, and in-person case-work assistance.

Quality

- Experiences differed regarding whether service referrals were useful, respectful, and timely. Issues include a lag time for school referral processing, and Spanish-speaking applicants experiencing rudeness.
- Participants wish they had known about services for their older children, suggesting resources and developmental milestones need to be routinely discussed.
- Perceived quality of services varied; parents utilizing Head Start are pleased with their children's kindergarten-readiness, and rural participants worry about the readiness of children far away from services.

Website

- Most participants support a one-stop website and offered suggestions for the name and useful search terms.
- Concerns include lack of phone or laptop, discomfort with the internet, internet inaccessibility, and language barriers.
- Most participants are comfortable with a universal ID number, but caution against using a Social Security number.
- An official logo and pervasive and consistent marketing are important.

Table of Contents

Report Organization Summary

Section 1 of the report identifies overall themes derived from deliberative group discussions.

Section 2 summarizes participants' ideas about information, access, and quality – three areas identified by early childhood service leaders as important for public input.

Section 3 provides brief summaries of the unique features of participants' experiences with early childhood services in different communities.

Section 4 examines participants' responses to the concept of a statewide one-stop website, the possibility of a new universal ID number, and suggestions for website design.

Introduction

The federal Preschool Development Grant (PDG B-5), awarded to the Utah Department of Workforce Services (DWS), provides states with funding to coordinate and align the early childhood service system, which in Utah sprawls through six offices within four state agencies and several community-based organizations. The grant calls for a comprehensive needs assessment, a strategic plan, and a state website to enhance parent choice and expand the current mixed delivery system. While the goal of the grant is to coordinate and align services for all Utah families, the needs assessment focuses on the needs of families with risk factors such as poverty, intergenerational poverty, English language learner (ELL) status, and lack of child care providers.

The Kem C. Gardner Policy Institute contracted with DWS to provide qualitative research on families' experiences with early childhood services, especially those with childhood risk factors, and include both urban and rural communities throughout Utah. The information collected by the Gardner Institute through deliberative groups in communities throughout Utah will be used by the Sorenson Impact Center to inform a state needs assessment and strategic plan. Communities were selected in consultation with DWS to reflect the variable resources and needs in Utah's diverse communities.

Deliberative group participants identified several barriers to access to early childhood services in their communities. Barriers included lack of knowledge and access to information about available early childhood services, confusion surrounding program qualifications and application processes, stigma, access to transportation, lack of awareness of early childhood developmental milestones, language barriers, concerns that use of services would negatively impact citizenship, and lack of smart phones, laptops and access to the internet. Each of these findings can strengthen the state needs assessment and strategic plan by insuring they are informed by the experiences and realities of families in communities throughout Utah.

Methodology

The first phase of Gardner Institute's research included 10 in-depth interviews and two discussion roundtables with early childhood service leaders in Utah. Input from these roundtables informed the discussion guide for 10 statewide deliberative sessions.[1,2] Deliberative group participants were primarily parents, but also included local early childhood service providers. Participants had a wide variety of backgrounds.

The Gardner Institute worked with the Department of Workforce Services (DWS) to identify partners in five urban and five rural areas with high rates of childhood risk factors, including poverty, intergenerational poverty, English language learner (ELL) status, and lack of child care providers. When possible, the Gardner Institute identified existing parent groups and worked with local partners to organize a deliberative event. Partners included various Head Start programs (including Centro de la Familia, which provides other services as well), The San Juan Foundation, a home visiting program, University Neighborhood Partners (UNP), the United Way of Utah County, and a local county health office. Participants received snacks and a $10 Walmart gift card.[3]

Rural sessions were held in Price (2), Blanding, Cedar City, and Honeyville. Urban sessions were held in Salt Lake City (2), Ogden, Provo, and Tooele. Each deliberative session lasted one and a half hours. Participants were divided into groups based on turn out. Each group had a facilitator and a note taker. In five locations, translators were provided for Spanish (4) or Somali-speakers (1).[4]

Like other types of research, qualitative research has strengths and limitations. A limitation of qualitative research is that findings are not generalizable. Deliberative group participants were not selected randomly and did not constitute a representative sample of the communities selected. Moreover, since the Gardner Institute worked with local partners to identify existing parent groups, participants were more likely to know about and be connected with early childhood services than an average community member. However, by targeting community members who were part of parent groups, the feedback provided has a greater chance of reflecting real life experiences with accessing early childhood services and providing valuable insights about existing barriers and the changes that would make the greatest difference in creating greater alignment and coordination of services.

Qualitative research allows explanations of difficulties or barriers to be more detailed, and for facilitators to follow up with participants to better understand the factors involved in the situations discussed. Highlighted quotations from participants are integrated throughout the report to illustrate themes and general findings.

One final research note: when translators were present at a deliberative session, they provided summaries of the answers provided by participants rather than verbatim quotes. Thus, participant observations are quoted directly whenever useful, but all translated responses are summarized.

Attached appendices include individual interview and discussion roundtable findings (both key takeaways and coded using applicable ECCE system elements identified by the PDG B-5 Needs Assessment Guidance document), and an English and Spanish version of the discussion guide.

Section One: Deliberative Group Themes

There are a lot of unknowns for parents – even those connected to early childhood service providers

- ***Childhood Development*** Parents are not always aware when young children are developmentally delayed. This can be particularly problematic if the oldest child has a developmental delay and the parent has no experience with child development. The amount of information doctors provide at check ups varies and even parents who attend regular doctor check ups are not always told to seek needed services for their children. Although several parents mentioned receiving good information from the school system, this was not a common source of information for parents of children without older siblings who need services before school age. Participants in Provo and UNP in Salt Lake mentioned that many parents may not get any services until kindergarten if they lack a connection. Parents had a variety of input on whether programs successfully identify developmental delays, and gave suggestions for sharing information earlier, including urging doctors, day care providers, and preschool teachers to watch for developmental milestones and inform parents of developmental delays and where to go for services.

  "I've also noticed [Head Start] helps…[my wife] so that she understands where the kids are supposed to be at, what they are supposed to be doing…a lot of new mothers and fathers don't know what to do or where to be or what to expect." Price Participant

  "Well, my son, with him there was like a 6 out of 12 on autism that he scored red flags … so ... if we would have known what to look for and what to expect.... the assessment was done through Kids On The Move. I just feel like if my pediatrician would have told me sooner, like "hey your son is starting to show signs" ... then I think that I could have started to address them." Provo Participant

  There is a lack of services to detect and address special needs learning disabilities. Parents of children with autism, ADHD, and sensory processing disorder don't know exactly what is occurring, but know something is off. Even if a pediatrician provides parents with a list of things to do, or provides a late diagnosis, many Spanish-speaking parents don't know where to go. Places that are referred to by physicians are frequently unaffordable and inaccessible, and Spanish-speaking parents feel like there are no mental health services available for their children. Ogden Participants

  "…we could tell at that point that there was a learning disability there and he had no idea because she was his first…and there was no information out there for him as a single dad to find out about it. So once we got married we asked the pediatrician…[about her at the]… well baby check when she was 3 and she said [we] could go to the school because now she has aged out of the EI [Early Intervention Services] and so we missed that opportunity. We missed possibly years of helping her….[wished there was]…an online [test to]...see if your kid is on track." Provo Participants

  "I have to do ages and stages questionnaires (because of foster care) .... They teach providers how to use them, but I never had seen those when my biological kids were younger, ... [questions like] how many blocks can they stack? or can they jump off of just one foot, ... even when you go to the pediatrician the few things they do is very limited but …seeing, what should they be doing at this age, I think it's helpful." Price Participant

- ***Lack of Program and Service Awareness*** Many parents lack knowledge of early childhood service programs and may not recognize their purpose based on the program names. For instance, a Provo participant had never heard of TANF or SNAP, Blanding participants suggested that Head Start flyers need to say "sign up for preschool" because the name is not intuitive, and Provo participants noted acronyms are confusing: *"even saying, "women, infant, children," like what is that?"*

  "I wouldn't have known where to go for WIC if my mother-in-law hadn't been a public health nurse." Blanding Participant

  "I have talked to families just with the (early childhood service) position that I have now and they weren't aware of Upstart or Head Start." Blanding Participant

- ***Eligibility Misconceptions*** Parents may not realize they could qualify for some programs and/or that they could qualify for some programs but not others. For instance, a UNP Salt Lake participant believed Head Start was for kids with disabilities, a Blanding participant assumed since she had health insurance through her employer and no longer received Medicaid, she would no longer qualify for WIC, a UNP Salt Lake participant didn't realize they were eligible for WIC as a family of five since they had not

qualified with their first child, and an Ogden participant assumed she wouldn't qualify for other programs if she didn't qualify for WIC.

> *"I thought you had to be a specific demographic and that they approached you."* Blanding Participant

> *"I think in our case, when we were declined for Baby Your Baby we never applied again and we probably could have qualified."* Provo Participant

> *"I was not aware that Head Start took over-income students until … we had someone come to the early childhood meeting and she was like "oh yea, we do!" and … I thought that Head Start was just for Native American kids."* Blanding Participant

- ***Guardianship Eligibility*** A Price participant noted that people caring for children without legal guardianship cannot apply for early childhood services. However, another participant indicated she was able to get food stamps and Medicaid (but not other services) for three kids to whom she was not related. This confusion surrounding what services are available to children who are being cared for by someone other than their parent or legal guardian was echoed in the Tooele discussion.

Variable income poses challenges

- Several groups - including groups from Honeyville, the UNP Somali refugee group, and the Spanish-speaking and English-speaking Salt Lake UNP groups - discussed concerns about changes in program eligibility based on fluctuating income. A Salt Lake UNP participant noted the last three months of income can be more relevant to determining need than the last tax return if someone has recently become unemployed or their work situation has changed. A Honeyville participant didn't apply for a recommended service because of the confusion of changing program qualification. Several groups mentioned the difficulties associated with maintaining eligibility while doing seasonal work.

  > *"...that little nice three hundred dollar Christmas bonus your boss gives you, right at review time, makes it so that you are not qualified."* Cedar City Participant

- UNP Somali refugee participants were particularly concerned that income fluctuation could result in kids no longer qualifying for Medicaid. Several participants from the UNP Somali refugee group told stories (both personal and friends') about families who moved from Utah to California to be assured of Medicaid coverage for their kids, but then returned to Utah because of a good job market. Other groups mentioned how a small amount of extra income was an all-or-nothing difference in Medicaid qualification.

  > *Everyone who moves says other states have better Medicaid there, but there are no jobs…one found a job here, but if the kids get sick, emergency care costs thousands*. Somali Refugee UNP Participants

Word of mouth is the most a powerful recruiter

A range of families in need of services would not have known about what is offered unless: someone in their church urged them to sign up; someone from Head Start saw them at Home Depot and noticed they had a lot of kids; their husband drove a bus for a school that offered services; they had an older sister who had used services; they worked at an entity providing services; or one of many other individual stories of mere coincidence.

> *A woman from my church "used to work for Head Start and would come to our house…"hey! You should get [your daughter] in this [program]....she kept pushing it, so I was like okay, maybe*." Price Participant

> *"I work in a thrift shop and a lot of people come in, … they are poor and they are having problems, and they are struggling, but they don't know, [how to access services such as TANF, SNAP, Voc Rehab]… I'll get phone numbers...information…but as far as I know, around here there is really no place to get the information other than by word of mouth, or a police officer...*" Price Participant

> *"A woman at Home Depot noticed me walking around with my five kids and offered me a flyer about this Head Start program."* Honeyville Participant

One-stop website a great idea, but marketing and personal support also needed.

Despite the seeming ubiquity of smart phones in modern life, a google search was rarely mentioned as the way deliberative group participants had looked or would look for information about early childhood services. When the idea was introduced by a facilitator, participants were positive about the idea of a simple, one-stop shop to learn about all services in one place. In order for it to be accessible and effective, many noted they would need assistance in filling out the forms and would like a caseworker to help them use the website. Others indicated they lacked internet access or access to a smartphone or laptop. This is particularly problematic in areas around Blanding,

which completely lacks coverage, but it is also a problem for people who cannot afford internet service, smartphones, and computers.

Significantly, those who had members of their family who were undocumented were concerned about how the information would be used. Regardless of concerns about documentation, several groups emphasized the importance of being able to determine if the website is official through logos, widespread distribution of the link through childhood service entities, and possibly the creation of a mobile app.

Currently, some organizations are serving as resource centers by distributing information on early childhood services. The Refugee Education and Training Center, Centro de la Familia for migrant workers in Honeyville, the Cedar City Head Start, and the WIC program serving Price were all mentioned as places where parents received timely service referrals. Facebook communities and parent groups were also mentioned as forums where participants had learned about the existence of early childhood services. Participants thought marketing information about the website through materials posted at organizations such as these, along with doctors' and government offices, would be the best way to get information to the people who needed it.

Stigma affects information, access, and quality

Stigma can be a barrier to seeking services and came up in a variety of ways, particularly in answers to the question *"have a service or screening ever been recommended to you and you chose not to follow up?"* (discussed in detail in Section Two). Participants noted that negative interactions with both early childhood service staff (when applying for early childhood services) and the public (when using early childhood services) had deterred them from seeking services. A Cedar City participant recounted how she chose to stay home rather than seek WIC and Medicaid services for her adopted baby daughter who was withdrawing from methamphetamines because people were judgmental about her child's behavior and her parenting.

There is also a stigma for government help in general, discussed specifically in Cedar City, Provo, and Blanding. A Blanding participant noted an example of a woman whose husband said no to accepting taxpayers' money even though they could have qualified for WIC, and suggested stigma is even more of a problem in a closely knit small town.

Finally, a Cedar City participant noted that part of some parents' reluctance to accept the suggestion that their child is developmentally delayed and needs help is likely the stigma associated with a mental health issues.

Barriers differ by region and group

Barriers discussed by participants tended to differ depending on whether they were from rural or urban areas, whether a member of their family was undocumented, whether they spoke English, and whether they had access to internet and computers, however not all groups in any of these categories would answer questions identically, and interesting community differences emerged.

For instance, while Price is a rural community, several participants noted many people in Price do not have a car or driver's license, making them dependent on family and friends to get to services and exacerbating the difficulties of driving to other towns for early childhood services. In other rural areas, participants reported that most residents had driver's licenses, cars, and in the case of Honeyville participants, bussing provided by Centro de la Familia.

In contrast, Tooele was initially included as an urban community because people can commute to Salt Lake from Tooele and Tooele residents are consequently close to the wide array of services offered in the Salt Lake area. However, a Tooele participant noted *that "another issue is that Tooele for several funding sources is considered an extension of Salt Lake.... The Rapid Rehousing Funds, we were in competition with Salt Lake for it. Salt Lake always got the larger cut because they have the larger population but the resources that we have here are few and far between…and Head Start, everything runs through Salt Lake ...so it's hard for Tooele to really build their own resources because it is contingent on Salt Lake."* When these funding issues are combined with health care boundaries, and the difficult commute for people without access to a car or with busy schedules, Tooele experiences the problems associated with a rural community, despite its proximity to Salt Lake City.

More detail regarding region-specific barriers can be found in Section Three.

Section Two: Information, Access, and Quality

Section Two discusses the three areas early childhood service leaders identified as important for public input on service coordination and alignment in Utah: information, access, and quality.

Information

Participants were probed about their initial point of contact with an early childhood service. Most deliberative groups were an adaptation of an existing parent group - an approach helpful in recruitment, but resulting in a sampling of individuals who had succeeded in finding early childhood services. In several cases, establishing contact with just one organization can serve as a reference for a wide range of other services. Possible initial touch points that provide referrals include Head Start, Centro de la Familia, the Refugee Education and Training Center, and United Way 211. An emergency health event can also result in a range of services being identified.

How did participants get initial information about programs?

- Many found out through friends or family.

  Sister in Nevada knew about WIC. Honeyville Participant

  Sister-in law knew about Upstart program. Provo Participant

  Mom worked at Head Start. Cedar City Participant

  "[my friend said]...my son is going and you should take yours….so I went and signed up." Cedar City Participant

- Some experienced a personal or family health event that prompted the first service

  "I had learning problems during elementary school and high school that went undiagnosed at first, but then my first service touch point was Four Corners Mental Health." Price Participant

  "(with) my first child we had the (EI) home visits because she had to be flown out right after she was born,… we had a nurse come in for the first year and check everything, make sure she was learning what she needed to and all that stuff." Blanding Participant

  Son was a preemie and needed expensive formula through WIC. Honeyville participant

  Nurse provided information on Welcome Baby after birth in hospital. Provo participant

- Others were fortunate happenstance:

  "Head Start had a booth and so I just grabbed an application and some information and here we are." Cedar City Participant

  My neighbor…[asked]… "Do you have kids?" and I [said].. "Yea I have two" [and she asked]… "Are they going to school?" and I said "No just the boy. I don't know where to go," and she was the one that took me to school." UNP Salt Lake Participant

Participants indicated that, although medical referrals are extremely effective at steering parents towards valuable care for their children, they are not commonplace practice. When asked about the ideal place to share information about early childhood services with parents, almost every group mentioned medical offices – either through flyers or doctor and staff discussions. But many noted that doctors' offices did not provide flyers or go through developmental stages and expectations with parents unless there was a major issue. A Blanding participant noted that UNHS (Utah Navajo Health System) could share information beyond just children's check ups.

"UNHS, it's huge… in Montezuma Creek, they go out, they have mobile clinics, they have health fairs and … if something is going on, … you hear about it. Which is also frustrating because … they could do a better job in participating in the local resources … in public health, in the education system, in preschool daycares, and so getting them on board with sharing that information would be astronomical." Blanding Participant

Participants differed regarding whether birth was a good time to provide information – some thought a list of local services and contact information would be a valuable addition to the packet of information new parents take home from the hospital.

"For me, when I was in the hospital with my first newborn, I was very like much a sponge for information." Provo Participant.

Others said they were too tired and focused on their new baby to read the packet and that well-baby doctor appointments would be ideal for retaining the information.

What would be the best way to distribute information to people who may need early childhood services?

- Post and distribute flyers – with appropriate language translation - at WIC offices, Medicaid offices, health departments, DWS offices; city offices, local churches, recreation centers, the nontraditional student office at SUU in Cedar City, the Refugee Education and Training Center (with multiple language translation), grocery stores (including Clark's in Blanding and international food stores), libraries, malls, Walmart, doctors' offices (pediatrician, obstetrician, and post-partum depression counselor), hospitals, day care facilities, preschools, senior centers, foster care offices, La Leche League, carnivals, laundromats, parks, and elementary schools
- At well-child check-ups, have doctors and/or staff provide developmental milestone information, contact information for early childhood services, and a reminder when the child is old enough for preschool
- Include a paragraph of information in the "height and weight" pamphlet for well child visits
- Provide information on early childhood services and post-partum mental health services at pre-natal visits
- Have early childhood service caseworkers provide and explain information on a flyer
- Include in hospital packet sent home after birth of a baby
- Provide at pregnancy classes
- Train preschool teachers to be knowledgeable about developmental milestones and resources
- Create local guides for distribution
- Send flyers home with elementary students
- Set up booths at parent-teacher conferences
- Post on Facebook community pages, parent pages, or the Lighthouse Foster Care page – either flyer information or simply "We are going to do free screenings, everyone is welcome"
- Replicate Upstart Program's social media efforts
- Set up booths at public fairs such as the UNHS health fair in Blanding or the Helper art fair
- Include in UNHS free monthly newsletter
- Create information booths at the grocery store by the free snack table
- Broadcast radio PSAs or commercials
- Go door-to-door in trailer courts and low income neighborhoods
- Post message on a well-positioned local billboard (such as the one in Price)
- Run newspaper ads in local papers like the Tooele Transcript
- Purchase an ad in the local Provo magazine
- Provide at Ready to Learn classes

Access

What are the barriers you have experienced in accessing early childhood services?

- *Transportation* Transportation is an issue for participants in Price, Blanding, Cedar City, the Ogden Spanish-speaking group, and both refugee groups in Salt Lake. The mixed background refugee group in Salt Lake discussed the prohibitive costs of purchasing and insuring a car. Moreover, Uber and Lyft require a credit card, which most members of their community do not have, and downtown parking and bus passes are expensive. The language barrier makes using the bus system difficult and it is easy to get lost. One participant from the Somali refugee group did not seek WIC services because it was too far away. A participant in the Spanish-speaking Ogden group did not pursue Head Start for her daughter because it would have been a two mile walk with a baby to get her daughter there before a new free bus route was created.

  > *"Three years ago we had a mom that walked 8 miles every day [to and from Head Start] because she didn't have a car … [or] … know how to drive …. so she would walk to drop off her kid…and then come back."* Cedar City Participant

  Both Price and Somali group participants mentioned that many in their community did not have a car or driver's license. These create two different problems in that Price's rural location requires driving greater distances to receive services, and Somali refugees are deterred by an English-language based bus system.

  Head Start no longer offers bussing, which is problematic for some parents in rural areas like Price and Blanding. "*I wish they would bring that back*."

  A Price participant chose the preschool in Castle Dale (about 31 miles from Price) because they provided transportation.

- *Language Barriers* Language barriers were emphasized in all of the non-English speaking groups, with a related concern that they were being treated rudely and unfairly because they did not speak English. Honeyville and UNP Salt Lake participants recounted stories of being treated rudely and unfairly by service providers. Participants were scared to ask for a service if they spoke Spanish. Participants who had a family member who was undocumented worried about deportation, and those seeking citizenship worried that using services could be held against them as a public charge. Participants from the mixed background refugee group in Salt Lake underscored the importance of translation, noting that translation is difficult and perhaps unavailable for some tribal languages, and that even those who speak English may not be able to read and translate necessary documents.
- *Cognitive Development* Several groups that included early childhood service providers discussed the need to educate the public about the importance of cognitive development between ages 0-5, and the influence parenting and programs can have on cognitive development. They felt it could counter the apathy and fatigue that parents feel when confronted with the time and effort of pursuing a service or program for their child. Interestingly, parent participants in several groups had a similar insight, suggesting that doctors, preschool workers, day care providers, caseworkers, and anyone else who has regular contact with a young child be trained in developmental milestones and have the contact information for services in their area. Many of these parents wished someone had brought their child's developmental delays to their attention earlier.
- *Paperwork and Documentation* Proper documentation was also a barrier to accessing services, with participants from the UNP Salt Lake group discussing instances when they had sought services and found that they did not have proper documentation. Participants from the mixed background refugee group mentioned problems with lost documentation.

  Several groups noted that lack of employer cooperation in providing necessary paperwork was a barrier.

  > *"...when I switched jobs, I sent in an employer form and … cut off my medical and Food Stamps because my employer wouldn't fill out another form. In that situation it kind of threw me... like my kids need medical."* Cedar City Participant

  > *"One of the challenges is the paperwork involved for Medicaid. For example, they require a proof of income and if [your] employer doesn't want to fill out the letter then they won't have a letter."* Honeyville Participant

- *Accessible Hours* Limited program hours, programs at-capacity, a lack of office hours, and a dearth of programs for younger children were also discussed as barriers by the Spanish-speaking Ogden group and others. Blanding participants noted that WIC is only available on Tuesdays and Provo participants noted the Orem WIC office is not open on Mondays. Others cited the difficulty of using services during the work day.

  > *"I had a mom that told me that she left her 5 year old home with like a newborn baby and set a timer while she went to work."* [because they can't find or afford daycare] Blanding Participant

  > *"I am always at work, and they do things in the morning hours."* Provo Participant

- Two participants in the UNP Salt Lake group indicated they had difficulty navigating current websites to obtain services. Moreover, they noted that a phone interview or email address may be required for some services and some do not have a phone or email address.
- UNP Salt Lake participants described the importance of having a caseworker to help you access services, but noted you had to bring your own translator and most caseworkers were rude.

Have you always followed through with recommended screenings or services?

As mentioned in the Deliberative Group Theme section, several participants did not follow through on seeking recommended screenings and services because they felt judged by service providers or the public.

> *"... I think that [what] actually keeps people from wanting to do it just because they don't want to feel judged, like someone's checking up on how clean their house is … and that's really not what they are there for - they are just to help support the kids - but I do think that's a deterrent for some people…"* Price Participant

Some Spanish-speaking participants did not seek services after being treated disrespectfully by service providers and were sometimes even turned away despite being eligible for services because of difficulty communicating as a Spanish-speaker or as someone who speaks English as a second language.

"When I went (to apply for Medicaid and food assistance), I was treated with such disrespect that I just left. I felt like I was begging them for the help - and it may be just one button that I forgot to push that made the difference. It was the way they acted – eye rolls and stuff like that – I wouldn't go back unless it was the last resort .... I took the bus with 5 kids to meet with them. That was hard. I just left." Salt Lake UNP Participant

A Provo participant indicated cashiers are not nice about processing WIC.

"…and then you kind of feel like a nuisance because you are holding up the line and the checks take forever to process each individual one." Provo Participant

A Tooele participant described comments made by fellow shoppers while using WIC for her foster kids.

"Look at her rings!" "She has her nails done!" … and you're like I'm in foster care, … I've had 7 kids and I've adopted 4 of them, leave me alone. You don't know what I've been going through." Tooele Participant

Others indicated they felt overwhelmed by parenthood and/or post-partum depression.

"I think initially it is overwhelming to have a new child in your house and you're trying to figure everything out and you have people walking through and measuring and fire extinguishers and all that other stuff and it's like oh my gosh like what else can I take on?" Price Participant

"…sometimes the families that we serve are so inundated with so many services they just want to be left alone, they don't want another thing… you know what I mean?" Blanding Participant

An Ogden participant knew about Welcome Baby for years before taking advantage of it because *"I was in a better place."*

Early childhood provider participants suggested additional possibilities.

"I think for some of them it's that they don't have time and some of it I think is apathy." Price Participant

"…if it's a DCFS referral, it's "you're not going to try to tell me what to do" or they're scared to because they think that you are judging them as a parent." Price Participant

A mom who delayed having her son checked for 6 months after a day care provider noticed signs of autism shows parents are reluctant to admit their child might have a problem, and that such reluctance can adversely affect treatment since they don't seek early intervention before the child turns three. Blanding Participant

Lack of transportation prevented one mom who qualified for Head Start from enrolling her kids.

Fluctuating eligibility pushed one participant to stop trying to receive Medicaid

"I did Medicaid with my kids but being self-employed … sometimes I'd get an $8000 dollar paycheck and then nothing for four more months… we had to go in every 3 months with self-employment … Medicaid was awful to deal with so I quit…" Cedar City Participant

In several groups, participants shared stories of doctors saying a child would qualify for a service and then being denied the service multiple times until they gave up applying.

Participants in several communities, including Price, Honeyville, Salt Lake, and Ogden, discussed choosing not to apply for services because of fears the services would be viewed negatively when trying to establish citizenship.

Finally, Provo participants repeatedly discussed the sense that they did not want to take any more services than were absolutely necessary.

"I guess even for WIC, I found it but I was like nooooo, … I kind of feel bad about it even though our income was really low in grad school with kids… I don't want to use it unless necessary." Provo Participant

Quality

"What is the quality of your experience with a referral from one service provider to another? Were they useful, respectful, timely?

Responses to this inquiry differed by participant and community. In Price, a participant mentioned that Head Start follow up was good, and a local WIC provider explained they think of providing referrals as part of their six-month assessment checks for children 0-5. They refer parents to doctors and EI services if they see developmental delays. Spanish-speaking Ogden participants also mentioned WIC as the place they received referrals to programs such as Welcome Baby.

Blanding participants were frustrated with the amount of time school referrals can take (6-9 months, most of school year) - this is a problem for kids who get their intervention (usually for a speech delay) after they turn three. This lag time, and its deleterious effect on children in need of intervention, was also discussed in Price.

Cedar City participants indicated that while EI and Head Start did a good job of following up, other programs did not.

In Blanding, participants discussed a missed opportunity to have UNHS provide more referrals.

"UNHS and the hospital are huge and could be a great source of referral to programs like WIC, but they need to get the doctors and nurses to do it as a matter of standard practice." Blanding participant

Was there information you wished you had received sooner?

Participants from several groups wished they had known about Head Start or other services for their older children. A Spanish-speaking Ogden participant in wished she had known about child care services earlier - she had taken her kids to work with her because she couldn't figure out another alternative.

In many cases, responses to this question reflected a system where people do not receive information about services they qualify for from medical professionals unless there is a serious health event for a child or the need to establish Medicaid for the birth of a child. For instance, a Cedar City participant wished she had known about Head Start for her older children but only found out when a younger child needed speech therapy.

Are children kindergarten ready?

The main concern for some parents was that they do not know what "kindergarten ready" means. They questioned what the standards were for kindergarten, and noted that whereas kindergarten used to be viewed as the initial step for children, it now requires preparation.

Most of the participants whose children were in a Head Start program felt strongly that their children were ready for kindergarten. In some cases, they felt their child was more advanced than other kindergarteners, with Honeyville parents noting kids from Head Start were at the top of their class and one mother sharing that her daughter had skipped a grade because she was so advanced. The only concern regarding Head Start, expressed by a Somali refugee participant, was that all of the classes were taught in English, which she felt could lead to poor behavior.

When it came to assessing the abilities of children in general, the reviews were more mixed. One participant expressed her reservations towards the state's move toward online learning for preschool children via the Upstart program.

"I feel like the trend has been Upstart, which is computer-based, … I'm not saying that those academic skills are not important, but I think if you want to talk about getting along in this world, you need social relationships … And I think those situations are underrated and they are so important." Price Participant

Participants from Cedar City and Tooele had concerns regarding social skills.

"I see a lot of kids come in that don't have the social or emotional development." Tooele Participant

A participant in Blanding felt that kids near Monticello and Blanding were ready, but kids father out were less ready.

"We see a lot of families that have delayed speech...in Montezuma Creek…There were so many kids in middle school and high school who were required to stay home down south so that their parents could go to work and they had to watch their younger siblings. So not only are our younger kids behind, but our older ones are behind as well because they are missing school to take care of their younger sibling and it's a huge epidemic." Blanding Participant

Section Three: Experiences by Community

Much of each location's deliberation has already been captured in earlier sections of the report. This section provides samples of discussion at each location to highlight some of the factors that make the experience of accessing early childhood services in that community unique.

Blanding

Blanding was the most rural of the deliberative sessions. The participants who gathered in Blanding to discuss early childhood services came from surrounding towns, including those who worked with families on the Navajo reservation. The diverse needs of the sprawling area came through in participant observations.

> *"We surveyed like 60 families in the county in the main communities and there was a huge need for early childhood preschool, daycares, any child services … south in like Montezuma, … Aneth, and the reservation area … is in pretty high need."* Blanding Participant

> *State rural initiatives don't apply to San Juan County because "they are stay at home moms or …temporary employees [or…] they are working outside …[and] go from job to job (or self-employed or disabled)" so they don't have insurance through their employers to offer initiatives like the diabetes prevention initiative.* Blanding Participant.

> *"UNHS is probably our biggest resource."* Blanding Participant

A participant noted the area had only three preschool programs, with the Montezuma Creek program being for special education. The host partner in Blanding noted they were working on opening an additional preschool in the area.

Another participant noted that people from the Ute Mountain tribe were in need of the type of mobile services that were offered on the Navajo reservation. The closest Utah medical facility is much farther away than the one in Colorado (Towaoc).

One early childhood service provider working in Aneth noted the difficulty of keeping accurate contact information for people with frequently changing phone numbers:

> "*when we can't get ahold of our parents, we drive out there and find them and …ask them to update their [phone] numbers…. they get tired of us and then they start doing it on their own but that's the only way."*

Cedar City

In Cedar City, some medical options seem like a "monopoly" to participants – for instance, participants said the Southwest Behavioral Health Center is the only Medicaid behavioral health provider and there are also only one or two OB-GYNs who accept Medicaid. Other challenges noted by Cedar City participants included:

> The day care options in Cedar City are limited and expensive.

> People living west of Cedar City don't have access to a bus.

An interesting difference between Cedar City and Blanding, two locations with proximity to tribal reservations, is the relative integration of the Paiute reservation with Cedar City. Whereas long distances must be traveled to reach many Navajo and Ute Mountain communities from Blanding, the Pauite reservation is contiguous with Cedar City and therefore provides more easily accessible services for tribal members.

Honeyville

Honeyville had the biggest turn out of any deliberative group location. Centro de la Familia provides Head Start and other services to agricultural workers. Many of the participants learned about Centro de la Familia through outreach conducted while they were working in the fields. Centro de la Familia provides a wide array of services and connection to services that makes many of the experiences shared by these participants different from Spanish-speaking participants in other communities. For instance, Centro de la Familia provides transportation, so few of the participants reported transportation as a barrier to getting services.

However, some of the barriers experienced by Honeyville participants are similar to other Spanish-speaking participants in that they report experiences of being treated rudely and unfairly by service providers and employers. Participants planning on applying for citizenship were concerned program use would count against them in application even if they are legally eligible for the programs. Moreover, some were concerned that even family members' use of services would prevent them from receiving citizenship, even if kids and spouse are citizens.

Despite the importance of Centro de la Familia in providing multiple referrals for early childhood services, many participants found information on their initial early childhood service through a friend or acquaintance, or because of a medical need.

Ogden

Participants at this location were divided into two groups, one Spanish speaking and one English speaking.

Despite being in a more urban setting, participants experienced transportation difficulties.

Multiple participants in both groups shared stories about being told incorrect and inconsistent information about early childhood services by the professionals providing the service. They wondered if program qualifications had changed or their situation changed. Many noted the burdensome time requirements of applying for a service, either in person or over the phone. Both groups reported difficulties accessing caseworkers, with some providing tips on the times of day when you were likely to be able to get through to a caseworker.

Price

The most surprising finding from this community was that participants reported many community members do not have a car or driver's license, meaning they are dependent on family and friends for transportation, and services are even more difficult to access.

Like other rural areas, there are few preschool programs in the area, and Price residents consider options in surrounding towns as possibilities for their children. For instance, some Price residents are interested in the Castle Valley preschool, but are unable to enroll children without an Individualized Education Plan (IEP). A participant described the difficulties of maintaining a job in Price while driving her child to a preschool in Wellington. A participant who provides child care in Helper discussed having clients who drove their children to her program from surrounding communities (in one case to go to work in a third community). Depending upon the child's needs, the availability of program spots and the cost of the program, the drive between communities for drop of and pick up of children can be difficult or prohibitive for working parents, with one participant noting that it could result in parents choosing convenience over quality for their children's activities.

> *"But talking about the transportation thing, you're dealing with a lot of people that don't have money or don't have the access to get vehicles [or] learn how to drive … so transportation is really hard."* Price Participant

Provo

Provo is an urban community. Participants here were divided into three groups, including one small Spanish-speaking group and one group consisting mostly of college students. There was a relative even mixture of men and women overall, with many couples in attendance.

Internet access and smart phone access were not discussed as barriers for this group, however most did not learn about early childhood services through a Google search. Instead, most had their initial point of contact after the birth of their first child or as a result of a family or friend referral.

More than other groups, Provo participants discussed wanting to use only as many services as necessary for their family.

Salt Lake – UNP Hartland Center

Participants at this location were primarily refugees, and divided into two groups. The biggest group consisted entirely of Somalian refugees and had a Somali translator. The second group consisted of people who were able to converse in English. These participants came from a variety of backgrounds, including Somali, South Sudanese, Congolese and Burmese. Participants in these two groups noted they received some initial information about services from the refugee office.

Language was a huge barrier for both groups. Even those who speak English could struggle to read and fill out forms in English and those who speak Somali need a translator to access services. The language barrier also makes using public transportation difficult, and although this group has smart phones, they noted that the connectivity would not assist them in accessing services unless a Somali translation was offered.

Although a problem mentioned in many groups, the difficulties associated with supporting a family when Medicaid qualification (especially for their children) can be lost at low levels of income was discussed most extensively by the Somali group. Some participants, and many people they knew, had left Utah to seek Medicaid coverage for their children, but sometimes returned because there were better job opportunities in Utah. The fear of not having health care coverage for their children was a major concern.

Salt Lake – UNP

Participants at this location were divided into an English and a Spanish-speaking group. The English-speaking group also spoke Spanish. This group was different from most others because several of the participants did not currently have children in the 0-5 age range. This provided the perspective of parents who did not find a link to early childhood services during the time they would have needed it. Many of these parents found day care/preschool options cost prohibitive and did not pursue preschool for their children.

Poor treatment by early childhood service providers was discussed in both groups, with some parents having decided not to pursue services for which they were eligible because of the disrespectful way they were treated. Both groups also discussed rumors they had heard that led them to distrust government programs – one participant noting that as a young mother there was a rumor that if you used TANF, the government owned your children. Although no longer concerned with these rumors, participants were still concerned about the potential adverse impact that using government programs could have during the citizenship application process and some were still wary of programs such as home visiting.

Tooele

Although initially included as an urban location because of its proximity to Salt Lake City, many of the problems for Tooele residents mirrored those of rural residents. Participants agreed that the public bus system in Tooele was not useful – although it was not as much of a concern because most participants had cars. Funding and programming for some early childhood services in Tooele is shared with Salt Lake, leaving Tooele participants to feel that their community lacks adequate resources (*"the "F" word… "funding"*), and foster care parents lamented the inconvenience of foster care training being held in Salt Lake.

Nonetheless, one participant mentioned the benefit of living in Tooele: *"And this in particular is a really good community for just kindness and helpfulness and you know being a little bit of a smaller community than Salt Lake…"*

Rural Areas

Two problems stood out as barriers that are particularly difficult in rural areas.

Lack transportation

Transportation between towns takes time and is prohibitive for people without cars. One example that participants in several groups mentioned was Head Start's elimination of busing for students. Some indicated that it prevented them or someone they knew from applying for or attending Head Start.

Phone numbers are unreliable

Many families get less expensive "track" or "burner" phones and have a quick turn over of phone numbers. Many times the children's service providers do not have an accurate phone number.

Section Four – Statewide Website

Do you like the idea of a one-stop early childhood service website where parents enter eligibility information and learn which programs they are eligible to receive?

The idea of a one-stop website was appealing enough that several participants suggested it before facilitators asked the website-related questions. Most participants were fans of not having to retell their story multiple times to find the programs for which they are eligible.

"I think it'd be amazing." Price Participant

"Like idea of one-stop shop." Salt Lake UNP Participant

"Five stars." Provo Participant

Participants in some groups suggested applicants may need someone to walk them through the process, but they still thought having a one-stop website would be helpful for service providers assisting applicants.

Participants shared a number of reservations and suggestions regarding accessing the website. For instance, a Price participant noted he hates his cell phone and would rather use paper, and believes others in the community share that view. Another Price participant shared the perception that most people don't have access to a smart phone. Several others confirmed that perception, noting that many people use less expensive "burner phones" and change their phone numbers frequently. Many Blanding area residents also lack a smart phone.

"…sounds really great, but… Help Me Grow is kind of already doing that. And it's not even working here. … we can get people to fill out the referral form and … sign up …., but Help Me Grow can never contact them again. Their phones aren't working, or they won't answer, or they won't respond to text, they won't respond to emails." Blanding Participant

Participants in other groups, such as Honeyville and the refugee groups in Salt Lake, mentioned the importance of having different languages on the website. Participants from the Somali refugee group indicated the website would only be useful if it was available in Somali and the mixed background refugee group noted that Google translate is only useful for translatable languages; many refugees speak dialects that Google translate doesn't cover.

Participants at Salt Lake UNP and Provo noted the importance of being able to verify the legitimacy of a website that handles large amounts of personal information. Both thought a mobile app may be easier and bolster legitimacy. Other elements to consider are making sure there is a state logo incorporated in the website and/or mobile app, and making sure the same link appears on all of the flyers at doctors' offices, school websites, or any other official avenues of information sharing.

Cedar City participants urged the hiring of a community outreach person to visit day care centers, Head Starts, doctors' offices, etc., and educate them about the new website.

Do you have any concerns about Utah creating a universal ID number for each child when using the website?

Most participants did not have a problem with the idea of an ID number generally, but did not want the number to be a Social Security number. Participants with family members who were not citizens were the most likely to be concerned about the idea of a universal ID number, with a Honeyville participant concerned that the government would be able to use it to track someone down. Participants in several of the groups felt an early childhood service number would be similar to other numbers that their children already had for programs like school lunch and Medicaid. A Spanish speaking Ogden participant said she had two cards for each child with different numbers.

A Blanding participant, who was a local provider, cautioned *"We do have some participants who have not even been willing to give us information for like home visiting so they've just opted out because they weren't willing to give us Social Security numbers."*

Some participants wanted to put limitations on the number, with Provo and UNP Salt Lake participants suggesting a temporary number. The Salt Lake UNP participant cautioned having a permanent number might allow problems incurred in elementary school to adversely effect kids later in school.

Internet Access

Internet access levels varied between communities, with the Blanding area having the lowest levels of coverage.

However, other groups had coverage issues related to the cost of service. Participants in the mixed refugee group at the UNP Hartland Center explained most of them have limited access through a Comcast program that provides internet for $10 per month if a child is in the home. They thought the program could likely be used to search for early childhood services, but there is a limitation on things like movies for adults.

Even in groups that where most participants had a smart phone, some participants professed a lack of knowledge of and comfort with the internet.

Website Names

Participants provided a wide range of ideas regarding the best name for a one-stop website.

- Assistance for children
- Assistance in education or medical assistance
- Child resources
- Childhood services
- Children's resources
- Early Childhood Services
- Family 411
- Family and Childhood Services
- Family Support
- Family Support Info
- General assistance for children
- Guide for children
- How to Parent
- kidshelp.utah.gov
- parenting.gov
- parenting.utah.gov
- Utah child resources
- Utah family resources
- Utah Services (but linked to DWS)
- utahchildhoodresources.gov
- Provo and Cedar City participants emphasized that the most important thing if for all service materials to refer to the same link.
- UNP Salt Lake and Honeyville participants emphasized that there should be official logos included on the site to make clear it was a legitimate website.
- Provo strongly discouraged use of an acronym and suggested a mobile app may be easier to use than a website.

Website Search Terms

Participants suggested a variety of possible search terms for people needing more information about early childhood services.

- 3 years old
- Child care help
- Child resource
- Children's resource
- Community resources
- Day care
- DWS
- Emergency child care
- Formula help
- Free preschool
- Full-day preschool
- Help for my 3 year old son
- How to be a good foster parent
- "I've got a three year old what preschool?"
- Key words like "2, 3, summer, Head Start, preschool"
- Look for school, education or medical help up to age 3
- Low-cost daycare
- Medical assistance
- My child
- Near me, around me, in my area or Provo Utah, and then a specific term depending on what you need: insurance, food, teaching programs
- Programs for kids (or toddlers or children)
- Servicio en patel or preschool
- Specifics like "help for low income families" and "free"
- Subsidized preschool or education
- Summer programs,
- Utah child resources
- Utah family health care
- Utah health services
- Utah services (but linked to DWS)
- "What can I do with this kid?"
- What type of education services are out there?

Conclusion

Deliberative group participants in communities throughout Utah provided a detailed look at barriers to accessing early childhood services in their area. Their comments suggest that it will take a multi-pronged approach to make services reliably accessible to parents in need. Moreover, they suggest that early childhood service providers - in government, the medical community, and private and non-profit entities - should be proactive and consistent in the information they share, because many parents in need are not aware of childhood development markers, the importance of early childhood development to the future well-being of the child, or the services available to help them through difficult times. Participants welcomed the idea of creating a one-stop website, and suggested design and marketing ideas to ensure it is easily accessible and trusted by families in need of early childhood services.

Research Preview

April 17, 2019

Kem C. Gardner POLICY INSTITUTE
THE UNIVERSITY OF UTAH
DAVID ECCLES SCHOOL OF BUSINESS

PDG B-5 Interview and Discussion Roundtable Findings

Samantha Ball, Ph.D., Research Associate; Dianne Meppen, Director of Survey Research, and Marin Christensen, MS, Research Associate

Methodology

The Gardner Policy Institute contracted with the Utah Department of Workforce Services to provide qualitative research for the Preschool Development Grant (PDG B-5). The first portion of the research included 10 in-depth interviews and two discussion roundtables with early childhood service leaders. Input from these discussions will be used to create an issue guide for statewide deliberative community engagement efforts. Below are the key takeaways, which will be distilled into important issue areas to focus deliberative discussions among parents and service providers throughout the state.

Attached appendices include insights from the same roundtables and interviews, coded using applicable ECCE system elements identified by the PDG B-5 Needs Assessment Guidance document.

Key Takeaways: Discussion Roundtables and Individual Interviews

Families need "one-stop shop" to get information and needs met

- Need a service that can act as a first step resource hub or "one-stop shop" to learn details and contact information for all available services.

  "One practical solution is a centralized website where a parent can go and begin to learn how to navigate the services, of course if they had access to the internet and such. That is a practical and doable idea."

  "I had my first child at 16 years old and all of the services were so disjointed. The only one I really heard about was WIC. I didn't know other things that might have been helpful as a young teen parent. I didn't know about DWS or about family crisis nurses. I didn't know about things that could have made us more successful and we were kind of winging it."

  "If you had a website that was developed specifically for parents of children and it could be accessed by providers or anyone… what services are available… daycare, medical, lactation--all of the different things that might be available to somebody in the community."

  "I think one thing that parents or families have to do every time they access a service, they're starting from scratch with that place. It's tell your story, give all your data and information. It's time consuming. It's very repetitive. I've heard talk for years about a universal applications. There are so many barriers for that."

- Need for better communication between services to inform families of the services they qualify for and provide them with contact information to seek those services.

  "There are multiple agencies serving the needs of this age group and they're not coordinated and that creates inefficiencies in the system. And inefficiencies for families; families only have so many hours in the day."

- Make it mobile friendly but remember not everyone has a phone, so create multiple methods of getting information.
- Don't expect to create a website and solve the problem.
- Provide best practice training across all early childhood services.

  "There are best practices out there but there's not enough support to get the frontline people trained up on that. And administrators …..might know the best practice, but do the people who are actually in the classrooms know that? And that's where I think having a credential, or certificate or something that has to be required is going to be beneficial."

- Ask parents about their needs and barriers to service.
- Design system that makes personal connections at transition points between services, a "warm hand off."

Need Better Data

- Need to collect data at aggregate level to be able to track outcomes for kids and programs.

  "…we don't really know how many kids are in preschool because DWS is only connected to private child care providers, USBE is only looking at LEA. Everyone defines preschool a little bit differently. So, we don't really have a really good sense of how many parents think their kids are actually in preschool and what those outcomes are."

  "When you say what does a coordinated system look like, there are some states that are further along and what we're talking about right now is what they've done. They either assign some type of universal ID at birth, whether that's the birth certificate ID or some type of a system generated ID sometimes at birth, or once a child needs any kind of early childhood service then they're given this ID."

- Be aware of each other's screenings without violating privacy, especially given recent actions undertaken by ICE and an earlier security breach of Medicaid data.

  "Speaking of privacy and disclosure consents, there is a program manager at the Utah Data Research Center and so this is his idea--when we talk about a single sign-on, he's thinking what if a parent, through the use of the single sign on could see who is sharing data with who and agree or disagree. At least some type of view so they could see what's going on with their data and provide informed consent."

- Collect consistent data.

  "There are quite a few data systems that are running siloed and you'd have to figure out how to feed in just enough information so …..it helps with coordination across all the lines."

  "One thing that would help is if the child's name was always the same. Mike, Mikey, Michael. Depending on what the parent wrote down that day and you don't always make that connection that it's the same child without some kind of search."

  "They might have been enrolled in pre-k services with one name and then enroll in kindergarten with another. And that affects your data and your research."

- Plan next steps if data is collected that links different services. How will that information be used to better serve the child and family?

- ECIDS is a good start. Need dozens more programs to participate. Design or adopt one of existing personal identification numbers as the standard for all entities. Call for legislation if needed to share information.

  "I try and follow my kids either back in time or forward and you just lose them if they're not in the child welfare system. I can get a little information from the juvenile justice system and a little bit out of Medicaid, but as far as [being able to understand] the big picture of what have we worked with this family on and what has worked and what have they not had access too--that would be fantastic."

  "WIC is in the system, they were one of the early adopters of getting in to ECIDS. But if you consolidate all the different data systems that are out there--there's so much power in that because we can really create an impactful conversation about making meaningful changes for kids over time."

Educate Public

- Increase public awareness of services and the importance of early childhood development on long-term outcomes.

  "...an understanding of the depth of social/emotional development and how foundational it is to everything else that a child's going to do."

  "Other states have aligned systems. Ours seems like we are constantly having to butt heads because people don't see early childhood services as critical as an important stepping stone both economically to prepare our workforce, preparing our kids to be healthy, preparing our families. As a state we don't make it a priority. If we can talk about making it a priority, these systems will align."

- Need for common branding, marketing, and language. It should be inclusive to all groups, including all SES categories and multi-cultural.

  "It has to resonate with the parents."

- Dispel cultural myths for public and legislature.

  "Utah's ripe with all sorts of child care myths that don't hold and maybe never held. There is still a myth that there is a 3-person family with a breadwinner that [provides for] a house and [puts] food on the table, and someone can stay home with that child. And that is a myth that hasn't be true for decades, but it is still believed in the legislature."

- Provide education in life skills classes at high schools.

Eliminate silos

- Need for better communication between services to avoid inefficiency and duplication.

  "…our state is small enough that we know each other, and it would be nice if we weren't so siloed in our approach to practices and work with families and children."

  "I think there is a desire across these different systems to coordinate."

- A legal relationship is required to establish ongoing collaboration. Coordinating all services has appeal, but some worry it could decrease the quality of the services. ECU could lead in early childhood service coordination.
- Share information about conferences, research, and events to avoid duplication of effort among agencies and other entities.
- Workforce development should include training across programs such as early intervention and home visitors, or Head Start and child care; sharing professional standards; professional development; and customer training across a whole spectrum of services. Workers should be aware of best practices and fairly compensated.

Align outcomes and funding among programs and funding streams.

- Reduce duplication due to overlapping programs.

  "[An aligned early childhood system] means that there are shared benchmarks that we're all measuring to kind of assess the health and well-being for kids in this age group. It means shared standards of practice, shared standards for early learning guidelines across the system, shared standards for definition of quality."

  "…aligning funding streams so that we are maximizing our effort and sharing the enrollment burden rather than competing with each other."

  "There's concern about not only duplicating services but potentially duplicating funding. So maybe giving a service provider funding for maybe one activity from the DWS that we want that provider to provide. And then maybe the Department of Health is also funding that service provider for something different, rather than aligning the outcomes and the funding"

Design changes that address geographic and technological access limitations for rural areas and tribal lands

- Even though many people in urban areas access everything by their phone, phone numbers are likely to change and not everyone has internet access. Additionally, many tribal areas have almost no coverage and people are unlikely to have cell phones.
- Home visiting is not offered in some tribal areas despite repeated requests for coverage, and the compatibility between tribal culture and home visiting's approach to service.

Learn from the shortcomings of earlier collaboration efforts

- Need to follow through on calls for collaboration. Schedule regular times where people from different entities (silos) are paid to come together. Have these groups compare activities to avoid duplication, and share missions and programmatic details to promote seamless transitions and proper referrals.

  "Every group I meet with says they want to break down the silos and work together. A lot of policy and procedure can get in the way of that. Most groups are created due to funding requirements and rules for different programs – you have to have a board, you have to have an oversight committee."

- Silos prevent information sharing and service coordination among different entities, but busy schedules, limited financial commitment, and a lack of consistency in the coordination leadership have led to the failure (or stilted progress) of earlier discussions about collaboration.
- Address power struggles among some entities, particularly when grants are involved.

  "Having an actual taskforce or an actual standing group that is created to address these needs and the need for coordination."

  "ECU is a good leadership entity because it is inclusive and not led by a state agency. May need leadership other than an all-volunteer board."

- Involve all partners.

  "Involve all of the partners instead of just the ones under the umbrella of state agencies."

- Ongoing funding is as important as level of funding.

  "If you've heard of what's happened to the home visiting program over the last 5 years or so, it's a really good example of the overall challenges--their funding stream is feast or famine. And we know that [home visiting] is an effective program. We know that they can get into the homes when the children are young or the moms are still pregnant. We know it's evidence-based and we know we

could have good outcomes for it. And some states have it statewide and free to parents that need it and qualify. And here in Utah we have those same needs and the home visiting program had their funding go down. Luckily for many years they had TANF surplus funds. But it's not funded adequately from it's own grant or with enough state funding. So that's a really good example of a program that we know … could be statewide, that could have positive outcomes, and we just don't invest in it."

"…if you had consistent state funding--even if wasn't a lot--if you had a decent amount of money that was consistent that we could count on, then it would make a significant impact."

- Need consistent person/people to implement coordination.

  "If you keep having turnover, you are always starting over again. So funding is always tricky and the downside is how you fund a position."

- Need follow through on training.

  "We hope that our counselors are giving out information about quality child care and resources like early Head Start. But there's never guarantee because there really is no control. We don't have control within our offices. We have best practices where we encourage people to work with their local providers and make sure that they're referring appropriate families and children to those services, but it's just kind of hit and miss, and it just depends."

Some early childhood service entities have power and funding that is disproportionate to the segment of the population they serve.

"One of the concerns that I hear and is also a concern of mine--departments that have the money, or the staffing make a lot of the decisions even though they only represent one portion of the workforce. One example of this--the Office of Child Care, they are our ally and partner and I love them--but everything that they do obviously only affects one body of professionals, those who work with children receiving subsidy funding. So, they have a lot of power from a state level perspective because of the funding they have and the outreach that they have but really, they technically only represent one portion of the workforce. And those are people who work in licensed child care centers."

Align and centralize without losing human focus, especially in rural areas

"Having an early childhood unit or division. I think the downside to that is if it gets too big then you start running into the bureaucracy and missing that organic grassroots support of the community. You have to be careful if you are working with families and prevention."

"There's a sense of real territoriality. I also think it's important to get outside of the urban areas and not develop programs and access that just benefit or are just easier for folks that live in urban settings."

"…[need] someone that can help navigate (as a parent, the alphabet soup of grants and qualifications, that can just become ridiculously overwhelming). If I could say "I need help with this" and someone behind the scenes who understands federal grants … can help me shuffle me in to whatever bucket I could qualify for, that would be ideal. And then if you have that system, you're able to identify where …[they] … "don't quite qualify for assistance, but definitely can't pay out of pocket for infant or early child care gap." And having a good sense of how often we're hitting that is something a centralized system could help with as well."

"You could start and have a message or conversation right away online with a care manager that could help do an intake and to help that family access the services. That's similar to 211 and similar to Help Me Grow."

Ask parents

- How do they get information about early childhood services?

  "I think it is important to see if they are utilizing what we already have instead of creating new programs – are they using 211? Are they using Help Me Grow? What are they using?"

  "Where do we align and coordinate and also how do we get parents to know about that? I know we are looking a little bit at a website, and if I am a parent and I am going to ask about a service, what is my first line of contact? Do I go online and do a google search for it? Do I ask around?"

- Are there non-traditional places where information could be distributed – grocery store, salon, faith-based organization, Native American community job or health fair?

- Do they want all of the services coordinated or is there a downside to that? Are there privacy or other concerns?

  "If they're being served by multiple programs and different state agencies, would it be helpful for them if there was a centralized case management system? [are they] okay with that, or [do] they like the separate systems and … feel like they shouldn't [be] touch[ed]. Because I feel like on this level, we think we know what is best, but what are people on the ground and those receiving services [thinking]? I don't know. I'd be surprised that they wouldn't want to consolidate those services, but again, some people like keeping things separate and don't want Human Services to know that they're on public assistance. I think it would be good to know."

- Did they feel intimidated or helped by the process?
- Did they receive information on how to access needed services in a timely manner?
- Why don't parents use resources or get screenings or services recommended?

  "Why is it difficult when you're given the information to actually make the connection to a resource? We see this a lot in Help Me Grow. The parent is given resources, [and] they seem to be on board about needing to get that resource, but there isn't that sense of urgency to connect to the resource."

  "I think we solve problems that we think people have in ways we think are really good and helpful. Why aren't they using [services]? Why don't they come? How come there is not awareness? That is where we spend a lot of time, figuring out all of these processes that are not as effective as they would be if they had the information about what parents have and need, and how it would be best accessible to them."
- What are the barriers to receiving services?

  "…the refugee population would like to see an availability of transportation so they could transport their children whatever choice they have for early childhood or preschool. The same thing with rural community. Transportation is a big deal and issue."

  "What time do you get up in the morning, how far do you travel, do you have transportation, do you have a child with special needs, how is it different for him or her? If you can have, maybe even a menu of options--what would make your life easier?"

  "[we need to address] access to services or barriers to accessing services … whether that's in urban areas even when there's transportation available, it doesn't mean that it's really available. If you have to go 5 or 10 miles or if you're in a rural area… the services maybe not even be there. Are the services even in your area? Mental health services? Children's centers provide incredible service to children but they're not statewide. The model is beautiful, same with home visiting."
- How are services delivered?

  "We need to talk about delivery, how families are actually getting the help that they need, and how children are being affected by how the services are given."
- Were there gaps in the information received?

  "I think it would also be good to know [from] those families that are receiving services like Head Start or Early Head Start, … their experiences [regarding] getting information of other resources. Particularly resources that are free for them through either Workforce Services or the Department of Health. And I'm talking more about in-home services, free services, like home visiting, the parents and teachers' program, nurse-family partnership and those types of programs. I would just be curious to know what level of information they are given about those different type of services. Just to find where the gaps are."

Appendix – Coded by PDG B-5 Guidance Document Elements

This appendix provides an alternative categorization of findings. Some statements may be duplicative of comments in the key takeaway discussion and others may provide a more detailed recount of participant insights.

Policy

- A single point of access for parents would minimize paperwork and redundant visits. Clients could fill out paperwork a single time and not be required to repeat their stories and needs each time they access a new service.
- In need of a common language and branding, as well as a unified message that focuses attention on the children and families.
- A two-generational approach is needed, with agencies offering services to families but working indirectly to meet the children's needs at the same time.
- Need Governor's office involvement to achieve unified direction.
- Be cognizant that although Head Start and child care are frequently combined for grant purposes, they are difficult to coordinate because they are more different than alike.

  "In terms of funding and services, training, leadership, and wrap around services, Head Start and Child Care are really nothing alike except they are serving the same age group and sometimes the same children and families. Coordination efforts for these services should keep these difference, and children's developmental needs in mind."
- Increase focus on prevention services such as home visitation.

- Increase public awareness of services and the importance of early childhood development.

  "...an understanding of the depth of social and emotional development and how foundational it is to everything else that a child is going to do."

- Ensure future collaboration efforts recognize that governmental agencies and other entities have created geographical regions in which they work that often differ from those created by other agencies for their purpose. This can be difficult for alignment and coordination purposes.

  "DCFS has its own five regions, the mental health provider has different regions, and the hospitals are under different regions. To be able to coordinate a system it's really hard especially for [a client] who is in four different regions [depending on the service]."

- More community outreach needed.

  "…[need to have meetings] in 12 different areas around the state, …. every three months … so that parents will start talking to each other."

- Be cognizant that different people will need or want different services. For example,

  "… maybe they don't need center-based child care, maybe they need family-based in rural areas."

- Entities need to know where to refer children and families in need.

  "…as far as services for children who might be experiencing some troubles at home and have behavioral issues because of it--we only really know to refer to the children's center. But beyond that we don't know if there's something else. Something else that private and public early child care needs is help in addressing the needs of special needs children who have physical disabilities."

- Title V Block Grant and Home Visiting program are conducting similar research to this and would like to coordinate.
- Educate the public and the legislature to dispel cultural myths surrounding children and families, like the perceived societal norm of a two-parent, one-breadwinner family.

Governance

- Recognize imporatance of leadership. Successful collaboration has frequently been related to good collaborators rather than the mandated efforts included in grants. Otherwise,

  "It looks more like people coming together to do what they need to do to get funding, then either because of attrition or turn over, or because of busyness…the first thing that goes by the wayside is collaboration."

- Provide more local control.
- Break down silos. Identify what entities are working with the same families or population in the community. Come together for reasons other than grant seeking to avoid territorial tendencies.
- Eliminate inefficiencies.

  "There are multiple agencies serving the needs of this age group and they're not coordinated and that creates inefficiencies in the system. And inefficiencies for families. Families only have so many hours in the day."

  "There are a lot of services out there and they are all working very hard independently to try and build awareness of what is available and get that awareness out to the population that needs to be aware. But at the more macro level, I feel there are a lot of different groups with similar goals and it could be more powerful, productive and effective if they were to align."

  "Early Childhood Utah group has several subcommittees with specific goals they work on. There is the ICC, Inter Coordinating Council, that oversees the early intervention program. Head Start has their own coalition, the preschools, the Board of Education too. These different groups are all working to have a goal of educating parents and supporting them if the children are ready for kindergarten. There are just a lot of groups working to do that. If would be much more effective if there were more awareness and what others are doing."

- Establish a common governance structure. Minimum of a legal relationship that requires coordination. ECU and the Preschool Development Grant are mentioned as good places to start coordination. Schedule regular meetings to collaborate.

  "Having an actual taskforce or an actual standing group that is created to address these needs and the need for coordination."

- Align funding by centralizing.

  "I just got done doing a survey from the Department of Health. It was like a needs assessment survey targeting parents, stakeholders, service providers of their concerns and what are the most important things they need to focus on. Now talking to you, I feel like the questions are not on the same issue but in the same genre or area. We have a lot of reactive departments. We have Child and Family Services and our Aging and Disability – we don't have a lot of preventative services that I am aware of. I am not saying that it needs to be government divisions but that is usually where all of the funding runs through. I spoke with someone in Texas before and they told me that their family services has an entire prevention team where they look at these age groups and aligning services and making sure that there is awareness around them. In Utah, I feel like it

is more ad hoc and kind of follows the funding. If we had a larger entity completely focused on this topic, like we do on intervention topics, it would be a better way to align."

- Bridge the gap between leadership and service provision.

  "For me, [regarding] any kind of coordination or implementation of coordinated services, I find that there's a gap between leaders talking about the issues and … those solutions actually touching the ground. If we could bridge that gap and get the right people at the table, I think there's potential to move the needle to where it needs to be in terms of coordination. But for now, I just don't see that."

- Workers in most departments are unaware of what others are doing.
- Involve non-profit community groups and private entities, as well as state agencies.

Financing

- Multiple funding streams can lead to inefficiency or competition between entities that should be focused on providing services to families and children.
- Inconsistent funding is as damaging as lack of funding.

  "…the money goes way up and then it goes down. And it's just not consistent, and it's very hard for the people we contract with."

- Need to be creative to get Head Start and child care funding options to work for families with varying financial need and schedules.

  "We don't want everything government sponsored necessarily, or even government supported. We want church related programs, we want Head Start related programs, district related programs, and private child care. But we've got to find funding structures and transportation and we have to work at that local level. That's got to be sometimes town by town, county by county. How do we make this work for parents?"

Data and Quality Linkage

- Create a single application that collects the data necessary for many different types of services. This application would also serve as an indicator of what services clients are eligible to receive. Some believe a common application for all will work, others expressed concern about privacy and choice, suggesting an opt-in approach to any data sharing. The application process should be paired with a human expert to provide easy steps and contact information.
- The data collected from the unified application and other agency data could be stored in a shared database. Agencies can access this information to know what other entities are doing—in terms of services, research, data collection and events—as well as contact information for people working on those issues.
- Need for better data that tracks individual kids. Build on ECIDS. Design or adopt one of existing personal identification numbers as the standard for all entities. Call for legislation if needed to share information. Privacy concerns are real, particularly in light of recent actions by ICE and earlier security breaches in the Medicaid program.

  "…one of the biggest things is data. We need to talk about how we're collecting data, using data, how it's informing the work that we do."

- Collect data at aggregate level to be able to track outcomes for kids and programs.
- Align outcomes and funding among programs and funding streams.

  "We would want to align eligibility income requirements locally. Head Start is a federal grantee and they have rules and regulations in place, but that plays out in different communities in different ways."

- TANF and the Utah Department of Human Services have a notification system for people using their services, but it needs to be used productively to better serve children and families.
- Data searches currently use a probabilistic search, but sometimes even then cannot identify the child. One problem is a failure to use consistent names for children in the system, due to nicknames, name changes due to adoptions, etc.

Workforce

- Consider case manager or ombudsman approach used by Granite School District and Head Start.
- Professional cross-training is a good idea, but hasn't been prioritized.

  "Some cross sector things I can think of --- people who work in early intervention and home visitors have a lot in common and could learn about community resources, self-care, basic child development from birth to five, ---… they could learn together in same room and enrich each other's discussion. People who are clinical level mental health clinicians could work with pediatric RN's and identify common training topics …we can train Head Start and family child care and child care center based people in the same training venue on certain topics. But here's what people do, Head Start will say they've opened up the training to the community already. But it's always on Friday, and there are very few child care people who can get out of their program on Friday. The child care community has always said their system is open to Head Start and whoever else, but they advertise it to people who are in their

system. The training calendar goes out to the same people who are fully licensed full-day child care programs."

- Sharing professional standards and professional development is important.
- Customer training across a whole spectrum of services is needed. Workers should be aware of best practices and be fairly compensated.

  "I think that [it] comes down to a systems approach where you're looking at "let's build up the workforce in …[the early childhood service] system so that they have that knowledge because they're the ones that are working and coordinating with parents, and getting organized, and then go to a website. So if we had a common language that we're working in the same thing, even if we have different populations that we're working with, it's because we all have the same certificate or credential or something like that that we're getting the same training, and our system is being fed with individuals that have that same training, that same common language. That capacity is being built up. It's going to then go farther."

- Follow through on best practice training is needed.

  "We had a whole initiative called the family-focused case management initiative. We basically brought in a ton of training for all of our officers statewide, how to do a family assessment, how to recognize trauma, how to deal with secondary trauma, how to work with families not just on financial or employment planning but also addressing the needs of the children. We had never really done that before--involved children in the discussion. So, we adopted some practices for making sure that you're asking about the children and asking if they had their checkups or if they're seeing a dentist on a regular basis or if they are in quality child care or a child care provider. We do have these things that we have trained people on. And I'd like to think that for the most part people have implemented some of those strategies. But I know that not everyone has."

Family Involvement

- Ask parents what they need and what they see as barriers to services.

  "I think when you start talking with parents, ask them these questions. What time do you get up in the morning, how far do you travel, do you have transportation, do you have a child with special needs, how is it different for him or her? If you can have, maybe even a menu of options--what would make your life easier?"

  "From parents what I hear the most is they want to be able to drive their usage of the system rather than the system driving them. For example, a parent in a pretty difficult situation may want to work on these three things, rather than the four things that are listed initially as them needing through a case management perspective. I think it needs to be parent driven and they need to feel like there is a whole system they can work through, but right now in their lives, this is about what they can handle."

  "Sometimes they just need a few services, and so then it is just being able to understand what is needed and then give them those rather than the whole package and saying 'well, in order for you to receive services for ages zero to five, here is the whole package,' and the parents saying they don't need all of those services, they only need one or two services. Customize it to meet their needs. The more local, the better we are able to do that instead of packaging it for everyone in the state. Usually when we package it that way it becomes more like Salt Lake more like the urban areas, and a lot of times people don't necessarily want that. They want something more catered to their area."

  "So everyone deserves to have those packages, but maybe they are at home with their parents and the parents don't need to send their child to preschool. They are doing it all from home and they just need a little bit of support. Maybe they have a disability and they need some early intervention, but they don't want the other stuff, they don't want child care. They just want early intervention services."

- More resources should be available at the tribal level – not at a state or local government site – but in the tribal health and education systems.

Transition

- Design a system with transition points, or "warm hand-offs" between professionals who know each other and the services each provides.

  "Once they've actually hit the system and they've gotten the resources, then there needs to be a closing of that loop. So, it's understood they've been transferred and they are now doing this or that. You don't need to give a lot of detail but at least you can say 'yes, they hit our system.'"

  "Outside of them making typical referrals for these parents, I don't know if very many of them have actual coordinating touchpoints with other agencies. It would be nice for them to have contact people in their various areas. And I know it happens more often in the rural areas, which is good because they're smaller. Here in Salt Lake, I don't know if they have those types of relationships. I would recommend that though. Actual touch points, and not just say 'here's the Head Start number give them a call.' But actually, have someone there that coordinates with DWS or coordinates with a caseworker that says 'we have a potential participant here.' Have that coordinated effort rather than a passing referral."

Quality Assurance

- Need shared benchmarks, measurements, definitions, and practice standards.

  "[A coordinated system] means that there are shared benchmarks that we're all measuring to kind of assess the health and well-being for kids in this age group. It means shared standards of practice, shared standards for early learning guidelines across the system, shared standards for definition of quality."

  "I think that if we could align the performance standards for daycares to mirror a little more of what Head Start provides, I think that would be a great thing."

- Consider what parents want.

  "….if we look at child care then we are also going to look at quality and if we look at quality, parents aren't necessarily on the same page as us. Maybe they want affordable, so they will take them anywhere, but we want to look at quality. And then what about preschools for preparing kids for school? …We need to save money, so maybe it's looking at 15 minutes of an online school program and …now our scores [are].. looking good and our kids are looking more prepared for school but did they get the social and emotional they need? So there are various entities competing against each other saying our kids aren't ready for school, what do we do? In the meantime, we have parents who are working so they didn't necessarily get to work as they needed to because they couldn't afford child care. So there is now a cost associated with it that is economic and there is also a quality issue. We are all having to balance those different issues."

Individual Interview and Discussion Roundtable Participants

Johnny Anderson, Utah Private Child Care Association

Nicole Bissonette, Early Childhood Utah

Simon Bolivar, UDOH, Child Care Licensing

Natalie Brush, Utah Head Start Association

Kyla Clark, DHHS, Children and Family Services, Domestic Violence

William Cosgrove, Utah Chapter of American Academy of Pediatrics

Tracy Gruber, DWS, OCC

Judy Harris, UDOH, EPICC Program

Sarah Houser, Child Protective Services, DHHS

Alda Jones, Private Infant and Toddler Mental Health Services

Barbara Leavitt, United Ways of Utah

Kathy Link, DWS, Office of Child Care and Development Fund

Stephen Matherly, UDOH, ECIDS

Lynne Nilson, UDOH, Bureau of Maternal and Child Health Services, including Baby Watch, Office of Home Visiting, and Early Childhood Utah

Gonzalo Palza, Centro de la Familia and Head Start

Katie Ricord, UAEYC

Jamie Robinson, USBE

Cassie Selim DHHS, Prevent Abuse and Neglect

Leah Schilling, Child Care Resource and Referral, DWS, OCC

Jessica Smith, USBE, Preschool Specialist

Sisifo Taatiti, formerly DWS, TANF

Codie Thurgood, Children, Youth and Families, DHHS, Children's Mental Health

Rick Wardle, UDOH, WIC

Melissa Zito, UDOH, American Indian/Alaskan Native Liaison

APPENDIX B. Understanding Your Experiences with Early Childhood Services (Ages birth-5) Discussion Guide, English

April 2019

Understanding Your Experiences with Early Childhood Services (Ages birth-5)

Utah has over 3 million people, and about

300,000

are children between birth and age five.

What is your experience with early childhood services?

Do you feel you have received all the services you need to ensure your children enter kindergarten ready to learn?

Information

Parents get information on childhood services in a variety of ways. Many programs provide information on a website but also require an in person visit in order to receive benefits. Some provide contact information on flyers in places such as doctors' offices.

- How - and where - have you gotten information about early childhood services?
- What would be the easiest way for you to get information on early childhood services?
- Are there other places information could be displayed or distributed that would be convenient for you and people you know?

Access

Organizations offering early childhood services include Utah Department of Health, Utah Department of Human Services, Utah Department of Workforce Services, libraries, health clinics, schools, child care providers, and more.

- Have you experienced barriers to getting childhood services? Has transportation always been available? Were business hours convenient? Did you have difficulty accessing information or applications on the internet? Was there a cost associated with getting services?
- Have you always used the resources or services recommended to you? If not, why? Have you always gotten the screenings recommended? If not why?
- Background: Utah is working on a plan to coordinate and align early childhood services. One idea is creating a one-time application to direct families to the services they are eligible to receive. The plan would reduce the number of times a parent provides similar information and documentation to different organizations. This would likely require a personal ID number to best coordinate services. Do you think it is a good idea to have services coordinated or is there a downside to that? Are there privacy or other concerns?

Improving Quality

through Useful, Respectful, and Timely Information and Convenient Services

Part of the goal for coordinating and aligning early childhood services is to improve parents' experiences.

- Have you ever thought of getting services but then decided not to? Why did you decide not to get the services?
- Was there information you wished you had received earlier?
- Has an early childhood service ever referred you to another? If so, did they provide you with adequate information? Did they personally contact the other service for you? Did anyone follow up to see if you received the other service?
- Did you ever have difficulty coordinating requirements for multiple early childhood services?
- Do you feel there are adequate services available to ensure that kids 0-5 enter kindergarten ready-to-learn?
- If you could change one thing, what would it be?
- Are certain problems especially difficult depending upon whether you live in a city or in a rural area?

Kem C. Gardner POLICY INSTITUTE
THE UNIVERSITY OF UTAH
DAVID ECCLES SCHOOL OF BUSINESS

There are a wide range of services that children and families may need between the ages of birth and five years old. Each service provides support in various areas to ensure children are safe, healthy, and ready for kindergarten. Here are examples of these services, categorized by support area.

Family Support and Safety

Child Protective Services – to keep children safe from abuse and neglect. Example: Foster care.

Parenting services – Provide resources for specific circumstances such as having a child with special needs, pregnancy, or services for low-income families. Example: Home Visiting.

Health and Development

Mental health services – Provide mental health services to pregnant moms and children ages birth-five. Examples: The Children's Center in Salt Lake and the Maternal Mental Health Collaborative.

Disability services – Assessment and intervention for children birth-three who have developmental delays or disabilities. Example: Utah Baby Watch Early Intervention Program (BWEIP).

WIC – Food vouchers, nutrition counseling, breastfeeding support, and health care referrals for pregnant women and children up to age five.

Health care services – Primary care providers who offer preventative screenings for health, mental health, dental health and developmental milestones.

Early Learning

Reading and literacy programs – Promote reading and awareness of the importance of word exposure. Example: Ready to Read.

Early Head Start and Head Start – Promote early learning, conduct development assessments, and provide resources related to health and other services.

Economic Stability

TANF – Provides financial assistance and promotes job preparation, work and marriage.

SNAP – Federally funded program to provide food to families with low incomes.

Child care services – Access to safe, affordable high-quality child care. Examples: Head Start, Early Head Start, and financial subsidies for high-quality child care.

Discussion guide available at gardner.utah.edu

Abril 2019

Entendiendo sus experiencias con Servicios Infantiles (Desde nacer hasta los 5 años de edad)

Utah tiene más de 3 millones de habitantes y unos

300,000

son niños entre recién nacidos y cinco años de edad

¿Cuál es su experienica con los Servicios Infantiles?

¿Siente que ha recibido todos los servicios que necesita su niño para asegurar que ingresará al kindergarten listo para aprender?

Información

Los padres obtienen información sobre servicios infantiles de varias maneras. Muchos programas brindan información através del internet, pero requieren una visita en persona para otorgar beneficios. Algunos proveen información de contacto a través de volantes que se distribuyen en lugares como consultorios médicos.

- ¿Cómo y cuándo ha obtenido usted información sobre servicios infantiles?
- ¿Cuál sería para usted la forma más fácil para obtener información sobre servicios infantiles?
- ¿Hay otros sitios en donde se pueda exhibir o distribuir la información que serían más convenientes para usted y para personas que usted conoce?

Kem C. Gardner POLICY INSTITUTE
THE UNIVERSITY OF UTAH
DAVID ECCLES SCHOOL OF BUSINESS

Acceso

Las organizaciones que ofrecen servicios para la primera infancia incluyen el Departamento de Salud de Utah, el Departamento de Servicios Humanos de Utah, el Departamento de Servicios Laborales de Utah, bibliotecas, clínicas de salud, escuelas, proveedores de cuidado infantil y más.

- ¿Ha experimentado barreras para obtener servicios infantiles? ¿Siempre ha conseguido transporte? ¿Las horas de oficina era conveniente? ¿Tuvo dificultad para acceder a información o hacer solicitudes por internet? ¿Hubo algún costo asociado con la obtención de los servicios?
- ¿Siempre ha utilizado los recursos o servicios recomendados para usted? En caso negativo ¿Porqué no? ¿Siempre se ha hecho las pruebas que le recomiendan? En caso negativo ¿Porqué no?
- Antecedentes: Utah está trabajando en un plan para coordinar y alinear los servicios para la primera infancia. Una idea es crear una solicitud única para dirigir a las familias hacia los servicios para las cuales califican. El plan reduciría la cantidad de veces que los padres tengan que dar información y documentación similares a distintas organizaciones. Esto probablemente requeriría un número de identificación personal para coordinar mejor los servicios. ¿Crees que sea buena idea tener servicios coordinados o ve algún inconveniente en eso? ¿Hay preocupaciones por la privacidad o de otra naturaleza?

Mejorando calidad

por medio de información oportuna, útil, respetuosa y servicios convenientes

Parte del objetivo de coordinar y alinear los servicios para la primera infancia es mejorar las experiencias de los padres.

- ¿Alguna vez ha pensado en solicitar los servicios y luego decidió no hacerlo? ¿Porqué decidió no solicitar los servicios?
- ¿Supo de información que quisiera haber recibido con anterioridad?
- ¿Alguna vez un servicio infantil lo ha referido a otro? En caso afirmativo, le suministraron información adecuada? ¿Contactaron personalmente al otro servicio para usted? ¿Le hicieron seguimiento para saber si recibió el otro servicio?
- ¿Alguna vez tuvo difiultades para coordinar requerimientos para servicios infantiles múltiples?
- ¿Piensa que hay suficientes servicios adecuados disponibles para que niños entre 0 y 5 años de edad ingresen al kindergarten ya listos para aprender.
- ¿Si pudiera cambiar una sola cosa, cual sería?
- ¿Hay problemas especialmente difíciles que dependan del hecho de que usted viva en la ciudad o en un área rural?

Existe una amplia gama de servicios que los niños y las familias pueden necesitar desde que nace el niño hasta que cumple sus cinco años. Cada servicio provee apoyo en varias áreas para garantizar que los niños estén seguros, saludables y listos para el kindergarten. He aquí ejemplos de estos servicios, categorizados por área de soporte.

Soporte Familiar y Seguridad

Servicios de protección infantil: para mantener a los niños a salvo del abuso y la negligencia. Ejemplo: cuidado de crianza.

Servicios para padres: proporcionan recursos para circunstancias específicas, como tener un hijo con necesidades especiales, embarazo o servicios para familias de bajos ingresos. Ejemplo: Visita a domicilio.

Salud y Desarrollo

Servicios de salud mental: brindan servicios de salud mental a madres embarazadas y niños desde que nacen hasta los cinco años de edad. Ejemplos: el "Children's Center" en Salt Lake y la "Maternal Mental Health Collaborative"

Servicios para discapacitados: evaluación e intervención para niños en edades entre nacimiento y hasta tres años que tienen retrasos del desarrollo o discapacidades. Ejemplo: Programa de intervención temprana de Utah Baby Watch (BWEIP por sus siglas en inglés).

WIC – Vales para alimentos, asesoramiento sobre nutrición, apoyo a la lactancia materna y recomendaciones de atención médica para mujeres embarazadas y niños de hasta cinco años ed edad.

Servicios de atención médica: proveedores de atención primaria que ofrecen exámenes preventivos de salud, salud mental, salud dental e hitos del desarrollo.

Aprendizaje temprano

Programas de lectura y alfabetización: promover la lectura y conocer la importancia de la exposición de palabras. Ejemplo: Listo para leer.

"Early Head Start" y "Head Start" – Promueven el aprendizaje temprano, realizan evaluaciones de desarrollo y proporcionan recursos relacionados con la salud y otros servicios.

Estabilidad Económica

TANF – Provee asistencia financiera y promueve la preparación laboral, apoyo para conseguir trabajo y apoyo matrimonial.

SNAP – Programa financiado con fondos federales para proporcionar alimentos a familias con bajos ingresos.

Servicios de cuidado infantil: acceso a cuidado infantil seguro y de alta calidad. Ejemplos: Head Start, Early Head Start y subsidios financieros para el cuidado infantil de alta calidad.

Discussion guide available at gardner.utah.edu

Endnotes

1 Findings from the interviews and discussion roundtables can be found in Appendix 1.

2 Deliberative community engagement brings people together to learn about an issue, share perspectives, understand the perspectives of others, and work collaboratively to find common ground. PDG 0-5 groups were less deliberative than most in that participants generally agreed with the goal of coordinating and aligning early childhood services, however the group process shared a deliberative commitment to inclusivity and thoughtful, thorough consideration of possible next steps.

3 The Gardner Institute provided snacks and a gift card unless the partner program offered or requested alternative provisions. For instance, in some cases the partner provided dinner for participants, and in one such case, the partner requested $10 gift cards not be offered to participants in order to conform to other events.

4 Representatives from DWS and The Sorenson Impact Center also observed some of the sessions – to inform their work on the state website (DWS) and the needs assessment and strategic plan (Sorenson).

Kem C. Gardner
POLICY INSTITUTE
THE UNIVERSITY OF UTAH

DAVID ECCLES SCHOOL OF BUSINESS

Partners in the Community

The following individuals and entities help support the research mission of the Kem C. Gardner Policy Institute.

Legacy Partners

The Gardner Company
Intermountain Healthcare
Ivory Homes
Larry H. & Gail Miller Family Foundation
Mountain America Credit Union
Mitt and Ann Romney
Salt Lake City Corporation
Salt Lake County
University of Utah Health
Utah Governor's Office of Economic Development
Zions Bank

Executive Partners

Mark and Karen Bouchard
The Boyer Company
Salt Lake Chamber
Sorenson Impact Center
WCF Insurance

Sustaining Partners

Clyde Companies
Dominion Energy
Staker Parson Companies

Kem C. Gardner Policy Institute Advisory Board

Conveners

Michael O. Leavitt
Mitt Romney

Board

Scott Anderson, Co-Chair
Gail Miller, Co-Chair
Doug Anderson
Deborah Bayle
Cynthia A. Berg
Roger Boyer
Wilford Clyde
Sophia M. DiCaro
Cameron Diehl
Lisa Eccles
Spencer P. Eccles
Matt Eyring
Kem C. Gardner
Christian Gardner
Natalie Gochnour
Brandy Grace
Clark Ivory
Mike S. Leavitt
Kimberly Gardner Martin
Derek Miller
Ann Millner
Sterling Nielsen
Cristina Ortega
Jason Perry
Ray Pickup
Gary B. Porter
Taylor Randall
Jill Remington Love
Brad Rencher
Josh Romney
Charles W. Sorenson
James Lee Sorenson
Vicki Varela
Ruth V. Watkins
Ted Wilson

Ex Officio *(invited)*

Governor Gary Herbert
Speaker Brad Wilson
Senate President Stuart Adams
Representative Brian King
Senator Karen Mayne
Mayor Jenny Wilson
Mayor Jackie Biskupski

Kem C. Gardner Policy Institute Staff and Advisors

Leadership Team

Natalie Gochnour, Associate Dean and Director
Jennifer Robinson, Associate Director
Shelley Kruger, Accounting and Finance Manager
Colleen Larson, Administrative Manager
Dianne Meppen, Director of Survey Research
Pamela S. Perlich, Director of Demographic Research
Juliette Tennert, Director of Economic and Public Policy Research
Nicholas Thiriot, Communications Director
James A. Wood, Ivory-Boyer Senior Fellow

Faculty Advisors

Matt Burbank, Faculty Advisor
Adam Meirowitz, Faculty Advisor

Senior Advisors

Jonathan Ball, Office of the Legislative Fiscal Analyst
Gary Cornia, Marriott School of Business
Theresa Foxley, EDCUtah
Dan Griffiths, Tanner LLC
Roger Hendrix, Hendrix Consulting
Joel Kotkin, Chapman University
Darin Mellott, CBRE
Chris Redgrave, Zions Bank
Bud Scruggs, Cynosure Group
Wesley Smith, Western Governors University

Staff

Samantha Ball, Research Associate
Mallory Bateman, Research Analyst
DJ Benway, Research Analyst
Marin Christensen, Research Associate
Mike Christensen, Scholar-in-Residence
John C. Downen, Senior Managing Economist
Dejan Eskic, Senior Research Analyst
Emily Harris, Demographer
Michael T. Hogue, Senior Research Statistician
Mike Hollingshaus, Demographer
Thomas Holst, Senior Energy Analyst
Meredith King, Research Coordinator
Jennifer Leaver, Research Analyst
Angela J. Oh, Senior Managing Economist
Levi Pace, Senior Research Economist
Joshua Spolsdoff, Research Economist
Paul Springer, Senior Graphic Designer
Laura Summers, Senior Health Care Analyst
Natalie Young, Research Analyst