Growing in the Good Life

Program Evaluation Report

April 1, 2024 to March 31, 2025

Nebraska Early Development Network

Babies can't wait

Table of Contents

Acknowledgements

Nebraska Early Development Network

Babies can't wait

We want to acknowledge the support from Nebraska's Early Development Network for funding this important work.

We sincerely thank the participants, families, cultural consultants / liaisons, interpreters, and organizations/agencies for their time, expertise, and contributions.

This project would not have been possible without this collective support.

This evaluation was a collaboration by:

University of Nebraska Medical Center
MUNROE-MEYER INSTITUTE

MAP ACADEMY

CENTER ON CHILDREN, FAMILIES, AND THE LAW

CHILD, YOUTH AND FAMILY STUDIES

NEBRASKA CENTER FOR RESEARCH ON CHILDREN. YOUTH. FAMILIES & SCHOOLS

Introduction

To begin understanding the local context for immigrant and refugee caregivers in Nebraska, in Fall 2023, researchers from across the University of Nebraska system held listening sessions with stakeholders working with newcomer immigrant and refugee families with young children. The findings provided insight into families' needs and the barriers they experience in accessing early childhood services. The University of Nebraska Collaboration Grant funded this initial project.

Based on the results of the listening session, a collaborative group from the University of Nebraska Medical Center (UNMC) and the University of Nebraska-Lincoln (UNL) received funding from the Early Development Network, Nebraska's early intervention program, to learn firsthand from caregivers and families. This project ran from April 1, 2024, to March 31, 2025. It was co-led by Dr. Kerry Miller at the University of Nebraska Medical Center and Dr. Lorey Wheeler at the University of Nebraska–Lincoln.

Participants were asked about their:

- perspectives on child development
- understanding of developmental delay or disability
- specific needs and challenges in accessing developmental screening, early intervention, and related supports.

Project Background and Context

Communities

Early screening and support are important for helping children develop well, especially for families who have moved to the United States from other countries. Immigrant and refugee families can face challenges when trying to access services that help identify and address developmental delays or disabilities in children, particularly those between birth and age three. Early intervention can make a difference, as it is often more effective when started early.

Many immigrant and refugee families may struggle to get the help they need. Some of the reasons include language barriers, not knowing about available services, or feeling uncomfortable with the healthcare system because of past experiences or concerns about discrimination.

Need for More Understanding

Not much is known about how immigrant and refugee families feel about early developmental screening or what they think about child development. This project investigated how immigrant and refugee families in Nebraska understand child development, delays, and disabilities.

It also looked at any cultural differences between their views and the Western medical system's views, and what barriers they face in accessing early intervention services.

The goal was to find ways to make these services easier for families to access and improve their overall experience.

Evaluation Goal and Objectives

GOAL

The overarching goal of this evaluation was to improve access to early childhood programs and intervention resources for immigrant and refugee families in Nebraska by gaining a deep understanding of their unique experiences and interactions within existing systems.

OBJECTIVES

1. Conduct a comprehensive assessment to **identify barriers and resources encountered by immigrant and refugee populations** in Nebraska when accessing early childhood programs

2. Facilitate effective communication channels with caregivers from immigrant and refugee backgrounds to **gain insights** into their **perspectives on child development, definitions of developmental delay or disability,** and the **cultural tensions** between their own definitions and those of the host culture (Western).

3. Investigate and document the **specific challenges** faced by caregivers from immigrant and refugee backgrounds in **seeking screening** for developmental delay, as well as **barriers hindering their access** to early intervention services.

4. **Inform outreach efforts** conducted by the Early Development Network (EDN) and Child Find by utilizing the data collected to tailor strategies specifically addressing the identified barriers faced by immigrant and refugee populations.

Evaluation Design and Methodology

APPROACH

We used an approach called a community-engaged, exploratory-descriptive qualitative (CE-EDQ) evaluation, detailed in Figure 1, to understand how immigrant and refugee caregivers view early childhood development and how they seek help. EDQ helps explore complex and culturally rooted health experiences. We used a multi-phase approach, as the project was carried out in several steps or stages. Each phase was built on the one before it.

Figure 1. Community-Engaged, Exploratory Descriptive Qualitative (CE-EDQ) Approach

We worked closely with stakeholders at different stages, asking open-ended questions to better understand their experiences. For this project, we defined stakeholders as anyone who cares about the health and wellbeing of immigrant and refugee children and families in Nebraska. Stakeholders included not only the families themselves, but also community consultants, advocates, local organizations, healthcare and social service providers, and educators.

Working with immigrant and refugee communities involves sensitive topics, so we engaged community consultants to ensure our approach was meaningful and respectful. This practice, common in health research with migrant groups, helped shape our evaluation through culturally informed guidance.

In July 2024, we contacted organizations and service providers who attended the Fall 2023 listening sessions. We asked them which immigrant and refugee groups they worked with, if they focused on any high-priority communities, and what strategies are used to reach them.

Their feedback emphasized language support, trust-building, and collaboration with community leaders. Table 1 details stakeholder roles reached during this phase.

Following the survey, we hosted two virtual informational sessions in August 2024 to get more detailed input and to begin the recruitment process.

Table 1: Stakeholders Reached During Engagement Phase

Role	Fall 2023: Listening Sessions	August 2024: Community Consultants
K-12 Public Education	19 (34%)	11 (33%)
Service Provider	15 (27%)	9 (27%)
Health/Public Health	9 (16%)	3 (9%)
Higher Education	7 (13%)	1 (3%)
Advocacy/ Foundation	4 (7%)	2 (6%)
Early Childhood/PreK	2 (4%)	5 (15%)
State Government	0	2 (6%)

We discussed culturally respectful research methods and collaboratively identified community partners who were prepared to assist with participant recruitment, focus group facilitation space, and interpretation of evaluation findings.

DATA COLLECTION

We partnered with community leaders to host focus group discussions, both in person at community organizations and online via Zoom (Table 2).

An evaluation team member from UNMC or UNL coordinated scheduling with each organization or cultural liaison to find the best time and location for the participants. Groups were held in English or Spanish, with interpretation provided for other languages.

Focus group facilitators from the evaluation team followed a protocol outline with questions directly related to the objectives of the research project, and guidelines were provided to focus group leaders and interpreters to ensure objectivity during the interviews. The interview protocol is included in the Appendix.

Participants, cultural consultants, and interpreters were offered compensation for their time and participation.

Table 2: Community Consultant Partners: Focus Group Recruitment and Hosting

Partner	Location	Language Access	Meeting Style
Lincoln Asian Center	Lincoln, NE	Interpretation Provided by Partner	In-Person
Two Rivers Public Health Department	Lexington, NE	Interpretation Provided by Partner	In-Person
Kulmis Daycare	South Sioux City, NE	Interpretation Provided by Partner	In-Person
Bambinos Bilingual Preschool and Daycare	South Sioux City, NE	UNMC Bilingual (Spanish) Facilitator	In-Person
Munroe-Meyer Institute	Omaha, NE	- UNMC Bilingual (Spanish) Facilitator - Interpretation Service via phone	In-Person and Online
Nebraska Early Childhood Collaborative	Omaha, NE	- English - UNMC Bilingual (Spanish) Facilitator	Online

DATA ANALYSIS

Fourteen focus groups were led by five different moderators using prepared questions. We recorded 11 focus groups, then transcribed and translated those conducted in Spanish into English. For three groups, we used detailed notes instead of recordings.

Our team used a qualitative and mixed methods analysis software, called MAXQDA 24, to organize and study the information.

We looked for both expected topics and new ideas, focusing on child development, help-seeking, and barriers to services.

As we analyzed the data, we created extra categories to reflect the wide range of experiences families shared. Team members met regularly to discuss and agree on the findings, with input from the larger research team to make sure the results were clear and accurate.

ETHICS

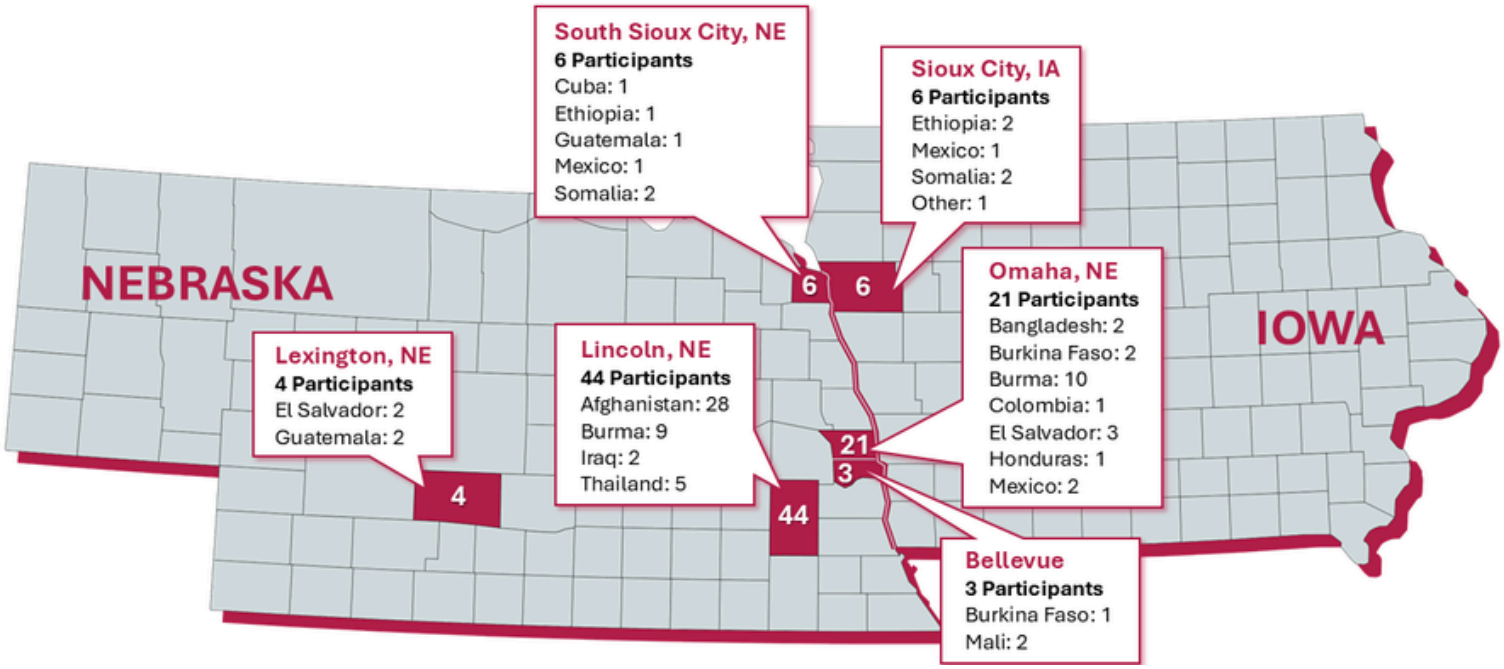
This project was approved as exempt from full review by university research boards, meaning it was considered low-risk for participants who choose to participate.

Before discussions, all participants were told the purpose of the study and reminded they could choose not to participate at any time without any consequences.

Participants

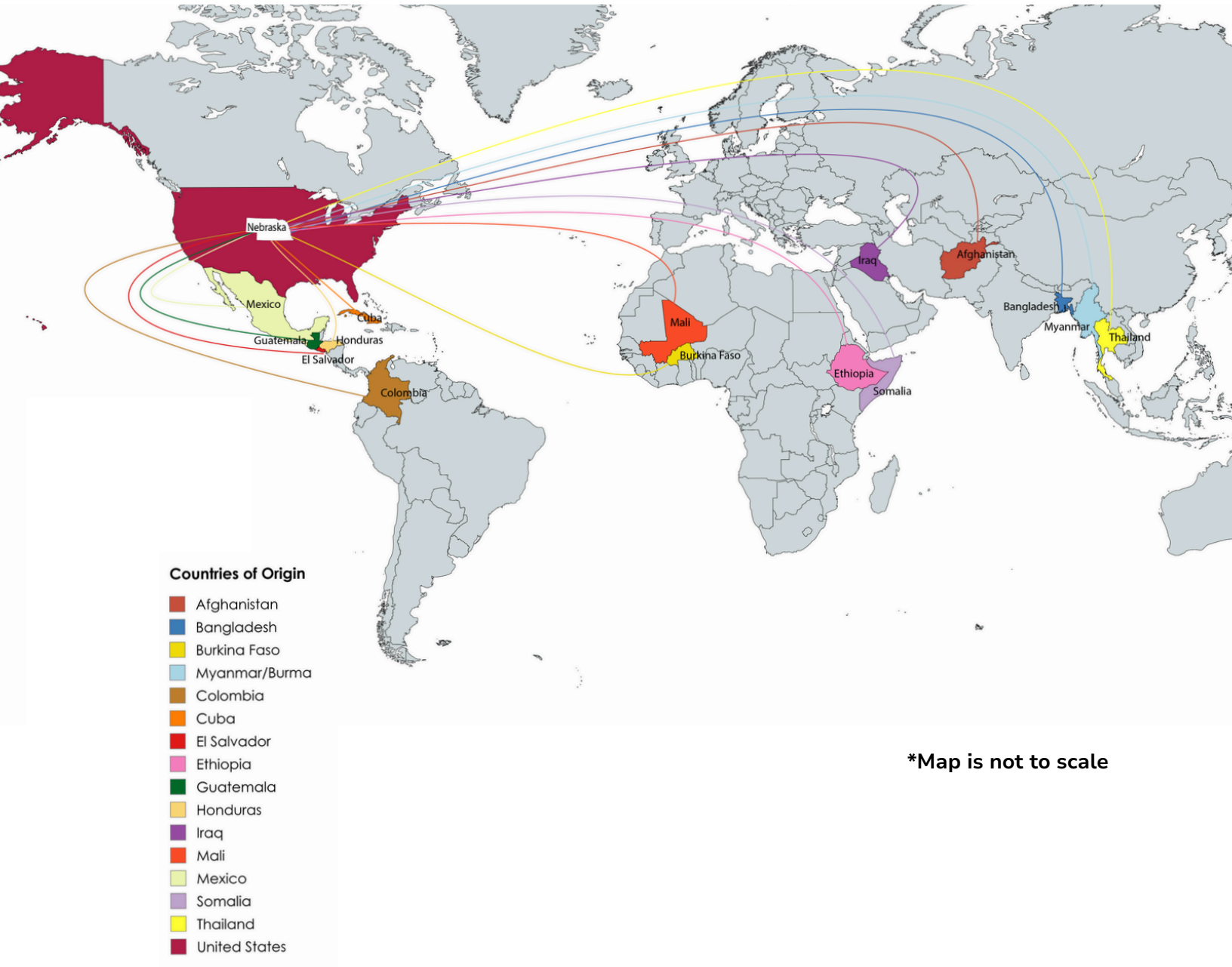
NEBRASKA COMMUNITIES REPRESENTED

This map represents the communities where participants live in Nebraska and Iowa at the time of the focus groups.



COUNTRIES REPRESENTED

Families from many countries participated in this project, bringing different cultural and language experiences. This map shows their countries of origin, including places in Asia, Africa, Central and South America, and the Middle East.

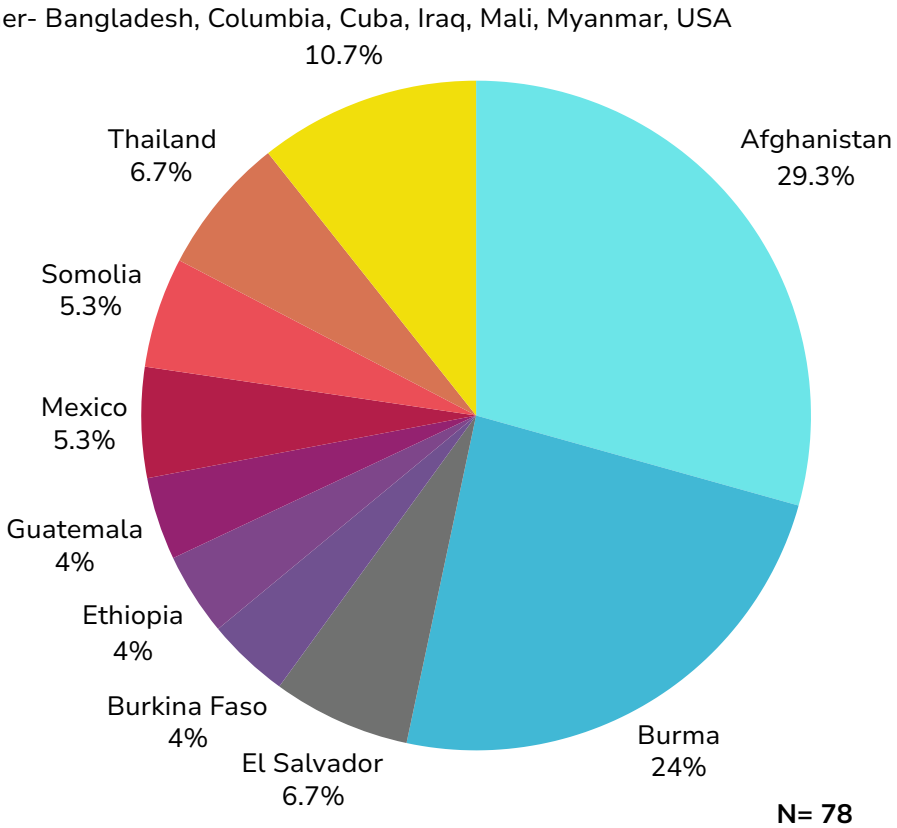


***Map is not to scale**

Participant Demographics

Country of Origin

This chart shows the distribution of participants by country of origin with the majority of participants from Afghanistan and Burma.



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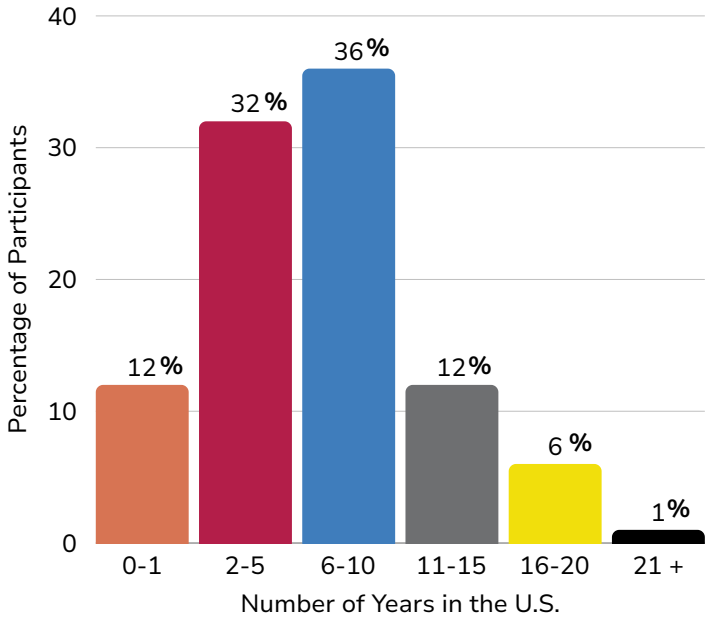

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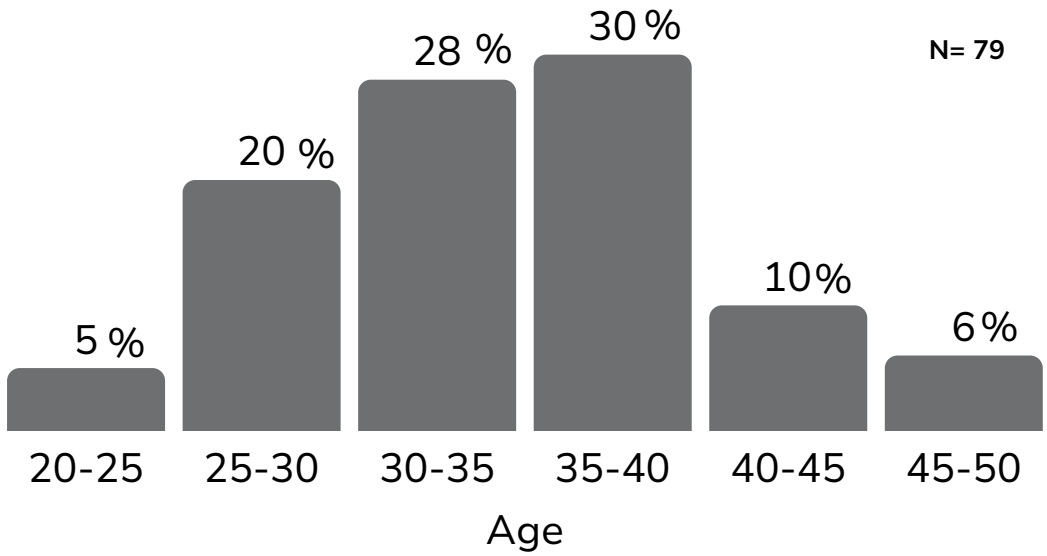
Time in the United States

This chart shows the number of years participants have been in the United States with the majority of participants only having been in the United States for 0 to 5 years.

Participant Demographics

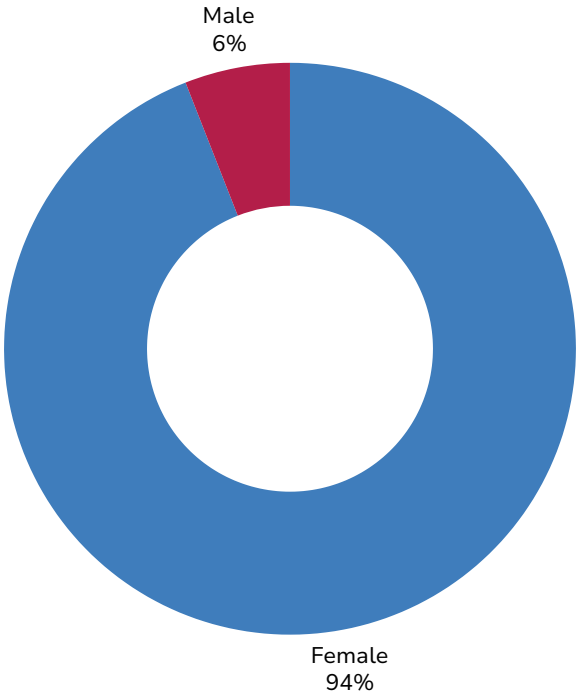
Age

This chart shows the age range of participants from 20 years old to 50 years old. Most participants were between the ages of 20 and 40 with the fewest participants between the ages of 20 to 25 and 45 to 50.



Gender

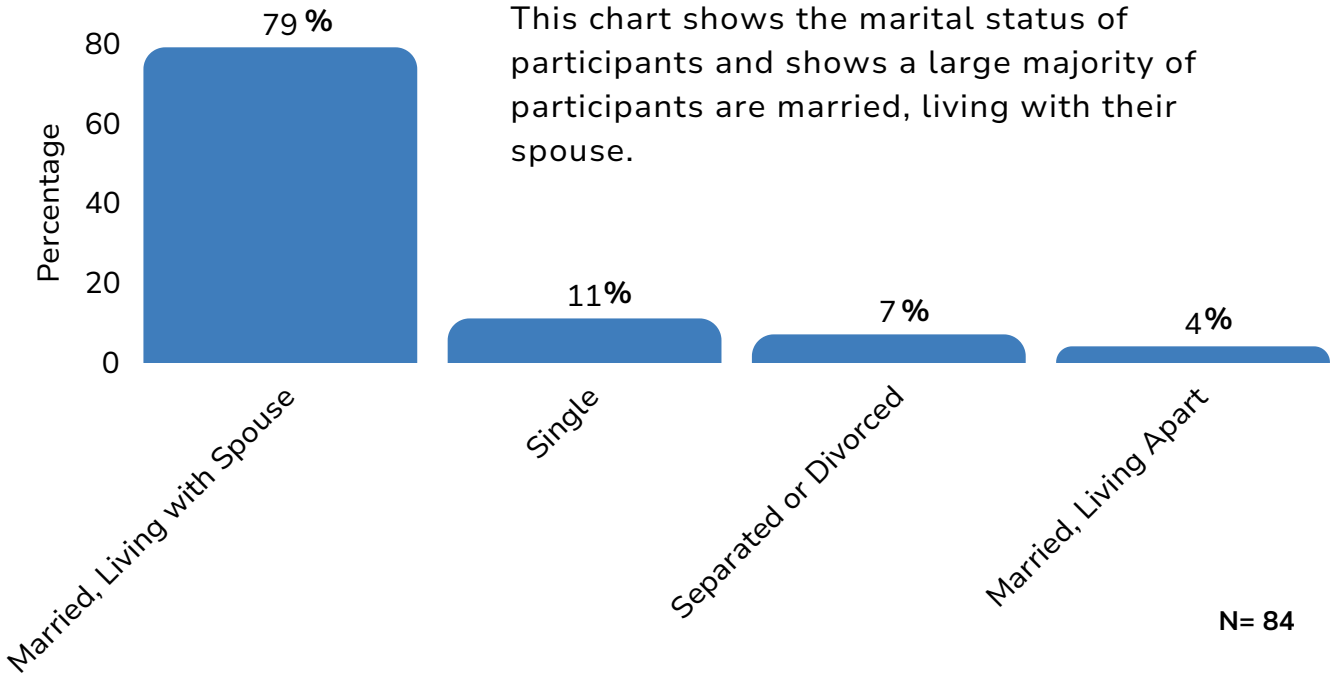
This chart shows the ratio of female to male participants in the study. The majority of participants were female.



Participant Demographics

Marital Status

This chart shows the marital status of participants and shows a large majority of participants are married, living with their spouse.



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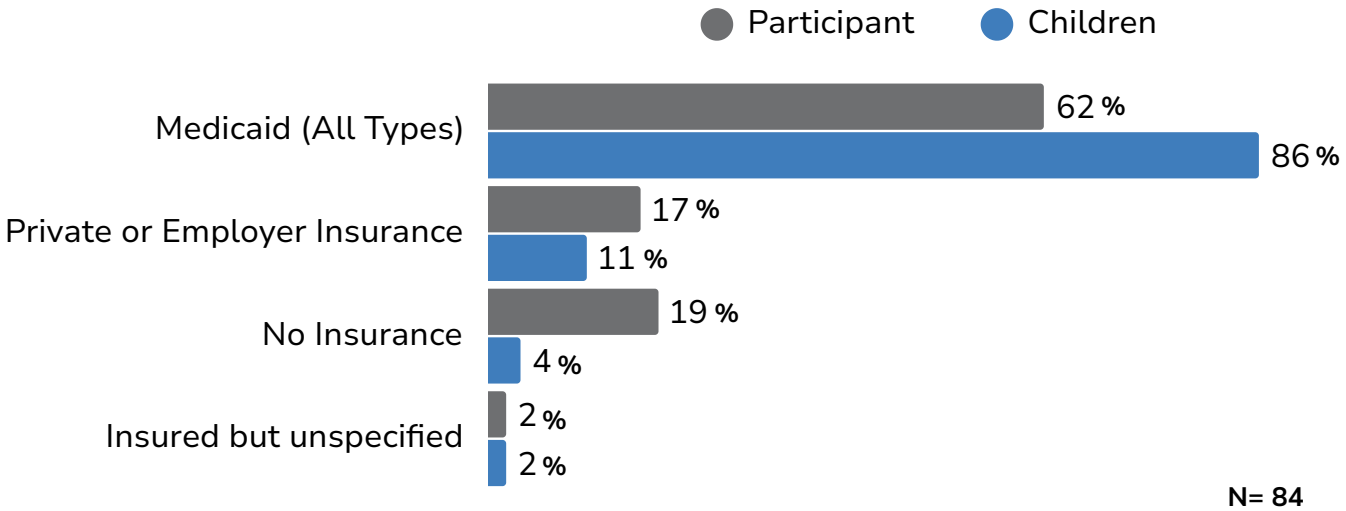
Insurance Coverage

This chart shows the health insurance status for participants and their children.



N= 84

Findings

Three main themes emerged from the focus groups, each aligned with our project goals and reflecting participants' shared experiences and needs. The following sections describe each theme in detail, based on how participants' perspectives were grouped and interpreted during analysis.

1. **Immigrant and Refugee Caregiver Understanding of Child Development**
2. **Help-Seeking Behaviors of Immigrant and Refugee Families**
3. **Facilitators and Barriers for Immigrant and Refugee Families' Accessing and Utilizing Early Childhood Programs**

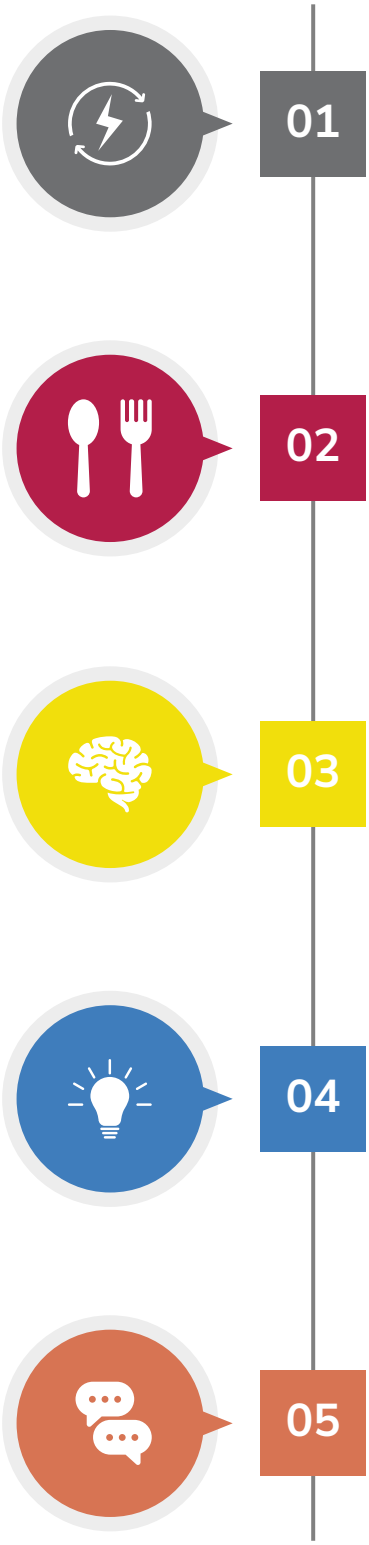
FINDING 1: IMMIGRANT AND REFUGEE CAREGIVER UNDERSTANDING OF EARLY CHILD DEVELOPMENT

Our findings indicated that immigrant and refugee caregivers showed a nuanced understanding of milestones across five developmental domains.

- **Awareness of Child's Physical Development**
- **Dietary Factors in Development**
- **Monitoring Child's Progression in Social and Emotional Skills in Various Environments**
- **Supporting Cognitive and Academic Development**
- **Speech and Language as Indicators and Concerns for Development**

Participants often described how different aspects of development influence each other and often overlap. Figure 2. Early Child Development: Theme Definitions and Table 3. Immigrant and Refugee Caregivers' Perceptions of Early Childhood Development: Descriptors and Selected Quotes demonstrate how participants communicated a comprehensive understanding of developmental milestones and closely monitored their children's progress across five domains.

Figure 2. Early Child Development: Theme Definitions



Awareness of Child's Physical Development

Caregivers closely observe and monitor their children's physical development. They use different signs and clues to see if their child is growing as expected. This includes noticing motor skills and other physical changes.

Dietary Factors in Development

Caregivers understand the role of a child's diet, eating habits, and nutritional intake in their growth and development.

Monitoring Child's Progression in Social and Emotional Skills in Various Environments

The growth and development of a child's ability to interact with others, regulate their emotions, and navigate social situations in various environments is monitored from the caregivers' perspective.

Supporting Cognitive and Academic Development

A child's cognitive and academic development is supported based on their caregiver's understanding and perspective. This includes their views on key milestones, learning goals, and effective strategies to support their child's learning.

Speech and Language as Indicators and Concerns for Development

Caregivers closely monitor their children's speech and language development, not only in English but also in their native or home language.

Table 3. Immigrant and Refugee Caregivers' Perceptions of Early Childhood Development: Descriptors and Selected Quotes

Domain	Descriptor	Caregiver Quotes
 Physical Development	While caregivers were aware of all areas of their child's development, they were especially focused on physical growth. They closely tracked milestones like crawling, sitting, standing, and walking, often comparing their child's progress to others. Caregivers also monitored weight, height, and appearance to make sure their child was growing properly. In addition, they paid attention to energy levels, using sleep patterns and physical activity as signs of healthy development. Caregivers' detailed observations show how carefully they watched for even small changes in their children's routines and behaviors.	"I'm always talking to her (my friend) because my little girl has been a little slower in crawling or having more physical activity in comparison to my other kids. My first daughter was already walking at nine months. My other son, also at nine months, walked and could come down the stairs. … Because they had that physical ability, they have been good. And…she has not wanted to crawl; she just moves like a soldier." "Day by day, I can feel that he or she is growing up. I can tell when I pick them up, [so] their weight and height are important too." "[If your child is] not sleeping, not eating, grumpy, crying all the time. When look[ing] at the baby, [they] look tired, fuzzy eyes … not normal."
 Diet and Development	Caregivers agreed that good nutrition is essential for healthy child development. Many stressed the importance of eating at the right times and having a balanced diet. They also saw eating habits as signs of overall health, believing that poor eating could signal bigger problems. They recognized that children's food need to change with age; for example, one caregiver from Burma described milestones like drinking milk and starting solid foods at specific ages. While some Afghan caregivers mentioned the importance of breastfeeding, Somali parents strongly emphasized breastfeeding as better than bottle-feeding and key to a child's growth and health.	"My understanding of development is that [children] have to eat well in order to grow." "If my kid doesn't [grow] up, and the height is not going up, and if they are not eating, then I will know they have some problem." "The more you give the breastfeeding … the more [the child will] be intelligent, survive, grow and [be] healthy."

Domain	Descriptor	Caregiver Quotes
 Social and Emotional Development	Caregivers closely observed their children's social and emotional development, mostly at home, by watching how they interacted with siblings and parents. They looked for signs, like trying to copy older siblings or playing with others. They relied on schools to learn how their child was doing socially outside the home. They paid attention to how their child behaved in different places—at home, school, or with friends. Some noticed concerns, like when their child didn't make eye contact or didn't behave as expected. Most challenges were typical behavior issues, like how a child responds to discipline or grows more independent.	"I mentioned to the doctor ... sometimes [my child] will make eye contact and sometimes he won't. So, I'm a little concerned." "He gets upset when he doesn't get to do what he wants. Now he wants to use the bathroom. He was like, 'I'm potty training right now.' He was trying to be independent."
 Cognitive and Academic Development	Caregivers were eager to support their children's cognitive and academic growth, using many strategies to help them learn. They encouraged hands-on activities with toys, books, and educational materials, and saw being involved in their child's education, like helping with homework and talking to teachers, as very important. Learning also happened at home through everyday routines, with parents modeling tasks like chores. Many parents tied language learning to this growth by actively teaching their children new words, colors, numbers, and letters.	"With me, I want them to do well in school; to learn to be able to read, to be able to write. That is how I'm teaching them. Teaching them how to read and how to write." "He almost knows the whole alphabet, but he has not been able to go beyond number ten and gets very confused. He knows the colors, the shapes, the alphabet, but with the numbers, there is something particular. The teacher tells us that when she does an activity, he stays there still [and] is not able to express if he needs help or has a need, until the teacher goes and inquires."
 Speech and Language Development	Parents closely watched their children's speech and language development, seeing it as a key sign of growth. They paid attention to milestones like making sounds, saying words, and forming sentences. Many actively supported learning by using tools like pictures and repetition to teach new words. Speech and language was also an area of concern when it seemed delayed, especially when their child used fewer words or couldn't name objects. In multilingual homes, parents worked to support both their native language and the community's dominant language, though some worried this might cause confusion or delays.	"I was trying to teach them how to talk, how to sing, and repeat the same song again and again. They were getting so excited, and then, they will be able to repeat." "I [taught] my kid my culture a little bit so they can have both [cultures]. In home, we never speak English. We try to teach them our language, then they can communicate [with] their cousins or grandparents who live over there."

FINDING 2:
HELP-SEEKING BEHAVIORS OF IMMIGRANT AND REFUGEE CAREGIVERS

Caregivers' approaches to addressing their children's developmental needs fell into three categories: formal support, informal support, and self-education. Table 4 includes details and caregiver quotes for each behavior.

Table 4. Immigrant and Refugee Caregivers' Help-Seeking Behaviors: Descriptors and Selected Quotes

Help Seeking Behavior	Descriptor	Caregiver Quote
 Formal Support (medical providers, school staff, community resources)	The most common pathway was seeking formal support, primarily through medical professionals. Caregivers often began by observing concerns themselves and consulted doctors when necessary. Physicians played a key role in monitoring development, offering guidance, and providing specialist referrals.	"The pediatrician is the first person [to contact]. … It is better to have a professional screening than another person who is comparing their children to someone else's children." "I always like to get advice from their teachers and ask them in comparison with the other children. If there is something that worries them, if they see him very behind, or in what ways I can support them at home, or what I need to do to reinforce at home." "My biggest fear … was not to be able to communicate with the doctors. And when [I was] sent [to school district] they asked me if I wanted Spanish or English. For me, that was such a big relief. When we arrived at MMI[1], it was like 'Wow!' So, I can say that language as a resource is one of the greatest, because how [can] we as mothers find out about the things that exist to help our children, if we cannot even understand them ourselves?"

[1] Munroe-Meyer Institute (MMI) is Nebraska's University Center for Excellence in Developmental Disabilities providing outreach programs, supports and resources for families that promote independence, self-determination and integration of all individuals with developmental disabilities.

Help Seeking Behavior	Descriptor	Caregiver Quote
Informal Support (family, other parents)	Informal support was also important. Caregivers frequently sought advice from family members, experienced mothers, and school staff. Teachers were viewed as valuable partners due to their close, daily interactions with children and their ability to provide feedback on developmental progress.	“Unfortunately, I did not receive the attention I would have wanted from my doctor. Instead, I got it from the public schools, but that takes time.... So, I have preferred to [use] my support network with the other mothers who know this issue to get faster responses.”
Self-Education (online resources)	Some caregivers used online resources to educate themselves. These tools helped them track developmental milestones, identify potential concerns, and inform their decisions about seeking professional assistance.	“Today the Internet helps a lot. When I was pregnant, I signed up in a web page that was for pregnant women. When my son was born it told me month by month what stage the child should be in, and that helped me a lot.”

FINDING 3:
FACILITATORS AND BARRIERS FOR IMMIGRANT AND REFUGEE FAMILIES' ACCESSING AND UTILIZING EARLY CHILDHOOD PROGRAMS

Immigrant and refugee caregivers identified *facilitators* as key supports that helped them access early childhood care services, as well as barriers. See Figure 3 for a summary and Tables 5 and 6 for participant quotes.

FACILITATORS

- *Access to* **in-person interpreters, clear communication, and supportive healthcare experiences**
- *Strong ties* to **community resources and advocacy networks**
- *Growing confidence and knowledge* in **navigating systems, including child development resources**

BARRIERS

- **Language barriers** were the biggest issue, with caregivers describing difficulties communicating with healthcare providers and interpreters, including **concerns about interpreters** not fully sharing what they said.
- **Transportation** was another barrier, especially for families without cars who had to rely on public transit or ridesharing, which was hard to arrange for medical appointments.
- **Navigating the healthcare system** itself was also difficult, particularly because of high costs.
- Caregivers without insurance faced **major financial burdens.**
- Even those with insurance found that **specialist appointments were often not covered.**
- Beyond healthcare, a parent also shared **challenges enrolling their child in school.**

Figure 3. Facilitators and Barriers when Accessing Early Childhood Programs

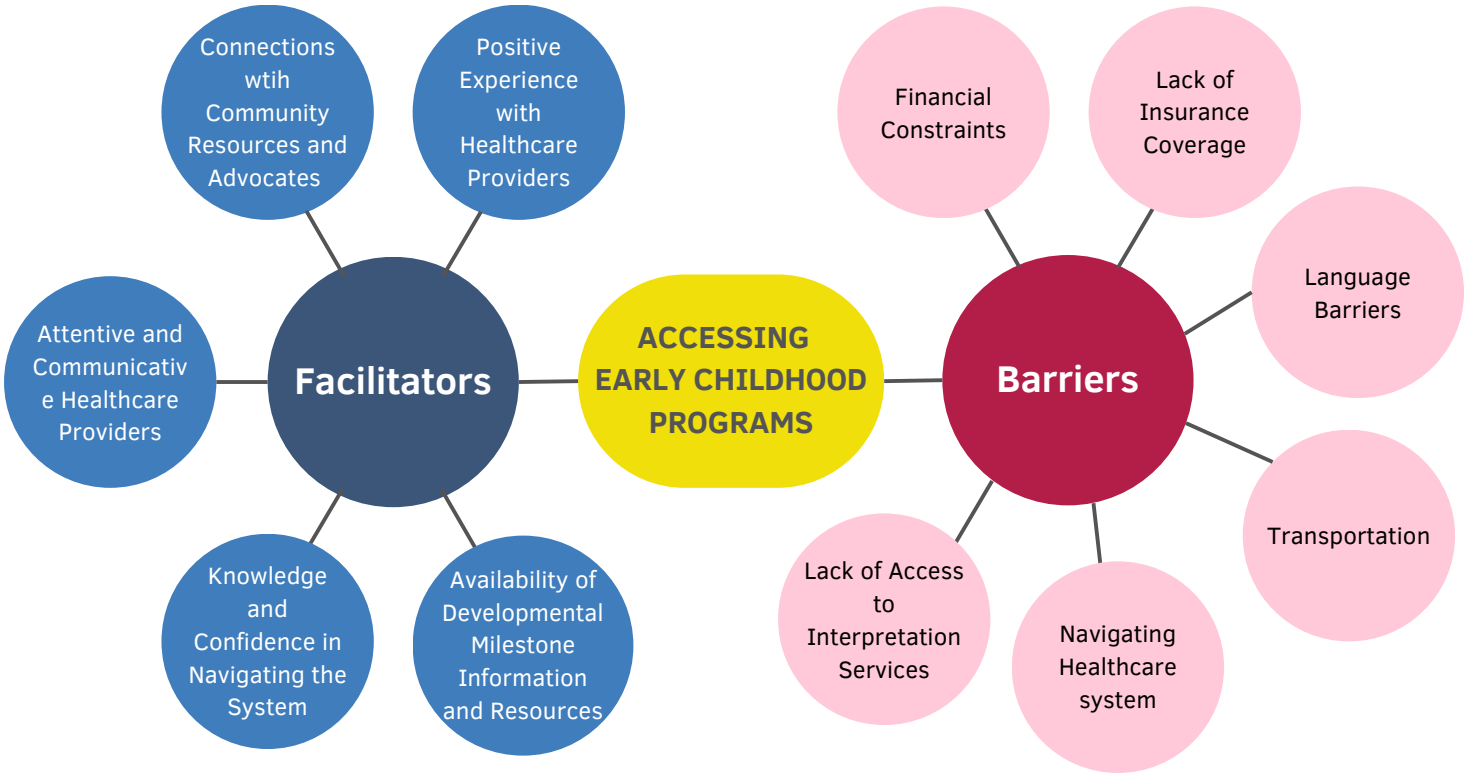


Table 5. Facilitators when Accessing Early Childhood Programs: Selected Quotes

Facilitators	Caregiver Quote
Developmental Milestone Information and Resources	"Doctor provides some information, but at [hospital name 1], I feel like they did not provide anything like that I got from [hospital name 2]... they did not provide that kind of milestone." "They provide some sheet about her next milestone that also give me apart some I try to match with their sheet and also their information with my kids as I'm seeing development is doing well"
Positive Experiences with Medical Providers	"I really appreciate doctor in here. And sometime when I went to the doctor and they explained me. [...] [My husband] wants to also [ask] some question and [the doctors] are good about [explaining] that." "[I] went to the pediatrician directly. He was very dear to me, very attentive. He was very careful to listen to me and without wanting to tell me, to give me a diagnosis, he told me, "Look you can try this?" And then he referred me to [school district], so the child could try to speak."

Table 6. Barriers when Accessing Early Childhood Programs: Selected Quotes

Barriers	Caregiver Quote
Interpretation Services and Language Barriers	"This has happened to me with social workers, with interpreters, that sometimes they tell me things that have no relation to the issue we are covering, and I stay like that, and the lady realizes that we were not talking about the same topic. Then we have to repeat it again and it is like we lose the sequence." "I can say that language as a resource is one of the greatest, because how we as mothers can find out about the things that exist to help our children, if we cannot even understand them ourselves."
Transportation	"[I'm] going to have to look for her ride to get to the appointment. [I'm] going to go around and then knock on [someone's] door … [I] will continue to fight until [I get] someone."
Financial Constraints and Insurance Coverage	"We need some specialty that your family doctor would refer you. But. The doctor say 'ohh, I don't accept that insurance.' " "The daycare is also expensive, so [...] we cannot afford to enroll them to school as well. And the preschool, they told us that it was full."
Navigating Healthcare and Education System	"Everything is a little bit hard to get that appointment and [my children] do have [emergencies], but [it's] very hard. I would say it's a little bit difficult to get that appointment and see the doctor." "We always follow up with the doctor, say primary care is going to refer them to specialists, right? And then Mom's [...] going to go to this specialist and this specialist discover another concern. And then they are going to send him to another specialist, another specialist."

Limitations

Below are the limitations of this study. Recognizing these limitations helps place the findings in the right context. It also supports learning and improvement for future research and practice.

PARTICIPANTS REACHED

Although many cultural groups were included, some communities may not have been represented. Responses may also have been shaped by factors like caregivers' education and background.

STATE REACH

We conducted outreach to rural and western parts of the state. However, many organizations and agencies in those areas had competing priorities during our timeline.

CONNECTEDNESS

Recruiting participants through community organizations allowed us to engage with many individuals. However, this approach may have limited our reach to those who are more isolated or less connected to available resources.

LENGTH OF RESIDENCE

Responses may vary based on how long participants have lived in the United States.

EXPERIENCES

Responses may vary based on past experiences with formal healthcare systems, including access to clinics in refugee camps.

SOCIAL DESIRABILITY BIAS

This bias often happens when people want to follow social norms or be seen positively, which can affect how accurate their answers are. Using cultural liaisons may have helped reduce this effect.

Conclusion

KEY TAKEAWAYS

Child Development

Immigrant and refugee caregivers, like their Western counterparts, see child development spanning multiple areas—physical, social emotional, cognitive, and language. They believe good nutrition is essential to healthy development and view speech and language as early signs of potential concerns. These caregivers actively support their children's growth by modeling routines and chores, using toys and books for learning, and naming objects in their environment. This shared view of development can help build connections between immigrant families and the broader community.

Help-Seeking Behaviors

To meet their children's developmental needs, caregivers turn to a mix of supports: formal help from doctors and teachers, informal advice from family and other parents, and self-education through online resources. Many rely heavily on doctors and teachers, seeing them as key to getting the right help and information. This highlights the need for professionals to understand and respond to the unique challenges these families face.

Facilitators and Barriers

Caregivers also described both supports and challenges in accessing services. Language was a major barrier, especially when interpreters were not available or effective. On the other hand, having information in their primary language helped parents understand and use services more easily. Caregivers also said that knowing how to navigate health and education systems made a big difference. This shows the value of expanding access to community liaisons or navigators who can guide families through these systems.

RECOMMENDATIONS

Languages and Interpretation

- **Develop and share plain-language materials in multiple languages,** including visual supports for families with low literacy levels. Consider narrated materials.

- **Expand access to high-quality, in-person interpretation services** to ensure clear communication and accurate representation of caregivers' concerns.
  - Incorporate training for interpreters on early childhood development and program goals. This can provide content knowledge and help them understand the purpose of early intervention.

- **Increase the availability of bilingual providers** or culturally and linguistically matched staff to reduce miscommunication and build trust.

- **Offer language-specific navigation support** to help caregivers understand appointment scheduling, service eligibility, and developmental milestones.

Connect with Medical Providers

- **Provide training for healthcare providers** on cultural humility and communication strategies when working with immigrant and refugee families.

- **Encourage providers to proactively share developmental information** and screening options during well-child visits, especially for families new to the health care system.

- **Establish partnerships between EDN and clinics** to integrate developmental milestone education into routine care for **ALL** children.

- **Involve providers in Child Find outreach efforts** by equipping them with referral resources and multilingual, accessible materials.

Connect with Community Contacts

- **Leverage trusted community organizations and leaders** as connectors between families and early childhood services.
- **Create a network of cultural liaisons or navigators** who can offer guidance on accessing services and interpreting developmental information.
- **Promote early childhood programs through community gathering spaces** (e.g., churches, mosques, community centers).
- **Support peer-to-peer education models,** where experienced parents mentor others on navigating the healthcare and early intervention systems.

Interpretation of Findings

- **Language barriers remain one of the most significant challenges families face**, often resulting in confusion or miscommunication during medical and developmental discussions.
- **Community-based recruitment was effective** but may have excluded more isolated families, highlighting a need for broader outreach strategies.
- **Parents are knowledgeable and observant**
  - They **rely on a mix of informal (family/friends) and formal (medical) sources to monitor and identify concerns,** suggesting that interventions must honor and incorporate both.
- **Trust and clarity in communication are critical**, when families feel heard and understood, they are more likely to engage in screening and early intervention.

Next Steps

Findings were presented to the Nebraska Department of Education's Part C Results Driven Accountability team on April 15, 2025. Based on that discussion, the following steps are recommended.

To further assist immigrant and refugee families in accessing care and resources, a next step is to expand the language options on the Early Development Network (EDN) website, including video and audio resources for those with limited literacy skills. By including additional language translations, more families can navigate the site and find essential information on services, early childhood programs, and developmental resources in a language they understand. This expansion will ensure that language barriers are reduced, making it easier for immigrant and refugee families to access the support they need for their children's development and overall well-being.

Additionally, an awareness campaign targeting family medical providers and pediatricians is essential to increase their knowledge of the unique needs of refugee and immigrant families. Educating healthcare professionals on the challenges these families face in accessing care can ensure better communication, more culturally sensitive care, and improved referrals to early intervention services.

This campaign can also emphasize the importance of discussing developmental milestones and available resources during routine visits, fostering an environment of trust and support for families navigating a new healthcare system.

Overall, the findings of this project highlight important strategies for improving access to care and resources for immigrant and refugee families. Continued efforts can build on families' knowledge and strengths, ensuring that all families have access to the care, information, and resources they need to help their children thrive.

Appendix A

FOCUS GROUP PROTOCOL

Introduction

Hello and welcome. Thanks for taking the time to join us in talking about your experiences. My name is _____and I am with the University of Nebraska Medical Center. I am working with _____, who is interpreting.

The purpose of this conversation is to better understand the experiences and needs of refugee and immigrant families with young children. We want to hear about your perspectives on child development and your experiences accessing early childhood programs for your children.

Being part of this focus group is your choice, and you can choose not to answer any questions. This focus group will be audio-recorded to help us review it later and take notes. We will not use any names in our reports. You may be assured of complete confidentiality

We will share the overall results with others involved in the program, and the information might be included in a report. If you want to keep going, please let me know by saying 'yes' or nodding your head.

Before starting, I wanted to remind everyone:

- There are no wrong answers but rather differing points of view.
- Please share your point of view, even if it differs from what others have said
- Let's make sure we share one at a time

Topics and Questions

Their perspectives/understanding/thoughts/views on child development (learn/grow), birth to five years

- Can you tell me about your children and what they like to play right now?
- If they have children older than three years old, ask them to think about these children when they were younger when answering questions.
- What are they learning to do?
- What are you trying to teach them?
- Have you noticed any new things your child can do recently?
- How do you feel about those changes?

Understanding Delays

How do you know if your child isn't learning or growing appropriately / well /how you think they should?

Accessing Care and Resources

Who would they go to when they have wonders or concerns about their child?
How easy is it to get interpretation if needed?
How do you feel the experience goes when using an interpreter?
How did you find your doctor?
How did you connect with the Munroe-Meyer Institute?

General Follow-up Questions

Take time to use active listening and rephrase what you heard.

- I hear you saying xxxx. Am I understanding that correctly?
- Can you say more about that?
- Could you give an example?
- I'm hearing (name) say X. How about others? What do you think?
- How about you (name), or are you folks who haven't gotten to share yet?
- Do you have any thoughts you would like to share?
- Does anyone else have thoughts about this?

Is there anything else you want to share that we haven't asked or talked about?

End with a "Thank you."

1. Thank the group for sharing. Ensure no one has any final thoughts to share.
2. Provide contact information for follow-up questions or if they think of anything else they would like to share.
3. Complete demographic and accounting forms. Provide monetary compensation.
4. Offer resources in appropriate

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Babies can't wait