

Episode 56 - Dr. Julie Spielberger: "Sometimes Things Don't Work Out": Barriers and Facilitators of Service Use

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. The University of Buffalo School of Social Work is making a difference every day through the generation and transmission of knowledge promotion of social justice and service to humanity. We offer MSW and PHD programs continuing education programs and credits online courses licensor exam preparation professional seminars and certificates and much much more. To learn more about the UB School of Social Work please visit www.socialwork.buffalo.edu. It's autumn here at UB which means the spectacular colors are just around the corner. I'm your host Peter Sobota. In this episode sorry. In this episode of our podcast today Peter hold it. I'm doing a podcast in this episode of our podcast. Sometimes things just don't work out the way they are supposed to. In this episode Dr. Julie Spielberger describes her work with a mixed method longitudinal to study of prevention and early intervention services for families with young children living in low income communities in Florida's Palm Beach County. Dr. Spielberger's work explores systems of care use including educational health and social services. The patterns of service use over time and how this use is connected to family functioning child development and school readiness Dr. Spielberger describes what she is worried about what foster service use and what prevents obstacles to use.

[00:02:12] Dr. Spielberger puts a face on this population by discussing Deborah a woman she interviewed and her experiences with services in the system highlighting the benefit of qualitative data to compliment the numbers. She concludes with recommendations that promote improved screening and assessment of these clients to improve efficiencies and effectiveness. Julie Spielberger Ph.D. is a research fellow at the shape and Hall Center for Children at the University of Chicago. She is principal investigator for several studies designed to promote the well-being of children and families in Palm Beach County Florida. One is an eight year longitudinal study of service use and its relationship to family functioning child development and school readiness. Another evaluates to initiatives to improve the quality of afterschool and early childhood programs. Her recent work includes an evaluation of a school based Behavioral Health Initiative research on children's literacy development in afterschool programs and the national evaluation of the public libraries as partners in Youth Development Initiative an effort to strengthen Youth Leadership services and community partnerships in public libraries in low income communities. Dr. Spielberger received her Ph.D. in child development from the Erikson Institute Loyola University of Chicago and mesti in early childhood education from the University of Chicago. Dr. Spielberger was interviewed by Laura Lewis director of field education at the School of Social Work. Ms. LEWIS interviewed Dr. Spielberger by telephone. Good afternoon. I'm Laura Lewis the director of field education at the University of Buffalo. With me is Dr. Julie Spielberger. And she joins us today to talk about her current work. Thank you for joining us today Julie. Thank you for having me. Julie you're the principal investigator.

[00:04:09] A longitudinal study looking at a system of care in this case the maternal child health system in Palm Beach County. You've been looking at patterns of service use in their relationship to family functioning and Child Development. Define for us what is the system of care. And tell us a little bit more about the purpose of your research. A system of care is used in the mental health field a lot but it really refers to any kind of network of support and services that are provided to families and children. I use this term as does our funder of the study we're going to be talking about to refer to a coordinated integrated system of services that are based in the community they may or may not be connected to other service systems like schools or more intensive child welfare or health

systems. I think what I like about the concept is that it's not just a word or phrase to describe the structure of a set of services but it's also an approach to working with families and children. It recognizes that children grow up in a broader context the context of their families and communities. It also recognizes that families have strength and that when we provide services to them we try to build on those strengths system of care also is really acknowledges that families have different cultures and languages and that in providing services we need to be sensitive to those as well. This study came about. It was funded by the Children's Services Council of Palm Beach County and I just wanted to say a little bit about what that entity is and then I'll talk about how the study came about.

[00:05:52] The Children's Services Council is an independent taxing district which has the authority of the state of Florida with the approval of voters to dedicate a small portion of property taxes to developing services for families and children that are not provided by other agencies and institutions. The Children's Services Council for 20 years has been working to develop a system of early childhood services focused on targeted communities in need families and communities with higher risk factors for poor outcomes in terms of child development. For the last 10 years they've really focused on trying to integrate these services and have invested in a lot of research some of which we've been able to do here at cheap in the hall about individual services. But about five or six years ago they began asking themselves whether the research that they had been conducting about separate services was really informing them about how the system of services was working for families. So we decided that there are many ways to approach a study of a system and there's no easy way but we all agreed that it was not enough to just look at evaluations of individual programs. So what we decided to do was to select a group of families who we could follow over time to see how their interactions with the system worked and what the possible outcomes could be tracked back to their youth of the system of services. Julie you're looking at the broader social and cultural context to that services are delivered in. That's exactly right. There's considerable research over the last several decades that has helped us understand the harmful effects of poverty on children's development and also how culture and other ecological factors can change the context for development.

[00:07:53] And I should say that the idea of a system of care or an integrated system of health educational social services are often viewed as a very promising strategy for moderating poverty effects and supporting healthy family functioning and child development. However when we look at the effects of these services there are often Motus are very weak at best. And what we're learning as we look at these systems not just individual services or programs but look at the systems is that where we find gaps and weak links within these systems some of them come at the point of screening and assessing families to make sure that they're directed to the right services and that services are targeted to their needs. But we're also finding that engaging families long enough for them to obtain the benefits that services can provide is another factor. So this study has provided us an opportunity to look not just that individual services and not just at the network of services but also what some factors are that affect service use and whether or not families are going to be able to benefit from the services that they're using. This study in many ways could be about any number of communities across the country. What are you beginning to sign Julie. Are the predictors of service we're finding at least in this community that there are many predictors and that some of them lie within the families themselves. The characteristics of the families but that we're also finding that there are characteristics of the service systems and neighborhoods and communities as well as a broader economic and political context. The effectiveness of systems. So our study looked at a broad range of services.

[00:09:46] Our funder as I mentioned is focused on maternal child health systems and early childhood services that are prevention programs and early intervention programs. For the most part the programs that they are funding are voluntary programs which is an issue in and of itself. They're

not. Programs like child welfare programs where services might be mandated or services are long term and more intensive. So we were interested in looking at their service system but also what other services are families using to raise their children to meet their basic needs of food shelter and employment. And what were the barriers to hers to them connecting to their services. We felt it was really important to look at the use of services over time especially in the early years of life. Children and Families change a great deal as the children grow and needs of families and children change as families grow. So we thought it was very important that we look at services over time but also how families navigate the services and move in and out of the system changes over time. And so it was very important that we look at this longitudinally what we found is that in the communities that we studied and I should mention that we have collected some administrative data from records that 12000 families in Palm Beach County and we chose a subset of those families more than 500 families to interview on a regular basis over a five year period. We did home interviews and telephone interviews twice a year with our families and with a small group of families.

[00:11:33] We also conducted some qualitative interviews to try to get at more in-depth information about their family routines and how they use the services and their concerns about their children and how their children were growing. We're now at a point where we are finishing up our final data collection for this study and analyses. And what we're finding is that within this group of 500 mothers who are all low income but very diverse in terms of their ethnicity their employment their jobs et cetera. What we're finding is that there's also quite a range in how they're using the service system. When we look at the family risk characteristics we see that families are using with higher numbers of risk factors and by that I mean parents who are not married who are teen parents who have not completed high school were unemployed. These are the kind of risk factors we're looking at as well as some health indicators resigning others who have more service needs if you will are more likely to be connected to some kind of service system. So that's very reassuring. We're also finding however that family with needs are not always getting the services they need. We're finding for instance that we have a group of mothers with depression that are not necessarily getting services for that. We are finding that in terms of types of services that mothers are most interested and most concerned about accessing services for basic needs food and health. And so when we looked at our sample and the kinds of services they're using over time their primary service areas are health and food assistance. We're also finding they get help with paying rent and bills housing and child care.

[00:13:27] But on a much less frequent basis we find that mothers who are more likely to use services in addition to having more needs are also mothers who are likely to have been born in the United States as opposed to born in another country. And I can say more about that in a little while. Mothers who are not employed mothers who have more children or have special needs child. We also found with respect to the maternal child health system that is being developed by our funder the Children's Services Council that mothers who received more days of service and also more intensive services through that system were more likely to be accessing other services in the community. This we found about halfway through our Study at year three. And we have not found a strong connection as we've looked at later years of the study. So this suggests to us that the maternal child health system the system of prevention early intervention services is having an effect in connecting families and helping them stay connected to other services they need but that it's not providing perhaps as much support as it could or the entire amount of support that families need to stay connected to a system of services. What are some of the barriers that would interrupt someone's service. It's interesting to think about the barriers this is. I'd like to also say again how important it was that we looked at these barriers and facilitators of service use over time because what appeared to be barriers or a facilitator of service use at the beginning had less are more important later on as the families and their children grew. But one barrier there's a natural reluctance to ask for help.

[00:15:22] There is a feeling of stigma among some families there's a lack of knowledge about

services and those kinds of factors we have termed individual factors there are factors that lie within the family. Families also partly for cultural reasons or because of generation sharing different points of view that families have certain beliefs about using services. I mentioned the reluctance to use help. There may also be a reluctance to allow someone else to care for their children. So they are reticent about looking for out of home childcare for their children even if they need it. We also find especially for foreign born mothers and I should add that about half of our sample are foreign born. Florida and especially Florida's Palm Beach County has a very diverse county. So many of our families come from other countries. His Spanish is the second largest most frequently spoken language. In Palm Beach County and then Haitian Creole is the next most frequent. And we were fortunate to be able to recruit families from both of those language groups as well as English. So we're also finding that there are some differences within our families as to whether or not they were native born or foreign born and families who do not speak English or have poor English skills are really at a disadvantage when it comes to navigating the system of services. They're not necessarily as Plug-In as well as they might be in terms of where services are located or even just hearing news announcements or reading flyers about the availability of services.

[00:17:05] They also have a harder time just managing transportation and getting to services so they may know they may be eligible and able to get to the Wicke office or apply for Medicaid or food stamps for their children but not have the transportation or a parent would have to take off from work for and miss a day's wages to get to one of these offices to make an application. So there are barriers related to language difficulties with transportation. We also find that some of our foreign born families and also families with lower levels of education are not as familiar with computers. And so although some application processes have become much easier for some families they've become more difficult for other families and it's harder to find people who can help them use the computer and actually make an application. I know Laura you just mentioned thinking about berries and facilitators over time. We were really surprised when we went back to our families in our qualitative study to find that mothers were just missing appointments. They that some of them sometimes their lives are so unstructured I guess or I don't want to say chaotic in all respects but there's it's it's hard to get things together to make sure that they keep their appointments to recertify their benefits. Julie is a quote that you mentioned in your research I wonder if you could read them full quote and tell us a little bit more about that. We have all of our mothers have pseudonyms we've named the mothers and the children and other family members with false names so I'm going to talk about someone named Deborah for a moment and she has had many wonderful quotes from our sample but Debra told us once in explaining her situation she said sometimes things don't work out how they're supposed to work out.

[00:19:13] So either you try again or you try another solution. And she said this in a very matter of fact way she wasn't complaining and had a kind of ring of resilience to us when we thought about it. Let me just say a little bit more about Debra when we first met Debra. She was 22 single. She had a high school degree and but was not working. She lived with her mother and her brother she had just had her first child who we named just and he was about a year old when he first began interviewing her at home in a more in-depth process. She had been part of the maternal child health system and had received a couple of visits from a home visitor but then had been marked in the records as not needing additional services. So her case was closed although she was not getting these services from the maternal child health system she was receiving Medicaid and food stamps she mentioned that she found the services there easy to use because they were conveniently located in one office. And as she was familiar with the computers the fact that she could apply online was also a facilitator to her service use. Things seemed to be going well. The following year she started working at the local prison she was in a training program and she had help from her mother and brother and partner in caring for her child because of her job. However she no longer met the income eligibility requirements for Whicker food stamps and she also had some problems with her health insurance as she had to transition from Medicaid to the health insurance program that would

use use by her job.

[00:20:53] At about this time she discovered that she was pregnant again. This was an unplanned pregnancy. Partly she later told her told us was that she had no faith in the contraceptive that she was offered by her provider her health care provider and so she was not using any protection and she became pregnant. She was also diagnosed with another medical condition at the time of her pregnancy that required a biopsy. But doctors were not willing to do this because she was pregnant. So things got very complicated with her health insurance situation and her her own health. And at the same time once her job found out that she was pregnant again they terminated her because the kind of work that she was doing would not have been safe for someone who was pregnant. So during the course of time that we were talking with her she lost her job she had put down a down payment on an apartment and on a truck for transportation and she had to give up both of those apartment and her truck and went back to taking care of her children. She later on she was able to get part time employment and was able to get a child care subsidy for her son that was provided some assistance and support for her. And over time she worked out some of the medical issues so that she was back on receiving Medicaid for her and her children. However she had still not had the biopsy that she needed. She was still not very happy with her living situation or her job. And it's interesting I think to reflect on her circumstances.

[00:22:36] She was very resilient and stoic about the things that she had faced. But I kept thinking if someone had given her a different option terms of her contraception and health care early on that maybe her outcomes might have been a little different. I see and that example really illustrates the complexities involved with accessing services. How do you think that adding the qualitative piece really helps to paint a clear picture about barriers. We'd like to say it humanizes the numbers that we collect it with the qualitative information that helped us understand desperate circumstances. When we looked at the numbers for her she was she got two visits from a home health nurse. Soon after the birth of her son and then her case was closed. So we assumed that there would be no further need for Debra to have services of any kind. We know she was receiving Wicke and Medicaid and food stamps but that was very similar to a lot of mothers in low income circumstances. What we would not have known is about the health problems the current confusion with her job why she had a job one month and the next month she didn't unless we had had the opportunity to talk with her at home and learn about the nature of the job that nature of her health and about her family planning and lack of family planning that she was able to do because of her mistrust of health options that she had been provided.

[00:24:10] All of that we would not have been able to learn through our quantitative data either the ministry staff records that show what services she was using or even our survey would have told us that yes she was using certain number of services either she was employed or not employed but it would not tell us why and the story behind the why. And you mentioned resilience. Julie can you say a little bit more about that theme. It was an important theme for us in our analysis of qualitative data. Mothers faced an extraordinary amount of hardship throughout this study and not all. They varied. I think when we talk about individual factors having an effect on service use this is one one characteristic that had an effect we had a mother we called Elvira who said she was very worried about the care for her disabled child and how he was going to fare once he went into school and she found herself crying a lot. We thought she was quite depressed but she told us in our interviews I'm trying to stay positive things will get better. Another mother who was going through a separation from her partner and was having trouble getting childcare so that she could look for a job. She said beggars cannot be choosers. I'll conquer that problem when I get to it. She also said to us I don't care if I have to go without my children will not go hungry. This is with regard to she had lost food stamps and we asked her what she was going to do and she said I'll find something in the community as long as my children have food. I'm fine. Mothers often went without healthcare for themselves especially are foreign born mothers who are not eligible for Medicaid although their

children worse so mothers would tell us as long as he has Medicaid we do not worry.

[00:25:57] I think the other theme that's kind of reflected in some of these quotes from our mothers is the idea the care for their children. Children really came first. And anyone who says that low income mothers don't care about their children. I don't think they really understand their thought. They haven't had the opportunity we had to really talk to some of these mothers and understand why how they put their children first to the best that they can in their plans for their families. Julie can you talk a little bit about what are the implications for practice. We've developed a number of recommendations from watching how our families use the service system. It seems very clear that to the extent that services and service systems can be flexible in how they reach families engage families and keep them in services makes it easier for families to access them. So being very sensitive to the circumstances of families is certainly one of our recommendations. We know that's not very easy service system has to provide for many families. And you can't talk to individual families all the time and understand their circumstances and be flexible and adaptable to them. But I do think there are a number of recommendations in terms of how families are screened initially for services I think often our screens do not capture the mental health issues that some families have specially depression families might be screened at one point in time but then not be screened later on. I think we could do a lot better job of just trying to keep track of families and try to understand their needs as well as their families grow.

[00:27:44] There could be more that to help families navigate complex application processes and perhaps try applications for different services together. So they're applying for food stamps and Medicaid. At the same time would be one way to do that and I think some states are experimenting with joint application processes like that having one barrier be found as we followed our families over time with as I mentioned the reapplication process so making the period of time during which mothers have to reapply longer could help having someone in a service office or I think even in a community someone informal who can help families. Just remember when they have to make certain appointments to reapply for services or to provide a lift to the services office to call up and say Did you either take your pill today or have you called the food stamp office you know your application is coming due. Having someone kind of helped them manage their lights and keep in touch with the service system at a required times would also be helpful. I think it's also recognizing that when families are using a particular service they're often using another service and recognize that although services have tremendous amount of value and can really help families they also add another level of complexity and sometimes stress to families. We had one mother remembers that about food stamps. It's a lot of help but it's so hard to get through the barriers to get that help it's worth it in the end. But boy is that tough. And I think so many mothers just found the process of getting there so difficult. And I guess it raises questions about how much we really want to provide these services to families.

[00:29:48] I wanted to mention there's a provision in the Medicaid legislation that we learned about as a result of this study but also other work going on in Illinois which is something called early and periodic screening diagnostic and treatment services which requires some of the screening for maternal functioning and child development be provided somewhere in the community either through the Medicaid office or through another provider that the Medicaid office might be linked to. And this was something we didn't know about. And I I so wish I need to find out more about it but I just think there are there have been attempts provide some of what we're recommending but often providers don't know about it let alone the families that these supports are available. So this also says something to me about how the various kinds of services and that are in different systems are being connected or the lack of connection between these service systems. I think the other thing I would just mention as we've talked about it but just how language and other cultural practices can be a barrier. And so doing more training to improve the quality of service delivery and helping our providers understand that different family backgrounds. And it really has to be at a deep enough

level that they can really they don't make snap judgments when people come into the office that they can take a few minutes to talk with a family and try to understand their circumstances. Julie you spent part of your career training Head Start teachers as a researcher and consultant with Headstart. Do any of your earlier experiences influence your current thinking about systems of care.

[00:31:37] It's interesting you asked that because Head Start is I'm sure in a way could be considered a system of care. It at least recognizes the importance of family involvement in children's development and also that families have have needs they have both resources but also needs that can be addressed in a setting like a head start program. The work I did in the Head Start centers included work with families and their children. But a lot of it was really focused on the teachers in the classroom. I was helping teachers on an individual basis develop skills in the classroom and also develop their writing skills. At the same time and their observational skills and one of the areas that I worked on with teachers was their interactions with families and understanding how to engage families in the classroom. Also I tried to help teachers understand their role in supporting all areas of children's development. And this I think it's also reflected in the head start program but also in the idea of a system of care which is that we pay attention to not just children's cognitive development or their emotional social development also their physical development. All areas of development in that they are children social and emotional development have a strong effect on their cognitive development and their language development. So being aware of the complexity of child development but also the context that children grow up in. I think one thing that I learned from my head start work. I also learned about the importance of quality and I think that's where our service system. They've made enormous strides in terms of providing higher quality of services but we have a long way to go.

[00:33:34] We're almost at the end of our time together. Tell us Julie what's next for you. We want to continue we'll continue to wrap up this study and we'll be following a little bit more at a distance what's happening in Florida as the system continues to evolve. We're also at shapen Hall working on some other system building initiatives in the state of Illinois my home state. And we're working on something being funded by Samsa called Project watch which is looking to develop a network of systems especially to improve the mental health but also the school readiness of children on the West Side of Chicago. So I and I also have some other work that is related to building a system of supports for home visiting programs in the state. So I'm really excited the study in Florida was different. It was an opportunity that doesn't come very often to actually have an opportunity to look and talk with families about their lights and how they use services. In my work ahead I'll be spending more time talking with service providers understanding their perspectives and also looking at some data that suggest where we might be able to connect services in a broader and more coherent structure than they have been to date. There's been a new emphasis at the I think very encouraging at the federal level which is to provide more coordination and connections across agencies and departments at the federal level for instance. There's a new agreement between the Department of Health and Human Services and the Department of Education to share funding and initiatives and policies with regard to early childhood development. We're seeing that reflected in some of the work in Illinois.

[00:35:27] There's also efforts to build systems at the community level. So I think there's a lot of exciting developments in terms of system building that I hope will inform all of our efforts in the future. Well I wish you the best of luck. Thank you Laura for sharing your work with us Julie. I really appreciate your interest in it. Thank you. You've been listening to Dr. Julie Spielberger discuss her research on facilitators and barriers to service use on Living Proof. Hi I'm Nancy Smyth professor and dean at University at Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what we do we invite you to visit our Web site at www.socialwork.buffalo.edu. At UB we are living proof that social work makes a difference in people's lives.

