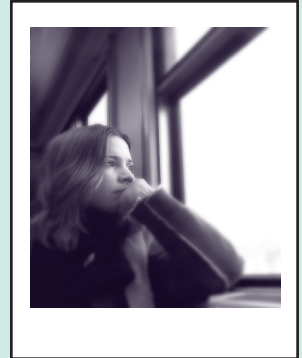


Summary of Findings
and Recommendations

from the Comprehensive Needs
Assessment of Charlottesville/
Albemarle Children and their Families

2003



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Charlottesville/Albemarle Commission on Children and Families

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Background

The Needs Assessment Work Group of the Charlottesville/ Albemarle Commission on Children and Families was charged with identifying needs of local children and their families and recommending some general policy directions to CCF. A needs assessment was completed using the results of a telephone survey of local families with children, a series of targeted focus groups, and other available local and national data. The results have been published in a report, *Comprehensive Needs Assessment of Charlottesville/ Albemarle Children and Their Families*.

The needs assessment found that the needs of most local children and families are being met. It is critical that the community continue to support effective prevention and intervention programs and resources in the community and schools that make Charlottesville/Albemarle a community where most residents feel they can meet the needs of their children. The localities should support programs that address identified needs, use best practices, and bring about measurable improvements in residents' lives.

The needs assessment identified several areas where resident needs are not met at the same high level for all children and families. The following findings and recommendations represent the key areas where work group members feel attention is needed immediately. These recommendations should be refined by the Commission on Children and Families, as a whole, and explored further with community partners to fit into a community action plan that can be measured when the needs assessment process is repeated in three years.

Summary of Findings

Findings have been organized into three areas, Resident Needs and Access to Services, Community Resources, and Community Characteristics. Although a variety of factors are associated with the needs of local families, **household income emerged as the factor that has the greatest impact on need, access to services, and quality of family life.** In this report, lower income households are defined as those with reported incomes of less than \$30,000 and higher income households are those with reported incomes of \$30,000 or over. The work group opted to use this division based on local poverty data and locally normed self-sufficiency standards.

Resident Needs and Access to Services

The needs of a high proportion of local children and families are reported as being met. Residents were asked to identify household needs in a variety of

areas, including early childhood, child and adolescent intervention, education, health, family life, and crisis situations. When needs in these areas were identified, a majority of individuals and families received help to address their concerns. However, the following areas of *unmet* need and other concerns were identified.

1. The needs of lower-income households with children under 18 were not met at the same high level of other households. Individuals in lower income families were between 2 and 12 times less likely to have to have needs met for:

- dental or medical care;
- talking about worries and concerns, serious illness and death, financial concerns, stresses of raising a family, drug or alcohol use, or emotional or psychological issues;
- assistance for children who have difficulty getting along with others or have problems with anger or violence;
- emergency help with paying utility bills

and rent, legal assistance, food, and transportation.

2. Up to one-third of all individuals and up to one-half of individuals in lower-income, unmarried, or non-Caucasian households who reported they needed services to address concerns about alcohol, drugs, and tobacco did not receive these services. Individuals with need in lower income households were three and a half times less likely to receive services for substance abuse.

3. Adult perception of the interpersonal and emotional needs of children in their household appears to differ from perspectives collected from children themselves in a County public school survey. Survey respondents reported relatively low levels of emotional and interpersonal difficulties for children in their households. However, local Albemarle County and national data suggests that children and adolescents self-report higher levels of risky behavior.

4. Lower income respondents were less likely to report a need for medical or dental care, for prescription medication, or for preschool for their children than higher income respondents. Information obtained in focus groups suggests that lower income residents may view the need for medical care as an emergency need rather than as prevention. Similarly, lower income residents in focus groups were aware of the importance of preschool for children, but said that it is not affordable for them.

5. The need for accessible and affordable dental care was confirmed as a pressing local need based on the results of the survey and focus groups. Lower income individuals were more than 12 times as likely to have an unmet need for dental care. All lower income residents and medical professionals who participated in focus groups identified the need for dental care.

6. Areas of need related to education and employment cited most often for

lower income and unmarried households were the needs for assistance with post high-school graduation planning, GED preparation, and applying for financial aid for further education or training. Ninety-five percent (95%) of households who identified a need for assistance with Virginia's Standards of Learning (SOL) Tests reported they received assistance. Yet available local data shows that 33% of Albemarle high school students and 48% of Charlottesville high school students did not pass one or more SOL tests in 2002.

Community Resources

Survey responses indicated that, overall, a high percentage of children live in stable homes with little turbulence. Most children in the survey group participated in one or more productive activities. However, there were some differences in the quality of family life and access to resources based on income and other factors.

7. Families reported eating meals together at an average rate of more than seven times each week. They attended faith-based activities together at a mean of almost three times per month.

8. Children in lower-income and unmarried households were reported to have had higher levels of family turbulence than middle to high income and married households. Fewer than 8% of children were reported to have been exposed to family changes that may contribute to an unstable environment, such as domestic violence or changes in household composition; however up to 15% of children in lower income or unmarried households were reported to be exposed to these factors.

9. Lower income respondents reported that their children participated in fewer productive out-of-school activities (with the exception of mentoring) than higher income respondents. Respon-

dents reported that at least two-thirds of local children are involved in sports or recreational activities outside of school. Children in lower income households were between $\frac{1}{4}$ and $\frac{1}{2}$ as likely to participate in organized sports/recreation, arts or music classes, or volunteering as children in households with incomes above \$30,000.

10. Residents report they are relatively more likely to approach a medical professional, friend, or relative for assistance for their family rather than other individuals or community organizations. Individuals who participated in focus groups indicated that a knowledgeable neighborhood leader would be a prime source of information, as well as friends and family.

11. When asked where they would be most likely to access information about services for their family, 51% of respondents indicated that they would prefer to receive information about services on an Internet website, whereas

23% would use a published directory, and 14% would use a phone line with a knowledgeable attendant.



Community Conditions

12. Over three-quarters of adults in the survey population worked full time and over 98% worked either full time or part time. There was no difference in the percentage of working adults based on income or marital status.

13. Lower income households reported being less likely than middle or high income residents to have needs met for emergency situations, including household repairs, rent/mortgage payments, utility bills, food, clothing and transportation.

14. According to survey respondents, 6% of children were reported as having been discriminated against in a school setting and 4% of children

were reported as experiencing discrimination at work. Less than 3% of all individuals experienced discrimination in other settings.

15. Approximately 70% of children interact with different racial and ethnic groups outside of school on a regular basis. Children from Hispanic families interact more frequently than other groups

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Recommendations

Children in lower income (and, in some cases, non-Caucasian) households have less access to services and activities and experience more risks than higher income children.

Children in working poor families have less access to preschool experiences and higher levels of academic need. These children are about half as likely to participate in sports and recreation, arts or music, or clubs and programs. In order to address youth involvement in services and activities, the community could:

- a. Explore expansion of public and/or low-cost preschool educational options to allow increased availability for lower income children. Determine whether there is sufficient capacity and/or whether there are obstacles that prevent eligible children from participating.
- b. Further examine why lower income and non-Caucasian youth have lower levels of involvement in sports, fine arts and other productive activities and services and address identified barriers to assure equitable and affordable participation. Consider factors such as cost, parental work schedules, transportation, age of entry into programs, and adolescent employment conflicts.
- c. Improve transportation options for lower income youth and families to activities and services to assure that transportation is safe, affordable, and viable.
- d. Support effective academic enrichment programs available at schools and in the community for students needing assistance, particularly with Virginia's Standards of Learning Tests. Identify and incorporate best practices for assisting youth to pass these tests.
- e. Encourage parents to be aware of SOL requirements and support their children's academic progress.



Household income is the single most important factor in predicting unmet needs locally.

Lower income, “working poor” families are more likely to have unmet needs for medical and dental care, mental health services, emergency financial services, or educational/vocational assistance than higher income residents. Available data and information from community focus groups indicates that in order to address the unmet needs related to income, the community could:

a. Increase the pool of dentists that accept Medicaid or FAMIS and/or expand local dental health capacity for lower income residents.

b. Make preventative health information readily available to low-income residents by dissemination of outreach materials at health care locations, clinics, emergency rooms, schools, and community centers.

c. Address the identified need for crisis assistance for home repairs, rent, and mortgage payments for lower income residents, particularly in light of rising housing costs.

d. Implement a campaign to increase use of the Earned Income Tax Credit (EITC) to reduce the income gap among residents and increase the household income of working poor families. According to Child Trends, a nonpartisan child and family research center, an estimated 2.6 million children were lifted out of poverty in 1998 by the EITC.

e. Increase education to health care professionals about available services and increase number of referrals from medical professionals to area support services.

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Local residents access information about services and programs in a variety of ways.

Local residents access information about services and programs in a variety of ways. They report that they turn to medical professionals, family, and friends when they need assistance for their families and are less likely to utilize “traditional” human services to obtain information. In order assure that residents have access to reliable information the community could:

a. Increase outreach efforts to medical professionals and use health care sites as distribution and outreach points.

b. Develop a cadre of knowledgeable neighborhood lay leaders to serve as information sources in their communities.

c. Expand the use of on-site neighborhood and school-based resource personnel to coordinate access to information and services.

Some families may not be aware of their children's need for services for mental health and/or substance use.

Some families may not be aware of their children's need for services for mental health and/or substance use. (Parents reported that their children experienced less emotional stress than other studies indicate). Even when the needs are identified, some families still had unmet needs for mental health services, particularly to address concerns about drugs, alcohol, and tobacco. Over one-fourth of children and one half of lower income residents who needed help with drugs, alcohol, or tobacco did not obtain assistance. To assure that youth with mental health and/or substance use concerns are identified and offered services, the community could:

a. Endorse and expand proven practices that increase parent and child communication around mental health and substance abuse issues.

b. Increase the availability of a wide range of affordable options to address abuse of drugs, alcohol, and tobacco.

c. Identify ways to remove barriers to effective, affordable mental health services.

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