

GAPS AND RECOMMENDATIONS

GENERAL FINDINGS

Adequacy and Quality of Services

It will come as a surprise to no one that consumers generally indicated that there are not enough services in their communities and that the quality of services provided is not uniformly excellent. While many consumers selected the “neutral” response when queried regarding the adequacy and quality of services, this may reflect the local tendency to not respond or to be neutral, rather than negative, when uncertain or not clearly convinced of the good. Therefore, the indications of “agree” and “strongly agree” were combined in analyzing perceptions of the adequacy and quality of services. As a general trend, consumers in Ko‘olau Loa and ‘Ewa/Wahiawa have the highest regard for the quality of services and a greater propensity to believe there are adequate services in their communities. Those on the Neighbor Islands were the most critical and felt the greatest inadequacy regarding the services in their communities.

Providers, on the other hand, indicated that there were sufficient services in most communities and that the quality was high (“good” to “excellent” ratings on the survey). Maui providers gave very high quality ratings in every category of service. On the other hand, Kaua‘i providers had the highest proportion of “adequate” responses in every category except health, where the Honolulu providers were more confident of having enough services.

When the responses of service providers and consumers are compared regarding the **quality of services**, there is a difference between the perceptions of the two groups (see Figure 93). Providers perceive services to be “excellent” or “good” in larger proportions than consumers, except in the ‘Ewa/Wahiawa moku, where providers and consumers tended to agree (about half of both consumers and providers thought services were “excellent” or “good”). Statewide, consumers in the more rural moku areas are less likely to perceive services as excellent/good. When examining responses across the categories of services, a similar pattern can be found. As can be seen below, the range of responses is informative regarding how and where the differences exist.

**Range of Provider and Consumer Responses
Regarding Quality of Services**

Category	Provider Range	Provider Location	Consumer Range	Consumer Location
Family Support	33% to 93%	East Hawai‘i Maui	0% to 51%	Maui Ko‘olau Loa
Parenting Support	30% to 93%	East Hawai‘i Maui	8% to 65%	East Hawai‘i Ko‘olau Loa
Health	0% to 88%	Kaua‘i Maui	12% to 58%	East Hawai‘i Ko‘olau Loa
Early Care and Education	27% to 94%	‘Ewa/Wahiawa Maui	19% to 65%	E. & W. Hawai‘i ‘Ewa/Wahiawa

When the responses of service providers and consumers are compared, there is dissonance between their perceptions of how **adequate services** are, with service providers perceiving services as more adequate than consumers (see Figure 94). Service providers responding “very adequate” or “somewhat adequate” were compared with consumers who indicated that they “strongly agree” or “agree” that there are enough services. The magnitude of these differences generally follows an urban/rural divide, with the Neighbor Islands and rural O‘ahu (especially Waialua) indicating less adequate availability of services. This general urban/rural pattern of differences follows when specific categories of services are examined, with some notable differences on O‘ahu. Consumer perceptions that both Wai‘anae and Waialua lack adequate family support services is more pronounced than in the more rural areas of Kaua‘i and Maui. Parenting services are perceived by consumers as inadequate in all areas, except Ko‘olau Loa and Honolulu. Generally, health services are perceived as more adequate than other services on O‘ahu. This same pattern repeats itself for early care and education services, with consumers in rural areas and the Waialua moku on O‘ahu perceiving services as inadequate. The range of responses is informative regarding how and where the differences exist and are presented below.

**Range of Provider and Consumer Responses
Regarding Adequacy of Services**

Category	Provider Range	Provider Location	Consumer Range	Consumer Location
Family Support	58% to 92%	Wai‘anae Kaua‘i	0% to 43%	East Hawai‘i ‘Ewa/Wahiawa
Parenting Support	58% to 89%	Wai‘anae Kaua‘i	0% to 56%	Kaua‘i Ko‘olau Loa
Health	52% to 93%	Wai‘anae Honolulu (Kona)	0% to 67%	West Hawai‘i ‘Ewa/Wahiawa
Early Care and Education	54% to 89%	Wai‘anae Kaua‘i	0% to 48%	West Hawai‘i ‘Ewa/Wahiawa

From the Service Provider survey, some gaps and problems were identified. There are waiting lists kept by half of the agencies, with an average of 19 individuals on the waiting lists. In addition, some clients have been turned away and/or referred to other agencies. This problem is most pronounced in West Hawai‘i and Maui, but less of a problem in the O‘ahu moku.

Utilization of Services

The proportion of agencies who report that they could accommodate more clients without additional resources was rather surprising, considering the consumers’ assessments that there are not enough services in most categories and communities. Statewide, 47% of agencies reported they could serve more, with most citing that “people haven’t heard about us” as a reason. This is especially noticeable in Waialua (55.6%). Even in Kaua‘i and Hawai‘i Counties, where consumers rated the services as least adequate, the service providers indicated there was under-utilization (38.3% and over 40%, respectively) of services. One resource identified by service providers across many communities as clearly needed is the marketing of services so that consumers will know they exist and the advantages of utilizing the services.

Gaps in Services

Consumers identified service gaps in each category. The greatest need identified for family support services was in the area of parenting and adult services (26%), child and teen services (13%), and access to existing services (13%). In the category of parenting services, parenting classes and other adult services were cited by 33% of the consumers, with needs for qualified personnel and more staff listed by 19%. The desire for qualified and increased staff (26%) was the need most often cited in the health area, followed by the need for information and communication of services (14%). Early care and education is a large focus of this project, so it is not surprising that more child care (27%) and more and qualified staff (26%) were the primary needs identified by consumers. (See Figures 39 to 42.)

Gaps in Knowledge Base

There are gaps in the knowledge and research base in all the developmental categories that served as the framework for this report. In general, there are little data about the condition of Hawaiian children from birth to age 5, although some can be inferred from the available service data. However, this is true of *all* children in that age group, as they are not in the kind of group settings that promote or facilitate data collection. There is little information on non-custodial parents or on extended family characteristics and networks, as data sets are not linked to extended family members. These are areas where there is a need for more research.

A more detailed examination of the gaps in the knowledge base relating to Hawaiian keiki is presented below, a summation of the information in Appendix G.

Family: There are no publications, agency reports, or existing COF indicator data on the extended family characteristics of Native Hawaiians. And, while some agency reports are available, there are no publications or COF indicator data on extended family networks. There are no publications, agency reports, or data on non-custodial parents, and no publications on marital/cohabitation status and history, or children's history of living arrangements. The COF does not have indicator data on the childbearing history of parents. Finally, there are no publications, agency reports, or COF indicator data on parents' feelings of well-being, competence and control, or about sibling relationships (though some agency reports exist for the latter).

Parenting: There are no publications, agency reports, or COF indicator data on parental motivation for involvement in active parenting, development of positive media habits, or the relationship with the non-custodial parent. There are some agency reports on cognitive stimulation and activities, and there are agency reports and some COF indicator data on discipline and control, and the supervision and protection of children (but no publications).

Health: There are some agency reports, but no publications or COF indicator data on nutrition, and there are agency reports and COF indicator data on the utilization of medical services for children, but no publications.

Early Care and Education: There are agency reports and COF indicator data for child care utilization, receipt of child care subsidies/financial supports, but no publications. Finally, there are publications, but no agency reports or COF indicator data on parental involvement in early care and education.

RECOMMENDATIONS

The following recommendations are based on the findings in this report and are presented in no particular order.

1. Additional efforts are needed to obtain feedback from the non-users of services. The individuals who were solicited to serve as respondents on the Consumer Survey were generally the clientele of the agencies providing services. While they provided good and useful information, their responses may have a positive bias, reflecting the perceptions of “satisfied” consumers. This is especially true regarding questions relating to the quality and satisfaction with services and how accessible they were, as it is likely that those surveyed had the means to get to the services. To better serve *all* children, it is important to know the attitudes and beliefs of families and individuals who are eligible, but *not* utilizing any of the agencies’ programs, activities, or services. The information from the non-users can be helpful to agencies in assessing their strengths and weaknesses, improving programs and services, and increasing their clientele base.
2. More data could be available than is currently being collected and reported, especially data regarding Hawaiian keiki and families. One strong possibility for improvement in this area is to partner with others, particularly large service providers that offer programs that are used or needed by Hawaiians at high rates; for example, the Women, Infants and Children (WIC) nutrition program, Department of Human Service (DHS) childcare subsidy programs, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, and others. The most effective partnerships involve sharing resources and communicating needs in both directions. If these service providers can be engaged in the goal of school readiness for

Hawaiian children and are supported in their data collection efforts, modification, revisions, and/or additions to their information systems could be achieved in ways that would benefit all.

3. A rich resource has been developed as a result of the Consumer Survey. There is now a collection of information on the cultural assets in each county or moku. This information resource should be shared and used across all communities. For example, the Consumer Survey yielded not only suggestions regarding the culturally important concepts for Hawaiian children to understand, but also provided community specific sites, activities, and persons that can aid in the cultural education of children and families. The sharing and use of this information can enrich the knowledge and experiences of children (especially if they have the opportunity to visit and learn about experience the sites from cultural experts). A concerted effort should be made to use the treasures in one's own and other communities.
4. It would be very helpful to promote staff training, particularly in areas where specific professional knowledge is required (e.g., counseling families, serving special needs children). The percent of children served who have identified special needs ranged from 22% in East Hawai'i and 21% in Ko'olau Poko to 12 % in Kaua'i. Given the high portion of children and families who require information and assistance in this area, it is important to have staff who have the educational training and professional experience to competently provide these services. An agency's staff is its most important and expensive resource. For this reason, investments must be made in the people who determine the success of the agency and how services are provided to consumers. One good investment is an ongoing program of staff development that can be conducted across agencies to reduce costs.
5. Many Hawaiian keiki spend their days in 'ohana or kith and kin care, which can be a strength, a source of loving and culturally knowledgeable care while parents are working. Given the importance of the early years in the child's present and later development, efforts should be made to enrich this experience. Training in child development and literacy promotion for these caregivers will pay rich dividends in ensuring that every Hawaiian child is safe, healthy, and ready to succeed in school.
6. There are many Hawaiian children who tend to be overlooked and for whom there is little data or information. These are the most vulnerable children, those who will be less safe, less healthy, and less prepared to succeed in school. Homeless children, children in isolated families, and children who live in rural areas at great distances from services are some of those who fall in this category and deserve special attention. Hawaiian keiki tend to be over-represented among these children. Although they were not the focus of the present study, we believe that the needs of these vulnerable children should and must be addressed.

Figure 93

**“EXCELLENT” OR “GOOD” QUALITY OF SERVICES FROM
RATINGS OF PROVIDERS AND CONSUMERS**

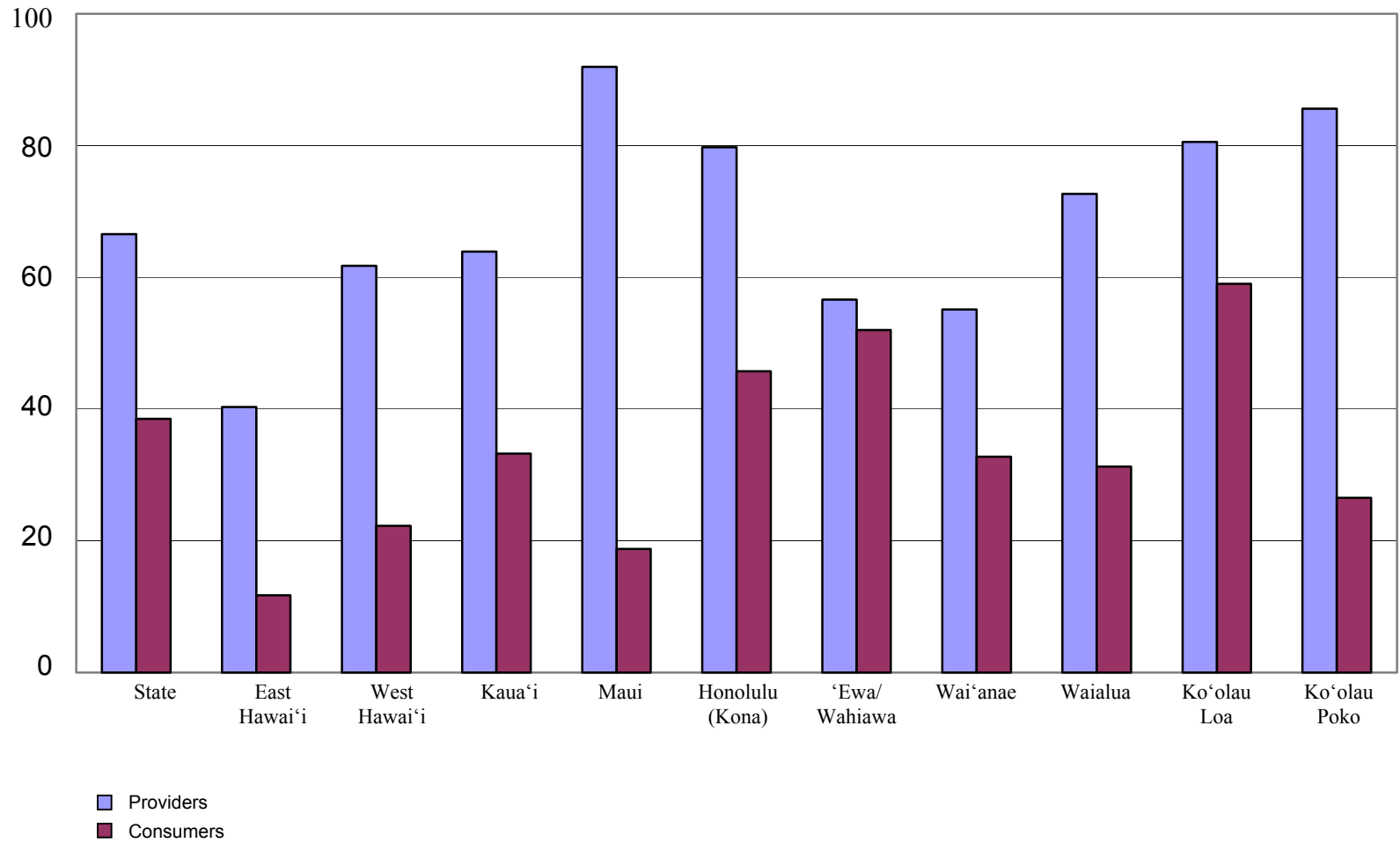


Figure 94

SERVICES ARE “ADEQUATE” OR “ENOUGH” AS INDICATED ON RATINGS FROM PROVIDERS AND CONSUMERS

