

Smart Beginnings Shenandoah Valley

Focus Group Findings

Staunton, Augusta and Waynesboro
September-November 2009

From September 30 through November 2, 2009, six focus groups were held within the cities of Staunton and Waynesboro and Augusta County, (SAW) involving 38 participants (5 providers, 16 parents with children 0-5, including one group of Hispanic parents, 5 business, and 12 representatives from community agencies including school personnel). The purpose of the focus groups was to gain input from key stakeholders into the assets and needs of the community as they relate to children being ready to learn and succeed when they enter school. The results of the focus groups along with statistical data will be used to develop an action plan for SAW and contribute to the development of a regional strategic plan encompassing the counties of Augusta, Page, Rockingham and Shenandoah and the cities of Harrisonburg, Staunton, and Waynesboro.

The SAW focus groups were sponsored by Smart Beginnings Shenandoah Valley (SBSV), a regional coalition and the SAW Locality Team. Smart Beginnings Shenandoah Valley has as its vision: *A diverse community where every family is supported and has access to quality programs and resources for their young child.* Its mission is to help all children enter school healthy and prepared to succeed.

The Smart Beginnings Shenandoah Valley Community Assessment is based on a collaborative system of four components that include 1) Early Learning and Family Support, 2) Special Needs/Early Intervention, 3) Health, Mental Health, and Nutrition and 4) Community Support. As research demonstrates, these components work together to ensure all children have access to services and programs which promote school readiness.

For the purpose of this report, the four components are defined as follows:

- 1) Early Learning and Family Support – early care and education opportunities provided in nurturing environments where children can learn what they need to achieve success in school and life. Families have access to economic and parenting supports to ensure children have nurturing and stable relationships with caring adults. This component is further divided into *Ready Parents* and *Ready Children*.
- 2) Special Needs/Early Intervention – early identification, assessment, and appropriate services for children with special health care needs, disabilities, or developmental delays. Early Intervention services focus on children birth to age 3; Child Find services are offered through the public school system and focus on children ages 3 years to 5 years.

- 3) Health, Mental Health, and Nutrition – comprehensive health services that meet children’s vision, hearing, nutrition, behavioral, and oral health as well as medical health needs, with services provided within their community whenever possible.
- 4) Community Support – key components within a community that work collaboratively to support families and children by promoting optimal early childhood development.

Participants in all six focus groups were posed question related to accessibility of affordable and high quality child care, available community services for parents and children, gaps in community services, education/ training opportunities for parents and child care providers focused on early childhood development, services and/or programs viewed as assets within the community, characteristics of *ready children* and *ready parents*, feasibility of attracting and retaining employees who are parents with young children by local businesses, and barriers to children entering school ready to learn.

Major Findings

The following findings were noteworthy:

Ready Parents – Business, community representatives, and parents identified an overall community lack of knowledge about early childhood development and its impact on all future growth of a child – socially, cognitively, and emotionally. Parent and provider groups agreed on the importance of preschool opportunities to prepare children for school; however, each cited the need for more communication with the local school systems prior to enrolling in kindergarten to ease the transition.

Ready Children - Participants in all the focus groups cited a lack of high quality affordable child care. Business participants further stated that more subsidized child care was a need for families in the community. Parents and businesses both noted the high cost of child care being cost prohibitive, especially in families with more than one child in care. Center-based providers and community representatives reported the high turnover rate of child care providers due to long hours, low pay, and lack of benefits.

Special Needs and Early Intervention – Parents and community members cited the difficulty for parents in knowing how to access services for a child with special needs (i.e. who to call, what services are available, etc) and that this often leads to children not being identified as early as possible. This delay can have a negative impact on the child’s ability to fully access school learning once school is entered. Also noted by parents, providers, and community members was the lack of available child care for children with special needs.

Health, Mental Health, and Nutrition –Providers, parents, and community members noted a lack of child mental health services available, both within the county and the cities.

Community Support – A community-wide lack of knowledge regarding available services to families with young children was repeatedly cited as an issue. The community group stated without a single point of entry, families were often “run from one agency to another” for help and services. HIPPA regulations of confidentiality also posed a barrier. Community and providers stated a need to strengthen the collaborative relationships between businesses, schools, agencies, child care providers, and medical providers.

Summary

A summary follows of the responses to the questions for each topic area.

Early Learning and Family Support

Ready Parents

Business, community representatives, and parents identified an overall community lack of knowledge about early childhood development. As one participant stated “Our community does not have a good understanding of this age group and how critical these early years are to a child’s development and future success. Resources in our community are not accessed because families don’t know about them or don’t understand early childhood development, hence, don’t realize they should access them.” This was further compounded by the available parenting classes targeting parents with school-age children or adolescents with very minimal classes targeting parents of children 0-5.

Parents indicated they would like to see a parent mentor program in place to provide a support network for families with young children, especially for very young parents, families new to the area who do not have extended family in the community, and grandparents raising their grandchildren. Community participants reported a need for continuum of services that offered varying levels of support based on need, i.e. weekly home visits, monthly visits, parenting classes directed to parents with children birth – age 5, etc. Community partners cited a growing number of families in which grandparents are raising grandchildren. Another scenario was shared involving grandparents who do not have custody of their grandchildren but have their own adult children moving back home for economic reasons and bringing the children with them. This then results in an increased number of grandparents required to be ‘surrogate parents’ for grandchildren.

A general lack of awareness of community resources was cited by parents, providers, and community members as an issue. As one community member stated, “We are experiencing a growing number of families with more complex issues. It’s not just one thing anymore and by the time the family gets to us, they are in crisis mode and don’t know where to turn.” It was also reported that families ‘in the middle’ are struggling more than in the past. These families are barely making enough to meet the family’s basic needs but are making too much income to qualify for many of the services.

Language barriers affect immigrant parents regularly and range from taking classes to seeking family resources to negotiating the high cost of medical care. Furthermore, Latino parents cited an inability to access parenting classes due to work schedules or language barriers and so feel ineffective in parenting

their children. One parent shared, “I would like to take more classes so I can know more how to help my child. America is wealthy in opportunities but I can’t take part because of work, or the language barrier, or the cost of child care and so I can’t improve myself to better raise my child.” Furthermore, community participants shared Hispanic parents were often so grateful for any support and were eager to learn how best to help their child. In the Ukrainian or Russian culture, however, parents present as more hesitant to access services and tend to be very resourceful within their own community.

Ready Children

Businesses reported more employees using family, friends and neighbors to babysit in order to make child care more affordable which results in many licensed centers and family day home providers reporting openings in programs. This also was viewed as a problem by businesses as family, friend and neighbor providers often do not have a back-up plan if they are not providing care which led to parents having to take off more time due to not having child care. Businesses also viewed family day home providers as babysitters who offered a less professional child care – regardless of whether or not they were licensed. Increasing subsidized child care through partnerships with local businesses was suggested by the business group as a way to increase affordability. Parents also noted the need for an increase in the number of providers who serve all ages, birth to 5, in order to decrease the need for parents to travel to multiple providers for care of children. Parents also cited shift work as a barrier to child care as most providers only work during the day; other parents cited the problem with only having ½ day child care programs in their area and the difficulty encountered by having to transport their child to another provider in the middle of the workday.

Providers cited a need for increased professional development opportunities in their area and a need for mentors to work with teachers in the classroom to implement what was learned. “You leave trainings with great ideas but by the time you return to work, reality sets in and you are just trying to get through.”

Significant factors related to children’s lack of school readiness cited by the community group included not enough slots for children to attend the school based preschool program (evidenced by a growing waiting list) and the increasing number of children entering kindergarten with little or no preschool experience.

Special Needs and Early Intervention

A lack of a single point of entry for many services and resources in the community was viewed by community representatives as a significant hindrance in connecting families with agencies for services. As one school system person noted, “We are still missing too many children who could benefit from an intervention earlier, rather than waiting until they enter school and then starting the process.” A distinct lack of child care for children with special needs including medical needs was noted by community representatives, providers, and parent groups. Providers represented in the focus groups were all willing to take children with medical needs but stated they would additional training depending on the child’s specific need.

The complexity of the Medicaid form and the stringent regulations for qualifying for Medicaid serve as a deterrent for some families, especially those with special needs children. As one parent shared, “I have friends who appear on paper as though they should be making enough income to support their family with both parents working, but in reality, with the cost of a special needs child, they need help and can’t get it through Medicaid as a single parent might or an unemployed parent.”

Health, Mental Health, and Nutrition

Community representatives cited a need for more nutrition and obesity education for families in the SAW area. Dental care is difficult for families, especially without insurance. Some families with Medicaid still must travel out of the community to see a dentist who takes Medicaid.

Community Support

Increased access to services that provide support for immigrants such as more ESL classes during hours when families can participate as well as career services such as learning a trade, building a resume, and preparing for a job interview would be helpful in helping their family and children prepare for school. One mother shared that her husband had been out of work since they returned here from Germany six months ago, not because of language issues, but because he is not familiar with the employment system or process which is compounded by the high number of people looking for jobs.

Parents reported a need for more family activities that take place inside, especially during the winter months or rainy days. While there are multiple opportunities for families to participate in local events such as festivals and fairs, the cost of such activities are becoming cost prohibitive for families to attend.

Business leaders appear to see themselves as having an active role in supporting programs for young children – especially in partnerships to subsidize child care. Businesses, however, did report that most could not have a child care setting on site due to the costs involved and the licensing regulations.

Turf issues as well as operating in “...our own vacuum...” were cited by community representatives as possible reasons for the difficulty in connecting families easily with services. They also acknowledged an existing gap in services for families with special needs children. Services through the infant and toddler program ends at 36 months and some families may not qualify for continued services which creates a gap in services for children between the ages of 3-4.

As one business representative stated, “The overall well-being and health of our community is dependent on the health of citizens so the more we can do early the better students, parents, and future workers we’ll have later. To me, it is doing all we can to ensure families have services that meet needs – especially if a family is considered at-risk.”