

Focus groups with low-income parents

What's it like to raise a family
in Knox County?:

Results of focus groups with parents of young children

Knox County Community Assessment

Focus group project, Part 1: Low-income parents of young children
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Summary

Purpose, methods, and participant characteristics

This report summarizes the results of three focus groups with parents of young children held in May and June 2004.

Participants were recruited from the Parent Trip parenting class, facilitated by The Ohio State University Extension Office in Knox County, and Knox County Head Start. All three groups were held in the evening at the New Hope Early Education Center in Mount Vernon. Child care, food, and remuneration were provided. A total of 17 parents participated, including two custodial grandparents. All had at least one child age five or younger, and they had an average of 2.9 children under 18 living with them. Most were female (82%), the average age was 33, and 71% were married. Over half (56%) of participants reported annual incomes of \$20,000 or less and the average household size was 4.9 people. Most were therefore poor or low-income, although about one-quarter of the families were middle income. The majority of participants were from Mount Vernon, Howard, and Danville.

Community strengths and assets

Parents identified several things that make Knox County a good place to raise a family. Many of these strengths were linked to the rural nature of the county. Parents often talked about the positive aspects of living in a small town by comparing them to the dangers and hassles of living in a big city. Overall, the community strengths that were most commonly mentioned among the three groups were:

- Safety provided by living in a small town
- Rural location provides many outdoor places to play, green space, parks, and trails
- Schools are smaller and better than in big cities
- More relaxed lifestyle, friendly people, and “small town feeling”
- Central location and access to other cities and counties for goods and services (Columbus, Mansfield, Newark, Coshocton)
- Some high-quality services are available for families

High-priority issues

There was a great deal of overlap and consensus across the three groups in selecting high-priority topics. Overall, the issues that these parents felt were most important to their families and that they were most eager to talk about were:

- Health care (medical services and physical, mental, and dental health)
- Child care
- Recreation and activities for children/families
- Support for self-sufficiency (affordable health insurance and housing, etc.) and services for low-income families, including emergency assistance (food, utilities, etc.)

Unmet needs

Parents expressed many unmet needs. Chief among them were:

Better access to quality health care:

- More providers and better doctors, especially those who will take public health insurance
- More medical facilities, including urgent care and free clinics
- More dentists who will take public health insurance
- More options for mental health care, including more high-quality providers who specialize in children's mental health

Safe and affordable child care for young children:

- Trustworthy, professional, and licensed providers in safe, clean settings
- Respite and support for stay-at-home parents

Before and after-school care for school-aged children:

- Comprehensive programs that provide transportation, meals, and tutoring
- Extended morning and afternoon/evening hours that accommodate parents' work schedules

More recreational activities and facilities for children, families, and teens:

- Free and low-cost activities
- Activities for families to do together, and for parents and children to do separately
- More facilities, such as a new community center, discount movie theater, free swimming pool, more teen centers, etc.

Better support for self-sufficiency and a more comprehensive safety net:

- Access to health insurance and affordable housing for the working poor
- Jobs with higher wages and benefits
- Improvements to the welfare and child support systems; more help to escape the "cycle of poverty"
- Comprehensive emergency assistance programs that have flexible eligibility criteria
- Service providers who are respectful, caring, and professional
- Less stigma for low-income families seeking help

Barriers to getting help

Cost and stigma appear to be barriers for low-income families. Long distances and poor access to reliable transportation are barriers to accessing high-quality medical, mental health, and dental services in Columbus and other cities. Providers' refusal or inability to accept public health insurance is another major health care barrier. Inflexible eligibility criteria for a wide variety of programs are sometimes barriers for the working poor, who may earn too much to get help. Finally, disrespectful or unprofessional service providers deter some parents from asking for help.

Awareness of and satisfaction with existing services

Most parents seemed to be aware of existing medical, mental health, child care, and safety-net services. Awareness of existing recreational activities for children and families, however, was limited. A brief survey conducted at the end of each group indicated that a surprisingly large proportion of parents have computers with Internet access in their homes (94%) and have used the Internet to find family resources in the past (41%). Satisfaction with existing services varied widely; parents praised some agencies for providing high-quality programs and compassionate help, but complained about poor service, disrespectful attitudes, and rigid eligibility criteria from others.

Introduction

Purpose

The three focus groups that were conducted with parents of young children are part of the United Way of Knox County's 2004 community assessment. The findings of the overall assessment will be used by United Way to guide fund distribution and strategic planning and by local social service providers and government agencies for planning and grant writing.

This report summarizes the results of the first phase of the focus group project—three groups conducted with parents of young children during May and June 2004.

The goals of these focus groups were to:

- Identify community strengths, needs, and unmet needs
- Prioritize needs
- Assess awareness of, satisfaction with, and barriers to existing services
- Hear from groups who may not be well-represented in the household survey or other research

Methods

Recruitment. Participants were recruited with the help of The Ohio State University (OSU) Extension Office and Knox County Head Start. Parents in the first group were all participants in the Parent Trip parenting class, which is facilitated by an OSU Extension Agent. The group was held at the same time and location of the Parent Trip classes after the last session. Some parents are court-ordered to participate in the Parent Trip, while others voluntarily seek out the program. Parents in the other two groups were recruited through Head Start events. One of these groups was conducted immediately following a Head Start Policy Council meeting and therefore included several parent/grandparent members of the council. These recruitment sources provided a low-cost and effective way to find parents to participate. This method had the added bonus of allowing parents to come to a location with which they were already familiar and to be recruited by someone they already knew. However, using existing program participants does result in some bias. These parents, for example, were already “hooked into the system” and may not represent the needs of more isolated families.

Process. All groups were held in the evening at New Hope Early Education Center in Mount Vernon. They lasted approximately two hours each. Child care and food were provided and each participant received \$25 in remuneration. The research protocol was approved by the Kenyon College Department of Psychology Internal Review Board and each participant signed a consent form. All sessions were tape recorded and notes were taken. No staff from OSU Extension Service, Head Start, or the United Way were

present during the groups. The groups were facilitated by Amy Bush Stevens (Owl Creek Consulting) and Elaine Shpungin (Kenyon College) who have experience with focus groups and qualitative research.

Participant characteristics

Demographic characteristics. Table 35 displays the demographic characteristics of the focus group participants. Seventeen parents participated overall, with eight being recruited from the Parent Trip class and nine from Head Start. Most of the participants were female (82%), although there were three men in the Parent Trip group. The average age was 33 and ages ranged from 22 to 45. Participants had an average of 2.9 children under age 18 living with them. More specifically, they had an average of 1.7 young children (age 0-5 years) and all participants had at least one child age five or younger. Almost three-quarters of participants (69%) reported annual incomes of less than \$25,000. A family of five with an income of \$22,030 or less is considered to living in poverty (2004 Poverty Guideline, US Department of Health and Human Services³). Given that the average household size among these parents was 4.9, we can assume that more than half of them were poor and that many others were near-poor or low-income. One-quarter, however, reported incomes of \$35,000 or higher; some middle-income families were therefore also represented in the focus groups. Most participants were married (71%). All participants were white (not shown) and one also identified as American Indian/ Alaska Native.

Group differences. There were some notable differences between the three groups. Group Three had a higher average age because two of its participants were custodial grandparents⁴. Group Two had considerably larger family sizes, with an average of 5.0 children per participant. All three groups, however, had similar numbers of young children in their care and income levels were fairly similar across the groups.

³ *Federal Register*, Vol. 69, No. 30, February 13, 2004, pp. 7336-7338.

⁴ All caregivers of young children were eligible to participate in the focus groups, including grandparents, foster parents, and step parents. Most participants, however, were mothers or fathers and are therefore referred to as “parents” throughout this report.

Table 35: Demographic characteristics of focus group participants (n=17 unless otherwise noted)

	Total	Group 1: Parent Trip	Group 2: Head Start	Group 3: Head Start:
Number of participants	17	8	4	5
Percent female	82%	63%	100%	100%
Average age (n=16)	33	29	32	37
Household size and children				
Average number of people living in household	4.9	4.1	7.0	4.4
Average number of children under age 18 in household	2.9	2.1	5.0	2.6
Average number of children 0-5 years old living in household	1.7	1.9	1.8	1.4
Annual household income (n=16)				
Less than \$10,000	38%	50%	25%	25%
\$10,000 to \$24,999	31%	13%	50%	50%
\$25,000 to \$49,999	19%	13%	25%	25%
\$50,000+	13%	25%	0%	0%
Percent married	71%	63%	75%	80%

Source: Low-income parent focus group demographic information form, 2004

Table 36 indicates where the focus group participants live. Mount Vernon and the eastern part of the county (Howard and Danville) were well represented, although Centerburg and Fredericktown were not. Two participants actually reported zip codes in neighboring counties, although they were using some services in Knox County and may have lived in the county in the past.

Table 36: Zip code and town of residence (n=16)

Zip Code/ Town	Percent (number)
43028/ Howard	50% (8)
43050/ Mount Vernon	31% (5)
43014/ Danville	6% (1)
43030/ Licking County	6% (1)
44822/ Richland County	6% (1)

Source: Low-income parent focus group demographic information form, 2004

Community strengths and weaknesses

Strengths

Parents identified several things that make Knox County a good place to raise a family. Many of these strengths were linked to the rural nature of the county. Parents often

talked about the positive aspects of living in a small town by comparing them to the dangers and hassles of living in a big city. Some parents had lived in Columbus or other big cities in the past, but felt that Knox County was a better place to raise a family. Overall, the community strengths that were most commonly mentioned among the three groups were:

- Safety provided by living in a small town
- Rural location provides many outdoor places to play, green space, parks, and trails
- Schools are smaller and better than in big cities
- More relaxed lifestyle, friendly people, and “small town feeling”
- Central location and access to other cities and counties for goods and services (Columbus, Mansfield, Newark, Coshocton)
- Some high-quality services are available for families

Weaknesses

Participants also identified many problems in the county. Each group generated a list of community weaknesses and then created a general “wish list” of needed resources. Overall, the most commonly mentioned problems and unmet needs were:

- Not enough things for families and youth to do/ lack of affordable recreational activities and facilities
- Low wages, lack of jobs, and relatively high cost of housing
- Poor access to medical care (not enough physicians and dentists who take public health insurance, not enough qualified specialists in the county, complaints about Knox Community Hospital emergency room, lack of transportation to medical appointments, etc.)
- Lack of safe, affordable, and quality child care and after-school care
- Lack of job training, access to higher education, and general support for self-sufficiency and “escaping the cycle of poverty”
- Lack of accountability for some social service agencies and specific complaints about certain social service providers
- Other specific concerns expressed in only one group: childhood hunger, lack of services for custodial grandparents, stigma for using food stamps or WIC, lack of legal assistance, drunk driving, sex and drug use among teens, homelessness, and isolation in remote rural areas

Parents
talk
about
raising
children
in Knox
County

“I came from the bigger city, and living here in Mount Vernon... I think it’s a wonderful place to raise kids... That was one of the reasons why I chose to move here.”

“[in Danville]... everybody in town knows your kids and if they’re gettin’ into something you’re gonna get a phone call... ‘he’s out here playing in the crik again!’”

“Rent, utilities, and stuff are at Columbus prices, but you don’t make the money they do in Columbus.”

“Too many times you don’t see kids benefiting from the money that was put there for children [at social service agencies]. I think there should be more input like this from the community to say where those dollars go and how they’re handled.”

High-priority issues

Each group identified their top three issues for more detailed discussion. There was a great deal of overlap and consensus across the three groups in selecting these topics. As a result, each of these topics was discussed by at least two different groups. Overall, the issues that these parents felt were most important to their families and that they were most eager to talk about were:

- Health care (medical services and physical, mental, and dental health)
- Child care
- Recreation and activities for children/families
- Support for self-sufficiency (affordable health insurance and housing, etc.) and services for low-income families, including emergency assistance (food, utilities, etc.)

The following four sections of this report are organized around these high-priority topics. Two different groups discussed each of these issues in detail.

Health care (physical, mental, and dental)

Currently used resources

Health insurance. Many of the focus group participants in all three groups reported having a “medical card,” referring to the Medicaid and CHIP programs, or “public health insurance,” as we will collectively refer to these programs in this report. Others had their own private insurance and some had no health insurance at all. Those who had public health insurance expressed frustration with not being able to find doctors and dentists who accept their coverage or will take new patients with public health insurance.

Medical care. Many parents said that they go to Children’s Hospital in Columbus and to specialists outside Knox County for some of their care. There was a general consensus that there is decent access to pediatricians and family practitioners in Knox County, but that it is often necessary to leave the county for specialist physicians and dental care. Participants in one group, however, said they had received excellent service from the physical, occupational, and speech therapists at the Rehabilitation Center in Mount Vernon. Knox Community Hospital received mixed reviews. Parents in one group agreed that the in-patient care, especially care provided by nurses, was excellent. Others were frustrated with poor service at the E.R. The Knox County Health Department also received mixed reviews. Parents seemed very satisfied with the WIC program and services for special-needs children provided by the health department. Awareness and use of the health department’s medical and dental clinics, however, seemed somewhat limited. Participants only talked about the health department clinics when probed; it was not initially mentioned by parents when they were asked where they get their health care. Participants in one group said that the health department’s medical clinic was

“spectacular” but should be expanded through satellite locations in other parts of the county. Participants in the other group, however, complained that the clinic’s doctors are not very qualified and that they will bill you even if you have “no money coming in.” Concerns about the health department’s dental clinic stemmed from the fact that the clinic only provides basic preventive care, not major procedures, and that a previous dentist was perceived as being unqualified (a “*cracker-jack dentist*”).

Dental care. Poor access to dental care in the county was a source of frustration for many parents. “*If you’re a low-income family in this county, you’re pretty much going to have to leave the county to get dental care,*” remarked one woman. It is apparently very difficult to find dentists who will take public health insurance. One group commented that Head Start has a very helpful dental program.

Mental health. When asked where they go for mental health services, Moundbuilders Guidance Center was the only resource mentioned in Knox County. Some said they go to Columbus for mental health services, while others said they were frustrated because they could not afford to travel out of the county for counseling. There were several complaints about Moundbuilders in both groups and a strong desire for an alternative mental health provider in Knox County that will take public health insurance. Concerns about mental health services included: long waits at visits, focus on medication instead of counseling, lack of respect for low-income families, stigma for seeking help, and lack of skilled providers who specialize in children’s mental health. ADHD and discipline problems were mentioned as specific mental health concerns for children in the county.

Unmet needs and desired resources

Frustrations expressed by parents about the shortcomings of some of the existing health resources in Knox County were discussed above, revealing a need for more mental health providers, more dentists, and better access to quality health care in general for those with public health insurance. Participants were then asked to create their own “wish list” of health care resources they wanted to see in Knox County and to vote for their highest priorities. Table 37 displays the results of this process. Parents felt the need for an urgent care center that would serve as an alternative to using the Knox Community Hospital E.R. for non-life-threatening emergencies, such as a child having a high fever and an ear infection on a weekend or during the night when their primary care provider is not available. Even though the groups discussed the health department’s medical clinic, they felt that comprehensive family clinics that provide high-quality and free or very low-cost care are still needed in Knox County. The Third Street Clinic in Richland County was offered up as an example of an excellent free clinic by one mother. Help paying for prescriptions, transportation assistance to medical appointments, and a mental health center for children were also suggested. The parents also called for more pediatricians and other specialists who will take public health insurance and better doctors.

Table 37: Health care wish list

Desired resource	Votes
Urgent care center	4
Clinics for low-income families providing free and low-cost services, including providers for children and Ob/Gyn for women	4
Help paying for prescriptions	4
More doctors (more doctors in general, more pediatricians, more providers who accept public health insurance, more "good" doctors—qualified, non-judgmental, etc.)	4
Children's mental health center	2
Transportation to medical appointments/ Emergency Medical Transport	1

Source: Focus groups with low-income parents of young children, 2004

What is a “good” doctor?

Both groups that discussed health care in detail said there was a need for more “good doctors” and articulated a vision for their ideal health care providers. The following characteristics are what these parents said they wanted from their doctors and health care provider settings (clinics, hospitals, doctor’s offices, etc.):

- No long waits at visits
- Providers who carefully listen to each patient and don’t rush visits or just “push pills;” doctors who will listen to mothers, not just fathers
- Providers who give concrete suggestions for how to address problems such as obesity and ADHD
- Nonjudgmental providers and no stigma for having a medical card
- Highly qualified and experienced doctors who stay up-to-date with new medical information
- Providers who are caring, have good bedside manner, and have good morals

Parents
talk
about
health
care

“[We need] just a good Christian doctor.” “With morals.” “Who will help anyone in need.” “Cares about you no matter what.”

“We need some good old-fashioned doctors in here that just care about patients and not their pockets.” “I hate going to the doctor’s office and being looked at as a number and billing.”

“Don’t just give me pills or tell me to staple my stomach. Listen to me!” “I have had to sit in front of the door so the doctor can’t leave [to make them listen to me.]”

“If you’re a low-income family in this county, you’re pretty much going to have to leave the county to get dental care.”

“[I] don’t have any insurance. Can’t get a medical card. Hope I don’t get sick ‘cause I’m just gonna die because that’s the way it is.”

Parents talk about health care continued | “If you can’t get a physician to take you on in this county, if they won’t take the Medical card or if you don’t have insurance, you just go to the E.R. because you can get it wrote off there. If you’re low-income you can apply for assistance and get it written off. Which is more expensive to quote ‘the system’ to pay it that way, but that seems to be the only way you can get... you know if you have a kid with an ear ache, where are you gonna go that will accept you as a new patient except the E.R.?” ... “The E.R. is overwhelmed and used for the wrong reasons.”

Child care

Currently used resources

Current arrangements. Many of the parents in the groups reported working full time, while others were stay-at-home mothers. Because two of the groups were recruited from a pool of Head Start parents and almost all participants were low-income, most of the focus group participants had at least one child who was currently enrolled in Head Start or had other children who had previously attended Head Start. In addition to Head Start, relatives (usually the child’s grandmother) and family child care providers (home-based group care) were the most commonly reported types of child care. Center-based child care was reportedly too expensive or otherwise not available for these families. When asked why they use their current child care provider, most said it was all they could afford and/or that they only trust their relatives to take care of their children.

Information and referral. When asked how they found out about child care options, some said they had received a list from the welfare office (Department of Job and Family Services). Most, however, simply relied upon recommendations from friends and family.

Older children. Although the facilitators tried to keep discussions focused on the needs of young children (0-5 years old), many participants also had older children. Some of these parents said they used after-school programs or summer camps, although there was a general consensus that more of these types of programs for school-aged children are needed in Knox County and that some valuable programs that were available in the past have recently been cut.

Pros and cons of different types of care. One group talked about the pros and cons of their child care arrangements. Some parents described stay-at-home parenting as “the ultimate” option because they want to spend time with their kids, although most also acknowledged that staying home could be very stressful and made it hard to find time for themselves. Relatives, especially grandmothers, provide a strong sense of trust and security, but conflicts can sometimes emerge from differences in child-rearing philosophies. Family home daycare provides opportunities to interact with other children, but the quality varies widely depending on the qualifications of the provider and the number of children under her care. Head Start received rave reviews for providing comprehensive services (food, transportation, developmental education, help for special-needs kids, health services, etc.), committed staff, and individual attention, but was also

criticized by some for having high teacher/staff turnover, tight funding, and unresolved behavior and discipline problems among many children.

Unmet needs and desired resources

After discussing the child care arrangements they currently use, participants were asked to create and then prioritize a child care wish list. One group of participants had many school-aged children and therefore focused a great deal on the need for after-school care. The other group emphasized the importance of finding child care that was safe AND affordable. They argued that it was possible to find safe, quality care, but that it was usually too expensive. Conversely, cheap care is also available but is often unsafe. Overall, parents in both groups were very passionate when talking about the importance of finding providers who are safe and trustworthy; parents expressed a great deal of fear about the existence of providers who would abuse or neglect children.

Table 38 displays the most desired child care resources, ranked in order of priority. Safe and licensed providers and after-school programs were the most important needs for formal care, while many said that their ideal situation was actually to stay home with their children as long as they could get some occasional breaks to relieve stress. Respite care for caregivers of handicapped children and custodial grandparents, and more pre-schools, were also suggested.

Table 38: Child care wish list

Desired resource	Votes
Safe child care providers (no abuse or yelling, clean environment, trustworthy provider) and more state-licensed child care providers	9
Stay-at-home parenting with respite care as needed	5
Before and after-school programs/ "latch-key" and summer programs	4
High quality care (certified, licensed, and educated in early childhood; energetic; have kids of their own; no favoritism)	2
Respite care for families and caregivers of handicapped kids	1
Respite care for custodial grandparents	1
More pre-school programs (alternative to Head Start, not funded through DJFS)	1

Note: Parents in one group also listed "activities for families to do together (family "night out" activities, cheap movie theater, etc.)", 2 votes, and "a teen center (free, drug-free, gun-free)", 2 votes, for the child care wish list. These resources are discussed later in the recreation/activities section.

Source: Focus groups with low-income parents of young children, 2004

What is a "good" child care provider?

One group had a lengthy and spirited discussion about what "good" child care meant to them. Parents said their ideal child care provider would have the following characteristics:

- Affordable AND safe—not having to sacrifice safety for affordable care
- Ability to observe the provider in action to make sure their child is not being abused or neglected (one-way mirror, video, etc.)

- Clean environment
- Providers who are young and energetic, but not too young or inexperienced
- Convenient hours for working parents, including early mornings and night hours
- On-site child care at work
- Wide age range to keep siblings together (newborn to five years old)
- Educated and up-to-date providers with certification and formal training

Another group talked about what they would like to see for before/after-school programs:

- Comprehensive programs that provide care before and after-school to accommodate parents' work hours
- Transportation provided
- Tutoring and help with homework, especially for students struggling in school

The Head Start half-day kindergarten program, which provided transportation to and from child care, was cited as an example of an excellent program. A 4-H before/after-school program that provided tutoring was also greatly appreciated by one mother.

Parents
talk
about
child
care

“That’s the ultimate—to stay home with your kids by yourself.”

“I work two jobs so my mom takes care of my kids all the time.”

“I don’t want some 14-year old they hired... I don’t want a babysitter. I want a daycare provider—someone who was trained to work with children, to do that job.” “Yeah, like they’re not there for the money, they want to be there.” “You don’t know who you can trust.”

“I think Head Start prepares them for the school year better than the other preschools.... They teach them how to do things on their own...” “They are just spectacular.”

“My daughter used to go to a 4-H program that was so nice. She could go there before school, and when school was over she attended until I got off of work. And they actually had students from Kenyon and different colleges that went in and helped the kids who were having difficulty, helped them get their homework done. That’s a real need in Knox County. You felt really comfortable knowing your kid was there.”

Recreation and activities for children and families

Currently used resources

Parents in all of the groups talked about doing outdoor activities with their children and taking advantage of parks, playgrounds, trails, lakes, and rivers. They emphasized that they do these activities with their families because they are free. There was a general consensus that there are not many organized recreational activities or facilities available in Knox County for children and families. In particular, they said there are not enough

activities that are free or low-cost or things to do in the winter. The community pool, the YMCA, Apple Valley facilities, restaurants, church programs, and the library were also mentioned by some parents, although awareness of and access to these resources seemed to be limited. The YMCA in particular sparked some debate. Most parents seemed to be aware of the YMCA and thought they offered some good activities. However, most parents said that membership and individual activities at the YMCA are too expensive. A few parents were aware of YMCA scholarships for low-income families, but most did not seem to be aware of this program.

Unmet needs and desired resources

“Nothing to do.” Many parents voiced frustration that there is “nothing to do” in Knox County for children, teens, and families. Discussions about recreational activities often got somewhat intense, with parents expressing outrage that there are so few free or low-cost options for families to do things together. For example, the cost of season passes to the public swimming pool was described as “*outrageously expensive!*” and the cost of movie tickets was referred to as “*highway robbery.*”

Needed activities and facilities. Table 39 displays the wish list for recreational activities and entertainment. In one group, the overwhelming number of votes went to creating a new community center. This ideal community center included many features, which are discussed below. An affordable movie theater, parks and recreation programs, affordable activities for families to do together, a teen center, and a free swimming pool were also prioritized. For most of these activities, parents stressed that they want opportunities to do things together as a family. But they also urged that they would like to be able to go to a place with their children, such as a community center, where they could take a break from parenting to exercise or just relax while their children were being cared for in a safe environment.

Information and awareness. Another unmet need that was discussed by both groups was for better advertising and publicity for existing activities. Several parents said the newspaper is not a good place to advertise these programs because they cannot afford the paper, do not have time to read it, or that information simply gets lost among all the other things in the paper. Instead they suggested radio ads and posting the information in eye-catching flyers on community bulletin boards and at churches. They also suggested sending a family activities bulletin to all households or putting them in grocery bags at all grocery stores.

Table 39: Activities and recreation wish list

Desired resource	Votes
New community center (or major improvements to the YMCA) (comprehensive family center with free or sliding-fee activities, swimming pool, child care, educational programs, respite care, fitness equipment, etc.)	13
Cheap movie theater	4
Parks and recreation programs (camps, nature education programs, and other activities)	3
Cheap activities for families to do together (family “night out” activities, bowling, etc.)	3
Teen center (free, drug-free, gun-free)	2
Free swimming pool	1

Source: Focus groups with low-income parents of young children, 2004

Vision for a family-friendly community center

One group talked specifically about the proposed community center that may be developed in Knox County in the future. The parents were very excited about this idea and had many creative ideas for what should be included in such a center:

- All activities free or on an affordable sliding-fee scale
- Safety and good security (“no one can get your kids without ID,” no vandalism)
- Membership should include all activities (if there is a membership)
- Flexible hours for working parents
- On-site day care with flexible hours
- Activities for families to do together, and activities for parents and children to do separately
- Bingo
- Fitness facility with secure 24-hour access
- Toy room for kids (“carpeted, cushy area” with toys, books, crafts, little bikes, story time, etc.)
- Before/after-school/ latch-key activities
- Mini-movie theater with free or cheap movies
- Free swimming pool
- Adult education classes and support groups, including GED, anger management, parenting classes, and parent stress relief
- Respite care for parents (a “time out” for parents)

Parents talk about activities for families

“[It’s] highway robbery what they charge here [to see a movie].” “It’s pretty sad—you can’t take a night to see a movie as a couple or a family.” “Even if the movie is old. Just to get away.”

“It should be free to teach kids not to drown.” “It’s ridiculous.” [referring to the cost of swimming lessons at the YMCA]

“A lot of that stuff [activities for children and families], they don’t even advertise in the paper or anything. So once you learn about it, it’s too late.”

Parents
talk
about
activities
for
families
continued

“I would read anything that came to my house that said ‘Help for Parents’ [listing activities].”

“I can’t wait to see the [new proposed] Community Center. I’ll be there every week.”

Services for low-income families, including emergency assistance and support for self-sufficiency

All three groups chose this broad category of concerns as a high-priority issue. One group focused on what services would help their family to “survive and make ends meet,” while another group talked more specifically about help they need “when things go wrong,” referring to crisis and emergency services. All three groups talked about services provided to low-income families in general and about what supports they need to be self-sufficient.

Currently used resources

Awareness and use. Focus group participants listed a wide array of existing resources—from churches and family members to the Department of Job and Family Services (DJFS). Overall, the parents seemed to be aware of many of the programs available in the county; many had received help from public agencies such as DJFS, and private organizations such as Interchurch and the Salvation Army at some point. Although participants often talked about getting help from friends, family, neighbors, and their churches, facilitators probed for information about more formal programs in order to garner information that would be more useful to the United Way.

Satisfaction. Some participants made comments about specific social service providers and told stories of good and bad experiences they have had with these organizations. Overall, parents were very satisfied with and appreciated the help they got from Interchurch Social Services, Head Start, WIC and other programs at the Knox County Health Department, New Directions, Care Net, and OSU Extension Services (4-H and parenting classes). Other organizations and programs received mixed reviews: Salvation Army, Big Brothers/Big Sisters, MOTA, and several programs provided through DJFS (OWF, Medicaid, food stamps, PIP, PRC, etc.). Some parents said they had received valuable help from the Salvation Army, while others described their experiences there as “degrading” and “terrible,” arguing that it is difficult to meet their eligibility criteria. Parents were positive about Big Brothers/ Big Sisters but said that the waiting list is too long and many cuts have been made to the program. MOTA was described as “unreliable.”

Emergency assistance. Parents recited a litany of emergency assistance providers and programs that they have relied upon for help with utilities, housing, financial assistance, transportation, food, and other emergency needs (Metro Housing, Kno-Ho-Co, Interchurch, Red Cross, Salvation Army, PRC, PIP, HEAP, Lifeline, etc.). Overall, there

seemed to be fairly good awareness of these programs, but parents described the system as a highly fragmented safety net. Parents were frustrated about strict eligibility criteria and other rules that often made it difficult or impossible to get the help they needed. They urged that it is easy to “fall through the cracks,” especially if you are working and make too much to get help, but not quite enough to pay all your bills. They also described a system in which several different organizations have small pots of money for emergency assistance, often making it necessary to visit several different places to piece together needed supports. Many parents also talked about going to Columbus, Newark, or Mansfield to get help. They said it is less stigmatizing to get help in bigger cities because there are so many people seeking assistance.

Welfare system. Two of the groups had heated discussions about the “assistance system”—referring to Ohio Works First (OWF), welfare reform policies, and related government programs—and other services provided through DJFS. There was widespread frustration with OWF’s emphasis on full-time work requirements instead of access to secondary and adult education. The “system’s” work requirements, work programs, and asset limits—coupled with poor access to education and living wage jobs—was repeatedly described as a “trap” that perpetuates an endless “cycle of poverty.” Some parents also said they felt stigmatized for being on assistance and that they had been treated disrespectfully by caseworkers at DJFS. Other parents, however, said they had very good experiences working with individual DJFS caseworkers.

Children’s Services. A few parents also described experiences with “Children’s Services,” probably referring to the Knox County Children and Family Services Division and Children’s Protective Services. Some parents complained that the caseworkers were overly critical, judgmental, and eager to remove children from the home, while another said she had worked with a helpful caseworker. One parent suggested that all Children’s Services caseworkers should be required to be parents themselves (“*They can’t empathize with you ‘cause they got no kids. They give ridiculous advice ‘cause they got no kids.*”)

Custodial grandparents. There were two custodial grandparents in one of the focus groups. They had several comments about the needs of non-parent caregivers.

Unmet needs and desired resources

Overall, parents felt the most important unmet needs related to the “big picture” of self-sufficiency. They argued that better access to health insurance, affordable housing, and good wages would go a long way towards truly supporting self-sufficiency and lifting families out of poverty (see Table 40). Improvements to the welfare and child support systems and more food assistance were also prioritized as important needs. Other unmet needs that parents prioritized on their social service wish lists included: more parent training, advice, and support; tailoring services to meet individual needs; more on-the-job training opportunities; more AIDS/STD and sex education; more information and advertising for services; assistance for custodial caregivers; and, more help to pay for utilities.

Table 40: Services for low-income families/ emergency assistance/ support for self-sufficiency: Wish list

Desired resource	Votes
Better access to health insurance for children and families	8
Affordable housing/ housing for low-income families (provide apartment buildings)	8
Better wages/ jobs with decent wages, hours, and benefits	4
Improve the welfare and child support systems	3
More food assistance, including better quality and fresher food at food pantries	3
Parent training, advice, and support; parenting classes	2
Tailor services to meet individual needs	2
More on-the-job training	2
More AIDS/STD and sex education for kids	2
More information and advertising about services	2
Assistance for non-parent custodial caregivers, such as grandparents and foster parents	1
More help paying utilities	1

Source: Focus groups with low-income parents of young children, 2004

Parents talk about self-sufficiency and services for low-income families

“I’m working. I’m functioning and surviving, but I’m not getting anywhere.”

“You’re working to get health care [insurance], and the cost coming out of your paycheck is so high you can’t afford the insurance you want. So you get caught in the middle.”

“New Directions really helped me. They helped me obtain a place to live... and they helped me mentally... Between them and Head Start... I got my self-esteem back.”

“They [CareNet] help you help yourself. You have to go to baby class to get the ‘Baby Bucks’.”

“When I first moved here to Mount Vernon I was on assistance and they basically told me, literally told me quote ‘You need to drop out of college.’ Because they weren’t focusing on education, they were focusing on work... I was working and going to school, but they wanted full-time work, 40 hours a week... If I did what they told me, I’d probably still be on assistance today!”

“I had to have my car in someone else’s name just to have a vehicle to drive to work... The car was 10 years old, but was too much of an ‘asset’... [The OWF/TANF assistance system is] a trap. It’s a cycle.”

“They [Children’s Services] say they don’t want to remove kids [from the home] but if they don’t like you they take your kids one way or another.”

“The lower income you are, the less ability you have to fight the system if they screw you over.”

What is a “good” social service provider?

Parents in one group described their “dream caseworker.” The characteristics they listed, along with other comments from participants about positive experiences they have had getting help, indicate how parents want to be treated by social service providers. Staff should:

- Treat you with respect and not stigmatize you for being low-income
- Return calls and follow through on tasks and promises
- Really care about you and your children; compassionate and empathetic
- Be interested in you and your children; involved, attentive, and responsive
- Be qualified, experienced, and professional

Programs should:

- Have flexible eligibility criteria and not penalize people who work
- Be comprehensive, not fragmented
- Help you help yourself
- Help you escape the “cycle of poverty” by addressing underlying problems, such as low wages and poor education
- Be accountable to the community and spend funds fairly and responsibly
- Be individualized to meet the specific needs and unique circumstances of each family
- Advertise widely and do outreach to make sure families know about them

Awareness and use of United Way member agencies

Awareness. After each focus group, parents were asked to complete the *United Way Agency Awareness and Satisfaction Survey*. Participants were asked a series of questions about each of the organizations funded by the United Way of Knox County. Awareness of these programs ranged widely, from only 6% reporting that they had ever heard of the South Vernon Youth League to 100% being aware of Head Start and Moundbuilders. Not surprisingly, these parents were more familiar with organizations that serve families (Head Start, YMCA, Big Brothers/Big Sisters, etc.) than they were with programs more geared toward seniors (Adult Day Care Center, Arthritis Foundation, etc.). Overall, at least half of respondents said they were aware of most of the programs that serve children, families, and the general public. Compassionate Friends, South Vernon Youth League, and the Centerburg Salvation Army were notable exceptions.

Use. Participants were then asked if they or their child had ever received help from or participated in activities at each of the organizations. Responses ranged widely. The most commonly used programs were Knox County Head Start (71%), the Mount Vernon YMCA (41%), and the Mount Vernon Salvation Army (38%). Many had also used Moundbuilders (29%) or the Drug and Alcohol Freedom Center (29%).

Table 41: Results of the *United Way Agency Awareness and Satisfaction Survey* (n=17)

United Way member organization	Have you ever heard of this organization?: Percent "yes"	Have you (or your child) ever gotten help from this agency or participated in any of its activities?: Percent "yes" (number)
Adult Day Care Center	35%	0%
Alcohol & Drug FREEDOM CENTER	88%	29% (5)
The American Red Cross of Knox County	94%	18% (3)
Arthritis Foundation - Knox County Branch	24%	0%
Big Brothers Big Sisters of Knox and Morrow Counties	82%	6% (1)
Boy Scouts of America - Muskingum Valley Council	56%	6% (1)
Compassionate Friends	18%	6% (1)
Consumer Credit Counseling Service	25%	6% (1)
Heart of Ohio Girl Scout Council	53%	12% (2)
Hospice of Knox County	77%	0%
Knox County 4-H Center	71%	12% (2)
Knox County Head Start	100%	71% (12)
Mental Health Association of Knox Co.	59%	6% (1)
Moundbuilders Guidance Center	100%	29% (5)
New Directions: Domestic Abuse Shelter	59%	12% (2)
The Salvation Army of Mount Vernon	94%	38% (6)
The Salvation Army - Centerburg Service Unit	35%	0%
South Vernon Youth League	6%	0%
The Station Break	71%	0%
YMCA of Mount Vernon	94%	41% (7)

Source: *United Way Agency Awareness and Satisfaction Survey* of low-income parent focus group participants, 2004

Computer and Internet access

Two questions about computer and Internet access were also included on the *Awareness and Satisfaction* survey to get a sense of how useful it would be to provide information to families about services and programs via web sites and email. All but one respondent (94%) said they had a computer with Internet access in their home and almost half (41%) reported ever using the Internet to find information about family activities, health care, or social services.

Table 42: Computer and Internet access

	Percent "Yes"
Have you ever used the Internet to find information about family activities, health care, or social services? (n=17)	41%
Do you have a computer with Internet access in your home? (n=16)	94%

Source: *United Way Agency Awareness and Satisfaction Survey* of low-income parent focus group participants, 2004

Discussion and conclusions

Community leaders have identified several research questions that need to be addressed by the 2004 community assessment. This discussion is designed to answer these overarching research questions using the results of the three parent focus groups and the *United Way Agency Awareness and Satisfaction Survey*.

Question 1: What do parents of young children need? What needs are already being met, and what are the unmet needs?

Parents expressed many unmet needs. Chief among them were:

- Better access to quality health care
 - More providers and better doctors, especially those who will take public health insurance
 - More medical facilities, including urgent care and free clinics
 - More dentists who will take public health insurance
 - More options for mental health care, including more high-quality providers who specialize in children's mental health
- Safe and affordable child care for young children
 - Trustworthy, professional, and licensed providers in safe, clean settings
 - Respite and support for stay-at-home parents
- Before and after-school care for school-aged children
 - Comprehensive programs that provide transportation, meals, and tutoring
 - Extended morning and afternoon/evening hours that accommodate parents' work schedules
- More recreational activities and facilities for children, families, and teens
 - Free and low-cost activities
 - Activities for families to do together, and for parents and children to do separately
 - More facilities, such as a new community center, discount movie theater, free swimming pool, more teen centers, etc.
- Better support for self-sufficiency and a more comprehensive safety net
 - Access to health insurance and affordable housing for the working poor
 - Jobs with higher wages and benefits
 - Improvements to the welfare and child support systems; more help to escape the "cycle of poverty"
 - Comprehensive emergency assistance programs that have flexible eligibility criteria
 - Service providers who are respectful, caring, and professional
 - Less stigma for low-income families seeking help

Some of these needs are being met for *some* families *some* of the time. For example, parents with private health insurance seemed fairly satisfied with the health care they receive in Mount Vernon and Columbus. Public health insurance programs (Medicaid, CHIP), the Knox County Health Department, and Head Start do provide some valuable help with physical and dental health services, but not all families are aware of or eligible for these services. Needs for *informal* child care arrangements seem to be met for many families, but access to more formal options appears to be limited. Finally, many sources of emergency assistance are available, but they tend to be very fragmented and limited.

Question 2: What assets do we already have to meet these needs, and which are most effective?

Knox County has several health care assets. The Knox County Health Department, Knox Community Hospital, public health insurance (federal and state programs), private physicians, and Moundbuilders Guidance Center were all mentioned by participants. These are certainly valuable resources, but more could be done to increase access to them and improve service.

Parents mentioned Head Start and the New Hope Early Education Center, family home child care providers, and informal arrangements (friends and family) as valuable child care assets in Knox County. Extending Head Start programming to younger children (Early Head Start) and doing more to train, support, and license family home child care providers are two possible ways to build upon these assets.

There are already some valuable before/after-school and summer programs currently available in Knox County through the schools, YMCA, and other organizations. Some other programs were apparently provided in the past but have been cut. Public school buildings and infrastructure are obviously an extremely valuable asset. The YMCA, 4-H, scouting, Big Brothers/ Big Sisters, and other youth programs are valuable assets that could possibly be expanded to serve before/after-school needs for more families.

Abundant greens space, churches, school buildings, and the YMCA are all potential assets for expanding recreational activities for children and families. Mount Vernon Nazarene University and Kenyon College also have many assets (facilities, infrastructure, volunteers, etc.) that could be drawn upon for family activities.

A wide array of safety-net services is available in Knox County—from state and federal programs administered through DJFS to non-profit organizations such as Interchurch and the Salvation Army. More needs to be done, however, to decrease fragmentation, improve service, and expand the amount of help each of these programs can offer.

It is beyond the scope of this report to draw conclusions about which programs are most effective.

Question 3: Where are there overlaps in service or duplicated services?

The focus group results did not reveal any obvious overlaps or duplicated services. If anything, lack of choice and competition among service providers was a problem. For example, Moundbuilders was mentioned as the only mental health provider in the county for those with public health insurance; parents were frustrated with their lack of choice in mental health services.

Emergency assistance is one potential area for overlapping services, although the limited resources and eligibility criteria for each program still seem to leave gaps in the safety net instead of actual duplications in service. Several organizations, for example, provide emergency help with utilities payments, clothing, and food (Interchurch, Salvation Army, Kno-Ho-Co, etc.).

Question 4: Are parents aware of existing resources and do they know how to access them?

Parents seemed largely aware of existing health care resources, although there was some confusion about the available services and fees at the health department's medical and dental clinics.

Some parents were aware of the state-funded child care subsidy program, although it is unclear if there were some parents who were eligible but not aware of this program.

Awareness of existing recreational activities for children and families seemed to be low. Many had not heard of the YMCA scholarships for low-income families and one woman said she had problems accessing a scholarship. Library story times were only mentioned by one parent, and many resources were not mentioned at all, such as the Children's Garden at the Career Center in Mount Vernon and the Brown Family Environmental Center in Gambier. There appears to be a large opportunity to increase community awareness of family activities in Knox County. Parents suggested posting flyers in public places and putting them in grocery bags, and developing a monthly "family activities bulletin."

Large federal and state-funded programs such as WIC, OWF, Head Start, food stamps, and Medicaid enjoyed high visibility among these parents. Many also seemed to know where to go for help with food, housing, utilities, and clothing. Parents perceived a lack of access to secondary and adult education and job training. This may be due to an actual dearth of educational opportunities in Knox County and/or to poor awareness of existing programs.

Results of the *United Way Agency Awareness and Satisfaction Survey* indicate that a surprisingly large proportion of parents have computers with Internet access in their homes and have used the Internet to find family resources in the past. Web sites and email could therefore be used to promote activities and services for low-income parents, although they should not be relied upon exclusively. Further research should be done to determine the best way to reach out to Knox County families via the Internet.

Question 5: What kinds of barriers do parents face when trying to get help?

Cost and stigma appear to be barriers for low-income families. Long distances and poor access to reliable transportation are barriers to accessing high-quality medical, mental health, and dental services in Columbus and other cities. Providers' refusal or inability to accept public health insurance is another major health care barrier. Inflexible eligibility criteria for a wide variety of programs are sometimes barriers for the working poor, who may earn too much to get help. Finally, disrespectful or unprofessional service providers deter some parents from asking for help.

Question 6: How satisfied are parents with existing services?

Parents expressed a wide range of satisfaction with different social services in Knox County. Several different parents across groups described positive experiences with specific organizations, including Interchurch and Head Start. Some parents shared individual stories of how agencies such as New Directions, Care Net, and 4-H had made a difference in their lives. The focus group discussions, supplemented by the results of the *United Way Agency Awareness and Satisfaction Survey*, indicate lower levels of satisfaction with Moundbuilders Guidance Center and the Mount Vernon Salvation Army. Some parents also expressed less satisfaction with Knox Community Hospital and DJFS. Given the small sample size (17), these results should be used with caution and further research should be done to assess customer satisfaction at these agencies. Needs assessment focus groups of this type are not necessarily the best way to assess customer service for a wide variety of agencies.

Overall, parents were able to identify many different resources in Knox County that they use to support and care for their families. Gaps remain, however, and more can be done to build upon and improve these resources.