

## Smart Beginnings Shenandoah Valley

### Focus Group Findings

#### Shenandoah County October 2009

From October 2 through October 28, 2009, five focus groups were held in Shenandoah County involving 31 participants (7 childcare providers, 8 parents with children ages birth-5, 11 representatives from community agencies, including school personnel, and 5 businesses). 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 Shenandoah County 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 Shenandoah focus groups were sponsored by Smart Beginnings Shenandoah Valley (SBSV), a regional coalition, and the Shenandoah 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 five focus groups were posed questions 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 to address the lack of community understanding in 1) the *stages* of early childhood development and 2) the *impact* of these early experiences (whether positive or negative) on children throughout their life. One reason suggested that parents did not take available classes was attributed to the perceived stigma of being “a bad parent” if one is taking a parenting class. Parents and community representatives indicated a need for a parent mentor program that would provide a support network for families with young children, especially for very young parents and families new to the area who do not have extended family in the community. This network could also support the growing number of grandparents raising grandchildren.

Parents and community representatives cited a need for increased English as a Second Language services to assist the growing number of immigrant families in the community. This included increasing the availability of classes for learning English as well as providing access for immigrants to application forms (for services), assessments, and parenting information in a native language. Parenting classes offered in a native language were viewed as beneficial so that immigrant parents could better understand content and strategies thus improving their ability to parent their child(ren) well. As one Latina parent noted, “If I could learn about parenting in my language while I am also learning English, I could really parent to the best of my ability. Right now, I am working so hard to learn English, I am not always able to understand the information [content] in the class so I can’t say I am becoming a better parent.” Younger immigrant parents noted their desire to learn English but stated their parents who were often taking care of their children for them, would benefit from parenting classes in their native language since many do not understand English.

**Ready Children** – Business, community partners, parents, and providers all cited a lack of affordable, high quality child care especially for children birth – 2 years old. Some business leaders felt the quality of care available had increased substantially over the past 5+ years but was still not widely available. Cost was also cited as an issue. Parents and businesses noted the increased use of family members or neighbors as care providers due to the high cost of licensed care.

Parents and providers felt more communication with schools prior to enrolling in kindergarten would be helpful in better preparing children for kindergarten. Parents and providers both expressed a desire to know more strategies or information to better prepare children for transition to school. Parents suggested a checklist be developed for them to use in preparing their child for school.

**Special Needs and Early Intervention** – Parents and community members stated a difficulty in obtaining early intervention services for infants and toddlers (age birth – 3 years old). This was mainly due to the fact that the lead organizations which have provided these services have changed many times in recent years making it unclear who is providing the service at any given point. As one community representative stated, “With these constant changes due to budget cuts, I don’t even know who is providing the service to families – and I should be the one to know.” Once referred, parents and community participants stated the process is very slow and intervention time is lost in the interim between referral and actual services being delivered for a younger child. Conversely, Child Find services offered through the school system for children ages 3 years to 5 years were viewed positively by parents.

**Health, Mental Health, and Nutrition** – Providers, parents, and community members noted a lack of child mental health services within the county. In considering the minimal mental health services that *are* available, the waiting list is long, forcing families to often choose either not to seek help or to travel distances outside the county to receive it. Furthermore, recent changes at the local hospital have left the community without a birthing center and without psychiatric services for anyone under age 14.

**Community Support** –Businesses, parents, providers, and community representatives reported a community-wide lack of knowledge regarding the availability of specific services for families with young children. It was felt that agencies often operate within themselves contributing to this lack of knowledge about what services others are providing in the community. Parents, providers, and community participants also identified a lack of family activities offered focused on young children. Of the existing activities, most occur during the day which prevents working families from accessing them or they are becoming too costly for families to participate. One parent stated, “There is not much to do so we often go to Wal-Mart just to get out of the house.” Furthermore, all focus groups reported a lack of knowledge among the community as a whole of the importance of early childhood development, its impact on school readiness, and the long-term economic status of the community.

## **Summary**

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

### **Early Learning and Family Support**

#### **Ready Parents**

Community groups reported an increase in transiency or unstable home environments in the area seemingly related to the economic times and families efforts to “make ends meet.” Also shared was an increase in the number of families in which the mother had left the home. An increase in financial literacy classes was identified as a need since an increasing number of families report a difficulty managing finances from one paycheck to the next.

Parents reported a growing number of families are commuting to Northern Virginia for work. This poses challenges for child care as these children often need to be in child care for longer hours due to the extended commuting time than is currently available within the community. Parents also identified 24/7 child care as a need for families working shift work schedules.

#### **Ready Children**

Parents expressed a concern that with the high cost of child care, more children are spending time at home with one parent and are not learning socialization skills. Businesses reported more employees using family, friends and neighbors to “babysit” in order to make child care more affordable. This has created a problem with absenteeism as family, friend and neighbors often do not have a back-up plan should they need to close thus causing parents to miss work. Parents also cited the cost of child care, especially for families with more than one child, as being cost prohibitive causing one family member to stay at home to care for the children.

The school system reported an increase in the number of children qualifying for Free and Reduced Meals.

Providers cited a need for increased professional development opportunities in the county as well as a coordinated effort to provide these trainings during times when providers can attend such as on weekends or in the evening. Licensed providers need 16 hours of training annually and regularly have to travel outside the county to obtain the hours.

#### **Special Needs and Early Intervention**

Parents, providers, and community members shared many parents appear to be in denial when their child has special needs. The general consensus was this stemmed from a fear of social stigma or having an incorrect preconceived notion about an agency/service (i.e. DSS only takes children away from their parents) so they don’t seek assistance.

### **Health, Mental Health, and Nutrition**

Parents identified a need for more dental care in the community from providers who accept Medicaid or provide services on a sliding scale. Dental buses exist in the community but only complete exams to alert parents to any budding dental issues. Cleanings are not provided. Several families reported traveling a significant distance outside the county to access affordable, or Medicaid-covered, dental care.

Parents expressed an interest in having more nutrition classes offered to help with developing healthy eating habits in children, purchasing of healthy foods, and budgeting for food.

### **Community Support**

Businesses reported termination of employees for negative behaviors or interactions with colleagues and superiors as an issue. As one employer noted, "Some of these people have never learned social skills and struggle in the workplace without them." Businesses also reported attracting employees was not an issue as applicant pools in many industries has increased but retaining employees posed difficult for some due to lower salaries and lack of available rental housing. This trend is reflected in the number of families with at least one parent commuting to Northern Virginia or the increase in family transiency noted by agencies.

Providers expressed a need for more collaborative partnerships with area businesses.

Parents reported a need for more family activities in the community, especially focused on younger children. Affordable activities that occur inside are lacking in the community, especially during the winter or on rainy days. Many of the local family events currently available such as fairs and festivals are becoming too expensive for families to participate.