



Needs Assessment

February 2023

Prepared by
ISI Consulting

Message from the Executive Director

Since the inception of South Carolina First Steps, it has always been a pleasure to work with everyone associated with serving our youngest constituents and their families. We are pleased to have made progress in all areas of Parenting and Childcare Care Quality Enhancement with appropriate programs; but understand that it is always a work-in-progress with new families and challenges that may be somewhat different; but, often the same; yet with the single constant of needing professional interventions for the betterment of quality life for their children.

We know that all parents love their children, and we continue to emphasize that they are the child's first and best teacher. However, due to the lack of resources of all kinds, they are handicapped in meeting all needs appropriately. Once again through the Needs Assessment process, we have established that there are unmet needs that will always be there reflecting the struggles of the families served through Lexington County First Steps. We pledge our efforts to continue our mission of assisting and advising parents with the arduous task of providing for their children. We look forward to being partners with our families.

- Jim Riddle



Jim Riddle

Executive Director

Lexington County First Steps

Executive Summary

The Lexington County First Steps responded to the needs of the families and organizations working “collaboratively to ensure that all children start school ready to reach their highest potential with engaged support from their parents, caregivers, and communities.” The Needs Assessment was created to serve as a key reference document for Lexington County First Steps, and other partners implementing data-driven changes to promote school readiness.

The project described was supported through South Carolina First Steps by the Preschool Development Grant Birth through Five Initiative (PDG B-5), Grant Number 90TP0080-02-01 from the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. It is our hope that the findings from this Needs and Resource Assessment will assist leadership in identifying windows of opportunity and stewarding resources.

Both quantitative and qualitative data were collected as part of this two-month process from January to February 2023. Detailed analysis of well-being indicators (income and poverty, education, overall wellbeing, health, teen childbearing, child maltreatment, adverse childhood experiences, affordable housing, and food environment) provide insight into trends occurring over the last seven to ten years. In addition, twelve focus groups were held with educators and content experts to identify root causes of issues that have been identified.

The complexity and nuance of issues surrounding kindergarten readiness and disparities in educational, developmental and health outcomes for children, require systems-thinking and a comprehensive and collaborative approach. Twelve individuals met virtually on February 27, 2023 to review the Needs Assessment and determine priorities.

The priorities that emerged from this Needs Assessment include:

- Improve the health of children and families. (*Indicator: Number of health partners, number of trainings, and success stories related to coordination of the whole person.*)
- Reduce the gap of children who are not enrolled in quality childcare programs. (*Indicator: Number of childcare centers, and number of students enrolled in those centers.*)
- Increase capacity building among parents and caregivers. (*Indicator: Number of trainings held and number of parents and caregivers reached.*)

Based on these priorities, the following next steps will be taken.

- Develop a three-year strategic plan based off the Needs Assessment with clear priorities and detailed strategies that can be tracked over time.
- Develop action plans based off each of the identified strategies.
- Select two to three key performance indicators to track regularly to see if progress is being made.



Quantitative Data Analysis



Primary Wellbeing Predictors

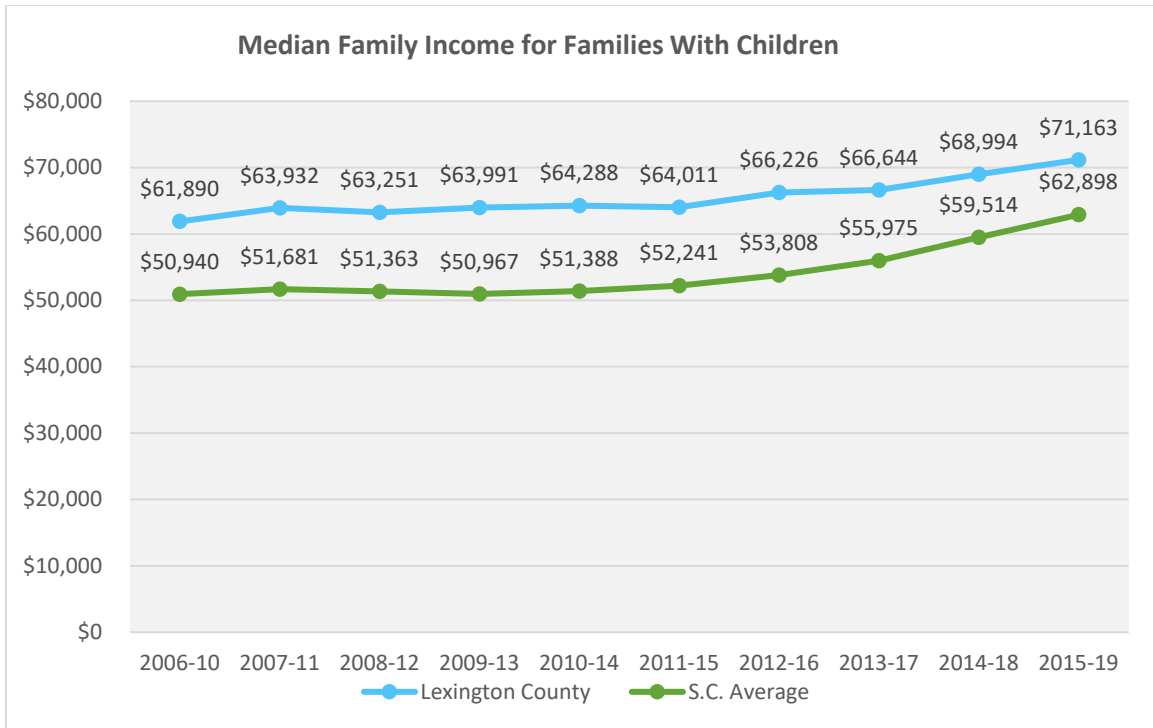
Primary wellbeing indicators, or “root cause indicators” are those factors that drive and predict multiple related outcomes in wellbeing. The primary root causes of poor outcomes for children are low income, poverty, undereducation, and lack of opportunity to thrive. These factors are difficult to tease apart in a “chicken or egg” manner, and typically most of these factors exist together, resulting in “deprivation amplification”.

Income and Poverty

Insufficient income, such that wealth cannot be built and transmitted generation to generation, drives poverty. Poverty is a multifaceted concept which may also include social, economic, and political elements. At its most basic, poverty is the scarcity or lack of material possessions or money. However, full understanding of poverty requires consideration of asset poverty, an economic and social condition that is more persistent and prevalent than income poverty. Even when income is sufficient to get by, there is frequently the inability to access and build wealth resources such as homeownership, savings, stocks, and business assets. In this case, assets are unavailable to support basic needs in cases of emergency and are unavailable to pass on to children for intergenerational wealth-building. Children, especially, are vulnerable to the effects of poverty. Children who live in poverty often experience chronic, toxic stress that disrupts the architecture of the developing brain, resulting in lifelong difficulties in learning, memory, and self-regulation, and poor health outcomes in adulthood. Children in poverty are much more likely to experience exposure to violence, chronic neglect, and the accumulated and synergistic burdens of economic hardship, or “deprivation amplification”.

Income

Median family income, that measure where half of the income falls above and half below, is a good reflection of the average income in a place, since it controls for outlier data (very low or very high incomes). The follow graph demonstrates that for families with children in Lexington County, median income is significantly above the South Carolina average. Median family income has increased over several years in both the state and the county.



U.S. Census and Kids Count Data Center

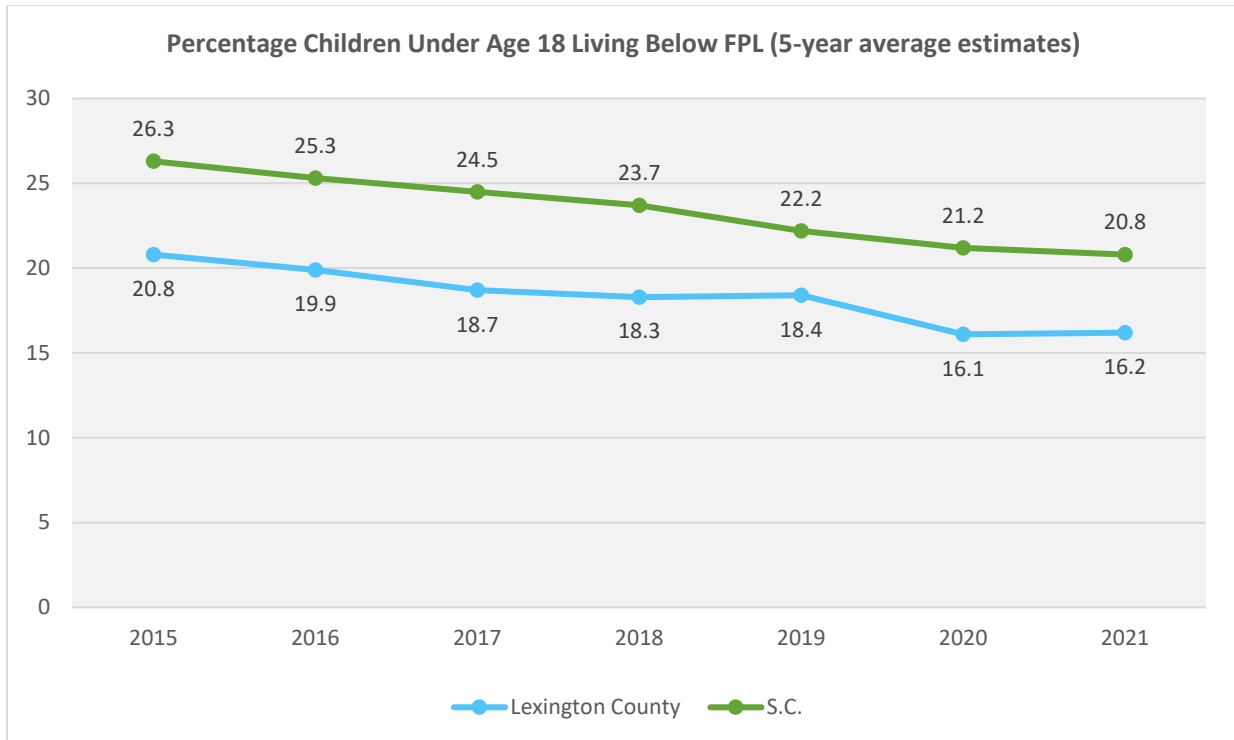
Poverty Rates

Poverty rates can (and should) be examined at several levels: individual poverty, family poverty, household poverty, child poverty, and levels of poverty. Poverty metrics should also be disaggregated by race since Black and Hispanic residents have significantly higher poverty rates.

As of 2021, 32,785 residents of Lexington County (11% of the county population) live below Federal Poverty Level (FPL), including 9,199 (13.5%) of the county’s children. Both of these rates are lower than the state averages of 14.5% for all residents and 20.8% for children.

Children in Poverty

In most geographies, poverty rates for children are higher than poverty rates for the general population. In Lexington County, the poverty rate for children has been significantly below the average for the state’s children for the last seven years.



Source: U.S. Census S1701

Children Living in Areas of Concentrated Poverty

Aggregated poverty data do not show how poverty is distributed across geographies. In the report *The Enduring Challenge of Concentrated Poverty in America*,¹ the Federal Reserve and the Brookings Institution studied communities where poverty is geographically concentrated at rates of 40% and above, finding that concentrated poverty is nuanced from place to place, and that place matters. There are common themes across all communities struggling with concentrated poverty: lack of human capital development, high rates of unemployment, and inadequate housing.

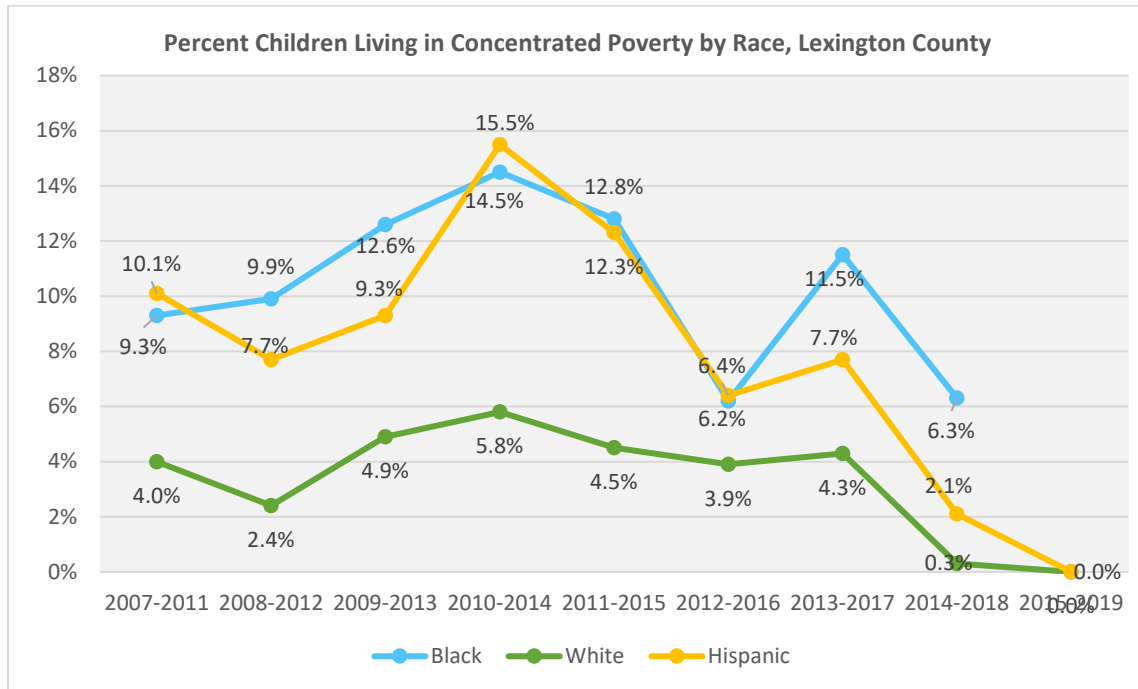
A large middle class is one of the five predictors of communities with good social and economic mobility. Large disparities in income, or income inequality, means that there is a small middle class in a given community. When children live to adulthood in communities with income inequality, lifetime earnings potential is low, and the cycle of poverty endures. Conversely, the literature shows that multiple benefits derive from mixed income housing developments and income-diverse neighborhoods,² including safer environments, access to more and improved services, good quality housing, and neighborhood amenities. In addition, as low-income neighborhoods become more economically diverse, poverty is alleviated,

¹ Federal Reserve and the Brookings Institution. "The Enduring Challenge of Concentrated Poverty in America: Case Studies from Communities Across the U.S." (2008). <http://www.frbsf.org/cpreport/>

² <https://www.urban.org/sites/default/files/publication/27116/412292-Effects-from-Living-in-Mixed-Income-Communities-for-Low-Income-Families.PDF>

property values increase, and residents demonstrate an increased tolerance of diversity for neighbors of all *incomes*.

To provide an accurate picture, these data must be disaggregated by race. The data reported in the following graph show that in Lexington County, Black and Hispanic children are significantly more likely to live in areas of concentrated poverty, compared to White children. This trend is consistent over time, although somewhat variable due to small population sizes that that level of concentration.



Source: Kids Count Data Center

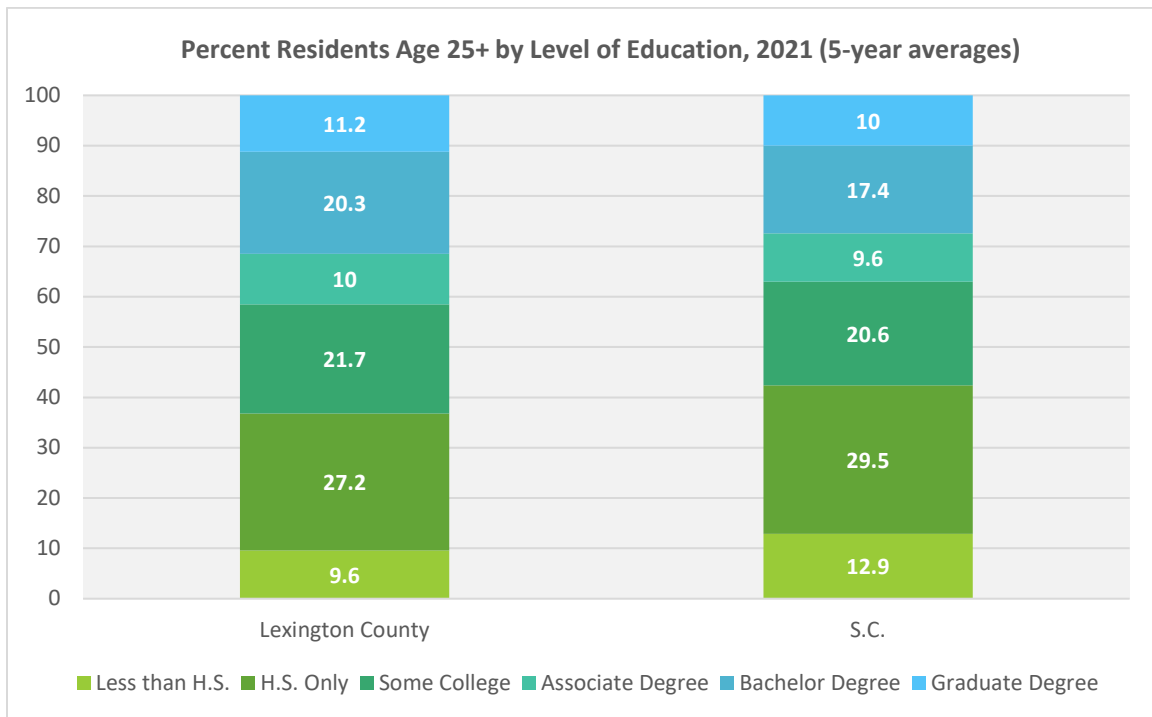
Education

Education has multiple purposes but is always at the foundation of societies characterized by economic wealth, social prosperity, and political stability. Education strengthens democracy by providing citizens the tools that allow them to participate in the governance process. It is an integrative force to foster social cohesion and supports critical thinking, skill development, and life-long knowledge acquisition. Moreover, there is a direct correlation between education attainment and earnings, income, and wealth; the more education an individual has (on average) the higher the income.

The Children’s Trust of South Carolina ranks Lexington County 3rd among the state’s 46 counties for overall education in 2020.

Education Attainment

The future demands higher education attainment of the local workforce if our cities and counties are to be economically competitive. Obtaining a post-secondary credential of some kind is critical to opportunity and positive life outcomes. Compared to the state average, residents of Lexington County have higher education attainment at the bachelor’s degree and above level. Also, a lower percentage of residents in Lexington County failed to graduate from high school - 10% compared to the state average of 13%.

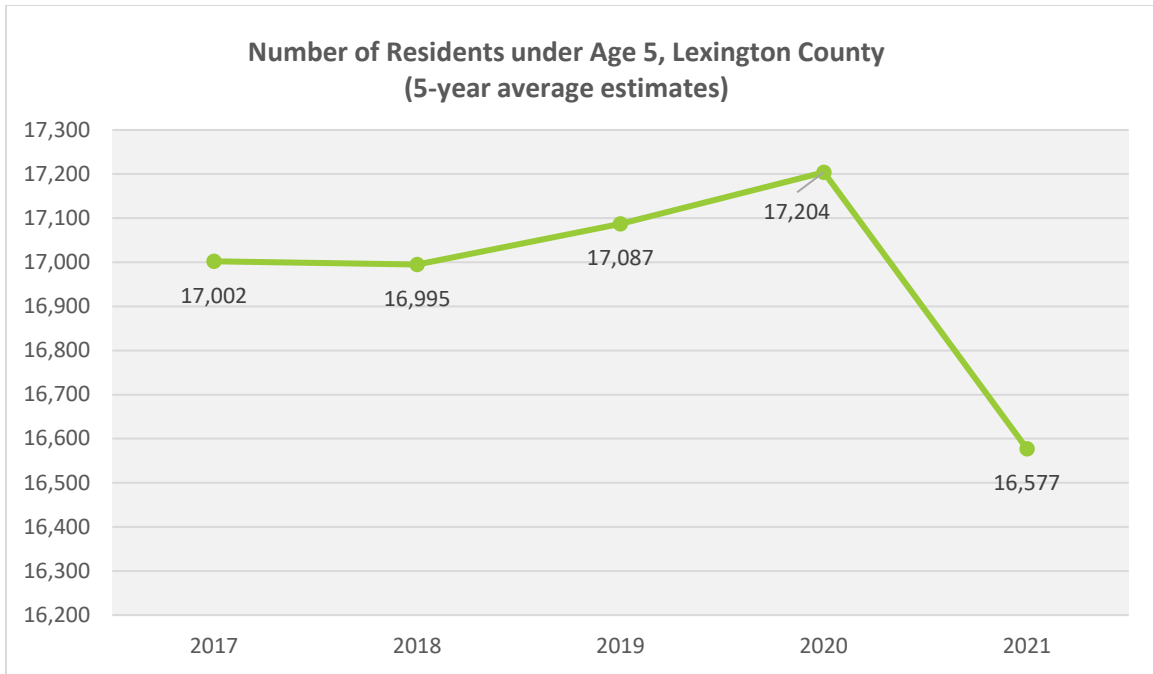


Source: U.S. Census S1501

Daycares

According to SC Department of Social Services, there are 119 licensed or registered childcare facilities in Lexington County. These include licensed and approved childcare centers, registered faith-based centers, licensed group childcare homes, licensed or registered family childcare homes. The total capacity of these centers is 9,952 children.

There are currently (2021) over 16,500 children under age 5 living in Lexington County.



Source: US Census DP05

School Readiness

School readiness is a comprehensive connection between children’s readiness for school, families’ readiness to support their children’s learning, and schools’ readiness for children. Children are ready for school when they possess the skills, knowledge, and attitudes necessary for success as they enter school and for later learning. This requires age-appropriate physical, cognitive, social, and emotional development.

Children's School Readiness is affected by the early care and learning experiences they receive. Research in brain development emphasizes that early learning (especially from birth to five) directly influences a child's ability to succeed in school. These studies have contributed to a growing awareness of the importance of quality early education, pre-kindergarten, and K-4 experiences as predictors of school readiness. Communities do well when they ensure that children have widespread access to these programs, and especially programs like Head Start, targeted to children most at risk. Children's readiness for successful transition into kindergarten is best viewed as a community responsibility.

Compared to the state average, four of Lexington County’s school districts exceed the state average for overall readiness to learn in terms of foundational skills and behaviors that prepare students for instruction. One district (District 2) falls below the state average for overall readiness and for each of the domains of readiness. The following table disaggregates this metric for readiness to learn across several domains - language and literacy, mathematics, social foundation, and physical wellbeing.

Percentage of Students enrolling in Kindergarten and Demonstrating Readiness to Learn, 2021-2022 by District					
	Overall	Language and Literacy	Mathematics	Social Foundation	Physical Wellbeing
Lexington District 1	38.2	31.8	27.2	53.6	50.4
Lexington District 2	29.2	27.7	22.3	42.7	35.7
Lexington District 3	37.4	36.1	31.3	44.9	51.0
Lexington District 4	37.5	32.8	28.1	53.9	60.5
Lexington District 5	39.8	34.1	29.1	52.5	52.3
<i>S.C. Average</i>	36.0	29.8	28.1	52.2	51.5

Source: SC DOE School Report Cards

Academic Achievement

South Carolina Department of Education monitors academic achievement across the spectrum of grades and via a variety of instruments. The SC Ready assessments for English Language Arts (reading and writing) and Mathematics are administered in grades 3,4,5,6,7, and 8. Academic performance in the elementary years is predictive of ongoing achievement, graduation from high school, and enrollment in post-secondary education.

Reading proficiently by the end of third grade is a crucial marker in a child's educational development. Failure to read proficiently is linked to higher rates of school dropout, which suppresses individual earning potential as well as the nation's competitiveness and general productivity. Currently, 48.9% of Lexington County third graders are below standards in reading, better than the state average of almost 52%. Over time, Lexington County students perform better on this measure compared to the state average.

Percentage of 3rd Graders Testing Below Standards in English / Language Arts (on SC READY)						
	2015-2016	2016-2017	2017-2018	2018-2019	2020-2021	2021-2022
Lexington	49.2	53.4	49.8	46.1	56.1	48.9
S.C.	56.3	57.9	54.9	50.2	56.7	52.0

Source: Kids Count Data Center

Mathematical performance at the 8th grade is also a critical metric. If a child has received relevant mathematics training and performed well by eighth grade, that child will have a higher likelihood of going to college and will likely be more successful in high school, college, and careers beyond. Currently, 68.6% of Lexington County eighth grade students fall below standards in math, essentially one percentage point better than the state average. Historically, Lexington County has performed better on this metric, compared to the state average.

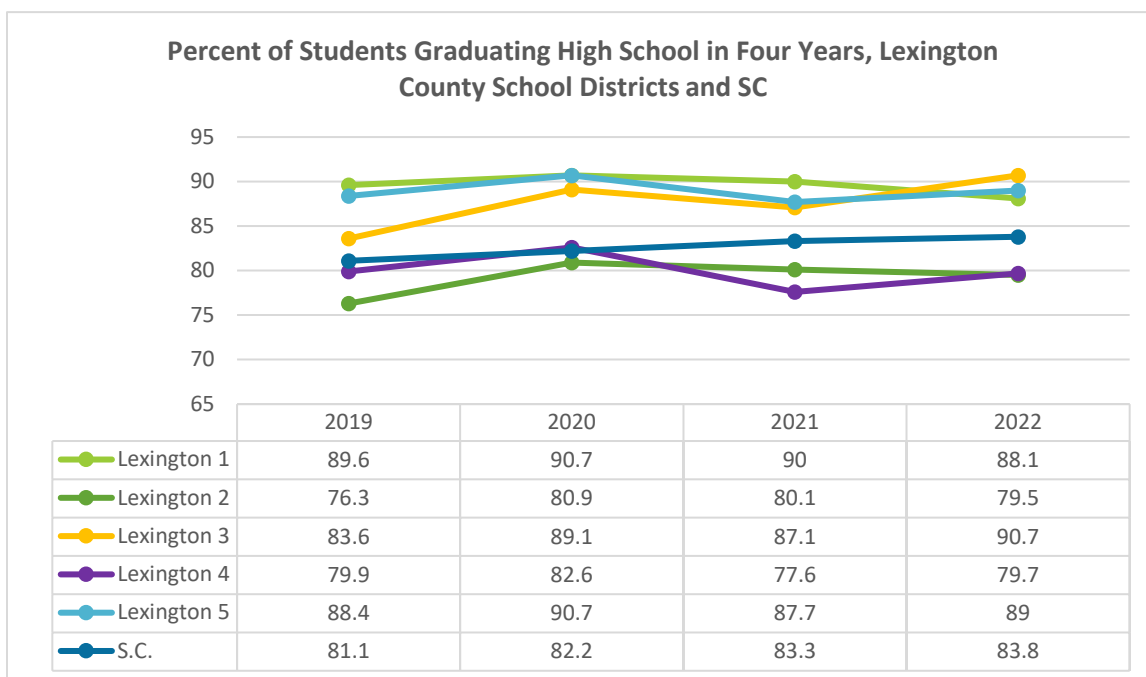
Percentage of 8th Graders Testing Below Standards in Math (on SC READY)						
	2015-2016	2016-2017	2017-2018	2018-2019	2020-2021	2021-2022
Lexington	62.2	61.3	60.9	60.6	67.4	68.6
S.C.	67.6	65.5	63.4	63.4	69.3	69.8

Source: Kids Count Data Center

These data and many other academic achievement data, disaggregated for each school district across the state, can be found in the SC Department of Education School Report Cards.

On-Time Graduation

Students who graduate on time – earning a standard high school diploma in four years – are more likely to continue their education at the post-secondary level. Historically, Lexington County School Districts 1, 3, and 5 fare well on this measure, experiencing four-year graduation rates higher than the state average. Lexington County Districts 2 and 4 have generally lower four graduation rates compared to the state average.



Source: SC DOE Report Cards

Generally, when time graduation rates are disaggregated by student demographic, Whites and non-economically disadvantaged students graduate on-time at higher rates, compared to economically disadvantaged, Black, and Hispanic students.

Dropouts and Teen Idleness

The 2020 South Carolina Child Well-Being Data Profile, produced by the Children’s Trust of South Carolina,³ ranks Lexington County as 12th of the state’s 46 counties for dropout (#1 is best). The latest data show that there were 1.1% dropouts of the total enrollment for grades 9-12 in Lexington County in 2018-2019. The state average is 1.9%.

Because capturing dropouts is often difficult at the school and district levels, the U.S. Census offers two alternate measures: percent teens not enrolled in school and not a high school graduate, and an “idleness” measure for teenagers – residents ages 16-19 who are not enrolled in school and not working. These may be a more accurate measure of dropout. Because numbers are small, especially in rural counties, 5-year rolling averages are used for this measure.

The percentage of teens who are not enrolled in school and not high school has improved in Lexington County since 2007, and historically mirrors the state average.

Percent Teens age 16-19 Not Enrolled in School and Not a High School Graduate									
	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	2015-2019
Lexington	6.0	6.1	5.8	5.0	4.8	4.2	3.7	3.7	4.1
S.C.	6.8	6.0	5.8	5.4	5.0	4.4	4.1	3.9	4.0

Source: Kids Count Data Center

The percentage of “idle” teens in Lexington County shows a similar improving trend. Historically, Lexington County has varied around the state average on this metric.

Percent Teens age 16-19 Not Attending School and Not Working									
	2007-2011	2008-2012	2009-2013	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	2015-2019
Lexington	8.9	9.7	10.7	9.8	9.6	8.8	7.0	6.6	6.0
S.C.	9.1	9.1	9.3	8.7	8.5	7.8	7.1	6.9	6.9

Source: Kids Count Data Center

Opportunity

Where a child grows up in the US has a major impact on his or her financial future. Economic mobility has significant relevance for communities of color since they tend to have the lowest income and fewest opportunities to move up on the economic ladder. In their recent Equality of Opportunity Project¹⁸, three Harvard economists used “big data” to map upward mobility across the country. The results showed wide variation among the nation's cities and counties in intergenerational mobility, leading the researchers to conclude that some areas provide significantly more opportunity for children to move out of poverty, and other areas offer children few opportunities for escape. Where children are raised has a significant impact

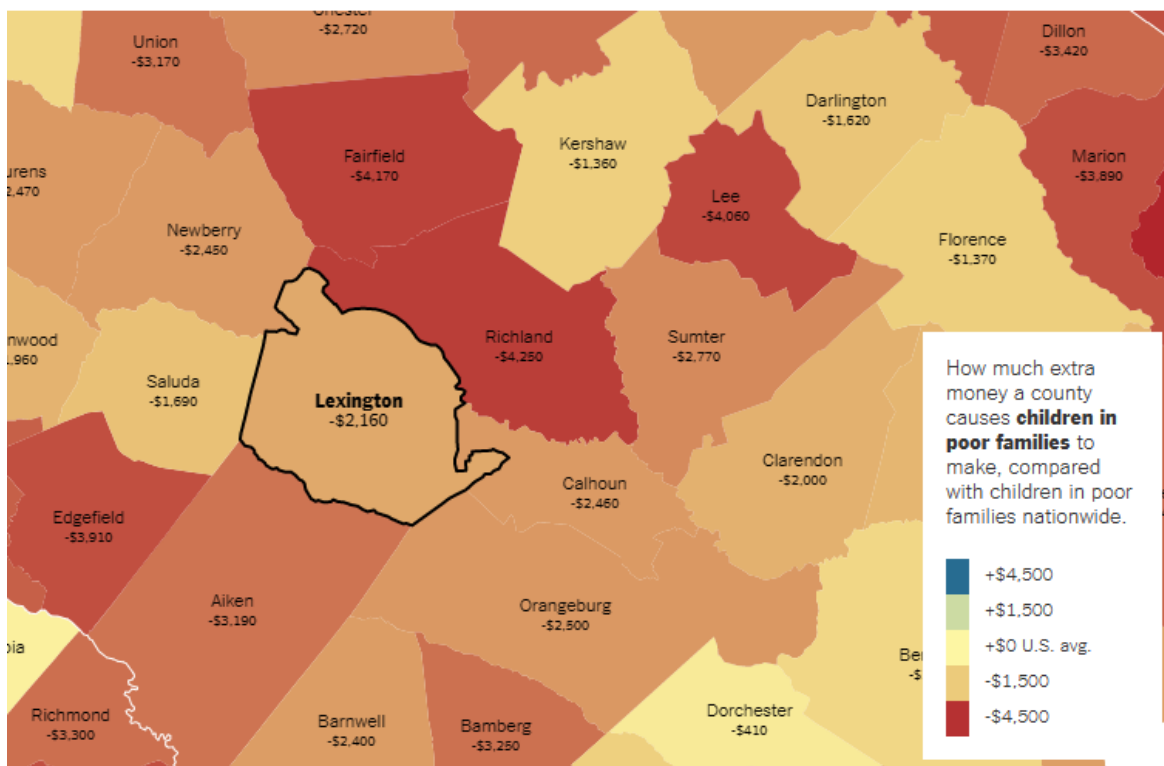
³ 2020 South Carolina Child Well-Being Data Profiles. <https://scchildren.org/resources/kids-count-south-carolina/child-well-being-data-county-profiles/>

on their chances of moving up economically. The research found that communities with high levels of upward mobility tend to have five characteristics:

- lower levels of residential segregation by race
- a larger middle class (lower levels of income inequality)
- stronger families and more two-parent households
- greater social capital
- higher quality public schools

The latest calculations and comparisons of the 2,478 counties in the U.S. show that South Carolina counties rank among the lowest in the country for chances of upward mobility for poor children. Lexington County is considered to be “very bad” in helping poor children up the income ladder. Lexington County ranks 281st worst out of 2,478 U.S. counties, better than about only 11% of counties for opportunity for poor children to break out of poverty.

If a child in a poor family were to grow up in Lexington County, instead of an average place, he or she would make \$2,160 (or 8%) less at age 26.



Source: The Upshot⁴

⁴ The Upshot. The best and worst places to grow up. <https://www.nytimes.com/interactive/2015/05/03/upshot/the-best-and-worst-places-to-grow-up-how-your-area-compares.html>

Overall Wellbeing

For overall wellbeing for children, Lexington County ranks 3rd best of the state's 46 counties.



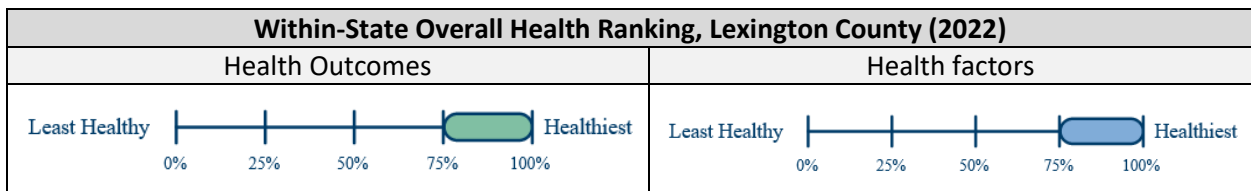
Source: Children's trust of SC

Other Wellbeing Indicators

Overall Health

Where health-promoting factors do not exist, the cost to the community is high. Social and economic factors are the strongest determinants of health outcomes. If people do not have access to safe places to live and be active, to healthy food, to clean air and water, and to preventive care and treatment, they will not be healthy. When community conditions are not health-promoting, there is a lower quality of life for everyone.

Lexington County ranks 7th in overall health for children. It is ranked among the healthiest counties in South Carolina for health outcomes. These outcomes include length of life / premature death and various quality of life measures. Lexington County is also ranked among the healthiest counties in South Carolina for health factors. These factors include various health behaviors, clinical care factors, social and economic factors, and measures of the physical environment.



Source: County Health Rankings and Roadmaps

Infant Mortality

Infant mortality is a good measure of population health since it reflects the economic and social conditions that impact health in a community. The United States has the highest maternal and infant mortality rates among comparable developed countries. The current (2022) infant mortality rate in the United States is 5.547 deaths per 1,000 live births. South Carolina is among the states in the US with the highest infant mortality rates, 6.64 per 1,000 live births in 2020, constituting 370 infant deaths in that year.

Because numbers of child deaths within the first year of life are relatively low, especially for sparsely populated geographies, multiple year averages are often used to measure infant mortality. For the combined 2018-2020 period, 54 babies died in their first year of life in Lexington County, equating to an infant mortality rate of 5.6 per 1,000 live births, lower than the state average rate of 6.9.

It should be noted that there is a significant racial inequity in this measure. Black infants in the U.S. are more than twice as likely to die as White infants – 10.8 per 1,000 Black babies, compared to 4.6 per 1,000 White babies. This racial inequity is wider than in 1850 and in one year constitutes 4,000 inequitable deaths of Black babies. Education and income do not mitigate this inequity – a Black woman with an advanced degree is more likely to lose her baby in its first year of life than a White woman with less than an eighth-grade education. Disaggregated trend data for infant mortality in Lexington County and the state averages can be found in the following table. Infant mortality is more than twice as high for Black

babies compared to White babies across South Carolina, and almost twice as high for Black babies in Lexington County.

		Infant Mortality Rate, * by Race (combined year averages)						
		2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Lexington County	Total	5.9	6.1	6.6	7.1	6.4	6.6	5.6
	White	4.7	5.8	5.6	5.9	5.1	5.5	4.5
	Black	10.5	7.8	10.4	11.6	11.0	10.6	9.4
S.C.	Total	7.0	6.8	6.8	6.8	6.9	6.8	6.9
	White	5.0	4.9	4.9	5.0	5.0	4.7	4.5
	Black	10.7	10.9	10.6	10.5	10.6	11.0	11.3

*per 1,000 live births

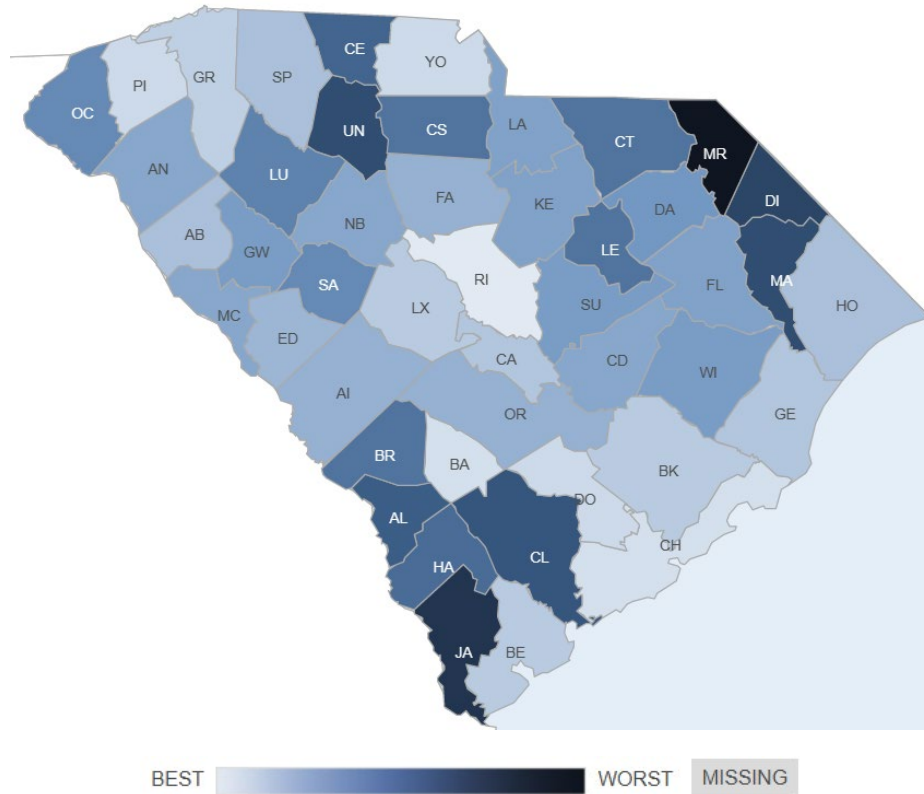
Source: SC DHEC and Kids Count Data Center

Teen Childbearing

Births to teens have substantial implications for educational and socioeconomic outcomes for the teen mother. Parenthood is the leading reason that teen girls drop out of school. More than 50% of teen mothers never graduate from high school, whereas approximately 90% of teen who do not give birth will graduate from high school. Additionally, less than 2% of teen moms earn a college degree by age 30. Because many teen mothers live in poverty, care for both mother and child can be publicly funded for years, including assistance programs for food, medical care and childcare. In addition, daughters of teen mothers are more likely to become teen mothers themselves, creating cyclical poverty over generations.⁵

For the combined years 2014-2020, there were 21 teen births per 1,000 females in Lexington County age 15-19. Disaggregated by race, this equates to a rate of 25 for Black teens, a rate of 39 for Hispanic teens, and a rate of 18 for White teens. Lexington County has a lower rate of overall teen childbearing than the state average of 23 per 1,000 but a higher rate than the national average of 19 per 1,000.

⁵ Fact Forward: <https://www.factforward.org/news/high-costs-teen-pregnancy>



Teen childbearing has decreased substantially in South Carolina, mirroring the national trend.

Health Insurance

Health insurance coverage is a strong indicator of access to health care (as is provider availability) and the likelihood of receiving quality care. Rates of health insurance coverage in a community speak not only to the health status of that community, but also to the economic status of the community and the distribution of well-paying jobs. Further, when health insurance coverage is low, costs to society are often high since the uninsured frequently seek treatment in emergency departments for non-emergent conditions and often do not get timely treatment for chronic illnesses, resulting in higher costs and lost worker productivity.

In Lexington County, 4.7% of the residents under age 19 are uninsured (neither public nor private insurance) in 2021. This equates to 3,388 children and youth.

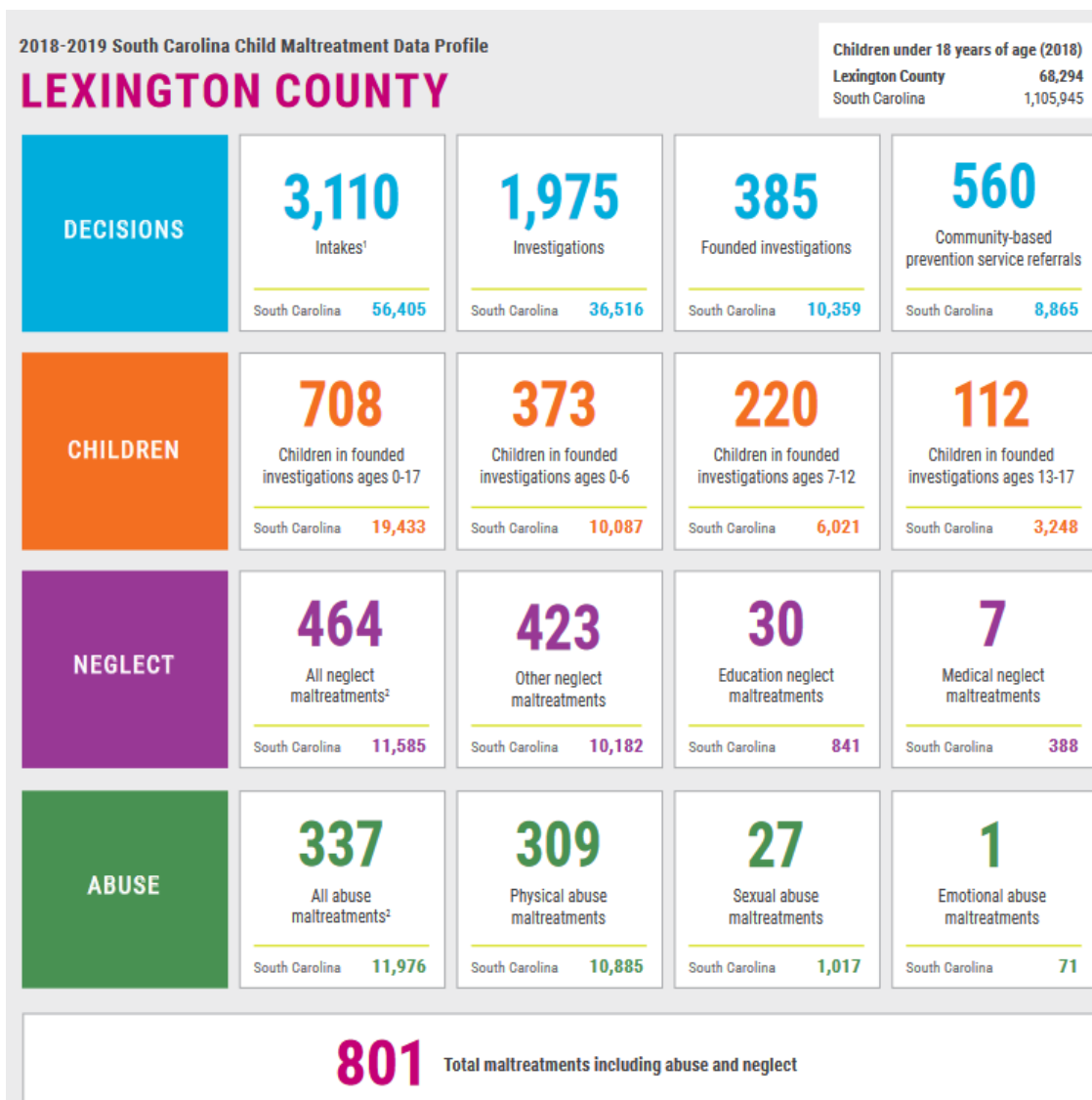
Child Maltreatment

Child maltreatment is abuse and neglect that occurs to children under 18 years of age. It includes all types of physical, emotional, and sexual abuse in addition to all forms of neglect, negligence, and exploitation of children. It is difficult to obtain valid and reliable comparative statistics on child abuse and neglect even though it cuts across all communities in South Carolina. The data reported in the following table are offered as static information without inference. These are founded investigations; that is, the determination following an investigation by a child protection worker is that, based on available information, it is more likely than not that child abuse or neglect did occur. These investigations are not “unique”; that is, they may include multiple investigations for the same children.

Total Number of founded Investigations for Child Abuse and Neglect by SC Fiscal Year										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Lexington	307	398	442	403	541	595	517	477	387	423

Source: Kids Count Data Center

For more detailed 2018-2019 data regarding child maltreatment in Lexington County, see the following tables, provided by the Children’s Trust of South Carolina.



Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are traumatic events that occur in a child's life prior to the age of 18. Researchers have recently discovered a dangerous biological syndrome caused by abuse and neglect and other ACEs during childhood. The toxic stress that characterizes childhood adversity can trigger hormones that cause damage to the brains and bodies of children, putting them at a greater risk as adults for disease, homelessness, incarceration, and early death. Further, childhood adversity often harms a child's brain and its development, which can result in long-term negative health and social outcomes.

The latest data show⁶ that 62% of South Carolina adults report having experienced at least one ACE, and 62% of Lexington County adults also report having experienced at least one ACE. The primary ACEs for Lexington County are:

- Parental divorce / separation – 33%
- Household substance abuse – 31%
- Emotional abuse – 30%

Children of Color experience higher rates of ACEs. In South Carolina, 59% of White children have experienced at least one ACE, while 65% of Black children and 67% of Hispanic children have experienced at least one ACE.

Affordable Housing

According to the U.S. Department of Housing and Urban Development (HUD), the generally accepted definition of affordable housing is that for which the occupants are paying no more than 30% of gross income for housing costs, including utilities. In South Carolina, almost 20% of residents are not in affordable housing situations, spending 30% or more of their income on housing costs. Lexington County residents fare better than the state average at about 17% not in affordable housing situations, and the trend suggests that housing affordability is improving in Lexington County, mirroring the state trend.

Percent of Housing Units Where Householders Spend at Least 30% of Income on Housing									
	2007-11	2008-12	2009-13	2010-14	2011-15	2012-16	2013-17	2014-18	2015-19
Lexington	21.8	19.7	20.1	19.9	19.3	18.7	18.1	17.5	17.1
S.C.	25.5	25.1	24.8	24.2	23.1	21.9	21.1	20.4	19.6

Source: Kids Count Data Center

⁶ Children's Trust of South Carolina <https://scchildren.org/resources/adverse-childhood-experiences/ace-data-county-profiles/>

Food Environment

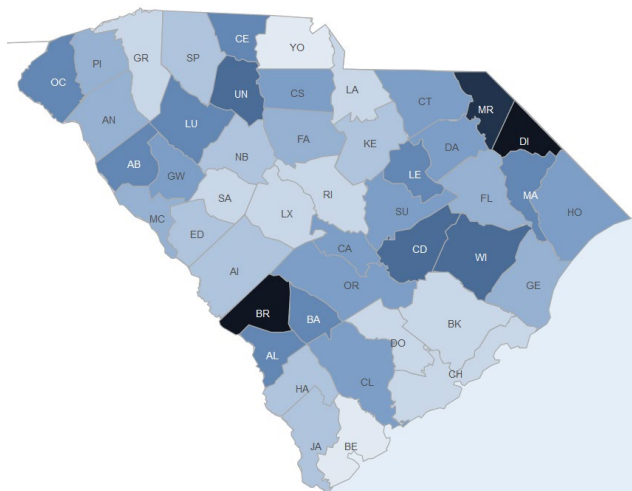
There are two basic measures that comprise the Food Environment Index measure:

- **Limited access to healthy foods:** the percentage of the population that is low income and does not live close to a grocery store.
- **Food insecurity:** the percentage of the population that did not have access to a reliable source of food during the past year.

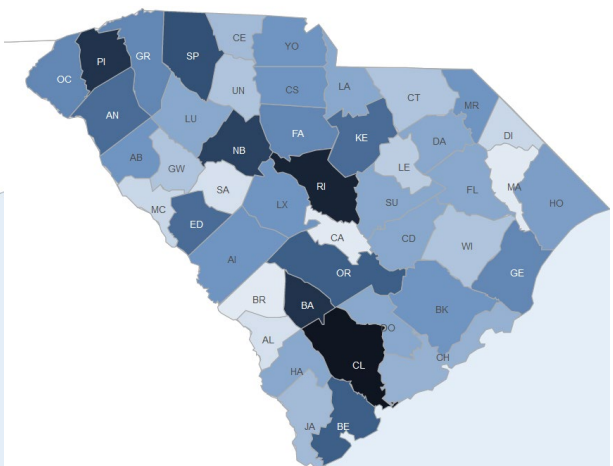
Although the data are not disaggregated by race, low-income people and People of Color are generally the most at-risk populations for food insecurity and limited access to healthy foods. Compared to the South Carolina averages, Lexington County fares slightly better for food insecurity and for access to healthy foods.

Food Environment, 2019		
	Lexington County	S.C.
Food insecurity:	9%	11%
Limited access to healthy foods	9%	10%

Food Insecurity Map



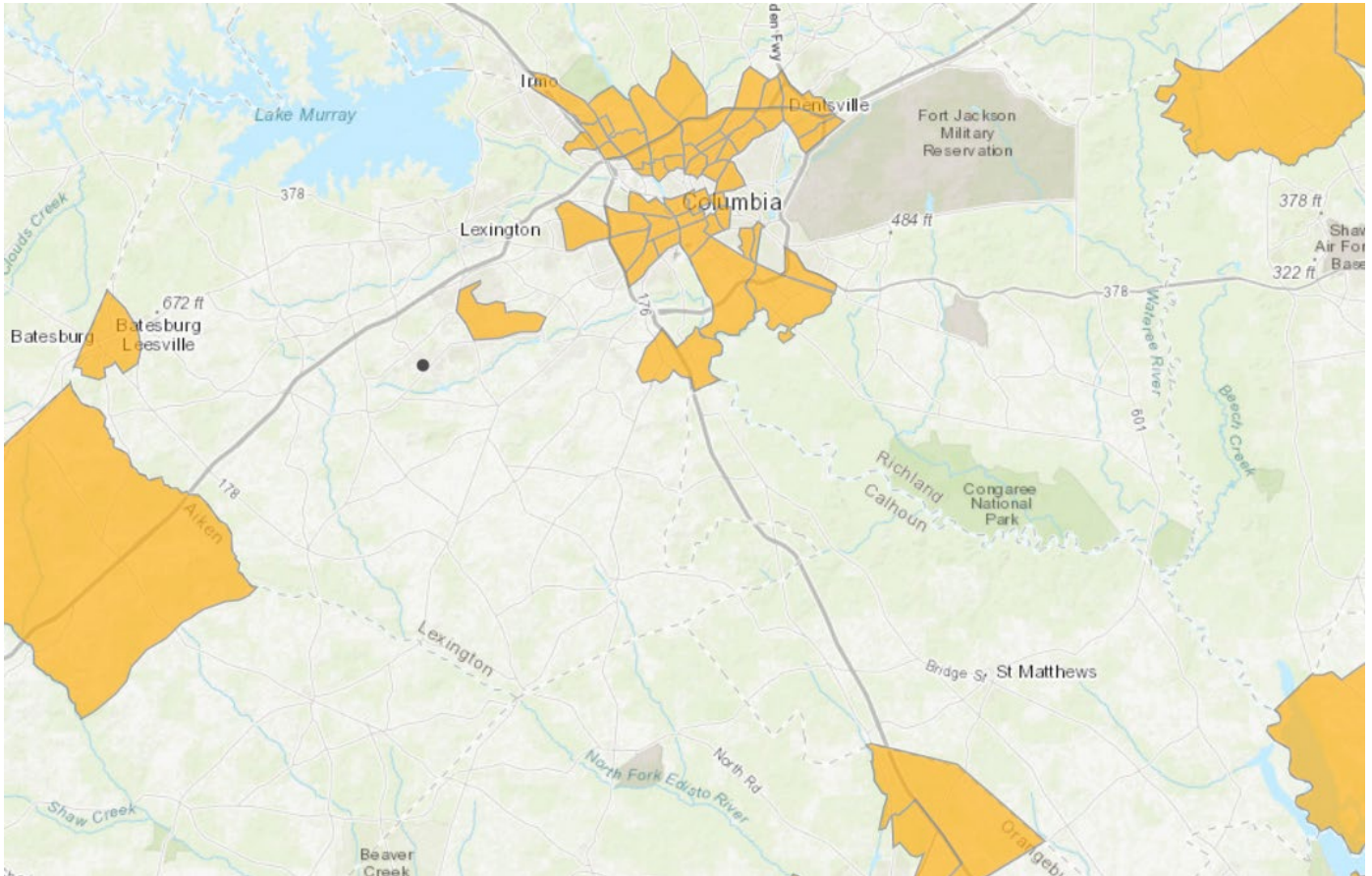
Limited Food Access Map



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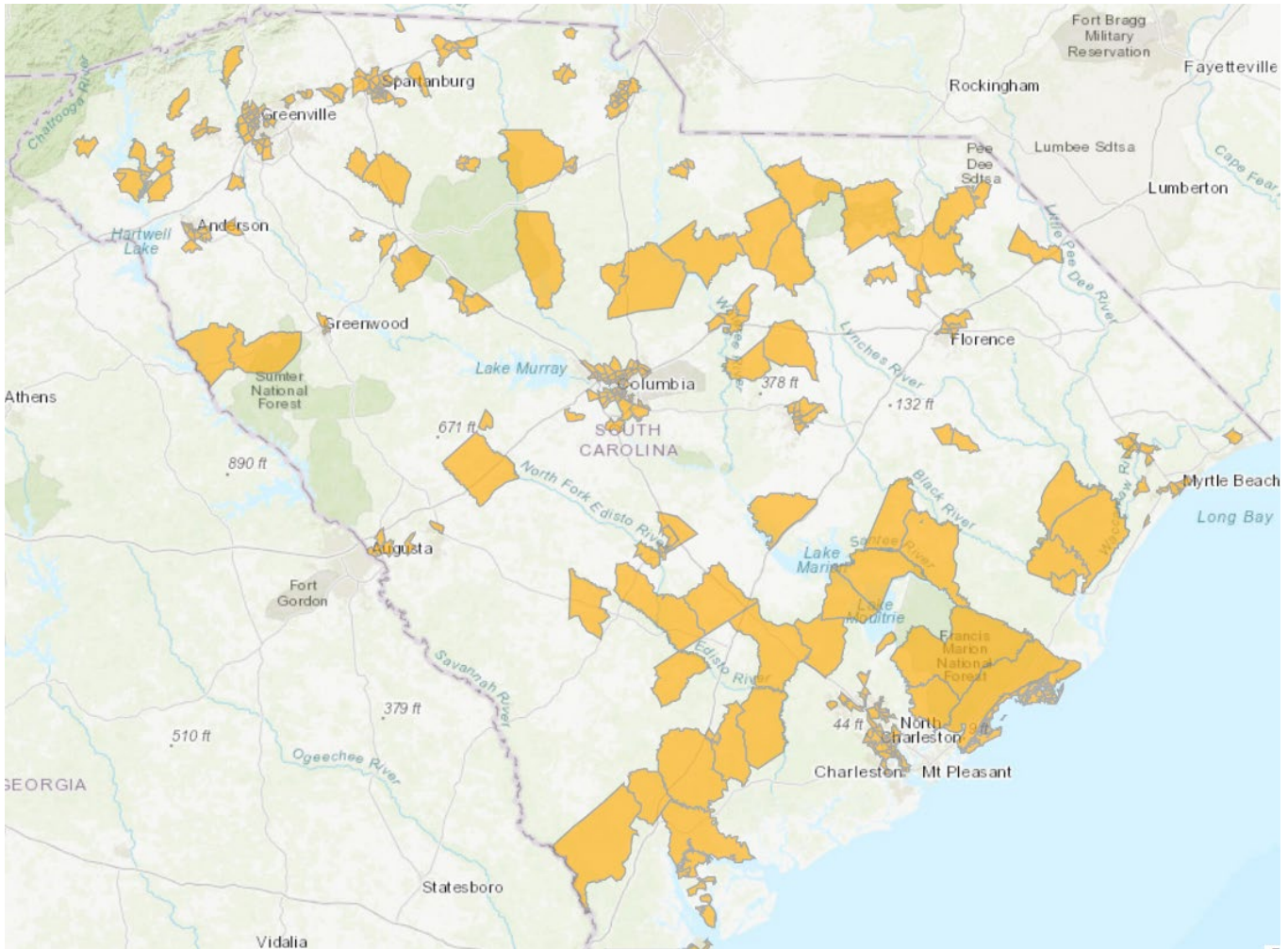
Food Deserts

Certain communities, particularly lower-income or minority communities, often lack supermarkets or other sources of healthy and affordable foods. Food deserts, a component measure of food insecurity, is defined as at least 500 people and / or at least 33% of a census tract's population residing more than a mile from a supermarket or large grocery store (more than 10 miles for rural census tracts). The following map show portions of Lexington County, in orange, that are classified as food deserts.



Source: SC DHEC

For context, the statewide food desert map follows.





Qualitative Data Analysis



Focus Groups Report

Executive Summary

Lexington County First Steps provided ISI Consulting with data pre-collected in early 2023 by another consultant to use for the Community Needs Assessment. A total of 12 focus groups were held with 51 documented participants across all groups. However, five of the focus groups did not have documentation of the number of attendees, so this total number is underreported. According to the data, there are three priority areas that have been selected: Health, Childcare, and Parenting. Each focus group drafted needs for the county that coincided with these priority areas.

Focus Group		Participants
1	Lexington County Businesses	6
2	Active Educators	8
3	Lexington County Library System	14
4	Retired Educators	8
5	Heat Start	
6	DHEC	5
7	Childcare/Preschool Providers	5
8	Lexington School District 1	
9	Lexington School District 2	5
10	Lexington School Districts 3 & 4, and LCFS Connected Families	
11	Lexington School District 5 Preschool Task Force	
12	Brookland Academy Child Development Center	

The key needs identified by the focus groups for each priority area were as follows:

Priority needs for Health:

- Provide parents of newborns with information illustrating the key areas of early development in childhood.
- Ensure all parents are aware of free eye and dental exams offered in the school district.
- Provide a list of services in local community who provide health care for children including name, service, hours of operation, etc.

- Ensure proper nutrition through parental education
- Need more medical and dental facilities in rural communities.
- Need to address lice, bedbugs, and cleanliness of children.
- Need more vision and hearing screenings.
- Reduce food insecurities.
- Improve access to health care and routine screenings.
- Make sure all children receive necessary immunizations.
- Make sure all children have access to healthy food.
- Encourage programs such as WIC at pediatrician's and OBGYN's offices.
- Make sure all children receive a yearly check up at the doctor and a twice yearly check up at the dentist.
- Need affordable healthcare for all members of the family.
- Need translation and interpretation service to relay medical findings and medical resources given to families.
- Mobile clinics that provide medical access to families without transportation, along with collaboration of schools to provide workshops regarding healthcare options.
- Connect new moms to Lexington County First Steps services.
- Provide access to living health education.
- Increase capacity of early intervention. There are not enough providers such as OT, PT, ST.
- Reduce screen time. Evidence is showing that due to the large amount of screen time, students are lacking self-regulation.
- Reassure parents of the safety of vaccines, specifically the COVID vaccine for children 0-5.
- Promote physical activity.
- Need affordable clinics for parents that are not eligible for state health insurance plans (such as undocumented families).
- Need transportation assistance to medical appointments.
- Promote nutrition and mental health awareness.

Priority needs for Childcare:

- Work with existing businesses and corporations to implement childcare partnerships.
- Provide parents with funding sources if affordable childcare is unaffordable.
- Provide opportunities for the library to offer "Story Time" and other activities in areas of the community where transportation is a problem.
- Need higher quality daycares (Workers not trained).
- Parents need help with transportation to daycare.
- Limited spots available in daycares, especially those that take vouchers.
- Reduce high turnover rates for childcare staff.
- Provide information to parents about programs available for children.
- Provide books to children at home with information on library resources.
- Improve pay and reduce staff burnout at childcare centers.
- Improve student-to-teacher ratio at childcare centers.
- Need affordable childcare with educational and developmental services available to all children.
- Need quality educators trained to handle all aspects of providing quality childcare (Mental Health First Aid)
- Need adequate facilities that meet DSS regulations and are safe and clean for all children attending.

- Need additional centers in rural areas.
- Need more whole day programs in the area to meet the needs of working families.
- Recruit and retain teachers.

Priority needs for Parenting.

- Work with churches and other organizations to provide parenting programs such as “Love and Logic”.
- Provide additional funding for Parents as Teachers.
- Offer service information for those in need of counseling.
- Need to support education of parents.
- Need to advertise resources available to parents.
- Need to increase First Steps’ awareness.
- Host parenting workshops and parent/child programs.
- Provide transportation for mobile learning, such as a bus, that can go into rural areas to provide families with the experience to learning in an educational setting outside of the home.
- Target all parents, not just those in district programs.
- Need ongoing parent support groups.
- Parents need to set boundaries with their children.
- Need to improve follow through (even when programs and incentives are offered)
- Parents need to engage with their children more and rely on technology less.
- Parents need support obtaining things like employment, internet and working phone numbers.
- Increase parental understanding of how to approach discipline and consequences.
- Teach parents (including non-English speaking ones) the importance of their child’s development.

Other observations.

- Household income, stable physical environments are important for early childhood development.
- Language and cultural barriers exist in immigrant communities.
- Provide transportation to community-based events.
- Address the housing crisis. There needs to be more affordable housing.

Community Engagement Session

After a formal presentation of the quantitative and qualitative data by ISI Consulting on February 27, 2023, Twelve Lexington County First Steps team members and partners from the Batesburg-Leesville Chamber of Commerce, Lexington County DHEC, Lexington County Public Library, Lexington School Districts 1, 2, 3, and 5, and PASOs discussed the findings and its implications. Small groups were formed, and participants completed a worksheet to identify gaps and areas of needed focus for the local First Steps. ISI Consulting facilitated the conversations between the small group to reach shared agreement. The group then drafted a list of assets that can be found on the following page.



The priorities that emerged from this Needs Assessment include:

Improve the health of children and families.

(Indicator: Number of health partners, number of trainings, and success stories related to coordination of the whole person.)

Strategies discussed included: Improve access to health care and education, medical/dental, cleanliness, vaccines, well checks, address food insecurity, provide general nutrition education, increase transportation, include mobile medical units, provide education and resources to new mothers, medical visits, county programs, implement master list of resources for parents and providers, implement partnerships, food programs with local farmers, pairing with SNAP.

Reduce the gap of children who are not enrolled in quality childcare programs.

(Indicator: Number of childcare centers, and number of students enrolled.)

Strategies discussed included: advocate for businesses to promote childcare programs in the rural communities, provide access to quality professional development for childcare workers across the county, and educate families about voucher programs, and scholarships to increase affordability for childcare.

Increase capacity building among parents and caregivers.

(Indicator: Number of trainings held and number of parents and caregivers reached.)

Strategies discussed included: Help parents understand their roles as Parents and acquire effective parenting skills, by hosting more parenting workshops, and parent/child programs for families within the community, beyond the families being served with the home visitation program, Provide additional funding for Parents as Teachers in order to provide services targeting all parents, not just those receiving PAT home visiting services, and increase awareness of First Steps services and effectively advertise resources available to parents in order to recruit and support parents in connecting and interacting with their children and understanding the importance of these connections and interactions.

Lexington County Asset Map





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