

## YOUTH & FAMILY

(poverty, child care, after school programs, teen pregnancy, access to behavioral health services/counseling, child abuse/neglect)

<b>RESEARCH:</b>	<b>FOCUS GROUPS</b>	<b>AGENCY INTERVIEWS</b>
<p><b>DEMOGRAPHICS:</b></p> <ul style="list-style-type: none"> <li>• More children in single parent families</li> <li>• More children with working mothers</li> <li>• Increase in number of 10-19 year-olds predicted over next 20 years</li> <li>• Hispanics make up youngest population group in U.S. (1/3 under age 18; 30% dropout rate)</li> <li>• Increasing primary caregivers (foster, step, extended, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient number of before, after school &amp; weekend programs; alternatives to sports</li> <li>• Questionable quality of some after school programs</li> <li>• Need for more programs for “good” kids</li> <li>• Need for more programs for behaviorally challenged kids (not yet in system)</li> <li>• Insufficient number/quality of child care in certain towns</li> <li>• Parenting education</li> <li>• Comprehensive approach to supporting families rather than children and /or parents independently</li> <li>• Transportation to services/programs</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient number of after school &amp; weekend programs particularly in certain towns and for certain “challenged” youth</li> <li>• Difficulties in meeting needs of Hispanic population</li> </ul>
<p><b>POVERTY:</b></p> <ul style="list-style-type: none"> <li>• 96,000 CT children live in poverty, 40,000 more than in 1989</li> <li>• CT poverty rate nearly doubled b/t 1989 &amp; 1998 (12%)</li> <li>• Based on eligibility for the Free/reduced meal program, 24% of CT’s K-12 students are poor ; Waterbury (61%), Naugatuck and Thomaston have highest rates for meal program</li> <li>• Nearly 2/3 of CT’s poor children in families with at least one working parent</li> <li>• 62% of CT’s “working poor” families are headed by single mothers (48% nationally)</li> </ul>	<ul style="list-style-type: none"> <li>• Gaps in knowledge of services</li> <li>• Lack of family stability as parents work 2-3 jobs</li> <li>• “Stressed” families unable to adequately provide for children</li> <li>• Need for life skills planning for parents &amp; youth</li> <li>• Growing tension between have and have nots</li> <li>• Unwillingness to utilize services due to stigma</li> </ul>	<ul style="list-style-type: none"> <li>• Support services (child care, after school, transportation) to assist low wage earners in retaining jobs</li> <li>• Need for more one stop centers due to family schedules and basic reluctance to use any services</li> </ul>
<p><b>MENTAL HEALTH:</b></p> <ul style="list-style-type: none"> <li>• Suicide rate for 15-24 year olds increased 25% b/t 1970 and 1998 -1998 youth suicide rate in CT (9.4 per 100,000) lowest since 1987</li> <li>• Waterbury had highest rate (73.4/1000)of incidences leading to suspensions/expulsions; growing rate at elementary school level; increased demand for behavioral services for children</li> </ul>	<ul style="list-style-type: none"> <li>• Concern about increasing youth mental health/behavioral problems; increasing suicide</li> <li>• Drug/alcohol abuse by parents &amp; teens</li> <li>• Reluctance to utilize services in Waterbury by other residents</li> <li>• Waiting lists for behavioral/mental health services in all towns &amp; schools</li> <li>• Need system for mandating early intervention for behavioral issues</li> <li>• Peer pressure</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of funding for counseling</li> <li>• Waiting lists for behavioral health services</li> <li>• Younger clientele</li> <li>• Difficulty in recruiting/retaining bi-lingual staff</li> <li>• Decreased use of mental health services due to managed care</li> </ul>

<p><b>BIRTH &amp; TEEN PREGNANCY:</b></p> <ul style="list-style-type: none"> <li>•1998 CT infant mortality rate dropped; lower than national average</li> <li>•1998 CT low birthweight rate rose; higher than the national average</li> <li>•1999 birth rate for women 15-19 fell but Waterbury remains at twice state average</li> <li>•Teen birth rate 5-8 times higher, infant mortality rate and child death rate 2-3X higher for African-American &amp; Hispanic youth</li> </ul>	<ul style="list-style-type: none"> <li>• Need to include fathers in children’s lives; more father initiatives</li> <li>• Lack of self-esteem programs for girls as alternative to sexual activity/pregnancy</li> <li>• Teen pregnancy rates in Waterbury remain consistently high</li> </ul>	<ul style="list-style-type: none"> <li>• Need for more information on pregnancy prevention, sexually transmitted diseases; access issue – walk-in centers</li> </ul>
<p><b>ABUSE/NEGLECT:</b></p> <ul style="list-style-type: none"> <li>•Welfare reform has not increased foster care rolls, as some predicted</li> <li>•Waterbury rates of physical abuse, emotional neglect, high risk newborns, medical neglect, at risk behavior, physical neglect, and sexual abuse outrank overall state statistics; reported/substantiated abuse more than twice Hartford’s</li> </ul>	<ul style="list-style-type: none"> <li>• Need for more support services to reduce family stress</li> <li>• Parenting skills</li> <li>• One stop center for services/referrals</li> <li>• Development of neighborhood centers with services and opportunities for networking; social interaction to combat isolation</li> </ul>	<ul style="list-style-type: none"> <li>• NW region is only region with no longer term residential facility; both Waterbury emergency sites have children averaging 8-10 months for emergency stay; no place to refer when mandated 100 days is reached</li> <li>• Need for safe homes in suburban communities</li> </ul>

**HEALTH\***  
(physical, mental, substance abuse)

<b>FOCUS GROUPS:</b>	<b>AGENCY INTERVIEWS:</b>
<ul style="list-style-type: none"><li>• Cost of health care</li><li>• Waiting lists for behavioral health services</li><li>• Unwillingness/delay of elderly and Hispanics to seek services</li><li>• Lack of sufficient dental care due to limitations of Title XIX</li><li>• Cost of supplemental health insurance</li><li>• Drug and alcohol abuse</li><li>• Youth suicide</li><li>• Depression among elderly</li><li>• Cost of prescriptions</li><li>• Cost/coverage of health care due to low paying jobs or those lacking any health benefits</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• difficulty in serving Hispanic population</li><li>• difficulties in retaining all medical staff particularly bi-lingual</li><li>• decreased use of mental health care due to managed care</li><li>• increased number of clients with multiple occurring symptoms</li><li>• difficulty in meeting patients needs due to health system</li><li>• Need for more information and services for teens on pregnancy prevention and sexually transmitted diseases</li><li>• Lack of information among providers</li><li>• Need for more home-based services due to age of clients</li><li>• Lack of alcohol de tox center</li><li>• More complicated state and federal funding systems</li></ul>

	<b>ELDERLY</b> (transportation, access to services, demographics, mental health services)	
<b>RESEARCH:</b>	<b>FOCUS GROUPS</b>	<b>AGRENCY INTERVIEWS:</b>
<b>POPULATION</b> <ul style="list-style-type: none"> <li>•7<sup>th</sup> oldest state in the nation</li> <li>•Between 1990 and 2010 in CT: -median age will increase from 34 to 40 -adults aged 18 to 44 will decline from 44% to 34% of the population -adults over the age of 85 will nearly double</li> <li>•By 2030, there will be 70 million elderly, twice the number there are today</li> <li>•Women represent 58% of those over 65 and 70% of those over 85</li> </ul>	<ul style="list-style-type: none"> <li>• Growing number of elderly, particularly age 85+</li> <li>• Lack of nearby family; isolation leads to poor utilization of services</li> <li>• Growing number of widows (55-65) without health insurance</li> <li>• Need for more proactive outreach</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty in serving elderly Hispanic population – language, reluctance</li> <li>• Limited number of seniors (10%) attend senior centers; opportunity to offer services and assess needs is thus limited</li> <li>• Elderly demographics will generate demand for primary physical and mental health professionals</li> <li>• Increased age of elderly makes provision of services more complicated &amp; home-based</li> </ul>
<b>HEALTH</b> <ul style="list-style-type: none"> <li>•Longer stays in nursing homes</li> <li>•High costs of medical care in final years of life</li> <li>•Major health issues are cardiovascular disease, unintentional injuries, cancer</li> <li>•Falls are most common cause of non-fatal injuries</li> <li>•80% of those who die from falls are age 65+</li> <li>•18.4% of people 65+ have diabetes</li> <li>•Increased costs to Social Security and Medicare</li> <li>•Supplemental insurance providers are pulling out of the market</li> <li>•Few nursing homes in CT with psychiatric services (none in this region)</li> </ul>	<ul style="list-style-type: none"> <li>• Cost of supplemental health insurance</li> <li>• Unwillingness to access services; pride</li> <li>• Increasing alcohol abuse; unwillingness to seek services or unawareness of their existence</li> <li>• Lack of ambulance/fire volunteers</li> <li>• Cost of prescriptions</li> <li>• Need for more dental services due to limitations of Title XIX</li> <li>• High cost of mental health</li> <li>• Delayed access until crisis</li> </ul>	<ul style="list-style-type: none"> <li>• Inability to compete with hospitals for staff</li> <li>• Lack of information among providers; makes referral for services difficult</li> <li>• Managed care and inability to meet patients needs</li> </ul>

**SERVICES**

- “Fear factor” leads to isolation
- Needs are more severe and crisis oriented
- Higher cost of operating senior centers
- Lack of information/knowledge of navigating services (application, follow-up, appeal, etc.)
- Culturally sensitive services, such as housing, are lacking
- Coordination of free and volunteer services needs improvement
- Individual town senior centers (more expensive) instead of regional units
- Reduction in use of congregate services by 50%
- Have special needs as pedestrians, passengers, and drivers
- Approximately 9% of CT long term care budget goes to home care, while 91% goes to nursing homes

- Lack of transportation particularly on demand
- Lack of affordable housing; waiting lists
- Need for more “chore” services to help elderly maintain homes
- Growing population that are ineligible for public subsidized elderly housing but cannot afford to stay in their homes
- Need for proactive, locally based services to overcome elderly fear factor

- Growing demand for employment by seniors
- Need for homecare services
- One stop shopping; need for more links with faith based agencies
- Support services for grandparents caring for children

	<b>BASIC NEEDS</b> (homelessness, affordable housing, food, necessities)	
<b>RESEARCH:</b>	<b>FOCUS GROUPS</b>	<b>AGENCY INTERVIEWS</b>
<p><b>FOOD/HUNGER in CT</b></p> <ul style="list-style-type: none"> <li>•8.8% of CT's population is food insecure; 3.8% with hunger</li> <li>•Food Stamp participation has decreased 18% since 1997</li> <li>•25% of eligible children don't participate in Food Stamp program</li> <li>•Statewide, shelters, food pantries, and soup kitchens are seeing an increase in those seeking food</li> <li>•Foodshare sites reported an 18% increase in demand in 1999</li> <li>•Working people make up 25% of those using emergency food sites</li> <li>••In households with children, 50-75% of children had food insecurity</li> <li>•75% of sites reported an increase in persons seeking services</li> <li>•More than half of pantries report having to stretch supplies at times</li> <li>•15% of emergency sites say they have to turn people away at times</li> <li>•25% of foodbank clients work part or full-time; 78% rent or own home</li> <li>•37% of children in NW region are obese</li> </ul>	<ul style="list-style-type: none"> <li>• Unwillingness of some residents to utilize services</li> <li>• All food banks at lower levels than last year with those in Waterbury and Naugatuck in greatest need</li> <li>• Strained municipal budgets may not be able to accommodate growing needs for basic services</li> <li>• Need for money management skills; many living paycheck to paycheck; increased foreclosures</li> <li>• Difficulty in accessing food stamps</li> </ul>	<ul style="list-style-type: none"> <li>• Fluctuations in support (both financial and other) make it difficult to meet needs</li> <li>• Transitional financial assistance for women coming out of shelters</li> <li>• Need for better referral system</li> <li>• Increased number of educated people using food pantries mid-month</li> <li>• Need for education on nutrition, meal planning and budgeting</li> </ul>
<p><b>SHELTER in CT (data from 10/98-9/99)</b></p> <ul style="list-style-type: none"> <li>•16,657 different people used shelters (4.6% increase from the previous year), including 1,635 families (6.2% increase) with over 3,151 children (12.5% increase)</li> <li>•People were turned away 9,953 times due to lack of bed space</li> <li>•Single adults: -22% women, 78% men -40.6% African-American, 34.7% White, 22.7% Latino -72% aged 18-50 -over 49% had no income</li> <li>•10.1% two parent families</li> </ul>	<ul style="list-style-type: none"> <li>• Increased "actual" homelessness; many residents living in temporary situations with relatives, friends</li> <li>• Affordable housing</li> <li>• Need for assistance in rent deposits</li> <li>• Lack of rent subsidies</li> <li>• Concern about reduced number of rent subsidized units due to expiration of federal program</li> <li>• Transitional housing with support services</li> <li>• Homeowner management skills</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing number of families at shelter for longer periods of time (3-4 weeks); at current rate, will be turning people away</li> <li>• Affordable housing; rent deposits</li> <li>• Money management skills</li> </ul>
<p><b>POVERTY in CT</b></p> <ul style="list-style-type: none"> <li>•11.8% of CT children still lived below the poverty level in 1998</li> <li>•Approximately 310,000 CT residents are living at or below the federal poverty level (\$15,150 per year for a family of 3)</li> <li>•Average inflation-adjusted income of CT's poorest fifth of families in 2000 decreased more than \$6,100 since 1980's (\$23,780 to \$17,620)</li> <li>•Minimum self sufficiency wage in Waterbury area is \$7.50-\$8.00/hr</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing demand for emergency energy assistance and basic needs including school supplies</li> <li>• More youth working to assist families</li> </ul>	<ul style="list-style-type: none"> <li>• Clients seeking other services (medical, counseling, etc.) seeking money or basic supplies</li> <li>• Increased number of youth requesting stipends to pay for personal needs</li> </ul>

	<b>EDUCATION</b> (academic skills, truancy & dropout rates, violence, programs/services)	
<b>RESEARCH:</b>	<b>FOCUS GROUPS</b>	<b>AGENCY INTERVIEWS</b>
<b>TRENDS &amp; STATISTICS</b> •Growing middle school population •More diverse school population in cities -CT is closing gap fastest between performances of White and minority students •Waterbury students highly mobile •Working 16+ hours/week detracts from the educational experience •Declining manufacturing & high-tech skill demands make staying in school imperative •1998 cumulative drop out rates follow poverty curve: 2.6% (ERG A) to 36.2% (ERG I) •Cumulative dropout rate down each year from 16.4% (1996) to 14.3% (1999) •25% of all CT high school students come from 7 worst performing districts ••CT ranks 42 <sup>nd</sup> of all states in the infusion of technology in its K-12 public schools •Children not reading on grade level by the end of 3 <sup>rd</sup> grade are 10X more likely to drop out and be incarcerated by age 30 •Currently 71,000 children in special education; 50% will never graduate; most are not LD or special needs, they simply cannot read (80% of LD children do learn to read)	<ul style="list-style-type: none"> <li>• Impact of children with untreated behavioral problems on other students</li> <li>• Bullying at all levels</li> <li>• Eliminate middle schools and return to K-8 system (Waterbury)</li> <li>• Need for programs/internships to give students better sense of opportunities and alternatives to college</li> <li>• High school graduates lack basic math/reading skills to secure/retain employment</li> <li>• Lack of transitional supports for students entering middle and high school with most dropouts occurring in 9<sup>th</sup> and 10th grades</li> <li>• Lack of supplies, books, technology and guidance counselors in Waterbury</li> <li>• Lack of technology, sports &amp; arts program in Naugatuck</li> <li>• Budget issues in Watertown, Naugatuck and Thomaston</li> <li>• Budget and regional issues in Southbury-Middlebury and Bethlehem-Woodbury</li> <li>• Overcrowding and waiting list for behavioral health services</li> <li>• Need for more parent friendly environment</li> </ul>	<p>Schools were not interviewed.</p>
<u>Waterbury</u> •Arrest rate for youth 18 and under for disorderly conduct, drug abuse, simple assault, larceny/theft, and vandalism outrank overall state statistics •Highest in the state in violent incidents (79.7/1,000 students) •Truancy, dropout rates, and suspensions for violent behavior are higher than rest of state <i>and</i> than the other ERG I communities •More runaways, particularly females, than rest of state •Cumulative dropout rate in Waterbury for class of 1999: 37.6% Others:	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Gangs</li> <li>• Truancy</li> <li>• Lack of support system for students in danger of dropping out</li> <li>• Lack of in-school suspension site/alternatives in Waterbury</li> <li>• Increasing demands on existing alternative education programs in other communities</li> <li>• Increased number of students in special education; questionable referrals; may be for behavior</li> </ul>	

<p>Naugatuck, Thomaston and New Milford exhibiting higher than average drop out rates/truancy for ERG  13 of 21 towns saw less than 70% of 4<sup>th</sup> graders achieve reading CMT goal</p>		
<p><b>SOCIAL CLIMATE</b>  •Lack of awareness of the dangers of bullying among teachers and school officials  •Among CT parents with children in grades K-12:  -55% worry child will pick up attitudes/behaviors that go against values  -45% worry about child's safety in school  -41% worry about students bullying other students  -32% worry that child will not be prepared for next grade  -26% worry about teachers being overly harsh  -23% consider changing child's school</p>	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Social tensions based on economic disparities</li> <li>• Peer pressure</li> </ul>	

**ECONOMIC DEVELOPMENT & EMPLOYMENT**  
(jobs, labor force, job & training opportunities, cost of living)

<b>DIMENSION</b>	<b>FOCUS GROUPS</b>	<b>AGENCY INTERVIEWS</b>
<p><b>CONNECTICUT</b></p> <ul style="list-style-type: none"> <li>•one of top 3 states with the largest decline in 25-34 year olds</li> <li>•Per capita income #2 in US at \$39,167, 37% over national average</li> <li>•Median family income (for family of 4) is \$75,534</li> <li>•3.1 unemployment rate (July 2001)</li> <li>•In 1999, 17% of jobs had FT/FY work paying less than poverty wages</li> <li>•Welfare rolls reduced from 57,000+ families (1/96) to 27,584 (12/00)</li> <li>•Welfare to workers are working average of 27 hours/week at \$6.60/hour</li> <li>•Pockets of technology firms around the state (5<sup>th</sup> highest in wages and 11<sup>th</sup> in percentage of residents working in high-tech field)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of better paying jobs</li> <li>• Loss of youth to other states with opportunities</li> <li>• Job opportunities limited to low paying jobs; cannot afford to live &amp; work in CT</li> <li>• Loss of young residents for volunteer (fire, ambulance, etc.) with increased demand for those services</li> <li>• TANF pushing people to low paying jobs with no possibility of advancement; cycle of poverty</li> <li>• Parents working two jobs; travel to other towns for higher pay; family impact</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of comprehensive supports for residents transitioning off welfare</li> <li>• Lack of knowledge of all the resources available; need for one stop services</li> </ul>
<p><b>WATERBURY</b></p> <ul style="list-style-type: none"> <li>•Self-sufficiency standard: \$39,096 for single working parent &amp; \$43,968 for two working parents (with 1 infant and 1 pre-school age child)</li> <li>•Less industrialized than its own Labor Market Area (LMA) region</li> <li>•Downtown: high vacancy rates for retail and office space/outdated zoning</li> <li>•Obsolete industrial buildings, contaminated industrial land, lack of industrial park land and Infrastructure</li> <li>•Low assessment, spending needs, and budget crisis</li> <li>•Image hinders business recruitment and the capture of regional spending</li> <li>•Has not become a destination for dining, arts, culture, or entertainment</li> <li>•Little Class A space and little corporate presence</li> <li>•Losing employment in signature industry: precision metal manufacturing</li> <li>•Employment base stagnant or declining since early 90's recession</li> </ul>	<ul style="list-style-type: none"> <li>• Better paying jobs are key to addressing many other issues (child abuse, basic needs, shelter and transportation)</li> <li>• Importance of a skilled workforce but need jobs to retain residents</li> <li>• Need for paid training resulting in meaningful work</li> <li>• Lack of affordable childcare and need for prompt payment by CCAP</li> <li>• Corporations relying on temps to cut costs; tax incentives to hire from temporary agencies</li> <li>• Need for economic diversification to develop higher paying jobs</li> </ul>	<ul style="list-style-type: none"> <li>• Clients often lack basic math and reading skills; unable to participate in or complete training; difficult to refer</li> <li>• Clients need life management skills</li> <li>• Need for more effective job funnel system</li> <li>• Need for comprehensive, coordinated job development system with higher paying jobs</li> </ul>

<ul style="list-style-type: none"> <li>•Low unemployment and a shrinking labor force suggests working age people are moving elsewhere for opportunity</li> <li>•Only 1 child for every 3 adults; workforce for next 20 years already born</li> <li>••In 2000, 47.6% homes were owner occupied (higher than BGT, NH, HFD)</li> </ul>		
<p><b>SERVICE AREA</b></p> <ul style="list-style-type: none"> <li>•Area towns are outpacing both state and Waterbury in population growth</li> <li>•Relatively more youth and elderly; fewer working age in this area</li> <li>•Number of 15-29 year olds have declined 15% since 1992</li> <li>•Except for Waterbury, regional job growth has kept pace with the state</li> <li>•Fastest growing jobs in the next two years will be services and retail</li> <li>•14,000 businesses in region, 12,000 of which employ 10 or fewer people</li> <li>• Labor Market Indices in Waterbury (-2.0%) and Torrington (-0.3%) both declined in 2<sup>nd</sup> quarter of 2001</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of high paying jobs for youth coupled with lack of affordable housing</li> <li>• Increasing number of corporate layoffs due to possible age discrimination</li> <li>• Ripple effects on small businesses already competing with chains</li> <li>• Low paying jobs in retail do not provide health benefits</li> <li>• Predictions throughout service are of unemployment</li> </ul>	

## Other topics of focus groups

### **Cultural diversity**

- ◆ Importance of ability to speak and write English while maintaining opportunities
- ◆ Interest in some smaller communities in more opportunities for youth to experience other cultures and mix with youth from other communities/backgrounds

### **Neighborhoods/Social capital**

- ◆ Sense of isolation in all communities – don't know neighbors
- ◆ Declining overall number of volunteers

### **Arts**

- ◆ Important to quality of life and a vehicle for reducing isolation of some residents (e.g., elderly) and offers intergenerational opportunities
- ◆ Lack of arts projects/events/exhibits for broad range of groups across communities
- ◆ Facility issues

### **Environment**

- ◆ Need for more grassroots organizing
- ◆ Lack of opportunities for individual towns environmental groups/land trusts to share resources/information
- ◆ Concern about perceived exclusiveness of some environmental agencies