

2012 Evaluation

Report

Arizona State University
University of Arizona
Northern Arizona University



FIRST THINGS FIRST EXTERNAL EVALUATION

FAMILY AND COMMUNITY CASE STUDY

Executive Summary

The University Consortium, an interdisciplinary research team from the three public universities in Arizona, conducted three interrelated studies – the Longitudinal Child Study of Arizona (LCSA), the Kindergarten Readiness Study (AKRS), and the Family and Community Case Study (FCCS) – to assess long term impacts of First Things First (FTF) investments and initiatives on Arizona's children and their families. The three studies addressed the following research questions: Are children healthy and ready for school? Do families have access to high quality early childhood services? What impact do these services have on children and families?

The Family and Community Case Study

The FCCS team designed and conducted a statewide study seeking a more contextualized understanding of perspectives from:

- Parents and other primary caregivers of children under age six
- Stakeholders who were local providers across an array of health, early care, and family support services (both FTF-funded and non-FTF-funded)
- Children ages 4 and 5 years before and after entering kindergarten

The study explored a wide range of factors impacting availability, access and quality of services, and supports for children and families across the state. The FCCS plays an important role in the overall First Things First External Evaluation (FTFEE) and complements the quantitative findings of the LCSA by including families participating in both studies.

The FCCS team gathered information through qualitative research methods including interviews and focus groups with three categories of individuals determined to be most impacted by FTF initiatives: 69 primary caregivers, 110 stakeholders, and 45 children. Because the study was designed to contextualize complex variables as well as findings from the other two FTFEE studies, participants were involved in multiple waves of individual or group interviews. During the time period in which the study was conducted, the state underwent considerable financial turmoil which had significant impacts on the system of services for young children and families. Moreover, at the same time FTF initiatives and regional funding plans were being developed, refined, and implemented. Interviewing participants every six months resulted in a rich diversity of perspectives of an ever-changing context and how it impacted children and families. Furthermore, a qualitative research design with individualized and open-ended interviews allowed the FCCS team to gather in-depth information about the experiences of children, families, and service providers in their everyday contexts. The statewide sample was drawn from 11 regions of the state. Selection criteria included demographic composition, population density, geographic location, and cultural diversity.

Analysis was a process undertaken by the statewide team and involved some levels of regionally-specific analyses followed by the integration of regional information into overall statewide findings. The first phase of analysis involved thematic coding of all transcribed interview data using qualitative data coding software. After coding occurred, members of the analysis team reviewed coded data to identify overarching themes that addressed the research questions in this component of the evaluation project.

Data collection occurred from fall of 2009 through summer of 2011 and included four waves of interviews with primary caregivers, three waves of interviews with stakeholders, and two waves of child interviews. The findings from data collected through the spring of 2010 were presented in a technical report submitted to FTF in May 2011. Please refer to that report for a detailed summary of

the first two waves of data collection. This report contains a synthesis of findings from all waves of the FCCS, comparisons across the waves, and is framed in a series of questions of relevance to those planning services for young children and their families in Arizona.

Key Findings

The findings presented in this report highlight data collected in the fall of 2010 through the summer of 2011, including interviews with primary caregivers, stakeholders, and children. To present the most complete and meaningful portrayal of the data, we have integrated the data from all participants and waves into this report. Nine broad themes emerging from the data were used to organize the findings in this report followed by a section highlighting conclusions and implications. In this final section, the major findings are summarized, including brief implications for supporting Arizona's young children and families across the areas of focus in this statewide study. Throughout the report, conclusions are organized around framing questions and major themes in the data from the overall study.

What is it like to be four turning five in Arizona?

Children were excited about going to kindergarten and voiced concerns about discipline, missing some of their preschool experience, and learning to read and write. They also talked about their experiences with caregivers and going to both doctors and dentists. The section offers a window into the life worlds of children.

What is it like to raise children in Arizona?

Parents' experiences are highly dependent upon the types of support they have through family, friends, and faith communities. Stakeholders and parents agreed that a support system is one of the most important things for families raising young children. Many families were impacted by the loss of programs such as Women, Infants, & Children (WIC), Arizona Health Care Cost Containment System (AHCCCS), and food stamps. Rural families were typically more isolated from services, child care, and support networks than families in urban areas. Parents made sacrifices to spend time with children and faced an array of challenges in meeting children's needs.

Implications include:

- Continue to prioritize family support of various sorts, recognizing the major roles that family and informal support play in childrearing
- Support programs that take a strengths-based approach and respect and encourage family and community funds of knowledge
- Encourage programs and services to recognize the varying cultural backgrounds of the families they serve and to develop means by which to increase the relevancy of their services

How do Arizonans obtain information and resources for families?

Most families obtain information on child care, health, and support services from informal networks, particularly friends and family. Some use the Internet and popular media for information. Both parents and stakeholders spoke about the need for a centralized clearinghouse website for families throughout the state. Stakeholders also discussed the importance of co-locating services for children and families. Home visiting programs are having a positive impact. Barriers to obtaining information included transportation, lack of education, language, and documentation issues. Finally, several participants noted that service providers serve as important sources of information.

Implications Include:

- Support a centralized clearinghouse, most likely a website, for families that is user friendly, allows them to find their location on a map (Geographic Information System [GIS]-based), and find local services and opportunities
- Continue to encourage cross-provider/system communication about resources and programs for families with young children
- Increase communication between service providers and the communities they serve

How do Arizonan's understand quality early care and education?

Some parents expressed concern that child care providers cannot meet the individual cultural and learning needs of their children. Several service providers felt that developmental services within the system of early care are not meeting the needs of Arizona's children. Parents using center-based care valued the structure and curriculum that this type of care offers, while many parents preferred the comfortable environment of home-based care and felt more trust in home-based providers. Both parents and child care providers value communication and would like more opportunities to work together toward quality care for children. Cost was the primary challenge to providing quality early care and education. Providers are uncertain about how to increase quality without increasing the cost to families. Compensation for staff as they obtain more training and credentials was also a concern. Some providers and parents noted a patchwork of care arrangement, particularly when parents could not afford child care or had complex schedules.

Implications Include:

- Support providers who are able to offer intermittent care or care that does not require a fixed schedule
- Find ways to help centers with staff compensation as they obtain more education
- Continue to expand Quality First, Teacher Education And Compensation Helps (TEACH), and other initiatives aimed at improving child care quality and professional development
- Assure that ample opportunities for participation in such initiatives exist for home-based providers

How do Arizonans understand readiness and how are children being prepared for school?

Regardless of how they understand readiness, parents want their children to adapt well to the school setting, relate well to peers, and experience a smooth transition to the kindergarten environment. Primary caregivers actively prepare children for kindergarten by engaging them in a combination of readiness practices ranging from formal to informal, direct to indirect, and from intentional to unintentional activities. Preschool is highly valued by many parents because they see it as a good place for and crucial element in preparing their children to learn skills necessary for kindergarten. As children entered kindergarten, parents expressed concerns about the quality of K-12 education in Arizona and how well their child's needs would be met.

Implications Include:

- Support communication between early care providers, the schools, and parents in order to facilitate parents' understandings of readiness and their children's preparation for kindergarten
- Continue and expand public awareness campaigns and parent education related to the importance of early years experiences and ensure it is culturally inclusive
- Encourage better integration of preschool and kindergarten curricula and holistic views of children. (That is, encourage schools to be ready for children and not just for children to be ready for an increasingly academic kindergarten experience)
- Facilitate communication between kindergarten teachers and preschool, child care, Head Start, family care providers, and others caring for children before they enter school

How do Arizonans access quality health care?

Access to some health services increased over the two years in which we interviewed families and providers, but stakeholders statewide shared significant concerns about the recent cuts to AHCCCS and KidsCare and the ways in which these cuts impacted families' access to prenatal and preventative care, and impacted families' abilities to raise healthy young children. Stakeholders reported that in-home support programs and mobile services creatively enable families and their young children to access needed services. Families also discussed the stringent financial eligibility requirements for public health insurance coverage and the high cost of health care. Some parents of children transitioning from Arizona Early Intervention Program (AZEIP) expressed concerns about gaps in services and support during transitions. Rural families discussed transportation and distance to needed services as a barrier to meeting their children's health care needs. Access to pediatric dental services varied according to location but several participants praised the FTF oral health initiative.

Implications include:

- Increase the provision of in-home support programs including home visiting and mobile services
- Expand the successful FTF and other dental health promotion initiatives
- Strengthen services for children transitioning from AZEIP to school districts and other providers for children with special needs

How do Arizonans imagine a system of services for children and families?

Stakeholders felt there was some increase in local collaborations, but were also very concerned about cuts to an array of services and an overall disinvestment of state funds to services for children and families. Lacking state level support, service providers reported that they often worked to develop more locally-comprehensive services themselves. A number of stakeholders recommended the co-location of services to help create more holistic and accessible approaches to family support. Many child care providers felt compelled to do more community outreach and advocacy for and with their families.

Implications include:

- Co-locate more services for families and young children
- Continue and expand opportunities for local collaboration and system-building
- Join with other advocacy networks and non-governmental groups who can play a vital role in building the statewide system for children

What are families and stakeholders telling us about FTF?

Awareness of FTF increased over the last several years. However, primary caregivers and stakeholders still lack clarity regarding its mission and roles. Stakeholders were generally very positive about FTF and valued its role in promoting collaboration and innovation. While some primary caregivers found the Parent Kit helpful, most are not using it. Several participants recommended that FTF explore ways to make the kit more useful and target its distribution to mothers prior to giving birth. Stakeholders reported that child care scholarships enabled families to obtain quality care for their children that they would be unable to afford on their own. Providers were extremely positive about Quality First. However, it would be helpful to service providers, especially for smaller agencies, if FTF could streamline its application, funding, and reporting processes. FTF dental health initiatives and home visiting were very popular programs.

Implications include:

- Build on the successes of programs such as dental health promotion and home visiting

- Expand Quality First and TEACH to make more accessible to home-based providers including non-regulated providers
- Look at ways to make the application process for funding or program participation more streamlined and clear
- Explore ways that the Parent Kit could be more helpful, including providing it with child birth education or other prenatal services and not waiting until mothers give birth
- Continue to clarify the mission, aims, and foci of First Things First to the public and to those in the field
- Focus priorities more tightly to maximize impact in priority areas



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Beth Blue Swadener, Ph.D.
Jamie Joanou, Ph.D.
Dawna Holiday, M.Ed.
Timothy Rowlands, Ph.D.
Lacey Peters, Ph.D. candidate

Northern Arizona University

Karen Applequist, Ph.D.
Chelsea Lunders, M.A.
Tina Sutton, M.A.
Andrea Merrihew
Matthew Riding, M.A.

University of Arizona

Norma Gonzales, Ph.D.
Iliana Reyes, Ph.D.
Ana Christina Iddings, Ph.D.
Karen R. Abman, M.S.W.
Gustavo Angeles, Ph.D. candidate
Sandra Soto, Ph.D. candidate
Lauren Zentz, Ph.D. candidate

Abbreviations

AHCCCS	Arizona Health Care Cost Containment System
AKRS	Arizona Kindergarten Readiness Study
AZEIP	Arizona Early Intervention Program
ASU	Arizona State University
CRS	Children's Rehabilitative Services
DDD	(Arizona) Department of Developmental Disabilities
DES	(Arizona) Department of Economic Security
DHS	Department of Health Services
FCCS	Family and Community Case Study
FTF	First Things First
FTFEE	First Things First External Evaluation
GIS	Geographic Information System
IHS	Indian Health Services
IRB	Institutional Review Board
LCSA	Longitudinal Child Study of Arizona
NAU	Northern Arizona University
QI	Qualitative Interviewer
TEACH	Teacher Education and Compensation Helps
UA	University of Arizona
WIC	Women Infant Children



Introduction

The University Consortium, an interdisciplinary research team from the three public universities in Arizona, conducted three interrelated studies – the Longitudinal Child Study of Arizona (LCSA), the Arizona Kindergarten Readiness Study (AKRS), and the Family and Community Case Study (FCCS) – to assess long term impacts of First Things First (FTF) investments and initiatives on Arizona's children and their families. The three studies addressed the following research questions: Are children healthy and ready for school? Do families have access to high quality early childhood services? What impact do these services have on children and families?

The Family and Community Case Study

The FCCS team designed and conducted a study seeking greater understanding of perspectives from key constituents (families, stakeholders, and children) pertaining to their experiences in the first five years of a child's life. The study explored a wide range of factors impacting availability, access and quality of services, and supports for children and families across the state. The FCCS plays an important role in the overall First Things First External Evaluation (FTFEE) and complements the quantitative findings of the LCSA. The FCCS team gathered information through qualitative research methods including interviews and focus groups with primary caregivers, stakeholders, and children. Because the study was designed to contextualize complex variables, participants were involved in multiple waves of individual or group interviews. During the time period in which the study was conducted, the state underwent considerable financial turmoil which had significant impacts on the system of services for young children and families. Moreover, at the same time, FTF initiatives were being developed, refined, and implemented. Interviewing participants twice annually resulted in a rich diversity of perspectives of an ever-changing context and how it impacted child and family outcomes.

Data collection occurred from fall of 2009 through the summer of 2011 and included four waves of interviews of primary caregivers, three waves of interviews with stakeholders, and two waves of child interviews. The findings from data collected through the spring of 2010 were presented in a report submitted to FTF in May 2011. Please refer to that report for a detailed summary of the first waves of data collection.

Design and Methods

While some key methodological points are described below, a detailed description of the design, methods, and participants can be found in Appendix I: Methodology.

The FCCS team oversaw the development of policies and procedures, research protocols, timelines for data collection and analysis, and overall study design. A qualitative research design was used to answer the research questions as it would allow the FCCS team to gather in-depth information about the experiences of children, families, and service providers in their everyday contexts. Individual and group semi-structured interviews were used to contextualize the findings from the other two FTFEE studies. Three categories of individuals who are most impacted by FTF initiatives – primary

caregivers, stakeholders, and children – were identified as study participants. Because this study was nested within the LCSA, data collection occurred multiple times throughout the study's duration.

In the beginning stage of this study, the FCCS team identified those regions (Regional Partnership Councils) of the state where participants would be recruited. Selection criteria included demographic composition, population density, geographic location, and cultural diversity. The FCCS team completed several steps before interviewing each group. The team began by developing protocols and consents. Once these protocols were piloted, finalized, and approved by the Human Subjects Committees and Institutional Review Boards (IRB) at each participating university, the team conducted statewide trainings of qualitative interviewers. Next, the team developed locally appropriate recruitment strategies for each group of participants, as detailed below.

Primary Caregivers: For the sample of primary caregivers, the FCCS team recruited in many different communities in each region, in order to obtain a sample with broad representation across the selection criteria. To do so, the team set up tables in front of grocery stores, libraries, and other key community locations and invited parents of young children to participate. Initial interviews were conducted with 146 primary caregivers from across the state. The FCCS team then identified a subset of primary caregivers who would become “focal families” for the remainder of the study. In instances when focal families moved away or dropped out of the study for other reasons, the FCCS team recruited another family as a replacement. Interviews were conducted with primary caregivers four times during the study from the fall of 2009 through the fall of 2011.

Stakeholders: The FCCS team identified six categories of stakeholders to be interviewed in early 2010 in the sample regions: health care providers, child care providers, educators, community leaders, family support specialists, and representatives of “umbrella agencies” providing an array of services. In each region, the FCCS team interviewed ten stakeholders. Focus groups were convened in each of the regions in the fall of 2010 with a subset of the stakeholders previously interviewed. Follow-up phone interviews then were conducted in early 2011 with the full sample of stakeholders.

Children: The child participants in this study were children of participating primary caregivers between the ages of four and six. This sample included children who were preparing to enter kindergarten and who had just entered kindergarten. Children were interviewed in the fall of 2010 and spring of 2011 after researchers obtained permission from primary caregivers and the children provided assent.

Data Analysis

Analysis was a process undertaken by the statewide team and involved some levels of regionally-specific analyses followed by the integration of regional information into overall statewide findings. The first phase of analysis involved thematic coding of all transcribed interview data using qualitative data coding software. After coding occurred, members of the analysis team reviewed coded data to identify overarching themes that addressed the research questions in this component of the evaluation project.

This Report

The findings presented in this report highlight data collected in the fall of 2010 through the summer of 2011, including interviews with primary caregivers, stakeholders, and children. To present the most complete and meaningful portrayal of the data, the FCCS team has integrated the data from all

participants and waves into this report. Nine broad themes emerging from the data are used to organize the findings in this report, followed by a section highlighting conclusions and implications.

These sections are as follows:

I. What is it like to be four turning five in Arizona? This section presents an overview of themes that emerged from child interviews.

II. What is it like to raise children in Arizona? This section reveals parenting experiences of Arizona families.

III. How do Arizonans obtain information and resources for families? This section describes the ways families find out about resources they may need.

IV. How do Arizonans understand quality early care and education? This section highlights the perspectives of primary caregivers and stakeholders on features of high quality settings.

V. How do Arizonans access quality health care? This section outlines the types of services that are important and perceived barriers to accessing those services.

VI. How do Arizonans understand readiness? This section presents an overview of how primary caregivers and stakeholders define readiness.

VII. How are children being prepared for school? This section describes the range of approaches currently used to promote readiness.

VIII. How do Arizonans imagine a system of services for children and families? This section profiles how a system of services could be enhanced and considers contextual factors that may prevent or encourage change.

IX. What are families and stakeholders telling us about FTF? This section presents views on FTF initiatives and their implementation.

I. What is it like to be four turning five in Arizona?

As part of the FCCS, 45 children ages four through five years old were interviewed before and after entering kindergarten. The aim of these interviews was to give children voices to express views of their lives, health and dental care, and the transition to kindergarten. A conversational interview was facilitated. (The methods used are described in more detail in Appendix I: Methodology.) This section is organized into the major themes of the child interviews and builds upon the findings reported in the May 2011 FCCS report.

Children feel empowered and carry a sense of pride as they turn five and enter into their kindergarten classrooms. When asked about what being five meant, one child said: "You can do a lot of awesome stuff," elaborating by saying, "I can jump really high on the trampoline." Other children talked about going to school, being able to climb trees, ladders, and play structures, playing sports, and "being the oldest." They saw all of these as indicators they were becoming "big kids." These ideas highlight nuanced aspects of life that are important to four and five-year old children. With this in mind, the FCCS team acknowledged that children know the world in alternative (not inferior) ways

to adults and that their views and perspectives provide adults with better understandings of how children experience their worlds (MacNaughton, Smith, and Lawrence, 2003).

Although children's insight convey rich descriptions of the individualized contexts of their lived experiences, it is possible to draw out commonalities between their narratives on what it is like being four and five-years-old in Arizona. The following section describes particular influences on children's early childhood experiences, bringing attention to recurrent ideas children discussed across the state, as well as those that are more specific to rural, urban, or border communities. Further, children's perspectives provide a better understanding on the aspects of children's lives as related to family, community, health, care and education, which play into the development of their self-esteem as well as their perceptions of their self-efficacy.

Children feel a sense of pride as they turn five and enter kindergarten. They express concern about learning to write, stricter discipline, and missing some of their preschool activities.

“Both of my moms are busy doing something. Rebecca just doesn't know how to play.”

Many children interviewed before entering kindergarten discussed the various relationships in their lives that act as sources of support. All of the children expressed how their parents provided much support in helping them with their daily routines. Several children also talked about additional family members (e.g. grandparents, aunts and uncles) as caregivers and sources of support. Children emphasized the importance of doing such play activities as hide and seek.

In the northern region of the state, children talked about their mothers as being the primary caregiver, while their fathers would work most of the day. Most of the children talked about the excitement they felt when their fathers came home from work. Sometimes, they would be allowed to stay up later to read a book with their father or play a game. Several children who did not see their fathers as much because of work felt disappointed that they could not spend as much time with them, but also recognized that their father needed to work for the family.

Family vacations were salient for many of the children the FCCS team interviewed. Children viewed vacations as significant events and things they like to do with their families. When asked to describe things they liked doing at home, many children talked about trips they took to California, camping trips, as well as trips to see relatives. Throughout most of the interviews, children related daily routines, play, and structured activities such as specific reading times to relationships they had with others including their parents, teachers, siblings and friends. One child made the following comment, “I love reading books but I can't read yet, and my mommy is teaching me how to write and read.” Another child mentioned, “we're bringing books home, and starting to read our mothers and father, the book that we get from our reading group, stuff.” This commentary illustrates ways children facilitate home-school community partnerships, and reinforces the importance of promoting practices that involve all members of a family.

“My brother is always like silly”

All of the children with siblings also expressed that they would occasionally fight with their siblings, but that being able to do activities with them was very rewarding. In most cases, children enjoyed activities with siblings. Some children who had much older siblings mentioned that they did not spend as much time together and when they did, they played video games as opposed to hide and seek, which was more common among siblings who were closer in age.

Children who had younger siblings often described their perceptions playing with their sisters and/or brothers, in addition to sharing their opinions on their siblings' capabilities. Many children brought up the point that their younger siblings do not know how to play. For example, when describing what it is like to be with his sister, one child said, "Well, she kinda messes me up when she comes and plays with me," while another child spoke about his one-year-old brother's difficulty in playing with others: "Him so mean and selfish. Him hurt people and hit people with bats."

The comments children made about their younger siblings highlight some of the ways they make sense of their interactions with their brothers and sisters. Throughout the interviews, children would express their frustrations playing with their siblings, but would also allude to being tolerant of their younger siblings' lack of understanding or undesirable play behaviors.

"I like playing games and doing everything."

A number of children mentioned their daily routines, such as morning rituals. Many children discussed waking up in the morning, brushing their teeth, and eating breakfast. About half of the children interviewed in the northern region of the state mentioned taking a nap in the afternoon before doing indoor activities and eating dinner. In many of these cases, children were not in preschool or any form of early care, and talked about going to their grandparents' homes, participating in swim lessons, or visiting with friends or neighbors. Several children communicated the need for children their age to have fun and engage in play activities. In most cases, children regularly engaged in some form of structured games like hide and seek, drawing pictures, or even participating in call-and-response television shows like *Dora the Explorer*. Based on these findings, it seems as though it is beneficial to engage children in hands-on learning activities regularly, and to encourage structured play.

Children overwhelmingly enjoyed talking about their favorite games and activities with members of the FCCS team. Not surprisingly, it was very common for children to say that "playing" was their favorite thing to do at home. When asked more specifically about what they liked to play, children mentioned playing outdoors or at nearby parks, and playing with dolls or with Lego, as their favorite games and activities. Children also discussed games they enjoyed playing outside including like hide and seek or ring around the rosie. Additionally, several children indicated they had a trampoline in their yard and they loved jumping on it and doing flips.

Many children also spoke about their affinity with various popular characters in television shows and storybooks. *Dora the Explorer*, *Star Wars*, *Spiderman*, and the Disney Princesses were examples of characters in popular culture children referenced. Two of the children interviewed in the northern region of the state talked about learning Spanish from the television show *Dora the Explorer*. The mothers of these children were happy with what their children learned from watching the show. While some children were in the process of learning to read, others indicated they already knew how to read. These children expressed excitement about the books they could read. This data indicates that media, in the forms of television shows and reading materials, acts as important sources of support for families and children, with some television shows and reading activities helping children learn important language skills before entering school.

Children value time to play with friends and family and many are excited about learning to read.

“Cause I have a lot of stuff to play with.”

Across the state, children said they liked their neighborhoods and communities because they provided opportunities to have fun. Several children said parks were a favorite place to go. Specifically, they enjoyed playing on swings and monkey bars, going down slides, and climbing on the play structures. It is important to note that not as many children in northern regions spoke about going to parks, which could be attributed to the colder weather, and/or the lack of parks and outdoor spaces in more rural and low income communities in this part of the state. For some children living in more rural communities, going to a lake or river was reported as being an activity they enjoyed doing with their family.

Children also talked about going to their local libraries and took pleasure in going to story times and being able to check out books. During the summer months, many children talked about swimming and going to pools for lessons. Children living in the Phoenix metropolitan area said they enjoy going to various museums, specifically mentioning the Arizona Science Center and the Phoenix Children’s Museum.

Children in urban areas talked about going to libraries and museums with their families. Children in rural communities talked more about going to a lake or river.

“Well, the doctors check us up.”

Primary caregivers act as a major support in providing health care to their children. More specifically, mothers were overwhelmingly cited as being the primary caretakers for children when they got sick. Several children pointed out that when they are not feeling well, mothers would give them medicine and make them feel better before they went to the doctor. Children were asked to talk about who took care of them when they got sick. One child explained, “I stay at home,” while another said, “My mom. She lets me stay home when it’s a school day and watch a movie.” Similar remarks were made by children throughout the state. Along with talking about their mothers, children identified various practices they used to help feel better. For example, one child said, “you get tired and go to sleep, and you get to rest.” Another child made the following comment, “I just drink medicine, and when the medicine is done I don’t get sick anymore.”

Children talked about going to the doctor for their wellness visits or physicals. Similarly, children also talked about going to the doctor to get “shots.” They also expressed their dislike for shots and would describe their different emotional reactions as they experienced getting shots. For example, some children would say they were brave, while others said they were scared. About half of the children interviewed in the northern region thought of shots when talking about going to the doctor. Many of the children expressed negative feelings about visits to the doctor, especially when compared with visits to the dentist. The majority of the children that did not enjoy the doctor directly related it to the pain they felt when getting shots. Some children mentioned feeling confused when at the doctor, and

Children tended to express more negative feelings about visits to doctors, compared to going to the dentist.

that the doctor did not regularly engage them in conversations while in their care. In several cases, children mentioned the doctor made them feel better by giving them medicine. Drawing from the data, it appears that the medical professionals (doctors, nurses, etc.) ability to engage in conversation with the child is critical to their feeling at ease.

In several instances children talked about seeing the doctor for emergencies or injuries. For example, one

scary experience occurred when a child needed staples to remedy a cut in her head. The following statement describes her perception of the incident. She said, “When I have the broken cut open head, he was putting the staples in it and it didn’t hurt.” When asked if the doctor helped her feel better, she replied “No, but the staples did.” Stories like these also serve as a reminder to adult family members and medical professionals to clearly communicate to children the procedures being performed on them and to address any questions or concerns that come up in order to allay any fears or confusions.

“At first I thought it was really scary. Now I got used to it.”

In many cases, the children interviewed enjoyed going to the dentist. At least half of the sample related going to the dentist with getting a gift or treat of some kind. Many of the children also described having a teeth brushing routine, with most saying they brushed their teeth once a day. Several of the children also emphasized brushing their teeth without any help. It seemed that many children not only performed their own daily routines at this age, but also took pride in the fact that these routines were done independently.

Similar to describing their experiences going to the doctor, children were also apprehensive about going to the dentist to have procedures performed beyond teeth cleaning. For example, one child said that she had to have a tooth pulled because it was infected. She now has “gray things” in her mouth. She talked about the procedure during the interview, and explained she was given a shot in her mouth and that they used instruments. She made the following comment when she described the experience: “All the blood get out, and that’s gross.” She further elaborated, saying, “They put a paper right here, and all the blood is in the paper.” Despite this experience, she explained she likes going to the dentist sometimes because she receives gifts.

“Well my favorite food that is good for me is pizza ... is that thing good for me?”

Children primarily talked about their food preferences when discussing topics related to nutrition, and it was common for them to list the types of foods they enjoyed the most. Examples of children’s favorite foods include chicken nuggets, hamburgers, waffles and pancakes, peanut butter, and pasta (e.g. macaroni and cheese and lasagna). Many children said carrots, broccoli, watermelon, apples, and oranges were their favorite fruits and vegetables. One child specifically mentioned a liking for “cucumbers without the peel,” another brought up “smashed potatoes,” while another liked “corn and salad.” The conversations about food often led to children asking questions about whether particular foods were healthy or good for them. Several children also demonstrated their awareness of their food allergies when talking with members of the FCCS team about the things they could not eat. Findings from the child interviews provide evidence that children are learning about nutrition early in life and are eager to acquire more information about how they can take care of themselves.

Addressing the needs of the “whole child” is important and children’s perspectives provide us with a window into their life worlds and ways to better support them.

“I got a new school.”

Most of the children interviewed were excited to enter kindergarten. In some cases, children who were in center-based care already had a group of friends that would be attending the same school. The children that had friends attending kindergarten with them were excited to go back to school and see their friends more often. Children who were not in center-based care before entering

kindergarten, or who did not have as many friends their age, often said they were excited to meet new children when they entered kindergarten. It seems that the relationships children build in school are most important to them. These friendships provide comfort for those that have already built relationships in center-based care or other settings.

Children who are in center-based care have a more clear sense of what will happen in kindergarten including some of the activities they will work on such as learning their numbers and alphabets. Children in preschool programs mentioned hands on learning activities, such as “centers,” where children choose different activities each day to engage in with their friends. Many also talked about the excitement of learning how to read, count, and write their names. It seems that children in center-based care are already acclimated to the structured activities that occurred in preschool allowing them to be more prepared for what to expect when entering kindergarten. However, one child in the northern region who was in center-based care mentioned that she did not know what to expect from kindergarten, and that neither her teachers nor parents had spoken to her about school.

Children who were not in center-based care still discussed learning how to read, write, and count. In several interviews, children were very proud to count out loud to the interviewer and felt they were ready to enter kindergarten. Most of the children not utilizing center-based care discussed their mothers helping them learn how to read and count. In fact, the children who began to repeat numbers for interviewers were children not in center-based care. Primary caregivers who do not utilize center-based care still provided educational support for their children, yet there was a disconnect for those not attending preschool with regards to understanding what would be expected in kindergarten, or what a day in school would look like.



“We don’t even talk because my teacher’s talking.”

Children quickly learned that there were different rules and routines associated with being a kindergartner. Interestingly, as they transition into kindergarten children try to make sense of various classroom management strategies even before the school year starts. For example, when asked to describe how she felt about going to kindergarten, one child said, “Not really, because I’m a little nervous too.” She went on to explain why she was nervous about kindergarten: “Because the teacher, you get in trouble, you could go to the principal.”

Many children spoke about their teachers and their perceptions of them in the classroom. On one hand, many children said their teachers were “nice” and seemed to appreciate the fun and educational activities they carried out in the classroom. On the other hand, there were several children who alluded to the authoritative roles teachers took on. For example, when one child was asked to describe what his teacher told him to do, he replied, “When I’m not working on anything, she tells me to get to work.” Several

children provided a window on the ways they interpret the feedback they receive from their teachers. For instance, a child said, “She thinks I’m good enough. And I do my good stuff. I do good work, but I do my name wrong.” These statements give us an opportunity to explore how children make sense of being in classroom environments and allow us to examine the ways they acquire new or more enriched understandings of the rules and routines established within schools.

“I like to learn at school.”

Children learn an incredible amount throughout the early years and are constantly adding to their understandings, or forming new ideas about their social worlds. As children enter kindergarten, their attention to academically-oriented topics is emphasized in their conversations about what they pay close attention to. Almost all children talked about learning to read and other aspects of language

Kindergarten children described their learning, challenges, and changes in detail. They talked about kindergarten more in terms of work and preschool play.

and literacy when asked to talk about what they did at school. For example, one child said that she uses a “draft book” to practice her writing skills. She explained that her draft book is used to write “words and picture,” to share “the idea that we are doing,” in addition to documenting “stories and stuff.” Another child said, “We have to write all kinds of letters and all kinds of numbers.”

Children take pride in their abilities to count numbers, especially those able to count to high numbers (like “one hundred and fifty,” as one child participant stated).

Another child made the following comment about her counting skills, “I count and mix, stuff like that. Now I’m counting by twos – two, four, six, eight, ten.” In addition to learning about math concepts, she said she was also learning about science and specifically talked about a lesson she enjoyed about cells. Drawing from the data, it is clear children were exposed to a number of different curricula and approaches to education, but the content areas of math and language and literacy are deeply embedded into learning activities throughout the kindergarten school year.

“It did get a little harder, but I still get recess.”

Children across the state pointed out the differences between their prekindergarten experiences and their kindergarten experiences. One important difference to them was that there were greater expectations for them to complete more work. For example, a child who attended Head Start said that kindergarten is harder than Head Start and explained, “We didn’t have to work. All we did was play.”

“Going to recess and like playing and our projects, and that’s what I like.”

Many children also expressed their preferences for extracurricular activities including creative arts classes, physical education classes, as well as computer classes. Children said that the playground or recess was their favorite thing about school. Play is an important topic to young children, and they recognize the diminishing presence of play in their kindergarten classrooms. They alluded to the fact it was only during recess and “specials” that they were permitted to engage in play or playful learning. This data can be used to help parents and early care and education providers become more aware of the changes children encounter as the move into elementary schools.

Listening to children and giving their views due weight can play a critical role in a successful transition to kindergarten.

“We hold hands, and we go singing on the road.”

The relationships children had were very important to them, and in many cases helped facilitate the activities they participated in. Based on the interview responses from children, it was clear that opportunities for social interaction were important and necessary to children. One child even mentioned that he wanted to enter kindergarten to meet friends so that he could learn to be nice. The different relationships children develop also

allow them to understand various forms of interaction with people who have different roles in their lives. This seems to be very important when entering kindergarten.

“Homework!”

The topic of “homework” was brought up by many child participants who were enrolled in kindergarten. Homework came into conversations about school because it was either a new phenomenon for some young people, or their perceptions of receiving too much homework resulted in them talking about it with members of the FCCS team.

One child said that his kindergarten was more difficult than his Head Start program and he attributed this to having “homework.” He made reference to receiving a “fun packet” that he is required to complete at home, and he briefly explained that homework and his fun packet were hard.

Another child provided some interesting commentary about homework. He said, “I’m always tired when my mom always says I have to do my homework and I really have to do it and then my teacher will make me do it at school.” When asked to explain what he has to do for homework he made the following comment: “The letters that we worked on, we have to work on. We have to draw those.”

Summary of the Findings and Implications

The previous section provides an in-depth look at several significant factors that influence the quality of a young child’s well being. Drawing from children’s stories, it becomes clear that addressing the needs of the “whole child” is important to any approach aimed at improving the programs established in the field of early childhood care and education. Children’s perspectives provide a better understanding of how the decisions adults make for them are impacting their daily lived experiences. For example, they reveal how family practices, beliefs, and values trickle down and are enacted by younger people, and provide insight into children’s concerns about visiting various early childhood professionals (including medical professionals).

The entry into kindergarten is clearly an important time for children and families. The information the child



participants provided the FCCS team can be used to build transition activities and processes that are inclusive of young people's perspectives.

The findings reported here demonstrate the salient themes in children's lives, themes that often overlap with those discussed by both primary caregivers and stakeholders. As will be discussed in the section on readiness, for example, the transition to kindergarten is one that can be both exciting and difficult for families in Arizona. Similarly, like children, parents desire open communication from service professionals, including early care and education professionals, as well as health care professionals, as they work towards collaborative relationships. Complimenting this view, the next section highlights primary caregivers' experiences as they raise young children in this state, and the ways in which stakeholders understand these experiences.

II. What is it like to raise children in Arizona?

Support

In the May 2011 technical report, the FCCS team indicated that establishing a support network was essential to families in Arizona as they raise their young children. Primary caregiver participants related many ways in which they depend on others for assistance and support. These included looking to others for help with child care, for information and advice on childrearing, or to provide the necessary emotional support that parents and guardians often need as they navigate parenthood. Drawing from waves three and four of the FCCS data, the research team found that these sentiments persisted, and families still desired and required a solid support system to feel successful in the challenging endeavor that is parenting.

Primary caregivers access this support from a variety of informal and formal networks. For many of the primary caregivers in the study, their extended families were the first place they looked for the needed support.

"That's been a huge support, family support for me.... I mean, it might be temporary, but it's appreciated now."

Along with extended families, faith communities remained one of the major sources of support for the families in this study. Co-workers, friends, and neighbors also provided needed support and could often offer support when family members were unable or unavailable. Several primary caregivers spoke about service professionals and medical providers who went above and beyond to help them confront various childrearing challenges. Others spoke of their reliance on listervs, social networking sites, and books for information and advice.

"One of the things I do, too, there is a site called Phoenix Moms Like Me. I go to that a lot because they give a lot of information as to like local family events that are taking place. Sometimes it might be at a fabric store that they're having like an art day for toddlers and for the kids, and so I'll go and do different things like that."

Many of the primary caregivers in the study also spoke about the ways in which a child's older siblings could be a real source of support. As their children grow older, they were able to help out with younger siblings, and parents found themselves relying on older siblings for this support. These older siblings could

Parents without immediate family relied on informal sources including the Internet.

provide younger siblings with a sense of reassurance as they transitioned into preschool and kindergarten, and they also took an active role in teaching younger children important skills ranging from various social norms to learning how to tie their shoes.

Some of the families in this study, particularly those in rural regions, who tended to be more isolated from services, spoke about the ways in which they relied more heavily on their neighbors for support. For these families, neighbors could help pick up children from school or daycare, watch children when unexpected situations arose, and even offered regular babysitting services.

"I had to do that the other day. I called my neighbor, I'm like, 'Can you meet him at the bus? I'm running late and I'm not gonna make it!' She's like, 'Yeah.'"

Primary caregivers also found themselves reaching out to more formal support networks. These systems included organizations like Parks and Recreation, public libraries, and larger umbrella agencies that offered a variety of services for parents. For many parents, locating services that were supportive and respectful of their values contributed significantly to the way they conceptualized their successes and failures.

"This is the first time that actually somebody's—that I haven't felt bad about being a mom. Like I didn't go home at the end of the day thinking "Oh my gosh, I totally failed." They said he was really good today."

The stakeholders interviewed agreed that a support system is one of the most important things for families raising young children. A support system, they argued, is critical to the security and stability of a family.

"I think the most pressing need for any person ever is a support system. People need a support system. The only thing that separates me from families that we have here is my support system. I mean, that's really true."

Lack of/Loss of Support

Those primary caregivers without extended family or other forms of informal support struggled to find support, particularly when it came to taking time for themselves and adult relationships. These families remained isolated, and faced greater challenges accordingly.

While the primary caregivers in the FCCS study consistently spoke about the ways in which having and not having a support system impacted their parenting, a number of families spoke about the ways in which the loss of once solid and dependable sources of support had impacted their families during the course of the last two waves of data collection. Parents explained that they lost support from parents who had fallen ill, siblings or friends who had moved, or other family members, neighbors, or friends who were no longer available. They further explained that adjusting to this loss was not only challenging, but had a significant impact on their ability to care for and provide for their children.

"It's very much disintegrating.... I've literally lost all of my friends. Where I still have a very large support system. If I still need somebody, I can call on somebody to help me, but I don't have the immediate core of friends that I would say I could drop everything at midnight and say ,I need you to come help me right now, and they would do it. It's been very difficult in that aspect."

“One of our neighbors, she just had a baby. They're getting ready to move, unfortunately. But she's always, she's a nurse, and there's a lot of times that I've knocked on her door and she's come over and stayed with the kids while I had to take my son to the hospital or that type of thing.”

Additionally, in order to engage their children outside the home, primary caregivers looked to the various resources available within their communities. Families, however, spoke about the lack of programming and services for very young children, and the ways in which this absence of services impacted their ability to engage their children in creative and educational ways.

“I'm finding that I'm struggling more because I'm not finding as much out there for kids. When we first started doing this, I had so many opportunities to take her to city of Phoenix classes and I'm not seeing those kinds of things any more. Maybe it's because I'm not getting out there as much with him, but I'm not finding that there's a lot of things to help my kids expand and see things outside the home.”

This was particularly true for the families living in rural areas.

“There is not really anything for them to do. They have story time in the summertime for the kids, but it is always for the older kids.”

Furthermore, the families interviewed in rural communities remained more isolated from services, child care, and support networks than their urban counterparts. These families continued to have trouble finding support networks, including through a faith community, neighborhood support, or support from formal services.

In many communities throughout the state, libraries served as a major point of access for learning and social activities for families with children. Unfortunately, budget cuts in many communities across Arizona have led to less library services for young children, which contributed to the overall lack of activities for families and their young children.

Families were impacted by the loss of programs such as WIC, AHCCCS and food stamps.

Families throughout the state also spoke about the loss of formal supports that they once relied on to provide for their children. These programs included WIC, AHCCCS, and food stamps. When families lost these essential forms of support, it could be difficult to rebound, leaving families in precarious situations that were often difficult to navigate. Several parents indicated that the process of application and requirements to obtain services made it difficult for them to find the support they needed.

Balance

“I have to work so I can pay the bills. I don't like working so much because I'd much rather be here with them, and it's hard to teach her all the stuff that she needs to be learning right now with being at work. So that's harder. And then both of them, they're both grumpy because I'm gone so much.”

Families balanced their lives in a wide variety of ways, each finding its own rhythm, establishing a system that worked for them. A reliable support system, however, was crucial in enabling families to balance their lives, including finding a balance between work and home life, investing in their personal relationships, and engaging in personal growth opportunities like furthering their education,

or other activities that helped them be more invested parents. In fact, balancing family life was a common topic in the FCCS interviews, and was reported to be perhaps the greatest challenge faced by parents in Arizona.

“It happens so much now that these kids aren’t getting the support they want from the people that are supposed to be the most important in their life, the parents, ’cuz they’re too busy working because they have to pay the rent. They have to pay the car payment and they have to buy food. It’s kind of backwards right now, I think.”

“I do feel like there’s still a lot expected of me, but I can’t figure out what it is. If you were to ask me how do I spend my day, I mean, I take care of her, but at the same time it’s like I still do the house and grocery shopping and just trying to help out as well. I will be doing the girls’ camp again. It’s not as bad right now and maybe it’s because it’s the fall and we’re getting into it, but I’m also not involving myself in a lot of other things. I’m learning to just kinda step back and to say I’m not going to do this right now. That’s kinda where I’m at in terms of my time.”

The primary caregivers in this study expressed that balancing their busy lives required a certain amount of support, yet services were often not available for the types of things families needed. For example, many families did not want or require full-time care but needed intermittent care, allowing them to have time for themselves. Many could not find this. Making the time needed to invest in their personal relationships was also difficult. When families did not have support, one of the first things they sacrificed was time for themselves and these relationships, which in turn affected their ability to parent. Furthermore, when parents were overexerted, their ability to be present for their children was compromised.

Parents expressed challenges in balancing work and child care and many did not want or need full-time care.

“It’s not only like time for myself. It’s like time for me and my husband as a couple, too. We fight all the time, and it’s probably because we don’t spend any quality time together, just us. That also has got a lot to do with having no money.”

Single parents face a particular challenge in balancing the needs of their children, work, and the tasks involved in maintaining the home.

“Sometimes he’ll ask me to play with him, or I’ll say the majority of the time he’ll want me to play with him, or sit down on the couch with him and just watch TV. So I try to do that as much as I can. But most of the time, I’m pulling away, ’cuz I got to do some other things, like wash clothes and get ready and things like that. But I have to explain it to him in a way he understands.”

Several primary caregivers spoke about their struggle to balance the needs of their children with their own personal goals and needs for self-fulfillment. Some of these primary caregivers were trying to obtain or complete high school or college degrees. Balancing these demands with parenting was often challenging. Furthermore, primary caregivers spoke about the creativity required in raising multiple children and balancing their differing needs.

For those families that benefit from having a flexible work environment, they indicated that this proved indispensable in enabling them to balance work and home life. This, unfortunately, was not something available to all parents.



Approaches to Childrearing

In interviews with primary caregivers throughout the state, the FCCS team found that while many things inform parents' approaches to childrearing, participants consistently spoke about the ways in which they built on their own experiences as children and drew from these their beliefs about childhood and parenting. These experiences contributed significantly to their parenting practices and formed their beliefs about children's most pressing needs. Parents indicated that they often based their childrearing practices on their desire to avoid the mistakes that they made as children or the mistakes that their own parents made.

"Everything that they're learning I want them to learn because it goes back to my childhood. Nobody was there to tell me that I'm going to need all this. They

let me drop out of school at the eighth grade and start having kids. I wanted to go to college. I wanted to be somebody but nobody was there to approve of that. You know 'Okay, yeah we're going to be behind you through all of this.' It was always, 'Whatever, do what you want to do.'"

Primary caregivers also built from the information and advice they received from their informal and formal support networks as they developed and refined their parenting practices, and from their own research on what approaches best fit the unique needs of their families. Parents throughout the state indicated that they felt their primary role was to provide a safe, stable, and loving environment for their children to grow up in and to protect their children from harm. Those parents who had experienced some form of abuse in their lives, in particular, emphasized the importance of keeping their children safe. These parents were heavily focused on not letting their children experience violence and were reluctant to use child care services or expose their children to environments outside of their trusted inner circle of family members.

Childrearing in Everyday Life

"We're making the right choice for our family. I can't assume what somebody else's family needs to do."

Every family in the study had different and unique needs and the ways in which they approached parenting varied accordingly. The participants informed the FCCS team that parenting often required a certain amount of negotiation, and required balancing getting what they needed and wanted in a way they could afford. Many of the families interviewed spoke to the sacrifices they made in order to raise their children the way they wanted.

Parents discussed how spending time with their children and having the ability to share their family's values were highly important elements of childrearing. Many expressed a fear that outside influences would expose their children to behaviors that did not align with the family's values. Some parents

chose to work less or in less demanding positions in order to spend more time with their children. Others made a conscious choice to have only one parent work so that the other could care for the children. For many, this choice meant making monetary sacrifices like not purchasing a new car, enjoying expensive food, or having money for leisure activities.

“I think we definitely schedule our lives around whatever’s gonna be best for the kids in our family rather than, ‘Hey, let’s get Grandma Jo down the street to babysit the kids.’ We really search out what’s gonna be exactly the right thing for our kids and for us as a family.”

Parents faced a wide range of challenges when it came to raising their children. Though not an exhaustive list, these challenges included: getting their children to eat a balanced, healthy diet; dealing with worry of deportation and quelling children’s fears about their security in this country; finding trustworthy and reliable child care that could support their children’s unique needs; raising children as a single parent; negotiating divorce and its affects on parents and children; negotiating a child’s medical and/or special needs; finding doctors whose care aligned with their values and parenting style; and, negotiating child care in another language. Each of these challenges impacted the ways in which parents approached caring for and guiding their children.

Parents made sacrifices to spend time with children and faced an array of challenges in meeting children’s needs.

Several parents throughout the state discussed the importance of raising their children to be accepting of other people regardless of their religion or cultural background. One parent expressed her hope to raise her child with an awareness of the realities of the world.

Finally, parents expressed the belief that since each child is unique, childrearing practices needed to account for the individual personalities and needs of each child. Some parents discussed different communication styles and discipline techniques that they used depending on the child. Others identified the various social, academic, and motor skills of each of their children, recognizing that they developed differently. Many parents felt that it was important to identify these differences and treated each child as an individual. Some parents also saw the need to advocate for the individual needs of their children when seeking services. They hoped that child care and other service providers would recognize and accommodate the unique needs of their children.

Engagement

Each family had a different approach to how they interacted with their children. Parents in the study seemed to be particularly involved with their children, and most, whether they were working, working from home, or staying at home with the children, took a very hands-on approach. With regard to guidance, the majority of parents in the study were very active in their children’s development and learning and did not rely solely on schools to educate their children. They had particular, but individual, ways of raising their children and sought out the best ways to facilitate this.

Some families faced unique developmental circumstances and, as a result, many of the ways in which they engaged their children took on a specific focus. Families of children with speech delays, for example, concentrated on language and vocabulary building. Other families preferred going outside or to water parks, and being active, while others seemed to be more engaged in organized activities like swimming or soccer.

“We still go out to the park a lot. We do a lot of activities like that. Take them to the museum, to the zoo, to those kind of things, the aquarium. I like to do things like that where I can still teach them things and have the opportunity to learn things like that. We have family movie night every week.”

Other families engaged their children through imaginary play, playing games, or cooking. Many of the primary caregivers in the study spoke about the various literacy activities they engaged in with their young children. These activities included reading, word games, rhymes, singing songs, and for some communities, storytelling. Whatever their preferences, families engaged with their children in ways that were purposefully related to their children’s education, growth, and development, but also simply about having fun and being a kid.

Many parents discussed their attempts to infuse learning into daily activities.

“Just today when we were eating lunch, he wanted chicken nuggets, so I made him count them for me and stuff, and he's like, ‘I want two more,’ and so I'd give him three, and he'd be like, ‘No, I want two. That's three.’ We try to, like, put it in wherever we can.”

Some of the participants highly valued cultural diversity. Parents in the Coconino and Navajo/Apache regions in particular looked for opportunities, such as learning languages, to help their children become “more cultured” or “worldly.” Additionally, Native American parents living off reservation in these regions discussed the challenge of integrating traditional languages and cultural practices into the lives of their children and finding a balance between two cultures. Maintaining cultural traditions and values was an important aspect of parenting for these families.

Families throughout the state spoke about the ways they involve grandparents, siblings, friends, and their extended support networks in not only the care of their children, but also in their learning and play. One parent from northern Arizona, for example, described the family’s plan for the children to spend the summer with their grandparents on the reservation in order to learn weaving, horsemanship, and other aspects of the Navajo culture. Another parent in the Phoenix area spoke about the recent involvement of her father in horseback riding lessons with her young girls. These support networks proved indispensable in the enrichment of children’s lives, and in preparing their children for success in school.

Families valued cultural diversity and involved extended family and friends in learning and play.

III. How do Arizonans obtain information and resources for families?

As indicated in the previous sections, support networks including family, friends, or service providers in the community were very important to families. In the May of 2011 technical report, the FCCS team indicated that families greatly appreciated not only the support they received through their existing networks, but that these networks proved indispensable in connecting families to needed services and enabling them to learn about various activities or events that they could do with their young children in their communities. Many times these families expressed a need for support, information, or advice on childrearing and accessing services, yet had no way of connecting themselves to the community. Throughout the most recent waves of data collection, parents expressed similar feelings towards existing support networks. Service providers also felt there

needed to be more efficient ways to provide information to all families in each community, especially those families that lack support networks.

Word of Mouth

Word of mouth still stood out as the most effective way of spreading information about services in the various communities of Arizona. In many cases, families gained access to information about services and resources in their communities through family members, friends, and service providers. A number of families in both northern and southern Arizona who received child care services from Kith and Kin providers learned about these services through conversations with family, friends, or neighbors.

“I think for our families, which are homecare providers, as opposed to being in a center, find out through kind of social telephone calls or talking to a friend or a relative that is also taking care of children.”

Many families in both northern and central Arizona gained information about services through service providers in their communities. These families had an existing connection to the system of services through child care, health care professionals, state subsidized services, or family support programs. They were also able to access information through media provided by service providers or personal conversations families had with service providers.

Many families gained access to information about services and resources through family, friends and services providers.

“When I was pregnant with my son, I was working for the school district in the special ed department, so all of my co-workers were either physical therapists or child psychologists, and our group kind of specialized in autism and stuff so they did—some of them, because they had kids already, had done a lot of research so that I was just kind of able to pull from them.”

Although many families benefited from word of mouth, there were families throughout the state that remained marginalized from services because they did not have existing informal or formal support networks that could provide the necessary information to connect them to needed resources or services.

Many families did not know how to access information on services, or remained unaware of the available activities or community events for their children. For example, families interviewed in northern Arizona who received Department of Economic Security (DES) subsidies appeared to have more information regarding child care providers in their communities, whereas families who were not eligible for DES experienced greater difficulty finding services and relied more on word of mouth. Many families who were disconnected from the system of services expressed the opinion that communities needed more efficient ways of circulating information about activities and events. Service providers also recognized that some families who were experiencing financial hardships for the first time also had a difficult time finding information on needed support and formal services.

Families who were disconnected from their communities local systems struggled to find support, and sometimes do not know how to access information.

“I think in this last year, there’s been so many people that have lost jobs and that aren’t used to being poor, aren’t used to being in need, so there’s a lot of people out there that we’ve been trying to

reach out to that qualify for services and don't realize it. They've never used any services of any kind."

One service provider in central Arizona now travels to each community and goes door to door describing the services the agency provides. Allowing for a personal conversation with families was a very effective way to reach out to families who perhaps were disconnected from the system of services, but was often cost prohibitive.

Media Serves as a Source of Information

A number of service providers throughout the state mentioned advertising their services through various media sources. Many service providers posted fliers throughout their communities, or listed themselves in the Yellow Pages and through online directories.

"They give you these calendars, and they also post up little signs at the stores, at the Circle-K and stuff. I don't know if they put it inside the newspaper here in town, but that's what they do."

A number of service providers also gave brochures and other printed information to families that utilized their services, as well as to other service providers in the community who could provide information to the families they served. Many times, service providers also utilized Internet resources to gain access to information on the other services and agencies in their communities. The use of the Internet included online directories for child care, health care, and other formal services. Service providers also used search engines for support and advice, or accessing information on other services or agencies in the community.

A Desire for a Centralized Clearinghouse of Information

Both service providers and families across the state expressed a need for a more systematic way of getting information out to all families regardless of the networks they have available. They indicated that having a more centralized hub for information about services would aid service providers in their efforts to collaborate with other providers in their communities. Some service providers suggested having an online directory for a region of the state that could store information on all of the services available to families in their local communities. One provider in the southern region of the state also suggested that libraries could act as centralized resources and information hubs for local communities. Having this information centralized in one location would allow families who were not well connected to the system of services to gain access to information on services and the community activities available to them, while also allowing for service providers to learn about other services in their communities.

Both service providers and families across the state expressed a need for a more systematic way of getting information out to all families.

Service Providers Acting as Resource Hubs

Getting information from a trusted professional or friend, or having a chance to discuss, in person, individual needs with a service provider seemed to improve the likelihood that families would pursue services. For this reason, service providers and advocates sought opportunities to talk with families one-on-one about the services offered and how each family could benefit from these services.

“When we train them, we train them about these programs, because [they] in turn are gonna explain these programs to people. It’s amazing, there are still people that don’t know how to participate with the AHCCCS program or if they qualify for the AHCCCS program.”

Community events continued to be a successful venue for communication about services and sharing general information about early childhood, health, and development. These events allowed service providers and other professionals to promote existing services and raise awareness on a number of issues experienced by families and children in the state. Although community events did not happen regularly in every community, when they did occur, they served as centralized locations for information on multiple services available to families and children. Simultaneously, events offered service providers the opportunity to learn about other services available in the community, increasing their ability to collaborate with other agencies and to share service information with families.

“I do work with the child care centers in town and other Head Start programs. Consulting and coordinating, transitioning children, working with the same child together. We also do some community events to promote our preschool program so people know that we are available to screen children and our services are free and that kind of thing.”

Parents expressed how highly they valued their relationships with services providers. Being connected to one service seemed to help families gain access to a number of other services in their communities. Some parents referenced an increased level of knowledge of the system through their association with family support programs, and child care or health care providers. In many ways, service providers acted as resource hubs for families who utilized their services, and could provide information to families in a more personalized way that met their individual needs.

Service providers served as an information hub for families.

Health Care Professionals

Some families in northern Arizona indicated that the health care providers in their communities served as important sources of information, enabling them to gain access to a variety of other services and expand their knowledge of early childhood. For example, some families received information on additional non-medical support services in their communities, such as parenting or lactation classes, and childrearing advice and techniques through a health care provider. The families who received additional support, information or advice trusted their providers, and saw them as an important resource in the community.

“The Health Department and my caseworker coming to see me. I like WIC, too, I guess, but I like her coming because I get a lot of information from here. There’s a lot of things that she can inform me about, I think she told me about how there’s this church that donates diapers to people that need it, so I’ve went and gotten diapers because she gave me a referral. That was something that she gave me information about.”

Some health care professionals noted the importance of being able to refer the families they saw to other needed services, such as Healthy Families or developmental specialists. However, some service providers would have liked to see health care professionals improve their ability to make these referrals, stating that not all health care providers take the time or have the information needed to ensure that families are aware that their children need these services and that the services are available.

"I have not seen any improvements in those areas. I am still hearing a lot of complaints from the parents and a lot of frustration with not being able to get referrals and not being able to find good pediatricians who will work with children who have disabilities and those kinds of things. So we're still struggling in that area."

Early Care Professionals

Early care providers also played an important role in connecting families to other needed services in communities throughout Arizona. Schools and child care centers provided information on community events and also served as an access point to specialized health services for children. Head Start centers were also very helpful in donating diapers to families or referring them to places that give donations for other needed items, such as furniture. Many early care and education professionals discussed the importance of developing relationships with developmental specialists and felt the need to improve their overall knowledge of the services offered in their communities to enhance support to the families they serve.

Early care providers not only provided important information on community events, available donations, and services in the community, but also acted as support systems for families in need of advice. Families felt they could turn to early care providers for childrearing advice such as questions on their child's behavior or general questions on their child's development.

Health care and early care providers served as important resources for families and frequently make referrals.

"Like one time I wanted some information from them on basically how to channel his anger. Back then it was a little off, but he has gotten a lot better with his anger, so I would go to his teacher and she would print me up some paperwork. I was close with the director, so I would talk to her because she –you know, herself, she was another mom with a –she ran a Head Start, so her son was already in kindergarten."

Although many early care providers acted as important resources for many families, some early care providers still felt disconnected from the system of services, especially home-based child care providers. Kith and Kin and family child care providers expressed the difficulties they had in learning about other services or events in their communities. As a result, home-based child care providers had difficulties collaborating with other agencies and felt disconnected from the system of services overall. Unfortunately, being disconnected from the larger system of services also prevented these providers from giving important information about other services to families who needed them. Kith and Kin and family-based child care providers wanted to learn more about the available services and events in their communities in order to provide this information to the families they serve.

Home Visitation Services

Home visiting services provided information on other services and resources in the community. Service providers working for home visitation programs talked about how they connected with each of their families on an individual level. Many times, home visitation providers had regular visits with the families they served and emphasized a need to tailor family service plans based on each family's needs.

According to parents, the relationships they had with their home visitor also served as a means of expanding social networks that supported them in raising their children, allowing them to become more integrated into activities such as play groups, sports, and library events. Families who received services from home visitation programs such as Healthy Families felt grateful for the support these agencies provided, and as a result had become more connected to their communities.

“At Healthy Families, everybody has a worker and you meet with them once a week and for 45 minutes to an hour and if you need diapers, wipes, or clothes or food, if they have it, they provide it. Your worker walks you through the baby’s development and what the baby should be doing at this time. Or if you’re pregnant, they walk you through each trimester of your pregnancy.”

Home visiting programs were described by stakeholders and families in very positive terms.

Service providers who commented on home visiting programs only had positive comments to make about home-based models of service. These types of programs offered benefits that non-home or center-based programs could not. By going to the family’s home, home visitation programs were able to reach families who were otherwise unable to receive services due to geographic isolation and lack of transportation. Knowing the benefits of home visitation programs, one stakeholder lamented the loss of a home visitation program and attributed this loss to the lack of involvement of parents due to the political climate.

“I think the political climate has gotten worse, and I think that was one of the reasons why home visiting wasn’t as successful as we had hoped.”

Barriers to Information, Resources, and Services

The Need for Advocacy

Service providers throughout the state recognized that families need more advocates to help them access information about existing services. Parents feeling disconnected from the system of services wished they had someone to help them navigate this system.

“If we would have had somebody as an advocate or something that knows what needs to be done, the doctors and everything that would get together one-on-one with us and say ‘Hey, this doctor is here, this doctor’s here,’ and tell us ‘And you could go over here. Did you know about that?’ Actually sit down and council us like that. If we were having a problem, they could say ‘Oh, there’s no doctor here. Let’s go see him,’ instead of having to dig through the red tape and everything else.”

As previously mentioned, families who were socially disconnected from their communities or disconnected from the system of services had difficulty accessing services in their communities. These families represented a



gap in the system, and some service providers were actively looking at new ways to reach out to them.

Families with children with special needs were also in need of more advocacy in order to access necessary services for their children. Dealing with the referral process could often be difficult for families, and it was important to have providers advocating to help these families navigate the available services for children with special needs.

"I think there needs to be something created specifically for families dealing with autism. I think it's such a prevalent issue right now, and the state's way behind on that. Pediatricians are way behind on that. Families don't know what to do or where to turn or anything as far as how to deal with it. I think that's something the state could really work on."

Lack of Education

A number of service providers throughout the state felt that families should be more aware of early childhood and childhood development. Service providers also expressed that some parents would benefit from taking classes in parenting skills, and could use more support on how to navigate community resources to address their children's needs. Similarly, some families expressed a need for more parenting classes in order to gain more basic knowledge on how to raise an infant. Some parents also mentioned that they thought other parents in their community could benefit from parenting classes or more support in raising their children.

"I would have liked to take some parenting classes before I had her to learn to change diapers, things like that. You know, that maybe if you don't burp the baby after you feed them they're gonna throw up like the Exorcist. That would have been really nice to learn things like that, you know?"

Some service providers also felt that parents needed more education on preventative health care techniques for their children, such as knowing when to take their children for well child visits, dentist visits, and immunizations. However, some families experienced difficulties in trying to access information on available health care services in their communities.

Language

Several families and service providers in the central region of Arizona expressed that language presented a barrier that make it difficult for families to access needed services in their communities. To address this issue, some stakeholders employed bilingual Spanish-speaking employees at their agencies to accommodate families whose primary language is Spanish.

"Language is always an obstacle. There's a fairly high Spanish speaking population in our county, so that can be an obstacle, but about two-thirds of the staff speak Spanish. We try to stick to that because that really helps."

Employing individuals who speak Spanish was seen as an answer for the Spanish-speaking population. However, there were many individuals whose primary language was neither English nor Spanish. For these specific populations, language still presented a significant barrier to accessing services.

Citizenship

Citizenship continued to be a barrier for undocumented families in the state. As a result, undocumented families, especially in central Arizona, had trouble accessing the services they

needed. Parents referenced their undocumented status as causing greater stress in their lives, especially in regards to trying to raise young children in Arizona.

Transportation

Transportation surfaced again as a barrier to services for many families in rural and remote communities. In many cases, families had trouble getting their children to preschool or child care, doctor's appointments, or needed family support services. Some stakeholders have worked toward creative solutions such as funding for bus passes for families in need, but the concern remained that families could not access services without more assistance with transportation.

"The other particularly big barrier that we find is transportation or unreliable transportation. A lot of our families have transportation that's kind of hit or miss. They may be relying on other family members to get them to available services or they may have transportation that works and sometimes doesn't work. There's a lot of people that live outside of communities or live outside of reasonable walking distances of where our services are"

Barriers to accessing information and community resources included education, language, citizenship, transportation and advocacy for families.

Some stakeholders discussed the desire to co-locate services or make services more mobile to reach more families in rural communities. However, some stakeholders who already provide services in family homes discussed the challenges of this model, stating that home visitation is inefficient for professionals.

Summary of Findings

There were still significant gaps in accessing information about necessary resources and services for families with young children. For those families who benefited from strong informal support networks, they also seemed to benefit from being knowledgeable about the services, resources, and community events available to them. Families that did not have this strong support network, were left in the dark. Many events and programs offered little advertising, forcing parents to learn to be investigators in their own right, investing significant time and energy in locating activities and in getting connected to their communities. Primary caregivers and stakeholders alike expressed a need for an easier way to tap into the information pipeline, so that the time they spent searching for information could be better spent investing in their children, balancing the other aspects of their lives, or engaging in personal growth activities.

IV. How do Arizonans Understand Quality Early Care and Education?

Previously, the FCCS team reported the various reasons parents seek out early care and education, ranging from the need for dependable child care to the desire for their children to be engaged in educational and readiness activities. The FCCS team also reported ways in which child care providers can serve as indispensable sources of support, information, and advice for parents as they raise their young children, and the barriers that many families face in accessing quality early care and education. This section reports findings from the third and fourth waves of data collection. Many of these findings echo results from the first two waves of data collection, while others address primary caregivers' concerns about culturally responsive programming and the ability of early care and education providers to respond to a child's specific needs.

Responding to Individual Needs

Attention to the specific and individual needs of families and children receiving early care and education services surfaced as a theme for both primary caregivers and service providers interviewed in 2011, this time more prominently than it had in 2009-2010. When discussing perceptions of quality within early care, many primary caregivers described their desire for child care providers to recognize and accommodate the unique needs of their children, including cultural needs, language, appropriate educational opportunities for children with special needs both advanced and delayed, and accommodating the schedules of families. Many child care providers shared the desire to meet these individual needs and hoped to work away from a one-size-fits-all approach to early care and education. Some providers worked to develop techniques and models that address the specific needs of the children in their care. However, providers also described the challenges of providing care for individual needs.

Parents are concerned that child care providers cannot meet the individual, cultural, and learning needs of their children.

Culturally Responsive Care

Whether it is the school menu, the curriculum, or holiday related activities, several primary caregivers in the central region of the state commented on the ways in which the care they used did not respect the culture or value system of their family. Finding care that was a good fit, in this regard, could be a challenge. Often, families had to turn to less than ideal care because there were no other options. For example, the following comment was provided by a mother from an urban area who is raising a child with a same sex partner:

“Living in a city this size, there are tons of schools. Right? There’s something for everybody. But I wish there were more schools that we felt like were right for us. And granted we fit a certain niche. We’re obviously not really a mainstream family in many ways. And so we’re just lucky that there are schools at all, I suppose, that will cater to us. And in choosing a school and in choosing different kinds of providers, we always make sure that we find the place that’s going to honor not only who our kids are but honor our family. And so that’s part of what goes along with us being parents is that we’re particularly careful about how we choose our programs and services.”

In some cases, primary caregivers found that communicating with providers helped to increase cultural responsiveness.

“I try to explain that to the teachers [because] their concern was that he would feel different, and how we feel about him being different. In my mind, I think it’s okay to teach a child to be different.”

Head Start programs and other preschools in northern Arizona, however, received positive feedback regarding culturally diverse and appropriate curricula. Primary caregivers, both Native and non-Native, expressed their satisfaction with the Native American cultural learning opportunities their children received. Most Navajo and Spanish-speaking primary caregivers also commented on language use and learning provided in early care and education environments.

“They respect each culture when they come in and they try to implement all cultures into the classroom. They do counting in Navajo. Some of the teachers are bilingual; they speak Navajo, which I think is good, and they speak to the kids.”

From the service provider perspective, there was recognition of the need for bi-lingual, particularly Spanish-speaking staff. In northwestern Arizona, providers felt that they had met this need. However, some agencies in the southern regions of the state struggled to maintain Spanish-speaking staff and therefore families.

Children with Special Needs

Many families expressed their continuing difficulty in finding early care and education services for their children with special needs, including the needs of children with developmental delays and disabilities, as well as those with advanced academic capabilities. Some early care and education providers discussed limitations when it came to caring for children with special needs.

“In terms of special needs, it’s pretty limited. We can do some things with modified instruction, but sadly, I think for the most part [we] have been pretty honest about saying, while we do differentiate instruction as part of just our goals as being good educators, we’re not going to be able to help students that have special needs on one end of the spectrum or the other. Incredibly gifted kids, they really should go somewhere else to get the resources that can meet their needs. Kids with physical or severe learning disabilities, same thing. We really can’t provide that.”

Many families with children experiencing developmental delays or disabilities relied on public preschools for care. However, some participating service providers stated that the quality of these services was suffering due to cutbacks in public school budgets. One service provider from a rural community in northeastern Arizona expressed the view that developmental therapy in schools was taking a “step backward”: Preschools that once had therapists interacting with children in play-based environments on a regular basis were now limiting therapy services to group sessions for what this service provider considered to be inadequate amounts of time.

Service providers felt that developmental services within the system of early care were not meeting the needs of Arizona’s children.

Scheduling

Similar to comments provided in 2009-2010, primary caregivers discussed the challenge of fitting their child care needs into the schedules of the providers, and noted that more flexible schedules would better suit their lifestyles.

“Man I would love to find one [child care provider] that is flexible. I looked everywhere and it does not exist. You could just drop off at any time that you need whether it be for four hours or two hours or one hour and not have to pay an outrageous fee to do that.”

Child care providers were also concerned about scheduling when it came to inconsistencies in children’s schedules, as parents who could not afford full-time or consistent child care were putting their children into the centers at irregular hours. They discussed the administrative and planning difficulties this caused for their centers.

Availability, Selection, and Child Care Type

Primary caregivers in Arizona were divided with regard to their preferences for center-based versus home-based or kith and kin care. Families that used center-based care and preschool, including Head Start, valued the curriculum-based, structured environment. Other families preferred home-based child care or use kith and kin care for its affordability, trust, and the comfort of the home environment. However, whether a center or home environment was preferred, primary caregivers once again discussed the lack of availability of early care and education services. The lack of child care options was particularly noted in rural communities where families were often unable to use center-based care at all due to limited availability, and relied instead on home-based and unregulated care. Service providers across the state also noted the issues of child care availability, describing that, in some communities, most child care centers and homes had reached capacity. Availability was a concern that remained consistent across all waves of data collection. However, in 2009-2010, child care providers reported decreased enrollment, whereas in 2011 many providers were operating at capacity and more emphasis was placed on the small number of providers available.

Views on Center-Based Care

Many families using center-based care expressed their satisfaction with the curriculum, commenting on the academic skills their children developed such as learning numbers, colors, shapes, and how to read. These parents often valued the structure of the child care center environment and viewed child care or preschool experiences as an important step in preparing for kindergarten. The following quote represents this perspective as a mother described what she looked for in a quality child care center:

"I need to have the structure. I need to see that they are learning something. They have reading time. They have learning the alphabet, the learning of colors. In more than just, well, if kids wanna learn how to read they can go sit at the book center and open a picture book. I get that kids learn through play, but I don't think that that should be the main way that the kids are educated throughout their day, their time that they spend at the facility. Whether it's a daycare/preschool, and class size is very important to me too."

Parents utilizing center-based care value the structure and curriculum-based environment.

Many primary caregivers also looked for positive personal interactions when selecting a child care center or preschool and hoped that their children would receive one-on-one guidance. For example, a mother discussed her preferences when selecting care:

"I want to see how they interact with me and how they interact with my children. I'm really big on that in terms of how the teachers respond to me and interact with me and with the children and with the other children in the class and even with each other. I kind of watch for some of those non-verbals. How do they work as a team?"

Several of the primary caregivers who preferred center-based care expressed having knowledge of the activities and lessons that take place in child care or preschool settings, and appreciated communication from providers regarding the curriculum their children take part in. Some noted that when it came to center-based care they were not concerned with technology or state of the art facilities so much as they wanted providers to communicate with them in order to foster the successful development of their children. In some cases, primary caregivers expressed that child

care providers communicated with them less frequently than they would liked. Many felt that this communication had an impact on how they experienced parenting.

Child care providers also discussed the ways in which they worked to communicate with parents and their desire for parents to reinforce lessons at home. Some of the more common forms of communication included newsletters and update reports sent home with children. However, some providers found communication with parents challenging, stating that parents did not read materials. Some providers indicated they would like to find new ways to form relationships with families.

Views on Home-Based Care

Many families that used home-based care felt a greater level of comfort and trust in leaving their children in a home environment. Some families described bad experiences with center-based care that drove them to seek out family members, friends, neighbors, or home-based providers. Other parents preferred to give their children opportunities to play and interact with other children without the structure and academic focus offered in center-based and preschool settings. Some families also preferred home-based care because it was more affordable than center-based care. Most families who utilized home-based care found out about their providers through word-of-mouth amongst friends, family, or members of the community, which increased the level of trust they felt for the provider. This is a finding that has remained consistent since the earlier waves of the study. One mother described her reason for selecting home-based care:

Many parents preferred the comfortable environment of home-based care and expressed more trust for home-based providers.

"I think it was more like making sure I knew the person, and then I felt comfortable. I don't think I would have felt comfortable sending them to like an actual daycare place. I mean, I know I went to this one that we have here when I was growing up, and we were fine, but we were older as well. I think I felt like they would be safer and watched over if it was with someone that I knew or my friends knew and they trusted."

Service providers also recognized the importance of trust and comfortable environments in the selection of child care, particularly for families with younger children. However, many providers expressed concerns that families who selected home-based care would not gain access to other needed services. Since families with young children often connected with health and developmental services through their child care providers, whether it was through a referral from the provider or services provided during care. Many service providers added that home-based providers were often not as well connected to the system of services as center-based providers. Also new in 2011, several home-based providers expressed their desire to increase collaboration with other service providers and become members of a more inclusive system of services.

The Issue of Cost

The issue of cost to families versus the cost of doing business remained in the forefront of the minds of early care and education professionals, who wanted to improve the quality of their services but also wished to avoid raising tuition. While child care providers were motivated and sought further training and education, compensation for early care and education professionals was minimal. The question was raised: as the education of providers

A patchwork of care arrangement was noted by some providers, particularly when parents could not afford child care.

and quality of care rise, how can early care and education be affordable to middle and lower income families? Center directors feared that they would not be able to afford to pay highly educated professionals if higher education became a requirement. The increased costs of providing care, including licensing and accreditation fees, had already caused child care providers to cut out valuable programs and cut salaries in order to remain in business. These providers were also pressured to seek out grants, which took time away from their day-to-day responsibilities with the children they served.

Additionally, DES child care cutbacks put a severe strain on the entire early care and education community. Some child care providers were giving free child care to low income families despite their already tight budgets. Providers who took primarily DES families had difficulty making ends meet with the amount of funding provided through DES, and were unsuccessful in collecting co-pays from families who just cannot afford it. Families also stated that they continued to struggle to afford child care. Those not receiving assistance from DES encountered difficulty in obtaining child care and instead left their younger children at home with older siblings. One home-based child care provider discussed the challenges of making a living with DES subsidies:

“The only real thing that we've had a problem with is that for me doing the DES daycare, I get a certain increment of money for—they pay just for certain ages. If I charge above and beyond that, the parents are supposed to pay a co-pay. Well, up until now, and I've been doing the daycare for a long time, I've probably had maybe one or two people pay me their co-pay. I've never, ever gotten co-pay from a lot of the families that I'm providing for now. It's stressful on me because I'm providing competent care for her child, yet I'm not getting compensated.”

Another service provider in central Arizona provided this comment:

“I think the child care subsidy program at DES needs to be a major priority for the governor and for the legislature in terms of funding for families. I think the biggest issue right now is that families have got to get some help paying for child care, and the legislature needs to see that that's a priority.”

Some providers were concerned for the well-being of children whose families could not afford quality child care:

“They're not in a quality situation, they're not in an educational situation. They're with grandmas, grandpas that are too old to be taking care of them. Teenagers that drive them all over the place in cars when they shouldn't be driving them around. Neighbors taking care of them, this one one day, that one the next day, an uncle here, an aunt there. Kids have no stability. They have no stability. They have no guaranteed nutritional plan. I mean, they're just kind of shuffled. That hurts.”

The tension between professionalization and appropriate compensation for teachers and care providers was frequently raised by early childhood stakeholders.

Provider Qualifications

Increasing qualifications for early care and education providers was discussed far more in 2011 than in 2009-2010. Providers were more motivated and seeking further

training and education in order to enhance curricula and provide better academic environments. For example, some child care providers were working together to create training opportunities for themselves using the resources and knowledge they collectively hold. Other early care and education professionals had positive feedback about the training and education programs they had participated in. For home-based providers, new programs had developed offering trainings and collaboration opportunities that had been favorably received. Some providers discussed gaining NAEYC memberships, participating in networking meetings, and attempting to stay current with the early childhood education and health care literature.

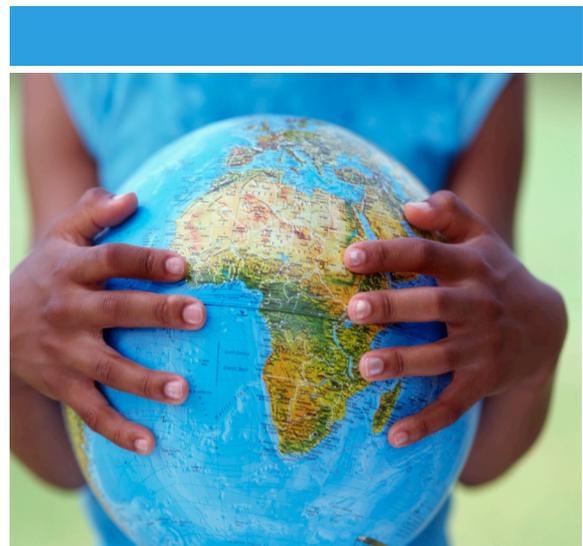
Despite this increased emphasis on quality care, professionalizing staff, meeting accreditation standards, and training in evidence-based practice, the issue of appropriate compensation remained. Many providers of various levels of qualification discussed the low wages they earn for providing early care and education. The following preschool director discussed the difficulties of compensating providers with higher education levels:

“We brought three very good teachers of which they have received [degrees], but you know, they’ve been with us for three to seven years and we can’t afford to pay them. I mean, they get paid anywhere from \$3 to \$5 more an hour at the school district than our staff get paid, and child care center staff can be at \$7 an hour, if they’re lucky, with no benefits. Ours come on at \$10 to \$13 with benefits, but they have to pay their summer payment plan, insurances, and then they can go to the school district and work for \$15 to \$18 or more. That scaffold process—so that’s why we are really having to work hard just to get them to their associate’s degree because the minute they get their bachelor’s, they’re gone from us.”

Summary of Findings

While it is no surprise that quality care is essential for many of the primary caregivers in this study, the FCCS team found that what was seen to comprise quality care differed for many of the families in the study. Some parents focused more on safety, while others prioritized communication, or the relationship their children were able to develop with their care provider. Still other parents desired care that was culturally responsive and took into consideration the cultural heritage of their family and their community. Regardless of these unique differences, among those parents looking for early care and education, there was a persistent and pervasive desire for more options when it comes to affordable, quality care among the parents involved in the FCCS study. Parents and stakeholders alike wanted early care and education providers to be accountable and qualified, and desired a system that could help them achieve this.

As the next section will address, for many families, early care and education played a key role in children’s preparedness for kindergarten.



VI. How do Arizonans understand readiness?

Primary caregivers and stakeholders held varying understandings of readiness, with inconsistent ideas about the best ways to prepare a child for kindergarten. In addition, primary caregivers made use of both direct and indirect activities to prepare children for kindergarten. This section explores both primary caregiver and stakeholder conceptualizations of readiness and the complex ways in which parents engage their children in kindergarten preparation.

A Lack of Consensus

Based on interviews with both primary caregivers and stakeholders, the FCCS team found that there was still no general consensus about what it meant for a child to be ready to start kindergarten. While all of the primary caregivers interviewed agreed that their children should be prepared to start kindergarten, not all of these parents were clear as to what exactly that meant. However, many parents acknowledged that kindergarten was much more academically focused than it was when they were younger, though most accepted this expectation. Furthermore, most primary caregivers believed that readiness went beyond academic skills, and that social skills were an important aspect of readiness.

Regardless of how they understood readiness as a term, parents wanted their children to adapt well to the school setting, to relate well to their peers, and to experience a smooth transition to the kindergarten environment. Primary caregivers also indicated a lack of communication from the schools as a barrier in both understanding what it meant for their children to be ready to start kindergarten, and in preparing them properly, particularly when their children did not have the opportunity to attend preschool or Head Start programs.

“Well, that’s the whole thing about Head Start and that’s why I want to get her into Head Start is because it is a great, you know, preparation for kindergarten. I noticed with my son, they learn everything that they need to know or that they should be knowing in kindergarten level. With her lack of being able to get into Head Start, being able to prepare her for kindergarten, [it] is more hard on us because I want her to be where all those kids are coming into so when she gets into kindergarten she’s not falling behind because all of these other kids had two years of Head Start.”

“She’s going to be behind the power curve and that’s my biggest worry. It’s, you know, trying to find out exactly what they want them to know when they get into kindergarten so we can start teaching it either here or ask the preschool if they can start hitting on those areas more. That’s my biggest worry and that’s what I want to know more about.”

Regardless of how they understand readiness, parents wanted their children to adapt well to the school setting and relate well to peers.

Without a firm understanding of the skills their children should have as they transitioned from their early education and care environments to the kindergarten classroom, parents felt at a loss as to what exactly their role was in preparing their children for school success. Several of the primary caregivers interviewed indicated that more communication from the schools or from early care and education providers would have helped them take an informed and active role in their children’s preparation.

Consistent with the findings reported in the May 2011 report, the FCCS team found that there were varying opinions about kindergarten readiness among stakeholders as well. Some emphasized academic skills, others the social and emotional skills needed to succeed in school, while still others, like health care providers, emphasized health and nutrition.

“They have to be nutritionally ready or their little brains just don't have a chance, do they? They come to school unfed. You know the little three year old, the parents think coming to preschool is learn to write your name. Well, excuse me, it's not. It's a lot more than that.”

The parents interviewed in this study did not generally discuss kindergarten readiness in terms of health, nor did they indicate that health care providers influenced their perceptions about readiness. Some health care providers, however, discussed their role in educating families about readiness. While families were visiting their offices, health care providers worked to encourage reading at an early age. One northern Arizona stakeholder in the health profession emphasized the importance of school readiness for Native American children who experienced differences between their home cultures and the culture of public school. This stakeholder's agency implemented programs tailored to the needs of Native American children. Others discussed nutrition and the need for parents to ensure that children were receiving nutritional meals as a factor in school readiness.

Additionally, as many children were learning to read, write, and complete basic math problems at a younger age, some stakeholders were confused about what was considered age-appropriate when it came to teaching young children.

“Kindergarten teachers are under pressure, too, 'cuz everyone is trying to push everything down lower, whether kids are ready or not. They want 'em to learn to read earlier, and learn to write earlier, and all that so that they can be writing essays when they're in third grade. I don't know. It's just—everything's—they're trying to push a little too fast.”

Finally, some stakeholders questioned the use of the term “readiness” and its possible cultural bias (e.g., white, middle class constructions or assumptions) instead of a more open, inclusive, and multicultural approach. As one stakeholder from the Phoenix area put it,

“Even the term readiness is contested.... We accept a terminology as the norm. The use of school readiness came out... some administration for some purpose. Whether the child is best served by that terminology remains to be seen.”

From the information gathered through four waves of data collection with parents and stakeholders, the FCCS team can conclude that while there still remained no real consensus on what readiness meant, parents and stakeholders alike were preparing children to start kindergarten based on their own parameters.

Communities Help Children Prepare for School

Analysis of interview data from four stages of data collection showed that primary caregivers engaged their children in a combination of readiness practices ranging from formal to informal, direct to indirect, and intentional to unintentional activities. Whatever combination they employed, the parents interviewed in



this study were preparing their children to be ready for kindergarten according to their individual understandings of readiness.

Many parents discussed helping their children prepare for kindergarten through a combination of direct and indirect activities. Parents led direct activities with their children, including setting aside specific times to learn numbers, letters, and beginning reading skills, and using learning tools like flashcards. Parents also often engaged in indirect readiness activities such as taking their children to the museum, the zoo, or the pet store. Some families encouraged their children to speak languages other than English while preparing them for school.

Primary caregivers actively prepared children for kindergarten by engaging them in a combination of readiness practices.

“Like when we’re, like hopscotch or something he loves to play. I’m like ‘Okay, well let’s do the numbers,’ and as I’m doing the numbers, ‘What number’s this? That’s one. Now in Spanish, numero uno, okay.’ Then as I go through the numbers I have him repeat the numbers and both in English and in Spanish so that he kind of picks it up.”

Most parents highlighted the importance of going to the local library and reading with their children at home. Others discussed computer games that taught children to read and helped to expand their vocabulary, and using everyday routines to reinforce concepts like colors and numbers. A mother and father living in northern Arizona, whose child had some developmental delays, discussed the kinds of daily activities they practiced to help their child learn and to prepare her for school.

“We try to work on things like numbers, shapes, and colors. That’s kind of our focus right now. So anytime it’s like, ‘Do you want your pink shirt? Do you want your purple shoes?’ So we sound weird when we walk around the house but we’re working on it.”

Many of the activities and games that parents chose for their children had educational components, though often parents said they wanted to focus on creating a fun and playful environment for their children at home. Play, however, still served as a source of learning, and parents often used play as a tool for school readiness.

“The best thing now for him is the ABCs. That’s all I’ve been working with. He liked the numbers. He liked the colors, but the ABCs, [he] is like really into it right now. I try to work with writing letters. I actually got him a LeapFrog for him to trace the letters. He really likes that. We do that. We play with that one, and then we play to see if he can do it. He can actually do a couple of letters now. It’s like the H, S, L.”

Lastly, parents recognized television as a major influence on their children and some discussed the importance of educational television programs, noting that characters like Dora and Diego (the examples provided most frequently) encouraged literacy, Spanish language skills, and other forms of development.

Some families sought assistance from schools and preschools to prepare their children with the transition to kindergarten. Preschool was highly valued by many parents because they saw it as a good place for preparing their children to learn skills necessary for kindergarten. At home, parents tried to reinforce the skills learned at the preschools.

“I try to work on it with my daughter to get her to do her letters and stuff and she gets so frustrated because she can't get it down that I feel if it was somebody else that she bonded with at school, another teacher, an aide or something, that maybe it would kind of be a tag team effort to where we could both get her to learn her letters and be able to be ready for kindergarten.”

Parents saw developing their children’s social skills as one of the most important benefits of preschool. In particular, parents identified sharing as a critical social skill that quality child care settings could help their children develop. Parents also stressed the importance of their children learning to work independently in a classroom environment. Similarly, stakeholders also remarked on the importance of preschool for kindergarten success, and indicated that those children in preschool tend to do better socially and academically than children who have had less formal experiences.

When it came to academic preparation, parents in various locations throughout the state expressed concerns that their children were not placed in challenging enough environments during preschool. The FCCS team found that access to quality preschool programs was uneven and varied considerably across geographic and socio-economic lines. Primary caregivers in several rural communities compared their children’s preschool experiences with those of children in more urban environments, and believed that their children were at an unfavorable disadvantage. These parents indicated that their children were not challenged in preschool and therefore not as academically advanced and prepared for kindergarten as they would be if they had grown up in a more urban community.

Many parents indicated that they highly valued preschool as a good place and crucial element for preparing their children to learn skills necessary for kindergarten.

Early care and education providers throughout the state were taking steps to ensure children were ready to begin kindergarten. Many child care providers recognized that a family’s background had a profound influence on school readiness because of the activities they did or did not do with their children. In order to combat this, one preschool teacher described lunch guidelines she established to encourage parents to send healthy foods to school with their children. Furthermore, early care and education providers were motivated to seek further training and education in order to enhance the curricula and provide better academic environments. Preparing children for school is a collaborative effort that involves families and educational, health, and nutritional sector stakeholders

The Transition to Kindergarten

As parents moved away from preschool and child care settings toward the public K-12 school systems, they began describing their reservations about the quality of Arizona’s schools. Many parents felt their children would not be challenged because of a perception that schools cater to “the lowest common denominator,” while other parents feared that with large class sizes, their children would get lost in the shuffle. Primary caregivers expressed strong fears about the changes their children would experience upon entering kindergarten. One mother from the central Phoenix area illustrated this concern:

“The teachers have their hands so full with some of the kids that they—you know as our preschool director says, they have to teach the lowest common denominator. You know, you don’t want those kids to get lost. Then our kids would probably be bored.”

As children entered kindergarten, parents expressed concerns about the quality of K-12 education in Arizona and how well their child's needs would be met.

Several parents in the study viewed the transition to kindergarten as a time when their children would leave a nurturing environment and enter a space where they would be viewed as simply one of many students, under the supervision of a teacher without the time or resources to meet all of their needs. These concerns reflected Arizona's poor reputation as a provider of public education. Some parents described separation anxiety as a challenge for themselves as well as for their children. Other parents worried about how kindergarten teachers would treat their child, and whether the teachers would be aware of each child's specific needs.

Still other parents expressed concerns about their children getting into trouble or being bullied, and about the safety of transportation to and from school. One parent in northern Arizona described the challenges her son faced because he was labeled as a problem in his first kindergarten classroom. When this parent succeeded in having her child switched into a different classroom, the parent observed that the child was more challenged and suddenly saw him excel academically. One resource designed to assist parents and children in addressing the transition to kindergarten was KinderCamp, a summer kindergarten readiness program, which parents hoped would answer many of their questions about kindergarten as well as help their children be socially and academically prepared.

Overall, the transitional period was a difficult time for some families. In general, parents expressed concerns, fears, anxiousness, and apprehension about their children's transition to kindergarten. On the other hand, children handled the transitions in different ways, some better than others, and siblings could help by offering familiarity and security in a strange place.

VII. How do Arizonans access quality health care?

Families identified a need for affordable and accessible health care. At the time of the first waves of interviews, those families that had AHCCCS and KidsCare reported these as the most helpful resources, while those families that did not have affordable health insurance reported it as one of their largest family expenses. Many families also discussed limited options accessing health care, which they attributed to limited transportation and/or the lack of quality child care in their communities. Community stakeholders discussed their concerns about budget cuts and the potential impacts on providing consistent and reliable resources, particularly for families living in rural communities and working poor families earning slightly too much to be eligible for subsidies. Stakeholders also reflected that early intervention and prevention began with prenatal care. Finally, there were concerns about the lack of developmentally appropriate and specialized health care resources for young children and transportation was identified as a barrier in tribal, rural, and urban communities.

Access to some health services increased, but many expressed concerns about cuts in publicly funded health insurance programs and resources for vulnerable children.

In subsequent waves of data collection, the FCCS team continued to ask primary caregivers and community stakeholders questions about their access to quality preventative and continuous health care. The following section provides an overview of their experiences and insights into health care and related services and resources. Participants noted improved access and availability in some resource areas, however important challenges remained. Both stakeholders and primary caregivers commented on increased access to some essential services, while simultaneously discussing significant concerns about cuts in publicly-funded health insurance programs and resources for vulnerable young children.

Increased Options and Availability of Health Related Programs

Several stakeholders indicated that they had seen an increase in program options and availability in their communities, including rural areas, that is, in part, attributable to First Things First funding and capacity building. In-home support programs and mobile services and resources creatively enabled families and their young children to access needed services they otherwise would not have received. This helped to address barriers created by lack of transportation, allowed for more prevention and early intervention to occur, and filled some gaps in the provision of services. Programs such as Healthy Families and other home visiting programs, oral health care, and mobile services and clinics were a few examples.

In speaking of the Healthy Families program, a stakeholder in southern Arizona was enthusiastic about having this program in her community and discussed the value of the comprehensive and holistic aspects of this approach.

“We’re very, very happy to have that program because Healthy Families is a program that targets families as a whole. The point of enrolling families is when the moms are pregnant and so they’re able to give families services from all across, from prenatal to health services, mental health...”

Stakeholders in the state lauded mobile services for their ability to provide access to health care in areas where there were limited options, and significant barriers to services exist.

In-home support programs, mobile services and resources creatively enabled families and their young children to access needed services.

“I think that I have actually seen more people using some of the mobile services that have been out here – both the ones parked at the food bank and also the clinics that are parked at the school. I have seen, I think, more people using those.”

“I’d love nothing more than to have the mobile dental truck be able to come to our center, like they go to some of the schools, because we can catch them a little bit earlier. We can catch them when they’re two years and they’ve cut their first molars and stuff.”

Health Insurance and Health Care Costs

Across the state, stakeholders shared significant concerns about cuts to AHCCCS and KidsCare and the ways these cuts impacted families’ access to prenatal and preventative care. Families talked about the stringent financial eligibility requirements for public health insurance coverage and the high cost of health care.

“People who can’t afford to go to the doctor. That’s not the very poorest, because they’re on AHCCCS. It’s the gap between people without insurance. People who can’t afford are the

biggest gaps that I think we see... CRS (Children's Rehabilitative Services). They had some funding for that 100-200% of poverty to help with those kids. They lost that funding."

"The problem is the AHCCCS problem, that they might be discontinuing the program. Hopefully those that are still participating are gonna be participating in the program, but they won't be taking new members... once they get eliminated; they don't have no place to get insurance. If they don't have insurance, they won't go to keep their health up to date, and especially the vaccines."

A stakeholder in northern Arizona discussed the importance of health insurance coverage during pregnancy.

"I think that we're ongoing struggling with insurances, getting people insured when they're pregnancy, not being dropped off, say if there's state AHCCCS. I did feel that more follow-up needs to be done with the state for ensuring that these pregnant mothers are insured."

For parents who did not have health insurance through their employers or who did not qualify for health care through the state, affording quality care was often a major financial strain. Some families, however, were able to rely on health care services sponsored through their tribal affiliation. There were unique aspects of the Indian Health Services (IHS) system and insurance coverage and access to resources varied depending upon criteria for primary and secondary coverage and the individual service providers.

"They're taken care of, you know. They're tribal members so, you know, they usually pay for everything, like in case something happens."

While families were grateful for the benefits they received from IHS, accessing the care they needed could be complicated when relying on this type of insurance.

"I can't just say, 'Well, I want to take them to this dentist over here' and then go take them over there because then they'll say, 'Oh no. We can't take you because your AHCCCS is IHS AHCCCS.' If I had them on a different plan, then yeah, I could take them anywhere."

Specialized Health Care and Developmental Resources

Families and stakeholders lamented the lack of specialized pediatric services and other services and resources for children with special needs. Gaps in services were especially prevalent in rural communities across the state. Furthermore, participants discussed issues related to funding and policy, the need to increase the availability of developmental specialists, and the need for training to help expand professional development opportunities for health care providers in the area of child development. In addition, the lack of transportation and the need to travel long distances for specialized services presented particular challenges to families in rural and tribal communities as they attempted to access important services and resources.

"Right now, I'm the only pediatrician, so I can only see a certain number of patients a day. If we would have more pediatricians that way we could see double that amount of patients."

A community leader and director of a preschool in a rural community of northern Arizona discussed the lack of developmental specialists in her area:

"I know that DDD (Division of Development Disabilities) and aides that do have lists of therapists but really the bottom line there just aren't enough therapists for the number of children who

need the services and I know some of our parents have to travel and it's very much a hardship on them to go outside of town to get the services they need."

In addition to the need for more specialized care providers in rural areas, stakeholders expressed the need for providers able to speak languages other than English.

"I have not heard that there's been great improvement. Yeah, those again are Spanish-speaking parents of autistic children. It's hard if you don't have a clinical person, a doctor that can speak to them.... You can have a nurse that serves as an intermediary or a clinical person or something else, but there just is nothing like being able to have that conversation with the person that's treating your child."

Some stakeholders discussed their concern about recent cuts in the AZEIP as well as the age criteria for this program. A rural stakeholder shared:

"I continue to believe that health is just one of those areas where we are struggling the most, not only health, but also services for children with disabilities and special needs. I mean, I know that AZEIP recently now has a cost, a small fee for clients.... I think now even worse than ever we're going to have those gaps.... We're going to see a lot of children without the proper intervention before they get to school."

Some parents of children transitioning from AZEIP expressed concerns about gaps in services and transition support.

Another community stakeholder in rural southern Arizona spoke about some of the issues regarding young children's access to needed supports and resources created by the AZEIP age eligibility requirements. Although the AZEIP program is guided by federal regulations, the stakeholder's concern may be indicative of a gap in transitioning children into resources or a gap in the availability of resources.

"The child is getting ready to turn three and it's like, hey the services are getting ready to expire. The child still has this issue, that hasn't changed, but the services now will change which is more difficult to get the services here locally for the children who are ages three to five."

Transportation is a Barrier

While families in rural areas experienced isolation with regard to their informal support networks, these families were also often more isolated from services. Due to their remote location, lack of local resources, and lack of transportation, these families faced significant barriers in accessing needed services. This was especially true when families needed to access specialized services. Several families in rural communities expressed these barriers:

"There was no hospital here.... There was an older hospital and they knocked it down because it was out-of-date."

"They don't do prenatal over here. They send you to (surrounding city) and you pick a doctor."

"So we don't have all that specialist care right there two blocks away where he could go and do speech therapy three times a week and only had to drive five miles or whatever. They wanted us to go to speech therapy once a week or twice a week, all the way up to St. Joseph's or CRS"

there. From here, that's shoot 60-70 miles away or something like that, for an hour, half an hour of speech."

Similarly, stakeholders were able to provide some insights into the transportation issues in their rural communities.

"They drastically reduced the number of bus routes available. So what we've done is we've kind of extended our services to the outlying clinics or to the libraries where we were partnering with to provide the public education programs. We still offer vouchers—bus vouchers—for some of the clients that still take the bus...the main problem is the transportation."

Rural families discussed transportation and distance to needed services as a barrier to meeting their children's health care needs.

Access to Mental and Dental Health Care

Stakeholders discussed the importance of timely access to mental health services for young children. Lengthy assessment and enrollment waiting periods could delay the actual provision of critical resources to children and their families and needed to be reduced.

"The major issue is that every CSP (Comprehensive Service Provider) is given 45 days to complete the initial needs assessment for the family. Most of the remaining CSPs in town do not offer any services to the family until that needs assessment is completed, which means that they may have had their crisis. Then we say to them, 'Okay, well now that you're in our network, congratulations, but you're not gonna get any services for another month and a half.'"

Stakeholders spoke about the gaps in mental health resources for infants and toddlers, which inevitably impacted primary caregivers' abilities to care for their young children.

Access to pediatric dental services varied according to location but several participants praised the FTF oral health initiative.

"Mental health services are just really hard for families to access, especially mental health services for infants and toddlers."

Families across the state experienced access to dental and oral health in divergent ways, depending on their geographic location, and their access to dental insurance. For some families and stakeholders, the FTF oral health initiative had a positive impact on their access to oral hygiene practices.

"I think that we brush our teeth at school now because of First Things First. So we all have free toothbrushes and we've been brushing our teeth at our school."

Similarly, stakeholders discussed the need for caregiver education about the importance of dental health care for young children as well as information about available community resources.

"What can we do to improve health and wellness status for the children in this population? ...Make sure they're getting to the dentist. Again, AHCCCS covers the dental work but kids aren't getting to the dentist. I've heard of parents that even instead of putting a temporary crown on a child who is losing a baby tooth, they say just pull it.... It's a huge education component that all parents need."

Culture, Values, and Religious Beliefs

Similar to their experiences of early care and education providers, many families across the state discussed the importance of services and resources that incorporated their family's culture, values, and religious beliefs. Whether it was respecting their religious beliefs and practices, or understanding and supporting the decisions parents make for their children, primary caregivers wanted providers that were not only helpful in facilitating their children's health care, but also supportive as parents wrestled with often difficult decisions related to their children's health and well-being. Parents further desired a collaborative approach to their children's health care as it reduced barriers to resources by supporting diversity, understanding, awareness, and respect.

"The doctor we see there, she is really good. She respected me about my personal beliefs. I don't wanna do a lot of medicine. I want that to be a last resort. Let's try other things first. She had no problem doing allergy testing, anything like that... She was really supportive... To see exactly what kind of supplements that he should be taking, other than just the common probiotics type of thing."

Many families throughout the state spoke about the ways in which they prioritized supportive care, and indicated that, when possible, they were often willing to travel significant distances in order to ensure they received this type of care.

Providers who worked with refugee and immigrant families offered examples of ways to make health services more culturally responsive.

"The visits to the doctor were fine, like the pediatrician, they were fine and when the women have to go back for their check-ups. It would be nice if we didn't have to travel so far all of the time for doctors but... which is fine because it is a really good doctor for both me and the kids, so I don't mind."

Similarly, stakeholders spoke about the ways they maintained cultural sensitivity with the populations they served. One health care provider working exclusively with the refugee population in central Arizona noted how she used a different modality of communication with their young children:

"We make sure that we use visual, more interactive teaching materials."

Other stakeholders discussed the importance of supportive and responsive health care providers. A stakeholder in central Arizona talked about responsive, holistic, and comprehensive service delivery.

"I think that when you kind of look at the diversity in our communities, we offer diversity but we are also very family centered. Understanding that our families that are coming in—there is never usually just one person that comes in for the doctor's visit. 'Everyone load in the car.' We get that. We cater to the diversity of our communities."

Health Care Providers as Sources of Support

In addition to providing culturally relevant and responsive services, health care providers also provided families with support, information, and advice beyond their child's health needs. The Health Department and WIC program, for example, were two providers cited by our participants as doing so. Families appreciated the assistance they received through these programs, including information and referrals they received for other programs and services in their communities.

“Oh yeah, we got WIC now. WIC offers fresh fruits and vegetables now--\$16 in fresh fruits and vegetables. That has been awesome. They are always giving us little knickknacks and stuff, like a little steamer... I just got a breast pump from them yesterday.”

Summary of Findings

Similar to their desire for culturally responsive child care and education, primary caregivers wanted health care providers who respected the cultures and values of their family. Families indicated that providers and programs that collaborated with them regarding their children’s health and well-being had a positive impact on how they experienced parenting. Furthermore, those providers who went above and beyond to connect families to needed services or provide families with necessary but often difficult to access information were cited as a significant source of support. Families in rural areas still faced significant barriers to accessing quality and continuous health care, particularly when it came to locating specialized services. Lastly, quality health care came at a significant cost for many families in the state, and as AHCCCS faced further cuts, families lost income or employment, their abilities to access health care were further compromised.

VIII. How do Arizonans imagine a system of services for children and families?

Whether parents of young children or professionals providing a range of services for them, a prominent concern among Arizonans is the perceived difficulty of learning about and accessing various services. As a result, both parents and stakeholders (professionals invested in children’s well-being) often imagine a more collaborative, comprehensive, and consistent system of services for children and families. Importantly, such a system is often imagined as more than a centralized hub or clearinghouse for information about services, but would also include a space for outreach, education, and advocacy. This section provides an overview of the system of services as imagined by families and service providers in communities throughout Arizona.

Collaboration

Facing increased budget cuts and shifts in funding across the state of Arizona, many service providers understood that creating innovative collaborations with other programs and agencies was a way to offer a more holistic approach to serving the families in their care while (in the mantra of our time) doing more with less. Moreover, primary caregivers expressed a desire for an easier, more direct way to connect to the services they needed.

Since the FCCS team initially interviewed service providers and supporting agencies in late 2009, many professionals in the child and health care fields have shown an openness to collaboration. In subsequent interviews, they have reported an increase in efforts to learn about the services provided by other local organizations and state agencies. By becoming more aware of what other agencies are doing, they have been able to reduce overlap and focus on building capacity rather than trying to compete in an already struggling market.

Highlighting several examples shared by stakeholder across Arizona, child care providers have worked to establish collaborations with local libraries, schools, and Parks and Recreation programs. In southern Arizona, an administrator of a child care center connected families to services and programs taking place elsewhere in the local community:

“We always refer to Parks & Recreation and all their programs in the library. They just really do a phenomenal job... It’s just helping parents find those connections and taking advantage of the parks or different things that are free that they could get involved with.”

Unfortunately, budget cuts to various services including libraries, schools, and Parks and Recreation departments have limited or completely cut the services they once provided in many areas across the state. Reaching beyond the traditional collaborations and referrals, child care providers have turned to senior centers, community organizations, and volunteers to expand the services, programs, events, and experiences to which the children have access. In northwestern Arizona, one child care center partnered with local artists and performing arts community organizations to develop a new kind of collaboration to enhance the learning of students in the arts.

Stakeholders felt there was some increase in local collaborations, but were also very concerned about the overall disinvestment of state funds for children and families.

Going beyond the classroom, child care providers have expressed offering a hand to families to secure services through government agencies such as WIC and DES, while helping them navigate the paperwork required to receive AHCCCS or other government assistance programs. While not their areas of expertise, many child care providers understood the importance of such work, not only to support the families they served, but also to ensure the continued success of their businesses.

Since lack of understanding or miscommunications could lead to lapses in critical AHCCCS coverage and child care resources, helping parents understand and negotiate these often complex systems was essential. However, long wait lists and intrusive application questions also created barriers preventing some families from receiving needed public services such as WIC, food stamps, or AHCCCS. Understandably, these were barriers which child care providers could not always overcome through parent education or advocacy.

While community-based partnerships have strengthened over the previous few years – and a number of service providers attributed this to an increase in public awareness about the importance of early childhood development – some professionals remained concerned the state was not invested in children. One stakeholder from a rural community expressed her concern over what she perceived as a lack of investment in all areas focusing on children:

“The state has to set aside some funds somewhere to take care of our children, and I’m not talking just day care. I’m talking schools, all the way up through high school. It’s seems like our kids are on the bottom of the list of priorities...”

Another stakeholder, working in the health division of a larger agency in the southern region, spoke about how the state was not moving forward as a result of the budget cuts, even with assistance from First Things First:

“I think we’ve gone backwards from three years ago. A lot of it is budgetary. The state has cut so many things that – First Things First is stepping in and filling them, but it’s almost like we’re going backwards. We’re not going forward because we’re just recreating what was already there and trying to keep what was already there.”

Predicting more of the same from the cash-strapped state, one stakeholder from a rural community in central Arizona shared ways she educated her clients about local resources and ways to access services.

“Our goal behind working with families is not to provide everything that they might need, but to try to link them to someone in the community... If we become their crutch... we really haven’t done them a service. We really hindered them probably more than we’ve helped them. What we really try to do is link them to resources in the community that’ll be there long after we’re not here.”

This stakeholder’s attitude reflected the lack of stable funding, which in turn led to uncertainty regarding programs’ future operations. This kind of financial uncertainty created a situation in which programs and professionals come and go, hindering the ability of service providers to form effective collaborations. In times of lower staff turnover rates and stable funding sources, service providers have experienced successful collaborations. Yet, in the current economic climate, the service providers interviewed by the FCCS team continued to struggle to maintain consistent funding sources. Rural communities, in particular, struggled to maintain the professional workforce needed to create the stable service delivery system that allowed service providers to build the sustainable, long-term partnerships that they preferred.

Importantly, although local collaborations were essential, they did not address larger systemic issues compounded by the economic downturn. As such, families and stakeholders were calling for a more comprehensive statewide system of services for children and families.

Comprehensiveness

Recognizing the unfortunate inevitability of the need to do more with less, all of the service providers interviewed expressed a desire and made efforts to form collaborative partnerships. However, largely because of lack of an overarching system of support, some providers – especially home-based and kith and kin child care providers, family shelters, counseling services, and non-FTF funded providers in general – felt excluded from collaborations fostered by First Things First. While they recognized that First Things First was not intended to be a centralized, comprehensive coordinator for all services related to early childhood, many service providers nonetheless were hopeful for a system that could be more inclusive.

Lacking state level support, service providers often worked to develop more locally comprehensive services themselves.

Lacking top-down support, service providers often worked to develop more locally comprehensive services themselves from the bottom up. Noting that a major barrier to effective collaboration in many areas of the state was families’ lack of reliable transportation, some service providers have proposed (and, to a lesser degree, implemented) creating common locations where families could receive child care, preschool, health care, developmental services, and parent education in one place. This would facilitate the integration of essential services, allowing families to transition seamlessly from one service to another, making it easier for them to receive a full range of services without dealing with multiple registrations and/or administrative barriers. Such programs were seen as an opportunity to expand the comprehensiveness of care and support for families.

Among the perceived benefits was that families might be more likely to follow up on referred services if services were co-located, whether in the same building or in closer proximity to another trusted service provider. This type of multiservice hub became even more essential as more families became fearful to access services from different providers (for which they were nonetheless eligible) due to the larger political environment. As transportation persisted as one of the greatest barriers families faced in accessing services, this type of one-stop center would help resolve the challenges of transportation and would make it easier for families attempting to balance hectic schedules between multiple children and work.

A number of stakeholders recommended the co-location of services to help create more holistic and accessible approaches to family support.

Additionally, the co-location of services could foster a holistic view of early childhood rather than a number of fragmented services that families must navigate. Such a local early childhood system would address the needs of the child in context of the needs of the whole family.

Successful collaborations have been reported by numerous professionals in both waves of interviews, however, even as there were valiant efforts to collaborate to fill gaps, there were some areas that were not being addressed. In particular, professionals expressed a gap in the areas supporting families experiencing violence and other traumatic events. In some communities, if services were available, the services were only available immediately following a traumatic event, and did not include long-term mental health or counseling services. Rural communities, in particular, lacked mental health services and counseling services needed for families and children who had experienced this form of trauma. In one community, a child care provider lamented the closure of a counseling center that once addressed these issues. This was a gap in the system of services that had yet to be fully addressed even though the number of children (and families) impacted by traumatic events was astounding. A health care provider put the prevalence and importance of this issue into perspective:

“...Any kind of physical disease that affected one in four children would be considered [an] epidemic... and yet child abuse is often sort of treated as a separate – just something of it’s own; not quite medical, not quite educational, not quite anything else”.

As briefly discussed above, the lack of stable funding had profound impacts on both the families using services and the professionals providing them. More than just creating a situation in which the early childhood system was fragmented and disjointed, it also led to inconsistency in collaboration as agencies attempted to find ways to connect to one another.

Consistency

Parents and child and health care professionals, expressed strong concerns that state officials did not view the early years as a crucial period. To many, it seemed that government spending on children’s health care and education was a low priority in this state and various regions within it.

“The state and legislators believe somewhere, somehow private agencies are supposed to be responsible for raising money to provide services that are really the responsibility of the state.”

In recent years, budget cuts have severely impacted the availability of services as well as consistency in the provision

In times of severe budget cuts, many stakeholders felt that it was children who suffered the most.

of services to families and their children as programs have experienced “right-sizing” (laying off employees). In these instances, it is important to remember that children were the ones who often suffered most because of this inconsistency. In this regard, an administrator from a preschool spoke out as an advocate for children:

“Those children are the ones that we have to worry about. The parents are going to pick up and find somewhere else to live, but these children, their world has been interrupted. They no longer have their routine. They no longer have their friends. They no longer have the same continuity day in and day out and we know children thrive with that continuity and that routine. I have really seen it hurt children. I think everybody forgets about the little ones. They say ‘Oh they’re just children, they don’t understand.’ But they do understand. They’re the ones that have been suffering.”



While this “right-sizing” can be couched in the terms of efficiency, the impact of the loss has far-reaching affects. Not only were jobs lost, the organizations experienced less capacity to provide services, let alone collaborate with others. For parents, this meant they had fewer options (or no options) to address the multiple needs of their children.

A Call for Outreach, Education, and Advocacy

Given this situation, many child care providers and administrators felt compelled to reach out to the public as a way of laying grassroots foundations for a system of services. Child care providers spoke with parents in their centers. Agencies and organizations

working with families shared information about the importance of early childhood with others in their communities and conducted training programs for those interested in learning more about early childhood development.

Though parents and service providers continued to find solutions at the local level, without broader systemic support, many feared their efforts did not have as significant an impact as they should have.

IX. Experiences with First Things First

The FCCS team asked primary caregivers and stakeholders questions about their awareness of and experiences with FTF in individual interviews and focus group discussions. This section presents an overview of their responses.

General Views on First Things First

While few primary caregivers were aware of FTF in the fall of 2009, many were more familiar with FTF in subsequent interviews because of its public awareness campaigns (billboards, grocery store advertisements, radio and television spots) and publicity surrounding Proposition 302. In spite of this increased awareness, most primary caregivers, with the exception of those who were involved in FTF-funded programs, remained uncertain about the mission and scope of FTF.

"I've seen it a lot more on like the billboards and the TV commercials. Yeah. But could I tell you what they're doing? No."

Stakeholders, who were generally more knowledgeable about FTF, still had questions about the role FTF plays in the system of services. Evidence of this emerged in the first interviews with stakeholders who appeared to be wary of the new system and concerned that a new bureaucracy was forming that would not recognize what was already established. In later interviews, stakeholders continued to express their desire for clarity regarding FTF's role. A stakeholder from Northern Arizona commented:

"I'm sure that's what they're hoping for anyway but I don't know of anything specific that would push them in that direction other than I think that being more visible, more clear of their role. I think still a lot of people don't understand what they do. I still don't have a complete clue and I'm a pretty connected individual. I think that a lot of it is to outreach. I think a lot of it is education and just of the services that they provide."

Several stakeholders commented that the FTF website was not well organized and recommended making it more user-friendly. Some stakeholders felt that the mission of FTF was too broad, possibly diluting its impact. They expressed concerns that some of the strategies would be difficult to measure. Still others held some skepticism that FTF could be completely successful given its mission without becoming an ineffective bureaucracy. Common refrains expressed by many participants when reflecting on their experiences with FTF were "streamline" and "simplify."

A frequent topic of discussion among stakeholders across the state was the structure of FTF. Many praised the Regional Partnership Council system and its focus on local needs and resources, while others saw a tension between the decentralized process of the Regional Partnership Councils and the centralized administration of FTF. Some recognized how city, county, and Regional Partnership Councils boundaries complicated service delivery. In fact, in some urban areas, a family's ZIP code determined the types of services they could receive.

"I think there are some issues when you have so many councils in a county and you have some councils that have great deal of money and some that don't and so again you have some haves and have-nots. Families that live in this ZIP code they can get this, if they live in that ZIP code they cannot."

Awareness of FTF increased over the last several years; however, confusion persisted among primary caregivers and stakeholders regarding its mission and role.

Stakeholders remained very positive about FTF and its programs, and often attributed any problems or issues they encountered to growing pains. They recognized the significant role FTF played in easing the budgetary crisis occurring in the last few years.

“First Things First rescued a great deal of programs and then had the foresight to continue to use their monies to look at innovative things like what we do... I do think that the community has definitely felt the impact of that.”

Stakeholders also praised the efforts made toward improving collaboration, and acknowledged the leadership of FTF in this regard.

“First Things First has provided several opportunities where we could come together, share what we're doing in our programs with other people, with other programs. I really have a sense that there's a better understanding and a better social service community out there, and I really think that that's true. When you are familiar with other programs, and you have connections and relationships it's much easier to really help families with transitions.”

Although stakeholders viewed collaboration as vital for sustaining early childhood programs and services, and saw FTF as a critical partner in this effort, some stakeholders felt more collaboration needed to occur. Rural stakeholders, in particular, stressed the benefits of collaboration and thought there should be greater efforts to bring all service providers to the table, including those who were not FTF-funded.

It would be helpful to service providers, especially the smaller providers, if FTF could streamline its application, funding and reporting processes.

Stakeholders from around the state believed there was a disproportionate emphasis on and distribution of resources devoted to child care and early education. Some felt that health care strategies were not getting sufficient attention and mental health, care of children living in traumatic situations, and family counseling were important components that needed greater emphasis.

Views on First Things First Strategies

The FCCS team asked primary caregivers and stakeholders about their experiences with FTF's strategies and programs. The next section presents their views on Parent Kits, Child Care Scholarships, Quality First, TEACH, and Oral Health.

Primary caregivers and stakeholders judged the Parent Kit to be potentially helpful to new parents, or parents who haven't had a child in a few years. On the whole, however, primary caregivers indicated they were not using the Parent Kits because they either did not need the information, or didn't take the time to use them.

Stakeholders consistently offered praise of the Child Care Scholarship program from the time it was launched, seeing benefits to both participating families and their programs.

“[Many parents] all of a sudden found themselves underemployed, and in order to just get themselves together, were able to participate in the scholarships, and that I think was a godsend to multiple families, but on top of that also was a godsend to our business—a time when we had a lot to lose. We stood to lose a lot.”

While some primary caregivers found the Parent Kit helpful, most did not use it. FTF should explore ways to make the kit more useful and/or target its distribution.

Once the Child Care Scholarship program was established, stakeholders saw ways it could be improved and offered recommendations regarding distribution of scholarship funds in the future. One stakeholder expressed concern that families were not appreciative of the child care they were getting for free and recommended establishing a co-pay plan whereby the family would have to pay for part of the cost. Other stakeholders suggested distributing the funds over a longer period of time. The three-month cycle disrupted

their enrollment when children stopped coming because the family could no longer afford the cost of tuition. Moreover, partial scholarships were suggested to help middle-income families with child care costs.

Stakeholders were quite vocal about the TEACH programs. Since its inception in this state, stakeholders have been very positive about TEACH. Those who are involved in the program reflected upon how much they have learned and how their practices have changed. Other stakeholders who supervised staff who were participating in TEACH were also enthusiastic about this opportunity for their staff to gain further training. Nonetheless, they expressed apprehension that their current budgets would not allow them to increase staff wages and that they would lose staff to other early childhood care providers who could afford to hire them.

In general, stakeholders were positive about the Quality First program. A stakeholder from a rural community in northern Arizona praised the program and wanted to see it expanded.

“Well, I think that it would be great if they could expand their Quality First Program to include more child care centers in that process. I think that would be great and really continue what they're doing. They're offering a lot of things that this area would not have access to if it wasn't for First Things First.”

However, while most stakeholders indicated the application process to participate in Quality First had improved, they continued to be unhappy with the amount of paperwork involved in this program.

“It's a bigger application. There's lots more questions. I don't know, maybe they're just worried about centers that are closing down after they've put all this money into them. So they really want people that are really, you know, in it to stay in it. And benefit the children in the community, which I am, so that's the – the application process wasn't hard. It was just longer.”

Stakeholders reported mixed experiences with coaches from the Quality First program. Some felt their coaches were very good, and looked forward to their next visit. Others were not happy with their coaches and one stakeholder was upset that her coach did not administer the Infant and Toddler Environmental Rating (ITER) correctly. Most criticisms of the Quality First program pertained to delayed responses and lack of follow-up. Many complained about lengthy waiting periods to get feedback from the Quality First program after submitting reports.

“What it is is that you get this report – another thing is that you get it six months later. Of course, this is all part of the First Things First with the quality

Some early childhood educators viewed Quality First application and reporting processes as cumbersome and feedback from coaches as untimely.

grant, you have to do their observations and you don't get the results of the observation in six months and you look back and like I don't even remember that day."

"As far as Quality First, it's a wonderful program, but it's been a bit challenging because technically we're just finishing our third year and we—I think our third year ends in May. We're just now getting our first year stuff."

A stakeholder from southern Arizona indicated that the evaluation used in Quality First was not appropriate for a program serving children with special needs. Similarly, FTF recently initiated the star system for rating the quality of early childhood programs. A stakeholder from central Arizona expressed concern that the Quality First Star System would be inequitable:

"I'm not sure how far-reaching your survey goes but I am unbelievably unhappy with the way the star rating system looks at last glance. I don't believe that it's in a place where it's feasible for the average child care center. To be honest, I'm concerned that it will be a deterrent to the average child care center."

The oral health strategies implemented in some northern Arizona regions were very popular with stakeholders and primary caregivers, and it was suggested they be expanded to home-based programs. Stakeholders felt that oral health outcomes were sometimes compromised when families were unable to afford recommended follow-up care.

Summary of Findings

In conclusion, primary caregivers and stakeholder participating in the FCCS since 2009 have an increased awareness of FTF. Nonetheless, confusion remained around its mission, strategies, and programs. Stakeholders spoke highly of the collaboration that has occurred since FTF was established. They were favorable about many FTF strategies and programs and recognized the valuable role FTF played in supporting important systems during the recent economic downturn. They recommended streamlining FTF programs and emphasizing efficiency to address issues around application and reporting processes.

Major Findings and Implications

In this final section, the major findings are summarized, drawing conclusions and implications for supporting Arizona's young children and families across the areas of focus in this statewide study. As throughout the report, conclusions are organized around the framing questions and major themes in the data from the overall study.

What is it like to be four turning five in Arizona?

The conversational child interviews with children before and after entering kindergarten provided a window into aspects of the life worlds of Arizona's children. As the focus of most of FTF's initiatives, the FCCS team were pleased to be able to listen to their views, their stories, and particularly their experiences related to the kindergarten transition. They, like their parents, seemed interested to know even more about what would happen in kindergarten, had some concerns and even fears, and at times avoided the topic altogether. Children were both excited about going to kindergarten and also voiced concerns about discipline, missing some aspects of their preschool experiences, and learning to read and write correctly. They also talked about their experiences with caregivers and going to both the doctor and the dentist.

Implications

- Find ways to incorporate more of children's views and voices into ongoing evaluation and program planning
- Support local approaches to clarifying expectations for children entering kindergarten
- Encourage kindergarten teachers and schools to be more connected to the pre-kindergarten early childhood network
- Continue to work to support more holistic views of children, readiness, and kindergarten curricula
- Support health care initiatives that prioritize communication with children and involve children as important stakeholders in their own health and well-being

What is it like to raise children in Arizona?

As in the FCCS first report, it was clear that support networks truly made a difference for the families in this study. Parents' experiences were highly dependent upon the types of support they have through family, friends, and faith communities. Stakeholders and parents agreed that a support system was one of the most important things for families raising young children.

A number of families were impacted by the loss of programs such as WIC, AHCCCS, and food stamps. Some families continued to express frustration about not quite qualifying for various social services or supports. The combination of increased unemployment, higher cost of living, and loss of state subsidies for family support programs, particularly in the health area, were challenges faced by many parents raising young children.

Rural families were typically more isolated from services, child care, and support networks than families in urban areas. Some urban parents, however, also expressed concerns about access to support. For these families, barriers to access were defined along varying parameters, including transportation, finances, and eligibility.

Home visiting programs were spoken of in very positive terms by both families and stakeholders.

Parents made sacrifices to spend time with children and faced an array of challenges in meeting children's needs. Virtually all parents came up with creative ways to optimize their time with their children – from leaving work to stay home, using a patchwork of care in order to afford child care, working part-time, or engaging their children in special activities when they were together.

Implications

- Continue to prioritize family support of various sorts, recognizing the major roles that family and informal support play in childrearing
- Support programs that take a strengths-based approach and respect and encourage family and community funds of knowledge
- Encourage programs and services to recognize the varying cultural backgrounds of the families they serve and to develop means by which to increase the relevancy of their services

How do Arizonans obtain information and resources for families?

Most families obtained information on child care, health and support services from informal networks, particularly friends and family. Some used the Internet and turned to popular media for information. Both parents and stakeholders spoke about the need for a centralized clearinghouse or website for families throughout the state.

Stakeholders also discussed the importance of co-locating services for children and families. Home visiting programs were having a positive impact. Barriers to obtaining information included transportation, lack of education, language, and documentation issues. Finally, several participants noted that service providers served as valuable sources of information.

Implications

- Support a centralized clearinghouse, most likely a website for families that is user friendly, allows them to find their location on a map (GIS-based), and find local service and opportunities
- Continue to encourage cross-provider communication about resources and programs for families with young children
- Increase communication between service providers and the communities they serve

How do Arizonans understand quality early care and education?

Some parents expressed concerns that child care providers cannot meet the individual cultural and learning needs of their children. Other parents were pleased with their child care arrangements and many used friends, family, and neighbor care, particularly for younger children. Parents using center-based care valued the structure and curriculum, while many parents preferred the comfortable environment of home-based care and felt more trust for home-based providers.

Both parents and child care providers valued communication and would have liked more opportunities to work together toward quality care for children. Cost was the primary challenge to providing quality early care and education. Providers were uncertain about how to increase quality without increasing cost to families. How to compensate staff as they obtained more training and credentials was also a concern. A patchwork of care arrangements was noted by some providers and parents, particularly when parents could not afford child care or had complex schedules.

Several service providers felt that developmental services within the system of early care were not meeting the needs of Arizona's children, particularly in rural areas, but in urban ones as well.

Implications

- Support providers who are able to offer intermittent care or care that does not require a fixed schedule
- Find ways to help centers with staff compensation as they obtain more education, particularly associate or other degrees
- Continue to expand Quality First, TEACH, and other FTF supported initiatives aimed at improving child care quality and professional development
- Assure that ample opportunities for participation in such initiatives exist for home-based providers

How do Arizonans understand readiness and how are children being prepared for school?

Regardless of how they understand readiness, parents want their children to adapt well to the school setting, relate well to peers, and to experience a smooth transition to the kindergarten environment. Primary caregivers actively prepared children for kindergarten by engaging them in a combination of readiness practices, ranging from formal to informal, direct to indirect, and intentional to unintentional activities.

Preschool was highly valued by many parents because they saw it as a good place and crucial element for preparing children to learn skills necessary for kindergarten. As children entered kindergarten, parents expressed concerns about the quality of K-12 education in Arizona and how well their children's needs would be met.

Implications

- Support communication between early care providers, the schools and parents in order to facilitate parents' understandings of readiness and their children's preparation for kindergarten
- Continue and expand public awareness campaigns and parent education related to the importance of early years experiences and make sure it is culturally inclusive
- Encourage better integration of preschool and kindergarten curricula and holistic views of children – i.e., encourage schools to be ready for children and not just children ready for an increasingly academic kindergarten experience
- Facilitate communication between kindergarten teachers and preschools, child care, Head Start, family care providers, and others caring for children before they enter school

How do Arizonans access quality health care?

Access to some health services increased over the two years in which these interviews were conducted, but many parents and service providers expressed concerns about cuts in publically funded health insurance programs and resources for vulnerable children. Stakeholders reported that in-home support programs and mobile services and resources creatively enabled families and their young children to access needed services. Across the state, stakeholders shared significant concerns about cuts to AHCCCS and KidsCare and the ways in which these cuts impacted families' access to prenatal and preventative care, and impacted families' abilities to raise healthy young children.

Families also discussed the stringent financial eligibility requirements for public health insurance coverage and the high cost of health care. Some parents of children transitioning from AZEIP expressed concerns about gaps in services and lack of transition support. Rural families discussed transportation and distance to needed services as barriers in meeting their children's health care needs. Access to pediatric dental services varied according to location but several participants praised the FTF oral health initiative.

Implications

- Increase the provision of in-home support programs including home visiting and mobile services
- Expand the successful FTF and other dental health promotion initiatives
- Strengthen services for children transitioning from AZEIP to school districts and other providers for children with special needs

How do Arizonans imagine a system of services for children and families?

Stakeholders felt there was some increase in local collaborations, but also were very concerned about cuts to an array of services and an overall disinvestment of state funds for children and families. Lacking state level support, service providers reported that they often worked to develop more locally comprehensive services themselves. A number of stakeholders recommended the co-location of services to help create more holistic and accessible approaches to family support. Many child care providers felt compelled to do more community outreach and advocacy for and with their families.

Implications

- Co-locate more services for families and young children
- Continue and expand opportunities for local collaboration and system-building
- Join with other advocacy networks and non-governmental groups who can play a vital role in building the statewide system for children

What are families and stakeholders telling us about FTF?

Awareness of FTF increased over the last several years, however, primary caregivers and stakeholders still lacked clarity regarding its mission and roles. Stakeholders were generally very positive about FTF and value its role in promoting collaboration and innovation. It would be helpful to service providers, especially the smaller agencies, if FTF could streamline its application, funding, and reporting processes.

While some primary caregivers found the Parent Kit helpful, most were not using it and several recommended that FTF explore ways to make the kit more useful and/or target its distribution, including before mothers give birth.

Stakeholders reported that child care scholarships enabled families to obtain quality care for their children that they would be unable to afford on their own. Most early childhood educators were extremely positive about Quality First and TEACH. However, some stakeholders viewed the application and reporting processes as cumbersome and feedback from coaches as slow to come. Several providers also felt that TEACH and Quality First should be expanded further to serve home-based providers, including non-regulated friends, family, and neighbor care providers.

FTF dental health initiatives and home visiting were very popular programs. Many families still have questions about the mission and funded programs of FTF.

Implications

- Build on the successes of programs such as dental health promotion and home visiting
- Expand Quality First and TEACH to make more accessible to home-based providers including non-regulated providers
- Look at ways to make the application process for funding or program participation more streamlined and clear

- Explore ways that the Parent Kit could be more helpful, including providing it with child birth education or other prenatal services and not waiting until mothers give birth
- Continue to clarify the mission, aims and foci of First Things First to the public and to those in the field and perhaps more tightly focus the priorities to maximize impact in priority areas



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Appendix I: Methodology

Introduction

This appendix outlines the original design employed by the Family and Community Case Study (FCCS) between the fall of 2009 and the fall of 2010, as well as all subsequent actions taken by the FCCS research team to carry the longitudinal design of this study forward into 2011. Furthermore, this appendix provides an overview of the sampling of primary caregivers, service providers (identified here as stakeholders), and children who participated in FCCS in 2011, and a comparison of this sample to the previous sample participating in interviews that took place in 2009 and 2010. The findings presented in the attached report were developed through the analysis of data collected using methods employed in the fall of 2010 through the spring of 2011 and then compared to findings presented in the 2009-2010 report.

The FCCS research team, which includes representation from each state university (Arizona State University, Northern Arizona University, and University of Arizona), oversaw the development of policies and procedures, research protocols, timelines for data collection and analysis, and the overall study design. The FCCS team as well as the FTFEE leadership team (co-principal investigators) reviewed all decisions and protocols prior to submission to the University of Arizona Institutional Review Board for approval and implementation.

Overview of Qualitative Methodology

Given that the FCCS is an entirely qualitative branch of the FTFEE, it is first imperative to outline both what qualitative research is and why its incorporation into this evaluation is essential. Qualitative researchers typically attempt to understand human behavior within a particular context. The strength of qualitative research lies in the ability to understand how phenomena explored in other quantitative branches of the evaluation occur in people's everyday lives. Qualitative research is used in many disciplines including anthropology, sociology, and education. In qualitative research, researchers do not reduce objects to variables or use control groups. Instead, they attempt to study the practices and experiences of people in their everyday contexts and their everyday lives through the gathering of in-depth information and the presentation of rich description.

There are several methodologies associated with qualitative research, but the primary method utilized in this study is the qualitative interview. In this instance, the FCCS team employed semi-structured interviews, or interviews that sought answers to specific questions, but were open-ended in that they allowed the participant to guide the direction of further probing questions. Through interviewing, the FCCS research team gained access to the perspectives and experiences of parents, stakeholders, and children regarding critical issues related to early childhood in Arizona. The analysis of data collected through qualitative interviews and focus groups involved the identification of themes or patterns within data. The data gathered in the FCCS component of this

external evaluation can help to contextualize the findings from both the Readiness and LCSA data and help us to answer the question “What is really going on here?”

Overview of Study Participants

Participants referred to as primary caregivers are persons who are the primary source of care to their young children under the age of six. These primary caregivers include mothers, fathers, grandparents, and guardians. In some cases, more than one primary caregiver participated in an interview at one time. In order to understand the childrearing experiences and perspectives of the parents and other primary caregivers of young children in Arizona, the FCCS team originally set out to answer the following research questions:

- Do families have access to services including child care, health care, and sources of family support?
- In what ways do the patterns of access vary according to personal, familial, cultural, or community factors?
- Is access to relevant services (including cultural relevance of programs and services for young children) increasing or decreasing? Why?
- What are the unmet needs of families and young children?
- How do families negotiate challenges in meeting their children’s needs?

In follow-up interviews occurring in 2010 and 2011, the FCCS research team not only looked to answer these research questions in more depth, but also worked to comprehend any changes that had occurred over time. Additionally, interviews conducted in the spring of 2011 involved added questions focusing on primary caregiver perspectives of their children’s preparation for kindergarten and early care. Protocol development is discussed in more detail in the primary caregiver section below.

Participants referred to as stakeholders are those persons who provide, plan, and administer services for young children and their families within the state of Arizona. While we acknowledge that parents and other caregivers are stakeholders in their children’s lives, we use the term stakeholder in this study only to identify service providers and community leaders. Each stakeholder participant is connected to one or more of six categories within the system of services for families with young children: health care, child care, education, family support, umbrella agency, and community leader. Stakeholder interviews were designed and conducted with the following research questions in mind:

- How do stakeholders access information and services?
- From a stakeholder perspective, do families have access to and are they satisfied with services for health, child care, family support services, etc. and what aids access to these services?
- What are the unmet needs of families as perceived by stakeholders and how are stakeholders working to meet unmet needs?
- What are the unmet needs of stakeholders in their efforts to meet the needs of families?
- What are stakeholder experiences with and perceptions of First Things First?
- How do stakeholders view readiness, what do stakeholders do to aid readiness, and how do stakeholders see families helping their children prepare for school?
- Do stakeholders see children as prepared to enter school and why or why not?

The child participants in this study are the children of primary caregiver participants, between the ages of four and six, who are preparing to enter kindergarten or who have just entered kindergarten. Children were interviewed in the fall of 2010 and spring of 2011, after researchers obtained permission from primary caregivers and children provided assent.

For each of these groups, the FCCS research team solicited and garnered participation in communities in northern Arizona, central Arizona, and southern Arizona, rural and urban communities, border communities, and tribal communities. The team was particularly mindful to recruit participants from a variety of racial, ethnic, and religious backgrounds, and from a variety of socio-economic levels. The subsequent interviews conducted in 2011, which are the basis for this report, came from the initial group of recruited participants when possible, and some additional participants were recruited when attrition occurred. These new participants were selected either to replace a demographic element represented by a withdrawn participant or to fill a demographic gap in participation as identified by the research team.

Interviewing Primary Caregivers

A total of four waves of data collection occurred with primary caregiver participants. The first two waves, occurring in the fall of 2009 and the spring of 2010, were analyzed to write the first FCCS report provided to First Things First in May 2011. Interviews conducted in the fall of 2010 and the spring of 2011 were analyzed and used, in comparison with data from previous waves, to provide the attached report. Each wave of interviewing following the first was used as an opportunity for primary caregivers to provide an update on the experiences of their family and report any changes that had occurred over time.

Primary Caregivers Sample

FCCS began in the fall of 2009 by interviewing 146 primary caregivers across the state of Arizona. An average of fifteen families were interviewed from each of eleven selected FTF Regional Partnership Council service areas. The eleven regions from which the FCCS team selected families were chosen to represent the range of geographic, demographic, socioeconomic, cultural, and linguistic regions of the state. Demographic information was gathered from the Needs and Assets Reports compiled by each Regional Partnership Council, as well as from census data by ZIP code within each region. In a few of the less populated councils, FCCS interviewed fewer than 15 families, which allowed more regions to be added to the sample. Furthermore, as FCCS selected a maximum of 15 families per Regional Partnership Council, the majority of families chosen by the research team had more than one child under the age of six so that the interviews would continue to be relevant to these families as their children grew older. The FCCS research team also made sure to include in the following characteristics in the primary caregiver sample:

- same sex parents
- single parents
- single parents by choice
- grandparent primary caregivers
- adoptive parents
- teen parents
- families where English is not the primary language used at home

From the 146 families interviewed in the fall of 2009, the FCCS team identified a subset of focal families, selecting an average of eight from each RPC for follow-up interviews the following spring (2010). Starting with eight focal families per RPC served two purposes. First, it was a large enough number to allow for attrition over the five years of this longitudinal study. Second, it was a small enough sample to be manageable in qualitative research of this scope. The research team continued to interview focal families for a total of four waves as long as they agreed to continue participation, and attempted to keep between six and eight families involved per region.

In the third and fourth waves of data collection, 69 focal families continued participation, with the remaining families having withdrawn from the study for a variety of reasons, though in most

instances due to loss of contact. Due to extremely high rates of withdrawal in a few Regional Partnership Council's, particularly in rural areas, the FCCS research team recruited additional primary caregiver participants in some areas at this time. New participants were selected to replace those withdrawn according to demographic characteristics. A total of 17 primary caregivers were added to the sample. Also during the third wave of primary caregiver data collection, FCCS was granted permission to conduct research in one tribal region. This community was then incorporated into the study, with the first primary caregiver interviews being conducted in the fall of 2010. All participants added to the sample in wave three were interviewed using a combination of the protocols from the fall of 2009 and the spring of 2010. These interviews, while technically a part of a third wave of data collection, are included in this report. The interviews from wave three for the tribal community, however, were included in the first report.

Recruitment Process

Primary caregiver participants were recruited at community events and other public places accessible to families with young children. These locations included grocery stores, public libraries, food banks, children's museums, zoos, parks, and a variety of retail venues. At these locations, FCCS team members set up a sign reading: "First Things First External Evaluation: Do you have children under 6 years old?" To families who answered yes, researchers explained the study and then asked the families if they were interested in participating. Researchers obtained contact information from primary caregivers who expressed interest. Contact information for all families was kept confidential and only a limited number of FCCS faculty/staff with IRB training has access to the contact information.

Appointments for interviews were made with primary caregivers over the telephone. Upon scheduling an interview, researchers traveled to the home of the primary caregiver to conduct the interview. At the end of each interview, participants were informed that FCCS was interested in contacting them again for follow-up interviews within six months.

Not all of the families initially recruited were eligible to participate in the FCCS study. In order to participate, families had to meet the following criteria: 1) have lived in Arizona for at least one year; 2) currently reside in one of the regions selected to participate in this study; and 3) have children under the age of six. Participants in tribal communities were required to have tribal membership through at least one of the primary caregivers.

Semi-Structured Interview Protocols

Over the course of several months, the FCCS research team developed the first open-ended interview protocol which explored the experiences and perceptions of primary caregivers regarding support networks, access and barriers to services, and decisions regarding early care and education. These initial interviews, conducted in both English and Spanish, ranged from an hour to an hour and a half in length. Most interviews were conducted in family homes, and some in other locations of the participant's choosing including places of employment and the homes of friends and family members. All interviews were recorded using a digital audio recording device and later transcribed. Primary caregivers were informed of the recording and all interview processes before beginning and were required to provide signed informed consent to participate in the interview.

All FCCS interviews are conducted by trained qualitative interviewers (QIs) who visited family homes in pairs. For each family, one QI served as the lead interviewer taking the primary role of establishing rapport, asking interview questions, probing, and otherwise eliciting information from the primary caregiver. The second QI was considered the back-up and worked to ensure that the audio recording

was clear and consistent, entertained children who needed companionship while the primary caregiver was involved in the interview, and wrote field notes. Back-up interviewers also asked follow-up questions at times. Following each interview, the QI team would write field notes following a specific form. Field notes primarily provided a summary of the context in which the interview took place and the information learned.

All follow-up interviews with primary caregivers in waves two through four focused on getting more in-depth information regarding the experiences discussed in the first interview, and exploring any changes that has occurred in the lives of families since they had last been interviewed. To prepare for follow-up interviews, the research team, including QIs and their supervisors, reviewed transcripts from previous interviews in order to develop individualized follow-up questions. In this sense the interviews in FCCS, while following certain protocols, were also individualized to allow for an emphasis on topics pertinent to each family.

A new protocol for the third wave of interviewing was designed by a group of representatives from each university's FCCS team. This group convened in the summer of 2010 to discuss the data collected to that point and areas of further exploration. Over a series of meetings, this group developed an interview protocol that included further questions regarding primary caregiver experiences and perceptions of early care, education and school readiness.

Interviewing Stakeholders

The first wave of stakeholder interviewing occurred in the spring of 2010. This interview was conducted by trained QIs in person, generally in the office or place of employment of the stakeholder. All interviews were audio recorded and later transcribed. Before the interview, participants were informed of all interview processes and required to provide signed informed consent to participate. In the fall of 2010, a subset of the original participants were asked to join a focus group, and finally, in the spring of 2011, the FCCS team attempted to conduct follow-up phone interviews with all wave one stakeholder participants. In some cases, stakeholders withdrew from the study and replacements were interviewed in person. The attached report focuses primarily on findings from the follow-up information provided by stakeholders in these phone and replacement interviews.

Stakeholder Sample and Selection Process

Stakeholders involved in providing services in early child education and health were selected from six categories:

1. Umbrella agencies providing multiple services for young children and families
2. Child care providers, both home and center-based
3. Health care professionals specializing in a variety of areas, including dental
4. Early education providers, including preschool and special needs focused programs
5. Family support service providers, including home visitation programs and more
6. Community leaders, who were nominated by local service providers in previous interviews

The sample included both stakeholders affiliated with FTF-funded programs and with programs not receiving funding. The FCCS research team took care to include stakeholders who provide services to culturally and linguistically diverse communities. The sampling plan was also sensitive to factors including: representativeness (stakeholders from programs, organizations, or agencies that represent a wide range of types of services and include both small and large agencies); role of stakeholder (e.g. both direct service providers and program administrators); and geographic location.

For some of the six categories listed above, there were databases available to identify all possible stakeholders in the state, in which case stakeholders were randomly selected from these databases.

For example, DHS listings of licensed child care centers or Pediatric Dental Association data bases were utilized, along with other lists from resource and referral sources. A listing of FTF grantees generated by FTF was used to identify stakeholders from funded programs.

In a separate branch of the evaluation, FTTEE compiled a data base that included thousands of names of child-care centers and other programs linked to a Geographic Information System (GIS) interactive website. This central data repository for information related to early childhood care, education, and health provided the FCCS team with a comprehensive listing of thousands of agencies throughout Arizona. Potential stakeholder participants were compiled in lists according to their ZIP code. The lists were then reordered and randomly assigned numbers. The provider or organization that was assigned the first number was the first selected stakeholder. If this provider or organization declined to participate, the next organization on the list was selected. Throughout the selection process, a spreadsheet of the aggregated sample was maintained to monitor representation across the ten categories, funding status, and diversity of selections. Because not all FTF focal areas are funded in every region, key informants with knowledge of community-based health, family support, and other social services networks were consulted to identify potential agencies that fall within regions from which participants might be drawn. In certain instances, selection was based upon an agency's unique scope and roles within a community.

Potential community leader participants were nominated by other participating stakeholders. Names provided during interviews were used to assist each university in selecting a community leader for each region in which they were collecting data.

A tribal workgroup collaborated in the selection of stakeholder participants from tribal communities. With the criteria of "locating agencies that provide services to young children," purposeful selections were made from the website. Since there were fewer services, including FTF-funded services, in the Tribal community, the number of stakeholders selected to participate reflected this.

In first wave of stakeholder interviewing, a total of 110 stakeholders were interviewed from ten regions and one tribal community. Approximately 35% of these stakeholders were from programs that were FTF-funded.

The second wave of data collection with stakeholders involved focus groups which are described in further detail below. A total of 53 stakeholders from eleven regions, one being a tribal community, participated in the focus groups. The FCCS team worked to ensure that focus groups involved representative from both FTF-funded and non-FTF funded services, as well as each of the service categories.

A total of 89 stakeholders from the original sample participated again in the follow-up phone interviews. Prior to this third wave, 23 stakeholders withdrew from the study due to loss of funding, unwillingness to continue, or loss of contact. Replacement stakeholders were then selected to ensure the study maintained a total number of stakeholders interviewed in wave three at 110.

Interview Protocols and Procedures

A stakeholder work group convened and developed several iterations of an interview protocol, in consultation with the larger FCCS team. Teams from each university then piloted the protocols and made further modifications. After final revisions were made to the protocols and forms, the forms were submitted to the University of Arizona Institutional Review Board. Careful consideration of differences between community leaders and service providers led to the development of two versions of the letter of explanation and interview protocol for the first wave of individual interviews;

one to be used when interviewing the community leaders and another for the interviewing of service providers.

The FCCS team developed an interviewing training manual. Members of the FCCS team with experience in conducting qualitative interviews led the QIs through a process of developing their interviewing skills and mastering an approach to the interviews that would be consistent across interviewers. This process included role playing of interviews followed by each of the QIs conducting trial interviews which were recorded and then reviewed by the FCCS staff, who provided feedback.

In the spring of 2010, individual interviews were conducted with stakeholders from each of the eleven Regional Partnership Councils. Several weeks prior to the projected time for interviews QIs contacted stakeholders to explain the study and invite them to participate. The date, time, and location preferred by the stakeholder were determined. A week prior to the scheduled interview, reminder calls were made to insure full participation of recruited stakeholders.

After the individual interviews were conducted within each sampled region, a community leader was identified and selected for each RPC, based on recommendations provided by stakeholders during interviews, and similar procedures were taken to schedule and conduct the interview. A thank you letter was sent to each participating stakeholder and community leader following the interview. While the vast majority of stakeholders were fluent in English, bilingual interviewers were assigned to those stakeholders who preferred to be interviewed in Spanish.

Focus Groups

In addition to individual interviews, focus groups were conducted with four to six stakeholders from each of the selected regions. Given the request from FTF to assess how early childhood systems were being impacted by FTF and how services were articulated, the FCCS team decided to bring together professionals working in a range of agencies in each region. Focus groups produce different kinds of data than do individual interviews, as participants exchange views and perspectives. In the fall 2010, a smaller sample of stakeholders selected from the larger group interviewed individually were invited to participate in focus group interviews.

Members of the stakeholder workgroup drafted the protocols, letter of consent, and letter of invitation for the focus groups prior to review by the entire stakeholder work group. Final drafts that included recommended revisions from the stakeholder work group were forwarded to the FCCS team for review. The protocols and consent form were piloted by teams from each of the universities and modified accordingly. After revisions were completed all documents were submitted to the University of Arizona Institutional Review Board for approval.

Each focus group was conducted with support from three members of the FCCS team, one acting as the primary facilitator, one as the co-facilitator, and one as the note taker. It was the facilitator's primary responsibility to start the discussion and help ensure balanced participation across stakeholders. The co-facilitator highlighted main points that arose in the discussion on a white board, while the note-taker detailed the speakers and the first three words of each iteration to facilitate the identification of speakers during transcription. The focus-group interviews, like the primary caregiver and individual stakeholder interviews, were audio recorded and then later transcribed and coded.

Prior to conducting the focus groups, the stakeholder work group developed a training manual to prepare focus groups facilitators. The training manual addressed the following topics: the purpose of focus groups and their role in the larger study; descriptions of the roles and responsibilities of the facilitator, co-facilitator, and note taker; guidelines pertaining to preparing for and conducting a focus group; review of the protocols and consent forms. Specific instructions pertaining to contacting

stakeholders, scheduling the focus group, and using the recording equipment were also reviewed. Prior to conducting the focus groups for each RPC, each team conducted training and ran a “mock” focus group in preparation.

A timeframe was developed for contacting, scheduling, and conducting the focus groups. Several weeks prior to the projected time focus groups were to occur the qualitative interviewer contacted the selected stakeholders to explain the study and invite them to participate. A date and time was determined based on when the majority of the stakeholders were available. Reminder calls were made a week prior to the focus group to insure the full participation of the selected stakeholders.

Follow-up Phone Interviews

In the spring of 2011, the stakeholder work group convened once again to develop an interview protocol for the third and final wave of data collection with stakeholders. The purpose of this interview was to follow-up with stakeholders regarding any changes in the system of services and the individual services of each stakeholder involved in wave one. Due to time constraints on the part of both the FCCS team and participating stakeholders, the workgroup agreed that follow-up interviews should be conducted by phone rather than in person.

The phone interview protocol was designed to touch base with stakeholders regarding each of the following subjects: changes in the general roles and responsibilities of the stakeholder and the program or agency they represent including any new obstacles or improvements since the wave one interview occurred; changes in the gaps within the system of services identified by stakeholders in wave one interviews and the wave two focus groups; updates on the collaborative processes that stakeholder participate in; funding changes; and any new recommendations or feedback participants would like to share with FTF. All interview protocols were then individualized for each stakeholder in order to draw directly from their own previous comments and any unique elements of the services they provide.

Phone interviews were scheduled with stakeholders in advance. While the FCCS research team worked to schedule interviews with the same individuals who had been interviewed in wave one, team members found that some individuals no longer worked for the same organization. In any case in which the previous interview participant was no longer available or not interested in participating again, researchers attempted to schedule an interview first with the person serving in the same position with the same organization as the previous interview. When this was not possible, the next step taken was to attempt to schedule an interview with another person within the same organization as the original interview participant. If researchers were unable to schedule any interview within the same organization they consulted with the FCCS team to identify a new organization, falling within the same service category to replace the withdrawn participant. When new participants were identified the team decided to interview these stakeholders in person rather than over the phone due to the fact that QIs had not yet met this person and established any sort of rapport. If the new participant was from an entirely new organization, researchers would also use the wave one interview protocol rather than the follow-up interview protocol. Additionally, the team decided at this time that increasing the number of FTF-funded participants would be helpful. In cases when a non-FTF funded participant/organization withdrew, researchers worked to replace them with an FTF-funded organization.

Interviewing Children

In the fall of 2010, interviews were conducted with a total of 27 children across the state. These interviews asked children to share their perspectives on family, early care and health providers,

community services (e.g. parks, zoo, and museums), and how they make sense of the transition from early care to kindergarten. As a part of a project evaluating the effectiveness of an initiative meant to improve the lives of young children, we believe that including children's perspectives is a critical part of the research process. Research increasingly suggests that very young children can offer important understandings of their lives and daily experiences (Irwin & Johnson, 2005).

Sample

The child sample includes children from a diverse range of racial and socio-economic backgrounds, from urban, rural, and border communities, as well as from a diverse range of family structures. In the fall of 2010 and spring of 2011, a total of 45 children were interviewed. In the fall, these were children who had just entered kindergarten, while in the spring, these children were preparing to enter kindergarten in the fall.

Child Interview Protocol Development

The FCCS team began the process of creating the child interviewing protocol by bringing together focus groups of children aged five to ten years old from diverse backgrounds and regions of the state to give advice on what to ask about and how to ask it. These discussions conducted in lower primary classrooms in three regions of the state, allowed the FCCS team to tap children's own ideas about what is on the minds of young people in their communities as the team moved towards research *with* children instead of research *about* children (Young & Barret, 2001). Members of the FCCS team met with several classrooms of children and asked questions about their likes and dislikes, activities they did in the home, and their experiences in kindergarten. The information garnered in these consultation sessions with elementary school children was taken to the research team, who categorized and sorted the children's ideas that informed the development of the first iteration of the child interview.

The child interview portion of the study, which was introduced in the fall of 2010, features an open-ended interview developed based on expertise of faculty researchers and a child consultation. The child participants in the FCCS study were interviewed twice, once in the spring before their kindergarten year, and once in the fall after they enter kindergarten. Children were interviewed in the same visit and often at the same time as their primary caregivers. The interviews were conducted by QIs specially trained in interviewing young children. Using a mosaic approach (Clark & Moss, 2001), a choice of expressive media was available to children as part of the interview. These expressive media included markers, crayons, paper, play-dough, and blocks. The child interviews were also audio-recorded and later transcribed for analysis.

The child interviews focused on eliciting responses regarding the children's experiences in preschool or early care, their experiences with health care professionals including doctors and dentists, their experiences at home and in their community, and their experiences as they transition to kindergarten. The FCCS researchers working on child interviewing developed the kindergarten protocol largely from the information gathered during the child consultations conducted in elementary schools prior to the child interviews in the fall of 2010. Additionally, the FCCS team chose to structure the interview by topics that could enhance and build upon the data gathered from interviews with families and service providers the previous year. After the completion of the kindergarten interviews the FCCS team met to talk about the overall experience of interviewing young children, and discussed how to modify the kindergarten protocol to interview children who have not yet entered kindergarten. The pre-kindergarten interview protocol did not include conversations about kindergarten, but rather thoughts on what kindergarten would be like. Also, based on the kindergarten interview responses researchers chose to rephrase some of the questions in order to accommodate the younger children being interviewed.

Analysis

This report provides findings developed through analysis that occurred in the winter of 2011. Like most qualitative data analysis, analyzing the data collected by FCCS was a process of "working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others" (Bogdan and Biklen, 1982, p. 145). FCCS analysis was a statewide team process that involved some levels of regionally specific analysis followed by the integration of regional information into overall statewide findings. The first phase of analysis involved thematic coding of all transcribed interview data using qualitative data coding software. After coding occurred, members of the analysis team reviewed coded data to identify overarching themes which would serve as report headings under which detailed information is provided. Several phases of re-organization of themes occurred to identify connections between themes. This process is described in more detail below.

Thematic Coding

Data coding is the conventional way to organize and analyze qualitative data. The process for developing an appropriate coding system is arduous and in this case, due to the magnitude of the project, it was also lengthy. All codebooks developed in qualitative research are unique and specific to the research questions and areas of interest of each particular study. The FCCS codebook was envisioned and generated as a document that would help systematically organize the large amount of qualitative data the team would be gathering in this longitudinal study. Using a framework based on the study's research questions and emergent themes from early interview data, thematic codes and their corresponding definitions were developed, refined, and finalized. The codebook was developed in the first year of this study and used to code both primary caregiver and stakeholder interviews collected over the whole of the project. As with all other aspects of this evaluation, the process for coding the interviews was an effort of the statewide research team and therefore there was equal representation from each research site in the coding team.

Creating the codebook took a total of nine months, during which members from the three universities met regularly, both face-to-face and through phone and video conferences, to discuss and tailor numerous drafts of the document. A significant amount of the time invested in developing the codebook went into ensuring that it was transparent enough to be utilized by future coders who did not participate in its development. The codebook is a 27-page document divided into thematic categories that emerged from our collected data. Each of the 121 codes, divided into 16 categories, includes a definition for family interviews and a definition for stakeholder interviews. Each definition is followed by specific examples with the intention of providing concrete instances in which interview statements could be placed under that code.

Given the large qualitative data set, ensuring reliability and consistency in the application of codes required that all persons charged with the task of coding interview transcripts have a profound understanding of the codes and their definitions. Coders not a part of the original coding team who developed the FCCS codebook underwent a training process to ensure consistency. Each research team coded the interviews that belonged to their respective regions.

For the coding of the final wave of stakeholder data a different approach was agreed upon by the stakeholder workgroup. Rather than using the codebook, members of the final analysis team organized stakeholder data into the following categories which were identified by First Things First as the "Six Systems Outcomes" in a report provided to the FTFEE team:

1. Access to high quality, culturally responsive early care and education;

2. Access to high quality, preventative and continuous health care;
3. Information, services and support for families;
4. Well prepared, highly skilled and appropriately compensated professionals
5. Coordinated, integrated and comprehensive systems,
6. Public understanding and support.

Analysis

After coding, members of the final analysis team, which included staff and faculty members from each university, carefully reviewed all coded data specific to the regions interviewed by the university for which they worked, looking for the most commonly occurring topics. In this stage of analysis the team looked for connections between themes in order to create a conceptual model that represents emergent findings within the data. After this stage of review, many members of the team developed written documents outlining potential findings, describing the context of each finding, and including a number of representative quotes directly from the data. With this understanding of the data, the analysis team met for a general discussion of findings and brainstorming session. At that time the team identified the major themes that surfaced in data statewide. An outline for the further analysis of data was formulated and each team member returned to their university specific data to write a summary of findings according to the major areas identified by the group. These summaries of findings from each of the three universities became the basis for the final write-up of findings.