

2015 Literature Review

VALUE-BASED BARRIERS FOR PROGRAMS AND SERVICES FOR CHILDREN AND FAMILIES



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Preface - Values-Based Barriers

Make Children First (MCF) – Richmond is embarking on a new project this year (2014) involving value-based barriers in Richmond. The aim is to review the literature to outline the evidence base and create greater awareness and understanding of these barriers and how they relate to Richmond families. Then, it is hoped that this review will inform process and potential development of strategies to reduce the barriers. The project will be focusing specifically on the early years.

Themes from the literature

Peer-reviewed literature is limited on the topic of value-based barriers. Seventeen papers were deemed most relevant for consideration and this selection includes both peer and grey literature. A website is also noted in the bibliography. Further searching may be done; this is the results of an initial scan.

Defining Value-Based Barriers

First, the concept of value-based barriers is defined using content provided in the Human Early Learning Partnership research brief entitled "Addressing Barriers to Access". In this brief, relational or value-based barriers are categorized as follows ¹:

RELATIONAL OR VALUE-BASED BARRIERS

Conflicting Expectations: Too often, service providers develop programs based on their perception of families' needs rather than requesting input and then building around expressed needs.

Social Distance: Often, programs do not focus on creating environments where all cultures, genders, and income groups feel welcome.

Parental Consciousness: Many parents do not have sufficient understanding of the importance of high quality child development experiences for their children and so do not enrol their child in appropriate programs.

Examples of value-based barriers within each of these three categories are listed in Appendix 1.

Within the literature, relational or value-based barriers were usually embedded within the broader notion of cultural barriers. In many papers, barriers were simply listed individually and not described as value-based or grouped in relation to "conflicting expectations, social distance, or parental



consciousness". To explore the literature tied to value-based barriers, the search was tweaked to investigate barriers that immigrants face with regards to participation in early childhood programs and services with particular attention to cultural barriers that were seen to hinder enrolment.

Reviews of Barriers and Promising Practices

Karoly and Gonzalez (2011)² identify a participation gap for immigrant children in early childhood programs and services and they suggest that the gap can be explained by four types of barriers: structural, informational, bureaucratic, and cultural. Structural barriers can affect affordability, availability, and access to programs. Examples include lack of programs in immigrant communities which meet their need for bilingual and culturally competent staff, lack of suitable subsidized spaces, not having a car or driving license of the new city for new immigrant parents, and language barriers. Informational barriers include situations where immigrant parents are simply unaware of the existence of early childhood programs that their children could attend.⁴ According to Karoly and Gonzales "the predominant method of sharing information within immigrant communities is word of mouth, not formal information provision".2 Bureaucratic barriers can include enrolment processes such as completing paperwork, long waiting lists, filling out the forms for subsidized programs and documenting income level.⁴ Cultural barriers can include distrust of government programs,⁵ especially among undocumented immigrants, which may prevent some immigrant families from taking advantage of programs, even when their children might qualify for subsidies. Or, another cultural barrier may exist, for example, where cultures prefer that their children be cared for at home. The varying comfort levels parents have interacting with child-care providers can also create barriers to participation. 6 If program providers are not culturally sensitive and responsive, do not know the language of an immigrant family that has difficulty speaking English, or are unresponsive to immigrant families, the parents may not feel welcome. ^{6,7} The authors suggest that where participation gaps stem from unique obstacles facing immigrants, such as language barriers and informational gaps, these can be addressed by ways in which programs and services are structured.

In its Breaking Down Barriers study, the Center for Law and Social Policy (CLASP) (Matthews and Jang 2007)⁵ explored three main questions:

- 1. What do we know about the participation of young children of immigrants in child care and early education settings (including Head Start, child care, preschool, and pre-kindergarten)?
- 2. What are some of the barriers and challenges immigrant families face in accessing child care and early education?
- 3. What can policymakers and advocates at the local, state, and federal levels do to improve access to high-quality child care and early education for young children in immigrant families?

CLASP identified and explored three areas that could be serving as barriers to participation:

1. **Awareness**. To what extent are immigrant families aware of the existence of highquality child care and early education? To what extent are they aware of the eligibility rules for various programs? How do immigrant families obtain information about child care and early education?

¹ A number of socioeconomic and sociodemographic factors are tied with these barriers. Matthews and Ewen (2006)³ state that immigrant are less likely to utilize public benefits that may lessen the hardships associated with poverty. In addition to socioeconomic characteristics, immigrant families likely face additional barriers to accessing quality early care and education that are unique to the immigrant experience.



- 2. Accessibility. For those immigrant families that are aware of child care and early education, what factors affect their ability to access it? How affordable and available are child care and early education opportunities in immigrant communities? How do programs' hours meet families' needs? How manageable are enrollment processes for immigrant families?
- 3. **Responsiveness**. Once immigrant families have enrolled in child care and early education, how responsive are programs to their diverse needs? Are providers equipped to provide children of immigrants with high-quality educational opportunities? Is there an adequate supply of qualified bilingual and culturally competent providers who work with young children? Do programs have culturally competent content and program standards? Are available programs facilitating access to high-quality comprehensive services and family supports? At each point of contact, immigrant families face barriers related to demographic factors, language, culture, and immigration status, barriers that must be adequately addressed in order to ensure access to high-quality child care and early education. This report outlines our findings in each of these three key issue areas, and it provides some examples of strategies that can be employed to help families overcome these barriers and to structure programs to more appropriately serve diverse immigrant families.

The U.S. Department of Health and Human Services published two key papers that review barriers to immigrants' use of programs and services, and provide examples of promising practices for increasing immigrants' access to programs and services. In one of these reviews, Pereira et al. (2012) describe multiple barriers to immigrants' use of programs and services, including how the programs are administered, who the immigrants are and how they perceive and understand the programs, and what the general climate toward immigrants is like in a community.⁸ Although administrative aspects of programs in the U.S. are difficult to compare to those in Canada, there are key points of interest regardless of geography. For example, shortages of multilingual staff or staff who understood potential differences in cultural beliefs and practices that can affect families may exacerbate program and service challenges. Some immigrant parents lack knowledge of programs and services, and/or have limited understanding of how to access. There may be misinformation about programs among low-income noncitizens which can deter some families from seeking services, and immigrants often rely on social networks and word of mouth to learn about programs. This reliance on informal outreach networks can lead to pervasive misperceptions about how programs work and how to access them. Also, as noted by Pereira et al., there may be broad-based fear among immigrant communities of interactions with government. Consequently, immigrant parents fearing adverse consequences for someone in the household, may be unlikely to access services or programs for themselves or their citizen children.

The wide range of barriers faced by immigrants poses challenges for immigrant families' abilities to improve their well-being and Crosnoe et al. (2012) cite a number of promising practices to address barriers. For example, one promising practice recommended is to use community partnerships to address cultural issues as this may to help address fears and mistrust of government, lack of knowledge about the programs and services, etc. Crosnoe et al. note that in the U.S., community-based organizations can serve as trusted liaisons to government services, which can increase trust and awareness of public programs and services. Another promising practice revolves around enabling families to meet multiple needs simultaneously, otherwise referred to as integrating services, much like a "one-stop shopping" model intended to serve families in multiple ways at once rather than in



piecemeal fashion. Multiservice centers allow several programs to co-locate, and partnerships link families to important child development/health services.

Poureslami et al. (2013) provides local context for research in Richmond on value-based barriers. ¹⁰ In assessing the availability and accessibility of early childhood development (ECD) services to ethnocultural communities in the Tri-Cities region of British Columbia, Poureslami et al. aimed to: (1) assess the different meanings, understandings, and practices relating to ECD, (2) examine the ways in which behavioural, cultural, and institutional practices may influence ECD access and use of services; and (3) contribute to the development of a culturally competent definition, measure, and model for ECD that is applicable to ethno-cultural communities. Their conclusions were that many members of the cultural communities do not have adequate access to services and have difficulty adapting to Western child development practices, which results in barriers in seeking or participating in childhood development programs. Further, language difficulties, cultural beliefs and practices, and adverse perceptions of care providers were barriers to services.

As a means of better serving immigrant children and families, Cabigting (2002)⁷ undertook qualitative and community work in Winnipeg and reported on:

- the knowledge immigrant parents have about Winnipeg's child and family services (CFS)
- 2. immigrant parenting concerns, and
- 3. ways CFS can better serve immigrant groups.

Lessons included the importance of building trust and rapport and being culturally and linguistically sensitive, and the benefits of involving the community.

Keshavarzi (2013) reported on challenges faced by children of immigrants (language difficulties, poverty, adjustment to mainstream, parental educational attainment, low-wage work with no benefits) and demonstrated a way of making connections to practice through a workshop to early childhood educators of North Vancouver child care centres. ¹¹ The workshop highlighted challenges faced by new immigrant families and children in British Columbia and how they might help families access the Child Care Subsidy.

The research by Sundar et al. (2012) draws on "cultural competence" research to inform service provision. Sundar et al.'s work is aimed at understanding the complex meanings and practices of working across cultures, from service user and practitioner perspectives. They conclude that "drawing upon a cultural responsive approach to pedagogy can enrich the way we work across difference with diverse families."

Other research that complements the concept of value-based barriers is that by Mori et al. (2012) which addresses the *cultural value differences* between Japanese and Chinese parents.¹³ This work is specific to Japan and China, but it serves to illustrate cultural differences and how they may influence parental decisions and choices when it comes to accessing services and programs for their children. In Mori et al.'s research, need for support by Japanese fathers was significantly lower than for Chinese fathers. Japanese parents believed that mothers were responsible for taking care of their children. This was an obstacle to getting support from people outside the family. Chinese couples believed that parents should share housekeeping and child-care, and obtained public and private support from their



community. In order to better understand value-based barriers, it is important to develop greater awareness of and a deeper understanding of cultural differences such as these which may influence actions of families in Richmond.

Meyer et al. (2010) describe how service access barriers (language, trust) were addressed at different levels (organization, service provider, community) by involving Family Home Visitors to support Nurse Practitioners in providing pre- and postnatal services to linguistic minority women in Ontario.¹⁴ The findings contribute to our understanding of strategies to overcome barriers and improve access to programs for isolated women from linguistic minority backgrounds.

Kirmani and Yeung (2008) prepared a policy brief to increase knowledge of immigrant parents' perspectives, preferences, and expectations of programs, and promote an understanding of the effective policies and practices that encourage immigrant families to participate in early childhood education programs. ¹⁵ Five recommendations included:

- 1. **Language and Culture:** Improve language assistance services and increase cultural competency of child care program staff;
- 2. **Outreach:** Increase language accessible communication with immigrant communities throughout New York City, making them aware of available child care programs and services;
- 3. **Professional Development:** Ensure that child care providers are knowledgeable of and can address the unique needs and challenges facing immigrant communities, families, and children in accessing child care services;
- 4. **Funding:** Increase funding to city agencies and child care networks so that there are enough early childhood education programs and staff to address New York City's growing immigrant populations;
- 5. **Data Collection:** Conduct an early childhood education needs assessment of New York's immigrant communities and use these data to improve programs.

CLASP (2007)² noted the following recommendations for policymakers, advocates, researchers, and private funders to improve immigrant families' access to high-quality child care and early education:

- 1. **Coordinate and Collaborate**: Promote coordination and collaboration between the child care and early education community and the immigrant- and refugee-serving community.
- 2. Design and Support: Design child care and early education programs and policies that intentionally address theneeds of immigrant families with young children (e.g., provide guidance, technical assistance, oversight, information on best practices, help develop culturally, and linguistically appropriate curricula and assessment tools and needs surveys, facilitate cultural and linguistic competency in existing program and content standards, undertake assessments of the demographics and child care and early education needs of immigrant families with young children).

² Although these recommendations are made specific to child care and education, by extension they should be applicable to other early childhood programs and services.



- 3. **Improve Accessibility**: Strengthen child care and early education systems to improve and expand access to highquality services for young children in immigrant families (e.g., fund cultural mediators).
- 4. **Build Competency**: Build the linguistic and cultural competency of agencies and programs (e.g., ensure the cultural competency and diversity of staff, identify and coordinate the professional development needs of immigrant providers).

Models of community-based programs and services which include aspects such as cultural sensitivity training to staff who are serving diverse populations, can be explored through evidence-based portals of interventions. ¹⁶ These can serve as useful repositories to learn about different approaches used to address value-based barriers that are associated with early childhood programs and services.

Two additional Canadian reports are included in the bibliography: one from Best Start Ontario¹⁷ and another from the Community Action Toward Children's Health.¹⁸ These along with the related CATCH website, Learning About Families Connections to Services (formerly Engaging Hard to Reach Families), were added, thanks to Helen Davidson.

Conclusions

This brief literature summary is intended to highlight publications that are relevant to value-based barriers. In synthesizing this literature, it is hoped that this information will better describe and foster an understanding of what are value-based barriers. Some of the literature points to promising practices and evidence-based work in this area from which to draw.

References

- 1. Human Early Learning Parnership. Addressing barriers to access. Vancouver, BC: School of Population and Public Health, University of British Columbia; 2012 Oct. Available from: http://earlylearning.ubc.ca/documents/302/.
- 2. Karoly LA, Gonzalez GC. Early care and education for children in immigrant families. Future Child. 2011 Spring;21(1):71-101.
- 3. Matthews H, Ewen D. Reaching all children? Understanding early care and education participation among immigrant families. Washington, DC: Center for Law and Social Policy; 2006 Jan. Available from: http://www.clasp.org/resources-and-publication-1/0267.pdf.
- 4. Adams G, McDaniel M. Fulfilling the promise of preschool for all: insights into issues affecting access for selected immigrant groups in Chicago. Washington, DC: Urban Institute; 2009. Available from: http://www.urban.org/publications/411934.html.
- 5. Matthews H, Jang D. The challenges of change: learning from the child care and early education experiences of immigrant families. Washington, DC: Center for Law and Social Policy; 2007 Jan. Available from: http://fcd-us.org/resources/challenges-change-learning-child-care-and-early-education-experiences-immigrant-families?destination=resources%2Fsearch%3Fpage%3D14.
- 6. Goodwin AL. Teacher preparation and the education of immigrant children. Education and Urban Society. 2002 Feb, 2002;34(2):156-72.
- 7. Cabigting MJ. Better serving immigrant children and families: a Winnipeg child and family services study. Winnipeg, MB: University of Manitoba; 2002. Available from: http://portuguese-diaspora-studies.com/index.php/iipds/thesis/view/169.



- 8. Pereira KM, Crosnoe R, Fortuny K, Pedroza JM, Ulvestad K, Weiland C, et al. Barriers to immigrants' access to health and human services programs. Washington, DC: U.S. Department of Health and Human Services; 2012 May. Available from: http://aspe.hhs.gov/hsp/11/lmmigrantAccess/Barriers/rb.shtml.
- 9. Crosnoe R, Pedroza JM, Purtell K, Fortuny K, Perreira KM, Ulvestad K, et al. Promising practices for increasing immigrants' access to health and human services. Washington, DC: U.S. Department of Health and Human Services; 2012 May. Available from: http://aspe.hhs.gov/hsp/11/immigrantaccess/practices/rb.shtml.
- 10. Poureslami I, Nimmon L, Ng K, Cho S, Foster S, Hertzman C. Bridging immigrants and refugees with early childhood development services: partnership research in the development of an effective service model. Early Childhood Development and Care. 2013
- 11. Keshavarzi A. The role of quality early childhood programs in supporting longterm integration of immigrant children and their families. Vancouver, BC: University of British Columbia; 2013. Available from:
- https://circle.ubc.ca/bitstream/handle/2429/45507/Keshavarzi_Anahita_ECED590B_Role_Quality_2013.pdf?sequence=5.
- 12. Sundar P, Todd S, Danseco E, Kelly L-J, Cunning S. Toward a culturally responsive approach to child and youth mental health practice: integrating the perspectives of service users and providers. Can J Commun Ment Health. 2012;31(1).
- 13. Mori E, Liu C, Otsuki E, Mochizuki Y, Kashiwabara E. Comparing child-care values in Japan and China among parents with infants. Int J Nurs Pract. 2012;18:18-27.
- 14. Meyer M, Estable AR, MacLean L, Peterson WE. Family home visitors: increasing minority women's access to health services. Journal of Health Disparities Research and Practice. 2010;3(3):1-20.
- 15. Kirmani R, Leung V. Breaking down barriers: immigrant families and early childhood education in New York City. New York, NY: Coalition for Asian American Children & Families; 2008. Available from: http://www.cacf.org/documents/Breaking%20Down%20Barriers%20Policy%20Brief.pdf.
- 16. SAMHSA's National Registry of Evidence-based Programs and Practices. Find an intervention. Washington, DC: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Model Programs, National Registry of Evidence-based Programs and Practices (NREPP). Available from: http://www.nrepp.samhsa.gov/Index.aspx.
- 17. Best Start. Growing up in a new land. Strategies for working with newcomer families. Toronto, ON: Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre; 2010. Available from: http://beststart.org/resources/hlthy-child-dev/pdf/Growing-up-new-land-FINAL.pdf.
- 18. Cleveland A. Reaching the "hard-to-reach" families. Kelowna, BC: Community Action Toward Children's Health; 2012 Dec Contract No.: Jun 11. Available from:

http://www.catchcoalition.ca/Resources/Documents/Other%20Research/HardToReachFamilies_research%20background.pdf.

Appendix 1 Learnings: Value-Based Barriers Workshop (reprinted with permission from Helen Davidson)

Date: Wednesday, May 28, 2014 Facilitator: Sharon Hoyland

Conflicting Expectations: As service providers, we develop programs based on our funding criteria and perception of families' needs, however families may not understand what programs offer, or it may not be what families need or want.

- Families do not know how professional roles are divided and who is 'supposed to' take care of specific needs.
- Families do not know how to access services and whether they are welcome.
- Families do not understand Canadian programs and services.
- Families rely on word-of-mouth and this leads to misperceptions about how programs work.



- Families do not want interaction with government, fearing adverse consequences for someone in their family.
- Families from different cultural groups have different views and goals for child development and different strategies for achieving them.
- Families find it difficult to adapt to Western child development practices.
- Programs are perceived as being delivered by 'experts' to parents 'in need of help'.
- Families do not want to be taught, they want opportunities for peer support and shared learning.
- Families find it difficult to integrate into the Canadian service delivery system.

Other barriers suggested by participants:

- Families don't feel their views on parenting are respected or valued.
- Families assume that their cultural groups are unique.
- Families worry their parenting values will be diluted and changed if they open up too much.
- Finding goals and outcomes change frequently, causing confusion to families.
- Families are too often told what they need instead of being asked.
- Families want things being 'fixed for them.
- They don't know programs exist.
- Some families have a hard time sharing their issues.
- Find it difficult to find the appropriate services.
- Difficult to get help for the entire family.
- Families that are faced with complex issues often receive disjointed help.

Parental Consciousness (Lack of Awareness): Families are unaware of the benefits of available programs.

- Families may not be aware of developmental milestones and how programs can support child development.
- Families are academic-focused and believe play-based programs are a waste of time.
- Families do not believe children's emotional and behavioural difficulties can be resolved by professionals.
- Families may not know there is a problem.
- Some cultural communities hide their children's problems and special needs due to shame, stigma, etc.
- Cultural beliefs and practices keep families from accessing programs.

Other barriers suggested by participants:

- Families fear common behavioural issues as larger than life issues.
- The psychology behind assisting to children still continues to be stigmatized.
- Not enough opportunities for community input.
- Hear from active community members.
- Very defined roles for parents not able to see beyond the cultural identity.

Social Distance: Our programs do not always focus on creating environments where all cultures, genders, and income groups feel welcome.

• Families are isolated and do not feel comfortable accessing programs.



- Families are embarrassed/ashamed of their circumstances and are unwilling to access available services.
- Religious conflicts (within same or different religions) stop families from attending certain programs.
- Families are uncomfortable seeking support from a professional from the same culture, language.
- Families do not feel welcome or feel judged by other families attending the program.
- Families are not given enough time to build trusting relationships with staff.
- Families find it difficult to share and discuss parenting issues and problems with staff and other parents.
- Families feel a social and emotional distance between themselves and staff.
- Families do not feel welcome or feel judged by program staff (stereotyping, discrimination).

Other barriers suggested by participants:

- Change is difficult; generational pressures.
- Another need to balance programs for women, exclude dad.
- Embarrassed by their lack of English.
- Not limited to any culture, more of a vulnerability factor.
- Finance can be a huge deterrent to accessing programs.