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Evaluation of Community Programs for Early Childhood Development: Parental Perspectives and Recommendations

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Abstract

Objectives Optimal early childhood development is crucial for promoting positive child health outcomes. Community programs supporting child development are available throughout the United States but general parental perceptions of such programs are not well understood. This study aimed to examine parental perceptions of community programs for early childhood development in a semi-urban city of the US. *Methods* Data were collected from focus groups (n = 4) composed of English-fluent parents from the local community with at least one child aged 0–5 years. After generation of verbatim transcripts, data were analyzed by two independent coders in order to identify themes. *Results* Parental perceptions were categorized into four areas: (1) Utilization of community services, (2) Helpful aspects of community services, (3) Negative aspects of community services and (4) Parental recommendations for improved resource utilization. Helpful aspects identified included social and economic support, provision of parental education, and developmental screening and medical support. Negative aspects included utilization of standardized assessment tools, awareness of agencies and resources, and access to services. In order to improve resource utilization, parents suggested improved communication with parents and the child's medical home, transparency, and translation of program information into other languages. *Conclusions For Practice* Overall, participants felt that community programs that support early childhood development and parenting were helpful. However, community agencies can improve on communication with parents and medical providers as well as translation of program information.

Keywords Child development · Community · Focus groups · Early intervention · Parenting

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Significance

What is already known on this subject? Community-based interventions that promote early childhood development have been demonstrated to improve developmental outcomes in children. Research into parental perceptions of such programs in the US focuses on certain high-risk parent or child populations, or focuses on a specific service such as a home visiting program. *What does this study add?* Our study provides a qualitative analysis of parental perceptions of community-based interventions for early childhood development in a semi-urban US city. This includes a discussion of parents' positive and negative experiences with programs and parental suggestions for improved resource utilization.

Introduction

There is an increasing body of medical literature acknowledging the relationship between childhood development and psychological and physical outcomes in later life. Based on these observations, ongoing developmental screening with referral to appropriate community or systems-based supports represents a crucial component of primary medical care (Garner et al. 2012; Shonkoff 2016; Shonkoff et al. 2009). Government agencies and communities offer a variety of supportive services for pregnant mothers and parents of young children, including Early Intervention programs, home visitation programs, Head Start, and public health services. Prior research has shown that such interventions can have positive impacts on outcomes for children, including improved cognitive functioning, self-regulation, and advancement of development (Council on Children With Disabilities 2006).

Despite the positive evidence provided for such services, voluntary family support programs continue to demonstrate low enrollment and retention overall(Garner et al. 2012; McCurdy 2001; Korfmacher et al. 2008). Available literature highlights the complexity of parental engagement in community support services, including influence from multiple factors such as participant characteristics, provider characteristics, and program details (Korfmacher et al. 2008; McCurdy 2001; Wagner 2003). As parents play a central role in identifying and accessing supportive services for their children, it is crucial to understand parental perspectives regarding utilization of and experiences with community resources. (McCurdy 2001).

Within the United States (US), much of the available research into parental perspectives on community support services focuses specifically home visiting programs (Beasley et al. 2018; Holland et al. 2014; Shanti 2017; Wagner 2003) and Early Intervention Services (Little et al. 2015). The studies that broadly evaluate parental perspectives on community services focus on certain populations, such as teenage mothers of minority ethnic origins (Muzik et al. 2016) or parents of children with Down Syndrome (Marshall et al. 2015). While these studies provide helpful parental insights into community programs promoting child development, their results are less generalizable to the general parenting population and thus must be interpreted with caution when attempting to use results to improve community-wide programming.

The main aim of our study was to use a qualitative research approach to elicit parental perceptions of community programs offered to promote the healthy development of their child. We sought to better understand components of each program which participants found helpful (or not helpful) to their child's growth and development. With these aims in mind, the final goal is to utilize qualitative findings to generate ideas to improve parental satisfaction with outcomes and overall program utilization.

Methods

Data were collected through collaboration with the Olmsted County Public Health (OCPH), Early Head Start (EHS) of Olmsted County and the Rochester Community Baptist Church (RCBC). The research team met with representatives from OCPH, EHS and RCBC to introduce the study. Four focus groups were conducted from March to November 2016. The study was approved by the Mayo Clinic IRB and supported by OCPH, EHS and RCBC. All study participants were orally consented before focus group discussion began.

Participants and Recruitment

This study employed a convenience sampling and criterion-based approach (Patton 2002). Eligible participants were parents meeting the following criteria: one or more children (age 0–5 years), current resident of Olmsted County, and English-fluency. Recruitment flyers were posted in and around community agencies often utilized by parents of young children. Interested parents were asked to call the study team and were subsequently assigned to a focus group based on their availability and convenience. No member of the research team knew any of the participants prior to participation in the study. Moreover, an investigator triangulation approach was used in data collection and analysis in order to avoid any potential biases (Carter et al. 2014). Initially a minimum of 4 participants were recruited and assigned to each focus group. However, due to scheduling conflicts for the first group, final results were 2, 4, 6, and 6

participants respectively in each session. Each focus group was attended by a single caregiver (mother, father, or grandparent), and each caregiver attended only one focus group.

Data Collection

Data were collected using a semi-structured focus group moderator guide which was developed using existing literature on parental perceptions and utilization of community resources and in conjunction with our research aims. The rationale for utilization of focus groups was to obtain collective and reflective perspectives of parental knowledge and experience with community programs in an interactive fashion, allowing participants to comment on familiar programs as well as programs mentioned by others. Topics explored in focus groups included participants' knowledge about community agency support, how they receive general health information, their evaluation of early childhood programs and home visiting programs within Olmsted County. Sample questions included "What community agencies are you familiar with that serve parents and children?", "What factors have you considered to visit or not visit these community agencies?", and "What experiences have you had (positive and negative) with these agencies?" While having a child age 0–5 years was a participation criterion, parents were welcome to discuss experiences with community programs for any of their children.

Each focus group lasted approximately 1 hour. All focus groups were conducted by authors trained in qualitative research with expertise in family studies, sociology, and health services research (GBA and AK). All recordings were transcribed verbatim and anonymized to protect our participants' identities. Participants received a $20 cash card as remuneration for their time and participation.

Data Analysis

Data (including field notes and focus group transcripts) were analyzed by contributing authors GBA and AK using conventional content analysis as previously described (Hsieh and Shannon 2005; Kondracki et al. 2002; Patton 2002). Data were analyzed using a combination of inductive codes emerging from the data and a priori codes derived from interview questions and the existing literature. Preliminary analysis included multiple initial readings by authors AK and GBA, who then independently read and coded the four transcripts to identify preliminary themes. As codes were identified within each transcript, similarities were noted across transcripts. AK and GBA then met to discuss their independently-derived codes in order to further refine codes and create a coding consensus. Inter-coder agreement allowed for discussions on discrepancies in the coding until consensus was achieved in the final results.. Transcripts were then entered into the qualitative analysis software NVivo 10.1, QSR International Pty Ltd for data management and analysis.

Results

Characteristics of participants are provided in Table 1. Briefly, 18 parents or caregivers participated in the 4 focus groups (female n = 15). Six identified themselves as black/African American, 7 as Caucasian, and 4 as another race category. One participant preferred not to respond. For comparison, the demographics of Olmsted County are 87% white, 6% black, 7% Asian, and 1% other races, with 5% of the population of Hispanic origin (United States Census Bureau). Participants included both native English speakers and individuals fluent in English as a second language. Table 2 includes a summary of participant ages (mean age

Table 1 Parents' community resource study: participants' information

Characteristic	Participant (n = 18) n (%)
Relationship	
Mother	12 (67)
Father	2 (11)
Grandmother	1 (6)
Other	1 (6)
Missing	2 (11)
Marital Status	
Married	9 (50)
Single	4 (22)
Cohabiting	3 (17)
Divorced	2 (11)
Race	
Black/AA	6 (33)
Caucasian	7 (39)
Other*	4 (22)
Missing	1 (6)
Education	
Some college/Voc	5 (28)
College-2 years	2 (11)
College-4 years	5 (28)
Post bac	2 (11)
High sch/GED	2 (11)
< High school	2 (11)
Employment	
Fulltime	10 (56)
Part time	2 (11)
Unemployed	6 (33)
Age in years Mean ± SD (range)	34.7 ± 9.2 (18–56)

*American Indian, Multi-ethnic, Asian, and Hispanic

Table 2 Participant family composition and focus group composition

ID	Participant	Age	N0 of Children	Children's age (years)
1	Mother	26	3	4, 3, 1.5
2	Mother	27	2	5, 3
3	Father	30	1	2
4	Mother	36	3	5, 3, 1
5	Mother	29	3	1, 2, 5
6	Mother	31	1	1
7	Mother	36	1	2
8	Mother	48	2	4, 2
9	Mother	34	2	4, 2
10	Father	36	1	0.25
11	Mother	34	3	2, 5, 4
12	Mother	36	2	4, 5
13	Mother	29	1	3
14	Missing	28	Missing	Missing
15	Grandmother	48	Missing	1 through 13
16	Mother	18	1	1
17	Other	43	Missing	3 through 24
18	Missing	56	Missing	4 through 32

Focus Group #1: two mothers

Focus Group #2: four mothers

Focus Group #3: five mothers, one father

Focus Group #4: three mothers, one grandmother, two "other" / unavailable

34.7 + 9.2 years, ranging 18–56 years), family composition, and focus group composition.

Results of the focus group discussion are organized into four major categories: (1) Utilization of community services, (2) Helpful Aspects of Community Services, (3) Negative Aspects of Community Services and (4) Parental recommendations for improved resource utilization. Multiple subcategories were identified within the helpful and negative aspects. Table 3 includes additional quotes from participants organized by category and sub-category.

Utilization of Community Services

This category included any comments relating to the identification, understanding and overall access patterns for community support programs, including data on where participants look for general health and child development information. Participants named numerous community resources that they use for parenting and health information. Table 4 summarizes the community resources named, including a brief description of each.

While many focus group participants possessed awareness of community resources, others reported difficulty in finding community resources and turned to friends, family and the Internet as convenient sources of helpful information. New residents of Rochester, MN, had particular difficulty in recognizing the names of agencies, as local groups possessed names that varied from their counterpart organizations in other cities and states.

General health and subspecialty information were ascertained from their child's medical provider, obstetricians and OCPH nurses. Parents discussed the need for inter-agency referrals based on individual needs. Most resources were not perceived to be longitudinal in nature. Instead, parents needed to move between agencies in order to receive services based on their current situation (pregnancy, childbirth, 0–6 months, 12 months and beyond).

Early childhood services utilized by parents varied, depending on each parent's and child's needs, parental awareness of services available to them, and eligibility criteria. Timing of information received was also variable, and affected the time at which parents generally accessed a resource. Some participants mentioned that they learned about agencies during the pregnancy and others learned about them after childbirth. Regardless of information timing, once parents learned about an agency, referrals proceeded through interagency processes, friends, or medical professionals. For instance, one participant stated:

> I didn't hear about any until after I had my kids. And then I started learning about them through Mayo through their pediatrician and I had friends that were in head start that recommended that I sign up here and then I started reaching out for ah more help with the kids. [FG1]

Helpful Aspects of Community Services

This category includes motivators for accessing various community services as well as aspects of those services which participants found helpful for their child's development.

Social and Economic Support

Participants accessed community resources and peer group programs for multiple reasons, including support and learning about others' experiences. Support groups for sharing of common experiences were especially helpful for new parents. For instance, one participant stated:

> Yeah especially when it comes to kids and pregnancy and stuff like that everybody gets pregnant and everybody has issues and nobody has like the perfect [pregnancy] there is no such thing as perfect pregnancy you know? You deal with this and that person deals with that. [FG2]

Table 3 Participant quotes by category

Theme category	Sub category	Quotes
Utilization of community services	None	"We found the churches to be very helpful. With gas you know ah food. Sometimes if you need your bills paid they take care of that so" [FG4]
		"I mostly use my friends. I have a lot of nurse friends so um I have a lot of nurse practitioner friends that I just use or I use my own knowledge just from my personal training" [FG1]
Helpful aspects of community services	Social and economic support	"You earn points for going and so like at the end of the month like they got like a stuff baby stuff you can get baby clothes or diapers. And like it came in and if you already have your kids like you can bring them with you and it's a daycare there type of thing so. It's really helpful" [FG4]
		"When you have ah a question about why your child is acting this way… you cannot really call your mother-in-law and say 'Hey I have a problem,' So you have to go with people that have been experiencing the same and the good thing with PAIIR is that they get together with other parents and there is troubling with the same issues that they are and they give you ideas." [FG3]
	Provision of parental education	"Every stages of the my child development they let me know things…sometimes they call me what I need to use that they know the baby will be going there when it's time for the crawling so they give me things to use like the safety gate too like for the stair" [FG2]
		"Early Head Start …they bring a different activity and a different focus to work on with the child with the parent. Um as well as education for the parent and it could be catered to whatever it may be that you're working on, developmentally." [FG3]
		"And they coming in and check ah the baby this time and what we need and all kinds of information. They just ah feel free and talk and some research about babies and mental health, so many things involved" [FG3]
	Developmental screening and other medical support	"Like his 6 month checkup they need to check if the baby is doing what is on the development ... And if it's not up to standard then they give me things I need to do" [FG2]
		"We had triplets so they were preemies …one of our daughters was born 3, pounds so then you're automatically enrolled in the program. And so they would, the nurse would come out every week to make sure that she was gaining weight appropriately" [FG3]
	Home visits	"Ours [public health nurse] was fantastic. Um teacher came and a speech clinician came to the house and played with my daughter...it was in my own home I think that makes a difference verses taking your child to you know a sterile clinic where you get put in a room or separated." [FG1]
		"I enjoy having them come to my house cause I feel like that's where my kids feel comfortable. That's where they're really gonna do well" [FG1]
		"It was nice cause I didn't have to go to her but then I was busy at home trying to clean my house for her to come over… It was nice that they came to us and that our child was in his natural environment so he was comfortable um which I think is really key" [FG1]
Negative aspects of community services	Standardized assessment tools	"He [son] just wasn't communicating very well. And I had multiple discussions with our primary care provider about it. You know he set a standard and we had met that but according to the Follow Along Program he didn't meet the criteria and she wanted us referred to the school district to get an evaluation. Which we ended up doing and you know he's totally fine now in the long run. But so that was difficult for me because they were telling me one thing and our primary care was telling us a different thing" [FG1]
		"I also think that kids develop at different paces. And so using a standardized tool is really challenging cause it's not always gonna be a one size fits all" [FG1]
	Concerns about home visits	"The ah lactation consultant would come to our home. And I was uncomfortable with that because I thought "well I don't, I don't want her to come to my house cause it's a private thing first of all. I'm like you know it's new" so I was kind of weary about that. Um I would've I also would've been weary if they had asked me to come in anywhere about that so that was an interesting offer" [FG1]
		"I found it to be a little more stressful cause my house was a giant mess and so I felt like I should clean my house for her to come in" [FG1]

Table 3 (continued)

Theme category	Sub category	Quotes
	Access to community agencies and resources	"A lack of resources open on the weekends is also really difficult. You send a new mom and a baby home on a Friday you know sometimes they can be seen in the Saturday clinic for a newborn check but … then they don't feel like they have access to help until Monday" [FG1]
		"Yeah that is a barrier I hear that sometimes with even getting it into Head Start too um I know transportation from a couple of friends who use out of town Head Start is a really big problem for them" [FG3]
Parental recommendations for improved resource utilization	Translation of information into other languages	"At OB appointments, there are different pamphlets and things in, in other languages. I've seen a Somali pamphlet in the appointment room. But then things like the Dolly Parton Imagination Library, which is very important you know, a free resource that kids can receive that's only in English. So maybe translating more …that may help get other people involved and knowledgeable about things in Rochester and Olmsted County" [FG1]
	More inclusive approaches	"I mean I do think by the nature of it there are definitely more services that are available to people with lower incomes. But I think that's kinda how it's designed. I don't necessarily see an issue personally. Um you know of ethnic or gender biases per say but I do think there's more available with less income" [FG1]
	Developing awareness of programs	"So many mothers so many pregnant they are not aware of these services. So sometime I be the one like 'oh you need to go to the office social place. You need to fill an application.' So some moms they are not aware of this service. So sometimes they just think like people who are getting these benefits maybe people who have heard from the county are the one who get all these benefits" [FG2]
		"Promoting flyers maybe putting them around more areas. Like if you walk into the county there's nothing about Head Start there. And those are the people who can benefit from it because it's a free program to help families with low income out. So if they would promote it better maybe more families would be able to reach out and get into the program" [FG1]
		"And so the only reason I knew about it was because of my Facebook feed because someone else had liked it. So if there are events, you know, and then you can make like a Facebook event for it…." [FG1]
	Beyond information and transparency	"Welfare is a detriment to a lot of people. You want a lot of people to get off of welfare and that's good. What I wanna say this to the idea "help me get off." Show me the programs and then let the programs work *for* me but then they be sitting in somebody's office all this long telling them all this information. And ah a couple days or a week later nothing happens" [FG4]
	Communication about home visits	"I think a reminder email is really helpful especially for new moms because things just --- or new parents things just get kinda scattered and so you know "we're coming out at 11 today" would be very helpful for some people" [FG1]

Through community resources, parents were able to receive material support to care for themselves and their children: supplies including diapers, formula, clothing, and others.

Provision of Parental Education

Community resources were perceived to be helpful in educating parents and providing general tips for the development of children. Information received from community agencies was in areas of child development and growth, including child's motor and sensory function, communication, socioemotional skills, and feeding.

Developmental Screening and Other Medical Support

Most parents were appreciative of the health assessments they received via community resources such as OCPH nursing and their child's primary care provider. These assessments helped parents understand current developmental status of their child as well as upcoming milestones to anticipate. Parents received recommendations for age appropriate activities to help children achieve developmental targets based on their child's screening results. One participant described how screening helped to identify an issue for her daughter, at which time they began to utilize services that resulted in developmental gains:

> She always had ear infections. She had about like almost 13 in like a year. So made her behind (developmentally) and now [through the community intervention program] she's finally catching up a little bit been behind walking but now she's starting speech so. [FG1]

Table 4 Community resources identified by participants

Resource	Description
Olmsted County Public Health (OCPH)	Public health department, county of Olmsted, Minnesota
Child Care Resource & Referral (CCRR)	Also known as Families First of Minnesota; a non-profit organization working as a resource for parents, child care programs, and community members. Encompasses many resources including Head Start, Early Head Start, Crisis Nursery, Early Learning Scholarships and Child Care Aware
The Place	Downtown location of Head Start in Rochester, MN
Women Infant and Children (WIC) Program	Federal food assistance program for low-income pregnant women, breast-feeding women, and children under age five
OCPH Home Visit Program	Branch of OCPH providing home visits to provide ongoing support to local families via public health nurses
Women in charge	Now Women's Shelter, Inc; local shelter for victims of domestic violence serving Southeastern Minnesota
Birthright of Rochester	Pregnancy care center for unplanned pregnancies; Local branch of Birthright international serving Southeast MN
First Care Pregnancy Resource Center	Free and confidential services including pregnancy testing and support, STD testing and treatment, and parenting information
Parents are Important In Rochester (PAIIR)	An early childhood education program from the Rochester Public Schools
United Way of Olmsted County	Local branch of nationwide nonprofit organization focused on identifying and resolving community issues through fundraising and support

Other resources identified: ethnic and cultural groups (Somali Mom's Group, pregnancy support groups), social media, local churches

Community resources were also utilized for medical needs, including breast feeding, lactation issues, nutritional guidance, and complex developmental issues such as those for a child with Down Syndrome.

Home Visits

Parents also discussed home visits with public health nurses, which were often scheduled at their convenience. During these discussions, parents focused on the idea of home visits providing improved context for education about early childhood and helped children feel more comfortable and interactive.

Negative Aspects of Community Services

This category describes factors eliciting concern from participants, including applicability of services for their child or feasibility of service administration within the confines of their day-to-day schedule.

Standardized Assessment Tools

A few parents expressed concerns that developmental screening tools lacked individualization and might not account for varying developmental patterns. Parents suggested that community agencies utilizing such screening tools should consider circumstances for each individual child.

Some participants found that the problem was changing standardized tools between providers (community-based or medical primary care). In such a case there exists potential for different, often contradictory, information or recommendations. For instance, one participant stated:

> I know it's a standardized scoring tool system with the Follow Along Program so I understand that. But it was really difficult for me; my provider was telling me one thing, this screening tool was telling me a different thing and you know I was stuck in the middle. [FG1]

Concerns About Home Visits

A few participants considered home visits a stressful experience. Stress was noted to stem from difficulty adjusting to a new baby in the house or from parents feeling the need to clean their house prior to visits from their home visitor.

Access to Community Agencies And Resources

For some parents, access to community healthcare agencies presented a challenge; particularly for parents living outside city limits with no access to public transportation. Parents also mentioned lack of access to community agencies on weekends, which posed special difficulties for new mothers.

Parental Recommendations for Improved Resource Utilization

Considering some of the barriers that parents face in the process of encountering community agencies, participants made several suggestions to address gaps within the existing system and to improve upon systems already in place.

Translation of Information Into Other Languages

Several participants noted that despite an abundance of community resources, language barriers might pose an issue for a diversified population. While there have been efforts to translate information into other needed languages (such as Somali), many resources continue to be available only in English. One participant suggested the use of an individual translator who could direct parents to various multi-lingual resources in the community:

> So the translators if they knew about these resources. Then they can talk to them about it….. Because most of the people that are confused that don't know the resources are the ones that need that are not good in speaking or writing or reading English. [FG2]

More Inclusive Approaches

Some participants recommended re-evaluation of eligibility criteria for qualification for community agencies' services, including expanding services to middle class families:

> If lower class is getting it for free, maybe middle class could pay so much a month to have their children enrolled and get the same treatment that the lower class kids are getting. Instead of like "you make too much you can't be in the program." [FG1]

Other suggestions included extension of community agencies' support beyond 2 years of age.

Developing Awareness of Programs

For many participants, access to community resources was a separate issue from creating awareness about programs for the general public. Participants suggested the use of program flyers or advertisement at various locations (e.g. public libraries, primary care clinics, community and religious institutions, and social media) to improve public awareness of community programs.

Beyond Information and Transparency

While information is crucial, some participants felt that community agencies should go beyond provision of information and focus more on solving practical needs of the people. Participants also discussed how various community agencies operate and from whence they receive funding. They suggested that community agencies develop a transparent mechanism to inform the public about funding sources and allocation, creating a process which helps the public to better understand the role and capacities of community agencies.

> There's a lot of agencies' that you just mentioned; some of them like to stay unknown they have a got lot of grants and money from the government but they don't tell people about that. They don't tell people they want to help them either. They're like "we'll give you some advice but don't ask us for any money." [FG4]

Communication About Home Visits

In order to improve satisfaction and compliance with home visits, some participants suggested the use of reminders prior to a scheduled appointment. They also suggested that both spouses or partners are incorporated into the communication process.

Discussion

This study represents an effort to examine parental perceptions of community support programs for child development from a more generalized view, including parents of more diverse age and levels of experience as well as views of programs including (and extending beyond) nurse home visiting programs. Similar to previous studies, participants in our focus groups had many positive experiences with community support programs within the US (Holland et al. 2014; Little et al. 2015; Marshall et al. 2015, 2014; Muzik et al. 2016; Silverstein et al. 2008), though group discussions did include identification of negative aspects of community programs. In describing both helpful and negative aspects of programs, participants were able to highlight program strengths which may contribute to parental utilization of and satisfaction with such programs.

Participants often cited the usefulness of material supports, including baby supplies, food, and housing. Among similar studies, material and financial support is a common motivator for parental involvement in community programming (Muzik et al. 2016). Participants in this and other studies also highlighted the contribution of financial challenges in hindering participation in programming (Ling and Hines-Martin 2016; Little et al. 2015; Marshall et al. 2015; Folger et al. 2016). As many community and government-funded programs are targeted at parents from lower socioeconomic classes, it is not surprising that financial supports could be seen as motivational for parents.

Such findings highlight the need to consider methods for minimizing financial burdens in order to improve parent participation in community programs. This might include material gifts (diapers, clothing, food/travel vouchers) or services such as childcare. As travel was noted to be particularly burdensome for some parents in our study, programs should be designed to be carried out in geographic proximity to anticipated clients.

Parents commented numerous times about the powerful effect of social support from other parents and from program providers. This motivator has been previously described both in the context of support groups (Marshall et al. 2014) and home visiting programs (Holland et al. 2014; Folger et al. 2016; Beasley et al. 2018). Many of such studies utilized focus group discussions for data gathering, which could select for groups of participants who are biased toward a preference for group activities, or could impact responses depending on the relative makeup of such groups. However, studies utilizing individual interviews also found social supports as a significant motivator for parents pursuing early childhood development programming (Marshall et al. 2015; Silverstein et al. 2008).

Along with financial and social support, many parents in our study found provision of medical and developmental information to be of the utmost importance in considering community services. However, information can serve as both a motivator (if individually relevant and well-delivered) or a barrier (if overly standardized). While other studies have also spoken to the importance of reliable but individualized information in encouraging parents to use or continue using community resources, it is also important that providers work to improve communication within the healthcare system in order to minimize the chances of conflicting recommendations and information, as this was seen as a barrier in our study and others (Little et al. 2015; Marshall et al. 2015).

Home visits were discussed in many capacities during our study, including some helpful aspects and some negative aspects. Parents recognized the convenience of such services, including the lack of need for travel and benefits of child evaluation in a more comfortable "real-life" environment. Currently available literature provides abundant support for the positive aspects of home visiting, with many such positives contributing to the overall effectiveness of such interventions (Minkovitz et al. 2016). However, our study participants also raised concerns about the difficulties of coordinating visits and the need to present a clean and well-organized home for each visit. In their study investigating reasons for women's attrition from a nurse home visiting program, Holland et al also found parental concerns about scheduling and cleanliness (Holland et al. 2014).

The topic of developmental screening likewise presented as both positive and negative for parents in our study. While parents appreciated the attention given to their children's developmental needs in programs such as Early Intervention, they also felt that some screening tools could prove to be overly formulaic, failing to recognize variability among normally-developing children. As developmental screening tools are central to pediatric medicine, this observation serves to highlight the need for improved communication between providers and parents in community-based programming(Council on Children et al. 2006). Providers must feel confident in both the use of screening tools, and education of parents about the outcomes of such tools. Parent satisfaction might further be increased by improved communication between community providers and healthcare providers in order to minimize conflicting screening information, as such conflict was cited as confusing for participants in our study and others (Marshall et al. 2015).

During the course of our focus groups, participants were encouraged to provide their suggestions for improved parent utilization of resources. Expansion of eligibility criteria for qualification to participate in community programs was one key suggestion that has been supported in other research (Little et al. 2015; Marshall et al. 2014; Muzik et al. 2016). Communication and transparency were also key themes emerging in these discussions, including communication about home visits, between community and healthcare providers, and among parents. In order to improve awareness of community programs, our participants recommended the use of multiple venues for advertising, including social media. Given that our participants identified medical providers as a key source of information and that many medical offices are considering the use of social media as an outlet for information dissemination (McGowan et al. 2012), such a suggestion is not only feasible, but aspirational. Information dissemination could also be improved by translation of information into other languages. More broadly, expanding the cultural scope of a community program by employing multi-lingual individuals or partnering with community support groups who also possess knowledge around cultural norms different from those of the community majority could prove a beneficial way to extend the benefits of these services to cultural and ethnic minorities.

Our study has several key limitations. First, this represents a small sample of parents from a larger community. While our participants display much of the diversity of the region, the relatively small sample size and limitation of participants to only fluent English speakers does limit the generalizability of our results. Second, our study looked broadly at community resources. As such, we were limited in our ability to obtain detailed information about specific services. Additionally, given that participants were able to describe experiences for any of their children, (age 0–5 years), recollection of some experiences could be subject to recall bias. Finally, because of our methods

(which utilized convenience sampling and focus group discussions), our data is subject to selection bias. Future research could focus on evaluating parental perceptions on a larger scale or with respect to a specific community program in order to obtain more focused data on areas for improvement.

Conclusion

This research represents one of few current studies in the literature to examine parental perceptions of general community programming for early childhood development and parenting in the US. Overall, parents found that such services could be helpful for a number of reasons including financial and social support as well as dissemination of important health and developmental screening information. However, our findings suggest that there exist many areas for improvement in community programming. Key to interpretation of these findings is an understanding that both positive and negative experiences influence parental decisions to utilize community services for child development. As such, a focus on further growth or maintenance of positive aspects and addressing negative aspects will theoretically serve to boost parental satisfaction with and utilization of services and, in turn, improve childhood developmental outcomes.

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