

Introduction

In January 2020, the Advancing a Healthier Wisconsin (AHW) Endowment¹ funded a small pilot project in Milwaukee to create early childhood intervention data standards.² Part of the funding was allocated to conduct focus group interviews with a convenience sample of child care providers and parents in the city of Milwaukee about early childhood intervention processes, data collection, data sharing, and training³. The research team used the focus group results, in conjunction with a previously conducted survey of providers, to create a common language in the early childhood interventions space, along with developing training and data-sharing tools such as consent forms and data-sharing agreements.

The original plan was to conduct the focus groups in summer 2020, but due to the COVID-19 pandemic and corresponding crisis in the child care sector, the research team decided to delay the focus groups until the sector stabilized. After careful consideration, the team began recruitment for the focus groups in April 2021. Individuals who participated in the focus groups received a \$20 gift card to Amazon.com to thank them for their time.

Three provider focus groups were conducted in April, and four parent focus groups were conducted in April and July.

A summary of the results follows.

¹ This project is funded by a grant from the AHW Endowment via the Research in Early childhood Development by Improving Resiliency and EQUiTY (REDIRECT) project.

² A data standard creates a common language between different data collection systems. For example, if a flashlight needs two AA batteries to work, any brand of batteries can be used because batteries are made to a standard. We want to do the same thing for early childhood intervention information and create a common language that everyone can use, regardless of how the information is stored.

³ Please see the ECE Intervention Data Standards webpage for more details: <https://wisconsinpartnership.org/ece-intervention-data-standards/>.

Provider Focus Group Interviews

Recruitment for the child care provider focus groups included two methods:

1. Providers that had previously completed the survey about early childhood interventions were emailed and given the opportunity to sign up for the focus groups.
2. 4C for Children⁴, the referral and resource organization for child care providers in southeastern Wisconsin and a partner in the grant, emailed information about the focus groups to their listserve of child care providers.

Three virtual focus groups were held in the month of April, with providers welcome to attend the session that best fit their schedule. Both center-based and family-based providers⁵ participated. Key themes are summarized below.

Center-based providers are more likely than family-based providers to conduct development screenings. For those providers that do not perform screenings, a lack of training and having children for short amounts of time were the main reasons cited. Nevertheless, the providers that do not perform screenings stated that they continue to monitor⁶ children in their care for any concerning signs or developmental delays and relay that information to parents.

When providers do notice a developmental "red flag", either through a screener or another method, they will try to "work with the parent to convince them to seek additional screenings" or support from another organization, like Birth to Three or intervention programs through the public school system. Birth to Three will often come directly to the child care center to provide services. However, providers did indicate that it can be a struggle to convince parents that their child might need additional supports, especially when parents feel that their child is doing well at home.

Records are kept via paper. Records kept for the children enrolled with the providers are mostly kept via paper forms and contained in a portfolio that includes anecdotal notes,

⁴ Please see <https://www.4cfc.org/> for additional information on 4C.

⁵ See <https://dcf.wisconsin.gov/cclicensing> for a description of child care provider type in the state of Wisconsin.

⁶ A checklist from a university in New York and the CDC developmental guidelines were both mentioned as examples.

observations, and assessments related to the child's development. One provider, based at a local institute of higher education, did not have computers in their classrooms until recently. Others acknowledged a lack of time, training, and access to technology as the main barriers to keeping records electronically.

One struggle that providers have with maintaining an accurate portfolio is the "revolving door" of children. Providers said they were lucky to have a child enrolled for the whole year. This prevents providers from having an accurate picture of the child's development and prevents the child from developing a rapport or bond with their provider. Both of these items are necessary for a child's development.

Sharing information and data with other organizations, like child care providers and health officials, would be helpful. One provider stated that "...sometimes, we are all redoing each others' work...would be easier than us having to have the parents redo something similar for us." However, providers did acknowledge feeling as if "pediatricians have not really followed up on what we were saying." There is also a sense that having a child consistently at a center, for multiple hours a day, allows for providers to see delays that may not show during a well-child check-up. Providers feel that there might be diagnosed medical concerns with children in their care that are not disclosed upon enrollment, and a data-sharing process would allow for the child care provider to know this information and develop a course of action, if necessary.

Providers also supported a network or system that all providers could access in order to share information about their programs, children enrolled, and staff. This network could support educators by providing needed background information on children and staff, along with helping educators make connections with other providers in their area.

Parents may not be given the information they need. Providers commented on how difficult it can be to see a child struggle developmentally, yet knowing that the parent may not follow up with health officials or intervention services. One provider stated that she "assumed" that parents were given additional follow-up information from Birth to Three, but was not entirely certain of the actual process.

Nevertheless, relationships with parents are critical. Providers stated that they communicate with parents frequently and will not hesitate to ask for additional information. One provider

said, "The more we can communicate and be on one accord, the more we can assist and catch the delays." However, parents may not disclose all of the information that a provider deems pertinent, which can be disruptive to the child's care and development.

Parent Focus Group Interviews

Recruitment for the parent focus groups included two methods:

1. Milwaukee Succeeds⁷, a local collective impact organization and a partner on the grant, posted information about the focus groups on social media.
2. Local child care providers shared information about the focus groups with their parents.

One focus group, where the questions were piloted, was conducted in April. Three additional focus groups were held in July, with parents/caregivers welcome to attend the session that best fit their schedule. Key themes are summarized below.

Parents' experiences through the referral process were difficult and time-consuming. Parents want the best for their children, but no parent wants to have their child labeled with a disability at a young age. Once a child is flagged for a potential development delay, parents expressed frustration with the referral process. One parent said, "I pretty much went through this journey figuring out things on my own. There was no script. There was nobody telling me what I'm supposed to be doing at home..I had no clue what to do." Parents also indicated that assessment results could differ between locations, whether at home, at the child care provider, or in the doctor's office, and this led to parents questioning the accuracy of the tool and assessors. Concerns also rose about how or if the assessment results are ever shared or communicated further and not knowing exactly when additional measures are supposed to be taken.

Questions were raised regarding the assessments, specifically if parents really understood how to complete the assessments at home. While parents expressed that it was "nice" to be

⁷ See <http://milwaukeesucceeds.org/> for additional information.

able to see how their child is progressing relative to their age, parents were not given clear directions on how to complete the form at home.

Parents support sharing information across sectors. One parent expressed frustration that her child's pediatrician had no clue that the child was being assessed for autism by the child care provider. Results of the assessment taken by the provider were not given to the pediatrician, so the child had to be reassessed in the doctor's office. If information had been shared, it could simplify the process and allow everyone to focus on a common purpose of the development of the children.

Parents would prefer to have "everybody on the same page" so that their children can grow developmentally: "Teachers have some information, doctors have other information, and nobody is on the same page with anything." They feel that by not sharing information, their children are being harmed and prevented from receiving needed resources and support in a timely fashion.

Parents sometimes just don't know what to ask or do and feel that providers should receive more training around child development. Parents have to place a lot of trust with their medical professionals, child care providers, and others for support, and there is no guide or handbook for this process. One parent said she felt alone, with no support or understanding of what services were available to her and her child. One parent used social media in order to better understand the referral process.

One parent said her child was the first to be diagnosed with a disability in the five-star center. Others expressed confusion or frustration with assessment results and not having a clear path to services.

Discussion

The purpose of the focus groups were to dive deeper into the early childhood intervention process with both child care providers and parents. While the attendance at both types of focus groups were not as high as anticipated or wanted, these discussions were still fruitful and led to additional information and knowledge.

Key takeaways from the information gathered include:

- Parents and providers are frustrated with the referral and early childhood intervention process. Parents often feel alone, without any supports or a guide for assistance. Providers feel frustrated with a lack of knowledge after a child is referred.
- Information- and data-sharing is important to help aid children that need developmental support, and sharing is supported by both providers and parents.