

Help Me Grow Summary Report 2021-2022

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2 Executive Summary

“Help Me Grow Washington (WA) is part of a national network of Help Me Grow (HMG) systems. The national model was founded in 1997, born out of a desire to build a network of resources that function like a power grid.” Like a power grid, this system is made up of connected resources and services that are available for parents to connect to at several entry or access points. HMG WA is one of 31 states developing or implementing HMG. “The model brings together service providers, connects with families, and provides ongoing support.”¹

The Help Me Grow WA system is made up of a statewide leadership core team, a state action team and regional coalitions and sub-affiliates. Washington Communities for Children (WCFC), WA Department of Children, Youth, and Families (WA DCYF) and Within Reach are the large entities that make up the statewide core team; their role is to “spread and scale the work of Help Me Grow”.² The Inland Northwest Early Learning Alliance (INWELA) is one of the 10 regional coalitions that make up WCFC, which is a system of coalitions that work regionally on improving early childhood learning and development.

In the fall of 2021, INWELA approached the Spokane Regional Health District (SRHD) Data Center to conduct a needs assessment for the HMG work. The rationale for this was to gauge the need for a centralized referral system in Eastern Washington. INWELA decided that the first phase of the needs assessment would be gathering formative data from parents and caregivers.

The SRHD Data Center conducted four parent focus groups in Spokane County and had a total of 25 participants. Focus groups took place from December 2021 – February 2022. Analysis of the qualitative data took place in March 2022.

3 Project Description

The purpose of the Help Me Grow Project was to inform the development of a centralized referral system for parents and families. The project team wanted to understand the unique needs and experiences of parents to inform how best to implement the Help Me Grow model and what tailoring and innovation is needed to address parents’ unique needs and the gaps. Currently, there are other referral systems in Eastern Washington that are being utilized, but the goal of Help Me Grow is not to compete against these other systems but rather enhance the services available to families.

The scope of this phase of the project was to conduct formative research by gathering information prior to the design and implementation of the HMG model. INWELA and the SRHD Data Center identified five primary research questions that were used to guide the data collection.

- What do parents currently experience when accessing referrals/services?

¹ Within Reach. (2021). Help Me Grow Washington 101. Help Me Grow Washington. Retrieved April 4, 2022, from <https://helpmegrowwa.org/video/help-me-grow-101>.

² Within Reach. (2021). Help Me Grow Washington 101. Help Me Grow Washington. Retrieved April 4, 2022, from <https://helpmegrowwa.org/video/help-me-grow-101>.

- What are the gaps?
- What causes frustration?
- What access points are being utilized?

4 Methodology

Project partners prioritized data collection from parents and caregivers as the first phase of the needs assessment. Partners and SRHD Data Center chose focus groups as the method for collecting data. Capacity and funding narrowed the scope to four focus groups.

Four focus groups with a total of 25 participants were held both in person and virtually using the platform Microsoft Teams. All groups were conducted in English with English speaking participants except one group that was facilitated in Karen and had Karen participants.

Demographic data was not collected but recruitment was targeted to reach parents from populations of interest (see next section, 5.1 Focus Group Design). What is known is that parents and caregiver participants were accessing services at the participating organizations.

The focus group questions were developed from the guiding research questions listed earlier in the Project Description section of the report. Questions were reviewed by INWELA members prior to the finalizing of the guide. See **Appendix A** for the list of questions. An audio recorder was used to capture the conversations which were exported into transcripts for analysis.

4.1 Focus Group Design

The Help Me Grow model is unique in that it focuses especially on connecting parents with young children to resources and services. This model is built off the research that the first three years of a child's life are the most important, as these years are key for healthy development and learning.

The Data Center was targeted in their approach and conducted outreach to organizations serving individuals who met some or all the criteria listed below.

- Parents and caregivers of young children (ages 0-5)
- Parents and caregivers whose income has or is below the federal poverty level
- Parents and caregivers who may not speak English, are immigrants or identify as Black, Indigenous, people of color (BIPOC)
- Parents and caregivers who might be already connected to a program
- Parents and caregivers who are not currently in a program and would otherwise not necessarily be connected to resources and services

Data Center staff used INWELA's input to create a list of places and organizations that primarily serve parents with children including, WIC, Early Support for Infants and Toddlers (ESIT), Transitions, ECEAP and Head Start programs, Vanessa Behan, Children's Home Society, Community Minded Enterprises, Big Table, World Relief, and Refugee Connections. Ultimately, Data Center staff partnered with

organizations that expressed interest in being part of the focus groups and could leverage existing group meetings and support from internal staff.

5. Evaluation Findings

The following section highlights key findings from the themes that emerged from the parent focus groups. See **Appendix B** to reference the entire list of themes and their summaries.

Parents' experience of the referral system is disjointed, inefficient, and narrow

- Parents reported outdated resources, misinformation, and unawareness about how to navigate processes (i.e., documentation needed, eligibility requirements).
- Parents reported wait times, feeling like they were passed around when they reached out and reported the lack of follow up from agencies/organizations.
- Parents reported unawareness about resources out there and the challenges in knowing where to go for the type of support they needed.
- Qualifications for resources and services can be so narrow that parents' needs go unmet.

Racism, classism, ableism, and other discrimination being perpetuated

- Parents reported experiencing discrimination by staff when accessing resources and services.
- Parents described the experiences they wish they had, and it is reflective of trauma informed care practices.

Accessibility is an issue for some parents/caregivers

- Lack of access to resources and services in caregivers' native languages was one of the barriers parents shared.
- Fees for applications, other costs associated with applications and requests (cost of identification cards, birth certificates, etc.) were cited as barriers for parents.

Positive outcomes and experiences reported with a coordinator

- Having a coordinator, navigator, or case manager involved in processes was reported to be helpful.
- Parents described the role of the coordinator as multifaceted – providing expertise, support (emotional, mental), serving as an advocate, and bridging the communication between providers and entities.

Connection and support were highlighted as a need

- Caregivers expressed the desire and need for opportunities to connect with other parents and caregivers.
- Support groups for kids with certain diagnoses or disabilities was one need that was emphasized by several parents from a focus group.

Parent and caregiver informed solutions

- Parents asked to be included in decision making and providing input and direction to any system design or solutions.

Parents and caregivers shared their vision for what they would like to see such as parents providing peer support, volunteering, working as coordinators, and providing expertise and experience.

6 Conclusion and Recommended Next Steps

This Help Me Grow project is one part of a larger needs assessment that the Inland Northwest Early Learning Alliance (INWELA) plans to conduct to get a better sense of the landscape and need for a centralized referral system in Eastern Washington. The Data Center recommends that INWELA determine the next steps for the assessment including defining what other information should be gathered, from whom, and who should be reached if a system were developed and implemented. An ongoing and more initial next step is for INWELA is to develop and further grow their relationships with providers and partners, using opportunities to share results from this assessment with them. As a final note, INWELA should consider how the HMG model might be adapted to the unique geography, demographics, and socio-economic factors of Eastern Washington.

The bulleted list below outlines some high level and specific recommendations based on the qualitative data gathered.

Recommendations:

1. INWELA and partners will need to define who the Help Me Grow system will serve.
 - The national HMG model focuses on supporting families with young children (0-5 years old), but other targeted outreach should be defined. Income, ethnic and cultural identities, background, housing status, Limited English Proficiency (LEP) can all be factors that determine the scope of who this system intends to serve.
2. The HMG model should be designed and adapted to address inequities.
 - Build relationships with local organizations that serve Black, Indigenous, people of color (BIPOC) communities and other populations experiencing inequities to better understand these populations' experiences and strengths. Connect parents to these local organizations, their services and invite these organizations to be an advisory partner.
 - Address accessibility issues to resources and barriers by providing language access, system navigation and making changes (to documents, instructions, applications etc.) to consider the education and literacy level of individuals.
 - Find resources and ways to connect families to waivers and grants to cover application fees, fees for identification cards, and transportation for families with limited income.
3. Use results to inform future efforts for HMG components such as advocacy and policy.
 - Parents highlighted gaps and places where systems changes are needed.
 - Use the results to inform local legislation, or support legislative agendas and priorities centered on supporting families and children.
4. Involve community voices and collaborate with community (parents, caregivers) in the design or adaptation and implementation of a central referral system.
 - Include parent solutions and ideas into planning such as making parents peer advocates, employing parents as resource coordinators, and creating an advisory group of parents that provide consultation for decision- making.

5. Assess and review other HMG models to see how they address misinformation, disconnection, and inefficiencies.
6. Review the scope and role of coordinators in the HMG or referral system model and adapt based on parent needs.
 - Consider having coordinators based in the community who are knowledgeable about local resources and may have other skills related to advocacy, coordination between providers, etc.
7. Work to address the between distrust between caregivers and agencies by building rapport, training staff on trauma informed practices. Make trust building, connection and support a core tenet of the design.

7 Appendices

Appendix A: Focus Group Questions

Parent Focus Group Guide

1) Please share your first name (or another name if you'd like), tell us how long you've lived in Spokane, and answer this question: "In a few words tell us something you are looking forward to in 2022."

Next, I would like to ask you about the resources you know about or have used in the community.

- 2) How do you learn about community resources? (Who do you go to for help finding resources?)
- When your family needs support (such as food, childcare, parenting classes, medical care, housing assistance, utilities etc.) where do you go to get help?
 - What resources exist in the community that you know about? What resources have you accessed?

Now, I would like to talk a little more about what you have experienced when trying to access these resources.

- 3) Describe your experience when trying to access resources in the community.
- Do you call? Go in person? Do something online?
 - Do you feel like you were able to get the support you needed?
 - Can you share a specific example of something that worked well?
 - Can you share a specific example of something that did not work well? (or what has been frustrating?)

4) What is your biggest challenge when trying to access resources for your family?

5) Are you prevented from having the opportunity to access resources and services because of the color of your skin, your socioeconomic status, your level of education, gender identity or sexual orientation, the job you have, the neighborhood you live in, or because of a disability?

Last, I would like to talk about what could be done to improve the referrals and services available in the community.

- 6) What support does your family need to improve your health and well-being?
- What are the biggest needs you have that have not been met? What are the reasons for those needs not being met?
 - Which things do you most often seek out support for?
- 7) If you could create a place where families could go to get help what would that look like?
- What resources would be offered?
 - How would you find the resources (i.e. in person, online, phone call, with the help of a navigator)?
 - What would help to make it easy for families to access?

8) Is there anything else you would like us to know?

Appendix B: Themes and Summaries

Awareness and Accessing Resources, Services

Parents were asked about their experiences when accessing resources and services for their family. For several parents, they reported a lack of awareness about the resources available to them and in some cases, were made aware only after they had experienced major impacts because their needs went unmet. Many shared how difficult it was to find the appropriate resource for them because they did not know which programs they qualified for and how or what was needed to apply. Parents also emphasized the need for resources that are updated and a central place or hub to access everything.

Many parents found resources through other parents and caregivers or through a coordinator. Two parents shared an example of how support from school, primary care physician or someone advocating for them from the agency was the difference between receiving the services they needed versus not.

Parents stated that they want to be able to have options for things like medical care (i.e. for children with specific diagnoses, dental and vision). One parent shared their experience, “There's just not resources here on this on this side of the state, which is really disheartening. It's providers, it's excuse me, it's provider shortages for specifically for developmental pediatrics, nationally”.

Basic Needs and Support

Childcare, housing, food assistance, transportation, healthcare and citizenship, immigration and residency issues, options for medical care are just a few of the basic needs that parents emphasized they most often seek support for. Parents highlighted the interacting nature of accessing resources where things like obtaining childcare and having transportation was essential to access other resources such as social services, food banks or attending medical appointments.

Community Participatory Informed Solutions

When parents were asked, “If you could create a place where families could go to get help what would that look like”, several parents talked about the importance of including parents in the design of such a place or system, and having it run by peers with first-hand experience being a parent and experience interacting with those systems. One parent suggested employing parents to be resource coordinators, or creating an advisory group of parents/caregivers that are consulted when decisions come up regarding the referral system.

One parent shared, “But what I think there needs to be is a setup of a group of you know community active people, which like we three seem to be, that all have kids that all have to use resources. They get together and work with the agencies so that [when] the agencies say, ‘We have to take this program away and you know it's not going to be replaced or it is going to be replaced. How do you guys think we should approach letting the community know?’”

Parents also shared that they wanted their experiences to be validated and because they interact with these systems, they know the gaps, what is lacking and what needs to be changed to better serve and meet their needs.

Communication and Documentation

When parents were asked about their experiences in accessing resources and services, they overwhelmingly shared about how it was to communicate with these systems. Parents used multiple methods for contact such as the phone, online, social media and going in person.

Wait times, lack of a response back from the agency or organization, feelings of being passed around, and condescending behavior were just some of the experiences that parents recounted. On top of other daily stressors parents expressed frustration at contacting a resource or service daily without a response and feeling like there was no progress for so much effort.

When it comes to written communication and materials one parent emphasized the need for things to be broken down, made easier to understand, simplified, understandable terms and language. There is frustration when the process is stalled because more documentation is needed, or they didn't know it was required or not sure where to get it.

Coordinator/Advocate/Navigator

One of the things that parents said was working well was the support provided to them by someone who advocated on behalf of their family, connected parents to resources, coordinated care and served as a bridge for communication between providers, other entities, and insurance. While their roles may be unique, parents called these types of persons case managers, navigators, and family resource coordinators.

Several parents said that a coordinator of some sort (at agency, program) was instrumental in getting them connected to other resources. Coordinators held a level of expertise about how a process or system worked, explained benefits, qualifications or eligibility, and were knowledgeable about local resources, in many cases connecting families to resources they had not initially been seeking out.

Discrimination/Harmful Narratives

Parents recounted interactions and situations where they experienced racism, classism, ableism, and other forms of discrimination when trying to access resources and services. Parents shared statements said to them such as, "Why do you need childcare if you're on disability and at home?" or "You don't look like you need help." One African American woman recounted the racist statements made to her by a social worker, "'I know women like you' and I'm like, Oh, you do? and she's like, 'Yeah, your people' [were] her words, 'Your people like to abuse the system.'"

Parents and caregivers also recounted the judgements regularly made about them such as, "You shouldn't have had so many kids" or "Why are you homeless? Like? What did you do to put yourself in that situation?" "Everyone thinks a single mom get all the handouts in the world like they prejudge me

or have some predetermined things like we're doing some fraud.” One parent shared how frustrating it was to experience this at multiple places and for there to be no accountability for those places.

When parents were asked what they would improve or what they envision several expressed sentiments around inclusive services, hoping to be believed when they say they need help. Parents shared that they wanted to be affirmed and work with staff who want parents to be successful.

One parent shared a story of an experience she had with her child’s dental provider where she experienced that affirmation. She recounted the time her and her family were living in their car and the dentist visit she took her child to, shortly after they found a place to live. “We finally got out of the car, she had nine cavities from not being able to have a stable place to brush your teeth every morning and night. I felt so bad and explained it to my dentist. And usually dentists are pretty harsh, but my dentist is really chill about it, and he even told me the other day, “She hasn't had one cavity since, then. I'm really proud of you.” She said she felt grateful because dentists can be judgmental.

Distrust

Distrust is one of the things that several parents expressed when talking about engaging with the system made up of agencies, service providers, institutions, and organizations. A couple parents talked about the challenge of expressing their need for help while also holding reservations about whether that would prompt the staff or agency to call Child Protective Services (CPS) because of those needs.

Several parents shared the distrust they feel because of the discrimination and prejudice they experience, and one parent shared how this impacts her desire to ask for help when she needs it. “When we go to access resources and when they do talk to us or treat us like that, it's like okay, well, if we go to the next place then we get that same thing. It's like we don't want to go through that. It just you don't want to go through it again.”

Language Access

Language access continues to be a high barrier for many immigrants and populations who have Limited English Proficiency (LEP). A group of parents shared that not being able to speak and understand English was their biggest challenge when trying to access resources and services. And when translation was available, parents reported that they experienced feeling rushed during the interpretation process.

Mental Health

Mental health is one topic that came up without prior prompting and questions about this topic. One parent brought up mental health when the parents were asked to share examples of things that are not working well. More mental health resources are needed especially as one parent shared, “Yeah, so like more outpatient counseling readily available for people.”

One parent noted the increase in demand for mental health services and another parent described the impact of that citing one resource that connected folks who called for support to talk with a volunteer but not a trained counselor which is what this parent felt like they needed. A couple of parents

described their experiences with this field sharing that they have been waiting months to get the mental health they need as they are on a waitlist. The resources out there are seen as insufficient.

Misinformation

Misinformation or inaccurate information was one of the salient themes that emerged from the focus groups. Parents shared how consistently they were given the wrong or differing information when it came to seeking out resources and services, “I would say for me the inconsistency percentage is 7 out of 10 yeah seven out of 10 times or some major factor that I wasn't told”. More specifically, parents shared their frustration with inaccurate information about the process and the steps that one must go through, documentation they were not aware of needing, operation hours and eligibility information.

One parent shared that they call or ask about the process multiple times to verify information because answers and information are inconsistent between staff. Parents expressed that if there is a system, website, or place for resources they want those resources to be vetted, checked, and updated constantly.

Qualifications and Eligibility

Parents and caregivers brought up discussion about the qualifications and eligibility requirements they encounter when accessing resources and services. Parents reported that they spend a lot of time and energy trying to find out whether they qualify, and that information may not be in a place that's easy to find or up to date.

Parents shared that the misinformation about eligibility is frustrating for those who depend on that help but also for those that use their time and money (which can be limited or even lacking) to attend an appointment only to find out that they do not qualify.

Several parents reported their frustrations that the qualifications can be so limited and narrow in scope and definition that it bars the very people who need help. One parent shared, “I know they want to help, but then they put their requirements so strict that they can't help”. Several parents also agreed that it is hard for parents to get ahead if they lose essential resources and services because of a slight increase in income or as one parent shared, “You know, a lot of different things like that where we just automatically are disqualified for things, but no one will listen to where you're actually at. You know, you're a \$5 over the income limit, so sorry, you get nothing.”

Support Groups and Connection

The topic of support groups came up as something parents wanted. This theme was especially emphasized among parents whose children have special diagnoses and are receiving therapy.

Even broader than that, what parents spoke about was the longing for connection to other parents to socialize, to find out things they otherwise would not find out about, to connect with other parents whose experiences resonated with their own, and experience solidarity. One parent spoke to this and said, “One of the best ways to find resources is through other parents and even like having the

connection of like talking to other adults going through the same thing you are, like oh my gosh, that's amazing. That's a huge thing that can help a lot."

Trauma Informed Care

Parents talked a lot about the harmful narratives that are held and spoken to them. They shared experiences of being judged and treated in a condescending way and in ways that make them feel like they're an inconvenience, not smart, or they do not have time for them. Assumptions about their character, work ethic, and intent etc.

When asked the question about what they envision a place where families could get help, some said a place that is welcoming, where parent success was the focus, people were non - judgmental and where their situation was considered. Without naming it, parents described a place with folks who were sensitive, compassionate, and trauma informed.