

Focus Group Findings

Harrisonburg-Rockingham
September-November 2009

From September 14 through November 3, 2009, five focus groups were held in the Harrisonburg-Rockingham (H-R) area involving 61 participants (11 child care providers, 29 parents, 7 business representatives, and 13 community agency representatives/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 Harrisonburg-Rockingham 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 H-R focus groups were sponsored by Smart Beginnings Shenandoah Valley (SBSV), a regional coalition and the H-R 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 SBSV 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/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 five 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 – Parents, providers and community participants all stated a need for more parenting classes that would appeal to all parents, not just parents that are court-mandated to attend. It was thought that the reason parents don't often take advantage of parent education programs is because of the stigma attached to classes (means the parent is a "bad" parent). Again, parents, providers, and community representatives felt parents were not aware of the importance of early childhood development and felt more parenting classes would enable parents to learn while also connecting with other parents to build a support network. All also stated a need for more communication between parents and schools before a child started kindergarten as a way to smooth the transition. As one parent shared, "The first week of school for me and my child was completely overwhelming."

Ready Children - Business, parent, and community participants cited a lack of high quality affordable child care. All agreed the high cost of child care was cost prohibitive for families with more than one child. Businesses further noted the number of half-day preschools in the area that working families cannot access because they are not able to transport their child each day at noon to another provider due to work schedules. Participants felt parents were forced to make child care decisions based on affordability rather than quality. Businesses reported that while employees had been terminated for attendance policy violations, in particular this affected single parents who did not have a back-up child care system in place or lost their child care. Also lacking is sick child care 'for the day after' when the child is not contagious but not yet back to 100% and the parent needs to return to work. One business leader who is also a parent noted "For me, I usually have to spend money on a babysitter for that day which I am fortunate to be able to afford. For others, this is a financial burden but taking more time off work puts their job in jeopardy." 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, providers, and community members cited that many parents seemed to be in denial when their child has special needs. The groups seemed to feel this stemmed from a fear of social stigma or having incorrect preconceived notion about an agency/service (i.e. DSS only takes children away from their parents) which prevented them from seeking assistance. Providers also stated that by the time some parents seek assistance their child is

3 years old. This is too old for the Infant/Toddler program and parents aren't aware of the Child Find services through the school system. Providers also felt there was a need for parent support groups once a child is diagnosed with a disability.

Health, Mental Health, and Nutrition –Providers, parents, and community members noted a lack of child mental health services within the area. Parents and community groups also noted that most medical practices are not taking additional Medicaid patients. Parents are instead being sent to Charlottesville for services. One member stated that she had a parent who had to go on Medicaid and was told the practice that had seen her child previously would no longer see the child. Community members also shared the difficulty families with special needs children encounter when on Medicaid in securing a doctor in the H-R area for ongoing medical monitoring. Again, families are required to travel out of the community for services.

Community Support –It was reported by all groups there was a general lack of understanding of services that are available to families with young children. Community and parent groups stated families were often “run from one agency to another” for help and services. This becomes further compounded by the need for appointments at agencies with the appointments usually being scheduled during the day when a parent has to take off work in order to access the service.

Summary

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

Early Learning and Family Support

Ready Parents

Businesses focused their comments on the poor work ethic of their younger employees, some who are parents, who tend to ‘live in the moment.’ FMLA short-term leave was reported by businesses as being abused by employees – especially younger employees. Once a condition is diagnosed (i.e. migraines) an employee can use the diagnosis at any time as a reason for use of sick leave and not be required to obtain a doctor's note. While employers did not identify parents of young children as being primary abusers of the policy, the challenge was discussed in context of child care (and back-up child care) for employees with young children.

According to parents and the community group, 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. This is often the case with immigrant Kurdish families who work multiple jobs to provide for their family but then are turned away for services/aid to fully meet their needs. Community representatives also reported an additional group of people needing services due to the current economic times and being out of work who have not needed services in the past.

Language barriers prevent immigrant parents from accessing community resources including parenting classes, agency services, and negotiating the high cost of medical care. Translators are not on-site at agencies to help with communication and forms are often not in the family's primary language. School

system personnel reported that 41 different languages are spoken in the public schools and 50-75% of children enrolled in the school-based preschool programs are ESL children. Parents and community representatives expressed a need for more ESL classes but also more programs in native languages (i.e. first aid for parents, story hour at the library, etc.) for parents so that they can better support their child's development while the parent is learning English. One community member who was not able to attend but contacted the program director felt that ESL programs for parents could be accessed by more adults if some kind of free child care was offered for children birth - 5 while the parents attended classes. For many families, parents work opposite shifts so one parent always has children with them.

Parenting education classes were reported as needing to be encouraged for all parents including middle and upper class families. Community representatives indicated that while these homes often had parents in the home they were not "present" or attentive to their children.

Ready Children

Community representatives cited an increase in children under the age of 2 being in families who need support during times of domestic violence. As one participant shared, "I can't remember ever having more than 1-2 young children at the shelter. This summer, of the 6 children slots in our facility, 5 were children 18 months and younger."

Parents and providers both expressed a need for more communication between them and school before children entered kindergarten. This would ease the transition for children and providers felt parents would feel better prepared if everyone had the same information. Providers expressed a feeling of being 'looked down on' by some parents and schools as not being true child care professionals. A couple of providers shared instances where they had tried to discuss with a parent a difficulty a child was having or what appeared to be a delay in development and parents ignored them saying they'd wait until the child got to school to see what the teachers thought. Other providers felt they had a very positive relationship with schools and had in fact benefitted from trainings and curriculum provided through the schools. Some family day home providers also felt they had good relationships with schools and could visit them as part of transition to kindergarten but the providers had to make the request/effort annually rather than it being a natural annual event. All providers felt that efforts were being made to address the transition to kindergarten and felt these efforts were positive.

Special Needs and Early Intervention

A lack of a single point of entry for many services and resources in the community was viewed by the community group as a significant hindrance in connecting families with agencies that could help them.

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. One suggestion was to utilize retirees as volunteers to help families complete the forms at one time rather than on their own or at multiple agency offices. Also suggested was using families with whom new families would be most comfortable working with to access services such as neighborhood families who have used the resources of the community.

Health, Mental Health, and Nutrition

Parents reported a significant lack of affordable dental care for families, whether or not they had Medicaid or insurance. Many dental offices don't take insurance and instead require families to pay at the visit and to later request reimbursement from insurance companies on their own. This presents a financial hardship for many families can't afford to pay the full bill at the time of service and then wait for reimbursement. This was especially true of families 'in the middle' regardless of having dental insurance. Conversely, community participants felt there were adequate services available through the health department and Community Health Center for families without insurance. Some families with Medicaid still must travel out of the community to see a dentist who takes Medicaid, most often to Staunton or Charlottesville.

Community Support

Providers felt a more collaborative partnership with local businesses would be ideal. One center director shared how they had tried to work it out with a local business to increase space in order to care for more children of the employees of this business – including shift hours. But due to licensing and the cost of structural changes, they were not able to do so.

Furthermore, community participants shared that Hispanic parents were so grateful for any support and were eager to learn how best to help their child. As one Hispanic parent suggested, "I would like a tutor to help me know how to tutor my child with his homework."

There appears to be a lack of trust by immigrant population for private child care centers and providers. Instead, they prefer their children be cared for by a friend or neighbor or one parent quits working in order to be at home with the child(ren).

Businesses also shared an interest for more collaboration that would benefit the community and their employees in such areas as subsidized child care, financial literacy classes, and connecting to resources. One person commented: "If you help parents with these issues, it trickles down to the children and helps them. We need to bridge gaps in workforce knowledge by working more closely with Massanutten Technical Center, etc." Business indicated a forum for conversation between child care providers and industry to address the child care challenges in the community. Parents in the immigrant group also suggested a need for affordable, flexible scheduling options for learning a trade. Parents felt learning a specific trade or skills would enable them to set a better example for their children.

Parents cited transportation and affordable housing as needs. Transportation for medical and dental care often requires parents to go out of the area or from one side of the county to the other. The issue of simply getting to and from the appointments poses problems, especially when one has to cross city and county lines, due to time and financial considerations.