

## **Executive Summary – 2014-15 Children’s Needs Assessment**

### **Introduction:**

This 2014-15 IRC Children’s Needs Assessment has provided valuable information to help guide the Child Services Advisory Committee (CSAC) and other local grant makers on the needs and priorities to ensure the well being of children in IRC.

The Health Council of Southeast Florida was engaged by the County to gather the empirical data, conduct key informant interviews with experts in the community, conduct focus groups (engaging 98 members of the community) and coordinate and conduct the Advisory Team meetings. It is important to note that the Advisory Team was made up of 30 members representing a broad cross-section of community leaders. Additional data compiled by the United Way ALICE Project and the Kindergarten Readiness Collaborative has also been reviewed as part of this process.

**This Executive Summary was written by the members of the Children’s Services Advisory Committee Needs Assessment Sub-Committee to summarize what we believe are the most important insights from this process.**

### **Key Insights:**

The Indian River County Children’s Needs Assessment, conducted for the first time since 2006, shows increases in poverty along with decreases in educational opportunities and outcomes. There are approximately 28,600 children under the age of 19 in Indian River County (IRC) of which 18,100 are enrolled in our public school system (SDIRC). The report shows the impact on these children, as well as the community at large.

Since the last report in 2006, the number of children under 18 living in poverty has increased from 16% to 21% and the number of children eligible for free or reduced school lunch has risen to almost 57%. Single mothers now account for 46% of births in IRC. The 2014 United Way ALICE report ([www.unitedwayirc.org](http://www.unitedwayirc.org)) details the significant poverty indicators in IRC – and should be read independently. If this cycle of poverty continues, there will be major implications for the County’s future.

The study also pinpointed areas with deep pockets of poverty in Fellsmere, Gifford, Highlands, Wabasso and parts of Central Vero. In these areas, the statistics are even more stunning. Families in these pockets are geographically dispersed and have racial and cultural differences. Focus group interviews indicate that people in these pockets may not be aware of, do not want to, or may not be able to leave these pockets to access services that could benefit them.

While IRC already has one of the highest gaps between rich and poor, this gap will likely widen as data shows the younger generation is increasingly uneducated. For example, 21.5% of 18-24 year olds and 20.7% of 25-34 year olds have less than a high school degree,

as compared to almost 14.3% in the 35-44 age group. Conversely, the percentage of residents with a Bachelors Degree is shrinking.

Our birth statistics highlight the issue of the pockets. Eight percent of mothers receive either 3<sup>rd</sup> trimester or no prenatal care (compared to 5% in Florida) and are concentrated in the pockets. At the same time, our infant mortality rate exceeds the State and is driven by infant mortality rates among blacks that are 8x that of whites in IRC.

Opportunities for early childhood education are also lacking. There is no Early Head Start Program (except for a small RCMA program in Fellsmere) and Head Start funds for 3-year olds have been reduced. While there are a sufficient number of child care slots, many parents cannot afford to send their children and there are disparities in the quality of the various providers. There is also a shortage of infant/toddler slots – and most care is at home or with family/neighbors.

The Voluntary Pre-Kindergarten and K-12 programs also have significant problems. Twenty-nine percent of our children are “not ready” to attend Kindergarten. This is even worse in the poverty pocket areas where this number rises to 66%. 44% of our 3<sup>rd</sup> graders are reading below grade level. While we have a better high school graduation rate than the State (79.1% vs. 76.1%), it has been decreasing (85% in 2006).

While child abuse and neglect statistics have improved, including a reduction in foster care placements (with the exception of children 5-11), focus groups highlighted weak parenting skills and lack of parent involvement. The stress on single parent, dual parent working households and households with unemployment, is very high.

Statistics on our youth are troubling. It appears that they are not going to school at the rate they should and are engaging in risky behavior ruinous to their futures. We have chronic school absenteeism of 11.1%. Our school suspension rate, bullying, and teen pregnancy exceed State averages. Tobacco, marijuana and alcohol use in Middle and High Schools also exceed State averages. It should be highlighted that there has been a material improvement in the alcohol and tobacco statistics for IRC since 2006 – which may be a result of the *LifeSkills* program. *LifeSkills*, an evidence based prevention program given to all IRC 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> graders, is a unique collaboration between Substance Awareness Center and SDIRC.

We need to ask why our youth is so unhappy and disconnected. We heard in our interviews that there is a lack of out of school activities, particularly for those 12+. Most that exist require parents to pay for them and deliver the children to practice and games (baseball, soccer, etc.). This is difficult if one can't afford it and lack transportation to get there. A single mother who is worrying how to pay the bills can't get organized to get her children to activities. Notable positive exceptions to this are Boys & Girls Club, Gifford Youth Achievement Center, Youth Guidance and other programs.

Another message we heard loudly in the interviews is that there is a lack of awareness by end users of the available resources. We have some very good services in IRC and people

may not be aware of them. Additionally, while services do exist, they are open M-F and 9-5 (or earlier), which is not when parents are available.

While not a new issue, the lack of public transportation and school bussing of students with one late bus, means travel is long, difficult and impossible after 6:30 if you don't have a car.

### **Focus Areas (in order of prioritization)**

Analyzing the data presented, the Advisory Team was guided through a prioritization and voting process to determine what the focus areas should be for Children's Services Advisory Council.

#### **1. Early Childhood Development**

This encompasses birth to age 5. For the younger children this would mean improving the interactions they have beginning at birth with their caregivers. It would include improving the quality (and transparency of relative quality) at childcare, PreK and Voluntary PreK providers as well as improving financial accessibility to by leveraging available federal and state funds.

Why: Research shows that the period 0-5 is the most important time for brain development and cognitive and emotional skills can be significantly impacted.

#### **2. Build Parent Capacity**

This encompasses improving parenting skills at every age of a child's life and providing support mechanisms for parents. A priority would be new parents, in particular first time and single parents, and those in the poverty pockets.

Why: A parent is a child's first and most important teacher. We need to equip parents to be the good parents that they all want to be.

Note that the Kindergarten Readiness Collaborative is working on specific recommendations on both Priority 1 and 2. Currently they are doing best practice site visits throughout Florida. Recommendations should be available in April.

#### **3. Out of school recreational activities and enrichment programs**

They need to be free/affordable and accessible (transportation) to parents and children. Where possible, they should include a literacy/tutoring component. Mentoring programs are included. There is a large gap of programs for children 12+.

Why: Children need to develop positive out of school outlets that keep them engaged in school, promote their health and provide connections (to sports/hobbies, a person or group, etc). There is a wealth of data supporting extended day and extended year programs.

#### 4. Middle and High School programs that address risky behavior

It appears that the *LifeSkills* class in middle school has had a positive impact. We need to investigate how something like this can be continued into high school as well as expanded to include delinquent behavior, teen pregnancy, STDs, bullying etc.

Why: There is a lot of at risk behavior and we need to ensure that it is addressed early and repeatedly.

#### **Taking the Long Term View**

We believe the community (politicians, agencies, philanthropists, employers, parents, etc.) must start taking a long-term view focusing 15-25 years out. We have a cycle of poverty in IRC that has been increasing and needs to be broken.

We believe interventions should start as early as possible in a child's life in order to have the greatest impact. That is why our top two priorities are Early Childhood Development and Building Parent Capacity.

We also must ensure IRC is using national best practices. This would include investing in interventions that are scalable, evidence based and cost efficient. With the internet, best practices are easy to access. For example, NIEER (National Association for Early Education Research) sets standards and rates all 50 states PreK programs. Additionally, the IRC Funders Forum (Funder Collaborative) has recently funded a best practices education series for Agency Executive Directors and their boards.

Collaboration in the community is essential and can help optimize human and financial resources, expose and eliminate overlap. A shared voice can make sure the top priorities are addressed. We have several excellent examples of collaboration in IRC – the Moonshot Moment (collaboration between SDIRC, Learning Alliance and 40 other organizations), Life Skills (collaboration between SDIRC and Substance Awareness Center) as well as the Mental Health Collaborative and TC Homeless Services Council.

Given that IRC poverty is in geographically disbursed pockets and that we have unique transportation problems, we must always keep in mind that services need to be available where and when people need and can access them. We also must also utilize the best mediums to clearly communicate what, when and where these services are available.

IRC has fallen behind other central Florida counties in its investment in children. All other counties on the Treasure Coast have a Children's Services Council whose funds, raised locally, enable them to leverage additional federal and state matching funds (School Readiness, Early Head Start, etc.) Therefore, we need to take a hard look at the financial resources in IRC dedicated to our children.

The complete report is attached: