Community Mental Health Journal (2019) 55:942–953
https://doi.org/10.1007/s10597-019-00418-4

Service-Related Barriers and Facilitators in an Early Childhood System of Care: Comparing the Perspectives of Parents and Providers

Robey B. Champine[1,2,3] · **Andrea H. Shaker**[4] · **Katina A. Tsitaridis**[4] · **Melissa L. Whitson**[4] · **Joy S. Kaufman**[2]

Received: 9 February 2018 / Accepted: 30 May 2019 / Published online: 5 June 2019

Abstract

Systems of care (SOCs) have the potential to enhance underserved families' access to integrated health and support services. Most scholarship on SOCs has involved school-aged children and adolescents. Thus, research is needed to better understand barriers to, and facilitators of, families' access to services during early childhood. The present study included a community-based participatory approach in understanding services for families of children under age six years with severe emotional and behavioral problems. We analyzed data from two focus groups with caregivers ($n = 7$) and three focus groups with service providers ($n = 22$). Our thematic analysis of participants' responses revealed five primary barriers to family service access, including challenges associated with transition planning. In comparison, participants described four primary facilitators of family service access, including providers' adoption of "whole-family" service delivery approaches. Findings indicated areas of convergence and divergence in caregivers' and providers' responses. We discuss limitations and potential implications.

Keywords System of care · Early childhood · Service access · Qualitative analysis

Challenges associated with living in lower-resource communities, such as a scarcity of high-quality health and support services, are linked to a host of cognitive, emotional, and behavioral health problems across the life span (Hodgkinson et al. 2017; Morris et al. 2017). Understanding and responding to structural and social barriers that may impede families' access to services within these communities are essential for helping to reduce health inequities and optimize well-being (Andersen et al. 2014). Access is the extent to which individuals use or receive services that align with their needs and includes factors that may facilitate or inhibit service use (Andersen et al. 2014; Whitson et al. 2011).

Given their emphasis on providing comprehensive and integrated services that are family-driven and culturally relevant, systems of care (SOCs) have the potential to effectively connect families in lower-resource communities with health and support services (Hernandez and Hodges 2003; Stroul et al. 2010; Tebes et al. 2005; Whitson and Connell 2016). SOCs encompass an array of mental health and other services that are coordinated across providers to meet the dynamic health needs of families (Knutson et al. 2017; Stroul et al. 2010; Tebes et al. 2005). Most scholarship has examined the developmental impacts of involvement in SOCs targeting school-aged children and adolescents (Kaufmann and Hepburn 2007; Whitson and Connell 2016). Thus, more work is needed that investigates how to improve families' access to early childhood services, in light of increasing rates of emotional and behavioral health needs observed in young children and the individual and societal benefits associated with investing in high-quality early childhood interventions (Campbell et al. 2014; Horwitz et al. 2003).

Andrea H. Shaker and Katina A. Tsitaridis have contributed equally to this work.

✉ Robey B. Champine
champi74@msu.edu

[1] Division of Public Health, College of Human Medicine, Michigan State University, Flint, MI 48503, USA

[2] Division of Prevention and Community Research, Yale School of Medicine, New Haven, CT, USA

[3] Child Health and Development Institute of Connecticut, Farmington, CT, USA

[4] Department of Psychology, University of New Haven, New Haven, CT, USA

Adopting a Social-Ecological Perspective

Consistent with prior research examining barriers and facilitators linked to health service access (Levesque et al. 2013; Maneze et al. 2015; McCormack et al. 2017), the present research was grounded in a social-ecological conceptual framework derived from Urie Bronfenbrenner's Ecological Systems Theory (1979). Social-ecological theories describe how individuals' health and behaviors are positively and/or negatively impacted by the multilevel physical and social contexts in which they act on and are embedded.

Health service programs, and researchers who study such programs, commonly adopt a social-ecological approach as part of efforts to acknowledge and address individual and contextual factors that may impact participants' well-being (Atkins et al. 2016; Heaman et al. 2015; McCormack et al. 2017). This theoretical frame may also be applied to enhance understanding of integrated factors (e.g., individual, interpersonal, organizational, community) that support or hinder individuals' access to health services (Champine et al. 2018; McCormack et al. 2017). This framework informed our approach to coding service-related barriers and facilitators reported by providers and caregivers.

Promoting Enhanced Access to Health Services in Underserved Populations

Prior research has described the multifaceted barriers that may constrain access to services among individuals from lower-resource communities (Anderson et al. 2017; see review by Greenwood et al. 2015; Hulme et al. 2015). These barriers include lack of information about available services; inflexibility of services; and high costs associated with services (Anderson et al. 2017; Williams et al. 2013). Similarly, anticipated or perceived stigma is a pervasive barrier related to seeking services for psychological or emotional health needs (Clement et al. 2015; Heflinger and Hinshaw 2010). In addition, individuals from diverse ethnic and racial backgrounds may face unique service barriers related to language and perceived cultural sensitivity of services, or the degree to which providers are perceived as respecting participants' diverse beliefs, values, and traditions (Betancourt et al. 2003; Hooper et al. 2018; Williams et al. 2013).

In contrast, research has also highlighted factors that may facilitate individuals' access to health services (see review by Gondek et al. 2016; Koerting et al. 2013; Pullmann et al. 2010). For instance, Gondek et al. (2016) found that the most frequently cited facilitators of treatment access included: when participants were treated as partners in treatment decision-making; flexibility in the service approach; caring and sustained relationships with providers; active engagement in services; and perceived cultural competence of services. Additional potential facilitators of accessing services included: the use of direct and effective recruitment materials, including personalized (or "word-of-mouth") and diverse recruitment methods, such as leaflets; the provision of flexible and family-tailored services; additional on-call support; and non-judgmental and caring providers (Koerting et al. 2013).

As part of organizational efforts to mitigate potential service barriers and maximize individuals' likelihoods of accessing high-quality health services, research also suggests strategies that service providers may employ. These strategies include: providing detailed information to participants about waiting list processes; providing consistent appointment reminders; and adopting an empowerment approach, such that participants are placed in charge of their treatment goals (Anderson et al. 2017). In addition, effective strategies for providing coordinated, multi-agency services include: engaging in joint planning and decision-making; providing services in one central location; holding regular multi-agency team meetings; and appointing a management coordinator who is responsible for ensuring integrated service delivery (Sloper 2004).

Research in this area underscores the need to use qualitative methods to assess the service-related views and experiences of providers and caregivers to enhance the quality of services and participants' overall experiences (see review by Glenton et al. 2013; Koerting et al. 2013; Pope et al. 2002). Effective service planning and delivery require consideration of diverse stakeholders' perspectives, information which may not be sufficiently captured in a questionnaire alone (Koerting et al. 2013). In comparison to youth, providers and caregivers are more likely to be actively engaged in the service delivery and decision-making processes (Koerting et al. 2013) and, thus, their insights may meaningfully inform service implementation.

Within the field of community-based participatory research, researchers advocate for the inclusion of service recipients as "consumer researchers"; in particular, in studies examining the context of service delivery (Case et al. 2014; Chamberlain 2005; Kaufman et al. 2006). The inclusion of consumers in the research process can help to ensure that the study reflects the questions, needs, and values of the populations and communities served (Cochran et al. 2008; Hancock et al. 2012). Community-based participatory approaches have been used in work examining health disparities and challenges in accessing services (Pullmann 2009), and have increasingly been seen as necessary for understanding the needs and challenges of families receiving behavioral health services within SOCs (Crawford et al. 2002; Pullmann 2009).

Present Study

The present study extends extant research on service access in underserved populations by characterizing families' experiences in an early childhood SOC serving children under age six years with severe emotional and behavioral challenges and their families. As noted earlier, young children and their families are understudied populations in research on health and social service access. In the present study, the SOC was funded by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration and provided comprehensive and integrated services to young children and their families. All families received in-home therapeutic services, care coordination, family advocacy services, and an array of wrap-around services that were tailored to families' needs. In the present study, we analyzed data from focus groups with caregivers and providers. Consistent with community-based participatory approaches, these focus groups were co-facilitated by a trained caregiver and a researcher. We examined the following research questions:

1. According to caregivers and providers, what were potential barriers to, and facilitators of, families' access to services in the early childhood SOC, and how did these findings align with extant research on family service access?; and
2. In what ways were caregivers and providers similar and distinct in their views of service-related barriers and facilitators?

Method

These data were from a longitudinal evaluation that was conducted between 2007 and 2011 in several lower-resource communities in Connecticut. We report only the method and results relevant to the present qualitative study.

Participants

We analyzed data from a total of five focus groups that were conducted in June 2009: two caregiver focus groups ($n =$ seven total caregivers) and three service provider focus groups ($n = 22$ total providers). Of the caregiver focus groups, one group consisted of four caregivers whose children were discharged from SOC services, and the other group consisted of three caregivers whose children were actively receiving services. Of the provider focus groups, two groups (of four and three participants) consisted of providers who worked with families to provide services in areas including educational services, counseling, and health services. These individuals directly provided services to families in their roles as regional educational service providers, mental health organization clinicians, pediatricians, parent educators, staff at religious institutions, and pregnancy service coordinators. The third provider focus group consisted of 15 participants who were SOC staff members.

The caregiver focus group participants were from the larger sample of caregivers who were enrolled in the SOC. The larger sample consisted of 256 caregivers ($M_{age} = 32.7$ years, *SD* 9.06, Range 9 to 69) who primarily identified as female (69.9%) and as children's biological parents (60.5%). Over half of participants (60.9%) did not identify as Hispanic or Latinx and 61.7% identified as White or European American.

Procedure

Using semi-structured protocols, the focus groups were led by a trained caregiver and a researcher. The caregiver, whose child had received services within the SOC, was trained in focus group protocol development and in group facilitation. This training, which had been conducted with other consumer groups (Kaufman et al. 2006), was informed by Krueger and King's (1998) guide on involving community members in focus groups. The focus group questions were developed by the family member and researcher in collaboration with the program's Project Director and additional family members. Focus groups took approximately 60 to 90 min to complete, and family participants received a $25 gift card. The focus groups were audio-recorded and transcribed by a professional transcription service. This evaluation was approved by the University Institutional Review Board.

Measures

The focus group protocols included six to seven primary questions that asked respondents about their views of, and experiences in, the SOC. Questions from the caregiver protocol included "What gaps do you think exist or what services need to be put in place to have a comprehensive system of care for families who have a young child with severe emotional or behavioral difficulties?" and "What are some barriers that get in the way of families accessing services?" Questions from the provider protocol included "What are some of the strengths of the service delivery model?" and "What are some areas for improvement?"

Analytic Strategy

The first, second, and third authors performed thematic analysis (Braun and Clarke 2006) of caregivers' and providers' focus group responses to assess perceived barriers to, and facilitators of, families' access to services. This method is focused on identifying, analyzing, and reporting patterns or themes within data, and is appropriate for exploring a broad array of research questions using inductive or deductive approaches (Braun and Clarke 2006). In the present study, codes were based on participants' own words and were also based on pre-existing knowledge of the literature on family interventions.

First, the authors familiarized themselves with the data by reading each of the transcripts and making notes of themes that emerged in participants' responses that related to family service access in the SOC. They discussed their notes and transformed these themes into initial descriptive codes that were summarized in a codebook. Using the codebook, they independently coded a sample of the transcripts and met to discuss their decision-making and resolve any discrepancies. They made several updates to the codebook (e.g., added and consolidated several codes) and used the codebook to code the remaining transcripts. Kappa coefficients indicated adequate interrater reliability: .93 for caregiver focus groups and .87 for provider focus groups. They performed qualitative analyses using NVivo Version 10 software.

Results

We present the primary themes that emerged in our analyses, organized according to perceived barriers to family service access and perceived facilitators of service access across the participant groups. These themes are also summarized in Table 1. Several of the more nuanced themes have corresponding tables to more clearly illustrate similarities and differences among caregivers and providers. We, then, discuss areas of convergence and divergence in caregivers' and providers' views and potential implications for future research and practice.

Perceived Barriers to Family Service Access

Across the focus groups, caregivers and providers discussed social and environmental challenges that may have constrained families' abilities to access services in the early childhood SOC. Five recurring themes emerged, as described below.

Table 1 Service-related barriers and facilitators in an early childhood system of care according to caregivers and providers ($n=29$)

Theme	Participant group	
	Caregivers ($n=7$)	Providers ($n=22$)
Barriers		
Poor marketing strategies	×	×
Conflicting information about services	×	
Restrictive participant inclusion/exclusion criteria	×	×
Need for enhanced service coordination	×	×
Issues with service referral process	×	×
Poor family transition planning	×	
Inconvenient timing or location of services	×	×
Discomfort with in-home service delivery	×	
Need for culturally competent services		×
Need for child care services	×	×
Issues with provider caseload and/or provider-child fit	×	
Concerns about social stigma	×	×
Facilitators		
Word-of-mouth intervention referrals	×	×
Adoption of family-oriented approach	×	×
Promotion of caregiver education and empowerment	×	×
Flexibility of services	×	
In-home service delivery	×	×
Improvement of families' willingness to seek support	×	

Lack of Detailed Information About Services

Across all of the focus groups, caregivers and providers described the need for more comprehensive information about available services and how to access such services. More specifically, as shown in Table 2, caregivers and providers discussed the need for improved marketing strategies. In addition, caregivers described instances of conflicting information about the intervention and both groups identified issues associated with participant inclusion and exclusion criteria in the SOC, which restricted some families' access to needed services.

Need for Enhanced Service Coordination

Although the early childhood SOC aimed to provide integrated family services, caregivers and providers described the need for enhanced service coordination among schools and service providers involved in the intervention. For instance, as one caregiver said, "…I don't know if other people have dealt with [state agency] in conjunction with [the SOC], but I think maybe there's a little bit of a communication gap there…" According to one provider, "A lot of providers don't always know what other things are available out there to families, and how those specific services work…So just the community itself, knowing what each other does."

Both groups also described challenges associated with the service referral process. As one caregiver said, "…and [the SOC] helped me, but then I go where they told me to get help and it's not there, because the place where they sent me isn't doing what they're supposed to be doing." According to one provider:

> I think the services are bumbling over each other as far as what to provide…and we've seen providers breaking their necks to get services for a child and we'll set up a meeting and say 'But they're already getting that service from another organization.' So, definitely coordination of services [is needed].

Poor Transition Planning

Caregivers also described the need for enhanced efforts to prepare families to successfully transition out of the early childhood SOC. As two caregivers stated:

> …I feel [that the SOC] shouldn't go up to a certain age group. I think it should go a little further…just because you feel there's nothing else that you can help us with doesn't mean the child is really doing everything and trying so hard. You get frustrated and then it's time for them to go…

and

> …when we stopped receiving services, like if at that time, when it's like 'Okay, you know, bye'…if they gave you more information for the next step if you need it. So that was kind of a scary thing. 'Oh, no. Now what?'

Table 2 Barrier: lack of detailed information about services subthemes

	Caregiver	Provider
Poor marketing strategies	*"Just making more clarification of what [the SOC] can and can't do. One of the things I think [the SOC] needs is to get their name out there to the public…What [the SOC] can and can't do for us needs to be advertised."*	*"…as I am going about [my town], whether it's to the grocery store or just downtown walking around, I don't see, you know, [the SOC]. I don't see signs of it. I don't see flyers, pamphlets, or posters. So, I think that also goes back to the social marketing again, that there has to be a lot more getting out there."*
Conflicting information about services	*"…my son goes to [name of school] and I had seen a flyer [about the SOC] and that's where [school staff] said 'No, that's not for you,' but then I went to a foster and adoptive support group meeting and there was somebody there with flyers and she was like 'Oh yeah, you're definitely…we'll come out, we'll talk to you.'"*	N/A
Issues with service referral process	*"The first time we applied [to the SOC] we were turned down because the clinician felt that what my daughter had was more neurological…I would just think to automatically not have them eligible for services through [the SOC] is a real injustice to the child and the parent…"*	*"One of the biggest gaps I see in our community…we do have many children that are truly autistic and truly on the spectrum…and those children quite often are excluded from some services because they're being told 'We don't treat autistic children.'"*

Problematic Characteristics of Services

Both caregivers and providers described specific characteristics of early childhood services that may have hindered families' access to resources and supports. As shown in Table 3, more specifically, participants described the inconvenient timing or location of some services. In addition, caregivers identified the intervention's in-home service delivery approach as a potential barrier to families' participation, such that some families may not have been comfortable with having strangers in their homes. For example, as one caregiver stated: "…I try talking to these [other caregivers], they do not trust people coming into their home… They do not trust people. Most of the time it's White [clinicians] and it's 90% Black down there."

Caregivers also described challenges associated with provider characteristics related to caseload and provider-child fit. In comparison, providers highlighted the need for services that were more culturally competent, or more attuned to the languages, beliefs, and values of families from diverse ethnic and racial backgrounds. Finally, both groups stated the need for more childcare services.

Social Stigma

Both groups of participants discussed how families' reservations about joining the early childhood SOC may have stemmed from concerns about how their involvement may have been negatively perceived by others. As two caregivers said, "Families don't like that…they don't want to admit when your child has something that is not right" and "…people are hesitant about picking up one of those [brochures] in the office. You know what I mean, it's like you automatically say 'Oh yeah, I got a problem kid and I got to take one of these things.'" Similarly, as two providers stated, "I think that also ties to the stigma that 'You are saying my cute little two-year old has a severe emotional behavioral problem. Are you saying they are nuts?'" and "I think that a lot of people fear the diagnosis that their child [receives]…that it's going to follow them around…they don't want a paper trail following their child and it's also a social stigma."

Perceived Facilitators of Family Service Access

In their focus groups, caregivers and providers identified positive characteristics associated with the early childhood SOC that may have helped to facilitate families' involvement

Table 3 Barrier: problematic characteristics of services subthemes

	Caregiver	Provider
Inconvenient timing or location of services	*"…I'm in [name of town] and everything is so far. It seems so far for me to get to all the play groups and stuff…we could never get to [names of towns]."* *"You guys have [the play groups] kind of late. We can't get to them. It doesn't work for us."*	*"The once a month social/emotional play groups – I think they should continue, but parents have to go all over the place to get their kid in a group for once a week…that's a lot. If they could find just one place that they could go weekly."*
Discomfort with in-home service delivery	*"…I don't know if I want someone just coming in my house and even if I'm upstairs, how much rest can I get with my daughter alone with somebody who I don't really know…"*	N/A
Issues with provider caseload and/or provider-child fit	*"I have trouble with [the clinician] being able to get to the house. I think they probably need more clinicians. Just it seems like she has a caseload that's big because I haven't seen her in like two weeks…"* *"I didn't have a problem with the [clinician] personally. I just felt that [my daughter] was getting nothing from her and why even be in the program then?"*	N/A
Need for culturally competent services	N/A	*"Do you have bilingual workers that go into the homes? …That right there is a big gap because there is not anyone that can either speak Spanish or Creole…"* *"…I'm sure I'm stating what everyone knows, but cultural sensitivity…also linguistic, you know…having someone that can speak different languages to welcome everyone."*
Need for child care services	*"I hate it when [the SOC] has something and there's no childcare situation…"*	*"[Families need] respite care without all the hurdles."*

in the intervention and their access to resources. Four recurring themes emerged across participants' responses. These themes are summarized in Table 1 and are described below.

Word-of-Mouth Referrals

Caregivers and providers discussed how word-of-mouth referrals helped to facilitate families' involvement in the intervention. As stated by two caregivers, "So when I talked to the teachers, they're like 'Well, you know there is another program [the SOC] and let's see if you can get them out here, here's the number…'" and "I mean word-of-mouth is the way to go, definitely." Similarly, as one provider said, "And all of our teachers are trained to know what [the SOC] is capable of…so teachers know they can always refer a parent to access services as well."

Adoption of a "Whole Family" Approach

Caregivers and providers frequently described how the "whole family" approach that SOC providers adopted played an essential role in contributing to positive family experiences. More specifically, as shown in Table 4, both groups described the intervention's family-oriented approach to service delivery and how the intervention helped to educate and empower families. In addition, caregivers also described how they appreciated the flexibility of services.

In-Home Service Delivery Approach

Although the in-home service delivery component of the early childhood SOC was described by some caregivers as a potential barrier to family service access, it was also identified as an important contributor to families' positive experiences, including their empowerment, in the intervention. As two caregivers stated, "[I like] in-home services instead of trying to get the child out somewhere. It's much easier to have someone come to the home" and "…that's actually the only reason why I'm getting anything because I keep saying 'Well, [the SOC] comes to my house.'" Similarly, as stated by two providers, "…when parents can meet at home, that's an important aspect of any kind of mental health care for families" and

> The model, I think, is a good one. I think families feel comfortable if it's someone coming to them versus them getting the kids in the car…I think that gives a family a better sense of empowerment because, you know, they're on their own turf…

Table 4 Facilitator: adoption of "whole family" approach subthemes

	Caregiver	Provider
Family-oriented	*"And then the fact that [the SOC] has somebody that helps [my child] and somebody that helps me. It's just amazing. Again, I can't put into words how that makes me feel that I'm important, too."* *"And just the help, the help with everything. I mean your family dynamic down to yourself knowing that you're doing too much. I mean, and to help the children…it's a whole process."*	*"I think the team approach is the key. And the fact that parents are equal partners in this."*
Promotion of caregiver education and empowerment	*"My [SOC] partners have come with me to [appointments] which I had never been to before I had my son and so to deal with that is overwhelming. It's completely scary and overwhelming when people try to talk around you…and [my partners] have helped me write down [what I want to say]…they've been very helpful…"* *"…showing me things on how to deal with [my son], instead of letting him slam himself against the wall…So all those tricks. And finding out you can use [therapy] for a sensory issue. So, showing me where to go, that's changed my life."*	*"Well, family support, for sure the family support and parent training piece. Anything that has to do with that kind of empowering parents within their own home to be able to manage children that are really difficult because then it just carries over into empowering yourself to then work with the school to then work, it just kind of flows from there."*
Flexibility of services	*"And [the clinicians] are very flexible. Like if you can't get there until four-thirty, 'Four-thirty is fine' or 'I'll swing by on my way home.'"* *"…[the clinicians] understand your family dynamic and they try to work with it. I mean, I've had [clinicians] come and like meet me at [my son's] play group to talk to me…which is like huge because I don't have time to get from Point A to Point B."*	N/A

Improvement of Families' Willingness to Seek Support

Several caregivers described how the early childhood SOC helped them to overcome concerns about treatment-seeking and improved their willingness to recognize their children's health needs and to seek out services. As stated by two caregivers, "I don't trust a lot of people, but [the SOC] helped me to open myself up more to accept help and be okay with it" and

I mean it was a huge thing for my daughter to say that my son has special needs. She refused to say that…but to come out and say 'special needs' just means he needs a little more help with what he does…but it's just coming to terms with, you know, the terminology.

Areas of Convergence and Divergence

Caregivers and providers described similar perceived barriers to family service access in the early childhood SOC. These barriers included the need for more detailed information about the intervention in marketing materials, the need for enhanced service coordination among diverse providers, the need for enhanced characteristics of service implementation (e.g., related to the timing and location of services), and the need to address potential caregiver concerns about social stigma associated with involvement in the intervention. Both participant groups also differed in several service-related barriers that they identified. For instance, caregivers described the need for enhanced transition planning for their families following completion of the intervention, expressed concerns about the intervention's in-home service delivery approach, and conveyed challenges associated with provider characteristics (e.g., related to caseload). In comparison, providers described the need for the intervention to adopt a more culturally sensitive approach, for instance, by incorporating multilingual providers.

In regard to perceived facilitators of family service access in the early childhood SOC, caregivers and providers were, again, largely similar in their responses. Facilitators commonly identified by both groups included the word-of-mouth referral process, the intervention's adoption of a "whole family" or "family team" approach by engaging caregivers as partners in the treatment process and by attending to different family members' needs and concerns, and the intervention's perceived ability to enhance family education about children's needs and service options and to empower families to seek out resources. Of note, the intervention's in-home service delivery component was described as both a potential barrier to, and facilitator of, family service access. Whereas some caregivers described their apprehension related to having clinicians whom they did not know visit their homes, other caregivers and providers discussed how the intervention's home-based delivery approach enhanced families' service access and sense of empowerment. Unlike providers, caregivers described how they appreciated the flexibility that was available in meeting with clinicians and also discussed how their involvement in the intervention enhanced their abilities to recognize and accept their children's health needs and to seek services.

Discussion

Using a community-based participatory approach, the present study enhanced understanding of potential barriers to, and facilitators of, service access among families involved in an early childhood SOC. A key strength of this study, and the larger intervention, was the involvement of highly engaged providers from multiple service sectors, including education, child welfare, social, religion, and medical. Thus, this study provided an opportunity to learn more about the intervention-related views and experiences of a wide array of stakeholders embedded within participating families' communities. In comparison to research focused on a particular service domain, this study helps to enrich understanding of service-related barriers and facilitators operating across contexts. In the present study, analysis of focus group data from caregivers and providers revealed similarities in their service-related views. For instance, both groups identified service related barriers, including recommended improvements to SOC marketing strategies to make material about services more informative and accessible. Prior research has indicated that lack of information about mental health services can function as a barrier to service access among elementary school-aged youth from lower-resource communities (see review by Atkins et al. 2006). Our study extends this finding and demonstrates that insufficient access to information also represents a barrier to accessing more general, community-based services targeting younger children and their families.

In addition, caregivers and providers described perceived social stigma as a potential barrier to accessing services during early childhood. Prior research with older adolescents has indicated that public, perceived, and self-stigmatizing attitudes related to mental illness may inhibit adolescents' access to mental health services (see review by Gulliver et al. 2010; Pescosolido et al. 2007). Research on SOCs serving older children and their families also demonstrates other structural and social barriers to accessing mental health services among families of older children. These barriers include service costs, inconvenient service locations, lack of information about services, and poor perceptions of services (Bringewatt and Gershoff 2010; Owens et al. 2002). Thus, similar barriers to service access appear to operate within the contexts of childhood and adolescence.

In regard to service-related facilitators, both caregivers and providers emphasized the importance of the "whole family" approach that providers strived to adopt through making services flexible, educational, and an empowering experience for families. An emphasis on family-focused service delivery is a defining feature of SOCs (Champine et al. 2018; Whitson et al. 2009). Prior work suggests that providing personal support to children, adolescents, and their families to help them navigate barriers to service access, and designing services and scheduling appointments around participants' schedules, are important facilitators of mental health service access (see review by Anderson et al. 2017).

Caregivers and providers also revealed differences in their views of service-related barriers and facilitators. For instance, providers stated that there was a need for more culturally competent practices, such as the inclusion of providers who were fluent in more diverse languages. In contrast, caregivers did not raise concerns about culture-related barriers to accessing early childhood services. Perhaps culture-related challenges were less salient to the families in the present study, especially given that they primarily identified as White or European American. The literature underscores the importance of providing families of children, particularly those of color from lower-resource backgrounds, with access to psychological and behavioral services that acknowledge and respect families' values and beliefs (see review by Pumariega et al. 2005). Thus, future research with similar early childhood interventions should involve understanding reasons why ethnically, racially, and economically diverse families may choose not to receive services, particularly as related to the perceived cultural competence of such services.

Of note, in the present study, caregivers identified the delivery of in-home services as both a positive and potentially problematic characteristic of their SOC experiences. Whereas some caregivers said that having clinicians come right to their homes was convenient, others stated that they were hesitant about inviting strangers into their homes to spend time with their children. This finding suggests a special consideration in delivering services to early childhood populations. Perhaps part of caregivers' hesitation was in light of the young ages of their children, who were unable to speak out or advocate for themselves. Nonetheless, this concern should be examined in greater depth in subsequent research involving young child service recipients. Prior research with in-home child welfare interventions has found that caregivers' perceptions of in-home services and of their relationships with providers may be impacted by factors including whether services are voluntary or mandated, caregiver characteristics (e.g., depression, substance use), and family characteristics (e.g., conflict; Chapman et al. 2003).

Our study contained several limitations. For example, the small sample of self-selected participants, the cross-sectional nature of the data, and the absence of quantitative data from focus group participants. Future research should include larger and more diverse samples and collect qualitative data at multiple time points to assess potential stability or change in participants' service-related views and experiences. In addition, triangulating quantitative and qualitative data would help to enhance the validity of the findings. Furthermore, the data analyzed in this study are fairly dated (i.e., collected in 2009). There have likely been changes in the social and political landscapes of the communities involved in the intervention, as well changes in the quality and availability of services. Therefore, continued examination of service-related barriers and facilitators perceived by families and providers is needed. In addition, since this study was conducted, there has been increased awareness among researchers and providers of the developmental benefits of SOCs, resulting in increased opportunities for program development and evaluation. It is possible, then, that some of the service-related barriers identified by our participants have been addressed through improvements in marketing strategies, systems of fidelity monitoring, and trainings on cultural competence.

Despite these limitations, the present study expands extant research by examining the views and experiences of caregivers and providers involved in an early childhood SOC, an understudied system in the literature on family interventions. Analysis of data from two key stakeholder groups helped to promote a multifaceted understanding of which particular aspects of the early childhood SOC context helped to support or hinder families' access to services.

Implications for Future Community-Based Research and Practice

Our findings contribute to existing scholarship by elucidating providers' and caregivers' first-hand perspectives of facets of an early childhood SOC that worked well and could have been improved to enhance family service access. In addition, the participatory approach that we employed, including using questions developed with considerable input from a consumer researcher and a parent whose family received services from the SOC, may have enhanced the validity of the findings (Case et al. 2014; Kaufman et al. 2006). Our findings highlighted challenges that may have interfered with families' treatment-seeking efforts and that providers may want to anticipate and address going forward.

For example, providers may want to directly address families' potential stigma-related concerns. Stigma research is primarily focused on adults and, thus, more work is needed to better understand how stigma may impact service use among young participants (Clement et al. 2015; Heflinger and Hinshaw 2010). Families may be ashamed to seek services or worry that their children's emotional and behavioral health challenges reflect poor parenting practices (Boydell et al. 2006; Heflinger and Hinshaw 2010). Thus, providers need to be sensitive to this phenomenon and address potential participant concerns in trainings, conceptual models of disorders, and recruitment and social marketing materials. Through proactively addressing families' social concerns about accessing services, providers may help to improve families' likelihoods of service participation, retention, and success. Research suggests that large-scale, anti-stigma campaigns and marketing strategies may help to facilitate increased treatment-seeking among individuals with mental illness; however, more work is needed in this area (Henderson et al. 2013). In addition, organizational efforts to address potential provider-based stigma, in which providers direct negative attitudes or beliefs toward clients, may also help to enhance participant comfort and service-related experiences (Charles and Bentley 2018).

Findings from the present study also suggest directions for future research. For instance, subsequent studies that involve larger and diverse samples should investigate how perceived barriers to, and facilitators of, family service access in an early childhood SOC are related to positive and potentially problematic developmental outcomes of youth and caregivers across contexts. In addition, triangulating qualitative data with quantitative indices of family service access will enhance the validity of findings.

Conclusions

Early childhood SOCs are an understudied family intervention in the literature on community-based psychological and behavioral health services for underserved populations. However, these interventions have the potential to enhance service access and promote positive and sustained developmental change among young children and their caregivers. Findings from the present study elucidated barriers that families may have faced in accessing services as well as highlighted key facets of the intervention that facilitated families' involvement. Subsequent research may want to investigate in greater depth effective strategies for minimizing particular barriers, such as stigma, and optimizing the quality of families' service-related experiences.

Acknowledgements The preparation of this paper was supported, in part, by the first author's National Institutes of Health T32-funded postdoctoral training fellowship (T32DA019426-11) and with additional support from a cooperative agreement provided to the State of Connecticut by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration.

References

Andersen, R. M., Davidson, P. L., & Baumeister, S. E. (2014). Improving access to care. In G. F. Kominski (Ed.), *Changing the U.S. health care system: Key issues in health services policy and management*. Hoboken, NJ: Wiley.

Anderson, J. K., Howarth, E., Vainre, M., Jones, P. B., & Humprehy, A. (2017). A scoping literature review of service-level barriers for access and engagement with mental health services for children and young people. *Children and Youth Services Review, 77,* 164–176.

Atkins, M. S., Frazier, S. L., Birman, D., Adil, J. A., Jackson, M., Graczyk, P. A.,…, McKay, M. M. (2006). School-based mental health services for children living in high poverty urban communities. *Administration and Policy in Mental Health and Mental Health Services Research, 33,* 146–159.

Atkins, M. S., Rusch, D., Mehta, T. G., & Lakind, D. (2016). Future directions for dissemination and implementation science: Aligning ecological theory and public health to close the research to practice gap. *Journal of Clinical Child & Adolescent Psychology, 45*(2), 215–226.

Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firempong, O. (2003). Defining cultural competence: A practical framework for addressing racial-ethnic disparities in health and health care. *Public Health Reports, 118,* 293–302.

Boydell, K. M., Pong, R., Volpe, T., Tilleczek, K., Wilson, E., & Lemieux, S. (2006). Family perspectives on pathways to mental health care for children and youth in rural communities. *The Journal of Rural Health, 22*(2), 182–188.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.

Bringewatt, E. H., & Gershoff, E. T. (2010). Falling through the cracks: Gaps and barriers in the mental health system for America's disadvantaged children. *Children and Youth Services Review, 32*(10), 1291–1299.

Bronfenbrenner, U. (1979). *Ecology of human development*. Cambridge, MA: Harvard University Press.

Campbell, F., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, E., et al. (2014). Early childhood investments substantially boost adult health. *Science, 343*(6178), 1478–1485.

Case, A. D., Byrd, R., Claggett, E., Deveaux, S., Perkins, R., Huang, C., et al. (2014). Stakeholders' perspectives on community-based participatory research to enhance mental health services. *American Journal of Community Psychology, 54*(3–4), 397–408.

Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration. (2007). *National evaluation data manual.*

Chamberlain, J. (2005). User/consumer involvement in mental health service delivery. *Epidemiologia e Psichiatria Sociale, 14*(1), 10–14.

Champine, R. B., Whitson, M. L., & Kaufman, J. S. (2018). Service characteristics and family involvement in an early childhood system of care. *Journal of Child and Family Studies, 27*(1), 324–338.

Chapman, M. V., Gibbons, C. B., Barth, R. P., & McCrae, J. S. (2003). Parental views of in-home services: What predicts satisfaction with child welfare workers? *Child Welfare, 82*(5), 571–596.

Charles, J. L. K., & Bentley, K. J. (2018). Measuring mental health provider-based stigma: Development and initial psychometric testing of a self-assessment instrument. *Community Mental Health Journal, 54*(1), 33–48.

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N.,…, Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine, 45,* 11–27.

Cochran, P. A., Marshall, C. A., Garcia-Downing, C., Kendall, E., Cook, D., McCubbin, L., et al. (2008). Indigenous ways of knowing: Implications for participatory research and community. *American Journal of Public Health, 98*(1), 22–27.

Crawford, M. J., Rutter, D., Manley, C., Weaver, T., Bhui, K., Fulop, N., et al. (2002). Systematic review of involving patients in the planning and development of health care. *British Medical Journal, 325,* 1–5.

Glenton, C., Colvin, C., Carlsen, B., Swartz, A., Lewin, S., Noyes, J., et al. (2013). Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: Qualitative evidence synthesis. *Cochrane Database Systematic Review, 2013*(2), CD010414. https://doi.org/10.1002/14651858.cd010414.

Gondek, D., Edbrooke-Childs, J., Velikonja, T., Chapman, L., Saunders, F., Hayes, D., et al. (2016). Facilitators and barriers to person-centred care in child and young people mental health services: A systematic review. *Clinical Psychology & Psychotherapy, 1,* 4. https://doi.org/10.1002/cpp.2052.

Greenwood, N., Habibi, R., Smith, R., & Manthorpe, J. (2015). Barriers to access and minority ethnic carers' satisfaction with social care services in the community: A systematic review of qualitative and quantitative literature. *Health and Social Care in the Community, 23*(1), 64–78.

Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental help-seeking in young people: A systematic review. *BMC Psychiatry, 10*(1), 113. https://doi.org/10.1186/1471-244x-10-113.

Hancock, N., Bundy, A., Tamsett, S., & McMahon, M. (2012). Participation of mental health consumers in research: Training addressed and reliability assessed. *Australian Occupational Therapy Journal, 59*(3), 218–224.

Heaman, M. I., Sword, W., Elliott, L., Moffatt, M., Helewa, M. E., Morris, H.,…, Cook, C. (2015). Barriers and facilitators related to the use of prenatal care by inner-city women: Perceptions of health care providers. *BMC Pregnancy and Childbirth, 15,* 1–13.

Heflinger, C. A., & Hinshaw, S. P. (2010). Stigma in child and adolescent mental health services research: Understanding professional and institutional stigmatization of youth with mental health problems and their families. *Administration and Policy In Mental Health, 37*(1–2), 61–70.

Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American Journal of Public Health, 103*(5), 777–780.

Hernandez, M., & Hodges, S. (2003). Building upon the theory of change for systems of care. *Journal of Emotional and Behavioral Disorders, 11*(1), 19–26.

Hodgkinson, S., Godoy, L., Beers, L. S., & Lewin, A. L. (2017). Improving mental health access for low-income children and families in the primary care setting. *Pediatrics*. https://doi.org/10.1542/peds.2015-1175.

Hooper, L. M., Huffman, L. E., Higginbotham, J. C., Mugoya, G. C. T., Smith, A. K., & Dumas, T. N. (2018). Associations among depressive symptoms, wellness, patient involvement, provider cultural competency, and treatment nonadherence: A pilot study among community patients seen at a university medical center. *Community Mental Health Journal, 54,* 138–148.

Horwitz, S. M., Gary, L. C., Briggs-Gowan, M. J., & Carter, A. S. (2003). Do needs drive services use in young children? *Pediatrics, 112*(6), 1373–1378.

Hulme, J., Dunn, S., Guilbert, E., Soon, J., & Norman, W. (2015). Barriers and facilitators to family planning access in Canada. *Healthcare Policy, 10*(3), 48–63.

Kaufman, J. S., Crusto, C. A., Quan, M., Ross, E., Friedman, S. R., O'Reilly, K., & Call, S. (2006). Utilizing program evaluation as a strategy to promote community change: Evaluation of a comprehensive, community-based, family violence initiative. *American Journal of Community Psychology, 38*(3–4), 191–200.

Kaufmann, R. K., & Hepburn, K. S. (2007). Early childhood mental health services and supports through a systems approach. In D. F. Perry, R. K. Kaufmann, & J. Knitzer (Eds.), *Social and emotional health in early childhood: Building bridges between services and systems* (pp. 63–96). Baltimore, MD: Paul H. Brookes Publishing.

Knutson, K. H., Meyer, M. J., Thakrar, N., & Stein, B. D. (2017). Care coordination for youth with mental health disorders in primary care. *Clinical Pediatrics, 57*(1), 5–10.

Koerting, J., Smith, E., Knowles, M. M., Latter, S., Elsey, H., McCann, D. C.,…, Sonuga-Barke, E. J. (2013). Barriers to, and facilitators of, parenting programmes for childhood behaviour problems: A qualitative synthesis of studies of parents' and professionals' perceptions. *European Child and Adolescent Psychiatry, 22*(11), 653–670.

Krueger, R. A., & King, J. A. (1998). *Involving community members in focus groups (Focus Group Kit, Volume 5)*. Thousand Oaks, CA: Sage Publications. https://doi.org/10.4135/9781483328140.

Levesque, J. F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: Conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health, 12,* 1–9.

Maneze, D., DiGiacomo, M., Salamonson, Y., Descallar, J., & Davidson, P. M. (2015). Facilitators and barriers to health-seeking behaviours among Filipino migrants: Inductive analysis to inform health promotion. *BioMed Research International, 2015,* 1–9.

McCormack, L., Thomas, V., Lewis, M. A., & Rudd, R. (2017). Improving low health literacy and patient engagement: A social ecological approach. *Patient Education and Counseling, 100*(1), 8–13.

Morris, A. S., Robinson, L. R., Hays-Grudo, J., Claussen, A. H., Hartwig, S. A., & Treat, A. E. (2017). Targeting parenting in early childhood: A public health approach to improve outcomes for children living in poverty. *Child Development, 88*(2), 388–397.

Owens, P. L., Hoagwood, K., Horwitz, S. M., Leaf, P. J., Poduska, J. M., Kellam, S. G., et al. (2002). Barriers to children's mental health services. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*(6), 731–738.

Pescosolido, B. A., Perry, B. L., Martin, J. K., McLeod, J. D., & Jensen, P. S. (2007). Stigmatizing attitudes and beliefs about treatment and psychiatric medications for children with mental illness. *Psychiatric Services, 58*(5), 613–618.

Pope, C., van Royen, P., & Baker, R. (2002). Qualitative methods in research on healthcare quality. *BMJ Quality & Safety, 11*(2), 148–152.

Pullmann, M. D. (2009). Participatory research in systems of care for children's mental health. *American Journal of Community Psychology, 44*(1–2), 43–53.

Pullmann, M. D., VanHooser, S., Hoffman, C., & Heflinger, C. A. (2010). Barriers to and supports of family participation in a rural system of care for children with serious emotional problems. *Community Mental Health Journal, 46*(3), 211–220.

Pumariega, A. J., Rogers, K., & Rothe, E. (2005). Culturally competent systems of care for children's mental health: Advances and challenges. *Community Mental Health Journal, 41*(5), 539–555.

Sloper, P. (2004). Facilitators and barriers for coordinated multi-agency services. *Child: Care, Health, and Development, 30*(6), 571–580.

Stroul, B. A., Blau, G. M., & Friedman, R. M. (2010). Updating the system of care concept and philosophy. *National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.* Retrieved from https://gucchdtacenter.georgetown.edu/resources/Call%20Docs/2010Calls/SOC_Brief2010.pdf.

Tebes, J. K., Bowler, S. M., Shah, S., Connell, C. M., Ross, E., Simmons, R.,…, Kaufman, J. S. (2005). Service access and service system development in a children's behavioral health system of care. *Evaluation and Program Planning, 28*(2), 151–160.

Whitson, M. L., & Connell, C. M. (2016). The relation of exposure to traumatic events and longitudinal mental health outcomes for children enrolled in systems of care: Results from a national system of care evaluation. *American Journal of Community Psychology, 57*(3–4), 380–390.

Whitson, M. L., Connell, C. M., Bernard, S., & Kaufman, J. S. (2011). The impact of youth and family risk factors on service recommendations and delivery in a school-based system of care. *The Journal of Behavioral Health Services & Research, 38*(2), 146–158.

Whitson, M. L., Kaufman, J. S., & Bernard, S. (2009). Systems of care and the prevention of mental health problems for children and their families: Integrating counseling psychology and public health perspectives. *Prevention in Counseling Psychology, 3*(1), 3–9.

Williams, M. E., Perrigo, J. L., Banda, T. Y., Matic, T., & Goldfarb, F. D. (2013). Barriers to accessing services for young children. *Journal of Early Intervention, 35*(1), 61–74.