Inland Empire Community Listening & Learning Sessions

First 5 Riverside County Community Listening and Learning Summary Report

IECC Inland Empire Community Collaborative *Impacting Lives Together*

February 2025

Report by the Inland Empire Community Collaborative (IECC) as part of our IE Children's Cabinet initiative on behalf of First 5 Riverside County.

Acknowledgements

IECC extends sincere appreciation to the parents, caregivers, and family members who participated in the Community Listening and Learning Sessions and shared their experiences, priorities, and hopes for their children and communities. Your time, trust, and candor made this work possible and strengthened the collective understanding of what families with young children need to thrive.

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We acknowledge and appreciate the guidance, collaboration, and partnership of First 5 Riverside County staff and leadership throughout the planning of these sessions and the development of this report.

Finally, we recognize the broader IE Children's Cabinet network and regional partners whose ongoing commitment to equity, family well-being, and cross-sector collaboration continues to advance shared solutions for families across Riverside County and the Inland Empire.

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FIRST 5 Riverside County Children & Families Commission

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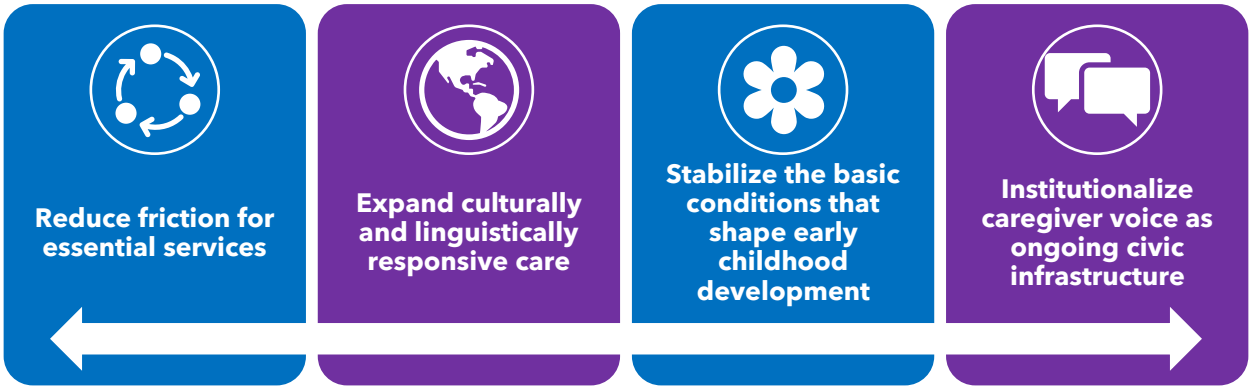
Introduction

This report synthesizes themes and lived experiences shared by caregivers during Community Listening and Learning Sessions held in Mecca, Jurupa Valley, and Hemet. The sessions surfaced both protective factors and pressing barriers affecting families with young children, with particular emphasis on access to healthcare, childcare, food, housing stability, and the ability to safely navigate public systems.

Across communities, families described a consistent pattern: systems that are difficult to reach (distance, wait times, limited hours), hard to understand (language and navigation barriers), and hard to trust (fear of enforcement, inconsistent follow-up, and experiences of being heard without change). Despite these constraints, participants also lifted strong community assets - informal mutual aid, trusted local organizations, and a deep commitment to children's wellbeing.

The sessions also clarified that barriers rarely occur in isolation. Families described how transportation, work schedules, and cost burdens compound one another, turning routine tasks (a pediatric appointment, a childcare search, enrolling in benefits, securing healthy food) into multi-step obstacles with high time and emotional costs. In several instances, caregivers noted that the cumulative effect of these frictions contributes to delayed care, missed opportunities for early support, and increased stress for both parents and children—particularly for families facing language barriers, immigration-related fear, or unstable housing.

The findings point to a set of cross-cutting priorities for early childhood policy and investment decisions: (1) reduce access friction for essential services, (2) expand culturally and linguistically responsive care, (3) stabilize the basic conditions that shape early development, and (4) institutionalize caregiver voice as ongoing civic infrastructure.



Key Cross-cutting Themes

The themes below reflect what families consistently raised across all sessions, regardless of community. Together, they highlight the shared conditions shaping daily life for caregivers and young children countywide.

Healthcare access is constrained by distance, long waits, limited specialty care, and inconsistent follow-up. Families described difficulty securing timely pediatric and maternal health appointments and emphasized the need for nearby, relationship-based care, clearer referral pathways, and culturally and linguistically responsive providers.

Childcare supply and schedule fit are misaligned with working families' realities. Affordability, limited openings (especially for younger children), and long waitlists—combined with hours that don't match many jobs—push families toward informal arrangements that may be flexible but unstable.

Food access challenges are driven by both geography and economics. Caregivers cited limited proximity to full-service grocery options, transportation barriers, and rising costs (including delivery markups in some areas), leading to difficult tradeoffs between food and other essentials.

Housing instability and homelessness increases stress and disrupts service continuity. Families described overcrowding, rising rents, and limited affordable options, noting that instability can interrupt childcare, healthcare follow-up, and other supports.

Fear related to immigration enforcement and broader institutional distrust reduces help-seeking and participation. In immigrant and mixed-status communities, caregivers reported avoiding systems due to fear and prior experiences of inconsistent communication, referrals without resolution, and feeling heard without change.

Regional Insights at a Glance

While many themes were consistent across communities, families also described distinct place-based realities. The snapshots below highlight key regional insights and priorities surfaced in each location.

Community	Primary Needs Surfaced	Key Barriers	Noted Assets
Mecca	• Nearby healthcare, emergency responsiveness • Food access • Safety and stability for immigrant families	• Distance to care • Limited transportation • Language access gaps • Fear of enforcement reduces help-seeking	• Strong neighbor networks • Trusted local messengers • High willingness to engage when safety is assured
Jurupa Valley	• Affordable childcare aligned to work schedules • Culturally responsive care • Housing stability	• Limited childcare slots and hours • Navigation complexity • Growth-related strain on infrastructure	• Community pride and local providers attempting to help • Proximity to regional services compared to rural areas
Hemet	• Healthcare continuity (including maternal/infant care) • Affordable food • Homelessness response	• Service gaps and long travel for specialized care • Rising cost of living • Visible homelessness and safety concerns	• Community-based supports and food assistance efforts • Families actively seeking information and connection

Together, these findings elevate both urgent barriers and community strengths that shape daily life for families with young children across Riverside County. The sections that follow provide additional context, regional detail, and actionable considerations aligned with these priorities.

Background and County Context

Riverside County's size, geographic diversity, and rapid change shape what families with young children experience day to day. Communities span dense urban corridors, fast-growing suburban areas, and rural or semi-rural regions where services are more dispersed. As a result, families often encounter very different "service landscapes" depending on where they live, ranging from proximity to clinics and early learning programs to the availability of public transportation, walkable resources, and trusted community-based supports. These differences are not simply matters of convenience; for caregivers balancing work, childcare, and appointments, geography and infrastructure can determine whether support is realistically accessible.

County Context Snapshot

The following conditions should be kept in mind when interpreting community input and translating it into action:

- **Geography drives access:** Distance, transit availability, and travel time can be the difference between a referral and completed care, especially for prenatal, pediatric, and specialty services.
- **Rapid growth strains capacity:** In several areas, population shifts and new housing development have increased demand for childcare, healthcare, and family supports faster than local supply can expand.
- **Costs compound quickly for families with young children:** Housing, food, transportation, childcare, and utilities intersect, leaving little margin for unexpected expenses or service delays.
- **Systems are experienced as a single pathway, not separate programs:** Families feel the "handoffs" between agencies, eligibility rules, and follow-up gaps as one continuous burden.
- **Language access and cultural responsiveness are foundational:** Communication quality (bilingual staff, translated materials, respectful engagement) strongly shapes whether families can navigate and trust services.
- **Trust and perceived safety influence help-seeking:** Concerns about enforcement, data-sharing, or inconsistent follow-through can reduce participation, particularly in immigrant and mixed-status communities.
- **Community-based organizations and informal networks are key infrastructure:** Trusted local partners often provide navigation, advocacy, and mutual aid, but capacity is frequently constrained by staffing and funding.

The following are descriptions of what makes Riverside County unique in raising young children.

A county of distinct sub-regions with uneven access to supports

Across Riverside County, service access is strongly shaped by distance and connectivity. In some communities, families describe long travel times to reach pediatric care, prenatal services, or specialty providers. In others, services may exist nearby but remain difficult to access due to limited hours, high demand, waitlists, administrative requirements, and fragmented referral systems. These patterns often contribute to delays in preventive care, missed follow-up appointments, and increased caregiver stress—particularly for families with infants and toddlers who require frequent visits and developmental monitoring.

Population change, cost pressures, and shifting family needs

Many parts of the county have experienced significant population growth and housing development over recent years, influencing who lives in a community, the cost of living, and demand for services. As new families move into more affordable areas, communities can see increased pressure on childcare supply, healthcare capacity, early intervention services, and family support programs. At the same time, rising costs in housing, food, transportation, childcare, and utilities reduce financial flexibility and increase the likelihood that families must make tradeoffs between essentials. These pressures are often experienced most acutely by families with young children due to the high cost of childcare, the need for stable housing routines, and the importance of timely access to health and developmental supports.

Early childhood systems are not interconnected—and families feel the friction

For families, early childhood "systems" do not show up as separate categories (healthcare, childcare, nutrition, housing, behavioral health). They show up as a chain of practical tasks that must work together: securing an appointment, finding transportation, completing paperwork, locating childcare that matches work schedules, and receiving follow-up when a need is identified. When any link fails (no openings, limited hours, language barriers, unclear eligibility rules, or poor coordination) families experience the system as hard to navigate and unreliable. Over time, repeated friction contributes to disengagement, reduced help-seeking, and lower trust that services will lead to meaningful support.

Language access, cultural responsiveness, and trust are foundational conditions

Riverside County includes communities with substantial linguistic diversity and families with varied immigration experiences. In these contexts, language access is not an "add-on," it is a prerequisite for equitable service delivery. When services lack bilingual staff,

translated materials, or culturally responsive communication, families face additional hurdles in understanding options, completing enrollment, and advocating for their children's needs. Trust is also shaped by how institutions communicate, whether families feel respected, whether systems protect privacy, and whether follow-through occurs. In communities with high immigrant and mixed-status representation, fear related to enforcement or data-sharing (whether based on direct experience or perceived risk) can further reduce participation and service use.

Transportation and digital access are practical gatekeepers

Transportation constraints and limited mobility options can make "available" services functionally inaccessible, particularly where public transit coverage is limited or travel times are significant. Digital access can also be a gatekeeper: many services rely on online scheduling, portals, email follow-up, and app-based communication. For families without reliable internet, adequate data plans, consistent device access, or confidence navigating digital systems, the shift to online processes can increase exclusion, especially when combined with language barriers.

Community assets and informal support networks are critical—and often under-resourced

Despite structural barriers, families consistently rely on community strengths: informal mutual aid, extended family networks, faith communities, and trusted local organizations. These assets are often the first line of support when formal systems are difficult to access. Community-based organizations and local navigators can reduce barriers by offering culturally competent guidance, helping families complete applications, connecting them to resources, and advocating with institutions. However, the capacity of these trusted supports is frequently constrained by staffing limitations, funding instability, and high community demand, particularly during periods of economic stress or heightened fear and uncertainty.

Why community voice matters as an implementation practice, not a one-time input

Listening sessions provided more than "feedback"; they surface how policies and service designs are experienced in real life. They also reveal where well-intended systems break down in practice: gaps between eligibility and accessibility, between referral and follow-through, and between availability and trust. Institutionalizing caregiver voice through ongoing engagement structures (e.g., regional community tables, parent leadership pathways, and feedback loops tied to program improvement) strengthens accountability and improves the fit between services and family realities over time.

The remainder of this report provides (1) a synthesis of cross-cutting themes that appeared across communities and (2) regional insights that reflect distinct local conditions, assets, and constraints. Together, these findings clarify where access friction is greatest, which supports families experience as most effective, and where targeted improvements (particularly in navigation, language access, childcare supply and schedule fit, and health service capacity) could reduce stress and strengthen early childhood wellbeing.

Findings

Findings are presented in two ways: cross-cutting themes that appeared across communities, followed by regional snapshots that highlight context-specific needs and assets. Quotations are de-identified and included to illustrate themes.

Cross-cutting themes

The cross-cutting themes below synthesize what caregivers raised consistently across the Community Listening and Learning Sessions, regardless of location. Together, they capture the most recurrent barriers and protective factors shaping daily life for families with young children and highlight the common leverage points where improvements in access, responsiveness, and trust could have the greatest impact.

Essential healthcare is difficult to access and difficult to sustain.

Families described long waits, limited specialty care, and significant travel for appointments. Challenges were amplified by limited transportation options and language access gaps. Participants emphasized that brief, episodic encounters do not meet the needs of young children and families experiencing chronic conditions, developmental concerns, or maternal health needs; they asked for closer-to-home services and better follow-up and coordination.

Childcare availability, affordability, and schedule fit remain major constraints.

Caregivers reported that childcare options do not match the realities of working families, particularly those with nontraditional hours. Long waitlists and costs push families toward informal arrangements that can be unstable. Participants emphasized the need to expand mixed-delivery options, simplify navigation for subsidized care, and strengthen provider capacity.

Food insecurity is shaped by geography and economics, not only choice.

Participants described food deserts, limited access to fresh produce, and rising prices. In some areas, families rely on dollar stores or must travel outside their community for

affordable, healthy food. Transportation barriers and safety concerns further limit access, and delivery can add significant cost.

Housing instability and visible homelessness increase stress and disrupt service continuity

Families discussed overcrowding, rent increases, and limited pathways to stable housing. Housing instability contributes to toxic stress for caregivers and children and makes it harder to maintain consistent childcare, healthcare, and early learning supports. Participants also described safety concerns and community tension associated with visible homelessness.

Trust and safety concerns influence whether families seek help

In communities with high immigrant and mixed-status representation, participants described fear and distrust related to immigration enforcement. Families reported avoiding public spaces or services when enforcement activity is perceived to increase. Across sites, caregivers also described experiences of being heard without change, contributing to disengagement.

"I hear you, but nothing changes"

"The waiting list to see a doctor is very long. Hours of waiting for something that could be taken care of quickly."

"If we had a hospital, we wouldn't have to go all the way to Indio to take a child who gets sick at midnight."

"Doctor appointments are difficult to get quickly. Sometimes you wait a month to see a doctor. "

Regional Snapshots

While many priorities were shared across communities, caregivers also described distinct place-based realities that shape how families experience services and supports locally. The regional snapshots that follow summarize the most salient conditions, barriers, and community assets raised in each session, providing a concise view of what stood out in Mecca, Jurupa Valley, and Hemet and the implications for tailored, community-specific action.

Mecca

Mecca is a predominantly rural, agricultural community in the eastern Coachella Valley where distance, limited infrastructure, and seasonal economic patterns shape daily life for families. Caregivers described how limited transportation options and dispersed services turn routine needs into high-effort tasks. Participants also raised concerns about environmental and public health stressors and the compounding effects of poverty, language barriers, and limited local service presence.

WHAT FAMILIES SAID IS WORKING

Despite significant barriers, families emphasized strong protective factors: deep family and cultural ties, neighbor-to-neighbor support, informal mutual aid, and community resourcefulness. Caregivers described relying on extended family networks for transportation, childcare, and practical problem-solving. Families also highlighted pride in their community and a strong commitment to keeping children safe, healthy, and connected to school.

KEY BARRIERS AND NEEDS RAISED BY CAREGIVERS

Caregivers consistently described barriers that extend beyond individual programs and reflect how systems are designed and experienced in daily life. The themes below summarize the most frequently raised obstacles and the concrete supports families identified as most needed.

- **Healthcare access and continuity:** Families described long travel distances for basic care, limited specialty and pediatric services, language access gaps, and delayed appointments that can worsen health outcomes. Caregivers emphasized the need for closer pediatric and maternal care, easier referrals, and reliable follow-up.
- **Transportation as a gatekeeper:** Limited public transportation was repeatedly described as a barrier that prevents timely care, consistent participation in services, and access to affordable groceries and supplies.

- **Safety, fear, and institutional distrust:** Caregivers described fear related to immigration enforcement and the resulting reluctance to engage systems or travel in certain circumstances. Families noted the impact of fear on school access and daily mobility, and some described how these conditions increase stress for children and parents.
- **Limited local infrastructure for young children:** Families described a shortage of nearby, family-centered programs and safe spaces for children, including limited recreational options and fewer local providers who reflect community culture and language needs.

Jurupa Valley

Jurupa Valley is closer to urban centers and has more service proximity than rural areas, yet caregivers consistently described access challenges driven by demand, coordination gaps, and cultural responsiveness. Participants emphasized that services may exist but are often difficult to secure, navigate, or trust without support.

WHAT FAMILIES SAID IS WORKING

Caregivers identified a base of community strengths, including responsive local providers, active schools, and community-based partners willing to support families. Participants also described strong mutual aid norms and noted that collaboration among schools and nonprofits can be an effective pathway for outreach and problem-solving when resources are available. Families lifted up the presence of caring providers and helpful organizations, even when capacity is insufficient.

KEY BARRIERS AND NEEDS RAISED BY CAREGIVERS

In Jurupa Valley, caregivers described a service landscape where resources may be available, but access is often constrained by capacity, complexity, and fit with working families' realities. The priorities below reflect the most salient pressure points families raised, particularly where day-to-day navigation barriers and rising costs create instability for young children.

- **Childcare access, affordability, and schedule fit:** Families identified childcare as a dominant pressure point due to long waitlists, limited openings, and hours that do not match many work schedules, particularly for full-time and nontraditional-hour workers. Many families rely on grandparents or informal care to bridge gaps, which can be flexible but unstable.

- **Navigation and administrative burden:** Caregivers described the childcare enrollment process (especially for subsidized care) as confusing and time-consuming, often requiring persistence and insider knowledge. Participants emphasized the need for clearer guidance, simpler processes, and consistent communication.
- **Healthcare quality and cultural responsiveness:** While geographic access may be better than in rural communities, families emphasized challenges finding providers who are culturally responsive and communicate clearly in preferred languages.
- **Housing instability and visible homelessness:** Caregivers raised concerns about unstable housing, growing visible homelessness, and limited pathways to stable, family-appropriate housing, as well as downstream impacts on child wellbeing and service continuity.

Hemet

Hemet was described as a community in transition, with increased housing development and more young families moving into the area due to affordability pressures in neighboring counties. Caregivers emphasized that service capacity has not kept pace with shifting demographics and demand, resulting in gaps in early childhood supports and family-centered infrastructure.

WHAT FAMILIES SAID IS WORKING

Participants described pride in Hemet's small-town feel, neighborliness, and strong informal networks. Families also identified specific local assets, including community-based efforts such as food drives and a sense of mutual support among neighbors. Caregivers noted the value of local institutions (including the community college) and expressed optimism about economic and food-access developments, including new grocery options and local job opportunities.

KEY BARRIERS AND NEEDS RAISED BY CAREGIVERS

In Hemet, caregivers described a community where growing family demand is outpacing local service capacity, especially for early childhood and basic needs supports. The issues below reflect the most frequently raised gaps affecting families' stability, access to care, and ability to maintain consistent routines for young children.

- **Healthcare capacity and specialized services:** Families emphasized barriers to maternal and pediatric care and described limited local specialty capacity (early intervention, pediatric dental, speech/OT, behavioral health). Caregivers

identified a strong need for preventive and supportive programming such as parenting education, prenatal support, lactation services, and home visiting.

- **Food affordability and limited healthy options:** Families described food access challenges shaped by both cost and geography—limited grocery options in some areas, reliance on dollar stores, and rising prices that strain household budgets.
- **Housing instability and homelessness:** Caregivers raised concerns about encampments, unstable housing, and the compounding challenges families face when housing insecurity intersects with unemployment, reentry, addiction, and difficulty accessing benefits.
- **Childcare constraints and need for flexible care:** Working parents emphasized limited childcare availability and heavy reliance on informal arrangements. Families expressed interest in drop-in and flexible childcare models, along with practical supports such as CPR and child safety training for caregivers and community members.

Recommendations for Policy and Investment

Recommendations below reflect themes raised by families and are framed for early childhood system leaders and cross-sector partners making policy, program, and investment decisions. They emphasize place-based implementation, equity, and sustained caregiver engagement.

Expand accessible, community-based healthcare infrastructure

Prioritize service models that reduce travel time and wait time for families, including mobile units, satellite clinics, and co-located service hubs offering pediatric, prenatal, behavioral, and mental health supports. Invest in interpretation and culturally responsive care and strengthen referral coordination and follow-up for young children and caregivers.

Strengthen and diversify childcare supply with an emphasis on schedule fit

Increase mixed-delivery capacity (centers and family child care homes) and expand options that align with nontraditional work hours. Pair supply expansion with simplified navigation for subsidized care, provider technical assistance, and workforce recruitment and retention strategies.

Scale preventive, family-centered early childhood supports

Expand access to home visiting, parenting education, lactation support, developmental screening, and early intervention delivered through trusted

community-based organizations. Ensure these supports are accessible regardless of geography and language and coordinated with healthcare and childcare touchpoints.

Address food insecurity through place-based, cross-sector strategies

Support strategies that expand affordable access to fresh food in under-resourced areas (retail incentives, farmers' markets, distribution partnerships) and integrate benefits navigation and nutrition supports into early childhood programs. Consider transportation and delivery barriers in program design.

Improve safety, trust, and access for immigrant and mixed-status families

Invest in trusted-messenger outreach, legal services, and trauma-informed supports. Establish clear, culturally affirming communication and safe access pathways so families can seek services without fear. Strengthen partnerships with organizations that already hold community trust.

Strengthen housing stability and family economic security

Coordinate investments that prevent homelessness and stabilize families, including rental assistance, rapid re-housing, and wraparound supports that connect housing with childcare, healthcare, and employment. Treat economic stability as a core determinant of early childhood outcomes.

Institutionalize caregiver voice as ongoing civic infrastructure

Resource ongoing Community Tables, caregiver advisory bodies, and leadership development opportunities that compensate caregivers for time and expertise. Use caregiver input to co-design services, improve accountability, and monitor whether investments are producing the intended effects.

Commit to continuous learning and adaptive improvement

Establish regular mechanisms to review community feedback alongside quantitative indicators, track progress, and adjust strategies over time. Use recurring listening, feedback loops, and shared learning sessions to build trust and increase effectiveness.

Conclusion

Families across Mecca, Jurupa Valley, and Hemet described a clear set of needs that shape early childhood wellbeing: timely healthcare, reliable childcare, affordable food, stable housing, and systems that are safe and navigable. At the same time, caregivers emphasized community strengths and a willingness to partner when engagement is respectful, culturally responsive, and sustained. Acting on these findings requires

coordinated investment across sectors and a durable commitment to caregiver voice as a core component of accountability and impact.

Methodology

IECC, in partnership with local hosts and community partners, convened Community Listening and Learning Sessions to gather place-based input from caregivers of young children and to identify shared priorities across three Riverside County communities. Sessions used a participatory, trauma-informed, and culturally responsive approach that combined structured qualitative inquiry with simple consensus-building techniques (visual theme clustering and group prioritization). Sessions were held in trusted community settings with language access supports to reduce barriers to participation and promote authentic dialogue.

Session Logistics and Participation Summary

Mecca Session Details

- Session conducted primarily in Spanish with English translation available
- Date and Time: October 2, 2025, from 5:00 PM - 7:00 PM
- Location: Mecca Family & Farmworkers Service Center, 91275 66th Ave, Mecca, CA 92254
- Target Region: Coachella Valley Region (Coachella, Indio, Palm Springs, and surrounding areas)
- Number of initial registrants: 13 people registered.
- Number of parents/caregivers present at the session: 40 attendees.
- Key demographics collected from session: Participants were primarily parents and family members from eastern Riverside County communities such as Mecca, Indio, North Shore, Thermal, and Coachella, with most identifying as Hispanic/Latiné and reported Spanish as the primary language spoken at home.

Jurupa Valley Session Details

- Session conducted primarily in English with Spanish translation
- Date and Time: October 16, 2025, from 5:00 PM - 7:00 PM
- Location: Reach Out Resource Center, Suite G. 8300 Limonite Ave, Jurupa Valley, CA 92509
- Target Region: Riverside County West End (Moreno Valley, Perris, Riverside, Jurupa Valley, Temecula, Corona, and surrounding areas).
- Number of initial registrants: 7 people registered.
- Number of parents/caregivers present at session: 14 attendees.

- Key demographics collected: Participants were primarily parents and family members from Jurupa Valley and nearby Riverside communities, with most identifying as Hispanic/Latiné and reported English and/or Spanish as the primary languages spoken at home.

Hemet Session Details

- Session conducted primarily in English with Spanish translation
- Time: January 29, 2026, from 6:00 PM - 8:00 PM
- Location: AMR Hemet - 208 E Devonshire Ave #2985, Hemet, CA 92543
- Target Region: Riverside County San Jacinto Valley and surrounding areas.
- Number of initial registrants: 3 registrants.
- Number of parents/caregivers present at session: 6 attendees.
- Key demographics collected: 3 participants were primarily parents from Hemet, one was a representative from Supervisor Yxstian Gutierrez's Office, one was a child care provider, and one was a doula supporting birthing people in the region. Most identified as Hispanic/Latiné and reported English and Spanish as the primary languages spoken at home.

Session Design and Facilitation

Each session followed a standardized facilitation guide to support consistency while allowing local adaptation. Facilitators were trained in trauma-informed and culturally responsive practices and began sessions with introductions, purpose, group agreements, and language access guidance. Facilitators were provided sample probing questions (English/Spanish) and completed a Facilitator Feedback Form after each session.

Sessions followed the following structure:

1. **Welcome and agreements:** Set purpose, expectations, and psychological safety.
2. **Issue identification:** Color-coded sticky notes captured strengths (pink) and challenges (yellow); notes were read aloud and clustered into themes in real time.
3. **Small-group discussion:** Groups (typically ≤7 participants) explored themes using open-ended prompts about needs, barriers, helpful services, gaps, and lived experience, with facilitator probing for specifics and root causes.
4. **Large-group synthesis:** Groups reported out and collectively prioritized key issues; sessions closed with a summary of takeaways and next steps.

Data Documentation and Synthesis

Data collection relied on facilitator documentation (not audio recording). Facilitators captured clustered themes, key discussion points, de-identified examples/quotes where feasible, and observations about assets and barriers. Notes were compiled and reviewed across sessions to identify recurring themes and location-specific priorities; facilitator feedback forms were used to strengthen future engagement.

Limitations

Findings should be interpreted with the following limitations in mind:

- **Non-representative participation:** Participants were recruited through community partners and voluntary attendance; perspectives may not reflect all families in each community.
- **Uneven participation across locations:** Differences in turnout may influence the prominence of themes across communities.
- **Facilitator notes as the primary data source:** Without audio recording, documentation relied on facilitator notes and real-time synthesis; this supports participant comfort and privacy but may limit verbatim capture.
- **Translation and interpretation considerations:** While bilingual facilitation was provided, nuance may be affected when experiences are shared across languages or summarized during synthesis.
- **Group setting dynamics:** Sharing in a group may be influenced by comfort level, perceived risk, and social desirability despite trauma-informed practices.