



***Examination of Family  
Engagement and  
Communication***

for

**The Kentucky Governor's Office of Early Childhood  
Preschool Development Grant**

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# Introduction

As an organization, our mission is to bring a relentless focus on positive child and family outcomes to close the achievement gap and build a better future for children, families, and communities. Our parent company, Acelero Learning, was founded in 2001, and spent its first several years providing dedicated technical assistance to Head Start and Early Head Start operators in several different states. In 2005, we began applying directly to serve as EHS and HS replacement grantees, beginning with an EHS program in Camden, New Jersey. That successful application, and the resulting improvements we made in service to children and families, launched us down a path as a direct provider of HS and EHS services. We are now funded to serve 5,059 children ages zero-to-five in four different states: New Jersey, Pennsylvania, Nevada, and Wisconsin.

The results of our approach have been extraordinary. We have dramatically improved child outcomes (as measured by external researchers at the National Institute for Early Education Research), designed and launched an innovative parenting curriculum, strengthened and improved practice, and renovated or brought online new facilities to improve learning environments for the children we serve. Each delegate operates most classrooms on a year-round basis, and we provide over 700,000 hours of additional summer learning every year. Each of our four delegates receive EHS funds and operate state-of-the-art zero-to-five learning centers.

In 2013, we recognized that our ability to impact low-income children across the country and the early childhood education field was constrained by only providing direct services. As we worked with researchers, presented at conferences, and spent time with other providers, we recognized a widespread thirst for practical, research-driven strategies with proven results. In response, we formed a new division, Shine Early Learning, to develop new tools and software to leverage our expertise and provide support and services. Today, the services of Shine Early Learning directly impact the services of early childhood education programs serving more than 30,000 children in 20 states across the country. These partners include state agencies, for-profit child care operators, school districts, Community Action Programs, and a wide range of national and local non-profit organizations. In October 2019, Shine Early Learning became the first state-wide TA provider in the state of Indiana, serving up to 2,840 early childhood care and education programs with the potential to impact 72,106 Hoosier children under five.

Our experience as both a child care provider and consultant allowed us and our partners to provide valuable tools, coaching and guidance to the Kentucky Preschool Development Grant team (KYPDG).

# Purpose

The Governor's Office of Early Childhood contracted with Shine Early Learning specifically to identify gaps and best practices in family engagement and communication. As a part of this contract, we took a multi-task research approach in three specific areas with both state-wide and national perspectives and practices.

Our first task was to examine existing educational materials available for families on quality care and education with a focus on mixed delivery systems, Kentucky All Stars, school readiness, indicators of quality, trauma and resiliency, social and emotional development, and transition between programs and into Kindergarten. As a part of this task, we also looked at culturally responsive materials and materials designed to meet the needs of families that speak a language other than English. The focus of this work was to identify gaps and best practices in existing services and to provide recommendations for the development of a parent toolkit and a media parent education campaign - including social media platforms.

The second task was to look at the network of resources available for families throughout the state, with special emphasis on vulnerable populations - English Language Learners, children living in poverty, experiencing homelessness or in the foster care system, and children with disabilities or with medically fragile conditions. Examination of the resource network resulted in the identification of gaps and recommendations to improve services to vulnerable children and families.

The third task was specific to identifying best practices in family engagement and identifying opportunities for improvement with the intent to provide recommended strategies for training and implementation across the state. This was completed through focus and interviews. Through the culmination of the research, we were able to identify emerging, innovative practices and approaches for engaging families. In addition, it was also clear that there are opportunities for improvement and specific areas of training that caregivers and professionals could benefit from to implement high quality family engagement strategies.

# Executive Summary

## Major Themes

As a result of our study, we identified major themes around family engagement and communication in the following areas:

- **Gaps and service deserts:** The current "state" of the state includes serious gaps or service deserts throughout Kentucky - from not enough qualified child care workers to not enough early childhood health or mental health specialists. Even in urban areas, the

wait time to access needed services can be months, leaving some parents to feel overwhelmed, frustrated and hopeless. For rural areas, the wait time is compounded with additional factors including transportation time, time away from work and cumbersome processes to receive services. The gaps in needed services impact effective parent communication and engagement in several ways: for geographic areas where there are not adequate slots, parents are forced to make choices that are not in the best interests of their children and are often isolated; staff shortages impact availability to meet parent's needs; when staff are less qualified, there is often a lack of capacity to have difficult or delicate conversations with families; and turnover impacts continuity of care, which can lead to parent frustration and concern.

- **Array of modalities, strategies, and approaches:** Multiple modalities and approaches are necessary to fully engage and empower parents - and even then, it's still not always enough. There are great innovations in technology, but all agree that face to face communication is best. The methods are "best they can" and rarely systemized or monitored for appropriateness and inclusivity.
- **Effective Communication:** Participants shared communication is often one-sided and sometimes delivered in ways that may not be appropriate. Participants shared that caregivers are not trained in how to build relationships or have delicate conversations. As a result, families are not effectively engaged in the educational process.
- **Training and equipping the workforce:** The current system of training for early care and education staff does not train the workforce in family communication strategies, especially critical in working with children and families who fall into vulnerable populations or have special needs. This is particularly problematic for family communication and engagement when caregivers cannot build effective relationships and cannot clearly communicate with families in a respectful and inclusive manner. Training is needed in cultural competency, having difficult conversations and minimizing the effects of trauma.
- **Targeted messaging:** The need for targeted messaging is critical. Even though Kentucky has a Quality Rating System for Child Care, participants indicated the QRIS rating is not typically a critical factor in choosing care. In most instances, quality was not easily defined for providers, and even more difficult for parents. Families make decisions for their children's care based on affordability, accessibility and availability.
- **Working in community:** An opportunity to improve targeted messaging to families exists by utilizing, the medical community (the importance of quality in a child's health and development); the business community (how supporting quality care positively impacts the workforce); the education community (the effect of quality early care and education practices on the K-12 experience).
- **Aligning and maximizing collaboration:** Several projects in the state are focused on improving family engagement and communication but are not currently aligned to maximize the impact. For example, The Prichard Community received funding through the Statewide Family Engagement Center Grant to do much of the same work as this project in the area of Family Engagement. The Prichard Committee's work plan could serve as the vehicle for addressing the findings in this project. There are many other

potential partners, including United Way organizations, Head Start programs and the Kentucky Department of Education who have family engagement as a focus area and are doing great things in their service areas. A potential benefit exists by pooling resources, ideas and manpower to transform family engagement on a state-wide basis.

## Recommendations

Numerous solutions and ideas for improvement exist. Below are the highlighted recommendations based on the research conducted for this project. Additional information, best practices and commentary related to each can be found in subsequent sections. A major theme that was expressed through the research regarding the recommendations is **“We engage the engaged, how do we engage the unengaged?”**

### **Gaps and Service Deserts:**

- Implement a multi-faceted marketing campaign on the importance of quality. (Page 14)
- Develop an online system that increases the information available to families about providers in order to make the best choice. (Page 14)
- Provide accessible and affordable language support tools for all providers. (Page 15)

### **Array of Modalities, Strategies and Approaches:**

- Develop an interactive resource map. (Page 16)
- Update the Governor’s Office of Early Childhood (GOEC) website with essential and easy to use information and tools. (Pages 11 and 16)
- Provide programs with a list of recommended applications and resources that are effective in family engagement and communication (Page 16)

### **Effective Communication:**

- Create resources that are accessible for diverse audiences. (Page 17)
- Provide evaluation techniques and support that can be used by individual programs. (Page 17)

### **Training and Equipping the Workforce:**

- Provide training that equips staff to effectively engage parents and families. (Page 18)
- Work with college and university systems to include effective practices in family engagement and cultural competency into their programs of study for all early childhood or early care and education degrees and credentials. (Page 19)
- Emphasize training opportunities in both cultural competency and reducing the negative effects of adverse childhood experiences and trauma. (Page 19)

### **Targeted Messaging:**

- Rebrand/remarket the QRIS system in a way that is easily understandable and impactful. (Page 20)
- Provide programs with tools to evaluate methods of family communication. (Page 20)

- Develop a toolbox for programs to assess and apply best practices in family engagement that can be replicated across the state. (Page 21)
- Develop specific toolkits for targeted communication to vulnerable population groups. (Page 21)

#### **Working in Community:**

- Provide CEU training for OB/GYNs, pediatricians/health departments on the importance of quality care and education. (Page 22)
- Communicate to families to begin their quality child care search early. (Page 22)
- Engage with Workforce Development regarding how quality early care and education has long lasting benefits to the business community. (Page 22)
- Intentionally work in collaboration across the community (Page 22)
- Remove unintended barriers for family engagement in local school settings and child care centers. (Page 22)

#### **Aligning and Maximizing Collaboration:**

- Explore ways to tie those local systems into one that can be accessed throughout the state, with the same format, so that families will have the same process regardless of their location. (Page 23)
- Establish a steering committee/workgroup focused on family engagement and effective messaging. (Page 23)
- Analyze longitudinal data for STAR ratings for centers compared to the Brigance screening results for Kindergarten readiness to see if there are trends and to determine if a higher rating has a true impact of school readiness. (Page 24)

## **Research Overview**

Shine Early Learning conducted a multi-method and multi-source study for the Kentucky Preschool Development Grant. Methodology for gathering information included:

- a focus group approach for professionals in early care and education in 5 locations across the state - Somerset, Cold Spring, Louisville, Bowling Green and Madisonville.
- individual interviews with large scale Kentucky early childhood stakeholders including the Kentucky Department of Education, the Prichard Committee for Academic Excellence, and National Center for Families Learning.
- parent focus groups in Louisville and Northern Kentucky to validate practitioner/professional focus group findings
- a review of other states' communication to families regarding their Quality Rating and Improvement System

The multi-faceted methodology allowed us to gain a more holistic understanding of gaps and best practices in family engagement in the state of Kentucky across mixed delivery systems, including communication to vulnerable populations. The findings served as the basis for

developing recommendations for best practices and next steps in enhancing family engagement and communication strategies across Kentucky.

## Data and Methods

### Early Care and Education Stakeholder Focus Groups

Stefanie Ashley, Program Administrator with the Facilitation Center at Eastern Kentucky University, led focus groups in the following locations:

- Somerset - January 16, 2020
- Cold Spring - January 17, 2020
- Louisville - January 22, 2020
- Bowling Green - January 23, 2020
- Madisonville - January 24, 2020

Locations were chosen in both rural and urban areas of the state to get a true state-wide perspective on family engagement and communication. Stefanie was assisted in each of the focus groups by Emily Keyser from the Governor's Office of Early Childhood, Charlie Geier and Tracy Haddix with Shine Early Learning who served as observers and note takers.

Participants in each of the focus groups included a broad spectrum of early care and education professionals from a number of agencies and service areas including:

- HANDS
- Family Resource Centers
- Child Care Resource and Referral
- First Steps
- Private Child Care
- Head Start
- District Pre-K Coordinators
- Developmental Psychologists
- Director of Special Education
- Occupational Therapists
- Educational Cooperatives
- United Way
- Community Early Childhood Councils
- Child Care Aware
- College and University settings
- Coalition for the Homeless
- Refugee Services
- National Center for Families Learning
- Barren River Area Safe Space (Domestic Violence Shelter)
- Head Start Training and Technical Assistance through Western Kentucky University



For each of the focus groups, discussion centered around four specific areas. All questions were asked at each provider focus group. Specific areas and questions are below. Notes and answer responses for each focus group can be found in the appendix.

## **PARENT/CAREGIVER COMMUNICATION**

- I'd like for you to think about the best engagement you've ever experienced with parents or caregivers. What made it so great? What conditions were in place?
- What are the primary methods you share information with parents? What are the key messages of the materials? *Do any of the materials mention quality care?*
- Which methods (both print and electronic examples) are working effectively? What factor(s) makes them successful?
- How do parents know you have information available to them? For example, are you proactively reaching out to them or are the materials in response to parent requests?
- What are the significant barriers to effectively getting information to parents?
- What are the best practices you've identified to effectively get parents the information they need?
- What are some effective ways you generate **two-way** communication with parents?

## **VULNERABLE AND SPECIAL POPULATIONS**

- How is sharing information or two-way communication different with a foster parent, grandparent or other caregiver? Are there differences in effectiveness, barriers, or your approach?
- How is sharing information or two-way communication different with parents or caregivers of those with special healthcare needs? Are there differences in effectiveness, barriers, or your approach?
- Are there other vulnerable populations that require distinct/different communication? (e.g., homeless, Adult Childhood Experiences (ACES), etc.)
- What are the best practices you've learned with these audiences?

## **UNMET NEEDS**

- What referrals or other support services and resources are needed by parents and caregivers, but they're 1) not available at all in your area or 2) they're available, but there's not enough bandwidth to support the need? *(e.g., there are mental health providers, but takes months to get an appointment or there are food banks, but no mode of transportation to get to the food bank)*
- What are the differences for vulnerable populations, if any?
- What are the urban/rural differences, if any?
- What are the barriers to providing adequate support services in your area?
- What are the lesser known or under-utilized support services for early care and education in your area?

## TAKING ACTION

- What selection factors do parents use when selecting early care and education providers?
- How do parents prioritize these selection factors?
- How do parents learn about their early care and education options?
- How do they determine 'quality'?
- What strategies get parents and caregivers to positively and/or proactively engage in their child's early childhood education?

## Parent Focus Groups

Charlie Geier, Vice President of Shine Advance, facilitated parent focus groups in Louisville (February 24) and Northern Kentucky (February 25) to compare and contrast findings from the practitioner/stakeholder focus groups. The questions were adjusted for audience and time from the provider groups, but kept consistent themes of parent/caregiver communication; vulnerable or special populations; unmet needs; and taking action. Questions for the parent focus groups included the following:

- Think about the best engagement you've ever experienced in regards to communication and child care. What made it so great? What conditions were in place?
- What kinds of communication do you get from your child's early education provider? What are the primary methods you receive information from child care providers?
- What is your preferred way to communicate with your child's caregiver?
- What referrals or other support services and resources do you need, but they're not available?
- What is important to you when you choose early care and education for your child? How do parents prioritize these selection factors?
- How do you know if the choice is right for your child?
- What would get you to positively and/or proactively engage in your child's early childhood education?

## Interviews

As a part of the focus group validation and crafting of recommendations, we conducted interviews with major early care and education stakeholders in the state including the Kentucky Department of Education Preschool Division, National Center for Families Learning, Jefferson County Public School Early Childhood and the Prichard Committee. Consistent in these conversations was the need for increased intentional training for staff across the early care and education continuum to enhance and implement effective family engagement and communication strategies, particularly in the areas of cultural competency and sensitivity - to include implicit bias, the importance of building the bond between parent and child with secure

attachments, social emotional learning and development and how to effectively refer families to appropriate resources.

In addition, there is a desire to provide state-wide support across all areas of early care and education so that there is a consistency in effective family engagement strategies in all delivery systems - child cares, Head Start, public Pre-K, family child care homes, etc. One stakeholder recommended a state-wide steering committee that can help to funnel opportunities and evidenced based models of family engagement to providers in all areas of early childhood to help provide this consistency. This steering committee would help to consolidate efforts from various groups into a single collaborative effort rather than working in silos. For example, there are currently at least three grants from different funding sources that have been awarded to groups in Kentucky that include a major component of family engagement practices. The mechanism to achieve this could be in the revamp of the Strengthening Families workgroup, or in the development of a new group that could include policy developers, program developers and providers.

Another common theme among the interviews was the need to build community collaborations among regional/county providers through professional development and support. Although there are funding inequities and an unlevel playing field, there is value in aligning common content in instructional practices and assessment. At one time, the state had Early Learning Leadership Networks where community providers came together on a regular basis to look at trends in their communities and work together toward local solutions with state level support from the Kentucky Department of Education through Regional Training Centers. Although the avenue may not be the same, the local approach with state support would have a positive impact.

## State by State QRIS Analysis

The first task of the project included identification of best practices for family communication around quality care. We looked at the QRIS websites of all states who have a state-wide system to gather effective strategies for communicating the importance of quality early care and education settings.

We identified the following as primary components of the most effective QRIS websites:

1. Well-designed website, that meets basic standards of quality web design
  - a. Visually appealing, including a diverse set of child and family images
  - b. Intuitive design
  - c. Prioritizing most important info first
  - d. Limited number of links and info, to focus participant's engagement
  - e. Up-to-date info and linked resources
2. Content Page(s) specifically targeting families
  - a. Language and wording focuses on what families are most interested in (safety, future success of their children, convenience, etc.)

- b. Avoids jargon or provider-centered language
  - c. Highlighting messages that families want to hear
  - d. Prominent location that makes it easy for families to access
  - e. Not an overwhelming amount of information
  - f. Separate from provider info
3. Clearly and simply defines what the QRIS System is and what the ratings mean for the family (many times through an infographic)
  4. Highlights quality on the landing page for families and has some space, ideally its own page, focusing on the importance of quality
  5. Highlights informative research about the importance of quality early childcare, backed up by simple and compelling statistics
  6. Provides printable resources / guidance about what to consider when researching, visiting and selecting quality child care
  7. Provides an intuitive and easy to access tool for finding child care in your area
  8. Offers additional resources to families
    - a. Phone number for additional support
    - b. An app
    - c. Links to other ECE resources, including how to pay for child care

While Kentucky's QRIS website has some of these components, they are often difficult to find or buried in other content. **We recommend a revamp of the website to include the components that are easy to follow and provides content relevant to assisting families in finding quality care.** Specifically, a redesign that includes, most importantly, an easily identifiable entry for information relevant to families that would include for how to search for quality care, checklists and/or tools for families to be able to use in searching for care.

## Findings and Recommendations:

### GAPS AND SERVICE DESERTS

Consistent among all groups was the recognition there are gaps in providing quality care to children and families. Because of the gaps, some parents are in isolation and do not even get to the stage where they are able to work with professionals in maximizing a child's development. So the ability to engage and communicate is removed during the child's critical developmental stage. For children who are in child care slots, but have a medical or mental health concern, the gaps become barriers once again, with little support at early stages that could change the trajectory for the child's education. The gaps include the number of available slots especially for infants and toddlers, particularly in rural settings where child care may not be available for children birth to three. For those communities that do have infant/toddler care, the affordability and availability are problematic for families.

A lack of early childhood workers is problematic in that centers cannot care for all of the children who need it. One provider stated that we never recovered from the child care subsidy freeze and that even

if children qualify, there is nowhere to take them. For families who have a child that has a special health care need, the availability is even more severely limited, with few child care centers in the state that are equipped to take care of children with special needs.

Another identified gap in services is for those children who need additional support or evaluation - primarily in mental or behavioral issues. We found that there is a shortage in service providers, even in the urban areas, meaning that families have extended wait times for evaluation, which hinders providers from being able to put early intervention systems in place to assist the child's development. Through tobacco settlement dollars, the state funded some early childhood mental health providers. We need to see what we can do to deepen their capacity.

Providers stated that the "systems" are not set up for the benefit of the family. There are numerous hassle factors that are barriers for children and families, including transportation. Even for areas that have transportation systems, they are not always set up in ways that are convenient for families - often running at times that are not on the same schedule as their child's place of early care and education. Huge wait times were identified in accessing Section 8 housing, Child Care Assistance Program and other state-wide and local systems. Most of these programs are only open during the work day, which means that for a family to apply for assistance, they must take time off of work - sometimes multiple times before everything is complete or accurate. Issues with Medicaid include the lack of specialists who will take a medical card, and the constraints of personal choice with managed care. A provider may be five minutes away, but a family has to drive two hours away because of managed care. For working families, the time away can put the parent/guardian at risk of losing a job. Families are also at risk of not being able to access needed services. For example, many therapists will take private insurance or self-pay, but not a medical card.

- **Finding 1:** The quality rating system is not always a determining factor when parents are choosing child care. Major decision points for families include affordability, availability and access before quality rating. **"Do you care that there is quality when you are worried about losing your job?"**
- **Finding 2:** Serious service deserts exist in many parts of the state, even in urban areas. Affordable child care slots are not readily available for families looking for child care, especially infant and toddler care. **"There is a lack of quality care – just have to be alive to take care of somebody's kid."**
- **Finding 3:** For children who need additional evaluations or services, there are not enough providers who can deliver services in a timely manner. Often times, a 6 month or more wait for mental health services or behavioral evaluations is a reality for families. The same applies to children who have special health care needs. **"Autism evaluations can take 18 months. Can get services across the river, but they won't take Kentucky Medicaid."**
- **Finding 4:** State-wide systems for support (Section 8 housing, Child Care Assistance Program), especially for low income and vulnerable families can be a serious barrier. The paperwork for housing, CCAP and social services is often cumbersome and inflexible. **"Sometimes families have to go back to an agency 6 times to redo paperwork."**

**Recommendations/next steps:**

The service gaps are extensive with no easy answers; however collaboration within communities and across state systems is critical to meet the needs of families and children. Providers in Northern Kentucky have adopted a “no wrong door mindset”. The community providers and stakeholders meet regularly so they know what other agencies and programs in the community provide. The thinking is that no matter where a family accesses services, the agency at the entry point will help the family to access the agency best to meet the identified need. The families hear the same message from all partners and they are mindful of keeping up-to-date with services in their community so that they can all work together. In the current climate where many agencies are experiencing funding cuts, the networking meetings also allow for providers to know what is available, where and when. Regional groups such as Community Early Childhood Councils, and Early Learning Leadership Networks are a good start, but often these groups do not have the necessary membership to fully meet the needs of the community. Examination of membership/participation and replication of the most effective groups regionally is low to no cost, with a huge benefit to both providers and families. Several of the regions have 211 services through United Way that provide families with available resources by category. This service could be expanded into a state-wide system to assist families in accessing necessary services and resources.

Although there are still areas of the state that do not have access to the internet, there is a benefit to having application processes online. Exploration of ways to gather common information, including all demographic information, and share between service providers would help to eliminate some of the hassle factors for families, while also allowing them to complete at times that are convenient for them. The online access cuts down on the need for a parent to take off of work multiple times. In addition, online access can provide additional information or checklists for families so that they can be more prepared for in-person appointments. Service providers in Louisville have piloted a system where information can be shared, leading to a more effective system of resource and referrals and less stress for families. This system could also be replicated across the state.

**Implement a multi-faceted marketing campaign on the importance of quality.** The campaign could be focused on explaining the importance of quality, making quality choices, and utilizing the STARS for Kids Now system in terms that parents understand and can identify in local child cares.

**Develop an online system that increases the information available to families about providers in order to make the best choice.** The licensing reports for centers are already available, but may not be easily understandable to those outside the child care industry. Licensing deficiencies vary in severity, and background information on general categories would be helpful. Some of the state’s United Way Agencies have commercials that are designed to inform parents about the importance of early childhood development. STARS could be marketed in a similar fashion. The general consensus is that families do not fully understand why the Quality Rating System is important. One recommendation is to design it much like an online hotel or restaurant customer rating system so that parents know in each area of the state, which centers are star-rated and exactly what that means. One participant stated that it would be great to have a “child care finder” like the popular Apartment Finder app.

**Provide accessible and affordable language support tools for all providers.** Language and cultural differences are barriers for families that can be improved by compiling interpretation and translation services available in each region of the state. For providers who are not able to afford systems like the language line, the state could provide online access to services at a reduced rate or no cost. The local networking provider groups can also serve as a venue to share resources across communities.

## ARRAY OF MODALITIES, STRATEGIES, AND APPROACHES

Professionals and practitioners have found that there is not a single method that works for all families to share essential information and establish effective two-way communication. Face to face communication is universally regarded as the preferred method for effective communication, however; it can also be difficult to plan and is time consuming to do it well. As a result, communication is rarely systemized. Caregivers do the best they can to share valuable information, but it is often trial and error, with multiple modes employed for even a single family. Providers often use a tiered communication system, sometimes without even realizing they are doing it. For information that is general in nature, announcements, classwide reminders, etc. programs are using one of a number of apps that families can sign up for, such as Remind, or Messenger where the caregiver can send one message to every family in a classroom. Social media is a growing mechanism for communication with families, with the development of Facebook pages for centers/classrooms/groups. For more individualized communication, providers rely more on texts and phone calls, with the preference to have more delicate conversations in person.

Some programs have developed strategies such as taking a picture of an informational flyer or letter and text to their parents or post to social media - Instagram, Twitter, or Facebook. Others mentioned that they will text families to “check their email.” so there are multiple methods of sharing information even in one message. Participants indicated that communication delivered through technology does not show tone or inflection and can be problematic at times. Also with practitioners employing any means possible to communicate with families, there is a fear that there are no “rules.” It becomes difficult to monitor if messaging is compliant with HIPPA/FERPA, as well as determining if the communication is appropriate and inclusive.

- ***Finding 1:*** Caregivers are using available media without knowledge of privacy issues or appropriateness, and still have difficulty in sharing information when it is needed. **“Even if a program is adequately funded, the people who need it aren’t reached – they don’t “know.” People can hear and not listen until they need it.”**
- ***Finding 2:*** A centralized hub of essential resources does not exist for providers and families which provide timely, relevant and geographically available support as needs arise. **“Sometimes too many people are involved, but also no one. Lots of people**

**around, but nobody that will really help. Who does what, how do I get the help I need? It's white noise."**

**Recommendations/next steps:**

**Develop an interactive resource map.** A great opportunity for high impact collaboration in this area is with the development of an interactive resource map that allows providers and parents alike to search for information by geographic area of the state. Northern Kentucky has a great example with "my Pre-K" that has links to providers and resources for that area, and the Kentucky Collaborative for Families and Schools is in process of developing a map as a deliverable for their grant project. Rather than working in silos, this could tie in multiple projects so that linkages are clear and concise. Indiana has a state-wide interactive resource map as an example which can be found at <https://www.in.gov/fssa/childcarefinder/>.

**Update the Governor's Office of Early Childhood (GOEC) website with essential and easy to use information and tools.** The GOEC website also should be updated to have parent friendly information regarding early childhood development and the importance of the parent as the first and best teacher. Specific items to include in the information would include:

- Why early childhood development is important and how quality early care and education impacts a child's long-term development. What are the building blocks of each developmental stage?
- What do the STARS mean in our QRIS system?
- Checklist on what to look for in quality care and education – what are the quality indicators?
- What child care centers are available in each area (searchable geographically) with public licensing reports, and customer reviews.
- Strategies for ensuring my child is Kindergarten ready with a calendar for preparing parents (example from United Way of Southern Kentucky)
- Things you can do at home as an extension of the classroom with items that are in the home, such as boxes, cans, pots and pans, etc.

**Provide programs with a list of recommended applications and resources that are effective in family engagement and communication.** Examples include Remind (allows families to sign up for group texts from the program), Bright Wheel (allows parents to have real-time updates on their child, with caregivers having the ability to share individual information by child - feeding, diapering, etc.), Milestone from CDC (allows a parent to put in a child's age and it will display signs of early development), Kaymbu (digital portfolio message system that is linked to early childhood standards). In addition, GOEC can provide support on how to use technology effectively, while also considering appropriateness and inclusivity.

## EFFECTIVE COMMUNICATION

When every family has customized communication, it can be challenging and overwhelming for staff who work with children and families. We found that providers have had varying degrees of success in



sharing information with families, but the avenues for two-way communication are much more limited. Even with all the methods used to communicate with families, challenges persist. The information flow is heavily weighted on one-way communication, with providers giving information to families, but information from families to caregivers is less developed. Groups shared that parents do not always answer the phone, and that information on paper can quickly become outdated and ignored. We also heard that many of the staff who take care of children fall into vulnerable populations themselves - particularly in poverty. For staff who are experiencing their own trauma, communication can be even more difficult. All groups identified that families have lots of insecurities and need reinforcement and encouragement, the same can be said for staff.

Because there is so much information available to families, providers are concerned they are not sending the right messages. Providers discussed information overload and the fact that even with multiple methods of communication, families who need services still “don’t know.” With so much information, important things can easily get lost. Providers expressed concern on how to effectively deliver information at a time when people need it and be responsive to the emergent needs of the families they serve. Relationship building with families and community partners is key to ensuring that we are moving the needle for the children in early care and education; however, in Child Development Credential and higher education programs, training in good customer service is severely lacking.

- ***Finding 1:*** Providers would benefit from high quality easy to use tools and resources for communication, support. **“We are expected to do more with less funding – forces us to rely on electronic means when we should be face to face.”**
- ***Finding 2:*** Providers do not always have the skills to build relationships and communicate in a non-threatening way with families. **“There is what is communicated and how it is communicated. We need to look at tone, no “you gotta do this”. We are on the same side – you care, we care.”**

**Create resources that are accessible for diverse audiences.** Special emphasis should be taken to reach all parents (pictures for low literacy, translation available for English Language Learners), with “toolboxes” and links for vulnerable populations including grandparents raising grandchildren and parents of children with special needs.

**Provide evaluation techniques and support that can be used by individual programs.** Programs and service providers could benefit from evaluating communication strategies. For parent events, it is helpful to survey parents who did not attend to see if there were other communication methods that would have been successful. Periodic contact with families on how they prefer communication from the program can also be highly successful in building relationships and providing timely and effective interaction.

## TRAINING AND EQUIPPING THE WORKFORCE

One of the most staggering findings of this project is that participants expressed that many staff who are working with young children have limited training and/or capacity to effectively serve the current needs of children and families. Related to this project, the impact is felt when staff are unable to effectively engage families and communicate with respect, built trust, and develop a strong relationship. It is important for staff to be able to clearly convey what happens in the classroom and how children are developing with families so that they can carry over techniques in the home. Early care and education, as a field, does not typically attract highly educated staff, and even with programs in place to assist staff with training and education, the market compensation drives the highly qualified out of the field. Despite the challenges of salary and benefits, we have a responsibility to build capacity in staff to engage and communicate through training and ongoing professional development.

Training for specialized, vulnerable populations across the state is also lacking. Of note, staff are not equipped to serve children well who have experienced trauma, are born drug addicted or have special health care needs. Any child who falls in one of the vulnerable population groups is at risk in early care and education due to the lack of skilled workforce. The effects of drug addiction or trauma change the way the brain is wired, and training to deal with those situations has not caught up to the need in the field. Even being able to send children for mental health or behavioral evaluation and therapy is severely under resourced, leading to high expulsion rates of preschool children and frustrated parents and staff.

- ***Finding 1:*** Gaps exist in training for caregivers in the areas of cultural competency, trauma-informed care and working with children who have special needs, incarceration, etc. **“Instead of saying what’s wrong with you, we need to be able to ask what happened to you.”**
- ***Finding 2:*** Building trust with families is key to working with children, teachers need training in how to have delicate conversations with families. **“The culture of pity sometimes stands in the way. Staff don’t know what to do with kids who look different.”**

### **Recommendations/next steps:**

**Provide training that equips staff to effectively engage with ALL parents and families.**

Training is key to having a lasting impact on families as well as staff. A state-wide steering committee could help to identify effective training that can equip staff to work effectively with children and families. A starting point is to align educational values and language across the state for what it means for children to have quality care to be school ready. The local Child Care Resource and Referrals, Regional Training Centers, Community Early Childhood Councils can serve as mechanisms to share information on common messaging. State-wide professional

development and supports on alignment of instructional practices, assessment, and empowering parents can help communities to learn common content together so that there is a whole community approach.

**Work with the college and university systems to include effective practices in family engagement and cultural competency into programs of study for all early childhood or early care and education degrees and credentials.** The partnership between the caregiver and the parent/guardian is such a critical piece in the development of the child that we feel that it is important for any degree or credential to include information and training on effective family engagement. The college and university system can provide more in-depth content that can be reinforced through ongoing professional development at the center level.

**Emphasize training opportunities in both cultural competency and reducing the negative effects of adverse childhood experiences and trauma.**

- Cultural competency, to include techniques on how to understand implicit bias, diversity and the importance of inclusive communication. When we are talking to families about their child's development, we need to ensure that we are communicating in a way that is respectful and empowering. Especially working with families who have children with disabilities, staff need training in how to have delicate conversations with families and understanding that they are there in a supporting role. Parents are the experts on their children, we are there to help navigate the systems.
- Reducing the negative effects of adverse childhood experiences and trauma. How trauma affects a child's social emotional learning and promising tools and strategies to promote social development are needed. There are promising practices in reducing the effects of ACES, including research in micro-affection and working with families in promoting resiliency in children. If you understand what has happened in a family, it serves as a lens for how to effectively support them. Having difficult conversations with parents without a relationship can be disastrous.

## TARGETED MESSAGING

Throughout this project, we found that many different factors impact effective parent communication and engagement from the relationship with the caregiver, to the personal needs of the parent, and the security of the parent's occupation. What is clear, is that quality is unfortunately not always a decision point for parents when choosing care for their children. It is also clear that parents want what's best for their children - so there is a disconnect in what parents want and how they make decisions.

The importance of building trusting relationships with parents was a consistent theme throughout the state. As discussed previously, although trust is important, the majority of the

communication is one-way from provider to family. For programs who had excellent family engagement, one of the significant factors was the empowerment of the family, whether through decision making groups, networking groups or in organized social settings. Building social capital in parent groups is an important factor, with staff serving as support or facilitators for the events, but leaving the planning and implementation to the families who participate in the program.

Programs expressed a need to evaluate communication methods regularly with surveys or through feedback to see what is going on with the family and whether or not they have the support they need when they need it. Intentional two-way communication helps the family to feel connected while allowing the program to provide services in an effective and timely manner.

- ***Finding 1:*** Quality child care is a term that is not easily understood or identified by a large number of parents. **“The state has done a disservice – it’s a multimillion dollar initiative and we need to blitz the state with information. There’s an opportunity for the state to do it on a higher level, not leave it to local providers.”**
- ***Finding 2:*** Giving families power and the ability to have input enhances the educational process for the child. **“Programs look at parents as either a deficit or a partner – we need to look for every opportunity to see parents as partners.”**
- ***Finding 3:*** Multiple methods of communication and opportunities for engagement are needed for families. **“There is what is communicated and how it is communicated. We need to look at tone, no “you gotta do this”. We are on the same side – you care, we care.”**
- ***Finding 4:*** Non-parental guardians and caregivers have different needs and communication styles – grandparents, families with children with disabilities, foster, etc. **“Grandma was out in the lobby of the Health Department and wanted to be enrolled in HANDS. Mom was very addicted to meth, had a baby over the weekend and showed up on her mom’s door and said “Surprise!” Mom said I don’t want her, if you do, let’s go and sign her over. It’s been a really long time since I’ve had a kid, I don’t know what to expect anymore.”**

#### **Recommendations/next steps:**

**Rebrand/remarket the QRIS system in a way that is easily understandable and has a positive impact.** When parents are equipped with relevant information, they can push centers to deliver better services. Providers in local communities are explaining the STARS system to families, but window clings, banners and billboards are only a piece of the puzzle. Opportunities for parent/guardian input would allow for revision of materials and methods that will be more effective to the target audience. Checklists and tools that indicate quality should also be easily accessible and readily available for families who are searching for care.

**Provide programs with tools to evaluate methods of family communication.** Family choice is important in communication. An opportunity for improvement is to ask specific questions regarding how

families want to have communication and provide opportunities for feedback on a regular basis. One practitioner has customer satisfaction surveys every six weeks to see how their program is doing.

**Develop a toolbox for programs to assess and apply best practices in family engagement that can be replicated across the state.** Indiana has a process of self-assessment for child care centers that allows them to look at processes and procedures for their program and rate themselves on a readiness scale. Kentucky can implement a similar process that can help them gauge family involvement and then request technical assistance from the GOEC as needed. Parent Cafes where parents choose the topics, lead the meetings and own the process have been highly effective, as have Born Learning Academies. Shine Early Learning has a process of Family Learning Parties that build social capital, and serve as a venue for families to learn together with the support of center staff. Open and welcoming environments, as well as the ability to volunteer and observe, are effective ways to encourage families to feel comfortable and confident in their early care and education choice for their child.

**Develop specific toolkits for targeted communication to vulnerable population groups.** Different groups have different needs - for example, grandparents raising grandchildren should know about rights and responsibilities, how to access Kinship Care, and recommended parenting techniques. Early childhood grows and evolves and there are significant differences in generational parenting acceptable practices. Communication methods that work for younger parents are not always effective for grandparents raising grandchildren, so communication has to be intentional and individualized. Communication strategies are also different for English Language Learners, who may have an element of fear of communication and have cultural differences that impact their societal norms. For foster parents, it is critical to explore the situation - long-term care or short-term care, medical or behavioral issues, circumstances around removal, etc. For each of these groups, toolkits including best practices will help staff in having effective conversations.

## WORKING IN COMMUNITY

Communities are more successful when they work together to provide education and support to families in understanding and implementing practices that maximize early childhood development. That education begins while the baby is en utero and includes a collection of professionals in and out of early care and education - the medical field, the business community, higher education and social services. We also found that sometimes there are unintentional barriers for parents to volunteer in local public schools or child care centers. Parents who would like to volunteer in their child's school may not be able to afford a Child Abuse and Neglect (CAN) check or do not have a credit card to be able to pay online. These barriers can prohibit them from being able to participate in a volunteer experience at their child's school or center.

- **Finding 1:** Supports from invested partners in sharing communication about quality is needed – employers/business community, health community, and education community. Targeted

training and communication to those groups about the high return on investment in early care and education leads to healthy children, families, businesses and communities. **“More and more people are working multiple jobs to make ends meet - or people who have jobs that don’t allow them to do things within normal business hours. They are doing the best they can, but if their child is sick, they worry they are going to lose their job if they come and get their child.”**

- **Finding 2:** Families do not always know how and when to look for child care in their communities. **“I didn’t know that I needed to look before the baby was born. It’s so stressful! There was a 3-4 month wait and you can’t just google!”**

#### **Recommendations/next steps:**

**Provide CEU training for OB/GYNs, pediatricians/health departments on the importance of quality care and education.** When they are asked about child care options and what is available in the community, they are equipped to give an informed answer. For medical specialists, having a hub of resources in a community will help to make the process for receiving services easier. In some communities, a doctor will inform a parent that they can get Occupational Therapy, Physical Therapy or other services without knowing that the parent will have to drive two hours for those services.

**Communicate to families to begin their quality child care search early.** Families are often ill-equipped to find quality care because they wait too long to look. We recommend that OB/GYNs, Health Departments and Pediatricians have information on the importance of quality care that they can share with expectant and new mothers. With the shortage of infant/toddler slots, there is often an extensive waitlist for care, leaving families with less than desirable alternatives. An app that lists local centers with STAR rating, customer reviews licensing history could be developed that the medical community could share with prospective parents.

#### **Engage with Workforce Development regarding how quality early care and education has long lasting benefits to the business community.**

The workforce community also needs to have access to quality early care and education materials so that they can assist employees in accessing high quality care. If Human Resources understand the importance of quality care and is able to share that information with employees, it removes barriers for employees to get to work, reduces parental stress and preventable turnover.

**Intentionally work in collaboration across the community.** We found great ideas for local partnerships that came out of the focus groups - including partnering with district family court judges to provide children with a stuffed animal before they leave court, partnering with YMCAs to donate 3-6 month memberships for families; and support groups for specified populations such as grandparents raising grandchildren. These ideas can be spotlighted and shared across the state to encourage replication and networking with other providers to develop communities of practice.

**Remove unintended barriers for family engagement in local school systems and child care centers.** Streamline the process for obtaining a Criminal Record Check for parents/guardians who would like to volunteer in their child’s center or school. For families who do not have credit cards, it is

impossible for them to be able to pay for a CAN or criminal record check online. A number of centers are not able to absorb that cost either or a parent may want to volunteer in both an elementary school and a child care center. For those situations, a centralized registry would be helpful to help remove barriers to volunteerism.

## ALIGNING AND MAXIMIZING COLLABORATION

Throughout the project, we found that there were really great things that were going on across the state in isolation or in small groups. By sharing and weaving together resources, information can be disseminated state-wide for all practitioners to make improvements in family engagement and communication. Similar projects with a focus on family engagement are being completed in parallel to the Preschool Development Grant that could have impact on how recommendations are implemented. For maximum impact, family engagement projects would benefit from combining efforts. A state-wide steering committee is a critical piece in knowing about promising practices throughout the state as well as best practices from other states. More importantly, the steering committee could drive the development and implementation of innovative family engagement strategies in Kentucky.

**Explore ways to tie local systems into one that can be accessed throughout the state, with the same format, so that families will have the same process regardless of their location.** Through our work on this project, we learned that there are other projects in the state that have similar tasks and interests. In particular, the Kentucky Collaborative for Families and Schools, in conjunction with Learning Grove, the National Center for Families Learning and Berea College is doing work around parent engagement and communication that can serve as a venue for continued work around this topic. Funding is always an issue. If we can find ways to cut down on duplication of services and work from a strengths-based perspective – both with families and with organizations - we can maximize the efforts across the state. Additionally, regional United Way Agencies are doing great work with their 211 systems to assist families with resources through one hub.

**Establish a steering committee/workgroup focused on family engagement and effective messaging.** The steering committee can ensure that single projects can be woven into a larger system for maximum impact and more thorough support. They can also recommend/develop/replicate training for providers on effective family communication and engagement strategies as the landscape grows and changes. The committee could be a reformation of the Governor's Office of Early Childhood Strengthening Families Workgroup, or it can be repurposed and owned by another entity such as the Prichard Committee as they complete their work plan for family engagement. Regardless of where the group lives, they can assist with supporting current groups/projects such as the Superintendent Toolkit and the Community Early Childhood Councils while also taking responsibility for innovation and implementation of effective strategies. As a support or an offshoot of this steering committee, having parent input is also important.

**Analyze longitudinal data for STAR ratings for centers compared to the Brigance screening results for Kindergarten readiness to see if there are trends and to determine if a higher rating has a true impact on school readiness.** We can take the same approach with school districts who participated in the early childhood summits, and other state-wide processes to see what programs and approaches truly move the needle. The tie to family engagement and communication comes with the messaging on the importance of high quality care. If these activities and processes have a direct correlation to a child's ability to be school ready, the messages to families should be extremely clear - and families should drive the market for quality care and education. The findings from this research should serve as a platform for systems change at all levels, even up to legislative changes if necessary.

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# Appendix



# GOVERNOR'S OFFICE OF EARLY CHILDHOOD

## Parent Engagement Focus Groups

### Combined Report

#### *Two Hour Sessions*

Somerset: January 16, 2020

Cold Spring (Northern Kentucky): January 17, 2020

Louisville: January 22, 2020

Bowling Green: January 23, 2020

Madisonville: January 24, 2020

Meeting Purpose: To gather community input on communicating with parents and caregivers, as well as, their needs and behaviors related to early care and education.

Facilitation services provided by the Facilitation Center at EKU

[www.facilitation.eku.edu](http://www.facilitation.eku.edu)

## Participants

- 1. Ginger M. Ashby**  
*Thelma B. Johnson Early Learning Center,  
Henderson County*
- 2. Rebecca Alley**  
*First Steps*
- 3. Carrie Altmaier**  
*Pulaski County Board of Education Parents as  
Teachers*
- 4. Lisa Aulick**  
*Pendleton - Preschool*
- 5. Keitha Barnett**  
*Kids Kastle Childcare*
- 6. April Brown**  
*Child Care Aware, Training Coach*
- 7. Tamara Brown**  
*Family & Children's Place – HANDS*
- 8. Brandi Calhoun-Thomas**  
*Shine*
- 9. Ashley Carter**  
*United Way*
- 10. Allison Clark**  
*First Steps & Early Childhood Council*
- 11. Mary Kay Connolly**  
*Read Ready Covington*
- 12. Kim Copeland**  
*LaPetite Academy*
- 13. Karen Cottengim**  
*NorthKey*
- 14. Patti Craig**  
*Learning Grove*
- 15. Josh Cramer**  
*National Center for Families Learning*
- 16. Alicia Edwards**  
*Edmonson County Family Resource Center*
- 17. Sylvia Ferrell**  
*Lake Cumberland District Health Department  
HANDS Program*
- 18. Kim Fithian**  
*Ohio Valley Educational Cooperative (OVEC)*
- 19. Jenniffer Fudge**  
*Glasgow Independent Schools*
- 20. Cori Gadansky**  
*Community Coordinated Child Care (4-C)*
- 21. Amanda Greenwell**  
*United Way of Greater Cincinnati*
- 22. Natalie Harris**  
*Coalition for the Homeless*
- 23. Tori Henninger**  
*Barren River Area Safe Space, Inc. (BRASS)*
- 24. Greta Henry**  
*Western Kentucky Community & Technical  
College & Early Childhood Council*
- 25. Stacy Hernandez**  
*Audubon Area Head Start*
- 26. Amy Hood**  
*Training and Technical Assistance Services at  
Western Kentucky University*
- 27. Rick Hulefeld**  
*Learning Grove (Children, Inc.)*
- 28. Phyllis Lawson**  
*The Lifeline Foundation, Inc.*
- 29. Hope Massey**  
*Head Start*
- 30. Darko Mihaylovich**  
*Catholic Charities*
- 31. Vaughn Nebbitt**  
*Family & Children's Place*
- 32. Jill Norris**  
*Child Care Aware of Ky*
- 33. Nancy Orr**  
*Pulaski County Schools*
- 34. Karla Patmore**  
*First Steps*
- 35. Donna Pollard**  
*Pendleton County DOSE*
- 36. Kim Saalwaechter**  
*Webster County Schools*
- 37. Amy Smith**  
*Pulaski County Schools*

**38. Ashley Strunk**

*Head Start*

**39. Barbara Sweeney**

*First Steps*

**40. Ashley Taylor**

*Todd County Health Department*

**41. Alyssa Terrell**

*Learning Grove*

**42. Laurie Wolsing**

*NKCAC – Head Start*

**43. Sandra Woodall**

*4C for Children (NKY)*

**44. Ellen Zimmer**

*Kenton County Schools*

## Facilitator

**Stefanie Ashley**

*Facilitation Center at ECU*

## Parent/Caregiver Communication

**Note:** Some of the ideas are followed by a number in parentheses. Instead of listing the same idea multiple times, this number indicates the number of times the same ideas was shared.

**1. Thinking about your best parental engagement experience, please share what made it so great. What conditions were in place? Also, please share any examples you brought with you.**

- A caregiver/child is in need and we have the resources and connections to help and support them
- Agenda outlines what parents can expect
- Availability of resources in different languages and interpreters
- Be responsive to a family's needs (e.g., pause and respond versus pushing through your own agenda) **(3)**
  - Ask parents what they want and what is important to them – identify their values
  - Families have input and write their goals
- Being welcoming and vulnerable, while listening and accommodating, in order to build relationships
- Born Learning Training – parents attend voluntarily and learn together
- *Bridges Out of Poverty* book
- Checklist for what to look for in quality care when searching for providers
- Children's Home Society of California is a good resource to help new parents know what to expect
- Community engagement (e.g., post on Facebook that a child needs clothes and I will have clothes for them the next day)
- Community partnerships are essential to providing needed resources
- Connect them to resources
- Don't blame or judge **(2)**
- Empowerment

- Every situation is individual **(2)**
  - Not all children/families are the same
- Families are not just moms and dads
- Family assessments to develop goals
  - We are sometimes meeting for the first time in their homes, so it's important to be accepting and non-judgmental
- Family Partnership Agreements done at enrollment are used to find out more about the family, their background and their needs
  - Connect with resources
  - Family Assessment is done three times a year
  - Home visits
- Father engagement activities designed for incarcerated fathers or fathers not involved with their children, such as activities they can do for their child (e.g., make things for them)
- Growing Great Kids Curriculum also involves parents in the lessons
- Having enough time and without distractions
- Interview techniques
- Invest time in building relationships
- Make yourself relatable to them (e.g., they often have anxiety about their homes during visits) **(2)**
- Meet initially at their home to create a connection and become a familiar face
- More grandparents are involved and helping them to find resources creates a bond
- Parent voices matter **(4)**
  - Parent led and parents are in control
  - Parent voice in Advisory Council is key – it's essential it be parent led
  - Policy Council Group is parent led and they help develop the agenda
- Parent workshops
  - Allow them to talk about their own experiences
  - Create commonalities
  - They lead and it's their idea
- Parents feel comfortable in the setting and learn how to prepare their children
- Provide opportunities for families (e.g., family photo, vacation)
- Provide tools the parents can use in everyday life
- Provide transitional information
- Routine Based Interviews (RBI) let families tell their stories
- Strengths-based approach; Celebrate and build on those strengths
- System is not set up for all of those we serve (e.g., those with no transportation)
- Tangible information and activities
- They want to be involved

- Transparency – crisis for the parent
- Your approach and how to start conversations must be as a partner
  - No one is taught how to be a good parent
  - Point out the positive

## 2. What are the primary methods you share information with parents?

- Answer questions one-on-one
- Apps
  - Bloom
  - Bright Wheel app – real time updates, pictures and videos
  - Google phone number
  - Remind **(3)**
  - Sidelines (Masked phone number)
- Bee Folder – weekly information and updates
- Billboards **(2)**, yard signs, etc. for the United Way’s On My Way Pre-K campaign
- Center for Disease Control (CDC) Milestone App – developmental milestones and learn the signs to act early
- Community advocates – trusted friends and neighbors
- Community Events (e.g., Kindergarten Fair) **(3)**
- Community partners (e.g., library, health department, extension office)
- Digital newsletters
- Documentation pictures of children doing activities
- Email **(3)**
- Facebook **(2)**
  - Facebook pages, Live events and daily Facebook posts
- Face-to-face **(2)**
  - Especially when talking about quality
  - Parent conferences, individual meetings and home visits
- Handouts **(2)**
- Hands-on activities, such as making things for their baby
- Handwritten notes
- HCS+ Backpack
- Home visits
- Host an event for English-language Learners (ELL) and they help other families get enrolled in Kindergarten
- KAYMBU – digital portfolio and message system linked to standards

- Library/Partner events, such as community action agency and schools
- Mail (e.g., enrollment documents)
- Media, such as Public Service Announcements on radio and television
- Meet where the community is
- News releases
- Newsletters
  - These sometimes get thrown away before they leave the building
- Parent committee meetings
- Parent night/events **(2)**
  - Family nights, with different focuses and themes
- Parents and Children Together (PACT) method where parents and children learn together
- Phone call
- Private social media; Primarily Facebook and Instagram
- Public art with a message
- Public Service Announcements (PSA) and the children
- ReadyRosie – parent curriculum, tips and information
- Relatives as parents events
  - Monthly dine and learn that always provides a literacy component, as well as, resources and education from various providers
- Social media (e.g., Facebook)
  - Can reach a lot of families this way
- Sticker placed on the back of the child/colored bracelets
- Strength-based relationships
- Text **(3)**
  - ChildPlus app
  - KiNVO translates
  - Procure texting service
- Translation and interpreters for phone/face-to-face interactions
- Written (e.g., letters, flyers)
- Zoom for out of county

### **What are the key messages of the materials?**

- Attendance
- Availability of funding

- Center activities and changes (e.g., STAR rating, quality of center, services)
- Cover milestones so parents know/understand developmental milestones
  - Resources and activities
- Developing and nurturing
- Differences and options in Pre-K
  - Empower parents to make informed decisions based on where they are and the needs of their specific child
- Documents for health
- Dolly Parton Imagination Library (DPIL)
- Events and activities **(2)**
- Every family and child is different
- Family/Dinner time and how to have conversations
- Finding access to quality care and experiences
- Health (e.g., immunizations, exams)
- Home life (e.g., Adverse Childhood Experiences scoresheet)
  - Children watch the behavior parents are modeling
- Importance of early care and education
- Importance of two-way communication with a child
- Infant mortality
- Kindergarten readiness and goal setting **(2)**
- Non-judgmental communication to build trust
- Parent/Caregiver is the child's best teacher and it starts at home
- Parent/Child interactions (e.g., cooking and eating together)
- Praise – accentuate the positives (e.g., “I love how you did this with the baby...”)
  - Verbal, written, text
- Prenatal care (e.g., access, use, options)
- Promote messages of partners and their resources
- Quality activities with children for development
- Quality indicators of providers
  - Most don't know what quality means
  - Parents still don't know what it means; It's a disservice to not educate parents
- Resources and referrals **(2)**
  - Looking for child care – give information on what to look for/quality
- Shared calendar (Calendar for Caring Parents)
- Shared importance of the message to them, the child, and us



- Students lack connection with adults, so promoting ways to connect, such as lap reading
- Technique (e.g., step-by-step activities) and touch on quality and benefits of the activities
- Two parties with vested interest in a child, the parent and provider, working to make sure the child is successful and safe
- Use a consultative model with families to teach families best practices
- What high-quality and regulated care looks like

**Do any of the materials mention quality care? (Prompted in Somerset focus group only.)**

- One-on-one time with parents as they explore their options
- There are different definitions of quality. We share our definition of quality by sharing our expectations when we do tours with parents.

**3. Which methods are working effectively? What factor(s) makes them successful?**

- Bright Wheel app
- Community partners (e.g., library, health department, extension office)
- Facebook pages – Facebook Live events and daily Facebook posts
- Face-to-face, especially when talking about quality **(2)**
- Hands-on activities, such as making things for their baby
- Handwritten notes
- In some cases, it is most effective to go to their home or work
- It depends on the message and the parents. For example, texting works effectively for illnesses and reminders (e.g., picture day).
- PACT method
- Remind app
- Strength-based relationships
- Texting

**Success Factors**

- Ask parents their preference
- Build relationships
- Develop a strong relationship with partners and they believe in your work
- Eye contact
- Give information when they need it
- Handouts of referral sources
- Invitation to work together so they feel like a partner

- Meet where the community is
- Outcomes
- Reinforcement and encouragement
- Remind app has two way communication and ability to respond and interact
- Specific and limited communication
- Tone
- Train-the-trainer, all research-based and best practices
  - Evidence-based program, how we achieved STARS rating and its meaning
- Translations
- Use language that puts it back on you, such as “help me understand”

#### 4. How do parents know you have information available to them?

- Advertise websites
- Build a relationship with the family and then they will seek out information
- Building Blocks is mailed to everyone in Kenton County
- Building connections at events
- Community events
- Family advocates – service providers collaborate
- Folder in the child’s backpack
- Handbooks
- Hearing things from multiple sources
- Home visits or one-on-one visits at a public location (e.g., meet in libraries)
  - Accept them where the family comes from, such as it’s okay not to have a car or the best clothes, and then they listen and are more accepting of what you have to offer
  - The more you visit, the more you build trust
- Inter-agency meetings – help with referrals
- Meet and share with community partners so everyone knows resources, services, and programs and they share those with parents and caregivers
- Meet them where they are going (e.g., food banks, shelters, etc.)
- Open House (e.g., give out flyers)
- Orientations
- Parent handbook
- Parent orientation
  - One-on-one if possible
- Partnerships and sharing

- Referrals
- See a sign or Facebook post
- Surveys/Assessments and base response on their needs
- They are assigned one person as a service coordinator
- They know we are a resource and begin to ask us questions
- We ask their needs and concerns at every visit and tailor their visit to their needs
- Work with families on their availability
- Work with other providers (e.g., doctors)

## 5. What are the significant barriers to effectively getting information to parents?

- Busy schedules
- Child's home life
- Concern over basic needs
- Concern you will call Social Services
- County has limited resources and a lack of knowledge of those resources
- Cultural and linguistic responsiveness of workers
- Early childhood education workforce not prepared to answer questions, build relationships or not show judgment; They are also a workforce in poverty
- General lack of available resources
- Getting access to people
- Getting in the door of their home
  - Have to get buy-in and benefits
  - May not be their priority (e.g., may be focused on work, transportation)
  - Other people in the home if they are staying with others
  - Pride and fear of judgement
  - Scheduling
- Getting them to read
- Growing, diverse populations (ELL, Hispanic, Indian, Jamaican, etc.)
- Information overload
- Knowing where they are (i.e., transient) or how to reach them (i.e., phone numbers)
- Lack of time and parents' schedules
- Lack of transportation
- Language and dialects **(2)**
- Literacy levels **(2)**

- Low-income families have no transportation and are hard to reach (e.g., no Internet, transient or different addresses)
- Medicaid restrictions – health departments are not able to provide as many well-child visits
- Money to print materials
- Not everyone uses Facebook
- Parents overlook information until they need it
- Phones are cut off, numbers changing or they're moving frequently
- Respond with "I didn't know" but you've advertised and promoted as much as possible
- Social acceptance and if they feel they do/don't belong
- Some families are terrified to reach out for help, for fear of social services, retaliation, etc.
- Some parents are still children themselves
  - Don't view parents as only parents, but also as active community members and more than parents – not based on age
  - May be self-focused (e.g., What about me?)
- Split families and getting information to both parents or mitigating different responses
- Substance abuse (e.g., Methamphetamine, Opiates)
- Transient families, even traveling out of state, and homeless

## 6. What are the best practices you've identified to effectively get parents the information they need?

- Adapt to cultural differences and education on cultural diversity
- Ask families the most effective way to communicate with them
- Be timely and responsive (e.g., get people into what they need, when they need it)
- Build relationships
- Building trust
- Building trust and word-of-mouth from those they trust – find their connectors
- Businesses that are supportive of families – get businesses involved with their employees and share the importance of child care and quality experiences
- Consistency, including language, messages and when you see families **(3)**
  - Consistency and routine
- Cultural liaison and dual languages
- Directors verbally reminding parents of key events and information
  - Verbally communicate about what's in the folder
- Employee Assistance Programs
- Evaluate communication efforts

- Family is assigned a home visitor and they get on a schedule with the same person
- Find them where they are (e.g., doctor's offices, health departments)
- Follow-up and follow-through
- Have a permanent place for resources (e.g., bulletin board, website)
- Head teacher hands them the information
- Home visits and parent conferences are more effective **(2)**
  - Some families can only get texts at certain times or don't have phones
- Immunization clinics with Amish families
- Individual problem-solving (e.g., put information in child's weekend food/snack pack on Fridays)
- Listen to them
- No judging and be relatable
- Parent Cafés
- Personal contact information or easy access to teacher (e.g., texting)
- Printed resources because they can't always access materials online
- Providers need a list of current providers so they know where to direct parents and caregivers – they trust us
- Respect and not instill your values/beliefs
- Screeners and feedback on results so parents feel good and know how to work through it
- Sharing developmental strategies and education
- State benefits, which are online and uploaded, can be intensive and require help accessing information, offices, etc.
- Strength-based and based on family needs
- Use local Mexican restaurants to get into places
- View parents as a child's first/best teacher
- Written materials must be short, to the point and catchy

### **7. What are some effective ways you generate two-way communication with parents? (e.g., there is a dialogue, opportunity for questions and answers, etc.)**

- Ages and Stages Questionnaire (ASQ)
- Apps are an electronic buffer that is less intrusive
- Born Learning Academies and curriculum
- Cell phone number they can text so they have a personal connection or can get on a personal level
  - May not understand apps, but they can text
  - Stigma of shame
- Center for Disease Control (CDC) app

- Check-in more frequently; Six week survey about orientation and throughout the year
- Community conversations
- Community events and face-to-face connections
- Create a space for conversations (e.g., couch, coffee, etc.)
- Curriculum is a conversation guide (e.g., share a little, ask a lot of questions)
- eDECA Assessment and Strategies – empower parents, give strengths, address social/emotional
- Explain Adverse Childhood Experiences (ACES) and show your own scores, as well as, overall scores
  - Nadine Burke Harris of California is a good source of information/resource
- Families complete a confidential Family Satisfaction Survey and we get the results
- Getting people in the same room
- Have parents list and prioritize what they want for their child and continue to reference
- Home visits are a time for parents to share and do activities **(2)**
- Lunch programs held every week over the summer
- Make it about them and their self-interest
- Monitor questions and comments on Facebook, as well as, Facebook Messenger
- Needs Assessment Survey
- One-on-one meetings
- Paraphrase and repeat what they say
- Parent Cafés
- Parent pick-up and drop-off
- Parent/Teacher conferences
- Phone calls to check on absent children or a home visit if they're gone for two or more days
- Screenings, and if accurate, there's trust
- Texting
- Use words effectively and be non-judgmental
- Vehicle to learn each other's character strengths and how to use those strengths to help the child (i.e., strengths-based approach)

## Vulnerable and Special Populations

### 8. How is sharing information or two-way communication different with a foster parent, grandparent or other caregiver? Are there differences in effectiveness, barriers, or your approach? What are best practices you've learned with this audience?

- Adults may judge or feel judged (e.g., propping bottles)
- All parent meeting once a month and dads are encouraged to be involved as well
  - Make it a fun event, with speakers, free items, popcorn, perfect attendance award, etc. and recognize their children or show off their work to encourage attendance
- Are their parents still in their life? You don't want to step on their toes.
- Barriers depend on the age they care for child
- Be understanding and normalizing (e.g., "I understand this is how you did it. New research is telling us this...")
- Confusing – too many people involved in their life, but at the same time, they have no one to count on
  - Who does what? It's hard to get a real person and not an automated service.
- Delicate conversations (e.g., dad is in jail for abuse and it's the grandparents' son)
- Don't know what to do, they've been thrown into the situation
- Empowered Families events – invite caregivers; They have a lot of frustrations (e.g., money, resources, etc.)
- Encourage grandparents to attend with family
- Foster parents are non-empowered because the state makes so many decisions
- Foster parents are on top of anything we ask for regarding the children, because they have to be on top of it for their case manager
- Generational beliefs (e.g., school readiness)
  - Navigate the differences from what they remember
- Grandparents may want more written information because many are less familiar with technology
- Have hard conversations (e.g., caregiver versus legal rights)
- Help them feel okay about the situation, praise them for taking on the challenge, and tell them how important they are
- Host grandparent meetings at the library with speakers, food baskets, etc.
- How much information you share, based on the level of confidentiality and if parents still have custody
- Just in time information – communication back and forth so you know what they need
- May be more isolated, don't have a social network and don't know what's available
- Participate in field trips
- Some are not as technologically savvy

- Some foster parents are apprehensive to share and others are more open and willing to share
  - Some are in limbo and can't do things until they are told
- Takes more guidance and explanation
- Technology changes for grandparents
- They share, "I don't know/remember what they do at this age"
- They want the information and reach out to us
- Transient children
- Trauma may have impact on child, creating special needs
- Use inclusive terminology, such as "families" versus "parents"
- Working with foster families, birth parents, and Department for Community Based Services (DCBS)

### **Best Practices**

- Ask their communication preferences
- Be delicate in conversations
- Be proactive; if you know the situation then reach out
- Be willing to go beyond
- Check on them more frequently
- Collaborate with foster families, birth parents and DCBS
- Community and neighborhood events
- Connect them with someone in a similar situation
- Empower agencies in dealing with these populations
- Facebook posts so others can tag those they know
- Go on home visits
- Grandparents' guide
- Needs may be different at home versus school (e.g., at home they are the only child but at school they're with 20 others)
- No matter their title, determine who is parenting the child and make sure they get the information
- Partner with District Court Judge (e.g., play room, family advocate debrief, something tangible for them to take home)
- Partnerships with community organizations (e.g., free membership to the YMCA, mental health counselors in schools)
- Provider understands the impact of trauma and has the tools and resources to address
- Recognize some "no big deal" events are a big deal for some families (e.g., a bump on the head)
- Recognize these children may have greater needs
- Spend more time with them to talk and increase awareness of resources



- Talk about them as “families” and not “parents” to be more inclusive
- Target the population
- They come from a different generation (e.g., language, tools, etc.)
- Try to see it from their perspective
- You are there in a supportive role; They are still in control, they’re the expert, even if we know best practices

**9. How is sharing information or two-way communication different with parents or caregivers of those with special healthcare needs? Are there differences in effectiveness, barriers, or your approach? What are best practices you’ve learned with this audience?**

- Ages & Stages Questionnaires (ASQ) and Brigance discussed during parent conferences
- Annual meetings with them and therapists, asking how the child is doing
- Communicate more frequently – keep up with changes and communicate internally
- Culture of pity and not providing accurate information
- Families are in denial and understanding the denial process
- It’s important these families have a contact person with direct contact information
- Lack of provider training
- Offer support groups
- Parents are often in denial after initial assessment
- Provide typical information, but it often has to be customized (e.g., pediatrician comments)
- Put it on “us” by approaching it as “help us, help your child”; Be supportive and frame the referral positively
- Scheduling – they typically have more providers and appointments
- Sit next to parents, not across from them
- Some parents are already burdened and now they’re working with a child with extra needs
- Special communication/folder that goes back and forth two times a week and includes parent and teacher comments
- Support and trust
- Terminology (e.g., keep in mind their reading level, use layman’s terms and don’t use acronyms or talk down to them)
- Think before you speak and build a bond that is non-judgmental
- Use the Family Assessment to determine what’s working and what’s not
- We don’t always have all of the information that we need on the child (e.g., healthcare rules, treatments)
- What we communicate is different if they are not a typically developing child

- Very sensitive topic – tough initial conversation and making referrals
  - Not all are trained to have the conversation with parents

### **Best Practices**

- Accurate information
- Be delicate in conversations
- Be relatable
- Be understanding, they are an expert on their child
- Direct contact with families, sharing ‘we will help you care for your children’
- Empower them to advocate for their children
- Get school nurse involved/take the lead
- Keep in mind developmental stages and needs
- Listen to parents – they are the experts on the condition and what their child needs
- Meet with them at the beginning of the year
- Need may be different at home versus school (e.g., at home they are the only child but at school they’re with 20 others)
- Permission to get shared documents
- Prioritize this is a child – don’t get caught up in their needs and forget they’re a child
- Soft hand-offs
- Try to see it from their perspective
- Two resources are Redwood and Kidz Club
- Work with them on attendance
- You are there in a supportive role; They are still in control, they’re the expert, even if we know best practices

### **10. Are there other vulnerable populations that require distinct/different communication? (e.g., homeless, Adverse Childhood Experiences (ACES), etc.) What are best practices you’ve learned with this audience?**

- ACES
- Advertise Partners for Healthy Babies curriculum
- Bad past experiences with government agencies
- Congregate settings are difficult due to gate keepers
- Cultural differences (e.g., Amish, families that study/follow the Koran)
- Deaf community doesn’t see deafness as a disability
- Divorce – family dynamics, hearing different stories

- Families that are involved in Social Services will ask our home visitors to be part of that
- Families that are unable to read/Literacy levels **(3)**
- Non-English speaking families/Parents that speak different languages **(5)**
  - Hispanic and other ethnicities
  - Hispanic families and language barriers, including many dialects
  - Language differences
  - Learn about their cultures and incorporate it into the visits
  - Meet them where they are
  - One hundred and forty languages are spoken in the Bowling Green school system
  - Translators available and documents translated into Spanish
- Homeless and those with housing insecurities **(2)**
  - Homelessness/Living in shelters – families and children are in survival mode
- Incarcerated parents
- Low income, rural families are underserved
- Parent addiction/Drug exposure **(2)**
- Parents with developmental or intellectual disabilities **(2)**
- Pregnant moms who are on or recovering from Substance Use Disorder
  - Kentucky Moms is a group that helps mom trying to get clean; Help them be successful and provide support
  - Parents as Teachers
- Special concerns with domestic violence cases
- Teen parents **(2)**
  - Focus on completing school
  - Teen parents, including some in foster care
  - Usually very active and want information
- Trauma – children having all Adverse Childhood Experiences (ACES)
- Undocumented immigrants/migrant workers

### **Best Practices**

- Connect with the people they connect with and trust
- Courageous Kids Support Group is a good resource for children that have incarcerated parents
- Explain we are not DCBS and are voluntary
- For divorced families, make sure they all feel included/heard
- For low literacy adults or those with disabilities, ask if they'd like the documents, survey's, etc. and read it to them and refer them to family literacy programs
- For teen parents, find a mentor or caring, reliable adult they can consistently turn to, as well as, combine youth development and parent engagement
- For undocumented immigrants, as few people as possible communicate at first until they feel safe

- Honesty
- Kentucky Strengthening Families
- Language link for Hispanic families
- Let families know that if things aren't working with their provider, they can change
- Open communication and be available
- Professional development opportunities to better train/inform and build resilience
- Put on a different lens (ACES) and empathize – ACES are incredibly common
- Respect
- Time and place – adequate time to talk in private
- Translation/Interpreter services
- Trust is most important in all populations – allow yourself to be vulnerable
- Understand homeless isn't always outdoors, some may be couch surfing
- Use micro-affection to address ACES
  - Learning Grove is a resource
- Visual communication (e.g., pictures)

## Unmet Needs

### **11. What referrals or other support services and resources are needed by parents and caregivers, but they're 1) not available at all in your area or 2) they're available, but there's not enough bandwidth to support the need?**

- At-risk children are not served (i.e., children who don't meet criteria for services)
- Autism evaluations can take up to 18 months **(2)**
  - Eight month wait for autism assessments
- Behavioral services for early childhood (e.g., If you have a two year old repeatedly choking another child, where do we refer them?)
- CAN checks are expensive and moving to online, which further restricts parents coming into the school
- Child care – can't get child care for all of the hours they need it
- Child care options in rural areas
- Device addiction is an emerging issue in Kentucky; Parents are a wall – technology helps them get through the day, but the child is agitated, etc. and it ties back to their technology use
- Early childhood education – the process to get children into Head Start and Preschool is tedious and laborious
- Early childhood liaisons
- Early childhood mental health consultants

- Education for providers so they can effectively refer
- Family shelters and housing
- Financial barriers
- Funding for all resources and support **(2)**
- Grandparents need support in caring for their grandchildren
  - How to communicate with family via social media, especially Facebook
- Helping special populations understand their benefits
- Homeless shelters in the rural areas
- Infant/Toddler regulated care
- Making sure the right people are at the table
- Mental health
  - Postpartum, early childhood, Parent Child Interaction Therapy, autism screenings and services
- No internet or cell phone access in rural areas
- Occupational therapy, physical therapy and speech providers are needed in the rural areas
- Parents that don't qualify after screenings; Need to bridge the gap
- Prenatal/Postpartum depression treatment
- Preschool is only two days a week, part time and not a full workday or a full week
  - Some programs don't offer part-time (regulated programs)
- Resources for new car seats and safe sleep spaces
  - Car seats must be new
- Resources for Pre-K disabilities
- Rural areas have smaller number of providers or no providers
- Services located in Bowling Green, but not in all of the counties in the region
- Services not centralized (e.g., services go to a common location)
- Six month wait for mental health workers
  - Referrals take time and don't have the support system for young children
- System processes can be difficult (e.g., a child in small school system versus a child in the Bowling Green school system)
- There are a lot of resources and networks available in Louisville and they may not all be known
- Universal Pre-K
- Need for more transportation **(3)**
  - Access to food and healthy food
  - Better jobs
  - Child care
  - Doctor visits, such as well-baby check-ups
  - Everything is 30+ minutes away

- Parent meetings and group events, especially in the evening
- Screenings, school, child care

**What are the differences for vulnerable populations, if any? (Prompted in Somerset focus group only.)**

- Children born addicted and how they learn; Teachers/Parents know they are wired differently, but they don't know how to help them learn or behave

**What are the urban/rural differences, if any? (Prompted in Somerset focus group only.)**

- Pulaski County has many resources that other counties don't, so they come to Pulaski, which creates greater wait times
- Transportation is an issue; Will sometimes provide information and events at a branch library and fire departments

**12. What are the barriers to providing adequate support services in your area?**

- Being overwhelmed (e.g., multiple jobs, non-flexible jobs)
- Concern over losing their job (e.g., sick child, etc.)
- Cost
- Family personal barriers (e.g., mental health, beliefs and values)
- Funding – all are doing more with less **(2)**
- Getting parents to understand how much children learn at an early age from modeling of their parents
  - Modeling what they see on television/games (e.g., child taking a fake kitchen knife to another child)
  - Many parents are just kids too
- Going outside area for services due to insurance issues when services are available locally
- “Hassle-factors” (i.e., things we put in the way) and how to work through the perceived/real barriers
- Identification requirements
- Incarceration
- Judgement from others (e.g., for not picking up a sick child because they can't miss work)
- Lack of industry
- Lack of privacy – other workers in the room
- Must have trained practitioners
- Navigating websites is confusing
- Need more mobile units that can go to the people
- No local specialty providers
- No transportation or no reliable transportation **(3)**
- Not having a medical card and insurance issues

- One generation thinking (i.e., focus on the parent or child only, but need to focus on both)
- Red tape and wait times for support services
- School policy (e.g., cost of doctor for excused absences)
- Silos within agencies and systems; They don't always talk to each other or connect
- Space to hold events and create resources
- Time and availability (e.g., appointments only available 9:00 am – 5:00 pm)
- Time restrictions for families (e.g., single dads, fighting parents, working all the time)
- What they hear in their families (e.g., their mom says, "I smoked with you and you're okay")
- Working poor and their work schedules

### **13. What are the lesser-known or under-utilized support services for early care and education in your area?**

- Adult education classes are not full
- Applied Behavior Analysis (ABA) therapy
- Cultural programs
- Different ways social services can help connect families to other needs/supports
- Early Childhood Councils
  - Don't know the scope of services
- Extension offices
- Family outings and activities in the community
- Family Resource Centers are more than just a source of basic needs
  - Early childhood component
- First Steps
- Growing numbers of those in home care
- HANDS program always has open spots statewide
- Head Start has empty seats
- Imagination Library and screeners, especially Ages & Stages Questionnaires
- Importance of regulated care – people don't know or don't have quality care options
- Lack of early child care workers – facilities may have space, but they don't have enough teachers
- Literacy and math programs for young children; Parents think they are too young
- Need up-to-date resource guide
- Not always reaching all populations and children get left behind
  - Hispanic/Latino language, fear, cultural beliefs, and values (e.g., they raise their own family)
  - Transient families
- PACS bus for regional and medical transportation

- Parents as Teachers
- Public library and programming, especially events **(3)**
- Publicly funded resources (e.g., Child Care Assistance Program)
- Some farmers markets accept WIC

## Taking Action

### 14. What selection factors do parents use when selecting early care and education providers? How do parents prioritize these selection factors?

#### Top Priorities

- Availability **(4)**
  - Ability to serve all ages?
  - Do they have space? Wait lists?
  - Especially for infant/toddler
  - They usually need a provider now
- Cost/Affordability (e.g., tuition, special fees) **(5)**
  - Do they take Child Care Assistance?
  - Paperwork for subsidy programs is a barrier
- Gut intuition
- Location (e.g, proximity to home/work) **(2)**
- Times the center is open

#### Additional Factors

- Appearance of person and facility
- Availability for all children **(2)**
- Benefits and services available (e.g., a free week of vacation)
- Curriculum
- Do they take state assistance?
- Experience from other children
- Hours of operation **(2)**
- Knowing who is there
- Location/Proximity to their home, work or bus routes **(3)**
  - Access – location
- Needs of the child
- Multi-age (i.e., keep kids together)
- Not necessarily quality
- Personality differences with providers



- **Quality (4)**
  - Definition is very broad and individualized
  - Definition of quality differs
  - If regulated by the state, they believe it's quality, but that's not always true
  - Quality (for some), but the other factors outweigh quality
  - Quality and STAR ratings
  - What is a 5 STAR?
- Referrals
  - United Way study found top three referrals were from 1) doctors, 2) family, 3) friends
    - Do we need to further educate doctors on early care and education?
- Similar social beliefs (e.g., home, child care, Pre-K)
- Social media (e.g., mom groups)/Facebook posts and recommendations **(2)**
- Transportation or provider comes to them **(2)**
- Will they take all of my kids?
- Word-of-mouth from friends/If friend is using **(3)**
  - Some factor in friends using the same provider as a carpool opportunity
- Work with special needs/behaviors

## 15. How do parents learn about their early care and education options?

- 4C for Children
- Advertisements (e.g., billboards, magazine, Facebook)
- Advertising
- Ask providers (e.g., HANDS coordinator, WIC, etc.)
- Benefind
- CCAP – can look up through Benefind
- Child Find activities (e.g., newspapers, flyers, employer lounges, community events with a take-away flyer)
- Collaborations between partners
  - “No wrong door” and being on the same page; may not be the right resource, but can refer them/hand-off to the best place
  - School districts and child care providers
- Community Coordinated Child Care (4-C)
- Early Childhood Council
  - “Swaddles to School” is a parent resource guide provided at the hospital for new moms and is also sent to a mailing list; Covers developmental milestones, nutrition, mental health resources, pediatrics, Kentucky All STARS and public preschool, library, etc.
- Family Resource Centers
- Flyers in places they go (e.g., Dollar Store, Housing Authority, shelters)
- Google

- Head Start
- Health Department provides a list
- Internet/Facebook
- Know staff or someone else enrolled
- Libraries
- Local Child Care Resource and Referral agencies (CCR&R)
- MyPre-K
- Pediatrician or obstetric offices **(2)**
- Preschool Palooza
- Prior experience
- Public library (e.g., storytime)
- Recruitment efforts by provider
- Referral services
- Sibling discount
- Social media
- Tour/Visit
- Transition plans to inform on next stage (e.g., getting ready for school)
- When they enroll for food stamps/WIC
- Word-of-mouth from friends **(4)**

#### **How do they determine 'quality'?**

- Based on their needs (e.g., cost, proximity)
- Concern over if they will be reported
- Correlates with values (e.g., watch television all day, bottle prop)
- Cost or accessibility **(3)**
  - Cost – the more it costs, the better it is
  - Not looking for quality, looking for cost and access
- Defined differently by different families **(2)**
- Education of providers, especially with vulnerable populations
- Family/Friend referral
  - At first contact, share information about quality
- “Just take care of my baby”
- Kindergarten readiness/Brigance – Will my child be ready for Kindergarten?
- Lack of awareness of choices

- Licensing reports through Benefind
- Quality can be flexible based on their needs (e.g., availability, cost)
- Quality is a privilege issue – quality is not as important as food and a roof over their heads
- Receive a phone call, encourage them to take a tour, then we talk about early childhood
- Safety
- STARS system
- State write-ups/reports
- Their children are fed and/or safe
- They are just looking for an avenue to meet their immediate needs
  - At that point, maybe you can get to education and its importance
  - If you met their needs, then you provided quality
- They don't have to worry about their child while they are at work
- They don't know or understand what quality is
- Time – they need it tomorrow
- Tours/Visits (e.g., babysitting versus education) **(2)**
  - Tour and the interaction during the tour
- Trust
  - Do they know the provider or other parents
  - Previous experience
- What friends say
- What's in the name (e.g., it's a 'Preschool')

## **16. What strategies get parents and caregivers to positively and/or proactively engage in their child's early childhood education?**

- Asking parents for input
- Be their cheerleader – positive feedback is so important for parents
- Build relationships
- Child care at evening events
- Child enjoys and talks to parents about how we engage children in the classroom
- Connection with providers/teachers when they visit
- Convenience of place and time
- Cultural adaptations (e.g., ELL families feel valued and important)
- Curriculum handouts are part of the visit (e.g., home visitor does a craft with them and explains the benefits)
- Curriculum with parent connection (e.g., the letter people)

- Daily, positive messages to parents reminding them and supporting their involvement and importance of it
  - Use apps or other means
- Education – inform parents on why components are important (i.e., it's not just play time or babysitting)
- Engaging activities (i.e., not a sit and get) and as early as possible
- Events (e.g., partner with schools, provide food)
- Events, programs and activities for the whole family (e.g., grandparents, dads)
- Excitement
- Family Engagement Contract
- Family Service Learning as a family engagement approach
- Focus on “why” and “what’s in it for them”
- Get children involved/perform, provide food, offer incentives/prizes and child care for meetings, events and activities
- Give them hope
- Give tools to practice at home and instructions on how to do them
- Giveaways and food
- Home visitation
- How much a trusted person helps them (e.g., relationship building, time spent, foster relationships)
- If they start when the child is young, they will be engaged
- Importance of activities and how it helps their development
- Learning starts at birth/prenatal education
- Meeting milestones for rewards
- Model for parents so they can model for their kids
- Ongoing parent assessments to build goals
- Parent Cafés
- Parents have fun
- Parents take ownership
  - Ask parents what they need
  - Build-up to events, such as daily family activities along the way and a family competition at the end
  - Family Needs Assessment
  - Parents on the Council
- Policy councils, parent committees or a voice for parents **(2)**
- Present what is in it for them and it's not a sit and get education
- Programming and model for family (e.g., don't have to buy things, use items you already have)

- Programs promoting importance of birth to five for stay at home moms
  - Baby Bulldogs/Blackhawks
  - Early Childhood Councils
  - LEAP Bus
- Promote importance of positive/proactive engagement (e.g., lap reading)
- Relationships
- Remind parents they're needed and that they're the expert in their child
- Routine engagement, not something extra
- Screenings
- See the positive outcomes – the pay off is important to them
- Serve on curriculum and hiring committees
- Share research and findings, in layman's terms
- Staff having good customer service
- Tactfully share expectations of parents at the initial intake meeting
- Take home kits with clear instructions
- Talk with parents about providers' continuing education
- Teach benefits of activities to parents so they will do them
- Understand how children learn and developmentally appropriate practices
- Variety of strategies – what works for one, may not work for another
- What's in it for the parent and child



## ***Governor's Office of Early Childhood***

### ***Parent Focus Groups***

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*Louisville:* February 24, 2020

*Newport:* February 25, 2020

**Think about the best engagement you've ever experienced in regards to communication and child care. What made it so great? What conditions were in place?**

- Any problems - Head Start has had my back 100%. All areas from finishing school to getting custody of grandson.
- Worked with son on eating (was a premie), information about going back to school. The teacher is her son's best friend.
- Teaching them to be people - teaching them socialization. 4 children in HS, graduated HS and College. Big difference in what the preK program does that impacts the life before K.
- Communication - how can we make this better?? FA have a relationship - they are real, they are like us! Everyone works together - communication that is open and with multiple people. **Communication at pick-up and drop off - no transportation, attendance has actually improved.**
- Nervous about next year in the school where there is not time at PU and DO to talk to the teacher, that there will be less time to communicate. Was homeless last year - constant updates and communication. 2.5 year old that started daycare - first time parent. Continuity of care with the children - was able to give encouragement and tough love "maybe it's time to get rid of the bottle". Develop that trust with the parents. Transitioned with the child - would go and hug, tell her that it was ok. Text photos and encouragement.
- Child didn't want to nap - great communication schedule. Dad dropped off most of the time - got notes. Knew what the mom was worried about and they communicated the things they were concerned about. So patient, kind and caring with her. Let her know that her daughter was on task. **This works at home and this doesn't - it was a partnership! Celebrate successes.**
- Class Dojo - post lots of pictures of what is going on during the day. Points Tadpoles - makes you feel like you have access to them all the time.
- Child very shy and introverted. Moved her 3 times - babysitter, child care that was not good and then a Montessori that was great - had a composition notebook that detailed her week - great to have feedback that she was progressing.

**What kinds of communication do you get from your child's early education provider? Is it one way or two way?**

**What are the primary methods you receive information from child care providers?**

- Help and strategies in discipline. Help with resources - worked together to make sure children are safe.
- Send you in the right direction to get what you need. Electricity, bills, food, etc. Word of mouth about the HS program here.
- We are a Family!
- FB, texts, papers, phone calls, virtually any way they can communicate - they will show up at your house.
- Impressed by how much they are willing to work with you - first time parent - they are teaching both parent and child. Open communication in how to work with your own child. All the steps they take - playground, food, etc. Struggled to provide for their children, and they walked them through the access to resources.
- Struggled with depression - so grateful. As a parent, you feel guilty when you can't provide things, and they do everything they can.
- It lasts forever. One person they can go to, but others that they can build relationships with. Remove those barriers.
- Child in mom's classroom. Honest conversation - she was a jerk today...
- Face to face at pick up and drop off. Notes, etc. Lots of face to face - see the teachers out and they would discuss the child. Parent teacher conferences.
- Texts - daughter was a biting victim, communication was good that they talked to her face to face. Gave her the option to meet face to face or texts.
- Center based updates on FB, etc. If there was something exciting, they posted pics of children on FB.
- Remind
- Weekly newsletter from teacher on what they are working on in the center. Packet and folder. General messages on the needs for child files. Illness, etc. Symptoms and signs, lunch menu, etc.
- One-way or two way depends on the message given. Conversations about what may affect her day.
- No information on quality in those communications.
- STARS is discussed a lot in tours with parents. They don't know what it means. Don't understand what they are doing to be a star center. Don't know the work that goes into it.
- Parents understand the numbers, but not the work behind it. Like a hotel - you want the one with the most stars.
- From a parent perspective, you understand what quality is.
- We moved our kid because this, this and this was happening.
- Higher priced centers are not in the QRS, They are educating their kids - this is what you will see - less direct way to say that.
- Welcoming environment is the first thing that hits you - what do you hear - are children happy or sad? What does it smell like??



- Outside play - do they get to go outside - how often do they go? How do you interact with my child and others?
- If I go into a center and my child doesn't feel comfortable, you can tell.
- Learn what to expect week after week - curriculum - what are they doing and what are they learning.
- Length of service from the staff - great place to work and happy to work there. Director and Asst. Director knew every child's name. Homey, welcoming.
- I don't mind travelling far if my child is learning.
- Accessibility and convenience - had to move because of logistics.
- Money doesn't mean quality - more of a personal thing and what your child needs - the right teacher to help your child thrive. Relationship and who they are.
- Location is a good starting point in narrow down where to look.

**What is your preferred way to communicate with your child's caregiver?**

- Parents are our biggest recruitment. Newspaper, FB post, social media, etc.
- FB page - texts. Messages
- Timely - ability to use multiple methods - calendar every month.
- Always have events - good for not just parents and kids, but the community.
- Social capital - building community.
- Face to face is preferred - grateful for all of the options, but will always choose face to face. You don't get inflection in texts. No tone
- Love tadpoles that push to the email - gives the opportunity to read it later. Pick up and drop off have so many parents there at the same time.

**What referrals or other support services and resources do you need, but they're not available?**

**1) not available at all in your area or 2) they're available, but there's not enough bandwidth to support the need? (e.g., *there are mental health providers, but takes months to get an appointment or there are food banks, but no mode of transportation to get to the food bank*)**

- Food insecurity - not a lot of food pantries - FA set up a food pantry.
- Housing and transportation are huge issues in our community. Not a lot of quick resources. If a family is going to be homeless tomorrow, it is more difficult. Make a network of resources so that they can work as quickly as possible.
- Build social network with other families.

- Timeliness of the caseworker is something to be desired - need more consistency.
- Daughter in first steps - had a physical therapist - never got information from the teachers in the classroom - communication would have been better to know that everybody is on the same page. Therapist would say that they left info and had communication, but there is no communication from center staff. If I wasn't in early childhood, I would need information even more.
- One on one relationship with 1 teacher - can make the difference even if the center is not up to standards. Need reassurance
- Elsewhere - before getting into childcare, I wish I had known and could have gotten the child services.
- Postings of services, but never conversations.
- Not supposed to give information unless the parent asks about the resource - use evaluation tools to show red flag issues.
- Services for emotional support - tricky subject. Lots of parents in denial about their kids - we are free to go to the director/asst. Director, guide the conversation.
- ASQs - jumping off point for the conversation.
- Would be helpful if pediatricians had information - resources or packet on next steps. The state processes are not timely - month wait - 1 more thing...turn around rate is ridiculous - problem across the state - not enough workers, etc. Parents don't know they have other options. Parents sometimes end up paying for additional evaluation, but not everybody has the money.

### **What is important to you when you choose early care and education for your child?**

- Educating our children out of love - not just watching our kids, they are teaching. Teaching emotions - a child says "Mommy, I don't know how I'm feeling." It's ok to feel that way.
- Lifelong bond and experience.
- Friends - talking to others about their experiences and development of their child - reputation in the community. Knew who the child's teacher was going to be - feel safe leaving them for 9 hours per day - great word of mouth. Tour that matched up.
- Lived in a city where she didn't know anybody - had no clue how to choose - first center was a horrible first experience - then backtracked on what to do and look for. Didn't have any support. Had to research -
- **Longevity of the center is a good thing to look for** - when it is a job for teachers and not a career, it is not the right place.
- Welcoming feeling - not just is it clean, is it welcoming, etc.
- Wish there was a better way to look - resource that you can go to that would be a checklist on what to look for. Organized method to the madness

- Online presence would be helpful. Knowing that you need to look while you are pregnant - placement for infants is difficult! Didn't know that they needed to look before the baby is born - so stressful - 3 or 4 month wait, Can't just use google. Need website to bring up centers in a certain zip code and what is quality. .
- State's website has centers that deficiency reports online - **but parents don't always know how to interpret those reports. Supervision is a big one, chipping paint not so much. "Even if I had all of that information, I wouldn't know what to do with it."**
- What?? I didn't know this!!"

### How do you know if the choice is right for your child?

- Education, safety and cleanliness
- Accessibility and affordability - plays into it a lot. If you meet the right requirements, it's free - Low-income kids have EVERY right!
- School systems - can't get in unless there is a disability. Need something to help them learn.
- Gives every child the same opportunity - every family the same opportunity.
- Doesn't matter where you come from - same opportunity as higher income families
- Even if I had to pay for my child to go to the center, I would pay for the services.
- **Education is a way for my kids to be better. Does what we as parents can't do.**
- Found this through word of mouth - chose to live where she did so her children would have the opportunity.
- New to the area - the center was across the street - walked in and asked what it was all about - found her family
- OB/GYN would be great to have information
- Need a tool that would be like an apartment finder
- Testimonies from friends makes a difference - people trust their kids there. Need a blanket standard - state mandatory minimums - but there is still more that we need to know. How do you pick a center. What do the standards mean?
- Daycare fairs - can't always do the tours - no time to do the research needed Could be done by AEYC, can weed some centers out before the tour piece.
- Online and print versions of the realtor app...
- For this area, there is this information and availability.
- Takes a long time to find the right place - app would take the work out of it.

**What would get you to positively and/or proactively engage in your child's early childhood education?**

- Parent committees and policy groups are so important - empowerment - get them involved in the school system as the child goes into the Kindergarten.
- Use their problem solving skills.
- Enrich their community.
- Take the skills and push them forward.
- Building skills and capacity.
- Volunteer at the school.