



**Community Input into First 5 San Francisco's
Strategic Planning Process
Winter of 2004**

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Executive Summary

More than ninety caregivers for children ages zero to five participated in community based conversations between January and March of 2004. Caregivers described goals for their children, their priority areas of concern, and suggestions for how First 5 San Francisco can focus its efforts. This report provides an overall summary of these conversations, as well summaries for individual meetings. In the appendices are outreach materials, a meeting agenda, and problem statements used to focus discussion.

Outreach

Community meetings were hosted in the Chinatown, Richmond, and Mission Neighborhoods. Meetings were also hosted with caregivers experiencing particular circumstances that include homelessness, caring for children with special needs, and being a kinship care provider.¹

Meetings were hosted in First 5 funded family resource centers. These centers, along with other family resource centers that were either located in the same neighborhood as the host organization, or that addressed a similar circumstance (i.e. homelessness) posted flyers about the events and made follow-up calls to parents (See Appendix A). In neighborhoods where First 5 has less programmatic reach, additional outreach was done by First 5 staff to local churches, YMCA, and child development centers. Outreach materials were printed in English, Chinese and Spanish.

Participant Demographics

Ninety parents participated in six community conversations.²Forty two percent of participants were Chinese speaking, another 26% were Spanish speaking, and the remaining participants spoke English. Roughly 24% of participants were African American, and 8% were Caucasian. The majority of household incomes were \$36,000 or less, and more than a third of those had household incomes of \$15,000 or less.

Meeting Structure

Parents were first asked to name goals for their children. These were the compared to the goals of First 5 San Francisco. Parents were given a list of 9 problem statements under three of First 5 San Francisco's four focus areas that include Early Care and Education,

¹ Caregivers in the LGBT community will be meeting with First 5 by early April of 2004. Neighborhoods were selected for their economic and ethnic diversity from each other, and for the capacity of family resource centers to host such a meeting. Time constraints limited the number of special population groups that could be convened (i.e. teen parents) and selection of groups was based on organized interest.

² An additional two meetings were held in the Bayview Hunter's Point and Excelsior neighborhoods. Participant turnout was either extremely low, or caregivers were not responsible for young children. Results from these meetings were too limited for generalization, and neither the number of participants nor their discussions are included in this report.

Health, and Family Support.³ (see Appendix B). Priority areas were agreed upon by the group and elaborated upon by participants.⁴

Analysis of Results

Reports of each meeting were summarized according to parent's priority areas of concern. Every parent who participated received a copy of the meeting summaries with a letter asking for feedback or concerns about the summary's accuracy of representation. No concerns were raised. All participants will receive a copy of the strategic plan when completed.

Recruitment of participants relied primarily upon family resource and child care centers, potentially influencing outcomes about resource needs. The average attendance in meetings was fifteen caregivers, not nearly representative enough of a neighborhood or subpopulation group such as homeless families. In spite of such disadvantages, the results are strong. While already being connected to services, parents still spoke openly about persistent needs, and with a total of over 90 participants, a number of generalizable themes emerged. Additionally, recruitment of this kind ensured a fairly high participation rate in meetings, enhanced First 5's relationships with agency's constituents, and tapped the insights of a potentially organized leadership potential for future work by First 5.

RESULTS

Caregivers' Goals for their Children and Themselves

Children are learning and enjoy going to child care

Caregivers are fundamentally concerned that their child enjoys child care and is learning.⁵

Children are well rounded

Caregivers want their child to be exposed to and to participate in enriching activities. They want to explore with their child activities in other neighborhoods, and to see thriving and hospitable recreational facilities in their own neighborhoods.

³ Because systems reform did not emerge as an issue when parents stated their own goals for children, this goal area was not formally presented to parents as a topic area for discussion.

⁴ Structure was provided in order to guide discussion along lines most relevant to the strategic planning process and First 5's four focus areas.

⁵ Major exceptions are among Kinship care providers and to a lesser extent, caregivers of children with special needs. Kinship participants appear primarily invested in their "survival" as aged care givers (some of whom are over eighty years old) and are heavily concerned that their children's behavior is manageable, recreational activities are accessible, and that their dependents qualify for the same supports as children living with their parents. Caregivers of children with special needs are concerned that their children thrive emotionally through positive integration with peers and other adults, and that they receive competent attention from providers that is both caring and consistent.

Children know how to behave appropriately to their setting

Caregivers are concerned that their dependents have the discipline to learn.

Caregivers have opportunities for personal renewal.

Older kinship caregivers, parents who experience mental and or physical limitations, and caregivers caring for children with special needs are especially taxed by the demands of caring for their child. They need down time, whether to shop, sleep, or enjoy vacation time.

Needs in Early Care

Extended child care during evenings and weekends and Respite Care

Caregivers who work or want to pursue their education during evenings and weekends experience a severe shortage of child care options. Respite care is in short supply, especially for caregivers caring for children with special needs or who are homeless.

Quality Child Care

Caregivers want child care facilities to have more space. They want their child care providers to engage their child through academic exercises, cultural activities, and play. And caregivers want their child care provider to have an eye on their child's developmental progress and to have referral information on hand.

Affordable Child Care

Working caregivers who do not qualify for subsidized care are struggling to afford child care.

Needs for Family Support

Understanding your child's developmental needs

Caregivers want to know how to understand and promote their child's development.

Knowing *which* services and *understanding* services

Parents want information about what services are available, *and* a more in depth understanding about what these services tangibly offer. Caregivers expressed confusion and dismay at what they perceive to be inappropriate testing and services, or duplication.

Camaraderie

Caregivers who share similar life experiences and cultural backgrounds want opportunities to learn about resources from each other and receive peer-to-peer support.

Systems

Enhanced Outreach Efforts

Caregivers want information about available resources in multiple languages, to be able to learn about additional resources through existing contacts (i.e. through child care or WIC providers) and to see more radio, newspaper, and web announcements of services.

Increased Participation in Program Design and Policy

Parents in roughly half of the community meetings expressed a strong desire to participate in the design of programs and policies pertaining to their children. Barriers to participation include language differences and schedule conflicts.

Needs in Health

Despite opportunities to do so, caregivers did not express much concern about their children's health relative to other issue areas⁶.

⁶ The exception is caregivers of children with special needs who want help advocating for their child's services.



Parent/Caregiver Meeting Chinatown 1-12-04

Summary of Discussion



Agenda

I. Why we are here	15 Minutes
II. Goals for children	10 Minutes
III. Roles for families, communities and local organizations	30 Minutes
IV. Desired Improvements in the area of family, community and organizations	40 Minutes
V. Raffle	10 minutes



Parents' Goals for their Children

Process: Parents brainstormed as a large group on the question of how they know their children are thriving.

Parents described wanting to see that their children are happy, playful, and communicative with their parents and teachers. Parents also stated they wanted their children be interested in learning, well behaved, healthy, and well adjusted to their families.

First 5 facilitator presented parents with three of the four goals that are currently shaping our strategic planning process. These include the areas of Early Care and Education, Child Health, and Family Support. Because parents did not describe Systems as a component of children's wellbeing, this fourth goal of Systems Change that also focuses the strategic planning process was not discussed. Parents approved these three First 5 goals, and found no need to amend them.



Roles and Problems for Families, Communities and Local Organizations

Process: Parents were provided a structure for discussion that solicited kinds of supports for children's development in the realms of community, organizational settings, and in the family.

Families

Families help children learn by reading stories and playing with them. Parents develop children's curiosity by exploring worlds beyond their family that includes parks, libraries, and other geographic areas. Parents help children learn and have positive relationships with the family and their school setting by disciplining their children.

Problems for Families

Problems faced by parents in helping their children thrive centered primarily on themes of culture differences, lack of quality time, and a lack of confidence in helping their children explore their greater surroundings. Cultural and language differences make it difficult for parents to communicate with their child's teacher, to understand different styles of discipline, and to understand the kinds of toys the child wants. Parents also mentioned insufficient quality time with their children because their work hours are too long, and because their parents let them watch too much television. Finally, parents described a lack of confidence in exploring with their child other parts of the city and beyond because of language barriers.

Communities

Discussion on this point was fairly limited; parents were more interested in discussing the areas of family and organizational settings. Parents did describe some important

community roles, including providing spaces to play, whether in parks or community centers, and places to access information about child care options.

Problems for their Community

Parents described the library as problematic because there is no appropriate location for children 0-5 to play without disturbing the other library patrons. They also mentioned that museums were too expensive (and were unaware of possibilities for museum discounts). When facilitator asked about the community center located across the street from the meeting's location, parents said it was the YMCA and that it is too expensive.

Organizations

This discussion focused primarily on the children's child care center, and family support center. The value in these settings was in their potential for helping children learn and feel loved. The facilitator prompted parents to consider medical settings like the doctor's office and hospital, but despite agreeing on its value, parents did not seem highly concerned with its role in their child's development.

Parents' primary concerns are about the accessibility and quality of their child care centers. Care is not affordable, there are long waiting lists, and there is no care available during the evenings and weekends. Parents are also concerned about the child care environment. They report that the amount of facility space is inadequate for the number of children already receiving care, they are concerned that it is not safe, and they want their child care worker to be "loving and caring" towards their child. Parents said they know that the child care center is good for their children when the children are excited to go.

Priority Problem Areas

Process: Parents broke out into groups on different topic areas: community, organization and family and narrowed down their issues into the top three priorities.

Family:

- More help, such as with parenting classes, with the following: understanding cultural differences between the U.S. and their own culture; proper discipline; how to prepare your child for school.
- Help mediating family differences
- More opportunities to explore other parts of the city and beyond with other parents and their children.

Organizational Settings:

- The top concern was that child care be made more affordable.
- More care for children 0-2 and 3-5, with the majority of parents wanting more care for children 3-5 years (when asked why not infant care, they said many parents don't work when the children are that young).

Communities:

- More opportunities to explore the city and network with other parents



**Parent/Caregiver Meeting for Kinship Families
February 2nd 2004**

**Summary of Discussion
Strategic Planning for First 5 San Francisco**



Family Support

Learning about resources, navigating the system, and qualifying for services

In the area of family support, caregivers described not having enough information about resources that would help them take care of their child. This includes information about mental health assessments, parenting classes, and school enrollment procedures.

Navigating services was also described as difficult. The director of the Edgewood program, which focuses on kinship issues, stressed that many grandparents don't feel equipped to navigate their child's service delivery system. Elderly caregivers, some of whom are 80 years or over, have a difficult time filling out forms, using voice mail, and understanding what services their child could benefit from, and for what services they are eligible.

Caregivers stressed the complications of their status as "relative caregiver" because it gives them only quasi-legal authority over their child's service needs, and limits their eligibility for subsidized services that would benefit their child. While there was some discrepancy voiced in the room about which programs caregivers were excluded from, examples from one care giver included certain tax and housing exemptions, and stipends for furniture and clothing. Medical services, child care, and others were also mentioned. Not all caregivers want to go the route of putting their child into the foster care system so they can become kinship foster care providers and qualify for more benefits.

Feeling isolated from other caregivers and from their neighborhoods

Relative caregivers also described having felt disconnected from other relative caregivers before discovering Edgewood Center. Their sense of appreciation during the discussion for finding a place like Edgewood, which offers parent support groups, opportunities for informal networking with other parents, and case advocacy by caseworkers was pronounced. Caregivers expressed a concern that other relative care givers have access to the same kind of support they are now benefiting from.

Finally, relative caregivers expressed a desire to engage in more activities with their child. When elaborated upon in depth, relatives described places within their own neighborhood, let alone in other parts of the city (a concept initially brought up by the facilitator) were not inviting or active enough. One caregiver, who is actually a recently reunited parent with her child, described recreational facilities, like the Boys and Girls Club, parks, or a local clubhouse as bereft of activity on the weekends and evenings—sometimes empty and ultimately, offer little to her child. This prompted other caregivers to express a strong desire for neighborhood centers to be more invigorated so they would have some place in the neighborhood that would enrich their child.

Evaluating and managing your child's development and behavior

Caregivers want more knowledge about how to evaluate and encourage their child's developmental health. They are especially interested in the area of behavior intervention. As one grandparent expressed, the reason her grandchild, and many others like hers, is with her instead of her parent is because of the parent's substance and alcohol abuse

problems. As she described, children with fetal alcohol syndrome have conditions that make interpreting their child's developmental progress difficult, and also creates new, sometimes difficult behavior problems in the child. She wants to learn more about this condition, how to discipline her grand child, and how to understand and monitor her grandchild's development in the context of her grandchild's exposure to toxic substances. The need for help with understanding your child's behavior and disciplining the child was expressed by other caregivers as well.

Question of capacity for parent training

A provider from Edgewood attending the discussion described frustration with finding a facility to host parent trainings that their center can afford. Furthermore, the quality of training is wide, with high quality trainings sometimes costing more than the center can reasonably afford. This provider suggested that care givers from family resource centers throughout the city attend large scale training sessions hosted by the San Francisco Children and Families Commission. Other caregivers then joined in, saying they indeed would like to join caregivers in other neighborhoods to learn more parenting skills, and to be part of a wider network. They also said that if having one larger training, or conference, would increase the quality, and that would be good.

Early Care

Low availability of child care

Grandparents expressed concern about the length of time they spent on waiting lists to obtain childcare for their grandchildren. Grandparents still want more care available during the weekends and evenings. One caregiver brought up that respite care of this kind is available at Edgewood, but others did not seem aware. Another described the Whitney Young Child Development in the Bayview—she was on a waiting list for two years, but now that her granddaughter is there, she has excellent care. Furthermore, the center provides care at all hours of the day, which has been a tremendous relief for her.

One parent described being unable to afford child care because of her mid-level income—income too high for subsidized care, and too low to pay for it privately.

Language differences make communication between child care provider and caregiver difficult

Most caregivers expressed frustration that their child care provider does not speak English. One joked that her grandchild comes home speaking Vietnamese! The result is that caregivers are not getting enough information about how their child is progressing in care.

Health

Caregiver health

Health was given the least amount of emphasis by caregivers. Despite being given the opportunity to talk about it in more detail, most caregivers did not prioritize it as a concern. This lack of attention to the issue prompted the director of Edgewood to describe a number of issues that he sees as problematic in this area. Often, caregivers don't take care of their own health because they fear their deteriorating health condition will be reported, and result in their losing their grandchild. Some relative caregivers are not yet 65 years of age, and do not have insurance. Still others have a difficult time navigating the health care system.

Quality and access to care

Regarding the care of their 0-5 year old, one caregiver reported frustration at not having a primary medical care provider. Most of her granddaughter's care comes from interns at SF General. Other comments included the hours of primary care were limited and needed to extend over evenings and weekdays. Edgewood director suggested that grandparents need more advocates to help them advocate the health care system



**Input from Parents/Caregivers in the Mission Area
Summary of Discussion
January 20th, 2004**

Hosted by Good Samaritan Family Resource Center
Recruitment assistance from Good Samaritan, Instituto de la Raza Family Resource Center, and CARECEN



Agenda:

- I. Introductions
- II. What so children 0-5 need to thrive
- III. What are problems faced by children 0-5 and their parents

GOALS

Child is learning

Caregivers expressed a strong desire to see that their child is eager to learn, both at home and in school. Parents want their child to learn the alphabet, to learn new games and English songs, while also preserving their Spanish language skills at home.

Child's providers are informed

Parents want their children to be cared for by providers, both child care staff and the parents themselves, who are well informed about how to help their child learn and be healthy. The kinds of information parents want for themselves pertain to children's health needs, such as immunization and nutrition, as well behavior management skills that foster discipline. One parent described receiving mandatory parenting classes from her child's pre-school that touched on many of these issues.

Family Support

Program design

Caregivers expressed a strong desire to participate in their child's school setting, as well as in other governmental arenas. Some of them specifically want more input into their child's education curriculum. But the constraints they felt because of language barriers from Spanish to English, where meetings are monolingual and announcements are in English was pronounced. One parent described a virtual all English staff at his school which was unapproachable. Another problem for parents was the time that meetings are held for public input- often during the day when parents are working, or in the evenings but without child care.

Evaluating child's developmental and emotional health

As described by one participant, caregivers want to be better informed about "how to encourage their child's potential". A key piece of this is in understanding their child's developmental progress. Parents report that being better informed about child development milestones would not only enable them to ask for help with their child, but would also empower them when they encounter evaluation specialists. Parents clearly feel a tension between wanting their child to be evaluated, while at the same time, not fully trusting the opinions of "professionals". Parents don't understand what exactly evaluative tests measure, and feel their children are disadvantaged when tests are conducted outside the child's natural environment of the home, and when they are performed in English.

Early Care

Affordability

Working parents are hard pressed to afford child care. They feel disadvantaged over parents on Aid to Families with Dependent Children who get subsidized care.

Availability

Parents want care that is available during weekends and into the evening. One mother reported having to stop taking educational classes on weekends because she could not afford the child care. Another parent discussed having to provide free services to her child's day care center once a week, which compromised her work schedule.

Providers learn to evaluate and encourage their child's developmental progress

Parents expressed a strong desire that their child care providers learn how to monitor their children's developmental progress. They want more personalized attention from their children's care providers. Some parents expressed concern that their providers were not encouraging learning through skill development and play. Other's said their providers were indeed providing high quality services, and parents began to exchange information about where to find high quality care.

Health

Caregivers were reticent on the subject of health. With prompting from a First 5 staff person, many parents expressed gratitude for the Healthy Families Program. Discussing other health issues in the realms of quality, access, or affordability was not a priority for the group.



**Parents/Caregivers Discussion Summary
Richmond Neighborhood**

Hosted at Kai-Ming Head Start

February 2nd, 2004



Agenda

- I. Introductions and Why we are here
- II. Goals for our children 0-5
- III. Problem Priority Areas and discussion
- IV. Raffle!

GOALS

How do we know children are thriving?

Parents reported knowing their child is thriving when they are happy, when they are excited to tell the parent about what they are learning in school, when the child is eager to go to school, and when the child has educational skills like writing and reading.

Child Care

Access to child care

Problems with accessing child care include its availability during “off-peak” evenings and weekends, and the cost. Parents are having a difficult time affording care. One parent expressed a concern about the raise in minimum wage and its impact on her child’s eligibility for subsidized child care services.

Quality of care

Parents want assurance that their child care is of high quality, both from the child care providers and from the child care facilities. They are not fully confident that child care providers are helping their child read, hold the pen well, and have good posture. They also want communication from their child care providers about how their child is progressing. In addition to provider care, parents are concerned that the facilities are not large enough to allow their children to run and play and develop their motor skills. The Kai-Ming facility also does not have child friendly equipment like a bathroom and kitchen.

Family Support and Education

Information on child rearing

Parents reported wanting more knowledge on parenting skills. They want to feel better equipped to help their child learn, and to help them behave well in school and the home. They are concerned they don’t know how to tell whether their child is learning at age appropriate levels. Parents expressed a strong interest in attending parenting classes.

Access to information in the Chinese language

Parents strongly advocate for having information about courses made widely available in local Chinese Newspapers. One parent reported coming into this community of parents of 0-5 children by finding a flier posted up outside of Wu Yee children’s services. For parents, the location of the training need not necessarily be in their neighborhood.

Explore other parts of the city

Parents want their children to see other parts of the city. Most expressed an interest in having their child care centers conduct field trips with them. A few parents discussed wanting to engage in field trips with other parents on the weekends.

Health

Evaluate their child's emotional and developmental health

Parents want more knowledge about how to evaluate their child's developmental and psycho-social health, and they want their child to receive more professional evaluations from providers.



**Input from Parents/Caregivers on Children with Special Needs
Summary of Discussion
February 9th, 2004**

Hosted by Support for Families



Agenda:

- I. Introductions
- II. What do children 0-5 need to thrive
- III. What are problems faced by children 0-5 and their parents

GOALS FOR CHILDREN

Children are valued

Caregivers want their children to be developing physically and learning at as “normal a rate” as possible. They want their children to have quality care from their child care and health care staff, to have their child surrounded by people who value them and are trained and sensitive enough to handle their special needs.

Children have consistency

Caregivers want their children to have consistency in the services they receive, and they want themselves to be educated as much as possible on resources that might help their child.

Children are well rounded

Caregivers want their child to be well-rounded, and have the same opportunities as all children to participate in enriching activities like the arts and sports and to make friends.

Child Care

Quality

Caregivers don't fully trust that child care providers are adequately prepared to care for their child with special needs. There is a wide range of specialization to acquire in working with children of different abilities, and caregivers are skeptical that one child care provider would be sufficiently trained to care for every kind of child with special needs. Knowing which among child care providers who are trained to care for special needs is also challenging.

Availability

The demand for training of child care providers for children with special needs also limits the availability of care for their children. This is especially pronounced when looking for drop-in and respite care for weekends, evenings, and even overnights. Caregivers of children with special needs have exceptional needs themselves for some respite time away from the demands of parenthood- “even a good night's sleep”!, commented one parent. Finding adequately trained child care providers to care for their children during these “off-peak” hours is difficult. When asked whether family members or friends could care for their child, a number of group members suggested that these same people would also need some training.

Availability of child care is also constrained by one's working status. Foster parents in the meeting described caring for a number of children with special needs at home, and despite the tremendous amount of work performed in the home, they do not qualify for the same amount of child care services that a caregiver does who is working outside the home.

Health Care

Proactive care

Caregivers want providers who show they really care about their child by being proactive in communicating with the parent, holding deeper and more detailed explanations about the range of services that are available, and even follow-up with the parent when he or she might feel overwhelmed. A couple of parents mentioned Jerry from the Blind Babies Foundation as a good example of a “connector” who clearly cares about the parents and their children, and who helps parents to understand the system and learn of what services the child is eligible for.

Access to information about care

Parents also expressed a desire for a 24 hour hotline as an around the clock service that could answer questions about general care, as well as about emergencies. One parent described a language barrier in getting information about services in the Spanish language. While the participant’s own English skills are excellent, others in her community can not as easily access services. Foster parents reported challenges regarding having less information than they need about their foster children’s health status.

Evaluating child’s developmental health and their health services

Many children with special needs receive services from an array of developmental experts. Some caregivers expressed frustration at sensing duplication in some kinds of services, getting different opinions from different experts, and being unclear about the benefits of one kind of service, such as occupational therapy over another, such as physical therapy. Caregivers want more knowledge about what these services provide, and more training on how to provide their children with these therapeutic interventions themselves. Finally, caregivers want their opinions about their child’s health to be valued by professionals.

Family Support

Neighborhood support

Caregivers want their child to be able to integrate in the neighborhood. Caregivers often sense adults’ and other children’s discomfort with children who have special needs. They described problems with interaction between them and their child in neighborhood based resources like parks and church. One participant transferred to another church after adopting her child with special needs because she felt unwelcome there. Attitudes among other parents and children can make children with special needs and their parents feel isolated.

Peer-to-Peer support

Caregivers clearly value the opportunity to learn from other parents, and to relate to other parents of children with special needs. One parent spoke of the tremendous benefit she found in going to conferences with hundreds of other parents gathered. Specialists

presented on topics, but the bulk of her information and insight came from other parents. Other caregivers expressed a strong desire for more similar kinds of experiences, including among foster parents.

Systems

Coordination/co-location of services

Caregivers find their child's health care system challenging to navigate because services are not coordinated. Parents described a preference for better transportation services, or a co-location of services, including child care services where other health care services are delivered.

Parent input

Caregivers want more input into their child's service plan, and into the design of their children's programs and policy. At the same time, some caregivers expressed skepticism or frustration at not seeing enough results from their participation in program improvement initiatives, such as through focus groups. Caregivers want to hear back from program sponsors and policy makers about how their contributions make a difference.



**Parents/Caregivers Discussion Summary
Homelessness**

Hosted at Homeless Prenatal Network

March 2nd 2004



Agenda

- I. Introductions and Why we are here
- II. Goals for our children 0-5
- III. Problem Priority Areas and discussion
- IV. Raffle!

GOALS

Children as leaders

Parents want their children to be respected and valued for their leadership capabilities, and given the opportunity to mentor other children on the issues of homelessness, navigating the rules of the shelter, and being a resource for a younger child. Parents also want their children to have access to peer to peer support in group play therapy sessions and through peer networks.

Learning

Parents strongly desire that their young child is learning, both at home and in other settings such as the child care center and in their shelter environment. Some parents with mental or physical disabilities are unable to cognitively and emotionally stimulate their child as much as they desire and these parents want their child to access stimulating child care settings.

Esteem

Parents want their children to have emotional security that comes with consistency in housing, healthy attention, and freedom from harm. They want their children to be proud of them because their parents are able to attain financial and emotional stability and literacy skills.

Early Care

Quality Care

Parents want their child's care provider to challenge their child in learning, and stimulate them toward their optimal development.

Access to Care

Parents want access to more care. For some parents, physical and emotional disabilities waive them from timing out of certain family benefits, but their "at home" status prohibits them from getting subsidized child care. Because of their own physical and or emotional limitations, parents want their children to benefit from child care that is engaging and promotes their development. For other parents who are working outside the home, the need for subsidized child care is that it be provided for longer periods of time. Parents who are taking classes or vocational training have access to 18 months of subsidized care through the children's council, but these benefits time out. As one parent reported, they timed out right when she got her job. For still others, more respite care is needed. There is only one respite facility for homeless parents in the Bay Area that is not easily accessible.

Family Support

Emotional Support

An overwhelming number of parents expressed the need for their child and for the parents themselves to have access to emotional supports. Many parents attending the meeting have gone through traumatic life events, including domestic violence, multiple incidents of homelessness, and family disruption. As a result, they want continued access to counseling and support to overcome, as one parent put it, “the negative role modeling of the past so [she] could be a better parent for her child in the future”. Parents also want their children to access mental health consultation. Children who are homeless can suffer from severe attachment disorders, stigma from their peers, and a lack of internal stability. Countless numbers of parents spoke of the benefits of therapy to both themselves and their children. One parent phoned First 5 staff to stress her preference for mental health consultation that is outside the shelter system where the climate is less judgmental.

Information and referral

As one parent put it, she wished she had had more information about resources before becoming homeless. It was not until she entered the shelter system that she became aware of the resources that were available to her. Other parents described not knowing which services they qualified for, and others with problems of inconsistent information from their caseworkers. Large discrepancies in the room were had about how one qualifies for Early Head Start and what services are available for parents without legal citizenship.

Qualifying for Services

Parents who do not have legal citizenship in the United States are frustrated and concerned about their children because of the number of services for which they do not qualify.

Systems Reform

A few parents noted wanting to have more influence on designing programs and policies. One participant imagined a council or group called “mothers making a difference” that would bring attention to the needs of San Francisco’s young children.

Parent Education

Parents described the benefits of being educated on nutritional needs for their children; on their child’s development milestones; and on how to negotiate the school system if they suspect their child’s needs are not being adequately addressed.

Stigma

Parents are concerned that children feel stigmatized by their status as homeless.

Health

Nutrition

A few parents spoke about the benefits of exposure to nutritional classes and cooking classes for themselves and young children.

PROGRAM IDEAS

Parents described possible programs for children 0-5 years of age

Child Care

- Provide pre-school on the same site as elementary schools to facilitate child pick up and drop-off
- Provide classes on parenting issues (i.e. nutrition and developmental milestones) to parents at child development centers.

Family Support and Health

- Provide home visits by nurses to every newborn child
- Provide parents who are using WIC with more information related to child development as well as a list of resources for supports.