

Collaborative Leaders Network Hawaii Early Childhood Listening Tour Report on Preliminary Findings September 2012

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Introduction

In March 2012, The Collaborative Leaders Network (CLN) commissioned a “listening tour” to strengthen and broaden the current understanding of Hawaii’s early childhood landscape. The project was developed with the State Executive Office on Early Learning to help bring a broader range of individuals and communities into statewide information gathering efforts. As one policy professional described:

“There has been a lot of discussion, but how inclusive has it been? People are fatigued, because they have been meeting and discussing for years and years, but it’s the same people. Not the wider landscape. . . .[O]ur planning for early childhood, it almost seemed divorced.”

This preliminary report represents a specific effort to hear and document diverse “voices and concerns.” It draws a stronger connection between public/private early childhood planning, and the day-to-day decisions and choices made by families about the children in their care.

This particular effort to broaden the input into early childhood planning builds on successful past and current work. As one early childhood leader pointed out:

“On the encouraging side, I think in Hawaii, we have more conversation across disciplines and across departments than we’ve had before, and that’s encouraging to me. I don’t know if they’re talking in the same language yet but at least they’re talking together in a way that seems different than when we first started out with the early learning task force—there seemed to be a lot of turf protection and there seems to be less of that.”

The individuals and organizations that provided support and assistance for this listening tour are deeply committed to improving public, private, and community efforts on behalf of children and families. It is the intention of those involved with this project that the stories and perspectives included here enhance ongoing undertakings such as the State Early Childhood Plan, The Hawaii P-3 Initiative, foundation investments, legislation, and community activities.

Method, Approach, and Context

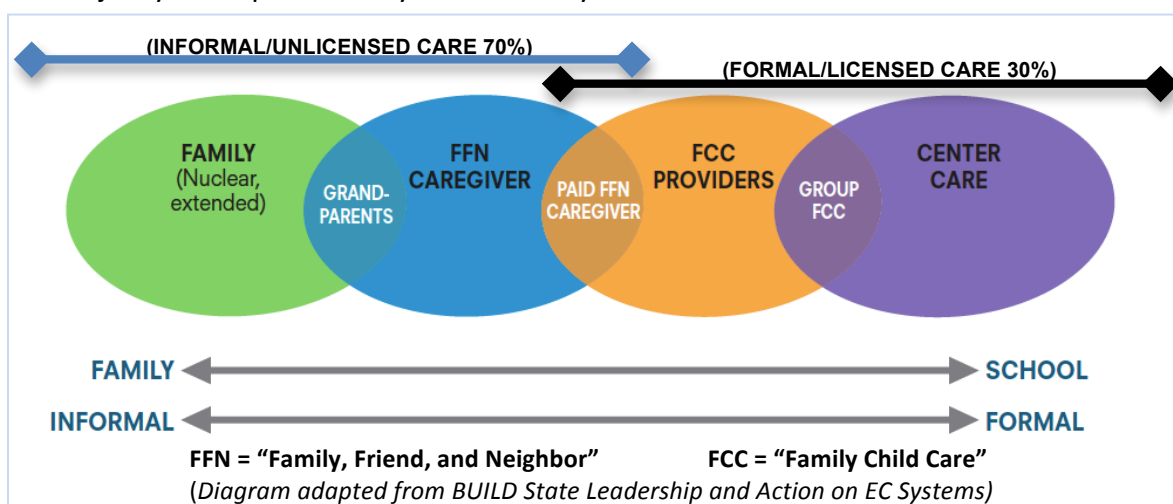
Through interviews and focus groups, Storyline Consulting gathered testimony from people who care for children, provide them with services, or advocate for them and/or their families at some point from their prenatal care through their fifth birthdays. The 32 individuals to date that agreed to be interviewed for this “listening tour” have provided a rich picture of the work being done—and the additional

support that is needed—for children in Hawaii. They represent grandparents, parents, community volunteers, current and retired educators, service providers, childcare providers, and policymakers, all of whom share a common interest in improving children’s lives. Their stories help give texture and substance to early childhood data points. Their local experience and wisdom provide a complement—or at times a counterpoint—to national best-practice research and recommendations.

Approximately 30% of children age 0 to 5 in Hawaii are in formal childcare settings that are funded, supported, and/or licensed by government agencies. This report focuses more heavily on the 70% of children that are not currently in formal, licensed care settings, and attempts to bring the “informal” caregivers that constitute the majority more prominently into the early childhood conversation.

Hawaii’s Early Childhood Population

- There are approximately 87,400 children under the age of five in Hawaii, composing 6.5% of the overall state population.
- The counties included to date in this listening tour, Maui County and Honolulu County, together account for 82% of the state’s 0-5 population.



The 32 individuals in the first phase of this listening tour were interviewed on the islands of Maui and Oahu, in both English and Spanish. The interviewees chose the interview settings. In addition, several focus groups were coordinated with the assistance of the nonprofit organization Partners in Development Foundation and their “Tutu and Me” family-child interaction learning program. Because the majority of FFN caregivers interviewed for this report are enrolled in a family-child interaction program, they constitute a particular subset of Hawaii’s FFN population. This “listening tour” may expand in the near future to include focus groups and interviews with FFN caregivers contacted through a broader range of affiliations within the FFN landscape, such as those who receive federal subsidy payments through the federal Child Care and Development Fund.

Additional information, including interview guides and a full list of participants, is included in the Appendix of this report (page 36).

Key Findings

- I. The Family, Friend, and Neighbor (FFN) childcare providers included in this listening tour display an extraordinary level of commitment and motivation to the children in their care. They represent a significant existing resource for specific children and families, as well as for Hawaii’s workforce. They are also an untapped potential resource for peer-to-peer education, program planning, and outreach efforts by formal programs that wish to reach children and their FFN care providers.
- II. FFN care providers from diverse communities and backgrounds report a high level of desire and motivation to find like-minded networks of support around childrearing and child development in their neighborhoods. There is a clear opportunity to meet early childhood development goals in a way that also creates stronger ties and increased “social capital” benefiting not only children, but families and communities.

- III. Providers and community members alike feel that there are not nearly enough formal and informal child development and enrichment opportunities in Hawaii to match community demand. Increasing the total number of formal and informal opportunities is important to interviewees, as is increasing the coordination between existing opportunities. Families from a diverse range of geographic areas and income levels are seeking opportunities to:
- a. encourage socialization between children,
 - b. support the positive social, emotional, cognitive, and physical development of children,
 - c. help children learn new skills (such as swimming, sports, teamwork),
 - d. foster opportunities for children to become familiar with other adults,
 - e. find structured environments that help children get school ready, even if FFN care is preferred, and
 - f. create networks with other adults.
- IV. Policymakers and families share the perception that people and programs are largely isolated from each other. The listening tour reinforces a call for holistic policies and planning, especially between state agencies such as Department of Health, Department of Education, Executive Office on Early Learning, and Department of Human Services, to provide integrated opportunities for young children. For vulnerable children in particular, partnerships represent a valuable opportunity to reach children and meet child development goals by working through programs that do not explicitly serve children, but do provide the adults in their lives with support and services.

I. Family, Friends, and Neighbors: The Predominant Early Childhood Care Providers for Hawaii

An official count of the state's available spaces in licensed care settings, including home-based day care, center-based care, and preschools, shows limited availability compared to the size of the Hawaii's 0-5 population. In the preschool age group in particular, only about 23% of children are enrolled in preschools and childcare centers, according to the Hawaii Association for the Education of Young Children (HAEYC). Terry Lock, the director of Hawaii's Executive Office on Early Learning, believes that informal Family, Friend, and Neighbor (FFN) care plays a significant role for the 70% percent of children aged 0-5 that are not in licensed care (p. 10). "In Hawaii, the majority of young children are likely cared for by Friend, Family, and Neighbor care," she says.

"Grandparent Care"—Extraordinary Commitment

The ten grandparents that shared their perspectives for this listening tour provide care for at least one grandchild (one cares for a great-grandchild) on a full-time or part-time basis. Only two of these grandparents stayed home full time with his/her own children, and the remainder were working parents themselves. "I was a working mom," one grandmother shared, "And I didn't have any help. I know from experience how hard that is and I wanted to help my daughter and my grandchildren when I had the opportunity."

While all the grandparents that provided interviews were committed to providing childcare for their family members, some went to above-average lengths. One Oahu grandfather reports taking an extended, two- to three-year leave of absence from work to provide fulltime care for his granddaughter during what he characterizes as a critical period in her development. A grandmother who lives in Kauai flies to Oahu at the beginning of each week to provide care. After staying with her family in Oahu through the week, she returns to Kauai. Her daughter and son-in-law find the cost of her flights to be more reasonable economically than the market rates for high-quality child care, and it brings them comfort and peace of mind to know that their son is cared for by a family member who is invested in and devoted to his well being.

The grandparents who provided interviews are motivated to help their grandchildren develop into caring, responsible people. When asked why they devote their time to caring for their grandchildren, and what values they think are important for their grandchildren to learn, their answers are similar:

“The gifts of resilience, confidence, healthy perspective, patience, and to learn to not be prejudiced.”

“I want them to have a strong sense of self worth. I am concerned with their self esteem, believing they are worth something, they are good. From there I can take them further because of the confidence factor.”

“Sometimes you get so caught up, but the focus is to learn aloha. You have to have aloha for yourself and other people and for property. That covers all the rules ‘don’t hit, do this, do that.’ You need aloha to yourself, too, but you need to share aloha.” with others.”

“Pono—what is the right thing? How do you make a decision so that you have a moral compass? . . . They can see how you make decisions based not just on what’s easy but what’s right.”

“I want them to be good, caring people. I want them to know the people part.”

FFN Providers—Resources and Activities

The majority of grandparents in the listening tour participate in Tutu and Me, a family-child interaction learning program (FCIL). Statewide, approximately 2,400 children and caregivers participate in the Tutu and Me “traveling preschool” each year. They share a common desire to participate in early childhood educational activities, and are not necessarily a representative sample of the larger population so much as an illustration of a segment of the FFN population. The Tutu and Me participants themselves, however, are extremely diverse, and the program does not restrict participation by income level or ethnicity.

The grandparent caregivers in this listening tour, whether or not they participate in Tutu and Me, report relying primarily on word of mouth to gain information about caregiving and child development resources. They share information with other parents, grandparents, and caregivers they meet at the park, at the library, and at various child-centered activities. A commonly-held goal for participation in specific enrichment activities is providing the children in their care with opportunities to socialize, as well as exposure to “world experiences.” As one grandmother reports, “I was looking for something to do with him during our time together—I couldn’t see just sitting inside and watching TV. I took him out, took him to tide pools, and around. And I wanted something interactive, because I thought, ‘he will be the head of a family one day, and he has to learn that interaction.’” A grandfather who does not participate in many formal or informal organized activities with his granddaughter asserts, “It doesn’t have to be complicated. You can learn a lot by pretending to be caterpillars—you learn about feet, counting, long vs. short.” In his view, good caregiving is about providing happy, healthy, clean places to learn.

Grandparents were asked specifically about technology and the role it can play in caregiving. The majority of the grandparents in this listening tour feel that technology such as iPads, iPods, television, and computers, was something that children should have less of, versus more of. One grandparent does feel that for her high-energy grandson, Leapfrog educational technology resources were “a blessing” and help him to master skills important for literacy and math. The majority of the grandparents, however, expressed sentiments such as the following:

“It bothers me that kids are so busy with their technology that they forget about the people right next to them. Or you have to have a TV in the car to go from place to place. What happened to sing songs, play games, or look for words that rhyme...what happened to that? It scares me.”

“It diminishes children’s self worth at times. The best thing is to look at a child and give them undivided attention. Parents need to learn to put that stuff away and give [kids] undivided time.”

Grandparent caregivers perceive an increased role of technology with today's parents, and see that technology is an important organizing tool for parents who join online communities and use technology to increase and improve communication. However, none of the grandparents consider themselves to be a part of that demographic, and see it as something that just their children or grandchildren do. One grandfather said his daughter signed him up for a child development online community and e-mail newsletter, but that he never looks at it. Another grandparent says, "For me it's a pain, but parents have gotten into this. I know some of the mothers here have a web page and when you have an event, someone will take pictures and post them. They do social things together and that's important for the young parents. For the younger ones the tech is very important, that's how they communicate."

For their ongoing education as caregivers, the resources that the grandparents report appreciating most are interactive and "not judgmental." One grandfather shared that he appreciated the caregiver education component of Tutu and Me, stating: "I care for my grandkids. I raised two kids of my own and now I know what I'm doing—I've been through

Program Profile: Tutu and Me

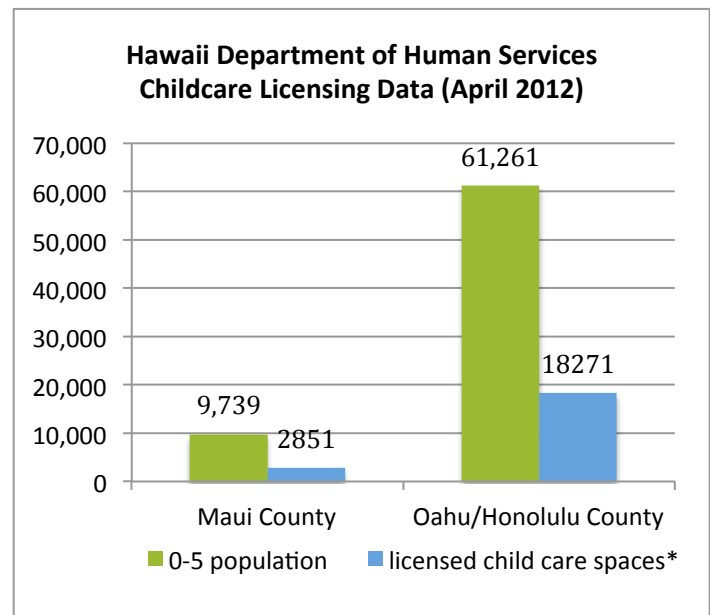
Tutu and Me provides twice-weekly "traveling preschool" experiences for children and their family caregivers. For two hours, children and their relatives can participate in a "pop up" classroom in neighborhood churches, community centers, and parks. The staff of Tutu and Me set up educational toys and materials, books, instruments, and art supplies. The children and their caregivers learn songs and hula, and there is child development information posted at each play center. For example, at the art center, there is a sign that notes the different developmental stages of learning to write. Children from 0-5 can participate, and preference is given to children of Hawaiian descent. Caregivers are required to stay for the duration of the two-hour program. Special education sessions are available for them, for example, trainings on promoting literacy. Programs like Tutu and Me, and similar caregiver interaction programs run by Keiki o ka `aina and Kamehameha Schools preschools, provide a place where caregivers and children alike can interact and learn.

Tutu and Me accepts up to 50 children and into each site at a time. "The main factor is funding—we can only expand if we have the funds," said a program director. "This year we served more than 291 keiki, [on Oahu] and I say 'more' because throughout the year keiki come and go for many different reasons." The waitlist count varies from area to area, but for the six sites on Oahu the total number of children on the waitlist totals 197.

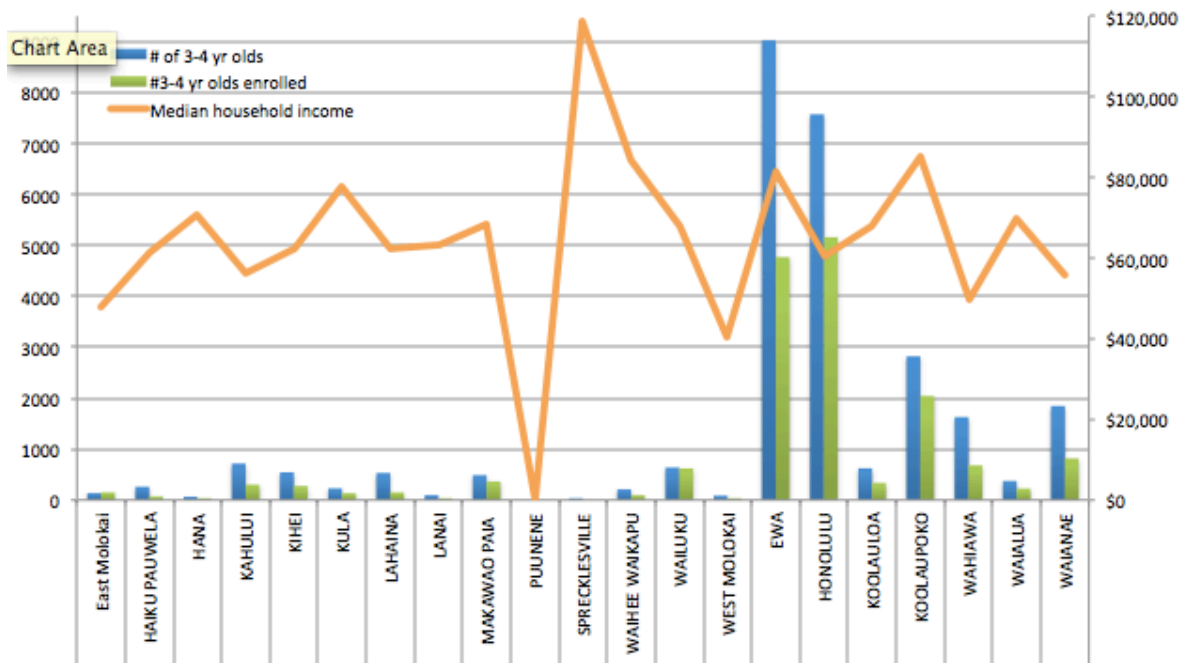
it. But we have classes here about caregiving and I learn something every time. Makes me think about what I'm doing and my approach. I'm always open for advice. We've had four or five sessions—each time I learn something.” While not every FFN provider will share the perspectives and inclinations of the group that participated in this listening tour, the grandparents, friends, and neighbors included here demonstrate that there is at least a subset of informal providers that are extremely proactive and purposeful about improving the social, emotional, and cognitive outcomes of the children in their care. They are actively seeking enrichment opportunities, are motivated by the idea of instilling in children the values of caring and respect for others, and are interested in continuing education and sharing ideas and resources with other caregivers. Some are even specifically dedicated to outreach to other caregivers. When asked to share a little about the care she provides and how she started, one grandmother stated, “I am a fulltime caretaker of education. I take care of my grandkids because I believe in promoting education. I will talk to anyone about it, even people I see on the street! Especially for our Hawaiian families.” Individuals like these grandparents are already a valuable resource for children and the community. Their perspectives and experiences are also a potentially valuable resource for peer-to-peer education to help increase quality of care among other FFN providers.

FFN Providers—Quality and Need

There are 71,000 children on Oahu and Maui of the ages five years old and below. According to Department of Human Services data, there are licensed childcare spaces for 29.7% of these children. Not enough is known about the 70% of children ages 0-5 and the 77% of children ages 3-5 that are cared for outside of the formal, licensed system. It has been documented,



particularly by agencies such as the Good Beginnings Alliance and PATCH, that there is a great range in the quality of care, and that there are children who are not receiving what they need and deserve. Without a doubt, working parents need options, including the increase of licensed childcare spaces. Some rural areas such as Molokai and Hana have zero licensed infant-toddler childcare options. The FFN population is not well understood and it is unclear what percentage of Hawaii’s families prefer FFN care for the period of early childhood, versus those for whom it is not the first choice, but the only option due to a lack of available, affordable formal daycare. Census data, such as the information conveyed below, display the variability of care by community, but not the reasons and rationale behind the data points.



What programs like Tutu and Me, and its approximately 2,400 participants and hundreds of waitlisted families show is that there is motivation to provide high-quality care within the FFN category and that there is a potential to increase the quality of FFN care overall by building on the strengths of the people and programs that are doing well. Family-child interaction programs can increase the overall quality of FFN care, and increasing their availability and accessibility is a potential way to reach increasing numbers of children in FFN care. At present, there is not enough supply to meet

demand, and grandparents report driving from Ewa to Honolulu to participate in programs with limited availability. “My grandson stays with us overnight every Monday and Wednesday so he can come [to Tutu and Me]. Our entire life has been rearranged to accommodate participating here,” observes one grandmother.

A first step would be changing any existing perception that FFN care is inherently inferior to formal or center-based care in terms of the social, emotional, and cognitive development of the child. A retired Maui-based early education specialist reflects that, “Sometimes people think every child should be in a preschool. But if they are in a home where they are loved and having stimulating experiences, and stimulating conversations, they don’t have to be in a program.” An Oahu family policy expert concurs in her statement that, “I think you have to respect parents and what they think is important and what they would like for their kids. . . . Just because they are not in a preschool setting, doesn’t mean quality is bad. What is your measure of success?”

Looking Forward—Potential Opportunities:

- Conduct analyses and research to increase understanding of the Family, Friend, and Neighbor Care landscape comprising the majority of Hawaii’s early childhood population. Include workforce surveys and demographic research.
- Increase child development opportunities for children in FFN care by expanding family-child interaction programs to at least meet demand of existing waitlists statewide.
- Partner across agencies to explore needed resources for senior citizens providing “kupuna childcare” for their families.
- Include involved and motivated grandparents and other FFN providers in community asset mapping exercises.
- Help to formalize associations of FFN providers for continuing education, including peer-to-peer education, outreach, and advocacy.

II. Strengthening Children, Strengthening Neighborhoods

Increasing Neighborhood-Based Opportunities for Children and Families

People who cared for at least one past generation of children perceive a decline in opportunities to bring neighborhood children together to play and learn from one another, and would like to see a reversal of this trend. A retired early childhood professional on Maui remembers the following about raising her own children:

“We had county-run playgroups, and communities just went. There was no [educational] program . . . but everybody in their own communities formed fellowships. Those playgroups are gone and things are a lot more formalized than they used to be. . . . Now it’s such an effort to get people together. Then, that was our entertainment and our socialization. . . . [W]e had a ball! And an ever-growing kind of network.”

On Maui and Oahu, there are both informal and formal playgroups for family caregivers, but individual participants in this listening tour note that they have space constraints and long waitlists. It is a challenge to create that same sense of community that people remember from past generations of childrearing, especially as today’s caregivers travel out of their neighborhoods in search of opportunities for their children. One grandfather notes, “Most of us live in neighborhoods where we don’t speak to our neighbors. When my boys were growing up, we had a great arrangement with our neighbors. But now, with my grandchild, everyone is grown up and gone. My grandson doesn’t have the playmates our boys had.” A woman caring for her great-grandson observes that, “in our household, all of our kids have gone out, and now it’s just the older generation. When young families move in, they are working and their kids are in care or school in other places. So with no other children around, how do I help him learn to be around kids and other adults?”

For a Kaneohe mom, the problem was not the lack of children and families in her neighborhood so much as the lack of connection she feels with them. “With me, my neighborhood is not the greatest,” she said, “There is a lot of hands-off parenting, and

unsupervised kids. I try not to let [my children] get influenced because they do a lot of naughty stuff. So I bring them to places . . . where you can have positive influence.”

The parents and grandparents participating in one of the six Tutu and Me family-child interaction learning programs throughout Oahu drive as many as 50 miles round trip to create communities based on shared values instead of shared geography. A mother who drives from Ewa to Waianae to participate in the Tutu and Me is willing to make the trip because the programs closer to her were full. “The closest program to us is Makakilo, but we have been waitlisted there for two years. There is this worry about being able to get into a program, and you don’t know unless you do some serious work to get in and find out about these places.”

The experiences of caretakers show an opportunity to increase family-child interaction programs in a way that benefits children, adults, and neighborhoods. The currently limited locations and spaces exacerbate the lack of neighborhood-based opportunities for children and their caregivers. Parent and caregiver observations about the best-case scenarios for children, families, and neighborhoods are similar to the vision of an early childhood policy leader:

“My dream has always been that the elementary school area would be the meeting ground between family-child interaction learning programs, where families could attend and meet other families, as well as public libraries and a community health center, something in every community that is the locus where the informal folks go to get information. . . . Good Beginning Alliance’s goal originally was that in every single elementary school area, there was a family center advertised to families so that if auntie was watching, there was a place to go. . . . We don’t have these touch points. The only one we have now is when they enter kindergarten. We don’t have any touch points in this state. Other states do. We’d catch a lot, and we’d increase the utilization formally and informally of quality early learning places.”

There are a handful of public elementary schools in Hawaii with integrated caregiver-participation preschools that exemplify different ways of providing a “touch point” for families. Expanding the locations and reach of family-child interaction programs could help create stronger neighborhoods, a byproduct that would ultimately also contribute to successful early childhood development. The Center for the Study of Social Policy

publication, *Pathway to Children Ready for School and Succeeding at Third Grade*, identifies “safe, stable, and supportive” neighborhoods as an important factor of helping young children succeed. The publication cites research showing that greater neighborhood stability and supportiveness can reduce children’s risk for “psychiatric problems, aggression, emotional distress, immature behavior, and poor school performance.”¹

Family-Child Interaction Learning Programs

Examples of Hawaii programs include:

- INPEACE (Keiki Steps Program)
- ALU LIKE (Pulama I Na Keiki)
- Kamehameha Schools (Hi’ilani Program)
- Partners in Development Foundation (Tutu and Me, Na Pono No Na ‘Ohana)
- Keiki O Ka Aina (Parent Participation Preschool)
- The Institute for Family Enrichment (TIFFY)
- YMCA

Increasing Social Capital

The conversations in this listening tour indicate that family-child interaction programs helping young children reach developmental milestones and prepare for school, and help provide caregiver education. In addition, based on participant testimony they also seem to provide an opportunity to create “social capital.” A policy and urban development expert, who defines social capital as “the resources stored in human relationships,” writes that “social capital is the stuff we draw on all the time, to accomplish things that matter to us and solve everyday problems.”²

Research supports observational data that social capital helps individuals “get by and get ahead,” and also helps improve public life by increasing civic participation and involvement, and increasing trust and understanding between disparate groups.³

Stronger associations of FFN care providers would create a mechanism for education and outreach about child development, and create stronger ties and

¹ Center for the Study of Social Policy. (2007). *Pathway to Children Ready for School and*

² Harvard Kennedy School of Government. (1997). *Social Capital and the Cities: Advice to Change Agents*. Cambridge, MA: Briggs, X. <http://www.hks.harvard.edu/saguaro/pdfs/SKandCities.pdf>

³ Harvard Kennedy School of Government. (1997). *Social Capital and the Cities: Advice to Change Agents*. Cambridge, MA: Briggs, X.

increased “social capital” that benefits not only children, but families and communities. In particular, Family-child interaction programs that do not restrict participation based on ethnicity or income levels provide a rare opportunity to build community around a shared interest that cuts across income levels, ethnicities, and religious or political affiliations. This unifying type of social capital that allows “members [to] bridge major social categories” and is a promising way to develop or deepen trust and community reciprocity for the benefit of Hawaii’s residents of all ages.⁴

Looking Forward—Potential Opportunities

- Expand Family-Child Interaction Programs throughout the State to reach a greater share of the children in FFN care. Work with existing programs to expand to at least cover existing wait list demand
- Study existing family-child interaction programs to understand constraining factors to expansion, such as funding, staffing, and availability of potential locations that meet insurance requirements.
- Work with existing Family-Child Interaction programs to ensure appropriate use of Hawaii Early Learning and Development Standards.
- Explore partnership between DOE schools and Family-Child Interaction Programs to utilize DOE facilities for expansion of highest-quality programs. Work towards a goal of at least one Family-Child Interaction Program in each DOE Complex/mini-district.
- A group of parents/grandparents included in this listening tour recommends that Hawaii employers support parents in taking one leave day per month to attend a family-child interaction program with their child (much like workplace policies that allow for military participation).

⁴ World Bank. (1999). Social Capital Assessment Tool. Washington, D.C.: Krishna, A & Shrader, E. <http://siteresources.worldbank.org/INTSOCIALCAPITAL/Resources/Social-Capital-Assessment-Tool--SOCAT-/sciwp22.pdf> (p. 4).

III. Community Demand for Child Enrichment Opportunities and Quality Child Care

The individuals on this listening tour mentioned many positive things being done in the area of early childhood, yet a perception at both the policy level and the family level is that there are not nearly enough activities and services to meet demand. Within the existing opportunities, a cross section of individuals report that people and programs are largely isolated from each other, and that there could be better coordination between early childhood efforts.

Activities and Enrichment

Across the board, parent and grandparents reported on a theme of being turned away from organized activities and enrichment programs for young children due to space limitations, whether programs were free or fee-based. “There are two levels,” an Aiea father offered, “People who are willing to pay whatever it takes, and people who aren’t willing to pay anything or don’t have the funds. And it doesn’t matter; either way there is nothing for them.” A Waianae grandmother feels “there really aren’t programs out there,” and adds, “the good ones are all full. There are long wait lists.” Parents talked about their experience with other parents keeping program information “secret” because of competition for limited openings. There is a perception that resources can be “hush-hush among the parents, because there’s limited space. [T]here’s no way newcomers and others can get involved in program. They need more funding so they can have more participants.” One mother, on a wait list for several years for a family-child interaction program with one agency, signed up for a second program where she was number 50 on the waitlist. When she was informed of an opening at a site 25 miles from her home, she jumped at the chance, and now commutes 100 miles per week for the program. A grandmother asks, “Why do we cut kids off if there’s a need for a child to be in? Get the funding, find the room, and in the end we are going to have a better community. Better leaders.”

In terms of informal and safe areas to play, feedback was mixed. “There are no decent playgrounds, they are all exactly the same so kids get bored,” said a Central Oahu resident. I love Nuuanu and Aikahi parks, but others don’t have shade, and are falling apart. In Aiea there is nothing. I go to Blaisdell park and there are 50 tents. It’s not homeless families—which I don’t mind—it’s homeless singles selling drugs.”

A Kaneohe mother brought up district park programming. “I love them and want to sign up. But everything is full. I wanted to get kids in for swimming, and before registration opened, swimming was already full. So people go private [Leahi Swim School] but it’s very expensive and that’s all there is.”

“I worked at Leahi,” added the Aiea father, “I kept hearing ‘This is it, so we have to pay because there is nothing else.’ They are booked solid. Seven days a week, 7am to 6pm, all year around and they are booked solid. People wait at gates to register because they want to get Saturdays and Sundays. The City programs are pretty much free, but people pay the \$15 at Leahi because there is nothing else available. We have so many kids in Hawaii and only 1 % can go to the programs.”

A stay-at-home dad that tries to take matters into his own hands and create opportunities for large groups of families has this to say:

“It’s getting harder and harder to set things up. City and County people are not really helpful and then they get uptight about liability insurance. I try and do camping trips for all the families, too. If I follow the rules and log down every child and they will reject me. I just try and organize these things during the summer breaks because there is nothing to do! [Schools and programs] are closed in summer, and so organizing during the summer is a great way to keep people in touch. Otherwise, we don’t run into each other. But state’s parks are not receptive, and permitting is hard. Everything is based on liability. . . . Even when I tried to pay for insurance, they wouldn’t even tell me the requirements. That’s the kind of thing that is frustrating for me.”

A Windward grandfather agrees. “I don’t know if it’s the program or government mentality, but we have to make it easier. We have to get over the liability piece.”

Childcare: Increasing Availability and Quality

Childcare options for Hawaii's families range greatly. There are a limited number of childcare settings that are licensed by the State, including family child care providers in private residences, center-based childcare, preschools, and before- and after-school care. The total number of currently licensed spaces can serve approximately 30% of the population aged 0-5. Some families have the option of relying on "Family, Friend, and Neighbor" care (FFN), which is license-exempt care for cases when relatives care for children, or when a friend or neighbor is providing care for no more than one unrelated child. As children reach preschool age, a broad range of educational settings are available, but Hawaii does not yet have a public, universal preschool program.

The availability of the different care options varies greatly by community. Depending on location, some parents and caregivers are able to make choices based on what is the best fit for their family situations. In contrast, families face constricted choices in communities such as Hana, Maui, where the first licensed infant and toddler day care center is currently a work in progress. The Maui Good Beginnings Alliance (GBA) is currently providing technical assistance for the Hana infant/toddler center, which will have room for eight children. The principal of Hana's public school requested assistance because of teacher turnover due to lack of childcare. "The space is small, the cost is so high, and we need to make sure it's subsidized so that families can afford it," says the Maui GBA coordinator. Neighbor islands in particular face shortages, and she confirms that "Molokai and Lanai have little to no licensed providers."

Home-Based Day Care

A home-based day care, or "Family Child Care Home," is required by law to register with the state through Department of Human Services when caring for two or more unrelated children. The maximum number of children allowed in a licensed family child care home is six. To find home-based child care providers, parents rely on word of mouth and licensed providers are also included in a searchable database through PATCH, the state's single Child Care Resource and Referral Agency. As the only CCR&R in the state, PATCH's mission is to support and improve the quality and availability of

care for the young people of Hawaii. Hawaii is one of only two places that have one CCR&R for the entire state. Just the City of Los Angeles, for example has 18 local CCR&Rs that participate in the statewide network. A PATCH employee explains licensing, and the role that PATCH plays:

“For childcare licensing, we have a recruiter, and she is the go-to person when someone wants to get licensed and open a home-based center. We provide a 10-class course. That helps them obtain 30 hours for licensing. We offer classes, but they are optional, not required. We wish they were required. DHS focuses on minimum standards, and their rules are based on that.

We wish more educators and people in this field would come out to learn just for learning’s sake and not because they are told to do it, but that’s a piece that will happen with QRIS [statewide Quality Rating and Improvement System]. . . .For places that want to stay with minimal requirements, the market will drive quality. There is a type of [national] accreditation program for family childcare centers, but it costs \$1000.”

In Hawaii, the family child care home licensing process overseen by the Department of Human Services screens for minimal health and safety standards. This is in contrast to some other states where the licensing agency makes decisions based at least partially on some assessment of quality. One challenge with large-scale efforts to monitor quality is that “our state relies so much on unlicensed care,” says an advocate from Good Beginnings Alliance.

“[The Federal] Child Care and Development Fund gives subsidy money out to license-exempt providers [either family members, or individuals caring for a maximum one child]. . . . We don’t require a home visit of any kind. . . . to get CCDF funds. So we give out millions in subsidy money without ever trying to monitor quality of care. We give out to a huge number of families and there is no benefit, other than the parents can go to work, because we don’t use it as a lever to increase the quality of the programs in-state. [We] don’t even go in the home to see if they have the fire alarm or sockets are covered. It takes money on the part of DHS to monitor, yes. . . . It is meant to increase quality of care, but it doesn’t always do that.”

Other states have high levels of license-exempt and unlicensed care, “but we are one of the highest,” confirms Good Beginning Alliance staff.

Parents use unlicensed programs, and providers may not have an incentive for licensing their facilities, especially if it is more of a signal of compliance than of quality. It takes 180 days to complete the process, and if you don't meet the 180-day window, "you start over," explains Maui's PATCH director. "Why don't more people get licensed? Maybe they fear DHS. It's an invasion of privacy, and people don't want them in their homes. Also, [DHS] only licenses homes for up to 6 kids and some people want to go unlicensed route to have more kids in their homes."

The licensing challenges do not mean that there are not excellent home-based care options. Nor does it provide a consistent barometer of the range of quality. "There is really good unlicensed care, and really bad licensed care," observes PATCH.

Two providers that contributed their perspectives for this listening tour operate unlicensed group childcare in their homes. They provide a Spanish-language environment, which they say has been very popular with parents who "see the benefit." One provider is a former Head Start leader who participated as a parent member of the Head Start Board of Directors. She has a passion for child development and psychology, but as a mom and small business owner, lacks the time to complete a degree. There is a waiting list for her day care, and she says that it has been like that since she opened her doors. "Most parents find me through word of mouth, but when I first started, I put an ad on Craigslist and I had great references from working as a nanny in the past."

Another provider said she loves working with children and that parents can discern "who is doing this for the money instead of for the kids." The goal for her, she says, is to help children have the kind of wonderful childhood she enjoyed. She feels this is best done with groups of kids, so they can "learn how to respect each other, how to share."

While many unlicensed providers are motivated to provide high-quality care, they do not have access to formal levers to address quality and increase skills and knowledge around child development and the social, emotional, and developmental needs of young children. In contrast, licensed and licensed-exempt providers have certain resources available to them to support their child care efforts. The University of Hawaii Center on the Family and PATCH collaboratively operate the voluntary Quality Care Program for licensed family child care providers. Participating child care providers receive a monthly newsletter based on hallmarks of quality care such as “building trusting relationships with children;” technical assistance; and supplemental materials such as children’s books, educational supplies, and activity ideas to support them in providing quality care for young children.

“To participate . . . they have to turn in an activity sheet each month that tracks what the activities are. Anyone that has a license is eligible. [It] was started for [license-exempt], like grandparents, but things have changed. . . . At least half of the licensed providers take advantage of it, probably.”

The UH Center on the Family also operates the “Learning to Grow Program,” which provides educational outreach and resources to income-eligible families receiving childcare subsidies for license-exempt Friend, Family, and Neighbor care. Each month, participants receive child development information, learning activity ideas, children’s books, and listings of community resources to enhance their understanding and support of their young children’s healthy development and learning.

Looking Forward—Potential Opportunities:

- Collect up-to-date data on waitlist numbers for enrichment programs, especially in areas without relatively low accessibility of services. When funds are available, prioritize the expansion of high-demand enrichment programs and activities.
- Provide a central “clearinghouse” of programs and activities for children, to help families understand and access the resources in their area
- Review City, County, and State policies on usage of parks and campgrounds, to help promote organized activities for families and children.

IV. Vulnerable Children

A segment of the early childhood population in Hawaii experiences multiple “risk factors” to healthy social, emotional, cognitive, and/or physical development. Whether they are in FFN care, formal childcare, or preschool settings, vulnerable children stand the most to gain from increased support and services across the spectrum of well-being. This listening tour concentrated on gathering the perspectives of those who work with non-English speaking children of recent immigrants (Micronesian and Latino), children with a parent in the prison system, foster children, and children in poverty.

Immigrant Children and Families

According to the Hawaii State Race to the Top Early Learning Challenge grant application, “it is estimated that 33% of the children who enter Hawaii’s public schools are English Language Learners.” As the fastest-growing minority group in Hawaii, Latinos are included in this listening tour to begin to document some of the considerations that affect children within this population. The listening tour also sought to record more about the experiences of Micronesian children living in Hawaii under the Compact of Free Association agreement between the United States and the Federated States of Micronesia and the Marshall Islands. The Micronesian population is especially concentrated in some communities and neighbor island locations, and is severely undercounted, with persistent language and cultural barriers that prevent the full success of outreach and support services.

Latino Children

Larger waves of Latino immigration to Hawaii have only occurred within the last generation, and unlike large Latino populations in the mainland, Spanish-speakers in Hawaii have little to no access to Spanish-language media, well-established Latino communities and services, and Spanish-language resources in large State organizations such as public schools and hospitals (according to the Mexican Consulate). Maui Economic Opportunities (MEO) has a program called “Enlace Hispano” (“Hispanic Link”)

specifically to provide resources and support for Spanish-speaking Latino immigrants, but its program director is the only one on Maui who provides services, and he feels that MEO's services are unique. "Other counties have nothing like my program, which provides support for Latinos from an agency level. There is certainly nothing like this on Big Island, where there is also a large population of Latinos, and I don't know about having any counterparts on Oahu." Enlace Hispano used to have four staff members, but due to budget cuts they currently have a staff of one.

Program Profile: Enlace Hispano

The Enlace Hispano Program is a part of Maui Economic Opportunity, Inc (MEO), and provides a range of Spanish-language services to the Latino population on Maui. Enlace's areas of focus are workforce development, civic engagement, needs assessments, referrals, and outreach and education. Enlace receives many of its clients through word-of-mouth, and often partners with the Maui County Immigration Services to provide classes and community outreach events.

According to the Enlace program director and the director of Maui County Immigrant Services, the three largest areas to address when working to improve early childhood outcomes for Latino children are:

- Increase in bilingual professionals, particularly teachers to help English Language Learners and their families transition to school and stay committed to education
- Increase in access to health services, and education about how to transfer health insurance coverage when moving to Hawaii
- A review of immigration policies and an increase in the understanding of the impact of policies on local immigrant children

Bilingual Professionals: Enlace's program director says that over the past three years he has seen the first significant wave of bilingual high school students receive their diplomas. "There is a big group of young people graduating from high school and going into college [on Maui] and Hilo. . . . Within four to five years we will have a big chunk of bilingual professionals. I'm excited, would like to see more doctors, nurses, and

teachers, especially.” It is his hope that an increase in bilingual professionals will lead to better information and support for Latino children and families, particularly about the value of education. “I know some families where the kids drop out of school to help with the family,” he says. “They leave school to work in landscaping, housekeeping, and restaurants, because they need to, to support the family economically. It’s a shame because you get kids that are very intellectual and very smart and do not have the chance go to school, concentrate on school, and finish school.”

Health Services: There are certainly a lot of Hispanics on Maui who are professionals, but there is a subset of the Latino community that “need extra resources and advocacy,” according to MEO’s Enlace director. These families need particular assistance with understanding health care and insurance resources for young children. MEO has tried to help many clients that had MedQuest (free health insurance) in one state, but lose the insurance when moving to Hawaii. “Before they move they have to tell MedQuest and let them know, so the health services can follow you and you don’t have any break in services,” says Enlace’s director. As a result, children with serious medical conditions experience a break in care, and families miss work or even lose work when they take time off to try and resolve the issue.

Immigration Policies: The director of Maui County Immigration Services describes the impact of federal and local immigration policies on Latino immigrant children as follows:

“The lack of comprehensive immigration reform, the long wait time for a visa . . . mixed status families where the kids are US citizens but parents aren’t—all that creates a huge amount of fear and uncertainty with the families and the kids.”

Several people interviewed for this listening tour see evidence of the Latino community “going into hiding” and becoming harder to reach with information and services since the implementation of federal “Secure Communities” Memoranda of Understanding between U.S. customs enforcement and county government. According to one account, “Police will pull you over if you appear to be or sound to be like you’re not from here.

You will be taken in and fingerprinted. In cases of domestic violence, it's normal protocol here for both people to be taken into custody. Perpetrators are using this as leverage—threatening with ‘if you call police I’ll have you deported.’” Once in police custody, immigrants without up-to-date documentation will be held in the federal detention center in Honolulu until a master hearing. Resource providers are working on providing a way for parents and guardians to find assistance to care for children in the event they are detained. As one interviewee puts it, the “ripple effect . . . is far ranging. We hear anecdotal stories about moms getting pulled over at traffic stops and getting taken away—can’t make arrangements for their kids. It’s really impacting families. [The] faith community has gotten involved and their contention is it’s ripping families apart,”

The director of Maui County Immigration Services reflects:

“I think local government should address this. The Governor has an opportunity to opt out . . . they’ve done that in other cities and counties. San Francisco has a ‘Sanctuary City Policy,’ a refuge ordinance where none of the departments are able to cooperate with ICE and ask about immigration status, New York City has Executive order 41, where police, firemen, others are not allowed to ask about immigration status. Los Angeles has Executive Order 40. It is the policy of

Program Profile: Lahaina Complex After School Tutoring Project

Now entering its 12th year, this all-volunteer tutoring project began with two retired educators and a handful of public school students. Now, with 300 children receiving tutoring from over 100 volunteers, this program brought Lahaina’s student proficiency rates from 50% to 90% on the Hawaii State Assessment. They are working with teachers and administrators to specifically target lower proficiency students, many of whom are English Language Learners. Maui County Immigration Services, one of many financial supporters of this successful initiative, funded the expansion of the tutoring to reach children whose lower grades are a result of coming from families where English isn’t spoken. Maui County employee David Block says, “When I worked at Legal Aid, I trained volunteers. It was so hard to get five volunteers together. And she has over 100 that show up and are well trained! She is really strict—like a principal, but in the community.” With stringent rules for tutor training, a set curriculum for the children, and required student and family orientation and participation contracts, the tutoring program has become a key success factor for vulnerable children. Anyone who is not proficient on the Hawaii State Assessment can participate, and Maui Economic Opportunities provides buses for elementary school students to travel to the middle school to receive tutoring. The Ritz Carlton, a corporate sponsor, organized over 20 employees to volunteer as tutors. The effort costs only \$26,000 annually, due to the large amount of in-kind support.

those cities to promote utilization of services by all residents in need of them. No department can require info about or disseminate info about immigration status of individual when providing services and benefits. Doing this in Hawaii would take a lot of pressure off the family and the kids.”

Micronesian Children

Through the Compact of Free Association agreement between the United States and the Federated States of Micronesia and the Marshall Islands (in 1986, and renewed in 2004), Micronesians are able to settle in the United States without standard immigration protocol. They are eligible to live in the U.S. by providing a passport and I-94 card, so unlike immigrants from other locations, “there is no process in place to help prepare them—no medical clearance, no plan, no idea about where you’re going to live, who will be responsible for you. No orientation about living in the U.S., no visa. Even trying to get an accurate count of how many live here is hard, since there are no green cards issued,” says the director of Maui County Immigration Services. He feels that the Micronesian population is undercounted by at least 50 percent.

Micronesian children living in Hawaii are impacted by conditions in their islands of origin as well as by the condition of their lives locally. People of all ages included in Compact agreement are still affected by the 12 years of nuclear testing in their home islands. Health issues from the nuclear testing include cancer, kidney failure, and high infant mortality. Indirect health problems such as obesity are a result of the destruction of agricultural land, precluding the cultivation of fresh food. “If you read the treaty, US was supposed to help build up health care in their home islands, but that hasn’t happened,” says the director of Maui County Immigration Services. Economic and educational opportunities in their home islands are limited, and the parents/guardians of children settling here usually arrive with a skill set that is not economically valued, such as fishing, diving, and arts and crafts.

In general, major factors that impact outcomes for Micronesian children include:

- Barriers to school enrollment and services
- Lack of adequate health care in islands of origin and in Hawaii

Barriers to School Enrollment and Services: An unknown but significant percentage of Micronesian children are living with relatives in Hawaii instead of their own parents. When the person they are living with does not have the paperwork to establish legal guardianship, it is extremely difficult to enroll the children in school and to obtain medical care. A professional service provider notes that “[family members] have to go to Legal Aid and get a call intake and try and get a guardianship.” The process can take a long time and prevent children from getting education and health care support.

Another barrier that impacts Micronesian children’s access to services, including housing, is that if a parent or caregiver loses the I-94 card that allows them to obtain legal employment in the United States and receive federal or state benefits, it can take up to a year to obtain a replacement. If the parent or caregiver has a copy, it can take less time, but there is no centralized service that keeps I-94 numbers in cases of emergency when parents or caregivers face eviction or loss of benefits. “They have kids at home, are about to be evicted and if they could just have that number, to give to whatever agency needs it, they would be able to stay,” says the director of Maui County Immigration Services.

Health Care: Micronesian children do not have regular access to quality health care in their home islands or in Hawaii. The 1996 welfare reform act stipulates that anyone who has not been in the U.S. more than five years is ineligible for Medicaid, which impacts some Micronesian children. Eligibility for MedQuest is currently being decided in the 9th circuit court. If the court rules in favor of Department of Health Services, Micronesians will not receive MedQuest, either. At that point, they would be eligible for Hawaii Care, which provides limited care, including a maximum of 12 physician visits a year.

Foster Children

At present, there are approximately 1,200 foster children in Hawaii. These children fall under the jurisdiction of the Department of Human Services (DHS), and there is a statewide initiative to recruit additional “Resource Caregivers,” or foster parents, who can take children into their homes. There are two types of Resource Caregivers: adults caring for children who are related to them, and community members taking care of children without a family connection. Both avenues require a license. Partners in Development Foundation (PID) works with people that take care of children unrelated to them. They provide training and assessments through clinical case managers. Catholic Charities Hawaii helps to facilitate child-specific licensing for grandparents, aunts and uncles, and other family members of foster children. Then families are turned over to DHS, which issues the foster home licenses.

“Recruitment is challenging,” confirms a PID employee. “We have to stress that it is not a road to adoption and that it is temporary care. That is why we now call guardians ‘Resource Caregivers,’ to help change the message.” She continues, “It’s one of those things you can’t twist arms about—many people who come in have been thinking about it for several years. Then they decide they want to do it. Recruitment is always a challenge and always will be.” Currently, the greatest need is for families willing to take teens and large groups of four or more siblings. Adding another layer of difficulty to recruitment issues is that the State is working harder to recruit guardians that match the cultural background of the population of children in the system. Native-Hawaiian or part-Hawaiian children make up a large percentage of the State’s foster children, as do Micronesian children. PID has been trying to increase efforts for recruitment in the Micronesian community by partnering with organizations like Palama Settlement and Parents and Children Together.

The State has also tried to change policies to accommodate cultural practices. The numbers of children in foster care have declined substantially in the last 5 years because of DHS emphasis on reunification. “DHS provides more preventive services.

Then removal of the child or children is last resort after ‘ohana conference that brings a circle together to discuss what is best for the child.” Once a child is pulled into resource family home, there are fewer restrictions preventing the parent from seeing the child. Now the State tries to encourage contact as much as possible. “The amount of times where birth parents come to visit and it is not safe is very minimal. And it’s better for the kids to have a relationship with their parents, especially since the whole focus now is reunification.”

Children with Parents in the Prison System

According to the Pew Center on the States, 2.7 million children in the U.S. have a parent in the prison system.⁵ Children of incarcerated parents face a host of challenges, and are more likely to live in poverty, be expelled from school, and experiment with drugs.⁶ In Hawaii, children face the additional challenge of sometimes having a parent incarcerated in another state. Sixty percent of Hawaii prisoners incarcerated on the mainland are in minimum security or community custody,⁷ but any children they have in Hawaii are not able to visit them without costly air travel.

Ted Sakai, Public Safety Director, observes that:

“When dad goes to prison, 90% of the time, mom is single parent. When mom goes to prison, 90% of time, child is with tutu or grandpa or with the family. And people out there have no idea how to navigate the system, connect with resources, and get information. . . . If

Program Profile: SKIPP

Strengthening Keiki of Incarcerated Parents Program (SKIPP) is a collaborative effort on four islands across the state. What began as the first ever prison-based parent-child interaction playgroup in the nation has grown into a resource and advocacy program for children, their full-time caregivers, and their incarcerated parent or parents. The program helps strengthen the bond between parents and children during incarceration, and outgoing program liaison Ted Sakai believes the program ultimately helps parents maintain positive relationships when they are released. Island partners include Kauai GBA, Queen Lili‘uokalani Children’s Center, Maui Neighborhood Place, and Keiki O Kaaina. Good Beginnings Alliance serves as the fiscal agent.

⁵ Pew Charitable Trust. (2010). Collateral Costs: Incarceration’s Effect on Economic Mobility. Washington D.C.: Western, B. & Petit, B.

[http://www.pewstates.org/uploadedFiles/PCS_Assets/2010/Collateral_Costs\(1\).pdf](http://www.pewstates.org/uploadedFiles/PCS_Assets/2010/Collateral_Costs(1).pdf)

⁶ Ibid.

⁷ “The Value of Hawaii: Prisons,” printed in Honolulu Civil Beat, 10/4/2010.

one of your parents is in prison, in the long run you are six- to seven-times more likely to end up there as an adult. You are more likely to struggle in school, have mental health issues, and end up in poverty.”

To help children with parents in the prison system, there are initiatives such as Supporting Keiki of Incarcerated Parents Program, and Fathers Bridging the Miles. In 2006, Hawaii’s legislature provided \$250,000 to collect data on children with incarcerated parents, to increase understanding about the scope of the population and their needs. However, the previous Governor did not release the funds, and that opportunity was lost. The University of Hawaii Center on the Family has a study underway about the children of Hawaii’s incarcerated population, a study that will perhaps help identify how best to support these children and their caregivers.

Children Living in Poverty

A grandmother participating in an early learning program with her daughter and grandchildren confided during the listening tour that she “was raised in the projects, with lots of hitting and kicking.” She said that in her childhood experience, Hawaiians living in poverty did not have a lot of opportunities to learn about culturally-based ways to raise children. “By the time I grew up, I was done with it. I wanted something different. I had my two girls and I was trying to learn new things, reading and asking around.” She talked about being an outlier in her family, saying “I have five brothers and sisters, none of them raised their kids like me. They said I was crazy. But they are just damaged, and continue to damage each other. Now my grandnieces and nephews watch what I do and say when I am on the Big Island with their babies. They say, “Auntie, your kids turned out okay, so we are watching to see what you are doing.”

A professor in the field of early childhood observes that, “when we can build relationships with families that are really deep, we can give families good information... And these are families that were brought up in a different way--but we can build up that relationship and share information. Not everyone can do that with the same amount of

effectiveness. It takes that “just in time” information, but not in a judgmental way, in a way that is caring.”

For the care providers of vulnerable children, including children in poverty, immigrant children, foster children, and children with incarcerated parents, it takes “just-in-time” information as well as accurate information about available resources. Individuals in this listening tour reported a high degree of overall confusion about what resources are available and where to go. “That’s a huge problem,” says one parent, “We are not clear about who is doing what, and *no one* seems to know who is doing what!” A policymaker concurs, explaining that the parents and families are experiencing an internal complication within the early childhood provider community.

“Because of the way the laws have been set up and the way the attention has been given, the Early Childhood community has not looked across the range of efforts out there. . . . The P-3 movement has helped and made a difference, but the P-3 movement doesn’t go back far enough. It’s added a different slice. There are people looking at 0-3, 3-5, 3-8, and what we are not doing is saying this is an ongoing continuum that has overlaps at certain points. I don’t think we have any structure in place yet to do that. I think if we really created some type of a hybrid Pre-K program that the public and private sectors were working on together, we might begin to start moving in that direction.

There isn’t one organization that really has jurisdiction over ages 0-8, versus the Department of Health having 0-3, then DOE 3-on. That’s part of the difficulty, is that the lines are so confusing. And we certainly want a holistic look at the child. So we want all of the departments engaged together. From an outsider’s point of view, I still feel like I don’t understand all the pieces. I don’t think anybody knows where they overlap, where they duplicate, where are the gaps, and no one is looking at, should they be integrated in some fashion.”

An Oahu grandmother observed that there should be better information about communities and populations that could most benefit from extra resources. “If you know where it is broken, send some power there. Not just people who are going to say ‘poor things,’ but people who are going to know where the problems are and make some changes.”

Looking Forward—Potential Opportunities:

- Partner with agencies that provide services to immigrants (such as PATCH, Maui County Immigration Services, Enlace, and others) to provide information early

childhood resource information to families during outreach events on topics of interest to immigrants (such as healthcare coverage, domestic violence awareness, job training, and I-94 education).

- Work with partner organizations to understand recruitment and outreach channels and utilize them for early childhood information and advocacy. For example, churches, soccer games, and Maui’s Spanish-language public radio program.
- Work in partnership with organizations and individuals that provide services to immigrant families, such as Maui Economic Opportunities, Parents and Children Together, translators listed with Department of Health and Kokua Kalihi Valley, and churches, to provide early childhood resource information and education.
- Work with schools and health centers to help educate and identify solutions for Micronesian children who are living in Hawaii with family members that have not established legal guardianship.
- Explore possible partnership initiatives to assist Micronesian families to record and copy their I-94 cards to reduce the risk of children losing access to needed services and housing.
- Create or expand a regular symposium specifically on “vulnerable children” for public schools, healthcare providers, social service providers, early childhood professionals, and others who work with the 0-8 population, to help increase awareness about specific challenges and available resources.
- Expand opportunities and studies to increase understanding about low-income children and families in Hawaii, particularly non-English-speaking populations.

Conclusion

Though children aged 0-5 represent a small subset of Hawaii’s overall population (about 6.5%), they represent a significant “hub of opportunity” to strengthen families and communities throughout the state. Clearly communicating Hawaii’s early childhood goals—and the values behind those goals—can bring people together across income levels, education levels, and sectors.

Efforts to set and reach Hawaii’s early childhood goals can likely be strengthened by partnerships that cut across traditional service demographics and include informal caregivers. For vulnerable children in particular, “outside-the-box” partnerships represent an avenue to reach children and meet child development goals by establishing connections with programs and businesses that provide adults with information, services, and employment. Vulnerable children, including children in the

foster care system, children with incarcerated parents, and children of recent immigrants with low levels of educational attainment, are not “burdens on the system” so much as “allies to the system.” They can inspire transformation, and create windows of opportunity for families to build positive futures and break negative cycles.

From the perspective of a child, the boundaries of sectors, professions, and jurisdictions matter very little. The various segments of Hawaii’s early childhood and community services landscapes already converge in the lived experience of each child in Hawaii. The quality of life experienced by individual children, particularly the most vulnerable, can likely be improved through expanded communication and partnerships. Understanding the full scope of Hawaii’s resources, including informal resources, and aligning these resources creatively, can help shape a more positive future for children and for the state as a whole.

Appendices

Interview Participants

Name	Title/Affiliation	County
Bonacorsi, Kaina	Good Beginnings Alliance Coordinator	Maui
Block, Kevin	Maui County Immigration Services	Maui
Chun, Liz	Good Beginnings Alliance	Oahu
Dewitt, Sarah	PBS National, Ready to Learn	Oahu
Helbush, Stephanie	Partners in Development Foundation	Oahu
Laborte, Ailina	PATCH	Maui
Lock, Terry	Early Childhood Coordinator	Oahu
McNish, Gale	Retired County Early Childhood Program	Maui
Ng, Shelly	Parents and Children Together	Oahu
Peters, Robert	Chair, Early Learning Council	Oahu
Sakai, Ted	Strengthening Keiki of Incarcerated Parents Program	Oahu
Sequeira, Leonardo	Maui Economic Opportunities	Maui
Watanabe, Jaime	New Hope Children's Ministry	Oahu
Yamashita, Elaine	University of Hawaii Maui College	Maui
Yuen, Sylvia	University of Hawaii	Oahu
Nohea	FFN Care (Grandparent)	Oahu
Keri	FFN Care (Parent)	Oahu
Davy	FFN Care (Grandparent)	Oahu
Vanessa	Home-Based Child Care	Oahu
Lynette	FFN Care (Grandparent)	Oahu
Cynthia	FFN Care (Grandparent)	Oahu
Mamo	FFN Care (Grandparent)	Oahu
Isabel	Home-Based Child Care	Oahu
Christine	FFN Care (Parent)	Oahu
Teresita	FFN Care (Grandparent)	Oahu

Leandra	FFN Care (Grandparent)	Oahu
Name	Title/Affiliation	County
Tiare	FFN Care (Parent)	Oahu
Trisha	FFN Care (Parent)	Oahu
Scot	FFN Care (Parent)	Oahu
Jean	FFN Care (Grandparent)	Oahu
Bianca	FFN Care (Grandparent)	Oahu
Tom	FFN Care (Grandparent)	Oahu

Interview Guides

Early Childhood Interview Guide—Policy/Provider

1. How do you or your organization define “early childhood,” and what is your own role in supporting the period of early childhood for Hawaii’s residents?
2. What, in your view, are the most important features of a healthy, positive early childhood?
3. What do you see as existing key programs or initiatives that support better outcomes for children? What could take them to the next level?
4. What key activities, resources, or initiatives are missing in current efforts to support early childhood success?
5. How do you use technology to support early childhood work? What role do you see for technology in the future of early childhood work?
6. What is the “informal” work being done in early childhood? What are the compelling strengths and challenges about that work, in your opinion?
7. What would you like to see happen for children in the next ten years? What are some priorities?
8. Other people, organizations, or populations you think I should be learning from and listening to?

Early Childhood Interview Guide—“Family, Friend, Neighbor Care” Interviews and Focus Groups

1. Tell me a little bit about what you do—the care you provide, how you started, why do you do what you do?
2. What values do you think are most important for children to learn? How do you teach those?

3. What else do you think is important for kids to learn? How do you teach those?
4. Raising and caring for kids is hard! What people or places do you turn to for support, information, and advice? Where do you go for company?
5. What do you feel are the most important needs of the child or children in your care? How do you meet those needs?
6. What resources do you share with new parents?
7. What do you wish your community had for parents and caregivers, like you, to help you raise children?
8. Say a free program for kids opened up next to your house, offering activities.
9. What things would matter most to you when deciding whether to participate?
10. Do you use technology as part of caring for children? Would you like to use it more? In what ways?