

**Findings and  
Recommendations  
Delaware Early Childhood  
Focus Group Study**



Health Systems Research, Inc.

Prepared for:  
Delaware Early Childhood  
Comprehensive Systems  
Planning Group

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## I. Introduction

The Delaware Division of Public Health (DPH) is the recipient of an Early Childhood Comprehensive Services (ECCS) initiative grant awarded by the Federal Maternal Child Health Bureau (MCHB). The overall goal of the initiative is to strengthen the State's early childhood system of services for young children and their families. The first step in reaching this goal is the development of a Delaware ECCS plan focused on five components important to strengthening the service system for young children and their families. These components are:

- Medical Home and Access to Health Care
- Parenting Education
- Early Care and Education
- Family Support
- Social-emotional Development and Mental Health.

Critical to the development of the ECCS plan is an assessment of the current strengths and needs of the early childhood system in Delaware. ECCS grantees are charged with the responsibility of conducting an environmental scan to strengthen their understanding of what services currently exist for young children and their families and to identify the unmet or inadequately met needs of families and others caring for young children.

As one part of the environmental scan, the ECCS technical assistance (TA) contractor Health Systems Research, Inc. (HSR) conducted ten focus groups with families of young children (age birth to 5 years). These activities were conducted under a contract with DPH with additional support provided through HSR's contract to provide TA to ECCS grantees.

The focus groups were conducted to obtain primary data from families of young children to inform the State's ECCS planning process. Specific objectives for the focus groups included:

- Assess the experiences of families in accessing early childhood resources and services particularly health care, childcare, child development services, parenting education and family support;
- Identify avenues of support used by parents of young children and their perceptions of the adequacy of the supports available to them; and
- Obtain recommendations from parents for improving the way information is provided and for improving the resources and services that are available.

## II. Methodology

HSR has provided TA to the Delaware ECCS Steering Committee since the inception of the initiative. During the course of ECCS Planning, the Delaware ECCS Steering Committee determined that it was important to obtain input from families. An analysis of existing reports and needs assessments showed a lack of information from the family perspective on the wide range of early childhood services covered by ECCS. To obtain this information DPH requested assistance from HSR to organize and conduct a series of focus groups with families of young children. HSR worked with a subcommittee of the ECCS Steering Committee to develop a research plan and protocol. The protocol was developed around issues identified by the subcommittee and based on the five critical ECCS areas. A copy of the family protocol is included in Appendix A.

The family protocol was designed to explore the experience of parents and guardians with the Delaware early childhood system. Parents were asked to describe their specific worries about raising their young children and what they perceived as the concerns shared by most parents of children under age five. The protocol then raised questions about the experience of participants in finding and using health, childcare, parenting, and family services. This included a discussion of the resources currently available in the community in each of these areas and those that were needed but not available. Finally, participants were asked to consider what would make it easier to both find and use resources.

The subcommittee requested that 10 focus groups be conducted in 8 locations across the State. They also determined that two of the groups should be conducted in Spanish. The ECCS Coordinator, with assistance from members of the ECCS planning committee and advice from HSR, was responsible for recruiting participants. Childcare was provided for all of the groups and participants were given \$35 in appreciation of their time and expertise.

Table 1 displays the dates and sites of the focus group by language the group was conducted in and number of participants.

<b>Table 1. Focus Groups by Site, Language, and Number of Participants</b>			
<b>Date</b>	<b>Language</b>	<b>Number of Participants</b>	<b>Location</b>
June 1	English	6	Middletown
June 2	English	3	Claymont
June 3	English	5	Lincoln
June 3	English	8	Lincoln
June 7	English	5	Newark
June 8	English	6	New Castle
June 8	Spanish	9	Wilmington
June 9	English	6	Dover
June 10	English	10	Georgetown
June 10	Spanish	3	Georgetown

A HSR moderator and co-moderator conducted each of the English-language groups. A Spanish-speaking consultant moderated the Spanish-language groups and an HSR staff person who is fluent in Spanish served as co-moderator. The groups were audio tape-recorded and subsequently transcribed and the co-moderator of each group also took notes of the proceedings. The family focus group transcripts were then coded and analyzed using AnSWR software. AnSWR is a qualitative data analysis program developed by the Centers for Disease Control.

Sixty-one parents and/or guardians participated in the focus groups. The participants reported caring for a total of 114 children with 69 of them being in the 0-5 age group. The groups included three fathers and three grandmothers, all the other participants were mothers. Additional characteristics of the participants are reported in Table 2.

<b>Table 2.</b>	
<b>Characteristics of Focus Group Participants</b>	
Average Age of Participants	31.6 (30.3 without grandmothers)
Average Number of Children	
All children	1.9
Children ages 0-5	1.2
Marital Status	
Married	70%
Single	25%
Divorced	5%
Household Income	
Under \$10,000	8%
\$10,000-\$20,000	20%
\$20,001-\$30,000	16%
\$30,001-\$40,000	18%
\$40,001-\$50,000	16%
Over \$50,000	21%
Education	
Less than high school	15%
High school degree	34%
Some college	20%
4 or more years of college	31%
Race/Ethnicity	
White/Caucasian	52%
Hispanic/Latino	25%
African-American/Black	20%
Mixed Race	2%

While focus groups are not intended to be representative samples it is important to note that the focus group participants formed a diverse group. Overall there were more low-income participants than likely would have been obtained in a representative sample of Delaware families, but there were also several middle-income participants. Hispanic families made up a greater share of participants than their percentage of the Delaware population, but that was a result of the decision to conduct two Spanish-language focus groups. The participants

reflected a diverse range of backgrounds and experiences, which resulted in a rich discussion of what it is like to raise young children in Delaware.

In the following section of this report, the findings from the focus groups are described. In the final section of the report, recommendations based on the findings are presented.

### III. Findings

#### A. General Concerns Regarding Caring For Young Children

Parents in each focus group were asked what worries them about caring for and raising their young children, what concerns them most, and why. The most common response involved worries about issues related to childcare, especially regarding their children's safety while in childcare.

Parents' concerns with childcare include finding qualified and experienced providers, their ability to afford the fees for a high quality child care facility, and how their children fit in with the other children at the day care facility. Childcare provider qualifications and experience play an important role in parents' perception of a quality day care program. Some parents seem to equate provider qualification to program quality, while other parents feel that having a licensed child care program does not necessarily make the program a quality program.

*“Childcare is always a concern. .... My child was there from 10 weeks until about 4 months old and when I found out that she wasn't licensed and went to the record agency because I made a complaint, and she had things against her from other parents.” —Dover*

*“...I know he (her son) likes kids, but I don't know how he would make out in a daycare. I want to put him in daycare but I'm scared.” —Lincoln*

*“I worry about the other children that they go to preschool and daycare with because everyone doesn't raise their children the same.” —New Castle*

Many parents say they worry about how their children are cared for once they have been dropped off at childcare. Some parents express a preference for childcare centers over home-based childcare because the centers have “more people and less chance for something to happen.” One parent stated that she just worries about other people, regardless of how long she has known the individual, and whether or not the child is attending a licensed day care. Her concerns were that people would not pay attention to what was going on around them, or keep up with things, or worse yet, decide that she was not raising her child “right”.

*“The person who takes care of them. One does not know how they will take care of them. The place may look very good, but one does not know what it is like.”*  
—Wilmington

*“Sometimes people don’t take good care of them so I prefer to take care of my son.”*  
—Georgetown Spanish Language

*“Also, how they are being treated when you are not there. You know you worry about like what’s going on, you have to trust them.”* —New Castle

Safety concerns sometimes arise from personal experiences but they are compounded by news reports about poor quality childcare providers. Some parents report that childcare providers left their children unattended or neglected for periods of time. In general, parents are concerned about caregivers that are careless or inattentive to children in their care.

*“Daycare too. Just like on the news the woman that left a couple of young kids by themselves, really young, to take a kindergartener to school and left them all by themselves for a couple of hours, got arrested. The daycare experience I had, I did not like at all. .... Everytime I went in there my daughter was in a playpen. It’s hard to find good daycare.”* —Claymont

*“We’ve had plenty of instances ourselves where our children have been left alone because the daycare provider went next door. We’ve had it where one of our girls was neglected and physically abused by a licensed daycare provider.”* —Dover

Health and safety in general are a big concern for parents. Concerns about safety are not limited to childcare settings, but also include the neighborhoods that the participants live in.

Some participants worry about the upbringing of other children in their neighborhoods and felt their own children would be negatively influenced.

*“I worry about the neighborhood that I live in. I’ve lived in the same neighborhood my whole life. When I was young we would just have little kids that would play with each other at each other’s houses. It’s not like that anymore..... and it just doesn’t seem as safe.”* —New Castle

*“In home or at school or wherever they are at, safety.”* —Middleton

Parents also have concerns about safety in regards to their child health. Sometimes these are general worries, sometimes they are connected to the possibility that parents might miss work because the child is ill, and sometimes they result from health problems. Focus group participants worry about the environments that their young children are in when out of their homes, such as homes of family and friends that are not childproofed. Other safety issues have to do with children falling and hurting themselves, or choking on a food item.

*“In general, if they fall down and get hurt. What if they get sick? Just being sick in general.”* —Wilmington

*“Personally, I know that neither one of my in-law’s houses are baby-proofed yet, so that’s one of my concerns is when we go there to keep an eye on him.”* —Middleton

*“And then it’s constant turmoil because if they are sick they can’t go to the center, and then you don’t want to miss work.”* —New Castle

*“The main concern at this point for me for my children is medical. Mainly medical because at that age they either are accident prone, or inner ear infections a lot, or the environment that are in around here because I guess this area has a lot of allergies. He hasn’t gotten to kindergarten yet so mainly it’s just medical and daycare.”*  
—Lincoln

A few parents mentioned concerns about infant health issues, particularly worries about Sudden Infant Death Syndrome (SIDS). One parent said she did not let any of her children

“have blankets in their cribs until they were at least 2½ years old.” Another parent claimed that Delaware has the highest infant mortality rate and blamed it on poverty.

Though not as prominent as safety, education was mentioned as a concern by a few parents. They talked about their abilities and responsibilities as parents to “bring them up right.”

*“Good education. Preschool. It’s expensive and when my daughter was 3 she went to preschool 3 days a week and it was a great program for her first time in school. But then when she was a 4 year-old, I wanted her to step up a bit and try a 5 day a week program, but it’s expensive.” —Lincoln*

*“I think the school system is one..... and there are some good schools in our school district, but you just hope that your child can get in there and find the program that’s going to work for them. I think that the school system here in Sussex County is still maybe about 15-20 years falling behind the curve there on teacher education, certification of special needs, and just coming up with alternative ways instead of 40 kids in a classroom with 5 rows of 8 kids in there.” —Georgetown*

*“I believe I think too much about her future. Her education. Being able to give her what she needs so she can go to college.” —Wilmington*

Some parents are concerned that there are not enough health services for their children. They specifically mentioned the lack of dental services. One parent had not been to see a dentist in over two years because of the distance she had to travel and worried that she would have to drive her son that far when it became time for him to visit one. Other issues that parents faced regarding dental services included the scarce number of dentists that accepted dental insurance and the number of dental practices not accepting new patients.

*“and we have Blue Cross ...I think we have one dentist in Middleton that takes it... and then a few in Wilmington.” —Middleton*

There were a few parents and guardians in the group who had children with special needs. Their concerns include finding childcare facilities that will accept their children and try to work with them rather than expel them when problems occur. One major concern for one of

the participants with a child with special health care needs is lack of access to a mental health provider with pediatric experience.

The lack of a place where children can play or engage in other social activities is of concern to some participants. This seems to be more of a concern for stay-at-home mothers of children younger than 3 years or children who are not in out-of-home daycare programs. Although there are some activities that parents can enroll their children in, these programs are expensive.

*“When it is raining outside the only place you got to go is like McDonald’s”*  
—Lincoln

*“My concern is my four year old is dying to get involved in things and there is nothing for him to do..”*—Middleton

*“I guess one of my concerns is recreational activities for children between one and five. There is very few. And the activities that they do have is very costly. I think New Castle County could provide some help towards recreational activities.”* —Newark

A handful of parents summed up the whole discussion by saying they worried about everything. One talked about the fact that it was her first child, and she had a constant “kind of fear”, but was now learning not to worry so much. Others expressed similar generalized worries and concerns.

*“...for me, my biggest worry is to provide and provide for everything, health insurance, life insurance, everything ... providing for my family.”* —Lincoln

*“Since he was born here I have worried about everything: where I was going to leave him if I worked...everything; health and development.”* —Georgetown Spanish Language

In general, the Spanish-language groups and the English-language groups share most of the same concerns. The only major differences are that Spanish-speaking parents worry about not

understanding English as illustrated by this comment from a participant who worries about going to a clinic where nobody speaks Spanish.

*“I sometimes worry about not being able to speak English. I have to go to a clinic where nobody speaks Spanish and I just sit there speechless.”*  
—Georgetown Spanish Language

Parents in the Georgetown Spanish-language groups also worry about overcrowded housing and the consequences for their children.

*“I live with my father, aunt, brother in a room. Children do not have enough room. They have to stay inside a room because if they go out to play in the living room where the other person's children who live there are playing, they start fighting and then the problems begin. So, the child has to stay in the room and that is not good because a child needs room to play.”* —Georgetown Spanish-Language

According to a number of Hispanic participants, the problem of accessing adequate housing is compounded when parents are undocumented and can not obtain driver’s license.

*“There may be more (housing), but outside of Georgetown. But if we go far away, what are we going to do with our children if we can't drive. If we do drive, we will have to do so without a license. If the police stop us, it will take our car away.”*—Georgetown Spanish-Language

Having discussed their concerns, parents then identified a number of resources in Delaware that help them address these concerns. These are described in the next section.

## **B. Strengths of the Early Childhood System in Delaware**

During the course of the group discussions across the State, participants identified many strengths of the early childhood system.

Almost all of the participants report having health insurance for their children and having a primary health care provider. Some parents are enrolled in Medicaid while others have private

health insurance through their own or their spouse's job. The private insurance carriers include Blue Cross Blue Shield, TriCare, First State and Alliance.

Insurance coverage is also common among the children of the Hispanic participants. Immigrants in many States report problems accessing Medicaid for their children but this did not seem to be a major problem among the Hispanic families who attended the focus groups.<sup>1</sup> The main reason for this appears to be the availability of advocacy groups that assist Hispanics with Medicaid enrollment.

*“So we call the Catholic Church and we said we need the Medicaid and we don't have enough money so they moved everything, I don't know what they do, but it worked because we get Medicaid.”* —Lincoln (Hispanic participant)

*“At La Esperanza you apply for Medicaid.”* —Georgetown Spanish-Language

Although a few participants have to travel long distances or experience long wait periods before getting an appointment to see their primary care physicians, most parents are happy with the care they receive and feel they have open lines of communications with their health care providers.

*“I know when I take my son for a sick visit they will discuss whatever symptoms he is having, possible causes; I mean he goes through everything. If I have 20 questions or 2, he answers them the same way, the same attention to what he is saying, not like I am stupid or brushing me off.”* —New Castle

*“I have got the most fabulous doctor in the country. He takes the time. I just don't have the same comprehension as you guys are saying that your doctors rush with you because that's never been the case.”* —Georgetown

Many participants indicated that their primary care physicians discussed developmental milestones with them and asked them questions about how their children were developing. One participant who visited a family care practitioner enjoyed the extra benefit of having a

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<sup>1</sup> As noted in the section on “Challenges” the Hispanic population did experience problems with losing Medicaid coverage because of misunderstandings about the requirements for maintaining coverage.

provider who knew the whole family. This seemed to make a difference to the family because the provider asks about the health and well-being of the other family members who are absent during the visit.

*“Our pediatrician started handing out these, I don’t know where he got them from, but milestones, like at 6 months, 9 months, 1 year, 15 months, 18 months and 2 years when you would go for a normal checkup. And it’s just a quick questionnaire that you go through and he will sit down and based on your scores he can take a quick look at our child... so that was able to get us off in the right direction... we got all these services and we had home therapy coming twice a week.” —Dover*

*“We see a family practitioner so he knows us and we like that because he knows me, he knows my husband and the kids, so he always asks about the family and how things are. He is not just concerned with what is going on with him when we bring him in. He involves the whole family.” —Lincoln*

Other health care resources receiving positive reviews include AI Dupont Hospital, and Christiana Care. Many participants spoke of a visiting nurse paying them visits within a week of going home with their new babies but could not remember or were not aware of where the visiting nurse came from. Some parents, however, believed that the State of Delaware paid for the initial visit. Overall the parents found this visit helpful and thought it is a service that should be continued.

In addition to health care there are a number of other services that parents use and find helpful. Many parents have high-praise for the Parents as Teachers program. They love the fact that the parent-teacher comes to their home and provides them with information about how their child is doing.

*“My husband and I, we found the Parents as Teachers group invaluable. She has really helped us a lot. ...she has been an awesome resource to just be able to call and say, ‘Okay, is this normal? Does this sound right?’ She has just been completely invaluable. I am so thankful that that was something when I went through childbirth class or wherever it was that they advertised that as a possibility and I am glad that I was able to take part in it.” —Lincoln*

*“...I am also involved with Parents as Teachers... There is an evaluator that comes out once a month and she’ll just check to make sure [her daughter] is doing pretty much everything she is supposed to, hitting all her milestones where she is, and gives us numerous amounts of paperwork that that I really like having, as far as home safety and stuff.” —Middleton*

Another resource that receives praise from many parents is the monthly newsletter from the University of Delaware Cooperative Extension. Parents appreciate it for many of the same reasons that they love Parents as Teachers. It provides them with clear and useful information on child development and allows them to determine if their child is doing all right. Those parents who no longer receive the newsletter say they really miss it because it not only addresses developmental milestones for children, but also suggests activities that parents can engage in with their children.

*“I really like that pamphlet [University of Delaware] ...It does have a lot of good stuff in it. It’s once a month and it’s their developmental stage. There’s usually a project that you can do with the kids.” —Claymont*

*“...it says what they [babies/children] are supposed to be eating, what to do, what they are doing...” —Dover*

When the newsletter was described to other parents they were very excited about it and a number asked whether they could sign up to receive it. Parents said that they would love to continue to receive this information even for children who are older than the age group currently covered by the newsletter.

The Delaware Helpline is used by a number of parents seeking information or resources. About half the parents had never heard of it, but those who knew about it and used it generally found it helpful.

*“Delaware Helpline is another big resource. ...they are actually like a referral, they refer you out to different providers, I guess, for lack of better wording, that would be able to assist you with whatever it is that you need.” —Newark*

*“Delaware Helpline. It’s for abuse, neglect, and like she said with divorce... counseling, hospital, whatever. It has everything right then and there and you will actually speak with someone and they will try to help you.” —New Castle*

Purchase of Care (POC), the State subsidized childcare program, was also mentioned as a good program. Parents indicate that they appreciate the assistance, but would also like POC to identify childcare providers who accept the subsidies.

Many parents across the State found help locating child care providers through Family Workplace Connections. This program assists parents with finding licensed child care programs and focus group participants described their services as helpful. Many, but not all of those who used the service, also indicated that Family Workplace Connections gave them a packet with a list of helpful questions and things to look for in a quality child care setting.

*“Family Workplace Connection have a listing available all the time, you can do it right over the phone. This program is through the State.” —New Castle*

*“To find daycare, we found it through Family Workplace Connection. It’s a non-profit organization. You call in and give them your name and address and zip code and they mail you those pages upon pages of childcare providers in-home and centers for a donation.” —Middleton*

Parents found out about Family Workplace Connections through a variety of ways including through local newspapers or yellow pages. There were more than a few participants who indicated an interest in such a service, but did not know it was available.

In most of the groups there were one or two parents who were using or had used Child Development Watch, the state Early Intervention Program. Those parents who use it report uniformly positive experiences. They really appreciate not needing to piece together an array of services to address their child’s problems. Child Development Watch determines what is needed and then coordinates the services for the family.

*“Child Development Watch has helped me a lot. ....they come to your house to help you with your child so they can develop easier. It’s free.” —Wilmington*

*“I think Child Development Watch is just a great thing because they put everything together for you... They set it up, you have a coordinator and they get in touch with the people that you need to get in touch with. It’s not all this phone calling on your own. It’s not so many headaches.”*

*“I want to piggy back on her. Child Development Watch. My older son was in that too and it was probably the best thing that ever happened to him.”—  
Middleton*

The Hispanic participants in the Georgetown group all visited an organization called La Casita when they were pregnant and found it to be helpful. La Casita was described as a place that provides interpretation and other services to pregnant women.

*“I understand some English, but when I don’t there is a small house I go to where they help people and they explain it to me.”*

*“...They help Hispanics, pregnant women.”*

*“I [found out about it] when I was pregnant. That is where one applies for Medicaid.” —Georgetown*

Many parents utilize the children’s programs at the county libraries and think they are a great resource for learning and recreation.

*“The libraries have a lot of very, very nice activities for kids. Every one of the libraries has a complete program of activities for children, story things and play things and puppet shows and all kinds.” —Newark*

As shown in this section parents are able to access a number of services that they find extremely helpful. Programs were viewed as helpful because they provide a critical resource and are relatively easy to access. Parents as Teachers and Child Development Watch are praised because they not only sought to help the child, but to also address the needs of the whole family. Many of these programs stand out because of the contrast to other aspects of the early childhood system that are less helpful. The next section describes some of the difficulties parents face as they try to access resources to assist their families.

## C. Challenges For the Delaware Early Childhood System

The analysis of the focus group transcripts reveal a number of challenges that need to be addressed in order to create a comprehensive early childhood system in Delaware that meets the needs of families. This section describes some of the challenges families face as they seek information and services.

First, are some system-wide issues regarding the general difficulty of locating information about early childhood services, a lack of communication across programs, and the perception that services are mainly available to families with very low incomes. In addition, a few participants raise concerns about the lack of services in Downstate Delaware and outside the immediate Wilmington area. Second, some challenges are specific to particular service sectors including difficulty obtaining quality child care and pre-school, health insurance issues, and limited time being spent by health care providers with parents and children.

***Lack of Information.*** One of the most important findings of the focus groups is that most families report difficulty in finding information about services or resources related to young children. This is true of families from a wide range of social and economic backgrounds. While the type of information being sought differs depending upon family circumstances, almost all families need some type of information on what resources or services are available for young children. Families report a great deal of difficulty in finding information about such programs or services.

*“I started staying home after I had my son and I didn't know where any services, as far as what's available for a stay at home mom, like what's open, and library time ages, or playgroups.” —Lincoln .*

*“I'm a new parent. I don't know that there are eligible places that I can go to look at their (i.e., child care providers) records and to know that they are licensed to be a state daycare worker. ... I went to the record agency, because I made a complaint, and she had things against her from other parents. I had no idea that that was an option that I could go and find out that she was licensed. I had no idea.” —Dover*

*“I think the bottom line, the biggest problem in Delaware is that young mothers, if you are single, married, 15 or 16, there is no information getting to you when you are having a child. Nothing.” —Georgetown English-Language*

Parents said that even when services are available, people do not know how to access them.

*“a lot of it is available, it's just knowing, knowing where to go, how to get in contact with the appropriate people. That stops a lot of people from doing it.”  
—New Castle*

Families who try to find information indicate that they have trouble locating what they need.

*“Even when I wanted to check into that daycare situation I ran into I was in the phonebook looking under different headings and I'm thinking well where is childcare? ... It might help if it is in the blue pages just under childcare services” —Dover*

*“Not until you're going nuts and going to everybody under the sun and getting in people's faces just to get them. Just to find anything, a support group, anything, you can't find it.” —Georgetown English-language*

When information is obtained, it is often through happenstance and word of mouth.

*“I don't think the general population knows about a lot of that stuff. She's finding out things from word of mouth, which we all do and that's the problem. We are finding out word of mouth from within our own little groups or towns and stuff and it's just not widely known.” —Dover*

*“we are basically telling you is that we mainly find this stuff out through word of mouth. It's either a family member or a friend or somebody that knows somebody.” —Lincoln*

A Hispanic parent participating in one of the English-language focus groups described how language barriers make it even more difficult to find information about programs and services.

*“She was talking about HeadStart, it went through my mind where several friends of mine that they don't speak any English at all, they don't know what to do or where to go. And they don't have anybody who can tell them what to do.”*

—Lincoln

One of the participants in the Spanish-language focus groups made the same point.

*“Many of us just speak Spanish and all the information they provide is in English and this is why we don't find out about it.”* —Wilmington Spanish-Language

The following comment reveals that even when Latino parents understand some English they may not fully understand what types of services are available unless the information is provided in Spanish.

*“I told Gloria (a Spanish-language Parents-as-Teachers teacher) about this first time mother. They told my friend about her at the hospital, but since they told her in English she said she was not interested.”* —Georgetown Spanish-Language

While Spanish-language newspapers are one source of information about child-related resources and services for the Hispanic community, parents indicate that the information is usually out-dated by the time the newspapers are distributed.

*“We always get it (information) late. There is another Spanish one (newspaper) that we get, but by the time we get it to the patients it is too late.”*

*“The newspapers write about it too late.”* —Wilmington

Taken together, the comments in this section indicate that many parents are not getting the information they need to be most effective at raising children.

***Connections Between Programs and Providers.*** One possible source of information about what resources and services are available is the programs and professionals that serve young children. Pediatricians, social service workers, childcare providers and other professionals

regularly come into contact with families and have the potential to serve as a link to other resources these families may need. However, families indicated that programs and providers often do not provide information about other services that are available.

*“I don't think any one department takes and tells you about any other department. I noticed that. They do have a lot of pamphlets out there like how to parent this child... they have all that stuff out there. But just to sit up there and say, have anyone talked to you about this program, do you know about this program? They don't tell you like that.”*

*“There is not like a general agency that will say 'Here are your choices of programs to go to for this or that'.” —Lincoln*

One parent noted that her pediatrician lacked information on a program that turned out to be essential to her child's well-being.

*“My pediatrician had never even heard of Parents as Teachers. With a lot of the problems that [my child] had when she was first born my Parents as Teachers woman...she was like my saving grace. She got me so much more information than what my pediatrician did. Not to say anything bad against my pediatrician, he just was not educated. He told me flat out, he said, 'I don't know about this stuff'.” —Georgetown English-Language*

Another parent expressed anger because despite the fact that her child with special health care needs was receiving multiple services, none of the professionals she encountered suggested that she apply for long-term disability. This was detrimental to her child and family because she could have gotten better health care coverage.

*“Right now I am in the process of long-term disability for my special need twin who has Downs Syndrome. They are three. No one at all bothered to tell me about this.” —Georgetown English-Language*

Parents seeking help sometimes report giving up after asking for referral information and not getting it.

First Participant: *“But if someone could just come in once in a while like the day I have my chemo treatments, it would just be such a great help because it's so hard for me to chase after them sometimes. ...*

Second Participant: *Have you tried respite care?*

First Participant: *No. I kind of gave up after I talked to a social worker at social services and told her what was going on and asked her if she knew of any services that could help me. ‘Nope, sorry, I don't. If you want to apply for anything let me know, you can make an appointment’.” —Lincoln*

One of the groups included a grandmother with legal custody of her grandchild who had serious behavioral problems and had been expelled from multiple child care centers. Other group members wondered whether any of the child care centers had suggested any services or resources for dealing with the child before they expelled him. Her response is indicative of the level of connection that often exists between providers.

*They don't know any resources. What resources do they know? —Newark*

Parents are also frustrated by the lack of continuity between programs that serve children of different ages. There are a number of programs for families with very young children that received praise, but parents who wanted continued support felt that the programs for older children are not as helpful.

*“Three years old, I don't know why they decided that or anything but that's just such a cutoff and virtually everything can stop. They go into the school system after that...and it's just not the same. Child Development Watch just takes care of them so much better in the younger years and I think it would be just so much better to have that until at least the age of 5.” —Middleton*

*“I did Parents as Teachers, but that ends at 3. They will give you a lot of good information, but it ends at 3 and then you have nothing until they hit kindergarten.” —Georgetown English*

*“I assumed Early HeadStart was a huge help, HeadStart, you know, they are connected. So I just kind of assumed that that support and help would continue through the different program. And it doesn't. ... Yeah, they do a lot [for] the kids at school, but they really could care less what is going on in your home.” —Claymont*

*“I have been in a lot of programs, Parents as Teachers, Child Development Watch, Nurses and Kids, Easter Seals, I'm very active with all that. Now that the twins are three ...it's like I'm all by myself. There is no one else that comes out to us.” —Georgetown English*

Most of the participants who talked about losing important services at age 3 have children with special needs. These families express a clear need and desire for continued support that addresses both the child's condition and its impact on the family.

***Perception that Support is Only Available for Working Families.*** There is a strong perception that there is very limited help available for families who are not poor or in crisis. Most families perceive this as shortsighted because opportunities to prevent problems are missed.

*“You have to be so poor that you can't even pay rent, that you can barely put food on the table for your children before the state does anything for you. It's ridiculous. You would think that they want to help you before it gets to that point.” —Georgetown English.*

*“And if you are in that average bracket there is nothing for you. You are either way under and you need help severely and that's when they'll help you or you are doing really good and you don't need the help.” —Lincoln*

*“You would think that they would try to help you before you had to go on welfare. Before you had to be that much in need. ...You would think that they would nip it in the bud instead of allowing your house to go to foreclosure, allowing your child to be picked up by the police. Allowing it to go that far before somebody will step in and say, ‘Okay, this is what we can do to help this situation’.”*

*“They are reactive instead of proactive.” —Georgetown English*

Many of the families who cited the lack of support for those other than very low-income families made it clear that they too are struggling to provide for their families and could really use some assistance to find quality child care or to be better parents.

*“Because the state does have Purchase of Care but you have to be below a certain income level and just because you are not under that does not mean that you're not just struggling to keep your head above water. ”*

*“They are not looking at the working parent that is going to work and making sure these kids are in school or trying to make ends meet. They are not geared to that. You have to damn near quit your job to get them to help you.”*

*“I think a lot of the support programs out there are sometimes tailored to certain populations or tailored to certain income levels. Yeah, if you are below such and such an income level then we can help you. But it leaves out the whole rest of us.”—New Castle*

***Finding Affordable and High-Quality Child Care.*** Another key challenge in Delaware that was raised repeatedly is a lack of availability of affordable, high-quality childcare. As discussed earlier in this report, child care was the concern most often raised by parents in response to the question, “What worries you about caring for and raising young children?” This concern was explored further during the focus groups and parents cited a number of problems parents cited when describing their struggles locating quality childcare or any child care at all. Participants in a number of groups noted that the demand for childcare simply outstripped the supply.

*“There is a waiting list for centers and there are waiting lists for home daycares.”*

*“It's too populated here now. There are not enough services or providers in any sense.” —Middleton*

*“We need more daycares. Because there is waiting lists and they are all just so full.” —Newark*

*“I was able to find jobs really easy but I couldn't find daycare. And I would be put on waiting lists and it was horrible. So I just gave up after a while because I couldn't find a part time job that was even worth paying for daycare because it wouldn't cover it, and I couldn't get a full time job because I didn't have daycare.”—Dover*

A participant whose husband was in the military and stationed at Dover Airforce Base pointed out that while the military provides child care, there are not enough slots to serve all families who need it.

*“The waiting list is really, really long because it's one small center and they classify the children as need where if it's single military parent they are always at the top of the list. Then it's dual military, both parents military, fall next. And then those of us like my husband and I that are military/civilian, we are down at the bottom and we always get knocked because of the others that are ahead of us. ... So I started looking outside of the base and really not knowing the area, not knowing where to look, what was good, what was bad, I didn't know any of the neighborhoods and all that. I just gave up after that.”*  
—Dover

The high-cost of childcare is also a major issue for many parents. Parents are generally aware of what constitutes high-quality childcare, but for many of them the cost of quality care is simply out of reach. Families' childcare choices are limited to what they can afford and they are very aware of the fact that this often requires sacrificing quality. Many families reported serious strains on the family budget because of high child care costs.

*“Daycare is my main issue. The cost of it.....whether or not the needs are being met, if there's any education benefit to being sent there.”* —Newark

*“It was really hard to try to find something you could afford that was good. The first program I had her in I could afford but it wasn't good.”* —Claymont

*“We used to get help when I was working part time and not making as much money. There is programs, the POC I guess pays some. Then when I started making more money, it's all you. So our mortgage and our daycare are just about the same amount. When I tell people that it's insane.”* —Georgetown English-language

Although some parents received help paying for care through the Purchase of Care (POC) program, the state subsidized child care program, they expressed frustration at not being able to obtain assistance in finding daycare programs that accepted POC.

*“We have had the fortune to have the state provide Purchase of Care, paid daycare for us since he was 4 months old but it hasn’t always been easy to find daycare. They really don’t give you any help other than financially. You are on your own to find the daycare provider.” —Newark*

Many parents feel the high cost of childcare does not match the quality of care their children receive.

*“The quality of the care that they receive and the price of the care that you have to pay out to get that level that you need. I don’t think that the price we pay is always reflective of the care that they get.” —New Castle*

Parents report that many of the day care choices available to them are of questionable quality. Many families experienced or knew about poor quality child care centers.

Participant 1: *“Twice they were cited. They were cited for locking someone in a closet, and then second for someone wandering the street. And they are not shut down yet.*

Participant 2: *And people are still sending their kids there.*

Participant 1: *People still send their kids there, it's amazing.*

Participant 2: *It shows you that we have no providers in other places.”—Middleton*

Many families do not think the State is doing enough to regulate childcare centers.

*“I think anyone that has child care and that is dealing with child care I think the state needs to do a better job of policing them. That means not calling them on the phone and letting them know when they are going to stop in and take a look at their daycare.” —Lincoln*

Although some parents conducted research prior to choosing child care programs; they were not always able to find out about complaints made against the programs or providers. Most of the participants were not aware of places in the state that provided information on the various daycare programs and/or providers.

*“We've had it where one of our girls was neglected and physically abused by a licensed daycare provider. Then come to find out she had done this other times but we weren't told this when we had gone and searched. So sometimes*

*information isn't brought forth when it should be. It's kind of like a dirty little secret.*" —Dover

Parents continue to struggle with finding and paying for quality early care and education when a child enters pre-school. One parents who did not qualify for Head Start expressed frustration, not only because she felt the Head Start program is a good program, but because she felt it was the only good program in the area.

*"... and we were looking for places that have these [preschool] programs even if we have to pay for it, but really there is few choices or even nothing. So then, where do you go? Or where do you turn?"* —Lincoln

Parents who have children in preschool also express concerns about finding after-school care and the hassles of transporting their children between preschool and daycare during working hours. For the centers that provide pre and post care, one concern is the costs involved for that extra time.

*"One of my concerns right now would be before and aftercare. Finding a way of getting her to school on time and feeling comfortable with her getting home."* —Newark

*"...and they charge you extra for the pre and post care so they wallop you there."* —New Castle

It is clear that finding someone to provide early care and education for young children is a major source of stress and difficulty in the lives of families with young children. Most families clearly want to do what is best for their children, but far too often they have very limited options for obtaining the level of care that would most benefit their child.

**Health Insurance Issues.** While most parents report having health insurance for their children, they also indicate problems with various aspects of enrolling in and using health insurance. One participant reported problems understanding the requirements for enrolling a newborn child in Medicaid.

*“But they sent me a letter saying they had to have his footprints, they had to have his social security number. I was like, I don't get that for a couple weeks. ... It's not really clear about what they are doing. Like I'll receive a letter saying I have it and then the next week it says I don't.”—Dover*

Another parent said that she did not have enough information to choose between Medicaid managed care plans.

*“I tried for six months just to find a doctor for my kids, for me, anything, and no one was taking that plan. But they don't let you know that this is the plan that nobody is taking right now. So you get Medicaid, but you can't do anything with it. You still can't take your kids to the doctor, you still can't do anything with it because nobody will take it.”—Georgetown English-Language*

Parents in the Spanish-language focus groups reported problems getting the information they need to maintain Medicaid coverage.

Participant: *“I think they give it to you every six months. I know they give you a date.*  
Moderator: *But they don't send reminders?*  
Participant: *I did not get anything.*  
Moderator: *Who else has had the problem of Medicaid suspending it without any reminders?*  
Moderator: *Three of you ”—Wilmington*

Though families with private health insurance coverage reported fewer problems than those with Medicaid coverage, some also had concerns over health coverage. One participant talked about high co-pays and premiums that resulted from a need to see out-of-network physicians because there were so few in-network physicians in the area.

*“If I wanted to be in the HMO (which would have been cheaper) I would have to either drive to Salisbury or Wilmington every time my child was sick. I can't do that. So it's very frustrating not being able to get any kind of decent benefits, even through a huge corporation like that, because of where I live.”*  
—Georgetown English Language Group

Other participants discussed how co-pays for private insurance are straining the family budget.

*“Well I did ask them about Medicaid, getting my son on Medicaid because like I said he has Blue Cross, but like it's a \$10 copay, it's \$20 for his prescription. That's a lot of money out of my pocket. So I had asked about Medicaid and they just pretty much directed me elsewhere.”*—Newark

*“So we all have insurance, but those copays will get you, especially on medication.”*—New Castle

Finally, it is important to note that focus group participants were not explicitly asked about health insurance coverage or health care for adults in the household. While the percent of children without health insurance has been decreasing in recent years, the percent of adults without health insurance has been on the rise.<sup>2</sup> To the extent that parents forego health care it is clear that their ability to care for their children can be compromised. Focus group participants brought up the topic of adult insurance coverage even though they were not directly asked about it.

*“It seems like they are doing less and less for the parents that can't afford medical care for themselves. Like I don't know how to drive. I can't learn to drive because I can't get a pair of glasses. I can't see a dentist. I can't get my teeth worked on which causes excruciating pain when you've got cavities.”*  
—Claymont

*“I know the state of Delaware, most states I think, have some kind of supplement just for children. You can't insure yourselves but you can at least insure your children.”*—Dover

*“My husband and I have no insurance. I'm a C.N.A. He drives a school bus.”*  
—Georgetown English Language

Delaware has made great strides in providing health insurance to young children but, as described in this report, there are still a number of important health insurance issues that need to be addressed.

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<sup>2</sup> DeNavas-Walt, Carmen, Bernadette D. Proctor, and Robert J. Mills. *Income, Poverty, and Health Insurance Coverage in the United States: 2003*, U.S. Census Bureau, Current Population Reports, P60-226, Washington, DC. 2004.

**Limited Time With Health Care Providers.** While most focus group participants had positive things to say about their pediatric health care provider, they also felt that many medical providers do not have time to ask or answer questions about their children’s health, child development issues, or where to obtain additional information or services.

*“I love where I go, I love the doctors and nurses, I trust them, I think they are very personable, but they are so rushed that they don't have the time to talk to you about those issues (i.e., child development) even though those are just as important as whether or not your child has an ear infection or is having an asthma attack or something like that or a breathing problem.”—Middleton*

*“We came here and we didn't know about any services through the state. You get a little bit of help through the (military) base but it's very minute. We have to ask our pediatrician a lot of questions, but then again he's busy and they can't spend a lot of time with you ”—Dover.*

Moderator: *“Is the person you feel rushed with the doctor or is it also the nurse?”*

Participant 1: *It's usually the doctor, in my case.*

Participant 2: *I ask the nurse too, but they are just as busy as the doctors ”*  
—Middleton.

As illustrated by the following comments, Hispanic focus group participants in Georgetown feel that the providers serving the Hispanic community have an extremely large patient load and as a result have little time to spend with their children.

Moderator: *“Has the doctor or nurse referred you to other services or resources?”*

Participant: *No.*

Moderator: *Negative for all three of you.*

Participant: *They only ask for Medicaid when you get there, then they tell you the doctor is ready to see the baby. The doctor sees the baby, but since he has so many patients he only checks the baby or does whatever he has to do.”*

*“One can tell the doctor to check the baby more carefully, but what if they don't have time? They have too many patients and only one or two doctors. They*

*leave you in a room alone with an undressed baby for fifteen or twenty minutes or half an hour. ” —Georgetown Spanish-Language*

The perception that health care providers are rushed leads parents to weigh whether or not they even want to bring up particular concerns during a visit.

*“And sometimes you basically draw straws and say, ‘Okay, how important is this to talk to him about? Let’s just let it go.’ Then you start getting this tension when you go into the office. Like how important is it to bring up? Because you know it’s going to take time to answer it.” —Lincoln*

Clearly, health care providers can function as a key gateway into needed services and resources. Virtually everyone brings his or her child in for health care during the early childhood years. However, any attempt to strengthen this important link in the early childhood system has to address the problem of providers trying to see too many patients in too short a time.

***Limited Services Outside of Wilmington.*** One issue raised in a number of groups is the limited availability of services outside of the Wilmington area. A number of the parents in downstate counties indicated that they either had to travel some distance to obtain quality services, or go without them.

*“I don’t feel that there is a whole lot of child-centered activities for all income ranges in Sussex County. ”—Lincoln*

*“Two years later I’m still paying all those medical bills because Sussex County had no services for us for anybody to come to the house. It would have been so much cheaper.” —Georgetown English Language*

*“Now that I am pregnant again and I am a little bit afraid to go again to Milford, I have to go to ‘The Beaches’ because I believe there is maybe better places over there. But I really would like to see if they could provide more people to take care of pregnant women in Milford.”—Lincoln*

Even families as close as Middleton indicated that it was sometimes hard to travel to Wilmington for needed services.

*“It can take you an hour to an hour and a half to get home because you are waiting on traffic. Which isn’t anybody’s fault, particularly, but it would be nice to have some of these specialists down here. I think we have a good pediatrician here in their satellite office. But it would be nice to have some more specialists down here even if they only had appointments one or two days a week.”—Middleton*

This report has identified a number of challenges that need to be faced to build a more comprehensive early childhood system in Delaware. The next section discusses some of what parents say they would like to see done to strengthen the services and resources available to families with young children.

#### **D. The Early Childhood Information, Services and Resources That Parents Want**

This section examines parents recommendations in each of the five ECCS focus areas and then looks at some recommendations that cut across the areas.

**Healthcare.** As described above, overall most parents are generally satisfied with healthcare, however, there is a clear sense among many that their healthcare providers are rushed and do not have time to deliver additional information and assistance. Despite this problem, parents still want and need healthcare providers to be able to refer them to additional services. The problem is that parents often have more questions than the provider has time to answer and unless they are aggressive in bringing up concerns key issues may be missed. The example below illustrates the importance of strengthening the ties between healthcare providers and other services.

*“We have to ask our pediatrician a lot of questions, but then again he’s busy and they can’t spend a lot of time with you. You can try to rapid fire as many questions out as possible but I end up going to a lot of reference books trying to learn what I can through a book because our parents are thousands of miles away and you can’t call them with every little thing. They may not know. Times have changed. They may give you some*

*old wives' tale solution ... Our youngest daughter had a speech delay and I didn't even think to ask about why she wasn't talking until she was 15 months old. I just happened to ask the pediatrician and he was the one that had given me a flyer to a state run agency called Child Development Watch that helped us. ... if I wouldn't have asked, he probably wouldn't have asked.”—Dover*

One parent clearly articulated their expectation that health care providers know where to send families when an issue arises that needs further attention.

*“The other thing is if they can't answer your question, to not blow it off. To refer to the right person. Not, ‘Well, it will be okay.’ I don't like that answer. I like to be referred to the right thing. ”—Middleton*

One of the main issues that parents wanted more time to talk about with doctors was how to respond to problem behavior from their child.

***Mental Health/Social and Emotional Development.*** The most common issue parents brought up regarding mental health and social and emotional development is how they should respond to challenging behavior. Parents are seeking more information about discipline strategies. Many parents look to healthcare providers to provide this information and are often frustrated by the response.

*“But why won't these doctors take the time? I say, ‘How should I discipline her?’ ... I thought as a pediatrician they would help you not just keep her healthy but help you keep her mind and her spirit healthy because what are you supposed to do? ”—Georgetown English-Language*

Some parents are concerned that pediatricians do not spend enough time with their children to make key decisions about mental health issues.

*“Sometimes I don't think they know my child well enough to make a determination. But for my older son, I know I shouldn't talk about him, but the ADD has been mentioned for him. That's fine. But I'm not going to go to my pediatrician who doesn't know him to make that determination and prescribe medication right away. ”—Middleton*

The parents who report obtaining the most helpful information about discipline and mental health issues are those who participated in Parents as Teachers or found parent support groups that address these issues.

Early childhood mental health is tied very closely to the mental health of other family members, particularly the mother. The subject of post-partum depression and maternal mental health issues in general came up in several of the groups.

*“Something that for sure is really a need is someone to follow up on postpartum depression. I don't want to go down that road or I'll start getting on a soapbox but it's something that has really been missed for many people.”—Middleton*

One mother who suffered a bout of post-partum depression indicated that a home visiting problem would probably have helped her.

Moderator: *“Would you have been interested if it was offered to have someone come into the house and talk?”*

Participant: *“At that time, probably. I definitely would have felt more supported than just, I felt very secluded. It was very scary there for a while.” —Dover*

Another mother who also suffered a bout of depression, indicated that sharing information about the problem is not enough. There needs to be a place that parents can go to where there are counselors who have experience addressing post-partum depression.

*“I know that the hospital when they send you that packet they send you a number where you can call for nurses and a nurse will come and do a home check after the baby is born and your OB will tell you to call if you are feeling depressed or whatever but you just don't get the feeling that they are really there or that there is a trained counselor who has been trained not specifically with postpartum depression but who has experience with other patients who have that issue.”—Lincoln*

The Middleton group discussed how it is important to find a new way to address this issue because it is not currently handled very well. Post-partum home-visits occur before the symptoms of depression appear and neither the child's doctor or the mother's OB-GYN

usually asks about it. As one participant put it in reference to OB-GYNs and post-partum depression, “They are really not trained.”

One participant described being frustrated in her search for treatment for depression and it was clear from her description, that this was a grave and dangerous situation and that no one took charge and dealt with the obstacles to treatment. Fortunately for her and her children she was persistent in seeking help.

*“I moved into a new neighborhood, I didn't know any of my neighbors. Very excluded. Didn't work. I went through major depression ...you know there were times where I could see why people hurt their kids. I was just so bottled up. And the only way I got help was when I called my pediatrician or called my obstetrician, because I had to talk to them, and I kind of got the runaround. Then because I had to go to my family doctor because the obstetrician can't medicate me. It has to be my family doctor. So then I had to deal with the whole insurance thing and so finally like a week and a half later I did get to go see a doctor and he did medicate me, thank God. ”—Dover*

Most of the mothers indicated that they are not asked questions about how they are doing when they visit the child’s pediatric provider or when they have their six-week follow-up visit to their OB-GYN. The focus of these visits tends to be on physical well-being, particularly the physical well-being of the infant. This approach fails to recognize that the continued health and well-being of the child is closely tied to the health of the mother and family.

**Childcare.** What is clear from earlier sections on child care in this report is that parents want more options for accessing affordable high-quality child care and pre-school. They also want more information about childcare providers. First of all they want to be able to obtain a list of providers. The parents who accessed the list of childcare providers maintained by Family Workplace Connection usually found them up-to-date and helpful. However, many parents are unaware of this service. Families also want to know that they can access information about licensing, inspections, and any penalties that have been imposed on childcare centers. While the State makes information on licensing and inspections available it appears that there has been little effort to let families know that they can review this. Families have a good sense of what constitutes high- quality childcare, but they are less able to judge whether a particular

child care center meets their standards. They would like more information about quality ratings. There is a great demand for more high-quality affordable childcare slots. While families know what a high-quality childcare setting looks like many of them are painfully aware that the numbers of these places are limited in Delaware and those that exist are more expensive than many families can afford.

Parents seem to be divided on playtime versus academic activities in daycare settings. A number of parents were unhappy because their children spent more time playing than learning, while other parents believed the children needed more play time and were being taught too much too soon. Overall, the parents seem aware that once their children got to school they would face more stringent academic demands than previously and that good quality child care is one way they could be made ready for this.

*“...Making sure that they get all that they need in the daycare as far as academic skills and not so much play time. I mean, playtime is important because they develop skills in that area, but I think they need to focus more on academics more in daycares.”*

*“Yeah, I think that’s what school is going to expect when they hit school age. Kids are excelled now. They are not where they may have been when I was coming up. It’s not the same.”—Newark*

While parents realize that there are increased academic demands on their young children once they enter school they are frustrated by the lack of support in providing child care and pre-school options that will help their children meet these demands.

***Family Support and Parenting Education.*** Parents do not appear to be looking for a formal class on parenting. They are more interested in obtaining support from other parents, especially those parents with similar concerns.

*“They can't have true empathy for you because they are not with the baby when the baby is screaming all night at 10 months old. Things like that. It would be nice just to have a connection with people who have the same issues without it having to be a major deal.” —Middleton*

*“Something where you are with other mothers who are in the same situation, they have been there and done that.” —Lincoln*

*“I got into a good grandparents support group which I think for 2 years we sat there. That was my outlet. That was my help with my parenting skills. Because you can learn from other parents.” —Georgetown English-language*

*“There is really nothing for the younger kids when they are still developing socially... I think there needs to be something and I don't know if the state can do it but just set up an area or something in Sussex County just a general meeting area or just more information out there for moms who are part time or even stay at home and need adult interaction.” —Lincoln*

Most families are not looking for general support groups but are interested in parent groups led by knowledgeable facilitators and professionals that focus on topics of concern to them.

*“I've been to different support groups because the flyer said it focuses on learning disabilities. It would have to be something that caught my eye. If it said support group for moms who feel overstressed and just need to shout then yeah, I would go. But if it just said a mom's support group to discuss your daily activities then no, I'm not going to go.” —Claymont*

*“It would be great to have informational sessions, something that once a month they have a topic on discipline and then the next time on reflux or specific illnesses. Anything like that. ADHD. It would be great just to have informational panels or seminars.”—Middleton*

Parents made it clear that they want someone with both knowledge of topics and practical experience.

*“I don't want nobody to come to me and talk to me about something they don't have experience with. I hate for somebody to talk to you about well, I heard this from books, or they say to do this with your baby.” —Lincoln*

Many parents suggested that in order for parents to be willing to take advantage of parenting education opportunities they need to be “family-friendly.”

*“If these organizations provide some daycare for you, and some of them even give you a meal or refreshment or even do a nice little project with the kids, a craft project, you don't feel as bad about going out at night and getting that enrichment or that meeting or support and then come back and go on to bed. So I think those kinds of things entice parents out.”—New Castle*

A few focus group participants, including the few fathers who attended, suggested that it would be helpful for fathers to be able to obtain information on parenting.

*“I found is that there is not really a whole lot for fathers, anywhere. I'm not offended by the fact that it's mostly for mothers because 80% of the day she has my son. But I think men are always trying to look for their identity when it comes to a father's role and how to deal with children.” —Lincoln*

*“It would be nice if the fathers had support groups, somewhere to get themselves some education instead of depending on us to give them all the information.”—Dover*

One participant who was helping her partner raise his son after the child's birth mother gave up custody, said they had encountered great difficulty in obtaining resources and services because many of them are not available to single dads.

*“You can't get a child in HeadStart if you're a single father when a single mom can do so much. And single moms have so many rights and so many things that they get into. We couldn't even get his son in preschool. We couldn't do anything because he was a single father. He had full custody, the mother hadn't even been around for 3 years by then. But...you can't get any financial help.”—Georgetown English-language*

The Hispanic population in Georgetown and Wilmington indicated that there are some excellent organizations serving their community. However most of these organizations are targeted to specific services and there is no place to go for general advice about parenting.

Participant: *“At La Esperanza you only apply for Medicaid. At La Red you only go every week or month for a check-up to see the baby's growth and they don't do anything more. You only go to the hospital to give birth.*

Moderator: *So, you would like a support group?*

Participant: *Yes. Having someone who tells you what to do when your baby is born.”*  
—Georgetown Spanish-Language

Families who are looking for specific financial or other material resources found it difficult to obtain support because of the lack of information about what is available.

*“My mom has my brothers two kids, she has them full time. She was going crazy trying to find a crib, money situations, so that would have been helpful for her. But she didn't know where to look for anything.”—Newark*

**Cross-cutting Issues.** The number one issue that cuts across types of services and types of providers is that parents need better access to information about what services and resources are available and how to obtain them.

A mother who had a baby many years after having her previous child indicated that parents need information about a variety of topics.

*“It would help if there was also a list of doctors that are only taking newborns or existing children of certain ages. Because there are people moving in and out of the state all the time and I think it would just be easier for a parent, as well as easier for the doctors. There is like this search that you have to do when it should be easier. Just like basic steps of being a parent. Like I have to think, “Okay, when does my child go to preschool?” And I have to think back to my age and then I have to think okay, then I have to go to the school first and do they need to tell me because to be honest I'm clueless? It's been 15 years and things have changed.”—Dover*

The participants in the Spanish-language group also expressed a need for better resources for finding information.

*“...Having an office where you know you can get information. I know they have this in other states.”—Georgetown Spanish Language.*

For Hispanic participants there is a great need for more information in Spanish. A Hispanic participant in one of the English-language group very nicely summed up the importance of getting information in Spanish.

*“I know for a fact that in our area people will charge for translation really high. So why would you translate and pay and maybe it's not even important. So they throw it away, it's the easiest thing to do. I would like for the better of the children to get the information in Spanish. ”—Lincoln*

A number of participants report using the Delaware Helpline and overall their experiences were fairly, though not uniformly, positive. Some of the comments indicate that the Helpline is able to provide a referral when the problem falls into a clear-cut category, but is less helpful when the problem is not easily classified.

*“For the most part they are good, but when you've got very specific needs that is not necessarily black and white and doesn't necessarily fall in mental illness, they've got a number for that and they've got seizure disorders, they've got a number for that. But if it's falling somewhere in the middle or you are not really sure which way to go, you know, they don't always direct you to exactly what you need.”—Georgetown English-language*

Parents are often unsure of the nature of the problem they need help with but are looking for advice and support.

*“It would just be easier if there was an 800 number that could call and say, ‘Okay, I don't know if this is medical, I did call my pediatrician, but could you help me?’ Because some people don't even have books to refer back to. Or even mothers.”—Dover*

In addition, parents are often looking for more than just a telephone number to another agency. They want some information on how to get additional assistance and the Helpline staff are not well equipped to provide this information.

*“If these hotlines would have these people educated on how to get you to the next step and the step after that and the step after that, I would just be so grateful.”—Georgetown English-language*

Thus while the Helpline is seen as a useful resource, parents want more from this resource. The early childhood professionals that parents encounter are another source of information on what resources and services are available. Parents feel that these professionals can do a better job

providing information. The need for doctors to do this has already been noted, but it is also true for other agencies.

*“I think that social services probably has the biggest contact with the most people in this area and it seems like since they have the biggest contact with the most people in this area they should be the ones that readily have the information on hand for you when you come in the door.”—Lincoln*

While affordable recreation opportunities for children do not fall clearly into one of the five ECCS focus areas, parents identified this as a need.

*“When I was growing up we had free recreational activities in the summertime. What happens now is like you got to pay for every little thing.”*

*“My son is only 2 and I'm always trying to find, because I'm a stay at home mom, I work from home, so I want to try to get him into things to get used to other kids. It's the same thing. I was going to get him into swimming at the Y but it's \$160 and I'm like I can't afford that.” —Newark*

*“There are no recreation centers where I can take her so she can be with other children. There is the YMCA, but that also costs money.”—Wilmington Spanish-Language*

Recreational activities have a variety of benefits including providing exercise and intellectual stimulation for children, it also provides a break for parents and grandparents who are taking care of children.

*“I just think it's mainly finding somewhere for the kids. My mom goes crazy every day having both of them.” —Newark*

The need for recreational activities was cited by both stay-at-home and working moms. The stay-at-home moms talked about the limited availability of low-cost opportunities while the working moms said there was very little available in the evening.

*“The same is true with like the library. Most of their things are during the day. My friends say they did this and this and none of those are options for me because I'm not there during the day.”—Lincoln*

#### **IV. Analysis and Recommendations**

This final section examines the key findings from the report and the recommendations derived from the findings to help strengthen the Delaware early childhood system.

##### ***Recommendation 1. Steps need to be taken to improve the process by which families obtain information about early childhood services and resources.***

Parents in all the groups indicated that it is difficult to obtain information and thus the first recommendation addresses this concern. There are a number of recommendations that came out of the groups for improving the information provided. These recommendations fall into a number of different categories as described below.

- ***Strengthening Existing Sources of Information.*** Parents described a number of different sources they use to obtain information and ways in which these could be strengthened. Phone books in Delaware include “Blue Pages” which list government services. However, the listings in the Blue Pages are organized by agency name rather than by what information or service can be obtained by calling a particular number. This makes finding information difficult because the agency name does not always reflect the service provided. State and County governments should work to reorganize the Blue Pages based on the model of the Yellow Pages which is organized by the service or product that is provided by the businesses. For example, under childcare there could be an entry for obtaining a list of child care providers and another entry covering obtaining information about records of inspections of individual providers.

The Delaware HelpLine is another source of information used by parents. However, while the HelpLine was seen as useful when a caller had a clear idea of what they needed it was less useful when the caller had a general need but was unclear who they should turn to for help. In addition, parents want more than a telephone number, they want information on the services available and their options for obtaining help. There are a number of ways to address this issue. HelpLine workers may need more training to handle calls from parents with general concerns rather than a specific problem. Additional resources may also be needed. The Connecticut Help Me Grow Child Development Infoline provides an example of one approach to referrals. Parents and providers access the Infoline seeking access to services for young children who are at

risk for developmental, health, or behavioral problems. When the answer to a question is not obvious, Infoline staff take down information from the caller and then pass that information onto a local child development community liaison who researches the problem and identifies multiple resources that the parent or provider may be able to access. The resources provided are specific to the family's geographic area and enough information is included to help the parent or provider determine the most appropriate resource for the family. Family Workplace Connection provides a useful service by giving parents a list of child care providers in their area. Many parents in the focus groups took advantage of this and had good things to say about it. However, many others did not know of this resource. Information about this service needs to be widely shared and available in multiple settings.

Parents also need to be made aware of opportunities to review the records of licensed child care centers. Only a few parents who had experienced problems knew they could review these records.

- ***Training Providers of Early Childhood Services to Be More Effective at Dispensing Information and Making Referrals.*** Many participants in the focus group told stories about having a problem and seeking information from an early child professional only to have the professional tell them that he or she did not know whether any such services existed. Parents, sometimes mistakenly, conclude that there is no help available or give up because they find trying to obtain help too difficult. Early childhood providers need to become better sources of information. This requires that they know more about available resources and if they do not know the answer, they do know places they can turn to that will help them and parents find answers. Parents clearly stated that there are two types of providers who they often turn to for this type of information and who often do not have it or do not share it. These are health care providers and social service agencies. Efforts that target these providers are highly recommended. Other professionals, such as WIC Program staff and child care providers who have contact with large numbers of families, would also benefit from knowing more about existing services. For public programs especially, a greater stress needs to be placed on customer service so that when a worker is asked a question for which they do not have an answer, they either try to obtain the answer or refer the family member to someone who can.
- ***More information needs to be available in Spanish.*** Spanish-language participants and Hispanics in the English-language groups made it clear that there is a need for more Spanish-language information and resources. There is very limited information available in Spanish.

Even when Hispanics speak some English their comprehension may be limited and they may be more likely to accept services if what is available is explained to them in Spanish.

- ***Families need to be informed of services and resources on multiple occasions.*** Most families indicate that they receive the greatest amount of information when a child is born. While this strategy can be helpful it is a turbulent time in many families' lives and they may not be able to absorb the information. They also may not be aware at this time, of what they will need as their child grows and develops. Families indicated that the post-partum home visit provided to many mothers is helpful, but it is mainly focused on physical health. Because it occurs right after the mother leaves the hospital it cannot address issues that arise later. Information seeking is an ongoing activity. The type of information parents are looking for changes as the child develop and as the family faces new challenges. In order to ensure that parents are able to locate information when the need arises it must be available in multiple settings and/or there must be a central place where they can go to find a whole range of referrals.

***Recommendation 2. Services and information should be targeted at all families in Delaware.***

While the need for services and information does differ by factors such as income, age of parents, and other risk factors, even the better off families in the focus groups face challenges they need help with. Participants from a variety of backgrounds struggle with finding information about child care, child discipline issues, and mental health challenges. It is important that the needs of all families be addressed with special attention to the groups described below.

- ***All Income Groups.*** Parents express frustration that when they need services many are not available because their income level is too high. Many of these families are not wealthy by any stretch of the word, they are struggling with the high cost of child care, medical bills and housing, but they felt little help is available for people like them. Clearly there are some services where income limits are set by Federal or State law but there are other services where income limits are flexible and the needs of all families should be considered. Parents with diverse incomes often need support with child care, mental health, and parenting education. In some cases this support is available and families just do not know about it but in other instances it is only available to families in deep poverty or in crisis. Focus group participants felt this was short sighted and that it would be better to address problems before they become more serious.
- ***Hispanic Families.*** Hispanic families rely heavily on services targeted at their communities. While these are tremendously helpful they do not cover the full-range of services needed by families with children. State agencies and other organizations that serve families should partner with these organizations and find ways to provide a broader range of services to the community. If space is

available it would be helpful if the services are provided at the agencies that are already serving the Hispanic community. These organizations already have the trust and the connections with the community that are essential in the successful provision of services.

- **Grandparents.** The discussion in the focus groups and recent research indicates that there are a considerable number of grandparents who have primary custody of children or who are providing child care for their grandchildren while their children work. A recent study by Child Trends found that almost one-half of grandparents provide child care assistance to their adult children.<sup>3</sup> Many focus group participants also said that the first person they turn to for advice is their mother. The grandparents in the focus groups admit to feeling like they need a refresher course in child rearing or feeling that the way things used to be done no longer applies. Efforts should be made to offer them resources or services so they can best carry out their critical role in raising young children.
  
- **Military families.** Outreach efforts should also extend to military families. These families are often under tremendous stress and, because they move frequently, lack information about local resources and services. While the military provides some support, it is limited and there is a clear need for additional assistance. For example, high-quality child care is available to some military families but there are not enough slots to meet the demand. Peer support is available on military bases but sometimes issues arise that go beyond what is offered. These families need to be able to access community services when the need arises.

***Recommendation 3. Efforts Need to Be Undertaken to Increase the Supply of High-quality Child Care and Pre-school in Delaware.***

Parents made it clear that there are serious difficulties obtaining high-quality child care and pre-school services in Delaware. These areas are clearly sources of great anxiety for families and represent a lost opportunity in achieving the goal of children who are healthy and ready to learn at school entry. Parents appear to be aware of what constitutes high-quality care, but they are unable to afford it. A number of possible steps can be taken to improve the situation.

- ***Improving the Quality of Care Among Existing Providers.*** Efforts to improve the quality of care among existing providers are very important. There appears to be a shortage of day care slots in some communities and it is important to maintain what is

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<sup>3</sup> Guzman, Lina. "Grandma and Grandpa Taking Care of the Kids: Patterns of Involvement." *Child Trends Research Brief*. Child Trends. Washington, DC. July 2004.

available. Efforts to encourage additional training and to improve the daily care and education provided at centers would be helpful. In order to do this incentives will need to be offered. These could include a range of strategies including enhanced subsidies for higher quality providers, licensing fee rebates for providers that improve quality, and technical assistance for providers when problems occur and additional training is clearly needed.

- ***Making High Quality Early Care and Education More Affordable.*** Ultimately progress depends on making high-quality care more affordable. In a number of groups parents talked about providers that offered the high-quality childcare they want for their child. They also mentioned the cost of these places and it quickly became apparent that there was a big gap between what most families can afford and the cost of high quality care. The child care subsidy for low-income families does not come close to paying for the highest quality care and a very large increase would be needed to change this situation. Another possibility to address part of the problem is for Delaware to move towards publicly financed four-year old Kindergarten, as is occurring in other States. This would ensure access to regulated care for a much larger portion of children at a younger age.

***Recommendation 4. Opportunities Need to Be Created to Enhance the Ability of Health Care Providers to Serve as a Gateway to Services and Information.***

Many healthcare providers are doing an excellent job providing medical care and addressing issues such as child development. However, it is also clear that parents would like to be able to obtain more information from their healthcare provider. Moreover providers are not always providing recommendations and referrals to other services. Many parents perceive that their healthcare providers are rushing through visits and thus are unable to respond to the parents' questions. There are indications that many healthcare providers have only limited knowledge of community services so that even if they had time to answer parent's questions, they may not be able to point them in the right direction. It is important that efforts be undertaken to address these problems. Healthcare providers may not be able to offer the level of support that parents would find ideal but it is important that they be able to refer to needed services and to other sources of support. Efforts are needed to inform providers about what parents want from them. In addition, health care providers and other early childhood professionals need to work together to develop strategies that allow health care providers to play a gatekeeper function despite the demands of a healthcare system that may require them to see large numbers of patients in short times. These providers may need support from a centralized information

resource or from public health professionals who can be called when a patient's needs go beyond what the provider can offer.

**Recommendation 5. Parenting Education and Support Needs to Be Family-focused.**

Parents are very interested in learning more about bringing up children. They are open to doing this in a group setting though very few participants indicate that they want it to be a classroom. What parents want is to combine education on particular topics with support from other parents. Families indicated a need to talk with other parents and a trusted expert knowledgeable about child rearing issues and topics. They want experts who have experience both as parents and working with children. Parents would be more likely to attend these sessions if they included childcare with activities for children. A number of parents even suggested the focus group as a model of the type of parenting education session they would be most interested in attending.

***Recommendation 6. Programs for Children With Special Needs Should Focus on Both the Child and the Family.***

Focus group participants whose children were involved in early intervention programs expressed frustration that the services they initially received did not continue as the child grew older. Initial services through programs such as Child Development Watch, Early Head Start and Parents as Teachers focus on both the child and the family. These programs provide parents with information and resources that enable them to better address their child's needs. These programs help them access other services to improve their parenting and address their child's needs. The programs for older children, such as Pre-school Special Education, do not focus on helping the parent address their child's needs. These programs are focused on what they defined as the child's problem. Parents who sought further help because the child's problem was causing family problems or because they did not feel the program was fully addressing the child's problems were not guided to that help. A number of focus group participants had older children with mental health issues or were trying to cope with child behavioral problems that were not getting better. They felt adrift in the system and in need of far more help than they were getting. Parents whose children have special needs whether

physical or emotional, clearly need additional help navigating the system and accessing the best possible care that is available for their child.

***Recommendation 7. There is a Need for Initiatives to Address Maternal Depression.***

Current efforts to address maternal depression are falling short. Healthcare providers are not recognizing this as an important issue. Parents primary healthcare contact after giving birth is usually pediatric health care providers who focus heavily on the health of the child and not on how the child's health is affected by the well-being of their parents and family. Pediatric healthcare providers clearly need more education on this topic and need to know what to do when they suspect a problem. Other possible efforts can include follow-up home visits for new mothers, educating OB-GYNs about the topic, and including mothers at risk for depression as a target population for parenting education programs such as Parents as Teachers. These efforts must recognize that it is not enough to provide a referral for a potentially depressed mother. The illness makes it very difficult for parents to follow through to obtain care. Someone needs to be able to step in and make sure the depressed parent is seeking care and that obstacles, including those presented by insurance coverage for mental health services, are being addressed.

**Recommendation 8. The State Medicaid Agency Should Examine How it Communicates with Hispanic Families.**

The Medicaid Agency should convene a panel of Latino families to review the Spanish-language notices and forms that are sent to families to notify them that they need to recertify. If these forms are found to be unclear or are not sufficiently urgent they should be revised based on the panel's recommendations. While families indicated that they are not receiving notices it is probably more likely that they are not understanding the urgency of the notices they do receive.

***Recommendation 9. Efforts are Needed to Address the Shortage of Healthcare Providers for Downstate Latino Families.***

The tremendous growth in the population of Hispanics in Downstate Delaware appears to have led to a shortage of healthcare providers serving the Hispanic community. Efforts need to be undertaken to address this problem. These efforts could include scholarship or loan programs for Hispanics interested in a healthcare career and support for English-speaking providers who are able and willing to provide services to the Hispanic community. Efforts to ensure that the providers serving the Hispanic community are connected to other services and included in professional education efforts are also essential.

**V. Summary**

Delaware has taken many important steps toward developing a comprehensive system of early childhood resources and services. Parents in the focus group recognize many positive programs and efforts, but they also have clear ideas about needed improvements. The parents in these groups clearly want to do their best for their children and are looking for support in achieving that goal. It is hoped that the information gathered in this report will assist the State ECCS partners in their efforts to further strengthen the Delaware early childhood system.

***Appendix A: Moderator's Guide Protocol***

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## Delaware Family ECCS Focus Group Moderator's Guide

### I. WELCOME/BACKGROUND INFO

(10 minutes)

Welcome to our group discussion. Thank you for taking the time to participate in our focus group discussion about young children. My name is \_\_\_\_\_, I am here with my colleague \_\_\_\_\_ and we work for Health Systems Research, Inc. based in Washington, DC. Our company is helping the Delaware Division of Public Health to learn more about what families in Delaware think about services for young children—this includes what needs you have in raising your children, the services that are available and those that you need but are not available. We will use your ideas to help State agencies and other organizations that work with children improve the way families receive information and services for their children from birth to age 5 years.

The purpose of focus groups is to get the honest opinions of small groups of people about a specific topic. These topics may range from what people think about a particular soft drink, soap product, or in our case, services for young kids and their families.

I would like to review the ground rules for our discussion:

- There are no right and wrong answers. Remember, I do not work for the State of Delaware, so please tell me your thoughts, whether they are positive or negative.
- It is ok to disagree with one another. We want to hear everyone's point of view. If you disagree, please do so respectfully.
- Only one person should talk at a time. We are tape recording this session so that we do not miss anything important. If two people talk at once, we can not understand what anyone is saying. I may remind you of this during the group.
- We would like everyone to participate. You each do not have to answer every question. If, however, some of you are shy or I really want to know what you think about a particular issue, I may ask you about it.
- We have a lot that we want to talk about tonight. So, do not be surprised if at some point I interrupt the discussion and move to another topic. But, do not let me cut you off. If there is something important you want to say, let me know and you can add your thoughts in before we change subjects.
- We will be using first names only today. Everything you say is confidential. After we conduct several of these group discussions across the state, we will write a report for the Delaware Division of Public Health. Your name will not appear anywhere in the report. What you say today will not be attached to your name at any point. Nothing that you say will affect your eligibility for or the services you receive through any of the programs we talk about today.

- Do not worry about offending us. We really want to learn from you and find out what you think about the issues we talk about tonight. Please tell us your honest opinions.
- I want to make a couple more points related to the tape recording. Please speak up. If you speak too quietly, it will be too difficult to hear you later on the tape. Also, please do not bump the table or tap your hands on the table. Anything close to the microphones sounds incredibly loud on the tape and it will drown out your voices. \_\_\_\_\_ is also taking notes in case the tapes do not come out clearly and she will be handling the tape recorders.

The group will last two hours. You will not get out any later than \_\_\_\_\_. We will not be taking a formal break, but if you need to leave for a restroom break, the bathrooms are \_\_\_\_\_.

**(If someone unexpectedly came with a child and on-site child care was not arranged in advance:** If your child begins to get too noisy, please take them out of the room until they are quiet again. Then, come back into the room. Again, with tape recording, we need to keep the room relatively quiet.)

At the end of the session, we will give you \$30 cash for your time and expenses associated with coming tonight (child care and transportation). We will also ask you to complete a short anonymous survey.

## II. INTRODUCTIONS

(5 minutes)

Let's get started. Please remember that the focus of this group discussion is young children from birth to five years old, so please limit your comments to that age group.

**Start with the participant to your right. Have them respond in round robin fashion.**

1. Please tell me your name, how many children you have, their ages, what county you live in and how long you have lived there.

## III. FOCUS GROUP QUESTIONS

**What Concerns Families About their Children Age Birth to Five Years?** (15 minutes)

I would like to begin our discussion with some general questions about children age five or younger.

1. What worries you about caring for and raising young children, that is babies and kids up to age 5?

Probe for:

- health needs (health insurance, finding a provider, cost of care, getting sick, safety issues - getting hurt)
- development (are they growing OK? Issues with eating, temper tantrums, sleep)
- who will take care of them (childcare arrangements, availability, cost, quality)
- family relationships (sibling rivalry, stress on family unit, current and future financial concerns)
- adequacy as a parent

2. What concerns you the *most*? Why?
3. Who do you turn to for help with things that worry you?

## **ECCS Areas**

Now I would like to focus in more detail on some of the areas we have touched on and ask you about your thoughts and experiences.

### **1. Let's start with health and wellness issues for your young children. (15 minutes)**

- a) Where do you take your young child for health care and do you have health insurance for him or her?
- b) Are you able to see a doctor when you feel you need to?

Listen for:

- issues related to finding, paying, timeliness of availability
- other barriers (e.g. transportation)

- c) During visits what does the doctor or nurse talk with you about?

Probe for:

- child development (age you can expect your child to accomplish a particular task)
- child rearing (eating, sleeping, play, temper tantrums)
- family concerns (stress on parent, sibling rivalry)
- does the doctor suggest and/or refer you to other resources or services?

- d) What kinds of things *would* you like to discuss with your child's health care provider?

Listen for:

- health issues, development, parenting advice, resource information, family issues, behavioral issues, and level of comfort with talking with provider

**2. Now let's go on and talk about parenting.** (20 minutes)

- a) Babies and young children do not come with instructions manuals, let's talk about how and where you learn to be a parent starting with:

Where do you go to for answers about your parenting questions or concerns?

Listen for:

- The concerns named
- Sources: own parents, other family, doctor, friends, parenting books, TV, community agencies, internet, "wing it"

Probe for:

- What information or advice they were seeking
- How useful was the information or advice
- What made it useful

- b) What are the child rearing areas and issues where you think parents and families need the most information and guidance?

Listen for:

- Child's health, growth and development, behavior
- Family issues: individual stress, family stress, family relationships

- c) What services in your community currently help parents in these areas?

Probe for:

- What do they look like?

- d) What services are needed that aren't currently available?

Probe for:

- What should they look like?
- What are some strategies that could be used to help parents strengthen their parenting skills?

**3. Caring for little ones, managing a home and supporting a family can be a handful and sometimes parents need some help.** (15 minutes)

- a) What kinds of supports do families of young children need?

*(Try not to use but if parents get stuck and need some explanation: "these are programs or services which help parents raise their children or help with particular family issues, including things such as financial issues, stress, parent support groups, balancing work and family")*

Listen for:

- How “family support” is defined and described
- b) What kinds of supports are currently available to families in your community?
- c) How could these supports and services be improved?
- d) What is the best way for people to learn about family support issues and services available in the community?

Probe: Community meetings or lunches? Mailings? Email? The internet? Flyers in doctor’s offices or daycare?

**4. Let’s talk now about childcare or day care for your young children.**

(15 minutes)

- a) What have been your experiences in finding and using childcare?

Listen for:

- issues related to availability, cost, satisfaction with
- differences between kinship care, family care, and center-based care
- differences in finding and using based on age of child and/or special needs

- b) What do you look for in choosing someone to care for your child?

Listen for:

- takes whatever can find, can get to childcare, meets needs of parent (age of child, hours needed, has transportation there)
- other indicators: staff/child ratio, physical plant, activities, licensed

- c) What is most important to you when looking for someone or someplace to take care of your child?
- d) What do you think makes a child care setting a “high quality” child care setting?

**5. When children turn three and enter the preschool and kindergarten years, families begin to use other types of education and care settings such as preschool, Head Start, Even Start, 4-year old Kindergarten and Kindergarten. (10 minutes)**

- a) What have been your experiences with these programs?  
Probe: What was good about the experience for you and your child? What could have been better?
- b) How did you find out about them?

### **Summary Issues**

(15 minutes)

1. Thinking about all the areas and services we have discussed, what would make it easier for you and your family to:
  - a) Do a good job raising your children?
  - b) Feel more confident in raising your children?
  - c) Find services needed?
  - d) Use services needed?

Probe for: warm lines, info directories, co-located services, Family Centers, services connected to church, childcare/Head Start, health care,
2. If there was one thing you could change about the services available in your community to parents of very young children, what would it be?
3. What is the best part of being a parent to children under age 5?  
(want to end with happy thoughts)

### **IV. CLOSING**

(5 MINUTES)

Check for questions or follow-up from co-moderator.

Thank you very much for coming tonight. We enjoyed the discussion and have learned a lot from your comments and suggestions.

Is there anything I haven't asked about that you would like to tell me related to the topics we have discussed?

Please complete the form with a few questions about you.....be sure NOT to include your name. Also please sign a receipt for the \$30.