

Families

2003/04 Updates Noted
12/2006 Updates Noted

| Key Word | Indicator | Source |
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| foster care | See "system" | |
| at-risk families | Families with emotionally disturbed children are under extreme stress and are at high risk. | Partners for a Healthy Community, 1998. |
| at-risk families | No follow-up services are provided to adoptive families once adoption becomes final. | DSS Staff forum, 8/00. |
| child care | Affordable child care, availability of infant care and 2nd & 3rd shift child care were needs cited in numerous assessments. In 1994, 178 families received a child care subsidy and 50 families were on the DSS waiting list. Since 1994, eligibility was expanded through federal/state block grant monies. As a result, from 1/1-11-22/00, 399 families received a child care subsidy and no families were on the DSS waiting list. Additionally, in order to support people in obtaining and keeping jobs, the eligibility for subsidy was raised to 200% of poverty level. | City of Auburn Planning Needs Assessment, March 1995; Partners for a Healthy Community, 1998; DSS Staff forum, 8/2000; Provider Survey - DSS Plan Goals, 8/2000 (Child Care Council). |
| child care | Child care, for school-age children, currently has gaps in service - Casey Park & Genesee Schools, also children in Port Byron, Moravia and Union Springs are not being served. | Provider Survey - DSS Plan Goals, 8/2000 (Child Care Council). |
| child care | Therapeutic child day care for children in families which experience domestic violence is a need. | Provider Survey - DSS Plan Goals, 8/2000 (Child Care Council). |
| child care | Both key informants (human service agencies) and the general public selected child care and comprehensive child/youth development as serious need areas. | United Way Needs Assessment, Jan. 1994. |
| parenting grandparents | In Cayuga County, there were 1,066 grandparents living in a household with one or more grandchildren under the age of 18. Of those, 359, or 33.7%, had responsibility for the grandchildren. | US Census, 2002 |
| live births | In 1998, the rate of births per 1,000 women, age 15-44, is significantly lower in Cayuga County than New York State. The County rate was 10.6 vs. 12.5 for NYS. Additionally, the birthrate has been declining over time. The County birthrate was 11 in 1997; 11.7 in 1996; 11.9 in 1995; 12.1 in 1994. | NYSDOH, County Health Indicator Profiles (1994-1998). |

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| marriage | There are fewer people getting married in Cayuga County. There have been fewer marriages every year since 1994. In 1998 there were 576 marriages, 1994 there were 677. | NYSDOH, Bureau of Biometrics, 11/00. |
| marriage | Dissolution of marriages is on the decline. In 1994 there were 288 dissolutions, in 1998 there were 228. | NYSDOH, Bureau of Biometrics, 11/00 |
| children | Home visits by a nurse (not a paraprofessional) beginning in pregnancy and continuing through the child's second birthday lead to wider birth spacing and fewer births over time, the reduction in child abuse, an increase in child health, and better academic and social outcomes for both parent and child. | "What Works" Table, Summary of the most effective investments for school readiness, based on literature review; Child Trends, John S. and James L. Knight Foundation, 2000. |
| parenting | Two involved parents, regardless of marital status, improves children's cognitive and social outcomes. Low conflict two-parent families improves children's socio-emotional outcomes. | "What Works" Table, Summary of the most effective investments for school readiness, based on literature review; Child Trends, John S. and James L. Knight Foundation, 2000. |
| birth rate, marital status, national | Nationally, the majority of births to teens occur outside of marriage (79% in 1999). Women ages 20-24 have the highest non-marital birth rate. This rate was 73 non-marital births per 1,000 unmarried women ages 20-24 in 1999 (a 12 % increase since 1990). | ChildTrends, Facts at a Glance, August, 2001, National Center for Health Statistics (NCHS) |
| parenting skills | There is an inadequate level of skill training, especially in the schools, for the parenting of infants and toddlers. This contributes to ineffective parents which, in turn, contributes to troubling behavior of children in the schools. Education should be broad-based, for all types of families and at earliest level possible. School curriculums provide little parenting skill development and integrating parenting skills (vs. learning about parenting) is vital. | Safe Schools/Healthy Students – P.7; Partners for a Healthy Community; LDSS staff input session 9/00; Cayuga County 1999 Local Services Plan for Alcoholism and Substance Abuse Services (CHAD); Cayuga County Youth Bureau Needs Assessment, 1996; Provider Survey - DSS Plan Goals, 8/2000 (Child Care Council). |
| parenting skills | Both parents working provides limited time for supervision of children, for relationship building or for modeling. Achieving open communication between parent and child helps to diminish negative behaviors of youth. | Partners for a Healthy Community, 1998. |
| parenting skills | There is a need to enhance: parenting skills; respect for self and others; self esteem building (for parent & for children); and children's health and hygiene at school. | Partners for a Healthy Community, 1998. |

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| parenting skills | Local focus groups, in 1998, of a.) elementary parents & teachers, b.) service providers, c.) teen parents, and d.) young adults attending Cayuga Community College, all said poor preparation for parenting was a critical issue. | Partners for a Healthy Community, 1998. |
| parents/schools | Parents' experiences as a student may interfere with establishing a positive relationship with school. Parents do not understand what roles there are for them in the school (the range of roles and partnerships possible are not clearly defined). | Partners for a Healthy Community, 1998. |
| parents/schools | Local focus groups, in 1998, of a.) elementary school parents & teachers and b.) pre-school parents cited both positive and weak parent-school relationships. Situations: 1.) A school where the respondents perceived poor communication, poor involvement and a lack of trust resulted; 2.) A school that is perceived by respondents as aggressively, and creatively, reaching out to engage parents had increased parental trust and participation. | Partners for a Healthy Community, 1998. |
| recreation | There is a need to develop new, or more, positive experiences for families; Families can be strengthened by participation in mutually positive experiences; There are limited recreational opportunities for families; There are little to no recreational opportunities for families in rural areas. | Partners for a Healthy Community, 1998. |
| depression, mothers | Research has documented that children of mothers who are depressed are at greater risk for poor outcomes in a variety of areas than children of mothers who are not. This holds true for families across all income levels. In these families, especially when the depression is sustained over time, children have been reported to show more behavioral and academic problems as well as have a greater likelihood of health problems. | Symptoms of Depression Among Welfare Recipients: A Concern for Two Generations, Child Trends Research Brief, December 2001. |
| depression, mothers | In several studies including a study sampling experimental evaluations of welfare-to-work programs in the US and Canada, the combination of maternal depressive symptoms and low maternal literacy predicted poorer child outcomes. In children age 5 to 7, this combination resulted in poorer behavioral outcomes, while in children ages 8-10, it resulted in poorer cognitive outcomes. | Symptoms of Depression Among Welfare Recipients: A Concern for Two Generations, Child Trends Research Brief, December 2001. |

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| depression, welfare | In a study sampling experimental evaluations of welfare-to-work programs in the US and Canada, one-third showed that the programs produced changes in symptoms of depression. Seventy percent of these were unfavorable, in that they increased the symptoms. | Symptoms of Depression Among Welfare Recipients: A Concern for Two Generations, Child Trends Research Brief, December 2001. |
| live births, out of wedlock | The number and rates of out of wedlock births remained fairly constant over time. In Cayuga County between 1998 and 2000 there were 341, 350 and 346 births respectively. The percentage of out of wedlock births per 100 live births for the county was 37.5, slightly higher than that for the region (35.6) and the state (36.8). The number of out of wedlock births between 2001 and 2003 was 333, 275 and 353 respectively. The percentage of out of wedlock births per 100 live births for the county was 37.7, remaining slightly higher than that for the region (35.1) and the state (36.2). The number of out of wedlock births in 2004 was 345. | NYSDOH, 1998-2000 Vital Statistics Data as of August, 2002. 12/2003. CHDS 2001-2003 as of August, 2005. 12/06. 2004 Data Tables, Table 10 of May, 2006, 12/2006. |
| substance abuse | There is a need for supportive living for recovering mothers and their children. | Confidential Help for Alcohol and Drugs Needs Assessment, 1998. |
| low income | Of the 323 C/SCAA program participants responding, 78% reported their families' personal strengths as love, caring for each other as well as working and staying together. In 2003 this was 61%. | 2000 and 2003 Low Income Community Needs Assessment, Cayuga/Seneca Community Action Agency. |
| work with families | A preventive orientation is critical when working to strengthen and support families. | Provider Survey-DSS goals - 8/2000 (United Way). |
| elder health, dementia, county | The County LTC office has received approx. 25-35 referrals per month, since 1995, for home assessments. Approx. 50% of these referrals involve Alzheimer's disease or related dementia (170 referrals per year). With the projected increase in dementia, the number of referrals will grow. Calls are often from the caregivers/family who are wearing out. Medicare does not provide reimbursement for services to support caregivers. Support and service resources are limited. | Long Term Care Access Office, Cayuga County, 12/2000 |