

Access to More Resources for Children and Families

PDG B-5 Needs Assessment

State Advisory Council Workgroup – June 13, 2019

We may know how many children and families are being served in each early care and education setting and by various support services (e.g., health, economic assistance, child protection), but we do not always know how many are not served. This raises questions about affordability, eligibility, knowledgeable among families, coordination and alignment among programs, and ease of access. Who is successfully accessing services and who is not? Why? What changes could be made to improve families' successful navigation of the ECE system?

Access is not the same as availability. Consider, for example, that opening child care centers may increase the availability of spaces for children, but if families cannot afford or find transportation to those spaces then availability is not the only problem. The sorts of obstacles facing families in Hawai'i trying to access ECE programs and support services are diverse and not fully understood. The reports described here point to a number of such obstacles—including high costs, system fragmentation, lack of information, non-traditional work schedules, narrow eligibility requirements, cultural and language differences—but this list is far from exhaustive, a fact that highlights the need for more data.

Cost of ECE

According to the *Hawai'i Early Learning Needs Assessment* (DeBaryshe et al. 2017), the average cost of center-based child care (\$9,553) rivals that of a college education. The price of care is even more severe for infants (\$13,404) and toddlers (\$11,904) (Child Care Aware of America 2018). The problem is most pronounced for low-income families, and in Hawai'i approximately one in seven children age 0–5 live below the federal poverty level (FPL). The number jumps to one in three who live at or below 200% of FPL (National Center for Children in Poverty 2018). Even families that do not qualify for financial assistance often report that the cost of childcare is prohibitive (Family Hui 2015).

There are many financial supports intended to mitigate the burden of early care and education costs to families. Some no-cost options are available, typically only to families falling below certain income thresholds: Head Start and Early Head Start (100% FPL), charter schools with pre-kindergarten classes (200% FPL), and the EOEL Public Pre-k Program (300% FPL). Family-child interaction learning (FCIL) programs are also offered free of charge, as is DOE special education. Financial supports are also available (Preschool Open Doors, Child Care Connections, Pauahi Keiki Scholars, military subsidies, scholarships, and sliding scales), many of which permit families greater flexibility in their choice of early learning providers. Are these supports enough to meet the financial needs of all of Hawai'i's economically disadvantaged families? At present, there is no comprehensive analysis that has determined the extent to which the available no-cost programs and financial supports are meeting the needs of this vulnerable population. As DeBaryshe et al. (2017) point out, we lack an accurate count

of those who are eligible but not served by a licensed ECE program or receiving financial support. Moreover, data on the number in programs or receiving support cannot provide unduplicated counts of children served.

System Fragmentation

In a recent report on ECE systems across the U.S., the Bipartisan Policy Center (2018a, 2018b) asserts that fragmentation and lack of coordination is a critical problem throwing up barriers to access. Not only do these create inefficiencies in the delivery of services, but when “families have to apply to multiple programs, housed across multiple agencies, often with duplicative paperwork requirements and inconsistent eligibility criteria, many simply give up” (Bipartisan Policy Center (2018a: 5). The report cites an analysis by the Government Accountability Office (GAO) that finds only 11% of federally eligible children receive child care subsidies. Hawai‘i, along with all other states, is graded on the extent to which its ECE system is coordinated and integrated and it does not fare well. Hawai‘i ranks 40th among the 50 states. The low ranking reflects a number of observations about the state’s ECE system, including the number of agencies that administer early childhood programs, whether or not particular programs (e.g., state-funded pre-kindergarten, CCDF, Head Start Collaboration Office) are housed within the same agency, and presence of a Quality Rating and Improvement System. BPC also calls out what it sees as missed opportunities for Hawai‘i to direct federal TANF dollars into the ECE system:

- TANF funds are not transferred to the Child Care Development Fund (CCDF) to subsidize families, although up to 30% is allowed;
- TANF funds are not used to supplement Head Start, Early Head Start, or the state’s public pre-kindergarten program
- Hawai‘i spends just 2.3% of TANF funds directly on childcare (by contrast, Alabama spends 3.2% directly on childcare, 8.2% on pre-kindergarten and Head Start, and it transferred 10.3% to CCDF; Minnesota spends 21% directly on childcare, 1% on pre-kindergarten and Head Start, and transferred 8.3% to CCDF)

This is not the only national report to highlight inefficiencies in the state’s ECE system. The National Center for Children in Poverty (2018) recently pointed to Hawai‘i lack of an online dual-benefit form to apply for Medicaid and SNAP. Such ideas for improving efficiency and ease of access for families are not unfamiliar in Hawai‘i but there has been no systematic accounting of the opportunities and obstacles to improving system integration and coordination as such.

Eligibility Requirements and Health and Economic Supports

The National Center for Children in Poverty (2018) report mentioned above documents a number of other barriers to access that might be improved by loosening eligibility requirements for various programs or otherwise strengthening the social safety net for families with young children. Typical examples of these barriers are:

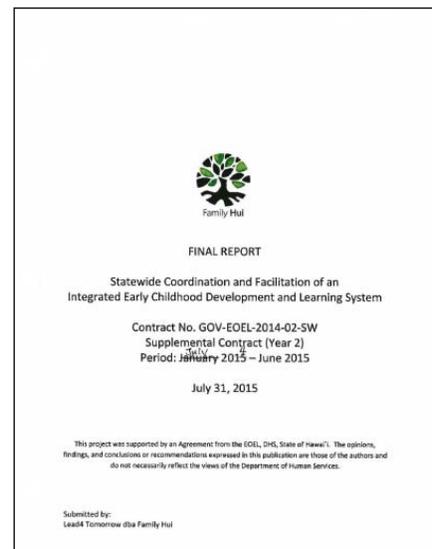
- The state’s definition of eligibility for IDEA Part C does not include at-risk children;
- Redetermination of eligibility for Medicaid/CHIP is required more than once a year (NCCP recommends 1/year);

- Families are not provided with at least 12 months of continuous eligibility for child care subsidies (instead, eligibility is determined every 6 months);
- Medicaid coverage for family planning does not extend to otherwise ineligible low-income women.
- Does not offer accrual of at least 5 paid sick days;
- No refundable state Earned Income Tax Credit or Child Tax Credit;
- Does not keep copayments for child care subsidies at or below 7% of family income for families of 3 at 150% FPL. (copayments at 19% in HI)

However, the report also identifies ways that state has addressed some barriers that continue to be a problem elsewhere. They include funding a public pre-kindergarten program, requiring public schools to offer full-day kindergarten, and offering childcare subsidies to families at or below 200% FPL.

Experiences of Families

A wide-ranging survey of families across the state contracted by the Department of Human Services and conducted by Family Hui provides a rare opportunity to learn what families believe to be their greatest hurdles to access. Based on 256 focus group meetings held in 2014 and 2015, the final report (Family Hui 2015) describes parents’ experiences, attitudes, and ideas for improvement around six focus areas of the Early Childhood Action Strategy (hawaii.actionstrategy.org), one of which is “equitable access to programs and services.” The results of these focus groups do not reflect the experiences and views of all families of young children in the state (nor are they meant to). They cannot tell us how many families experience one thing or another or which barriers to accessing services are most common or least common. However, the findings are useful for illustrating some of the many ways that parents and children in Hawai‘i are navigating the ECE system.



With respect to equitable access, families mention some of the same barriers identified above. They complain of the high cost of care (especially for infants and toddlers) and being ineligible for childcare subsidies or free center-based programs. Consequently, some turn to unregulated family, friend, and neighbor (FFN) care. The biggest barrier to accessing state services, according to families who participated, is the application process. Applications can be unbearably long and tedious with rushed deadlines, and many complain that the documents required (e.g., insurance, tax, birth records) may be difficult to find.

A number of additional areas of difficulty arise for families not discussed elsewhere. Cultural and differences are challenging for some, as when language barriers get in the way of participating in meetings, forms are available only in English, and when translations are poor and confusing. Even when assistance is available, Micronesian communities may be reluctant to use it for fear of judgement by social workers and service providers. Pacific Islander families may lack trust in state agencies and non-profit organizations, and instead prefer to receive help from members of their own community. Another hurdle to accessing services, much discussed among state leaders but not well documented,

is insufficient transportation. In some areas of the state, services may require more than two hours of driving or even airplane travel to other islands. Transportation can be unreliable, expensive, or altogether unavailable. Cell phone service too may be limited. Some parents struggle with part-day ECE programs because the short day interferes with jobs that keep them until 4:30 or 5:00.

The views expressed in the Family Hui (2015) report are numerous and diverse and as such are difficult to distill. Other sections include references to accessing parenting supports, help for families experiencing domestic violence, prenatal resources, breastfeeding supports, and information about healthy child development, all of which are relevant to parents of children age 0–5 and suggest the need for equally numerous and diverse supports for Hawai‘i’s families.

Some Questions to Consider

1. What is known about children/families that are not accessing regulated ECE programs (demographics, knowledge and preferences for ECE, obstacles to access)? What is unknown?
2. What efforts are currently underway to increase access for underserved populations? To fill in gaps in knowledge about non-consumers?
3. Are families, particularly those in vulnerable and underserved populations, aware of programs and services available to them? How have they learned about them?
4. What are the most significant barriers to improving access to early care, education, and support services? Are there any particular aspects of system governance or financing, policies, or regulations that are preventing improvements?

References

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