VOICES FROM HOME: PERCEPTIONS OF SOUTH CAROLINA CAREGIVERS ON CARING FOR KIDS AND ACCESSING SUPPORTS

Deborah Daro

Kristen Seay

Kelly Crane

ACKNOWLEDGMENTS

We are deeply appreciative to the many individuals who provided thoughtful perspective, suggestions, and feedback to this product. This work is part of a larger project to develop a new framework for guiding state planning efforts to enhance state and local capacity to prevent child abuse. This work, being piloted in Colorado and South Carolina, is built on a set of core values or pillars of practice which state leadership can use to:

- Guide state and local investment decisions across multiple options to promote child safety;
- Identify a common set of benchmarks to monitor the extent to which high priority interventions and policy changes substantially improve child outcomes and strengthen the ability of families to care for and protect their children; and
- Outline a set of implementation strategies which state and local communities can use to move ideas into practice.

We would like to acknowledge the many parents in South Carolina who responded to our surveys and participated in our focus groups which provided important context to this review. In addition, we would like to thank the researcher who conducted the parent focus groups: Dr. Kristen Seay from the University of South Carolina.

Our ability to complete this work would have been impossible without the contributions and comments of our colleagues at the Children's Trust of South Carolina. We particularly want to thank Sue Williams, Executive Director of the Children's Trust of South Carolina and Joan Hoffman, Chief Strategy Officer of the Children's Trust of South Carolina.

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OVERVIEW

Central to improving prevention efforts is creating a context in which parents have access to the supports they need to care for their children. In some cases, these supports will be generated through informal service networks such as relatives, close friends, neighbors, and colleagues. In other cases, families will reach out to local community agencies such as churches, libraries or community centers or will access publicly provided health care and income support programs. The resources families use are in part a function of what is available in their community and the degree to which asking for and providing help to other parents is common and mutually reinforcing. Understanding the resources families most value and the challenges they face in securing these resources can help guide state and local community planners in structuring a more responsive child abuse prevention plan.

In order to better understand how South Carolina parents view these issues, Chapin Hall, in partnership with the South Carolina Children's Trust, conducted a brief survey and held a series of focus groups for caregivers. The purpose of this report is to summarize the findings from the survey and focus groups and to outline how these discoveries might influence the content of the state's child abuse prevention plan.

PARENT AND COMMUNITY ASSET SURVEY

Deborah Daro & Kelly Crane

Chapin Hall, in partnership with South Carolina Children's Trust, conducted a brief survey open to any adult caregiver currently caring for at least one child under the age of 18 (see Appendix A). Caregivers accessed and responded to the survey over the internet. In the promotion of the survey, we were eager to have representation from both parents receiving services, as well as those not receiving services. As an initial step, the survey link was posted on the Trust's website and made available to all of the Trust's partner organizations, grantees and supporters. Those organizations who provide direct services were asked to share the data link with their program participants. The Trust also purchased Facebook ads targeting parents across South Carolina and directing them to the survey link. In addition, the survey's purpose and link was shared with members of the Joint Council on Adolescents and Children, a group made up of all state agencies as well as child and family serving non-profit organizations across South Carolina. Members were asked to forward the survey to their constituents. The survey was open for three months from February 16 to May 26, 2016.

SURVEY CONTENT

The survey addressed three core areas:

- **Community resources.** The survey explored the specific resources a family might have available in their community to help them as a parent. Respondents rated their knowledge and use of different local resources such as medical services, educational services, social services, faith-based interventions, and recreation programs.
- **Community quality and mutual self-help.** Respondents rated the extent to which they viewed their community as a positive environment for raising children and the extent to which residents mutually support each other.
- **Parental capacity.** Respondents rated their own capacity for meeting their children's needs and managing their child's growth and development.

In order to better understand the general profile of the respondent pool, respondents were asked to provide descriptive information in terms of their demographic characteristics (age, race, income, gender, educational level); household composition (number of children, number of caretakers in the home); and residential ZIP code.

RESPONDENT PROFILE

There were 375 responses to the survey; 30 of these responses were removed from the data analysis because the respondents indicated they did not have a child living at home under the age of 18, resulting in a final sample of 345.

Table 1 provides specific details on the demographic characteristics of the survey respondents. Despite attempts to capture a diverse group of respondents, nearly all of the caregivers who responded to the survey were female (89%), white (71%), college educated (73%), with reported household incomes at or above $50,000 (65%). Well over half of the respondents (67%) indicated that they share caregiving responsibilities for their child(ren) with another adult. Seventy-three percent had earned a bachelor's degree or higher. Nineteen percent of all caregivers who responded have served or are serving in the U.S. military. There were an average of two children under the age of 18 living in the home and the average age of the youngest child being cared for was six years old. The mean age of the caregiver respondents was 42 years old.

While generally reflective of the racial composition of the state, survey respondents include a higher than expected proportion of parents with more education and higher income. The majority of South Carolina's population is white (68.4%) followed by African American or Black (27.6%) which is reflective of survey respondents. However, only a quarter of the state's overall population has a college degree or higher (25.3%) and the median household income is $45,000, proportions which are not representative of this survey's population[1].

[1] US Census data

TABLE 1. CHARACTERISTICS OF CAREGIVERS (N=345) [A]		
	#	%
Age (Mean=42.3, SD=11.1)		
35 and younger	58	30.1
36-45	70	35.7
over 45	68	34.7
Gender		
Male	22	10.9
Female	180	89.1
Race		
African American or Black	46	22.9
American Indian/Alaska Native	1	0.5
Asian American	3	1.5
Caucasian/White	142	70.7
Hispanic or Latino American	2	1.0
Multiracial	7	1.5
Highest level of education completed		
Graduate Degree(s)	74	36.5
College graduate	73	36.0
Some college/post-secondary/Technical School	44	21.7
High school graduate/GED	11	54.2
Less than high school	1	0.5
Estimated household income		
$75,000 or over	82	42.1
$50,000 to $74,999	45	23.1
$30,000 to $49,999	35	18.0
$10,000 to $29,999	24	12.3
Under $10,000	9	4.6
Foster Parent		
Yes	109	89.3
No	13	10.7
Children under age 18 living at home (mean=1.9, SD=1.0)		
1	80	43.7
2	56	30.6
3+	47	25.7

Age of youngest child at home (mean=6.4, SD=5.4)		
Birth to 5	95	52.2
6 and older	87	47.8
Caregiving responsibilities shared with another adult		
Yes	139	66.5
No	70	33.5
Ever served in the U.S. military		
Yes	40	19.1
No	170	81.0
DSS Region[2]		
Region I	23	11.6
Region II	86	43.2
Region III	27	13.6
Region IV	34	17.1
Region V	29	14.6

[a] Respondents were not required to answer any demographic questions. There is an average of 40 percent of missing demographic data for all respondents.

In order to better understand how demographic or contextual factors might impact a respondent's view of their community, use of resources, or parental capacity, we conducted subgroup analyses of the data by key demographic characteristics such as race (White versus Non-white); income ($75,000 versus less than $50,000 annual income); educational level (College degree versus less than college degree); and caregiver responsibilities (single caregiver versus share caregiver responsibilities). For purposes of these analyses, the subgroups were structured to achieve a balance in sample size between the two subgroups and to maximum group differences.

One additional area we examined was the degree to which variation was observed among families living in different communities. Respondent zip codes were used to cluster the sample into five relatively large regions, as defined by the South Carolina Department of Social Services (DSS). To test the relationship between residential location and respondent attitudes and behaviors, we examined the mean scores on all of the scales we developed to assess community resources, community quality and self-help and parental capacity. As summarized in Table 2, we found only marginal differences in

[2] South Carolina Department of Social Services defined regions. Region I: Anderson, Cherokee, Greenville, Oconee, Pickens, and Spartanburg counties; Region II: Chester, Fairfield, Kershaw, Lancaster, Lexington, Richland, Union, and York counties; Region III: Allendale, Beaufort, Berkeley, Charleston, Colleton, Dorchester, Hampton, and Jasper counties; Region IV: Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, and Williamsburg counties; Region V: Abbeville, Aiken, Bamberg, Barnwell, Calhoun, Edgefield, Greenwood, Laurens, McCormick, Newberry, Orangeburg, and Saluda counties.

these mean scores across respondents living in each of the five DSS regions. Table 2 includes the mean scores for each of the questions in the survey that were asked relevant to each specific area. Respondents ranked each question on a similar scale (e.g. “1” indicating strong disagreement, “2 “ indicating disagreement, “3” indicating agreement, and “4” indicating strong agreement). The scores highlighted in green are the highest rated scores (most positive scores) and those highlighted in red were on the low end of the scale. While some variation was observed across the regions, no consistent patterns emerged and these differences were generally not dramatic enough to merit any further analysis in terms of residential location.

We compared the mean scores respondents from the various communities reported in our survey to the mean scores respondents from these same communities reported in an earlier population based survey conducted by the Trust to identify the number of adverse experiences residents reported. Using the Adverse Childhood Experiences scale (ACEs), respondents in the earlier Trust survey were asked to report the number of various types of traumatic events they experienced before the age of 18. These events include such things as parental or caregiver’s substance abuse, mental issue, or criminal involvement resulting in prison; being a victim of various forms of child abuse or neglect; and having parents who got divorced. In both surveys, respondents living in the DSS Region V reported more positive profiles than respondents in other counties or regions. Respondents from Region V in the current survey reported highest levels of community satisfaction and helping giving behaviors and respondents in the earlier Trust survey reported the fewest number of adverse experiences. While respondents from this region did not have the lowest score in any of the scales we tested, respondents in two other regions (Region IV and I) also reported very positive views of their community and family life despite having reported higher numbers of adverse experiences in the Trust survey. Because of the very limited proportion of residents in any community responding to either survey, caution should be used in drawing any conclusions between the characteristics examined in this survey and the relationship to the mean number of adverse experiences residents may have experienced in childhood.

TABLE 2. REGION MEANS FOR SURVEY QUESTIONS

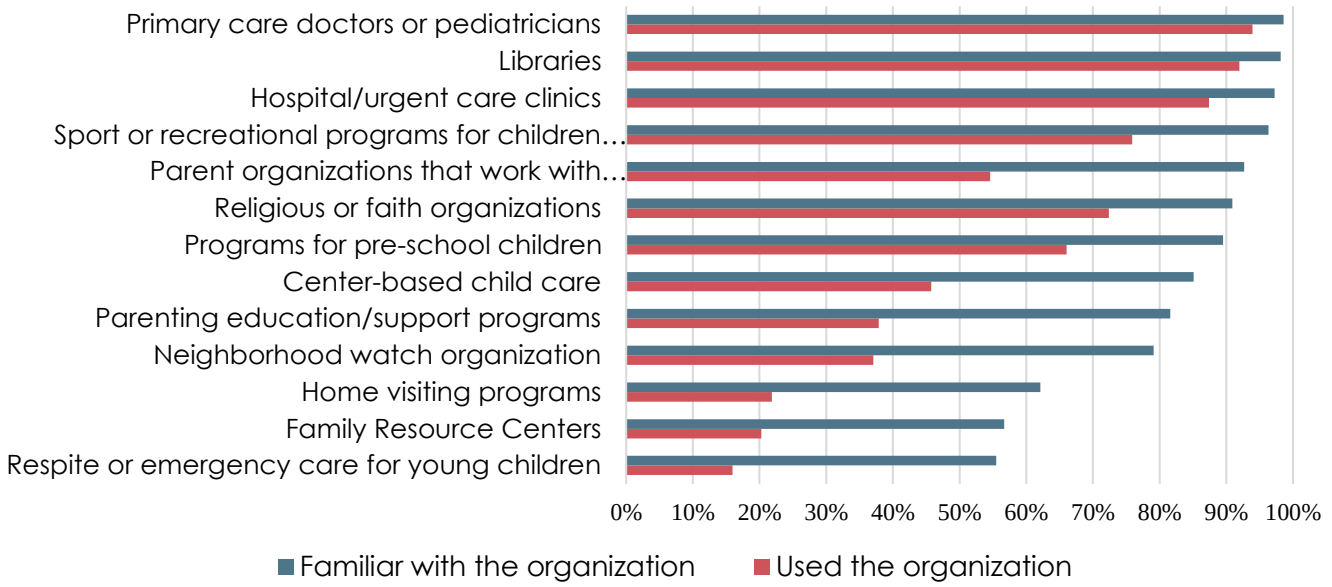
	Region I Mean Score (*n*=23)	Region II Mean Score (*n*=86)	Region III Mean Score (n=27)	Region IV Mean Score (*n*=34)	Region V Mean Score (*n*=29)	Scale range (lowest to highest score)
Community quality	23.9	22.8	22.6	21.9	22.4	21.9 - 23.9
Community characteristics	16.4	16.4	16.8	16.7	17.1	16.4 - 17.1
Help giving behaviors	8.4	8.6	8.7	8.6	9.6	8.4 - 9.6
Help seeking behaviors	6.7	7.2	6.5	7.4	7.1	6.5 - 7.4
Family characteristics	23.0	22.3	22.2	22.9	22.7	22.2 - 23.0
Relationship with youngest child	26.0	25.6	25.3	26.1	25.8	25.3 - 26.1

CAREGIVER KNOWLEDGE AND USE OF COMMUNITY RESOURCES

Communities often have organizations with resources and supports for families to help them care for their children. We explored the extent to which parents are aware of these resources and if they utilize them. We found that in general, caregivers were familiar with a large number of resources available to them in their community, but, in most cases, the use of these supports was limited.

As summarized in Figure 1, caregivers were most familiar with and most likely to use health care resources such as doctor and hospitals; libraries; recreational programs for youth; and school-based parent organizations such as the PTA. The community supports which caregivers were not as familiar with and also the least likely to use included respite or emergency care for young children; family resource centers; and home visiting programs. Although the majority of parents were aware of educational and child care programs for young children, only about half of the respondents reported using these resources.

FIGURE 1: CAREGIVER KNOWLEDGE AND USE OF COMMUNITY RESOURCES



We collapsed the community support programs into fewer categories to get a clearer idea of the broad type of community resources that parents are the most familiar with and use the most frequently. We used these condensed categories to test the association between the familiarity and use of these resources across sub-populations of caregivers using the chi square significance test. The collapsed community supports include six categories: 1) libraries, 2) heath care (PCPs and hospitals), 3) children and youth care and education programs (center-based care, pre-school, PTA, sports programs), 4) religious or faith organizations, 5) neighborhood watch, 6) parent support programs (home visiting, respite care, parenting education, family resource centers).

We tested the association between the familiarity and use of these resources across sub-populations of caregivers using the chi square significance test as detailed in Tables 3 and 4. Generally, caregivers who are non-white, less educated, and had a lower income were less familiar with many of these community resources, with the exception of the use of parent support programs. Caregivers with an income under $50,000 reported that they use parent supports, such as home visiting and family resource centers, more frequently than their counterpart caregivers with a higher income. There was no association found between these sub-populations and the familiarity and use of libraries and health care programs, such as hospitals and Primary Care Physicians. There was also no association found when looking at single parent status for any of the community supports.

TABLE 3: FAMILIARITY OF COMMUNITY RESOURCES BY SUBPOPULATIONS OF CAREGIVERS												
	Faith Organization			Neighborhood Watch			Child Care Programs			Parent support		
	#	% Familiar	p-value	#	% Familiar	p-value	#	% Familiar	p-value	#	% Familiar	p-value
Race/Ethnicity												
White	129	64.2%	0.273	117	58.2%	0.038*	138	68.7%	0.977	128	63.7%	0.516
Non-White	49	24.4%		39	19.4%		57	28.4%		55	27.4%	
Education												
College degree or higher	135	66.5%	0.029*	122	60.1%	0.001*	146	71.9%	0.005*	137	67.5%	0.043*
Less than a college degree	45	22.2%		36	17.7%		51	25.1%		48	23.7%	
Household Income												
$75,000 or higher	80	53.3%	0.001*	70	46.7%	0.001*	82	54.7%	0.084	74	49.3%	0.538
Less than $50,000	53	35.0%		39	26.0%		64	42.7%		61	40.7%	

* Statistically significant ($p \leq 0.05$)

TABLE 4: USE OF COMMUNITY RESOURCES BY SUBPOPULATIONS OF CAREGIVERS												
	Faith Organization			Neighborhood Watch			Child Care Programs			Parent support		
	#	% Using	p-value	#	% Using	p-value	#	% Using	p-value	#	% Using	p-value
Race/Ethnicity												
White	104	51.7%	0.043*	50	24.9%	0.119	125	62.2%	0.313	56	27.9%	0.001*
Non-White	39	19.4%		21	10.5%		50	24.9%		39	19.4%	
Education												
College degree or higher	111	54.7%	0.055	61	30.0%	0.010*	134	66.0%	0.020*	63	31.0%	0.005*
Less than a college degree	34	16.8%		11	5.4%		43	21.2%		33	16.3%	
Household Income												
$75,000 or higher	59	39.3%	0.563	38	25.3%	0.004*	75	50.0%	0.215	30	20.0%	0.000*
Less than $50,000	47	31.3%		14	9.3%		56	37.3%		45	30.0%	

* Statistically significant (p≤ 0.05)

CAREGIVER PERCEPTIONS OF COMMUNITY QUALITY AND MUTUAL SELF-HELP

The survey asked respondents to rate the extent to which they viewed their community as a positive environment for raising children and the extent to which they provided assistance to and received support from others in their community to help them care for their children.

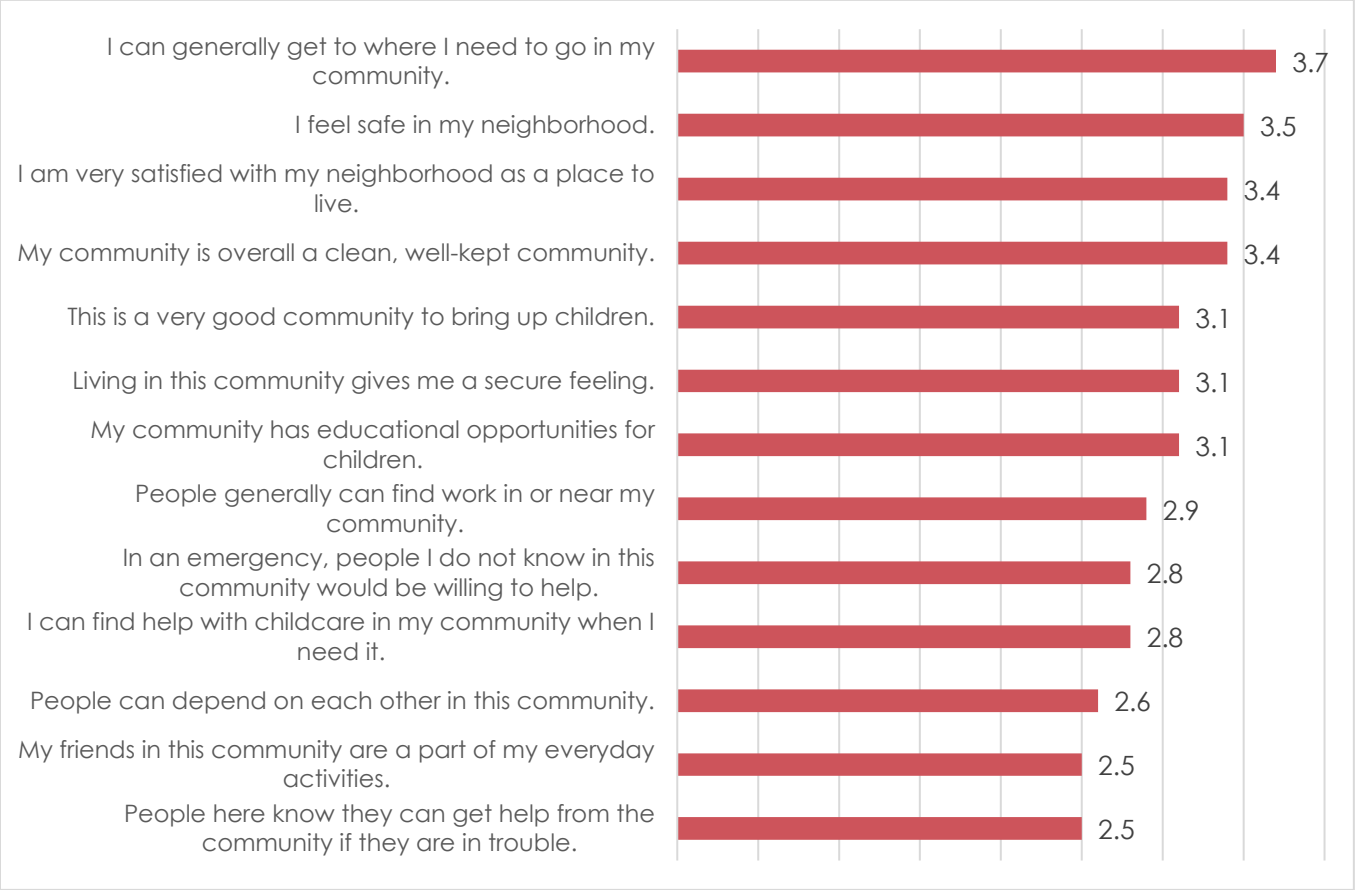
COMMUNITY QUALITY

Respondents were asked a series of questions about the extent to which they would be able to access a range of supports if needed within their community and their overall assessment of how hospitable their community is to supporting them as parents and individuals. For each statement, respondents were asked to rate their agreement on a four point scale: "1" indicating strong disagreement, "2" indicating disagreement, "3" indicating agreement, and "4" indicating strong agreement.

As noted in Figure 2, caregivers who responded to the survey found their neighborhood safe, clean and a good place to live. Contrary to what has been observed in other surveys, the caregivers in our survey did not express concern, on average, over the transportation options in their community, indicating that they have little difficulty in getting to where they need to go in their community. In contrast, respondents were less confident that would be able to secure childcare help if needed, felt less connected to their community, or that they can find help if they found themselves "in trouble." Since the survey did not probe for greater detail in how respondents viewed the concept of "being in trouble", it is unclear what the specific limitations are to obtaining assistance when facing such

FIGURE 2: COMMUNITY QUALITY AND CHARACTERISTICS (N-223)

circumstances.



In exploring the degree to which respondents differed in their overall perceptions of their community based on their socio-demographic characteristics, and single caregiver status, we gave each respondent a total score based on their individual responses to each item along the four point agreement continuum. Higher scores indicate stronger agreement with more aspects of their community. The potential maximum score for any respondent using this method was 52, with scores in the sample

range from 17 to 52. Using this total overall score for each respondent, we examined any differences by subgroup of caregivers using a t test difference between means scores. Notable differences were found when examining caregiver responses by race and household income as shown in Table 5. Caregivers who self-identify as being non-white and those reporting low income responded less favorably to the extent to which they can access supports if needed within their community, their overall satisfaction with their community as a safe place to raise children, and their assessment of how welcoming their community is to supporting them as parents and individuals.

TABLE 5: COMMUNITY PERCEPTION BY SUBPOPULATION

	Scale = 1-52	
	Mean Score (SD)	p-value
Race/Ethnicity		
White	40.7 (7.0)	0.000*
Non-White	36.1 (8.2)	
Education		
College degree or higher	40.0 (7.5)	0.060
Less than a college degree	37.5 (8.1)	
Household Income		
$75,000 or higher	42.3 (6.0)	0.000*
Less than $50,000	35.5 (8.6)	
Caregiver shares caregiving responsibilities		
Yes	39.7 (7.6)	0.288
No	38.2 (7.5)	

* Statistically significant ($p \leq 0.05$)

MUTUAL SELF-HELP

A central component found in various child abuse prevention theories is the degree to which parents rely on friends and neighbors to offer them assistance in meeting the needs of their children. These interactions frequently include such behaviors as asking others for basic advice on child rearing issues, offering to watch each other's children for short or longer periods of time, providing concrete resources, or helping each other do basic tasks such as shopping or helping around the house. Most of these activities are short term but, when available, have been found to reduce parental stress and create a more cohesive community.

To determine the extent to which parents in South Carolina experience this type of mutual self-help, respondents were asked to document the frequency (once, more than once, or not at all) with which they engaged in various activities over the past 30 days as both the provider of assistance as well as the one who asks for assistance. For purposes of reporting the data, we have collapsed the responses into two categories – engaging in the behavior (yes) or not engaging in the behavior (no). As summarized in Table 6, respondents were consistently more likely to have offered assistance in each of these areas than asked for assistance. The most likely strategy for giving help to neighbors and friends was to give advice about child rearing; this was also the most likely way caregivers sought help from others. Conversely, respondents were the least likely to offer help in taking care of others' children on a regular basis. Again, the same was true for respondents' help seeking behavior—they were the least likely to ask neighbors and friends for help with regular child care.

TABLE 6: HELP-GIVING AND HELP-SEEKING BEHAVIORS (N=223)						
	Help giving behavior			Help seeking behavior		
	Yes	No	Mean (Scale= 1 - 3)	Yes	No	Mean (Scale= 1 - 3)
Giving advice or information about raising child(ren)	61.7%	38.3%	2.0	33.3%	66.7%	1.5
Running an errand, shopping, providing a ride, helping with a chore/repair	50.5%	49.5%	1.8	29.6%	70.4%	1.4
Lending things like money, tools, food, or clothing	50.5%	49.5%	1.7	21.6%	78.4%	1.3
Taking care child(ren) when something is unexpected	42.8%	57.2%	1.6	30.6%	69.4%	1.4
Taking care child(ren) on a regular (e.g. weekly or daily) basis	32.7%	67.3%	1.5	23.0%	77.0%	1.3

We examined the degree to which respondents differed in their help giving and help seeking behaviors based on their socio-demographic characteristics and single caregiver status. As illustrated in Table 7, only minor differences were observed in the extent to which different subgroups of respondents reported providing help to others in their community. In three instances, however, these differences were significant. Non-white caregivers and those with a lower household income were more likely to lend their neighbors items such as money, food or clothing. Caregivers with a lower household income also were more likely to provide child care help on a regular basis. No significant differences were observed in any of the subpopulations in terms of their likelihood to provide occasional child care help, run an errand or help a neighbor with a household chore, or provide child rearing advice. In addition, no differences were observed in any of the help giving behaviors among respondents who differed by education or single parent status.

We also examined the other end of the mutual support relationship—asking for help. As presented in Table 8, caregivers with a lower household income were more likely to ask friends and neighbors for things like money, tools, or food. Somewhat surprising, those caretakers who reported sharing caretaker responsibilities with another adult were more likely that those raising children on their own to seek out regular and occasional child care assistance from a friend or neighbor. No differences were observed in any of the subpopulations in terms of their likelihood to ask friends or neighbors for child

rearing advice or run an errand or help a neighbor with a household chore. Also, no differences were observed by race or education for any of the help seeking behaviors.

TABLE 7: HELP-GIVING BEHAVIORS BY SUBPOPULATION OF CAREGIVERS

	Providing child care help on a regular basis		Providing child care help		Running an errand, providing transportation, helping with a chore		Lending things like money, tools, food, or clothing		Child(ren) rearing advice	
	Mean Score (SD)	p-value	Mean Score (SD)	p-value	Mean Score (SD)	p-value	Mean Score (SD)	p-value	Mean Score (SD)	p-value
Race/Ethnicity										
White (n=142)	1.5 (0.8)	0.097	1.6 (0.6)	0.440	1.7 (0.8)	0.163	1.7 (0.8)	0.027*	2.0 (0.9)	0.740
Non-White (n=59)	1.7 (0.9)		1.7 (0.9)		1.9 (1.0)		1.9 (0.9)		2.1 (0.9)	
Education										
College degree or higher (n=147)	1.5 (0.8)	0.066	1.6 (1.5)	0.064	1.8 (0.8)	0.760	1.7 (0.8)	0.096	2.1 (0.9)	0.232
Less than a college degree (n=56)	1.7 (0.8)		1.8 (1.6)		1.8 (0.9)		1.9 (0.8)		1.9 (0.9)	
Household Income										
$75,000 or higher (n=82)	1.4 (0.7)	0.005*	1.6 (0.7)	0.069	1.8 (0.8)	0.592	1.5 (0.7)	0.000*	2.1 (0.9)	0.689
Less than $50,000 (n=68)	1.7 (0.8)		1.8 (0.8)		1.9 (0.9)		2.0 (0.9)		2.1 (0.8)	
Caregiver shares caregiving responsibilities										
Yes (n=100)	1.5 (0.8)	0.842	1.7 (0.8)	0.205	1.8 (0.9)	0.449	1.8 (0.9)	0.499	2.1 (0.9)	0.664
No (n=44)	1.5 (0.8)		1.5 (0.7)		1.7 (0.8)		1.9 (0.8)		2.0 (0.9)	

* Statistically significant ($p \leq 0.05$)

TABLE 8: HELP-SEEKING BEHAVIORS BY SUBPOPULATION OF CAREGIVERS

	Providing child care help on a regular basis		Providing child care help		Running an errand, providing transportation, helping with a chore		Lending things like money, tools, food, or clothing		Child(ren) rearing advice	
	Mean Score (SD)	p-value	Mean Score (SD)	p-value	Mean Score (SD)	p-value	Mean Score (SD)	p-value	Mean Score (SD)	p-value
Race/Ethnicity										
White (n=141)	1.4 (0.7)	0.798	1.5 (0.7)	0.543	1.4 (0.7)	0.744	1.3 (0.6)	0.217	1.5 (0.7)	0.660
Non-White (n=59)	1.4 (0.7)		1.5 (0.8)		1.5 (0.7)		1.4 (0.7)		1.5 (0.8)	
Education										
College degree or higher (n=146)	1.3 (0.7)	0.303	1.4 (0.7)	0.339	1.4 (0.7)	0.283	1.3 (0.6)	0.982	1.5 (0.7)	0.953
Less than a college degree (n=56)	1.4 (0.7)		1.6 (0.8)		1.5 (0.7)		1.3 (0.6)		1.5 (0.7)	
Household Income										
$75,000 or higher (n=82)	1.3 (0.7)	0.317	1.5 (.07)	0.748	1.4 (0.7)	0.093	1.2 (0.4)	0.009*	1.4 (0.6)	0.380
Less than $50,000 (n=68)	1.5 (0.7)		1.5 (0.7)		1.6 (0.7)		1.4 (0.7)		1.5 (0.8)	
Caregiver shares caregiving responsibilities										
Yes (n=100)	1.5 (0.8)	0.044*	1.5 (0.8)	0.024*	1.4 (0.7)	0.777	1.3 (0.6)	0.243	1.6 (0.8)	0.919
No (n=45)	1.2 (0.5)		1.3 (0.5)		1.4 (0.7)		1.4 (0.7)		1.5 (0.8)	

* Statistically significant ($p \leq 0.05$)

PARENT ASSESSMENT OF PARENTAL CAPACITY

Questions in this section of the survey examined parental self-report of their ability to ensure that their child's developmental needs are being appropriately and adequately met. Caregivers were asked questions related to their family's capacity to care for their children. The sample reported high levels of parental capacity with the majority of caregivers indicating their family could meet their basic material needs (92%), enjoy spending time together (88%), and pull together when things are stressful (86%).

However, nearly a quarter of the caregivers (24%) felt they do not take time to listen to each other in their family and that their family is not able to find resources in the community when needed.

In terms of assessing specific parent-child interactions, respondents were asked to focus on their relationship with the youngest child in their household. In this sample, the average age of the youngest child living at home was 6 years old. When looking at their interactions with their youngest child, respondents reported that caring for a young child can be stressful. Over a quarter of caregivers (28%) stated that on occasion, their child misbehaves just to upset them. Additionally, 15 percent of caregivers reported that on occasion, they lose control when disciplining their child. The vast majority of caregivers reported knowing how to help and soothe their child, being happy with their child, being close to their child, and praising their child when they behave well.

TABLE 9: FAMILY FUNCTIONING (N=208)

From the statements listed below, please indicate how well each characteristic describes your family:	Most of the Time	Rarely and On Occasion	Mean (scale 1-3)
My family can consistently meet our basic material needs (e.g., food, clothing and shelter).	92.3%	7.7%	2.9
My family enjoys spending time together.	88.0%	12.0%	2.9
My family pulls together when things are stressful.	86.0%	14.0%	2.9
My family is able to solve our problems.	82.7%	17.3%	2.8
In my family, we talk about problems.	82.2%	17.8%	2.8
Members of my family are emotionally and physically healthy.	79.8%	20.2%	2.8
In my family, we take time to listen to each other.	76.3%	23.7%	2.8
My family is able to find resources in the community when we need them.	76.3%	23.7%	2.7

TABLE 10: PARENT AND CHILD INTERACTION (N=202)

From the statements listed below, please indicate how well each characteristic describes your family:	Most of the Time	Rarely and On Occasion	Mean (scale 1-3)
I am happy being with my child.	96.0%	4.0%	2.9
I am able to soothe my child when he/she is upset.	93.6%	6.4%	2.9
I know how to help my child	92.6%	7.4%	2.9
My child and I are very close to each other.	92.6%	7.4%	2.9
I praise my child when he/she behaves well	91.6%	8.4%	2.9
I spend time with my child doing what he/she likes to do.	85.6%	14.4%	2.8
When I discipline my child, I lose control.	85.0%	15.0%	2.8
I know what to expect from my child as he/she grows and	83.2%	16.8%	2.8

develops.			

We next examined reports of parental capacity by their socio-demographic characteristic and single caregiver status. We gave each respondent a total score for both Family Functioning statements and Parent and Child Interaction statements based on their individual responses to each item along a three point scale of how often the statement applied to them and their family ("1" indicates rarely, "2" indicates on occasion, and "3" indicates most of the time). Higher scores indicate stronger frequency or agreement with more positive aspects of parental capacity. Using this total overall score for each respondent, we examined any differences by subgroup of caregivers using a t test between means. Notable differences were found for two of the four dimensions. Non-white respondents with a lower household income were generally less satisfied with their family functioning and less positive in their interactions with their children. No differences were observed between respondents' education level and single caregiver status.

TABLE 11: FAMILY FUNCTIONING AND PARENT AND CHILD INTERACTION BY SUBPOPULATION

	Family Characteristics (Scale = 1 to 24)		Relationship with youngest child (Scale = 1 to 27)	
	Mean Score (SD)	p-value	Mean Score (SD)	p-value
Race/Ethnicity				
White (n=140)	22.7 (2.1)	0.042*	25.9 (1.6)	0.092
Non-White (n=59)	22.0 (2.5)		25.2 (3.0)	
Education				
College degree or higher (n=145)	22.6 (2.2)	0.258	25.7 (2.2)	0.576
Less than a college degree (n=55)	22.2 (2.3)		25.8 (1.7)	
Household Income				
$75,000 or higher (n=82)	22.9 (1.8)	0.003*	25.8 (1.7)	0.292
Less than $50,000 (n=66)	21.7 (2.8)		25.3 (2.7)	
Caregiver shares caregiving responsibilities				
Yes (n=39)	22.5 (2.1)	0.993	25.8 (1.6)	0.430
No (n=93)	22.5 (2.0)		25.4 (2.8)	

* Statistically significant ($p \leq 0.05$)

DATA LIMITATIONS

As with any survey, there are some data limitations that should be kept in mind.

- Missing data: Not all questions required a response and therefore there were a number of missing answers. In fact, for most questions related to demographic information, the response rate was relatively low with an average of 40% of missing demographic data for all respondents.

- Minimal sample size, particularly at the community level: This is a convenience sample that reflects those who became aware of the survey and then elected to complete it. As such, aggregating information to assess how all residents in a specific geographic area might view their community or parent their children is difficult to do with this type of survey.
- Low variability: Although the total sample is substantial, the sample is largely female, upper income and highly resourced families. While this is not unusual in parent self-report studies of this type, the attitudes and behaviors represented in the data may not be fully reflective of the South Carolina parent population.

KEY FINDINGS

We found that overall:

- Caregivers are generally aware of a wide range of formal and informal resources in their community to assist them in meeting the needs of their children. However, many caregivers, for whatever reason, do not routinely utilize these resources. Most caregivers report knowing about a range of supportive services in their communities such as parent education programs, home visiting programs, family resource centers, and respite care centers. However, relatively few caregivers are utilizing these resources. The exceptions to this pattern were health care resources and public libraries, both of which were accessed by most caregivers.
    - Generally, caregivers who are non-white, less educated, and had a lower income were less familiar with many community resources, with the exception of the use of parent support programs. Caregivers with an income under $50,000 reported that they use parent supports, such as home visiting and family resource centers, more frequently than their counterpart caregivers with a higher income.
- While the caregivers in the survey are generally satisfied with their communities as a positive place to raise their children, respondents cited securing appropriate child care as a resource that are not as readily available as they might prefer.
- Caregivers in this survey, as in other population based surveys conducted by Chapin Hall, find that respondents were consistently more likely to report providing assistance to others than asking for assistance themselves. Non-white respondents and those with lower incomes were more likely to provide and ask for help from friends and neighbors than whites or those reporting higher incomes. The most likely strategy for giving help to neighbors and friends was to give advice about child rearing; this was also the most likely way caregivers sought help from others.
- The sample reported high levels of parental capacity with the majority or caregivers indicating their family could meet their basic material needs, enjoy spending time together, and pull together when things are stressful. However, nearly a quarter of the caregivers (24%) felt they

do not take time to listen to each other in their family and that their family is not able to find resources in the community when needed.

- Respondents reported that caring for a young child can be stressful. Over a quarter of caregivers (28%) stated that on occasion, their child misbehaves just to upset them. Additionally, 15 percent of caregivers reported that on occasion, they lose control when disciplining their child. The vast majority of caregivers reported knowing how to help and soothe their child, are happy being with their child, are close to their child, and praise their child when they behave well.

IMPLICATIONS FOR PLANNING

The findings from the survey have several implications for planning including:

- Greater attention is needed to embed parent education and support opportunities into the fabric of community life. Particularly promising prevention partners include local health providers as well as public libraries. Intentional partnerships with pediatricians and public libraries may increase opportunities to engage with parents utilizing these services in a strength-based, non-stigmatizing manner.
- Creating viable economic opportunities for parents and insuring access to high quality childcare is as important for strengthening parental capacity as more traditional forms of parent support and education.
- Public awareness and prevention messages are needed to make the case for encouraging community residents to seek out help from each other as well provide help to others. It is particularly important to encourage parents to ask for help when they feel overwhelmed with meeting the day to day responsibilities of caring for their children as well as caring for themselves.
- Given the differences in parental attitudes and resources observed across different groups of parents, it will be important going forward to foster local community planning efforts to insure that communities invest in strategies most relevant for their residents.
- Parents continue to need ongoing education regarding which behaviors are developmentally appropriate for children and to have opportunities to strengthen their capacity and confidence in meeting the needs of their children at all stages of development. Offering early childhood development trainings on a regular basis to parents participating in prevention programs and addressing appropriate early childhood milestones in regular communications are important.
- The parent survey identified parent views of their community and personal capacity to meet the needs of their children that should be shared with prevention and early childhood partners to assist in their planning and development of resources.

FOCUS GROUPS

Kristen Seay

Focus groups were held, in partnership with South Carolina Children's Trust, throughout the state of South Carolina with a variety of caregivers. The objective of holding these was to gather diverse opinions from various subgroups of parents. We were interested in learning more about the supports and resources available to parents in their community and how these resources help caregivers care for their children and strengthen their parenting skills (see Appendix B for the focus group facilitation guide). The focus group locations were selected to maximize the representation of parents from diverse communities across the state of South Carolina. The focus groups were conducted between May 9, 2016 and May 26, 2016 in five different locations.

DESCRIPTION OF PARTICIPANTS

A total of 32 caregivers participated in five focus groups held at locations in Aiken, West Columbia, Columbia, Charleston, and Darlington. In general, participants at each location were believed to live close to that region. However, participants in Charleston were known to be from both Charleston and Pickens County, South Carolina. Table 1 includes a listing of the location of each of the focus groups and general characteristics of each group's participants. Parents attended voluntarily and all focus groups lasted approximately ninety minutes. The sessions were conducted in English and were audio recorded and transcribed to improve accuracy.

TABLE 1. FOCUS GROUP DEMOGRAPHICS

Location				Female		White		African American	
City	County	Rural/ Urban	#	#	%	#	%	#	%
Darlington	Darlington	Rural	9	7	78	0	0	9	100
Aiken	Aiken	Rural	8	7	88	2	25	6	75
West Columbia	Lexington	Urban	1	1	100	0	0	1	100
Columbia	Richland	Urban	6	0	0	0	0	6	100
Charleston	Charleston	Urban	8	7	88	7	88	1	12

COMMUNITY RESOURCES AND SUPPORTS

Participants were asked to comment on the supports and resources available in their community which they view as valuable in meeting the needs of their children. Overall participants expressed both positive and negative statements about the availability of formal supports in their communities and reported they were willing to help each other as needed through informal supports.

COMMUNITY FORMAL SUPPORT

There were mixed statements expressed by the caregivers on the formal supports available in their communities. Overall, the formal services that parents most frequently described as most valuable to them included direct supports, parenting classes, churches, and services that provided activities for children. These most frequently mentioned formal supports were the only service options cited across all five focus groups. Other direct supports that were frequently discussed in some of the groups, but not others, include child welfare, in both its positive and negative aspects, schools, libraries, and support groups. Table 2 presents the number of times each type of formal support was reported across focus groups, and the number of focus groups in which the theme was mentioned.

Parents highlighted the value of direct supports as these were mentioned frequently across groups and took numerous forms. The most common direct support mentioned by caregivers was food. Specifically, participants discussed programs through schools that send food home for children as well as community gardens. Church food banks were another program commonly discussed by the participants as a positive support to communities. One parent stated, "I know a lot of the churches within the surrounding areas alternate weekends that they give out food and stuff." The direct supports that were discussed often met basic needs for food, clothing, and shelter (shelter, utility payments, and home repair) as well as supports for children (diapers, bottles, car seats) and household goods.

Parenting classes were also discussed frequently and in an extremely positive light. Participants described a passion for participating in and recruiting others to participate in parenting programs. The Strengthening Families program was cited most frequently and participants made positive statements about the program and its impact on their families[3]. Participants also described an appreciation for the numerous services provided to parenting group participants like baby supplies, meals, and fun family activities. When support groups were mentioned, participants often made specific reference to the bonding and shared support demonstrated among the parents participating in these parenting classes.

[3] It should be noted that parenting programs were likely discussed more frequently among this sample because most participants were the recent graduates of the Strengthening Families program.

TABLE 2. FORMAL SUPPORT TYPE		
Formal Support Type	**Coded Segments**	**# of Groups citing issue**
Direct support	58	5
Parenting classes	39	5
Kids activities	24	5
Churches	22	5
Child welfare	15	3
Schools	14	4
Libraries	11	4
Support groups	9	2
Referral or Resources	7	3
Transportation	7	3
Scouts	6	2
Child care	6	4
Therapeutic services	6	1
Medical or Dental	5	3
After school programs	3	3
Head start	3	2
Job training	2	1
Domestic violence	2	1
Parks	1	1
Head Start	2	2
Developmental or Disability	0	0
Drug Court	0	0
Home visiting	0	0
Preschools	0	0
Respite	0	0

Activities for children, including those offered by organizations such as libraries, Boy Scouts, and local churches, were highlighted as important. Parents appreciated the accessibility of fun activities for their children. In particular, libraries were commonly mentioned as a source of free and fun family activities that include such events as storytelling, comic books, crafts, movie nights, computer access, and nutrition classes. Although occasionally mentioned for their role as providers of religious instruction, churches were commonly discussed as a support for food, clothing, holiday gifts, and child care.

There were participants who described child welfare as a beneficial direct support provider. These statements included a mother who was referred to a family shelter by child welfare, those who receive public benefits, or were provided resource booklets. One mother stated, "'Cause having your kids taken away and stuff, of course you think they're the bad people. But really, if you just give it a try and do what you gotta do to get your kids back, they'll help you out a lot. They really will." Participants often tempered their positive statements about child welfare intervention by describing the system or caseworkers as careless, lacking of organization, or violating client confidentiality. Some of these negative statements were based on respondent experiences following a prior investigation due to concerns of child maltreatment, a process many families find difficult.

The importance of school systems as a source of formal support also was raised by focus groups participants. Parents appreciated school personnel who provided assistance in staffing after school programs as well as covering lunch costs or field trip expenses. One mother discussed her school's lunch and learn program which provides special classes on parenting. However, school staff were also mentioned negatively in their role as mandated reporters to child welfare. School-related expenses also were raised as a concern for some focus group participants. As a group, participants raised the most concerned about child welfare intervention and being reported for maltreatment.

Referral or resources were coded when an agency or person was a source of information about where to find services or serving as a gateway to access different services. These individuals or agencies were often well known in the community for their ability to problem solve. This highlights the importance of "human capacity" and having a person to connect individuals to needed services in order to make a system of care work. For example, a parent described how they were turned down for assistance from one agency before returning to the referral source who told her, "Ooh, hold on. Hold on one second. I got you." The referral source then helped the parent find another solution. This type of direct support was highly appreciated by participants.

Though less commonly described, several other formal supports provide some insight into the parental assistance many group members seek out or are interested in receiving. Transportation supports and child care were highly valued and seen as being in short supply in many of the communities. Therapeutic services were only mentioned by one focus group which may in part have reflected the types of services provided by the organization sponsoring that focus group. Medical/dental supports were mentioned rarely and only four of the five coded segments refers to the benefit of Medicaid. No individual medical or dental providers were discussed. Lastly supports provided through respite care, home visiting, or preschools were not mentioned in any of the focus groups.

COMMUNITY INFORMAL SUPPORT

TABLE 3. INFORMAL SUPPORT TYPE

Informal Support Type	Coded Segments	# of Groups Citing Issue
Child care	9	5
Transportation	9	4
Household goods	7	3
Baby/child supplies	5	3
Food	2	1
Emotional support	1	1
Resources	1	1
Small loan	1	1
Advice	0	0

Parents reported that they were willing to help each other as needed through informal supports. Through the focus groups, there were many direct examples participants shared about how they have provided help to each other when needed. Caregivers most commonly reported calling upon friends or neighbors for help with childcare, transportation, and practical assistance such as providing household goods including clothes, furniture, or dishes. Table 3 presents the number of times each type of informal support was reported across the five focus groups and the number of focus groups within which the theme was mentioned.

Oftentimes parents described scenarios where they sought or provided help to friends and neighbors when needed. Participants gave and received baby items including clothes, toys, or formula coupons. For example, one father stated "I had a neighbor. He baby drunk Gerber and my baby drunk Similac and for some odd reason, every time you go to the store and buy Similac, they give you Gerber baby

TABLE 4. FACILITATORS OF INFORMAL SUPPORT		
Facilitator	**Coded Segments**	**# of Groups Citing Issue**
Social connection	11	5
Empathy	5	3
Internet	4	2
Feels good	0	0
Small town	0	0

coupons. So I just gave him all the coupons." The most common facilitator of these informal supports was the social connection of knowing this individual and being grouped with them for a particular reason (Table 4).

For example, individuals living together at a shelter would pool resources when a parent did not have government assistance. Other social connections were through neighborhoods, family members, and groups from parenting classes. Empathy, or understanding what it is like to need support, was mentioned by several participants as a facilitator to them asking for or providing assistance to others. This feedback highlights how the context or a person's circumstances can create the conditions for mutual supports.

MUTUAL SELF-HELP

While most parents believed people were willing to provide help, not everyone found it easy to ask for help. Table 5 presents the number of times each type of barrier to informal support was reported across focus groups, and the number of focus groups within which the theme was mentioned. The most common reasons not to ask someone for help were concerns about being judged by someone else and individual pride or independence. Regarding judgment, one parent stated, "That stigma, you're the bad parent, the bad seed. A lot of people still think of that, not realizing there are factors in everybody's lives that have put them into the situation they're in." Parents also discussed a general societal distrust around giving and receiving help. Some parents felt that if they asked for help from a neighbor, that person would later feel they were owed something. For example, one parent discussed a prior negative experience where the giver stated "Remember I did this? I did you a favor. You do me a favor. How many times I got to pay for that favor?" Other parents described rejection and gave examples of being denied support. One parent described a history of rejection, "It's scary, as there are the people that have been around you all your life so if you think these people are not going to help you, why

TABLE 5. BARRIERS TO INFORMAL SUPPORT		
Barrier	**Coded Segments**	**Coded in x of 5 Focus Groups**
Judgment	23	5
Pride/Independence	21	4
Distrust	14	5
Rejection	7	3
Ability	4	3
Liability	4	2
Isolation	3	2
Crime	2	1
Burden	0	0
Culture/language	0	0
Environment	0	0
Prefer to give	0	0
Stress	0	0
Substance abuse	0	0

would people I've never met possibly help me with anything?" Parents also discussed liability as a reason not to offer someone child care or transportation and isolation, or not knowing who to ask for help, as a barrier to asking for support.

POSSIBLE INNOVATIONS

We heard from caregivers on their thoughts regarding new ideas and supports for parents. Some of the possible innovations discussed by the focus groups included 1) improving the access and eligibility to concrete services 2) and enhancing the utilization of current programs in the most needy of areas. Participants were asked their reaction to these new innovative ideas and how they might play a role in planning and implementing these service options.

CONCRETE SERVICES

Simple at its core, one innovative idea of improving increasing access and eligibility to concrete services was well articulated in several groups. Many parents expressed that most of the necessary concrete services are already being provided by someone in the community. However, restrictions in eligibility criteria often make it impossible to access these services even for individuals who could really benefit. Caregivers expressed the need for more individuals to be able to access concrete services and that more trust by agency managers be given to consumers to not abuse its use. There were statements shared that some individuals seek services even when they are not needed. However, these were balanced by statements that people have unique needs for services and it is not our place to judge them. The discussion of school supply drives below provides an illustration of this dynamic.

Participants were interested in expanding access and eligibility for specific concrete supports. Specifically, financial supports for children, like school supply drives, were discussed with a desire that eligibility be more open. For example, supply drives were perceived to be restricted to elementary school students and caregivers discussed how preschoolers up to college students all needed school supplies but were often excluded from eligibility; high school aged children were mentioned as a group that was commonly left out. Parents also felt that school fees should be waived for more children and that schools should consider how much these fees can total over a school year. Similarly, a parent discussed providing supplies for parents going back to school. He stated, "I'm in school and you know, and to be honest with you, I was doing good up until a certain point. I didn't have a laptop and everything is online."

The need to expand eligibility criteria was discussed again in reference to fans for summer and heaters for winter. One parent stated, "There are a lot of people that their house may have central heat but every unit is broke, so they don't have a way to cool their house off in the summer or even warm

enough in the winter and they've got children in the house. It's not just the elderly that are affected by things. You've got children too but it's like everything has to be zeroed in on it's for the really young or really old. What about us who are in the middle?" This was expanded to some individuals stating these programs were only available in some locations like "downtown."

The focus groups were prompted to discuss the state's childcare locator site where parents can search for childcare options available in their zip code (http://scchildcare.org/). While some parents were familiar with the website, very few parents had used the site. The parent who used the service stated that she was able to use information found on the website to give advice to a relative on childcare options in her community. There were search features described that are not available on the webpage including options to search for availability by age and the time of day for which care is required. When parents were asked how they found childcare, the majority responded that their relatives were providing childcare. In one group, this conversation brought up the need for off hours childcare for parents with shift or night jobs. This led to a discussion among the parents about their work hours and that few of them had shifts that would allow them to use a conventional daycare center which forced them to rely on relative care or to quit their job. The provision of childcare by employers was also a benefit they many felt would be supportive.

When caregivers were prompted to discuss home repair programs like the Salkehatchie Summer Service program, participants were not enthusiastic about the program. Several participants in different groups said the program was not relevant for them because they rent and do not own their own home. Some participants expressed concerns that programs like this are limited by home ownership and often have age or situational (i.e., emergency only) restrictions. However, there was a participant who discussed the Housing and Urban Development (HUD) home repair program as "a big help." Although the HUD program was only for older adults, they felt this would be very helpful for grandparent caregivers on a fixed income. Participants felt there was a need for a landlord assistance program for renters that ensure that landlords follow through with repairs and are held accountable for the conditions of their property. One parent described an inequity in being late for rent one month yet the landlord can refuse to make repairs for months on end.

Another concrete service that participants discussed during the focus groups were food banks and programs that provide access to healthy food. One specific service mentioned provides weekend food for school age children (e.g., Backpack Buddies). Several parents described participating in this program and expressed satisfaction that their children receive food and that often there is enough food for the entire family. One mother described the program as nutritious. Participants were interested in supporting community centers that provide activities and meals to children. In Darlington, a participant described a center that provides lunch to children throughout the summer and added it was very helpful. Additionally, parents wanted to see programs that allowed them to access more healthy

food donations. One parent felt that all South Carolina produce stands should be required to donate any produce they will throw away. The parent stated, "We have so many produce stands throughout the state. You would not believe how much of those fruits and vegetables they throw away." Another parent echoed this by stating, "You can get all the junk food you want but if you want to go somewhere to get fruit or vegetables you're out of luck."

Concrete services related to financial education and income tax preparation also was covered in the focus groups. When prompted to discuss income tax preparation assistance programs, parents quickly mentioned that their public library provides instruction on this to local residents for free. This was readily known by many participants across the groups. In one group, a separate program in which older adults assist in tax preparation for free at a local park was also described. Participants felt that this program was serving them well. One group discussed how financial education would help parents learn to budget and use concrete supports to make it from month to month. One participant stated, "There needs to be a program to show me how to budget the money so that I won't need it next time. . . There needs to be some type of system that can teach families what to do with the little or much that they have so that it can last." PeeDee Electric was mentioned as one company that is offering some seminars on this topic. Participants stated that this company solicits applications for grants and even give away large prizes (e.g., truck) at periodic events to encourage attendance and participation.

Some parents expressed a need to have someone examine the public benefit programs and the eligibility process. Concerns were expressed that eligibility for SNAP benefits were calculated based on anticipated child support payments. However, this did not account for whether or not child support payments were actually being received. One parent stated, "If you haven't seen them [child support payments] in three or four months and you're struggling to feed your kids and they're going to tell you you don't qualify? Come on!" In the all-male focus group, several parent described concerns with the child support system and asked for advocacy or change to how the program is implemented (e.g., giving credit for in-kind items provided to the child) and some tracking of how mothers are allowed to use the money.

Parents discussed the need for programs that provide assistance for children and appropriate support or educational activities. The importance of affordable and available after school and summer programs were discussed by participants. An idea was raised to provide education to parents on how to help with their child's homework. One parent stated that "a lot of parents are limited, especially if you didn't finish high school" and that "it's a struggle because you really don't understand what the kids are doing" but that a local organization could provide "family oriented sessions where they do reading nights and math nights" to teach parents how to do the work. This same parent described growing up with a mother who was illiterate. A separate option to help parents educate their children involved a school resource center that had a parent liaison to help one understand what their child was

working on at school. Parents would be able to check out resources from the center including multiplication cards, educational games, magazines, and books that would help the parent work with their children in specific areas. This would help lower the burden of purchasing these supplemental materials. Participants expressed a desire for weekend programs for children's activities. In one group, parents discussed a local program that transports the children to and from a Saturday activities program at a local church. The parents felt this offered respite for them while the children participated in games and a Bible study.

Despite the interest in concrete supports among the parents, there were still statements that indicated this is a limited approach. For example, one parent stated, "Get 'em fish for a day, they eat for a day. Teach 'em to fish, they eat for life." On the other hand, in another group, participants placed greater emphasis on the capacity of concrete supports to alter a family's trajectory, noting that concrete support can provide room in the family budget to cover vital things like rent, thereby removing one substantial barrier to family well-being.

ENHANCED UTILIZATION OF CURRENT PROGRAMS

An important innovative support for parents discussed was locating and enhancing the use of current programs in the most needy of areas. Participants discussed how services are often located in places that are not convenient for the target population. Participants discussed a need for a service directory that indicated where they could receive supports, with children's activities included on the list of resources that are tracked. As a participant stated, "A lot of people don't know where the help is, how to get the help, and the only time they go and look for help is when a crisis comes. When a crisis comes, it's too late." One participant discussed a more interactive approach, in which a "response team" comes directly to the parent and helps them locate and set up services. The parent stated her child is eligible for the Palmetto Coordination of Care response team because of a mental health diagnosis. She explained a possible response in where a family lost its electrical power and the response team found the family a place to get a free hot meal and provided transportation for them if needed. Another parent described the option of a care coordinator that was physically present to help parents identify and secure needed resources.

In many situations, however, individuals are not available to help parents find needed supports. One parent stated that her local child welfare office has a pamphlet with resource information available in their lobby, but unfortunately, the pamphlet is dated and resources are often not available. One parent described a poor experience with phone call directories (e.g., 211) because you have to listen to a list and then select a digit based on that.

The need for expanded public transportation was discussed as a current support that needs to be improved. One mother described how the transportation closest to her home has an inconvenient

timetable that is not sufficient for most work schedules with the next closest bus station too far from her home. Parents liked the idea of a shared bus system using school buses to transport groups to larger bus stations. Additional support from programs to provide bus passes or gas cards was discussed. Another parent described how the bus system takes her too long to get to a simple destination. A different participant described the need for a "dependable" bus station and stated that sometimes the bus drives by her when she is at the bus stop.

Parents in one focus group talked extensively about the need for temporary housing. And those shelters that do exist are often full and operate with rules that limit their utility. For example, most shelters limit how long a person can stay (e.g., two weeks). It was also mentioned that shelters are divided on gender and age and often limit who can access the facility. They reported a need for more men's shelters, to add the capacity to existing shelters to address the needs of individuals with substance abuse and, in general, participants felt there needed to be more shelters or an expansion of current shelters to allow access for more people. Caregivers also reported the need to revise the current shelter guidelines. For example, some shelters require residents to leave for the day and look for work. For parents with children, this is a difficult task because they need to take the children with them. Time limitations were also difficult for pregnant women who had trouble finding work.

The need for expanding current services for children was raised during the discussions. Increasing the availability and flexibility of well child visits in terms of where they are delivered were suggested by a parent. She felt that it would be great if young children could receive their well child visits in the home because they have to go so frequently. Another option was conducting well child visits at the school for older children. Expanded summer programs for children were also discussed. Summer camps were felt to be expensive but some programs, like Camp Grabbit, were free and the expansion of these types of programs were noted as a potential asset for many families. Some individuals had access to community centers that provided strong summer camps for reasonable prices. Another individual mentioned how churches provide summer programs and one program in her community provides drop in summer childcare for members.

Increasing the availability and access to summer programs for older children was specifically raised as an option to keep "children busy and out of trouble." A parent from the northeast area of South Carolina described a program option in her community in which a list of employers interested in hiring teenagers for various community jobs are made available to local residents. These employers hire youth ranging from such jobs as picking up trash, assisting in designing website, engaging in multimedia opportunities and working on a local newspaper. Parents described the trouble they and their children can get into when teens and pre-teens are not sufficiently supervised during the summer. Participants discussed a desire to see expanded education programs through the schools that teach life skills, coach teen parents, provide support on co-parenting, and can direct families to resources. Participants in one

group noted that since parents are already connected to schools, schools offer the most logical place to expand these types of services. Expanded availability of mentorship programs for kids was mentioned by fathers at one fatherhood program. This group discussed the importance of role models for children and the need for expansion of the Big Brother program.

Parents made statements indicating they would benefit from expanded information and advocacy about their rights as a caregiver. Parents mentioned legislation such as the Family Medical Leave Act, the Individuals with Disabilities Education Act, and child support statutes but expressed confusion on their application or how to know their legal rights. Participants felt that programs provided by lawyers to answer questions and educate the public on certain rights would be beneficial. In the all-male group, fathers discussed at length the need for legal consultation on their rights as fathers, legal options when there are concerns for their child's care by the mother, child support, how to act at court, and DNA testing.

Compared to individual programs, group programs were overwhelmingly preferred by participants. In addition to the services received, a group format provides additional benefits to participants. One mother stated, "I just like the group atmosphere because you get different ideas. Things that you hadn't thought of. Everyone can bounce ideas off of everyone else. It doesn't seem like, well you're sitting in a room of people so you realize that you're not the only one that's having this issue." A father stated, "You could be thinking of a solution by yourself, somebody else got another solution probably better than what you was thinking, somebody else probably got something other than that too. And it's just, come together as one." Across several participants, groups were described as "comfortable" while working one-on-one with a provider was viewed as "uncomfortable".

PUBLIC AWARENESS

Participants were asked where they found trustworthy information in the community that helps them in their role as parents. Libraries were discussed as a place where parents can access computers and a place with resources on parenting such as providing books on parenting tips or child development milestones. Parents reported receiving trustworthy information from older adults or experienced people. These included teachers, doctors, pastors or other church staff, and parent consultants working in parenting programs. These resources provide guidance and trustworthy information about what to do if something is wrong with their child, assist when determining if they should bring their child to the hospital, and referrals for available programs for tutoring, after school, or daycare. The internet and television were generally seen as a poor source of guidance. In particular, networking sites like Facebook and Twitter were seen as unreliable because people are "lying" on there. Parents might use these sites to ask other parents about available resources like daycare but not about topics

like discipline. However, one participant described using the internet to find lists of children's activities, fun programs, free clothing giveaways, or information about parenting programs.

Parents were asked to describe how they received information that changed the way they interact with their children or their parenting practices. One mother stated that she had received great information through a "lunch and learn program" at her son's school. These programs covered one topic at a time and met once a month. Several parents discussed parenting skills they gained through parenting programs like Strengthening Families. Skills gained through parenting classes included expressing affection, understanding different ways to interact with their children, spending more time with children, and classes on infants.

Participants were asked to give their opinions on the best ways to raise community awareness about the needs of children. Despite being critical about the information they receive on Facebook, parents in more than one group still suggested that Facebook and Twitter would be a way to raise awareness. Another suggestion was to use the school as a platform to distribute information. Information could be sent home in children's backpacks, through the school newsletters, PTA meetings, or parent-teacher conferences. Libraries and churches were also suggested distribution points. One parent stated that she had seen the movie *Corridor of Shame* and found this to be "really eye opening" about how poor some of the school systems were functioning. One parent mentioned that community block parties would be a good way to raise awareness.

When asked about how to prevent child maltreatment in the community, the majority of parents reported that they did not think child maltreatment was a problem in their communities. For example, one mother stated, "Even though I see a lot of older kids outside, I never see them completely unattended. I usually will hear moms or dads or parents say it's time to come in . . . they seem like they're involved." Although parents acknowledged that child maltreatment does occur, they did not think that it happened where they live. In one group, some parents discussed a positive perception of physical discipline and a need to better understand child welfare limits on children supervising other children. Parents expressed that these were misunderstood parenting behaviors and not child maltreatment. Given that parents did not feel that child maltreatment is a problem in their communities, they did not see any need for child abuse prevention efforts. It should be noted that parents within these same groups described involvement with child welfare including statements like, "[Child welfare agency] is real quick to just snatch your kid away and not have a whole lot of evidence but somebody calling and saying something."

In the all-male group, fathers acknowledged that they did believe that child maltreatment was a community problem. In one group, a father stated, "Of course it's always an issue but you can't say that to a woman that's, you know, yelling and screaming at her child in Walmart, 'shut the ___ up.' You know what I'm saying, that's like, that's like her child, that's how she want to talk. . . . It's an issue but

how can you address it seriously. . . You can hold forums, but whose going to take it seriously?" Although they saw this as an issue, these fathers did not have a suggestion of how to address this in the community.

CHARACTERISTICS OF PREVENTION PLANS, OR CORE VALUES OF PRACTICE

TABLE 6. CORE VALUES

Value	Coded Segments	# of Groups citing issue
Genuine/Caring	26	5
Program availability	26	5
Non-judgmental	16	5
Relationships	14	5
Experienced	10	3
Individualized	9	4
Costs	9	4
Facilitate attendance	8	4
Enjoyable/Fun	7	3
Take the time	7	3
Approachable	6	3
Responsive	6	3
Value	6	2
Comfortable	5	3
Respectful	5	2
Confidentiality	4	4
Accurate info	2	2
Parent Voice	2	2
Trust	2	2
Seek feedback/opinions	1	1
Flexible	1	1
Greet you	1	1
Recognition	1	1
Proximity	1	1
Bilingual	0	0
Culturally competent	0	0

Caregivers were led in a discussion on the characteristics and qualities of services that they appreciated. In all five focus groups, the parents highlighted interactions with individual service providers describing the importance of providers being genuine and caring about the client. These individual providers were described as "happy" and "cheerful" people who had a "positive" outlook. Table 6 presents the number of times a particular service value was reported across focus groups, and the number of focus groups within which the theme was mentioned.

Participants in all five groups also discussed how restrictions or criteria for involvement impacted their impression of a program. Statements about how eligibility criteria (criminal conviction, income, Medicaid) did not allow the family to receive a certain service were seen as negative. Most caregivers felt that eligibility screening was unnecessary and excluded parents that would benefit from the service. For example, one mother explained that the last time she went to a church food pantry she had to complete an "application" that included a "questionnaire of like 40 questions" and also had to provide "paystubs." This participant felt that it was unnecessary for the organization to ask such

personal questions for a box of food and that they should offer the food to those in need. In all five groups, positive providers were described as non-judgmental people who developed a relationship with the parent.

Although not mentioned in every group, parents appreciated experienced providers who knew their jobs well. Parents also stated that they liked individualized content that addressed their needs, and programs that were inexpensive, sliding-scale, or free. Providers that facilitated attendance by providing transportation, child care, or gas reimbursement were valued. Parents described positive experiences with programs that were conducted in fun ways or were enjoyable but that could overlap with an instructional program. For example, the instructor's enthusiasm or hands on activities could make an instructional workshop fun. A strong provider takes the time to listen to the parent, is approachable or relatable, and responds to the parent in a timely manner. While only mentioned in two groups, the concept of "value" was discussed. Value was defined as the provider sharing content that was needed or wanted by the parent and resulted in positive change. This was not an exchange of money for services as many of the programs were free but rather a feeling that the time or energy expended to obtain the service was worth the return. For example, one mother described finding recipe cards at the WIC office that aligned with the foods she received through WIC. She stated, "It was exciting to me. I was like, 'you're going to give me free milk, cheese, and beans and then you're going to tell me how to cook it!'" Two parents described how a free parenting class taught them each how to be affectionate with their children. After growing up in families that were not affectionate, they did not realize this was something they needed but were impressed that a parenting class taught them something so important.

CONCLUSION

Overall the strengths highlighted during the focus groups, both in terms of formal and informal services outweighed the barriers and gaps. Parents across all of the focus groups stressed the importance of concrete services such as parenting classes, school systems, food programs, such as food banks, and activities for children. Communities are uneven in their capacity to provide these valued services to all families seeking them or in need of them. Novel approaches to improving resource sharing and enhancing existing services are needed.

Given their universal appeal, libraries may offer a particularly promising, well-regarded resource in which to expand services and supports for a broad variety of parents. Although other services, like parenting classes, children's activities, and churches were frequently mentioned, libraries had near-universal positive regard even among parents who did not access many other services. Additionally, compared to one-on-one programs, group programs were overwhelmingly preferred by participants. In

addition to the services received, groups provided additional benefits to participants in that they offered an opportunity for parents to both teach, as well as learn. In expanding its parent support resources, the Trust may want to examine the relative merits of home visiting versus group-based strategies. It is possible that the benefits of home visiting may be more focused on new parents or those raising very young children. As children mature, parents may desire greater opportunities to interact with other parents to learn about the various ways others families utilize local services, manage their child's behaviors, or interact with other service providers such as childcare centers, medical providers, and schools.

Parents most commonly reported calling upon friends or neighbors for help with childcare, transportation, and practical assistance such as providing household goods including clothes, furniture, or dishes. While most parents believed people were willing to provide help, not everyone found it easy to ask for help. Generally, the most common reasons not to ask someone for help were concerns about being judged by someone else and individual pride or independence. Efforts to implement and sustain strong informal networks within a community should be crafted with these unique community challenges in mind. Some of the challenges to fostering informal support systems were universally raised. For example, parents were concerned about passing judgment on others and being judged themselves, normative attitudes which can pose barriers to building a sense of collective responsibility and trust among communities.

An underlying theme in the discussions around many of the ideas raised for improving access and use of services is the issue of equity and fairness. Caregivers generally expressed that they want services to be distributed to those in the most need. Another theme that came to the forefront was how much the participants want help to become better parents – they are not just seeking things to solve an immediate need but want resources that will permanently strengthen their parental capacity. This is a positive attitude for a prevention system to build on and nurture.

The majority of parents reported that they did not think child maltreatment was a problem in their communities. However, fathers acknowledged that they did believe that child maltreatment was a community problem. In one group, some parents discussed a positive perception of physical discipline and a need to better understanding child welfare limits on children supervising other children. Parents expressed that some parent-child interactions were misunderstood parenting behaviors and not child maltreatment. This highlights the negative perception many parents have of the child welfare system and highlights the need for more awareness and education on local and state child welfare resources.

Although this report provides useful insights from the perspective of a diverse group of parents, it is also limited by the methods used to collect the data. For example, parents were recruited by service providers and therefore parents that are less connected to community services may not be well-represented. Likely the view of participants in some groups may have reflected the experiences they

have had with this specific group of service providers. Also, the focus groups were purposively selected to maximize the representation from the distinct geographic areas of the state and include representation from mothers and fathers.

APPENDIX A: PARENT SURVEY

Parent and Community Asset Survey

The Children's Trust of South Carolina is conducting a brief survey of parents in your area to identify which resources and supports are available to help parents care for their children. Before you begin the survey, please read the following description. It explains what we will be asking and how we will use the information you provide us. At the end of the description, you will be asked to check the box that tells us whether you are accepting or declining to participate. If you choose to participate in this study, you will continue to the survey.

Purpose: Raising children can be tough and we are interested in learning about how you are able to do your tough job as a parent. We are gathering information about what is most valuable to you as a parent in meeting the needs of your children and how you use these resources. Specifically, we are interested in learning about the resources available in your community to help you, which of these resources you have used and why you think your community is a good place to raise children. We also are interested in understanding how family members help each other out in caring for their children and concerns you might have about being able to meet all of your children's needs. The survey is anonymous and no identifying information is being collected. However, you will be asked to provide some general demographic information (e.g., age, education level, race/ethnicity) so that we can accurately describe the group of parents who complete the survey.

The information you provide will help the Colorado Office of Early Childhood build stronger communities and better connect parents to the resources they need. Completion of this survey will take approximately 15 to 20 minutes.

Risks: There are no known risks involved in completing the survey. However, if you feel uncomfortable with a question, you can skip to the next question or stop your participation altogether.

Benefits: There are no direct benefits to you for participating in this study. However your participation will help the Colorado Office of Early Childhood better understand the resources and supports most valued by parents in your state.

Confidentiality: No individual surveys will be provided to the Colorado Office of Early Childhood. The survey results will be compiled and a report will be sent to the Colorado Office of Early Childhood that

will summarize the findings across all surveys, combining your answers with the answers of everyone else who participates. All of your answers will be kept confidential and individual surveys will be destroyed after the results have been compiled.

I understand the survey's purpose and how my answers will be used.

Yes___ No___

I agree to participate in this survey.

Yes, I agree to participate___ No, I decline to participate___

Parent and Community Asset Survey

Community Supports

We are interested in learning more about how the supports and resources parents often find in the communities in which they live can help them care for their children. These first few questions ask about the resources available in your community.

1. Communities often have organizations that support families. Please indicate if you are familiar with and if you have used the following organizations or institutions in your community. (Please circle all that apply)

	Are you familiar with the organization?		**Have you used the organization?**	
	YES	NO	YES	NO
Religious or faith organizations				
Hospital/urgent care clinics				
Primary care doctors or pediatricians				
Neighborhood watch organization or resident, tenant or homeowner's association				
Parent organizations that work with schools like the Parent Teacher Association (PTA) or school improvement councils				
Sport or recreational programs for children and youth (e.g., Little League, scouting, music/dance programs)				
Programs for pre-school children (2-4 years of age)				
Center-based child care				
Libraries				
Parenting education/support programs				
Home visiting programs				
Family Resource Centers				
Respite or emergency care for young children				

2. Please indicate the extent to which you agree with the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
I can generally get to where I need to go in my community.					
I feel safe in my neighborhood.					
My community is overall a clean, well-kept community.					
People generally can find work in or near my community.					
I can find help with childcare in my community when I need it.					
I am very satisfied with my neighborhood as a place to live.					
My community has educational opportunities for children.					

3. People have different ways of describing their community. How well do the following statements describe people in your community?[4]

	Not at all	Some what	Mostly	All of the time	Don't know
If I had an emergency, even people I do not know in this community would be willing to help.					
People here know they can get help from the community if they are in trouble.					
People can depend on each other in this community.					
My friends in this community are a part of my everyday activities.					
Living in this community gives me a secure feeling.					
This is a very good community to bring up children.					

4. From time to time, people in communities often offer help to each other to deal with simple issues around parenting. In the past 30 days, have you helped a neighbor or friend by:

[4] Questions 2 and 3 adapted from the American Family Assets Study (Search Institute)

	No	Once	More than Once
Taking care of their child(ren) on a regular (e.g. weekly or daily) basis?			
Taking care of their child(ren) when something is unexpected?			
Running an errand for them, helping them shop, giving them a ride somewhere, or helping them around the house with a chore/repair?			
Lending them things like money, tools, food, or clothing?			
Giving them some advice or information about raising child(ren)?			

5. Now thinking about this in terms of help you might have needed, in the past 30 days, have you asked a neighbor or friend to:

	No	Once	More than Once
Look after your child(ren) on a regular basis (e.g. weekly or daily)?			
Look after your child(ren) when something unexpected happened?			
Run an errand for you, help you with shopping, give you a ride somewhere, or help you around the house with a chore or repair?			
Lend you things like money, tools, food, or clothing?			
Give you some advice or information about raising your child(ren)?			

Family Supports

Thinking about your own family, the next few questions ask about how families can help each other support and care for their children.

6. Many families have a number of strengths as well as challenges. From the statements listed below, please indicate how well each characteristic describes your family.

	Rarely	On occasion	Most of the time
In my family, we talk about problems.			

In my family, we take time to listen to each other.			
My family pulls together when things are stressful.			
My family is able to solve our problems.			
My family can consistently meet our basic material needs (e.g., food, clothing and shelter).			
My family enjoys spending time together.			
Members of my family are emotionally and physically healthy.			
My family is able to find resources in the community when we need them.			

7. Raising children can be challenging. Please indicate how often each statement applies to you in thinking about the relationship **with your youngest child living in your home.**[5]

	Rarely	**On occasion**	**Most of the time**
I know how to help my child.			
I believe my child misbehaves just to upset me.			
I praise my child when he/she behaves well.			
When I discipline my child, I lose control.			
I am happy being with my child.			
My child and I are very close to each other.			
I am able to soothe my child when he/she is upset.			
I spend time with my child doing what he/she likes to do.			
I know what to expect from my child as he/she grows and develops.			

General Description

This final set of questions will help us understand a bit more about you.

8. In what year were you born? _____

9. Please specify your gender: Male ____ Female____

10. Which Ethnicity/Race best describes you? (please select all that apply)

[5] Questions 6 and 7 revised from the Protective Factors Survey, http://friendsnrc.org/jdownloads/attachments/pfs_revised_2012.pdf.

____African American or Black
____American Indian/Alaska Native
____Asian American
____Hispanic or Latino American
____Caucasian/White
____Other: _____

11. What is your highest level of education?
    ____Less than high school
    ____High school graduate/GED
    ____Some college/post-secondary school/ Technical School
    ____College graduate
    ____Graduate Degree(s)

12. What is your estimated Household Income?
    ____Under $10,000
    ____$10,000 to $29,999
    ____$30,000 to $49,999
    ____$50,000 to $74,999
    ____$75,000 or over

13. How many children under age 18 are currently living with you? _____

14. What is the age of the youngest child currently living at home? _____

15. Do you share caregiving responsibilities for your child(ren) with another adult on a regular basis?
    ____ Yes
    ____ No

16. Have you, or other adults who share caregiving responsibilities for your child(ren), ever served in the U.S. military?
    ____ Yes
    ____ No

17. Please list the ZIP Code in which you live: _____

Thank you so much for your time.

APPENDIX B: FOCUS GROUP GUIDE

Child maltreatment Prevention Planning: Parent Focus Groups		
Internal goals to be covered in focus groups: (a) identify what parents see as most valuable in meeting the needs of their children and how they use these resources; (b) comment on 4-6 "high value" innovations identified by the state planning team or state leaders to determine parent interest in the ideas, their likelihood to use them, any barriers they perceive in accessing them, and their potential impact; and (c) testing the prevention values or "pillars" outlined in the draft plan to see if some of these concepts resonant with families.		
INTRODUCTION		
Introduction	Hi. I appreciate all of you taking the time to talk with me today. My name is _____. We are interested in learning more about the supports and resources available to you in your community and how these resources help you to care for your children or help you to be a better parent. I'm excited to hear your thoughts on this topic. Please feel free to share your thoughts even if you think they are different from what others might say. We want to hear lots of different ideas. Today I have _____ with me. He/she will be taking notes and helping to make sure we don't miss any of the important things that you say. As I mentioned in obtaining your consent I am tape recording our discussion because we don't want to miss any of your comments.	
Domain of Interest	**Primary Question**	**Suggested Follow-Up Questions**
Community Resources and Supports		
1. *Community Formal Support*	***Comment:*** I would like to start off by talking about what you see as valuable supports in meeting the needs of your children. I want to ask you about the resources available in the community in which you live and how these are	A. How often do you use these resources? B. How have they been helpful to you? C. Have you recommended any of these resources to others in your community?

	used. ***Questions:*** What do you see as the most valuable organizations, services, or programs in your community that support your efforts in raising your children?	
2. *Community Informal Support*	***Comment:*** From time to time, people in communities need to give and receive help in order to deal with simple issues around parenting. ***Question:*** Are individuals in this community generally willing to help others that are in need? What are your personal experiences with this?	A. How often and in what ways have you helped neighbors or community members with simple issues around parenting [watching someone's child, lending items, helping with errands, giving advice]? B. Are there any reasons one might not offer help to a neighbor or someone in the community? C. Have you ever called on a neighbor or community member when you needed help in your community? If so, in what ways? D. Are there any reasons you might not ask for help from a neighbor?
Possible Innovations		

3. *Community Innovations*	***Comment:*** We would like to get your thoughts on new ideas about supports for parents. I am going to tell you about a couple of these, and I would like to get your reaction to each one. First….: 1. The state is thinking about creating a new information sharing system for service providers to help them get the right kind of services to the right families. For example, a family might be referred to child welfare for services, but they may not need that type of service. So, child welfare may share information about that family with a Family Resource Center or home visiting program or somewhere else. 2. Another new idea for a service is the "Parent Café". In this model, parents meet together in small groups, maybe once a month or every other week. One parent "hosts" the group and provides a little bit of information on a specific topic, like discipline, or picky eaters, and then the rest of the time is more informal discussion. 3. Do you all have ideas about how parents might take more of a leadership role in services? 4. Any other new ideas about what services you would want or need in your community. ***Question:*** What are your initial thoughts on each of these ideas?	A. For each issue ask: • What do you think of the idea? • How likely would you be to use this resource or recommend it to others? • What barriers do you see in using this resource? • What do you see as the most positive aspect of this idea? • What concerns do you have about this resource? • Do you have any ideas about how we could improve on this idea?
Characteristics of Prevention Plans/Core Values of Practice		

4. *Family and Participant Voice*	***Comment:*** All of us have to get help sometimes. We are interested in how programs can make families feel more welcomed and involved when they seek out support. ***Questions:*** Who can tell me about a time when they had a really good experience getting help from a program or service in the community in which you live? During that process, did the service provider ask your opinion about what specific help you would get or what you wanted from the program?	A. How important is it for you to be able make decisions about what services you will receive and the issues you work on? B. When you think about the people that helped you, what were some of their qualities that contributed to your having a positive experience? What types of people do you think are most effective at offering help to families like yours?
OTHER THOUGHTS		

5. *Other Thoughts*	*Comment:* We have talked a lot about communities and parenting today but I am sure there are topics I did not cover. *Question:* Is there anything else that that you would like to mention today?	
CONCLUSION OF FOCUS GROUP		
Conclusion	**[When a student is taking notes, I will say this.]** Because I want to ensure that we capture everything you said, I would like to ask _____ if there are any topics that we need to follow-up on before we conclude the focus group. *[_____: probe for further clarification on points that were unclear or need follow-up]*. That brings us to the end of our time together. I want to thank you for your time. We'll be looking at the information you and others have given us and utilizing it to develop a plan to improve supports and resources for families in your state. **Thank you again for making time for this today! Your voice is important!**	