

How well is Mississippi's early childhood system working?

Families and system leaders provide their input.

Recent research has been conducted with both families and stakeholders to identify how early childhood partners work together and how families experience the early childhood system in Mississippi. This report outlines findings from three such studies:

- The Mississippi Child Health & Development Survey of parents of young children (birth-age five), developed by the Child Health & Development Project: Mississippi Thrive! (956 respondents)
- Focus groups of parents and caregivers of young children with behavioral, developmental, or other concerns implemented by Families as Allies on behalf of the Child Health & Development Project: Mississippi Thrive! (limited sample size of 11 respondents)
- The Early Childhood Network Mapping PARTNER survey of early childhood system leaders developed by the Help Me Grow National Center on behalf of the Child Health & Development Project: Mississippi Thrive! and Mississippi Families for Kids (71 respondents)



These studies and their findings are described in more detail below.

Between April and August 2018, the Survey Research Lab at the Mississippi State University (MSU) Social Science Research Center (SSRC) conducted interviews with parents and other caregivers in households with children aged 71 months and younger as part of the Mississippi Child Health & Development Survey (MCHDS). A total of 744 parents and 232 other family members were interviewed for this study.

In September 2020, Families as Allies was contracted by the Child Health & Development Project: Mississippi Thrive! to conduct focus groups of parents and caregivers of young children with behavioral, developmental, or other concerns. Eleven parents participated, all mothers of children aged five years or younger with behavioral or developmental challenges.

Additionally, the Early Childhood Network Mapping (ECNM) PARTNER survey was conducted in August 2021 by the Help Me Grow National Center in partnership with Visible Network Labs on behalf of the Child Health & Development Project: Mississippi Thrive! and Mississippi Families for Kids. This survey measured the perspectives of early childhood system leaders throughout the state. Forty-one percent of participants were leaders of nonprofit organizations, 17% represented colleges and universities, and 10% represented state government agencies. There were also participants representing community health centers, local government agencies, preschools, a federal government agency, a health insurer, a hospital, a physician practice, and a state health agency, among others.

This report compares the perspectives of system leaders and parents on the early childhood system in Mississippi. While this report primarily focuses on parent perspectives, you can find the full results of the system leader survey in our companion brief linked here: <https://mississippithrive.com/wp-content/uploads/2022/02/ECNM-Brief-MS-Thrive-4.0.pdf>.



Both families and system leaders recognize that the Mississippi early childhood system is not meeting the needs of families optimally.


Forty-five percent of stakeholders rated Mississippi's early childhood system as being moderately successful in meeting the needs of families on the ECNM survey (as seen in Figure 1).



However, ten of the eleven parents in the 2020 focus groups agreed with each of the following statements about Mississippi's early childhood system, except for statement 2 below, with which only three parents agreed. These numbered statements below (1-7) are all findings from previous parent focus groups conducted in 2013 by Families as Allies, indicating that families have not reported experiencing much difference in navigating Mississippi's early childhood system over the last decade.

1. Behaviors that may indicate mental health challenges in young children are not being recognized by professionals in contact with families of young children and, therefore, young children are not being referred for mental health evaluations.
2. Few, if any, resources for assessment of mental health needs in young children are available.
3. Families have very limited access to appropriate treatment interventions for mental health challenges faced by their young children, based on what services are available and how relevant these services are in meeting families' needs.
4. Few school communities and teachers are able to understand and manage early childhood mental health challenges with appropriate tools or strategies.
5. Young children experience child care/preschool disruptions, and parents/caregivers experience employment stresses due to behavioral challenges beyond the abilities of programs to manage.
6. Parents/caregivers identify specific barriers/roadblocks they face in seeking help for their young children:
 - a. Absence of experts who understand the mental health needs of young children
 - b. Apathy from providers, teachers, receptionists, caseworkers, and other professional system staff
7. Parents/caregivers identify one-to-one help as highly important in overcoming the barriers they face.





While parent focus group members agreed that there were more places to get mental health assessments for young children than in 2013 (Finding 2 above), they reported finding these resources on their own rather than being referred by their children's primary care providers. Regarding limited access to appropriate treatment for mental health challenges (Finding 3 above), families in the 2020 focus groups elaborated that even though mental health assessments are available, providers are not often able to offer treatment interventions that families find helpful. Findings 4 and 5 above underscore one of the key findings of the ECNM study—that families need access to an affordable, high-quality early education system with professionals who are well-trained in early childhood development.

The parents who participated in these focus groups were from geographically diverse areas of the state; the one parent out of the 11 who disagreed with the 2013 findings was from the Hattiesburg area. Based on the Child Health & Development Project: Mississippi Thrive!'s resource maps on their websites, available at <https://mississippithrive.com/resources/resources-by-county-map/>, Lamar County, in which part of the city of Hattiesburg is located, is among the counties in the state with the highest rate of behavioral specialists who serve children ages five and younger. Forrest County, in which the other part of the city of Hattiesburg is located, is among the counties in the state with the highest rates of children served by Children's Advocacy Centers. Hattiesburg is also the home to the Mississippi Early Childhood Inclusion Center, an Early Learning Collaborative, a Baby Café, two La Leche League organizations, and Hub City transit and is an Excel by 5 community. The nearby city of Petal is also an Excel by 5 community and is home to a Resource and Referral Center, the Coleman Center for Families and Children, and Early Learning Collaborative.

According to the Children's Foundation of Mississippi's *Risk & Reach Report*, available at <https://childrensfoundationms.org/research/mississippis-risk-reach-report-opportunities-for-children-youth-and-communities/>, which compares the well-being of children in different parts of the state, Lamar County has one of the lowest rates of children living in single-parent families, one of the highest public high school graduation rates, some of highest test scores in both math and language arts, one of the lowest rates of mothers without high school diplomas, one of the lowest unemployment rates, and one of the lowest rates of children living in poverty statewide. Data such as this could help explain how the parent from Hattiesburg may have different experiences with the early childhood mental health system than parents in other parts of Mississippi. More research with families is needed to determine how the early childhood system works differently in different areas of the state.

Families' experiences with health care providers vary by race and by whether their children have experienced developmental delays.

As part of the MCDHS, a series of questions were asked about families' experiences with health care providers, based on the National Survey of Children's Health definition of family-centered care (FCC). Of the families surveyed, 78.1% received *family-centered care*. When disaggregated by children's race and by whether the children had a delay, there were highly statistically significant differences, as seen in the Figures 2 and 3 on the following page.




Figure 2. Families who received family-centered care from health care providers by child's race.

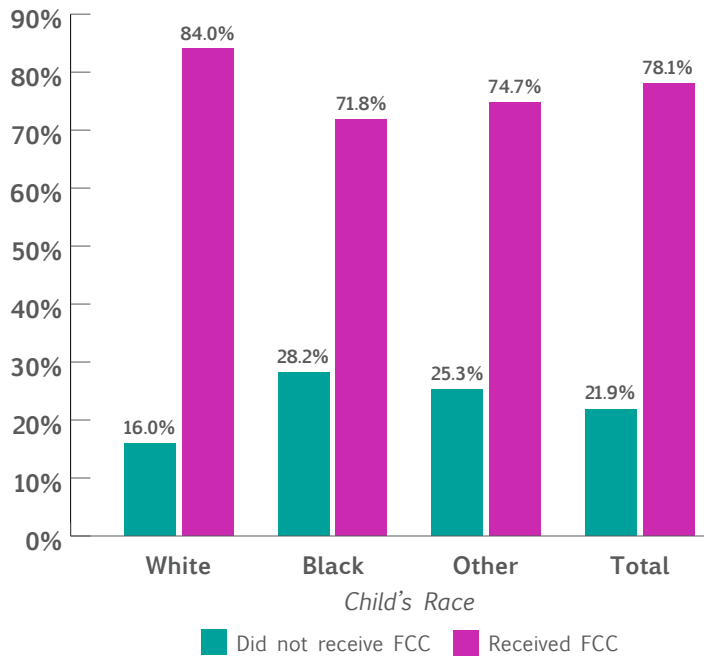
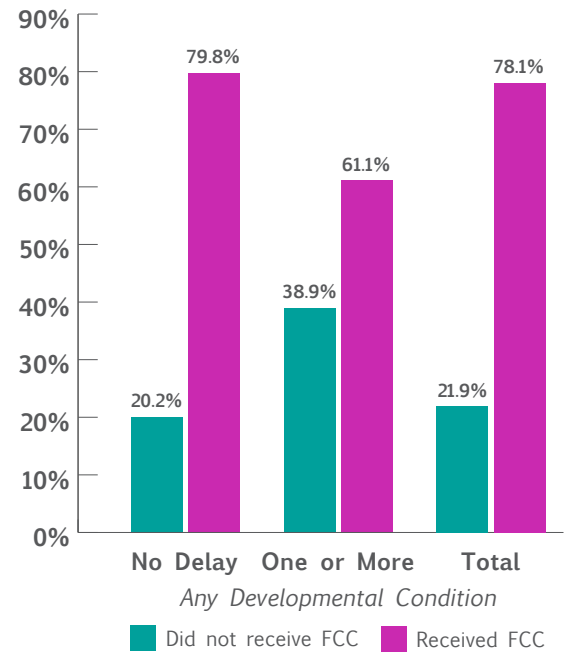


Figure 3. Families who received family-centered care from health care providers by child's disability status.



Whether families receive information about developmental milestones varies based on identifying factors.

In the ECNM survey, stakeholders identified that families need equitable access to a coordinated early childhood system that is easy to navigate. ECNM stakeholders also stated that families need educational and support opportunities, such as information about resources, parent-child interaction skills, prenatal health education, and opportunities for networking with other families. Based on the disaggregated MCHDS data, it seems that families' experiences with the early childhood system and whether or not they received information and resources differed based on characteristics such as their formal education level and whether their child has a disability. While 74.9% of surveyed parents said they had been given information about developmental milestones, whether they received this information varied based on different identifying factors, as shown in Figures 4-8 on the following pages.



Figure 4. Families who received information about developmental milestones by child's race.

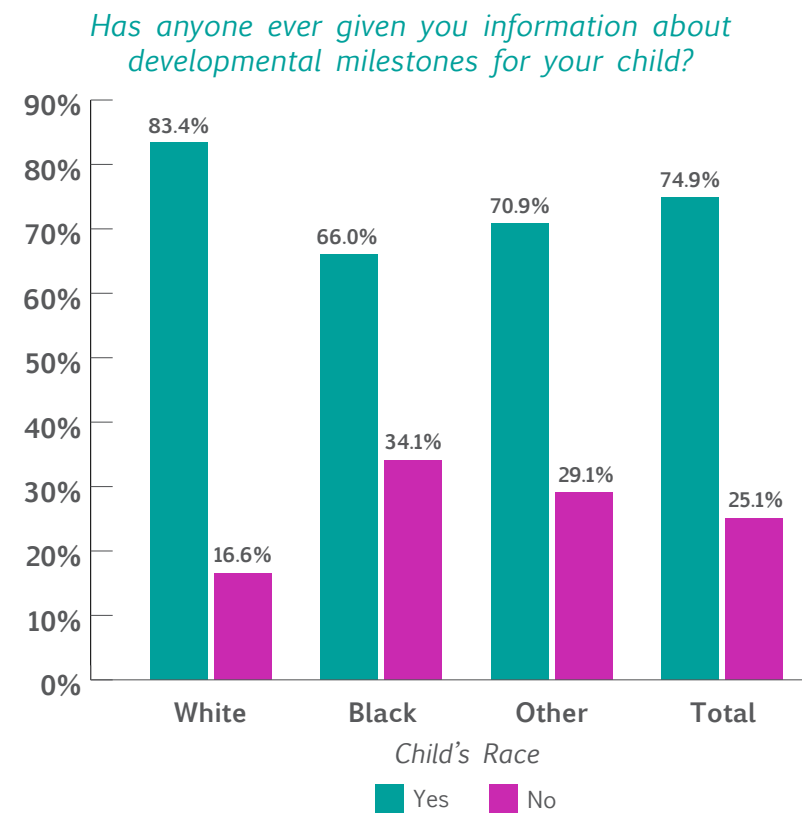
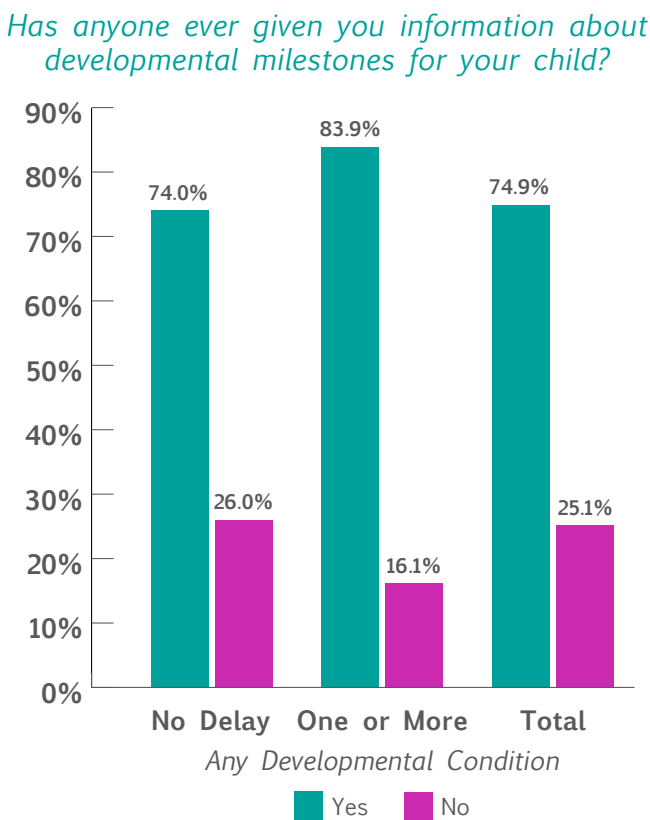
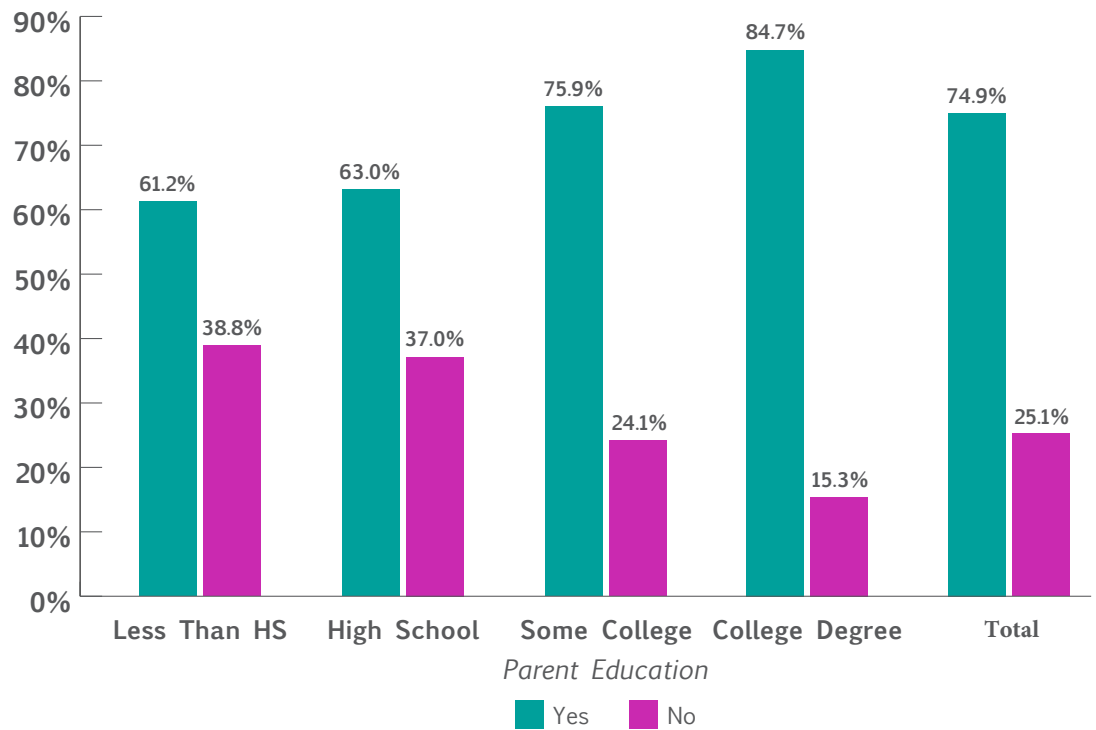


Figure 5. Families who received information about developmental milestones by child's disability status.



Has anyone ever given you information about developmental milestones for your child?

Figure 6. Families who received information about developmental milestones by parent's formal education level.



Has anyone ever given you information about developmental milestones for your child?

Figure 7. Families who received information about developmental milestones by whether they have a personal health care provider.

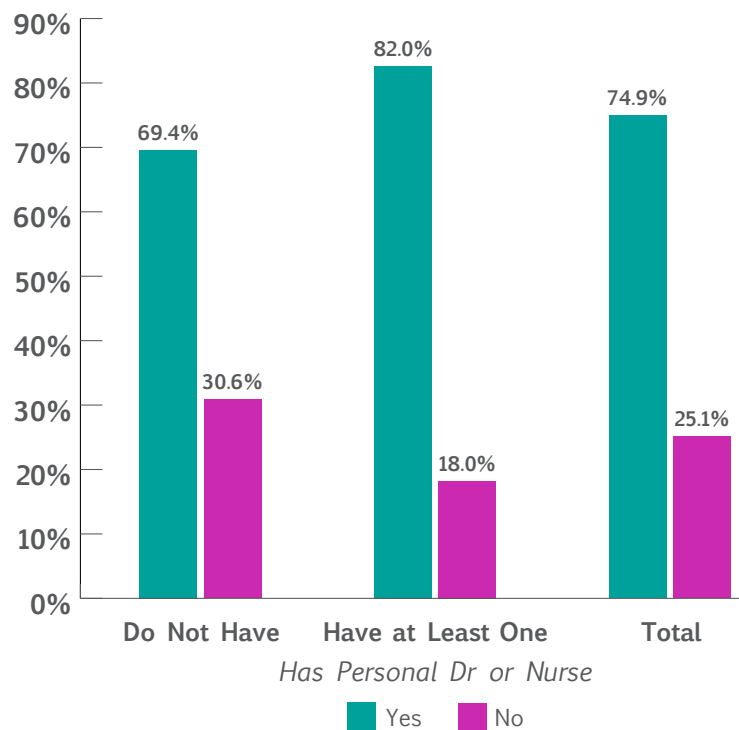
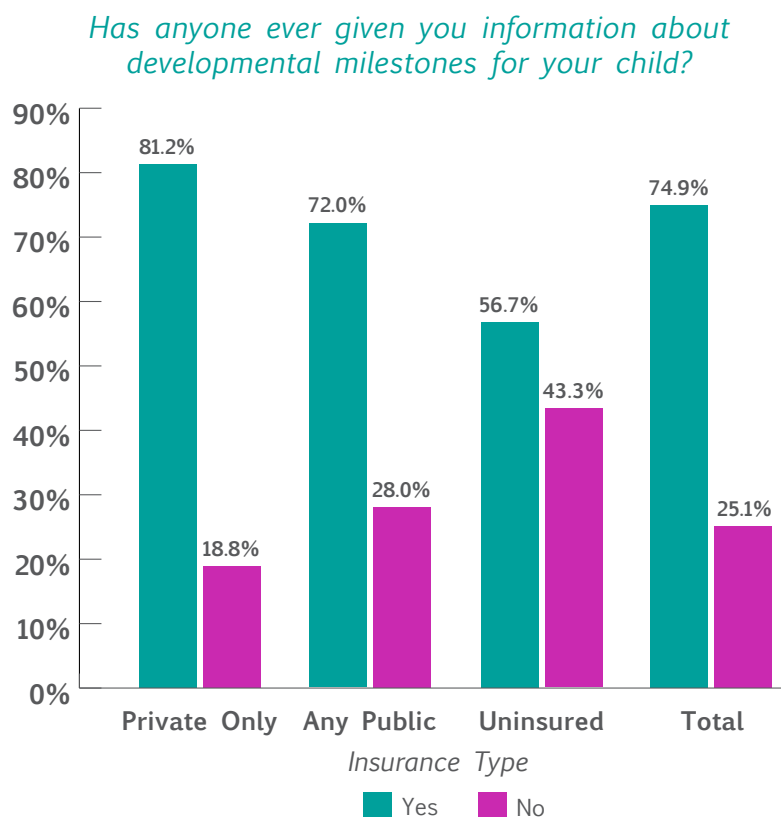


Figure 8. Families who received information about developmental milestones by health insurance type.

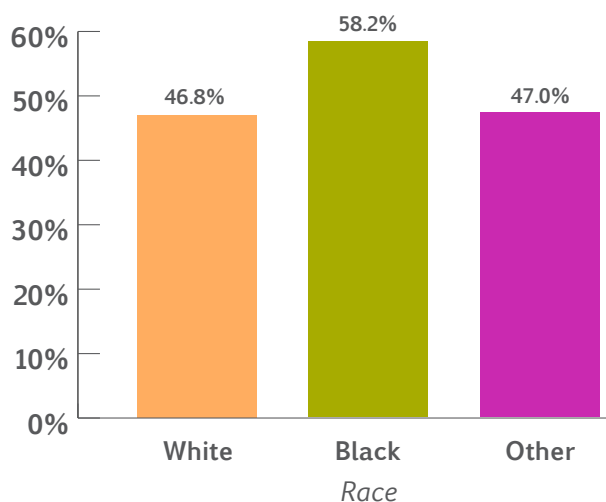


Whether families receive advice from health care providers varies by identifying factors.

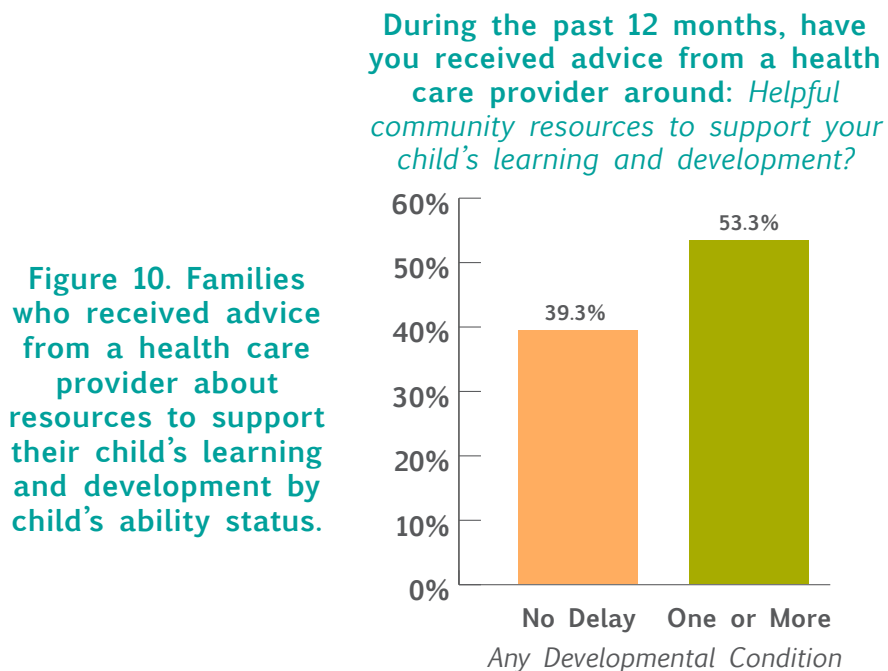
When MCHDS participants were asked if they had received advice from a health care provider around daily reading, talking, or singing to their children, 43.2% of parents said they had. More parents stated that they had received advice from a health care provider around daily interactions and relationship-building with their children, at 51.4%. Whether parents received advice from a health care provider around these daily interactions, however, varied by race, as shown in Figure 9 below.

During the past 12 months, have you received advice from a health care provider around:
Daily interactions or relationship with your child?

Figure 9. Families who received advice from a health care provider about interactions with their child by child's race.



When asked whether they had received advice from a health care provider around helpful community resources to support their child's learning and development, 40.7% of parents in the MCHDS survey said they had. Whether they received advice about these resources varied by whether or not their child had a delay, as shown in Figure 10 below.



When MCHDS participants were asked whether they had received advice from a health care provider around community resources to meet their families' needs, 43% said they had. Whether or not they received advice about these resources varied by their child's race and insurance type, as shown in Figures 11 and 12 below.

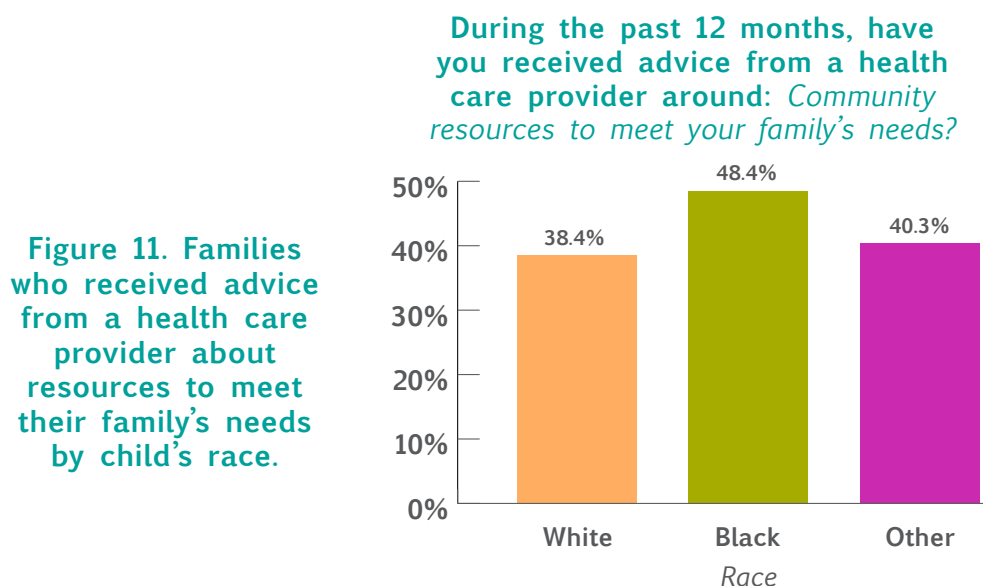
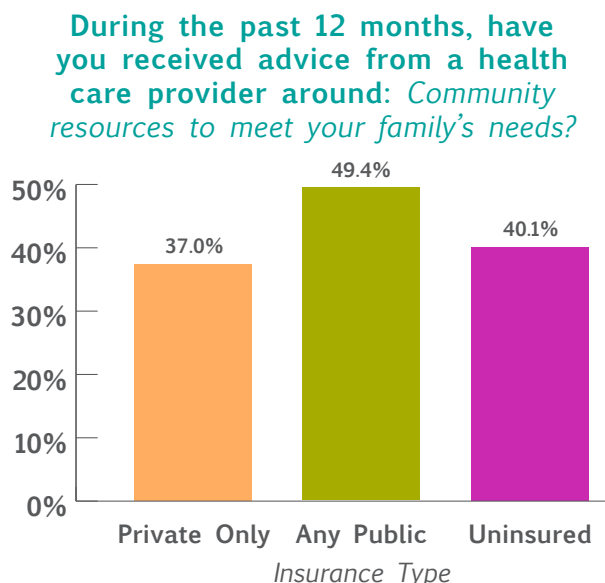
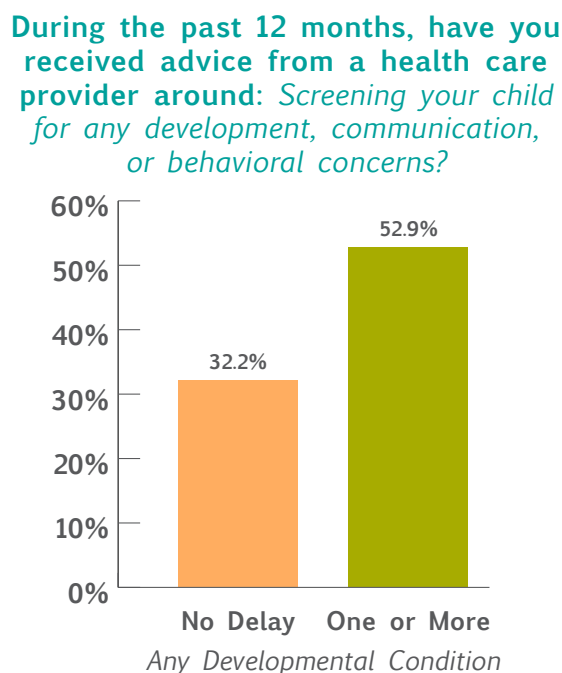


Figure 12. Families who received advice from a health care provider about resources to meet their family's needs by health insurance type.



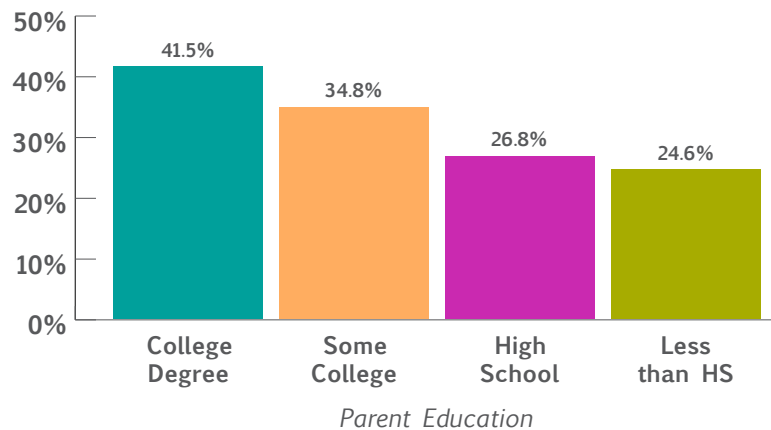
Stakeholders from early childhood-associated organizations participating in the ECNM survey also expressed that families need early access to health care, including preventative care and early intervention, such as developmental screenings coupled with appropriate referral and linkage services administered by providers who are well-trained in early brain development science—in all areas of the state. When asked whether they had received advice from a health care provider over the last 12 months around developmental screening, 34.3% of parents participating in the MCHDS said they had. Whether or not parents received advice from a health care provider around developmental screening varied by whether their child had a delay and by the parents' levels of formal education, as shown in Figures 13 and 14 below.

Figure 13. Families who received advice from a health care provider about developmental screening by child's ability status.



During the past 12 months, have you received advice from a health care provider around:
Screening your child for any development, communication, or behavioral concerns?

Figure 14. Families who received advice from a health care provider about developmental screening by parent's formal education level.



Based on this data, partners from the Child Health & Development Project: Mississippi Thrive!, Mississippi Families for Kids, and Families as Allies have compiled some recommendations for improving the experiences of families navigating Mississippi's early childhood system.

- Provide more opportunities for family peer support.
- Work with stakeholders to address system gaps.
 - Leverage partnerships in a collaborative effort to improve the efficiency, navigability, accessibility, equity, and comprehensiveness of Mississippi's early childhood system.
- Support the development of the Mississippi Infant Mental Health Association to strengthen both infrastructure and workforce of mental health supports for young children in the state.
- Partner with families and mental health consultants to provide training and technical assistance to mental health professionals working with young children.
- Fund expanded capability for early childhood behavior intervention programs and systems such as Incredible Years and infant/early childhood mental health consultants.
- Gather input from a larger number of families regarding their experiences with Mississippi's early childhood system.





The Child Health & Development Project: Mississippi Thrive! is supported by the Health Resources & Services Administration (HRSA) of the U.S. Department of Health & Human Services (HHS) as part of an award totaling \$17.4 million, with 0% financed by non-governmental sources. The contents are those of the authors and do not necessarily represent the official views nor an endorsement of HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

