



# SUMMARY OF INDIANA EARLY CHILDHOOD NEEDS ASSESSMENTS

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## INTRODUCTION

The Indiana Early Childhood Collaborative (INECC), formally the Indiana Home Visiting Advisory Board, is a collaborative effort of state agencies, local providers, consultants, and other stakeholders with vested interest in early childhood development and wellbeing. The INECC includes representatives from Indiana Department of Health (IDOH), Department of Child Services (DCS), Indiana Department of Education (IDOE), and Family and Social Services Administration (FSSA). Encompassed within these agencies are numerous departments focused on early childhood supports, from prenatal to age 5 (and beyond). The Advisory Board was originally formed to coordinate and support Home Visiting efforts throughout the State and expanded to include other early childhood initiatives (such as Help Me Grow (HMG) and Early Childhood Coordinated Systems) that had statewide impact.

Many of the programs and initiatives within this group's purview require regular community needs assessments to ensure that the agencies continue to meet the needs of Hoosiers. In an effort to learn from these needs assessments collectively, INECC sought to compare and contrast the findings from the early childhood and general health needs assessments conducted from 2019-2022. Data Aims is a participant in INECC and agreed to lead the analysis and reporting process to summarize, analyze, and report on overall needs, barriers, and recommendations from all of these reports. This report provides a summary of the information collected and an analysis of the maternal and early childhood needs statewide.

## METHODOLOGY

A subgroup of the INECC identified relevant needs assessments and reports to be included in the analysis. Data Aims conducted a thematic analysis of each of the reports to determine the top needs, barriers, and strengths that were identified for young children (0-6) and caregivers. Many of the reports that are included in the analysis cross-reference at least one of the other reports and Data Aims ensured that findings were not double-counted or overrepresented when these cross-references were included. The words used to describe the strengths, barriers, and needs in this report might not directly reflect the language used in other reports as themes and findings were aggregated across reports with different populations and priorities.

Reports included in the analysis are provided in the below table.

Report Name	Primary Agencies
Indiana MIECHV Statewide Needs Assessment 2020 Update	IDOH & DCS
Indiana Autism Spectrum Disorder Needs Assessment: An Examination of Hoosiers Navigating Autism Services and Supports (2021)	Indiana Resource Center for Autism
How COVID-19 Has Impacted Indiana's Child Care System (2020)	Indiana Early Learning Advisory Committee

Report Name	Primary Agencies
Indiana's Birth to Age Five Mixed Delivery System Needs Assessment (2019)	FSSA Office of Early Childhood & Out-of-School Learning
Indiana State Health Assessment and Improvement Plan 2022-2026	IDOH
2022 Needs Assessment Indiana Head Start and Early Head Start	FSSA Office of Early Childhood & Out-of-School Learning
The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2020	Indiana State Epidemiological Outcomes Workgroup
ELAC 2020 Annual Report	Indiana Early Learning Advisory Committee (ELAC)
Statewide Child Fatality Review Report 2020	IDOH
Child Abuse and Neglect Annual Report of Child Fatalities 2020	DCS
Indiana Title V Needs Assessment 2020	IDOH
Indiana Vocational Rehabilitation Comprehensive Statewide Needs Assessment 2022	FSSA Division of Disability and Rehabilitative Services

## FINDINGS

Findings were generally summarized into three categories: Needs, Barriers, and Strengths. Strengths are conditions or factors that contribute to positive outcomes or support early childhood programming. Needs are services protective factors that do not exist or are not easily accessible but are needed by individuals or specific populations. Barriers are factors and root causes that directly hinder families accessing services, participating in programming, or achieving positive outcomes.

## NEEDS

Three reports primarily focused on barriers due to the nature of the reports (both child fatality reports and the ELAC COVID-19 report). Therefore, the analysis included in this section comes from nine reports.

## ACCESS TO SERVICES

Access to services includes availability of providers within communities, the capacity of providers, and access to affordable or quality services. Some initiatives, such as Nurse Family

Partnership (NFP) and On My Way Pre-K<sup>1</sup> are only available in some counties in Indiana. Families who are able to access and receive Child Care and Development Fund (CCDF) vouchers (i.e., childcare vouchers) might not be able to utilize the voucher as some do not have access to providers that accept the vouchers. Families in four counties in Indiana have no high-quality early childhood care providers and only 16% of children in need of care are enrolled in high quality programs. More than half of Indiana families live in a childcare desert (i.e., a census tract with more than 50 children under 5 with no childcare providers or more than 3x as many children as available slots). In more than half of Indiana counties, there are no high-quality Early Childhood Education (ECE) programs available, and six counties have no children in high quality programs. Further, 42 counties have low enrollment in high quality care and have high vulnerability based on poverty levels. Head Start and Early Head Start (HS/EHS) providers offer fewer hours than programs nationally, though new requirements have increased service hours, and COVID-19 further shortened hours due to cleaning and sanitization requirements. One fourth of enrollment at center-based programs was less than the minimum requirement set by the Office of Head Start.

NFP operates in 39 counties as of the writing of this report. In 2018, NFP was available in 36 counties but five did not have any families and seven had only one family participating.<sup>2</sup> While NFP has been shown to be a high-quality program, many families do not have access to the services. Extra support around pregnancy and post-partum health (for both the mother and baby) were two of the needs most frequently reported by pregnant women and new mothers in focus groups and the community survey. Pregnant mothers also need increased access to Substance Abuse Treatment services and tobacco cessation services and supports. While pregnant women are a priority population for outpatient services for substance abuse treatment, less than one-fourth of pregnant women in need of substance use disorder treatment were enrolled in treatment programs. Programs specifically for pregnant and postpartum women are only available in 23 counties in Indiana. DCS case managers for home visiting listed substance use/abuse services as the top need in the communities they serve. Less than 10 counties perform better than the national benchmark for smoking while pregnant.

Healthcare providers and community members repeatedly reported the need for access to mental health services for all populations, including Children and Youth with Special Health Care Needs (CYSHCN) and young children (ages 0-9), and new mothers. Nearly one-fourth of adults in Indiana reported experiencing a mental illness in the previous year (22.3%) and only 16.8% received mental health services during the same time period. For families with CYSHCN, access to mental health services is even more of a need as not all service providers are willing to work with their children and some have to travel hours to see a provider who has experience working with children with similar needs. Further, Indiana is prioritizing mental

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<sup>1</sup> Childcare providers in all Indiana counties are able to participate in On My way Pre-K, however, not all counties have an On My Way Pre-K provider.

<sup>2</sup> Updated enrollment and participation data was not readily available.

health screenings for pregnant women and new mothers as part of the State Health Improvement Plan.

CYSHCN and individuals with disabilities, including individuals with autism spectrum disorder (ASD), need more access to care, specialized care, and support for successful work experience and schooling. Families of children with chronic health needs and those with multiple diagnoses noted that accessing the necessary care and having physicians and providers that could understand how to support families was a challenge. Families reported having to travel hours to meet with specialized physicians and even then, the capacity of these doctors were extremely limited. Families of children with ASD reported that school services for their children were limited or not high quality. Additionally, there was a misalignment in the services provided and the services needed within schools. For example, social skill development was a need for most survey respondents but was not one of the primary services provided by schools. Additionally, individuals with disabilities reported a need for increased opportunities to gain work experience and better coordination between vocational rehabilitation and schools so that information can be shared with individuals with disabilities. Individuals with disabilities reported that services that are available do not always consider the various needs that each individual might have (e.g., multiple disabilities, homelessness, and mental health). Finally, more than one third of families of someone with ASD reported that they could not access the services they wanted and needed for their family member.

General access to physical health services, including general physicians, pediatric physicians, wellness programs, and opportunities for exercise, were reported as needs by healthcare providers and community members. Some community members noted that when they have gone to local providers, they have been judged or their concerns were dismissed which diminished the trust in the provider. Access to health options for food, including fruits and vegetables, is a need in many communities in Indiana.

*Access to Services was listed as a need in all nine of the reports that included needs.*

## TRAINING AND PROFESSIONAL DEVELOPMENT

Current providers and staff need additional training and professional development services, and the state will continue to need individuals trained in ECE. The state anticipates a deficit of more than 8,000 workers in ECE in the next 10 years. Some ECE providers suggested that the educational requirements for center directors should be reexamined and training and technical assistance for ECE directors should be expanded, as the directors often support the staff but do not receive any support for themselves.

For individuals currently working in ECE and related fields, the training most cited was a need was trauma informed care. Additionally, home visiting providers reported that domestic violence prevention and tobacco cessation training would help providers feel more prepared

and confident in serving families. Community members suggested that home visiting programs, and other interested in expanding services, receive cultural competence training and education on the communities they serve so that providers can meet clients where they are (literally and figuratively).

HS/EHS providers reported a need for training on managing behaviors, trauma-informed care, and how to use their data for continuous improvement. Stakeholders expressed a desire for cross-training between state agencies to increase awareness of HS/EHS work, how to collaborate with providers, how to make more personal referrals, and the eligibility criteria for enrollment in HS/EHS. Fewer than one-fifth (14%) of HS/EHS partners reported providing professional development opportunities as part of the partnership, compared to 86% that refer families to services. This suggests that there is an opportunity to increase partner engagement through professional development opportunities.

Families of individuals with ASD and individuals with disabilities expressed a need for training for qualified direct service professionals and for employers. Families of individuals with ASD explained that many local providers are not sure how to best work with and support individuals with ASD and training could help increase the capacity of existing service providers. Staff who assist with job placement need additional training on identifying good job matches, meeting the needs of each individual (rather than assuming the needs of all individuals with the same or similar disabilities are the same), and working with employers to understand the needs of the individuals they serve. Employers could be given training focused on the perceived barriers of employing students with disabilities and the expectations about individuals with disabilities. Some individuals suggested disability awareness training and partnerships between employers who have hired individuals with disabilities and those who have not yet to help increase job retention.

*Training and Professional Development was listed as a need in seven of the nine reports that included needs.*

## YOUNG CHILD SERVICES

Building on the childcare findings in the section above, services specifically for young children and their parents is a prevalent need in Indiana. The majority of children in registered and licensed childcare are preschool age, resulting in a lack of enrollment in and availability of infant and toddler services. While parental choice might be a factor in the low enrollment for infants and toddlers, families noted that the cost of care and the challenge with accessing vouchers contribute to the use of unregulated childcare and staying home to care for their own children. Additionally, Indiana ranks the lowest in total capacity for infants and toddlers in licensed facilities at 8 children per slot and HS/EHS capacity ranges from 4% to 57% of the population in need of services in the county. This indicates a large gap and need for additional early childhood services.

Parents noted that the process of obtaining and being eligible for CCDF vouchers presents a range of challenges, from the application process, to waitlists, to the largest challenge being that parents must show a month's worth of paystubs to be eligible for services. Parents explained that in order to have a job they need to have childcare and without the voucher's childcare is not affordable. Additionally, finding a location that has placements for multiple children can be a challenge and families resort to finding someone who is not a licensed or registered childcare provider.

IDOH has made increased enrollment in Pre-K one of the key strategies for 2022-2026 in the State Health Improvement Plan and home visiting providers expressed that childcare is one of the most needed services for the families they serve. While infants make up 16% of the population ages 0-6, they are only 7% of the children served by high quality (Paths to Quality Levels 3 & 4) providers.

*Young Child Services was listed as a need in six of the nine reports that included needs.*

## COORDINATED DATA SYSTEMS

Due to the lack of coordinated data systems for early childhood care providers (including childcare providers, HS/EHS, school-based providers, and home visiting programs), it is impossible for researchers to determine the full extent of gaps in Early Childhood services in Indiana. There is no way to determine the unduplicated count of children served by these providers or those who are on waiting lists or needing placements. A coordinated system with unique identifiers tied to programs and children would make for a more complete picture of children served, need, and gaps in service across the state. However, even with a coordinated system, data on unregulated providers would be limited. Some reports advocate for the system to also link to K-12 data systems and student identification numbers to increase our understanding of child outcomes. This would also reduce the discrepancies researchers found in the data reported by providers to various state agencies. For example, if a school-based program reported enrollment numbers to IDOE and FSSA, those numbers might not have been the same, either based on data entry error or timing of reporting, which further complicates any analysis on the extent to which young children are being served in the state.

In addition to a system to help determine an unduplicated count of children served, ECE providers across the state use a variety of developmental screening tools, curriculums, and assessment tools, increasing the difficulty of capturing child outcomes, especially as it relates to the value of high-quality programs. Additionally, the variety of tools used results in duplication of services and forces families to go through the same or similar processes with multiple providers. Similarly, Indiana does not have a standard tool to determine kindergarten readiness which makes it difficult for some communities to determine what gaps need to be addressed and could contribute to high rates of kindergarten retention in some counties. Home Visiting providers not only vary in the tools utilized, but program eligibility can vary by

program and location. This further exacerbates the challenge with understanding program capacity and needs.

Similarly, there is a lack of coordination between employment service providers, Vocational Rehabilitation, schools, and other providers. This increases the challenges faced by individuals with disabilities who are seeking employment and support services. While separate from Early Childhood, this can impact CYSHCN and their families.

*Coordinated Data Systems was listed as a need in six of the nine reports that included needs.*

## **BARRIERS**

Three key barriers were identified in more than half of the reports and are included in this analysis, which includes untreated and undiagnosed mental health, cost of services and living wage jobs, and transportation. However, barriers often occur simultaneously and many families face a unique set of barriers to accessing necessary services. Other barriers identified by at least three reports are: drug use, fear of losing benefits, and lack of public funding or enough funding,

### **UNTREATED AND UNDIAGNOSED MENTAL HEALTH**

Access to mental health services for children and parents, including expectant and new parents, was listed as the top barrier to positive outcomes by healthcare providers, families, and other service providers. Providers explained that women with babies and newborns have untreated and undiagnosed mental illness and parents reported that having other priorities (such as taking care of their children) was a barrier to living a healthy life. In particular, new parents need support and education on what to expect before, during, and after pregnancy. Mental health and sleep were listed as the top needs for caregivers with children less than 1 and children 0-5. Access to mental health care was the 5<sup>th</sup> top factor keeping Hoosiers from living a healthy lifestyle, however, Hoosiers reported that mental health was the top health issue facing their entire community.

As noted in the Needs section, there is a gap between the percent of Indiana adults reporting mental health issues and those receiving services. Additionally, more than half of adults felt nervous, anxious, or on edge in the last week and more than a third experienced anxiety or depression. Family members of individuals with ASD reported that 38% of those who needed mental health services were not able to access them, with ADHD and anxiety being the top reported mental health needs for individuals with ASD. Further, individuals with disabilities reported that those with mental health conditions were not being served well enough by employers and Vocational Rehabilitation (VR).

Reports on child fatalities (including abuse and neglect fatalities) reported that mental health issues were factors in child fatalities. One report indicated that there is a lack of time and funding for providers to provide suicide prevention trainings. Factors such as substance use,



unmitigated parental stress, intimate partner violence, parental trauma, and mental health issues were cited as contributing factors in child abuse and neglect fatalities in 2020 in Indiana.

*Untreated and Undiagnosed Mental Health was cited as a barrier in eight of the 12 reports.*

## **COST OF SERVICES AND LIVING WAGE JOBS**

The cost of services, employment opportunities, and living wage jobs are combined as one barrier in this report due to the overlapping nature of each of these barriers. The cost of services was reported as a barrier by service providers even for individuals with a job. Women with children said that cost of services, income, and employment were barriers to their health and their children's health. Home visiting providers reported that the cost of services and a need to maintain employment were barriers in addressing addiction and drug use. The ability to pay for health care was the fourth top factor preventing Hoosiers from living a healthy life.

Lack of employment opportunities and living wage jobs is a barrier for families wanting to access services, live a healthy life, and for providers trying to retain their workforce. When accounting for inflation, the salary of preschool teachers is worse now than 5 years ago and the salary for ECE workers, depending on family size, is at or near the Federal Poverty Level. Further, less than half of ECE providers reported having a sufficient labor pool in their community. Despite the low salaries for ECE employees, the cost of infant care and all childcare is a barrier for Indiana families, with infant care in a center costing nearly \$12,000 per year. These costs are equal to or more than a year of in-state tuition at an Indiana college or university. Health and Human Services recommends that families spend 7% of the household income on ECE, but Hoosiers making the median income would have to spend at least 14% of their income on ECE for one child's ECE.

Employment, including access to living wage jobs, was a need prior to COVID-19, however, the pandemic increased these challenges for families. For example, 92% of HS/EHS grantees reported families had one or more adults in the house lose their job and the same percentage reported that one or more adult had reduced hours at work. Half of households with kids lost income and almost one fourth of families applied for benefits as a result of COVID-19 (compared to 15% of households without children applying for benefits).

For families caring for individuals with ASD and CYSHCN, services can be costly even with insurance and Medicaid waiver. Families reported challenges accessing the Medicaid waiver and many professional services were not covered for those who did have the waiver, requiring families to pay out of pocket. Additionally, families often lost employment opportunities due to their caretaking roles as half of family members had to reduce or stop employment due to being a caregiver. While employed, a lack of Paid Time Off could result in needing to change jobs for caregivers. Further, individuals with disabilities and with ASD face barriers to

employment and many risk losing necessary benefits if they become employed even if the wages would not fully replace the amount of the benefits.

*Cost of Services and Living Wage Jobs was cited as a barrier in eight of the 12 reports.*

## TRANSPORTATION

Indiana identified increasing transportation, both public transit and services for those seeking care, as a strategy in the State Health Improvement Plan. The extent to which it is a barrier increases in communities with limited services, requiring travel across the state. Families caring for individuals with ASD noted that transportation is essential due to the lack of local services and providers and for individuals with ASD to access employment. Stakeholders, providers, and community members reported that reliable transportation is a barrier to accessing care, services, and employment. Personal vehicles are cost prohibitive as they require ongoing costs for fuel and repairs and public transportation is limited in many communities in Indiana. Community members reported that there is a need for increased public transit, bike friendly areas, and affordable transportation for those without their own mode of transportation. More than half of home visiting providers reported that transportation is a challenging for participants and it was the top service needed by families that was not provided by the agency.

For those seeking substance use treatment, there is limited access to outpatient services in Indiana based on the definition of having a provider in the county or an adjacent county or within a 60-minute drive. However, for those without their own transportation, receiving care at an outpatient facility two hours away (round-trip), access would be even more limited.

*Transportation was cited as a barrier in six of the 12 reports.*

## STRENGTHS

Seven of the analyzed reports did not include a discussion of strengths and therefore the analysis of strengths is limited to the other five reports.

## QUALITY PROGRAMMING

Early childhood quality programming is typically focused on Paths to Quality (PTQ) ratings for early childhood education and care providers, with Levels 3 and 4 indicating high quality care. Participation in PTQ has increased significantly since 2014 (44% increase) with nearly one third of all known providers in the state being considered high quality. While this increase is a strength for Indiana, access to affordable high-quality care and programming remains a need in the state.

On My Way Pre-K (OMW) provides families with no cost early childhood care and research to date has shown the positive effects of programming on children and families. Parents reported being able to get a job, start school or job training, or work more hours because of

their child's participation in OMW. Children who participated experienced gains in language, math, and/or literacy.

High quality programming extends to Home Visiting programs such as Healthy Families Indiana (HFI) and Nurse Family Partnership (NFP). For example, 98% of families served by HFI did not receive a substantiated report of abuse or neglect in the year following services.

*Quality programming was listed as a strength in four of the five reports that included strengths.*

## MULTI-LEVEL OR BLENDED FUNDING

Individual providers and statewide initiatives utilizing “blended and braided” funding to support high quality programs is a strength of early childhood care in Indiana. Head Start and Early Head Start providers are funded by numerous types of funding streams in addition to federal funding. Child and Adult Care Food Program, CCDF vouchers, philanthropic funding, OMW, and individual donors are the other top funding sources for HS/EHS providers. However, not all centers that are eligible to receive vouchers had children enrolled with vouchers. Some providers have utilized HS, CCDF, and OMW funding to serve more infants, toddlers, and preschoolers living in poverty. OMW included capacity building funds for providers to become high quality in order to receive funding and enroll OMW families.

CCDF vouchers present challenges for families, as noted in Needs and Barriers, but provide opportunities for streamlined access to services. For example, children in families receiving TANF are automatically referred to CCDF and can bypass CCDF waitlists, which led to a similar process being created for families receiving support through the Supplemental Nutrition Assistance Program (SNAP) voluntary work program. Further, ELAC found that CCDF increased enrollment in high quality programs and increased provider participation in PTQ.

*Multi-level or Blended Funding was listed as a strength in four of the five reports that included strengths.*

## PARTNERSHIPS AND COMMUNITY

Indiana's statewide early childhood partnerships has been recognized by numerous federal agencies and initiatives and has resulted in increased early childhood funding. For the purposes of this report, community relationships and support groups are included within this strength. Community members who participated in the focus groups and survey for the Title V Maternal and Child Health (MCH) Block Grant Needs Assessment reported that friends and family support was a strength for living a healthy life. Additionally, families of CYSHCN reported that some of the biggest strengths are local and online support groups. These support groups are both formal and informal support groups, including groups on social media where parents share advice and look for support in finding care and specialists.

Nearly all HS/EHS grantees partner with state and/or local entities and partners reported high levels of satisfaction with the partnerships. These partnerships include working with First Steps, medical and mental health providers, and elementary schools. Nearly all (88%) of grantees report having a kindergarten transition plan in place with local elementary schools, despite the lack of regulations and requirements for having such a plan. As noted below, without a statewide standard of kindergarten readiness, these plans can be challenging for providers to understand or implement.

Home Visiting providers also reported strong partnerships between their agencies, other providers, and community leaders. All providers reported working with the local WIC office, doctors and hospitals, First Steps, and mental health providers. Community partners refer families to Home Visiting, provide professional development opportunities, and participate in program planning. Further, providers reported that community leaders are advocates for increased funding and resources for home visiting programs and facilitate stakeholder relationship building.

*Partnerships and Community was listed as a strength in four of the five reports that included strengths.*

## SUMMARY OF FINDINGS

Across the 12 reports included in this analysis, common themes around community Needs, Barriers, and Strengths emerged for early childhood education and care. These findings provide a summary of the community feedback and data gathered by agencies across the state from 2018 - 2022.

### Needs

- Access to Services
- Training and Professional Development
- Young Child Services
- Coordinated Data Systems

### Barriers

- Untreated and Undiagnosed Mental Health
- Cost of Services and Living Wage Jobs
- Transportation

### Strengths

- Quality Programming
- Multi-level or Blended Funding
- Partnership and Community