

OLD COLONY UNITED WAY

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Report of Needs Assessment Task Force

Describing the health and human care needs of the people of the twenty-two communities served by the Old Colony United Way

Published in concert with the Institute for Regional Development at Bridgewater State College, Bridgewater, Massachusetts

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INTRODUCTION

At times the specter of unmet health and human needs can be overwhelming for those of us who are paying attention. That is why we volunteer our time, talent, and treasure to the Old Colony United Way and other similar organizations that strive to solve and ameliorate some of those needs.

The Old Colony United Way exists to “assure that by means of citizen leadership and action the people of the Old Colony Area are provided with an efficient and effective network of human care services which is capable of meeting documented community needs” (our Mission Statement). One step in achieving that very desirable outcome is to “assess, on a continuing basis, the need for human service programs; seek solutions to human problems; assist in the development of new, or the expansion or modification of existing human service programs; promote preventative activities, and foster cooperation among local, state, and national agencies serving the area” (Objective #1 from By-Laws).

We at the Old Colony United Way had not undertaken an assessment of human need for 16 years when we began the process as part of our strategic planning initiative in the year 2001. Immediately it became apparent that such a study was necessary and long overdue.

We want to thank the following individuals and the organizations they represent for helping us achieve our goal of publishing this report:

Members of the Needs Assessment Task force (agency affiliations are listed in Appendix A): Michael Brady, Chris Cooney, Brian Donnelly, Sergio DoRego, April Dugger, Barbara Duffy, Suzanne Fernandez, George Gousie, Carol Herrup, Nuala Hetzler, Andrea Holloran, Mirko Hrovat, Karen Iolli, Kathy Kerwin, Andrea Kingman, Gail Kundrot, Meir Lakein, Edna Laurent-Tellus, Tim Lawlor, Jay Lynch, George Marlette, Esq., Robert Martin, Vincent Marturano, Nancy Morrison, Ed Nicolas, Christine Nordstrom, Thomas O’Rourke, Joseph O’Sullivan, Salvadore Pina, Elaine Reiser, Shailah Stewart, Joan Thompson, Sandra Wixted, and Joyce Zyamaris. Special thanks are due to April Dugger, George Gousie, Robert Martin, Vincent Marturano, Elaine Reiser, Shailah Stewart, and Sandra Wixted for work far above and beyond the call of duty.

Old Colony United Way Staff: Linda Gately, Thomas O’Rourke, Joe Sousa, and Barrie Young with special thanks to Joe Sousa, who now works with United Ways of New England (UONE), for providing the initial support and direction for the project.

Old Colony United Way Council of Agency Executives, chaired by Dennis Carmen, and boasting membership from each of the 37 agencies currently funded by the Old Colony United Way.

Stonehill College: for compiling the data resulting from the 193 initial completed surveys produced by the efforts of task force members, with special thanks to Francis Dillon and Tim Lawlor.

Institute for Regional Development at Bridgewater State College:
Victor DeSantis, Ph.D., Kris Monahan M.P.A., and Jennifer Reid M.P.A.

And finally we want to acknowledge the thousands of dedicated volunteers and staff members of agencies and organizations providing the services to meet the health and human care needs of people living in our area. They are true advocates of human beings in need.

Yours in service,

Cheryl Showstack, Chair
Needs Assessment Task Force
Strategic Planning Committee
Old Colony United Way

Bruce E. Marquis, Chair
Strategic Planning Committee
Old Colony United Way
June 5, 2003

EXECUTIVE SUMMARY

The purpose of the Old Colony United Way's Needs Assessment 2003 is to systematically identify and analyze the health and human care needs and gaps in service among the 22 communities that comprise the agency's service area. The Old Colony United Way service area includes Abington, Avon, Bridgewater, Brockton, Carver, Duxbury, East Bridgewater, Easton, Halifax, Hanover, Hanson, Kingston, Lakeville, Marshfield, Middleborough, Pembroke, Plymouth, Plympton, Rockland, Stoughton, West Bridgewater, and Whitman.

The Old Colony United Way Needs Assessment Task Force has worked for almost two years on this multi-faceted analysis of human care needs, and has collected both quantitative and qualitative data as part of this process. This comprehensive research project, led by citizen volunteers with some assistance from agency staff, has attempted to remain true to the mission of the United Way by reaching out broadly into the service area and soliciting citizen and client input to more accurately identify emerging and unmet needs.

The multiple phases of this project consisted of a survey of Old Colony United Way Service Area human service providers and consumers (2002), a survey of area residents and businesses (2002), a citizen telephone survey (March 2003), four public hearings (June 2002), and two focus groups (March 2003). The results of this Needs Assessment are clearly strengthened by the extensive data collection that has been conducted and the ability of the researchers to pool the findings in this report.

As with most research efforts, we made every attempt to understand the historical context of our findings. A similar research project in 1985 found a growing overall population in the Old Colony service region, with significant growth among the elderly community and the urban-concentrated minority community. Important human needs identified in 1985 included housing and homelessness issues, financial assistance programs and special needs transportation services. Clearly, the evidence showed that the elderly and children were the greatest need group identified in the Old Colony United Way region.

Based on the demographic data reported in our 2003 study, the Old Colony United Way Service Area continues to be challenged by substantial population growth, educational challenges, and a difficult housing market. An 8 percent population growth from 1990-2000 is projected to be followed by another 7 percent increase from 2000-2010. Educational attainment continues to be a

prime contributor to current and future human needs in the region. While the percent of adults with a high school diploma is similar to the statewide average, the region lags significantly behind most of the state in bachelor's degrees and advanced education.

While housing costs as reflected in median mortgages and median rent are near state averages, the quantity of affordable housing units remains a significant barrier for many moderate to lower income families and individuals. A large portion of the data collected by focus groups and surveys also support the acute nature of the housing predicament in the Old Colony region.

Through our analysis of the data presented in this Needs Assessment, we conclude that significant unmet need areas seem to be affordable housing, youth services and programs, and elderly services. Among survey respondents, barriers seem to be the problem of contacting multiple agencies for services, not receiving services promptly, and the need for transportation assistance to access services, especially among lower income respondents. Focus group results indicated inadequate access and availability of mental health counseling and treatment, and the need for greater preventative services.

In the future, the growth of and under-reporting of cultural diverse populations will be a significant issue that demands the attention of decision makers in the human service field. It is clear that multiple minority groups have grown at significant rates in the Old Colony region. Although special attention was paid to citizens with cultural and language barriers and their health and human care needs, such groups continue to present distinct challenges for researchers (including the 2000 U.S. Census) and may be under-represented in terms of their human needs.

While this 2003 Needs Assessment project attempted to systematically evaluate the human care needs of the region today, its culmination also signals a noteworthy starting point for the ongoing effort of the Old Colony United Way to collect data about and analyze human needs. Data collected through this effort, and future similar efforts, should build a body of information to allow decision makers at the Old Colony United Way to act more confidently as they allocate scarce resources that enable citizens to receive adequate, timely, and appropriate health and human care services.

BACKGROUND

The mission of the Old Colony United Way is “to assure by means of citizen leadership and action that the people of the Old Colony Area are provided with an efficient and effective network of human care services which is capable of meeting documented community needs.”

The first of nine objectives listed in the by-laws of the Old Colony United Way is:

“Assess, on a continuing basis, the need for human service programs; seek solutions to human problems; assist in the development of new, or the expansion or modification of existing human service programs; promote preventive activities; and foster cooperation among local, state, and national agencies serving the area.”

PREVIOUS ASSESSMENT

The last needs assessment by the Old Colony United Way was published in December 1985. The 1985 study, entitled “Current Human Service Needs in the Old Colony Area: An Exploratory Survey of Regional Service Providers,” compiled information from four distinct sources:

- ? Opinions of local service providers.
- ? Opinions of United Way donors and service recipients.
- ? Demographic data.
- ? Opinion of a sample of area residents.

Among the findings of the 1985 research observations and conclusions was that basic survival needs seemed to dominate providers’ concerns, including financial assistance, emergency shelter for the homeless, and special transportation. Emerging needs that were identified included counseling, home health care, residential treatment for children, and pre-school day care. Also, over one third of the respondents listed low-income families, disabled adults, single parents, homeless persons, and adolescent parents as having significant needs.

Demographically the overall population growth in the Service Area was significant at 22% in the 1980’s, while rest of state’s growth was sluggish. There was a dramatic increase in the elderly population compared with the rest of Massachusetts and absolute numbers of racial minorities grew fast in the region. Residents of the region were considered slightly “better off” economically than the rest of the state.

A ten-minute telephone survey was conducted in October 1985 to identify and evaluate the human service needs in the Old Colony United Way Service Area. 700 interviews were completed across the region. 95% of the respondents were between the ages of 26 and 64, and resided in a household of three or more persons (67%); in addition, the majority of households had at least one child at home under age 18 (55%), and two wage earners (59%). More detailed findings from the 1985 study can be found in Appendix A.

2003 NEEDS ASSESSMENT

As part of its strategic planning process begun in 2001, the Old Colony United Way established a Needs Assessment Task Force with the following charge:

“It is the responsibility of the Needs Assessment Task Force of the Strategic Planning Committee to carry out appropriate research and complete a report describing the present and emerging human needs in the 22 communities served by the Old Colony United Way, and to present report to its Board of Directors by June 2002. This report should include the identification and description of human needs including unmet and emerging needs, gaps in service, and the resources evident in the public and private social service resources within the region. In addition, the report should provide specific and realistic guidelines to the Old Colony United Way as to how the organization should consider the most efficacious distribution of its resources to meet those needs.”

This broad-based group of 37 persons has conducted seven meetings to plan and oversee the development and implementation of the methodologies employed.

Members of the task force were:

Cheryl Showstack, Chair	The Enterprise
Michael Brady	Brockton City Council
Chris Cooney	Metro South Chamber of Commerce
Brian Donnelly	Career Works
Sergio DoRego	Rockland Trust Company
April Dugger	Kingston
Barbara Duffy	My Turn
Suzanne Fernandes	The Community Bank
George Gousie	Rockland Trust Company
Carol Herrup	New England Sinai Hospital
Nuala Hetzler	Stonehill College
Andrea Holloran	Jordan Health Care System
Mirko Hrovat	Brockton
Karen Iolli	Ailano School of Cosmetology
Kathy Kerwin	Brockton Area ARC
Andrea Kingman	Career Works
Gail Kundrot	Brockton Neighborhood Health Ctr.
Meir Lakein	Brockton Interfaith Community
Edna Laurent-Tellus	Brockton Neighbors United
Tim Lawlor	Stonehill College
Jay Lynch	Brockton Area ARC
George Marlette, Esq.	Attorney
Bruce Marquis, ex-officio	Family Salons, Inc.
Robert Martin	City of Brockton

Vincent Marturano	Old Colony YMCA
Nancy Morrison	Brockton V.A. Medical Center
Ed Nicolas	Downtown Brockton Association
Christine Nordstrom	Jordan Hospital Health System
Thomas O'Rourke, ex-officio	Old Colony United Way
Joseph O'Sullivan	Brockton Education Association
Salvadore Pina	Brockton Area Workforce Investment Board
Elaine Reiser	Help Line, BAMSI
Shailah Stewart	Brockton High School
Joan Thompson	Mayflower R.S.V.P.
Sandra Wixted	Catholic Charities
Joyce Zymaris	Massasoit Community College

Linda Gately, Joe Sousa, Tom O'Rourke, and Barrie Young of the Old Colony United Way provided professional staff support to the task force.

A listing of the agencies that are currently funded by the Old Colony United Way can be found in Appendix B.

INVENTORY OF SERVICES

As part of the 2003 Needs Assessment, the Old Colony United Way considered the compilation of an inventory of current health and human services, but determined that the two resources identified below met that objective. Indeed, there is a wealth of services available to the residents of the twenty-two communities served by the Old Colony United Way, however there are often gaps in service and emerging human needs for which services have not been developed or are in the process of development but not yet implemented.

Currently the best two sources that identify available services are:

1. The Help Line managed by Brockton Area Multi-Services, Inc. (“BAMSI”) – 508.584.4357.
2. The “Resource Locator” managed in collaboration with the Executive Office of Human Services of the Commonwealth of Massachusetts, Blueprints Committee of the City of Brockton, Mass 211, Inc. (a partnership of the Council of MA United Ways and the MA Association of Information and Referral Services), and Brockton Area Multi-Services. This Internet based resource is found by accessing “www.masscares.org/locator.” This source as of May 2003 identifies 11,566 agencies in the state providing 26,565 services. Almost one thousand of those agencies reside in the Old Colony Service Area.

ASSESSMENT METHODOLOGY

The 2003 Needs Assessment builds on the research work of two entities, the Old Colony United Way Needs Assessment Task Force and the Institute for Regional Development. These organizations worked together since January 2003 in order to complete a multi-faceted Needs Assessment of the Old Colony Service Area. Each organization's role is outlined below.

Needs Assessment Task Force:

The task force employed three initial methodologies:

1. The deliberations of the task force itself.
2. Two surveys of distinct populations:
 - a. Old Colony Area Residents and Businesses, 83 of these were completed and submitted
 - b. Human Service Providers and Consumers of the Old Colony United Way, 110 of these were completed and submitted

Results of these surveys were compiled with the assistance of Stonehill College; later, they were tabulated and assessed by the Institute for Regional Development at Bridgewater State College. It has been determined that scientific methods used in the development, distribution and completion of the surveys were inconsistent with scientific method, the results will be used to identify trends and generalizations. The data tabulated is included as Appendix C and D.

3. Staff and volunteers of the Old Colony United Way conducted four Public Hearings/Focus Groups in June 2002. The meetings were held in Bridgewater, Brockton, Hanson, and Plymouth. The qualitative results of those public hearings are included in the focus group results section of the Needs Assessment.

In August 2002 the leadership of the Needs Assessment Task Force and United Way staff determined that there was insufficient data on which to base conclusive statements about the health and human care needs of the Old Colony area, including unmet needs and emerging needs. This conclusion was reached at least in part due to the lack of staff capacity at the Old Colony United Way to carry out such research. At its meeting on October 22, 2002, the Needs Assessment Task Force voted to recommend that the Old Colony United Way hire a consultant to (1) advise as to the need for additional types of and sources of data; (2) review the data available; and (3) assist in writing the final report.

After an open process, including a wide distribution of a Request for Proposal, the Institute for Regional Development at Bridgewater State College was selected to carry out the work described above.

Institute for Regional Development:

The Old Colony United Way sought proposals to assist in completing the research and analysis of data concerning the health and human service needs in the 22 communities served by the agency. Since a needs assessment of this region had not been conducted since 1985, it is essential for the Old Colony United Way to identify services and resources currently in place, identify emerging and/or unmet needs, and report on gaps in service provision.

Although great strides have been made thus far, the consultant was needed to review the existing data (and the means by which that data was collected), determine next steps, conduct further analysis, and co-author this final report and recommendations.

The first critical element of work for the consultant was to evaluate the methods used in obtaining the existing data. After reviewing the existing data, meeting with the Needs Assessment Task force, and with the staff of the Old Colony United Way, the following assessment was made:

- A. To accurately assess the needs of the Old Colony United Way area, it was necessary to inventory all existing services. Therefore, identification of all health and human service providers in the area was essential to accurately assess current services and identify gaps in services. This includes non United Way members such as: state social service providers, local social service providers, non-United Way nonprofits, for-profit social service agencies, and community/faith based organizations that may not have nonprofit status but have a significant relationship with the general public. The purpose of this inventory was to examine the types of services being provided, as well as the target population and geographic area where these services are provided.
- B. A component analyzes the Old Colony United Way Service Area Demographics. A socio-economic analysis from US Census demographics for the 22 United Way Service Area communities examined population characteristics, income, education, and housing in the service area.
- C. After discussion with the Need Assessment Task Force, United Way staff, and review of existing data, it appeared that a random sample telephone survey of citizens within high need census tracks of the United Way service area would help to identify gaps in services. Outreach telephone surveys to citizens within census tracks considered high need (low median income, high minority, higher percentage of renters vs. home owners, higher unemployment etc.) ensured a bottom up method of data collection that will compliment the top down mail survey of service providers. A total of 237 5-7 minute interviews were conducted with a random sample of citizens in designated high need

census tracks. A sub-committee of the Needs Assessment Task force worked with the consultant in developing the survey instrument. The survey can serve as a check of the need areas identified by the service providers survey, as well as, shed light onto new emerging need areas. Special attention was paid to linguistic minorities.

PHONE SURVEY

Bridgewater State College's Institute for Regional Development, contracted by the Old Colony United Way, designed and administered a Needs Assessment survey to the residents of the United Way's service area during the month of March 2003. The purpose of this survey was to determine the health and human service needs of residents in this region. By means of a random sampling process, the survey gathered data from a diverse group of citizens in United Way service area. A team of trained student interviewers administered the survey during daytime and evening hours. A total of 237 interviews were conducted in the service area with residents over the age of 18. The margin of error is approximately +/- 6.4 percent at the 95 percent confidence level.

All interviewing was conducted from the Institute for Regional Development's telephone research center at Bridgewater State College. A project director was present at all times to supervise the administration of the survey, monitor for quality control, and handle any other problems. Shifts of interviewers were used during the evenings (6 to 9 pm) of March 18-20, 25-26, 2003. Telephone numbers were selected at random and purged of non-working and business numbers. All telephone numbers in the sample were then called up to three times, using a rotating schedule of callbacks to ensure that a telephone number had been tried on different weekday evenings. Additionally, some callbacks were conducted during daytime hours.

Upon completion of calls, the survey responses were entered into a computer database. Using the latest state-of-the-art statistical software (SPSS for Windows Version 10.0), the data file was analyzed. Complete protection and confidentiality of the survey database was assured during all phases of data analysis. Access to the database was limited to the project directors.

FOCUS GROUPS

In conjunction with the completion of the telephone survey, the two focus group meetings add a qualitative component to the more quantitative survey data. Two 90-minute focus groups with open-ended formats from a pre-designed script were conducted to complement the key findings of the survey. Combining focus group input with existing survey data "can provide further insights

into respondents' thinking."¹ In addition to providing greater depth to certain response categories, focus groups can also be used to explore unanticipated or unexpected results that are produced by other aspects of data collection.

For this project, the guiding principle in selecting focus groups should be on the population and community subgroups that can provide the most useful information about human needs. Nominees for each group, then, came from the organizations and individuals who have knowledge of the population or community subgroup in question. We opted to select no more than 10 members for each focus group, which fits within the general rule that a focus group should be between 6-12 members.

Through needs assessment task force members, Myer Lakein, Joan Thompson, and Edna Laurent Tellus, we were able to identify members of community and faith based organizations in the Old Colony United Way service area. From a list of 20, we confirmed ten total respondents to attend the community/faith based focus group on March 25, 2003. Our sample included three respondents from small faith based organizations, five from small community and service organizations, and one from a minority organization. Each respondent was mailed a confirmation letter with directions, along with confirmation via the telephone.

To accurately assess current services and identify gaps in service provision, non United Way members from government agencies were invited to participate in a second focus group. Regional directors and managers from seven area government agencies were invited: Department of Transitional Assistance, Department of Social Services, Department of Mental Retardation, Massachusetts Rehabilitation Commission, Department of Public Health, Department of Youth Services and the Department of Mental Health. Respondents from six out of the seven invited agencies attended the focus group held on March 27, 2003.

The group discussions were held in a conference room to facilitate face-to-face interaction. The meeting room was of sufficient size to comfortably accommodate the maximum number of participants (10), the moderator and note taker. The facilitator and a note taker were present for better understanding and comprehensive analysis.

The organization of the discussion was somewhat structured to allow an appropriate level of moderator facilitation. A discussion guide was developed that includes the basic questions to guide

¹David L. Morgan, *Focus Groups as Qualitative Research*. (Newbury Park, CA: SAGE Publications, Inc. 1990), p. 35.

the discussion. A maximum of five questions with developed probes were included in the moderator's guide. The same set of questions was used for both of the focus groups.

In focus group research, it is the group, not the individual that is the unit of analysis. The analysis utilized by the IRD team was primarily a qualitative or ethnographic summary of the data collected from each group. The discussion questions and topic will be used as the organizing format for the analysis. An assessment was made of group responses to all the questions addressed in the meeting. For example, if the question posed asked for general perceptions of the overall service quality, the data would be examined in order to arrive at what the individual group conclusions were and then group-by-group comparisons would be made. This qualitative process would be used for each discussion item.

The criterion was not met for attendance level at the Community/Faith Based focus group. As a result a series of one-on-one interviews were conducted with individuals from representative agencies within the Service Area. The report for those interviews is included in the focus group results section of this Needs Assessment in the same format as the other focus groups.

SOCIO-ECONOMIC ANALYSIS

Overview

To gain a better understanding of the current and future needs of the Old Colony United Way Service area, the project team planned and conducted a socio-economic base analysis of the 22 communities in the area. This service area includes portions of three counties—Bristol County, Norfolk County, and Plymouth County. The great majority of service area communities are located in Plymouth County. The data presented below is for the 22 communities that make up the Old Colony United Way Service Area, including current and projected data on population demographics, educational attainment, labor force, employment, and housing.

Population

As shown in Table 1, the combined total population of the Old Colony United Way Service Area was just over 430,000 in 2000. Brockton has the largest population at 94,304 with Plymouth next largest at 51,701. The service area has seen substantial growth from the 1990 census that reported a total population of 396,567. This represents a population change of 8% from 1990-2000 in the Service Area.

As the region heads into the future, the Old Colony United Way Service Area will remain in the midst of substantial population growth. The projected population change in the service area from 2000-2010 is an additional 7%.

Table 1: Population and Population Change in the Old Colony United Way Service Area

	Population			Population Change	
	<i>Population 1990</i>	<i>Population 2000</i>	<i>Population 2010 proj.</i>	<i>Pop. Change 1990- 2000</i>	<i>Pop. Change 2000- 2010</i>
Service Area	396,567	431,846	465,557	8%	7%

Source: Massachusetts Institute for Social and Economic Research, U.S. Census Bureau Education

Educational Attainment

According to the 2000 census, the overall percentage of persons over the age of 25 who have at least high school equivalency is 89.6% for the entire service area. This ranges from a low of

75.9% in Brockton to a high of 97.2% in Duxbury. Most of the cities/towns in the Old Colony United Way Service Area have between 80% and 90% of the population who have attained high school equivalency.

The overall percentage of persons over the age of 25 who have obtained a Bachelor's Degree or higher is 21.2%. Again, a similar pattern emerges as was seen for high school education, Brockton (12.3%) has the lowest percentage in the Service Area while, at least half of Duxbury residents (50.4%) have obtained a Bachelor's Degree or higher making this the highest percentage among the communities.

Table 2: Educational Attainment of Old Colony United Way Service Area

	<i>H.S. Equiv or Higher (1990)</i>	<i>H.S. Equiv. Or Higher (2000)</i>	<i>Bachelor's or Higher (1990)</i>	<i>Bachelor's or Higher (2000)</i>
Old Colony Service Area	85.1%	89.6%	21.2%	21.2%
Statewide (2000)		84.8%		33.2%

Source: Massachusetts Institute for Social and Economic Research, U.S. Census Bureau

Race and Ethnicity

According to the 2000 US census, the Old Colony United Way Service Area has 65,576 (15.2%) people who are identified as minorities. Within the minority category, the Black population (22,644) is largest followed by the Hispanic population (11,520) in this region. Across the Commonwealth the Hispanic population is now slightly larger than the Black population according to the 2000 census.

Although the Black population is presently the largest minority group in the Service Area, the Hispanic population and Asian communities are expected to grow substantially and at higher rates than other minority communities over the next decade in the Service Area. Of particular interest in the Service Area is the city of Brockton; where in 2000 just about 18.0% of residents are from minority groups. The largest number of Black, Hispanic, and Asian people in the Service Area are clustered in Brockton.

Table 3: Minority Population in the Old Colony United Way Service Area 2000

	Minority Subgroups			Total Minority	
	<i>Black</i>	<i>Hispanic</i>	<i>Asian</i>	<i>Total Minority</i>	<i>Minority %</i>
Service Area	22,664	11,520	4,651	65,576	15.19 %

Source: Massachusetts Institute for Social and Economic Research, U.S. Census Bureau

Economy: Jobs by Sector

As shown in Table 6, the largest number of jobs in the Service Area is in the trade sector (49,437), representing just over 20% of all jobs in the area. This is followed by jobs in the services (42,278), government sectors (25,262) and manufacturing (16,434). As the two major municipalities in the area, Brockton and Plymouth have a large number of trade and service sector jobs. The highest number of manufacturing jobs (3,400) can also be found in Brockton. Brockton (8,319) Plymouth (2,983) and Bridgewater (2,837) are leaders for the government job sector. Brockton and Plymouth also lead the way in the transportation, communication, and public utilities sector with 2,334 and 1,464 jobs respectively. The finance, insurance, and real estate sector has the largest number in jobs in Rockland (1,431) and Brockton (1,024).

The Old Colony United Way Service Area employs the largest number of people in the trade sector (49,437) followed by services sector (42,278), government (25,262), manufacturing (16,434), construction (9,690) lastly followed by transportation, communications, and public utilities (7,275). Service sector jobs account for 25% of the areas jobs (98,579), this is below the state percentage of 35% of service sector jobs. Manufacturing jobs comprise about 18% of jobs in the Service Area.

Table 4: Number of Jobs by Sector for Old Colony United Way Service Area (2001)

	AFF*	Government	Construction	Manufacturing	TCPU*	Trade	FIRE*	Services
Service Area	1,668	25,262	9,690	16,434	7,275	49,437	6,351	42,278
AFF-Agriculture, Forestry, Fishing			Source: Massachusetts Institute for Social and Economic Research, U.S. Census Bureau					
TCPU-Transportation, Communication and Public Utilities			*FIRE- Finance, Insurance, Real Estate					

Labor force

The Service Area labor force in 2001 was 225,162. Brockton (45,306) has the largest labor force followed by Plymouth (25,751). Closely tied to population increases, the data continue to show annual increases in the size of the labor size, where the growth from 2000 to 2001 showed a 1.0% increase.

Table 5: Labor force and Percentage Change from 2000-2001 in the Old Colony United Way Service Area.

	Labor force	
	<i>2001</i>	<i>Change 00-01</i>
Service Area	225,162	1.0%
Labor force is measured by place of residence, rather than by place of employment as in employment sector data		
Source: Commonwealth of Massachusetts, Division of Employment and Training		

Unemployment

Unemployment in the Service Area in 2001 was 3.3%; compared to the state rate of 3.7%. The City of Brockton reports the highest unemployment rate in the Service Area in 2001 (5.0%) Middleborough is second to Brockton for unemployment at 3.9%.

Table 6: Unemployment Rate 2001 Old Colony United Way Service Area

Unemployment Rate	2001 (State 2003 5.3%)
Service Area (2001)	3.31%

Source: Commonwealth of Massachusetts, Division of Employment and Training

Establishments

The number of establishments in the Service Area in 2001 was 11,043. Brockton (1,977), Plymouth (1,277), and Stoughton (920) have the most business establishments. The annual growth between 2000 and 2001 yielded a 3.3% increase.

Table 7: Number of Establishments in the Old Colony United Way Service Area in 2001 and Percentage Change since 2000

	Establishments	
	<i>2001</i>	<i>%Change 2000-2001</i>
Service Area	11,043	3.3%

Source: Commonwealth of Massachusetts, Division of Employment and Training

Wages

The Service Area average annual wage in 2001 was \$32,566. Rockland (\$39,903) Avon (\$39,433) and West Bridgewater (\$35,795) and have the highest annual wages, while Kingston (\$23,859) and Halifax (\$19,452) have the lowest.

Table 8: Annual Average Wages in 2001 for the Old Colony United Way Service Area

	Average Annual Wages	
	2001	% Change 2000-2001
Service Area	\$32,566	3.0%

Source: Commonwealth of Massachusetts, Division of Employment and Training

Housing

Table 9: Housing Units, Home Value, Mortgage, Rent, 40B Units, and Percent Affordable Housing for the Old Colony United Way Service Area 2001

	Total Housing Units	Median Home Value	Median Mortgage	Median Rent	Chapter 40B Units (Total)	% Affordable Housing
Service Area	159,691	\$190,186	\$1,351	\$705	9,017	5.80%

The communities with the most total housing units are Brockton with 34,837 and Plymouth with 21,250. Just 5.8% of the total housing units in the service area are affordable. The median mortgage and rents are consistent with the statewide average and the median home value of the Service Area is \$190,186. Brockton has the highest amount of Chapter 40B (affordable housing units per the Commonwealth of Massachusetts affordable housing requirements of 10% affordable each community) housing units in the Service Area at 4,258 affordable housing units.

TELEPHONE SURVEY RESULTS 2003

Table 1

Who or what is your *primary* source of information when you, or a member of your household, has a health or human service need or problem?

Source	Percent Reporting
Doctor/Nurse/Hospital	66.8%
Family/Friends	16.8%
Other	12.3%
Church	1.8%
Social Worker/ Counselor	1.4%
Telephone Directory	0.9%

Highlights:

- ? A majority of the respondents (66.8%) received information about health or human service needs or problems from doctors/nurses/hospitals. Nearly 17% of the respondents received information from family/friends.

Table 2

Please tell me whether you, or a member of your household, currently needs the program or service or has needed it within the past year.

Services	Percent Reporting (Yes)	# who received the service	# who did not receive the service
General health and dental care	43.4%	96	6
Programs to help the elderly or their families	19.1%	41	9
Youth programs/services	17.9%	14	4
Childcare	15.0%	35	4
Educational programs for adults (like G.E.D., English as a Second Language)	14.5%	32	5
Educational programs for youth (like educational after school programs)	14.0%	32	3
Housing repairs or maintenance	13.1%	30	5
Home Health Care/Homemaker	11.0%	22	2
Affordable Housing	10.2%	20	5
Assistance for disabilities	8.5%	19	1
Mental health services for adults	8.1%	17	2
Legal assistance	7.6%	16	1
Parent support services	5.5%	11	4
Emergency assistance for Utilities	5.1%	12	2
Job training/re-training	4.7%	11	4
Mental health services for youth	3.8%	8	1
Help for drug use	1.7%	3	2
Help for alcohol use	1.3%	2	0
Programs to help individuals of different cultures, ethnic backgrounds, or languages	1.3%	3	0
HIV/AIDS related program	0.9%	3	1
Help for pregnant teens	0.9%	3	1
Domestic Violence/Violence Prevention Programs	0.4%	1	0

Highlights:

General Health and Dental care:

? Women (49.3%) are statistically more likely than men (32.6%) to report needing general health and dental care.

Housing repair and Maintenance:

? Regarding housing repairs or maintenance, those in the less than 20,000-income category report the highest need.

Emergency Assistance:

- ? Those with incomes under 30,000 are statistically most likely to need emergency assistance for food or utilities.

Job training/retraining:

- ? Minorities (20.8%) are statistically more likely to need job training/retraining than non-minorities (2.9%).

Affordable Housing:

- ? Unmarried respondents (19%) are statistically more likely than married respondents (5.3%) to report needing affordable housing.
- ? Minorities (20%) are statistically more likely than non-minorities (8.2%) to need affordable housing.

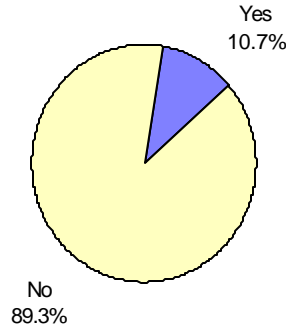
% Respondents requiring Affordable Housing by Level of Income

	Income				
	< \$20,000	20,001-30,000	30,001-40,000	40,001-50,000	50,001-80,000
% Respondents requiring Affordable Housing	32.0%	26.1%	15.0%	4.2%	0%

- ? The table above illustrates that as the income increases the likelihood of people requiring affordable housing decreases.

Figure 1

Is there specific health or human service need that you, or someone from your household, have needed recently, but were unable to find or receive?



Highlights:

- ? Majority of the respondents (89.3%) reported that there was no specific health or human service need they were unable to find or receive.
- ? Minorities (30.4%) are statistically more likely than non-minorities to report that health or human service need is unmet.

Specific Health or Human Services needed but unable to be found or are not received	Number reporting
Medical and Health Needs	5
Housing Costs/Repairs/Utility bills	4
Dental Care/Insurance	3
Childcare/After School Program	3
Mental Health for Teens/Anger Management/Sex abuse	2
Job Placement	1
Care for Disabled Children	1
Drug Programs for Youth	1
Help with College Funding	1
Assistance for the Elderly	1
Need for Food Stamps	1
Young Parents Program	1

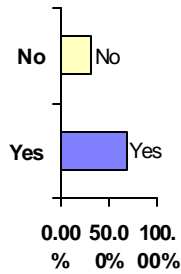
Table 3
Thinking about you and your family over the next few years, what is your greatest concern?

Concern	Percent Reporting
Health	19.2%
Money	19.2%
Cost of Health Insurance	11.7%
War, Terrorism, State/World Peace	10.3%
Education/College	9.3%
Issues related to elderly	6.5%
Family well-being	5.6%
Getting old, dying, surviving	4.7%
Nothing	4.7%
Other	4.7%
Alternative Housing	4.2%

Highlights:

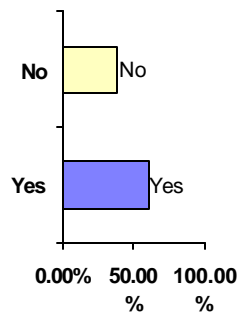
- ? 19.2 % of the respondents think that the greatest concern over the next few years is health. Nearly twelve percent of the respondents (11.7%) think that the greatest concern over the next few years is cost of health insurance.

Figure 3
When people in the region need to apply for and use the services do you think that they:



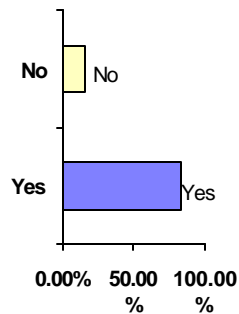
Get what they really need

Almost seventy percent of the respondents (69%) reported that they get what they really need.



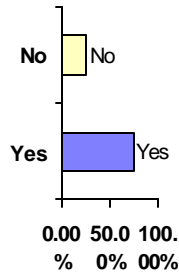
Receive services promptly

61.3% percent of the respondents said that they received services promptly.



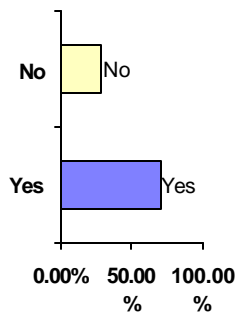
Are treated with respect

An overwhelming majority of the respondents (84%) indicated that they are treated with respect.



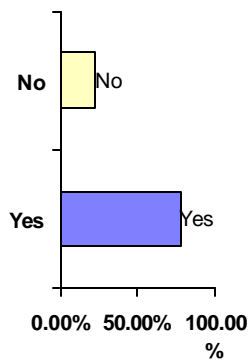
Have to really prove that they need assistance

Over seventy five percent of the respondents (75.6%) said that they have to really prove that they need assistance.



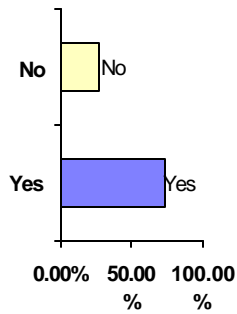
Need to contact multiple agencies for information regarding services

Nearly 71% percent had to contact multiple agencies for information regarding services.



Have to go to different places to get services

More than three quarters felt that they have to go to different places to get services.



Need transportation help to get services

73.1% needed transportation help to get services.

Table 4
What is the primary obstacle that prevents you or members of your household from getting services that you need?

Obstacle	Percent Reporting
None/ Nothing/No Barriers	61.9
Meeting eligibility guidelines	7.9
Don't know where to find services	7.9
Financial reasons	6.9
Transportation	5.4
Location of services	3.0
Times that services are offered	1.5
Waiting lists	1.0
Other	4.5

Highlights:

- ? A healthy majority of the respondents (61.9%) feel that they have no barriers from getting services that they need.
- ? Men (70.1%) are statistically more likely than women (57.4%) to report there are no barriers to accessing services.
- ? One third (33.3%) of those in the less than 20,000 income category report that transportation is the primary obstacle to accessing services they need.
- ? Nearly forty five percent (44.4%) of respondents in the \$30,000 – \$50,000 income category report that meeting eligibility guidelines is the primary obstacle to accessing services they need.

% Respondents with no barriers/ obstacles by level of income

	Income							
	< \$20,000	20,001-30,000	30,001-40,000	40,001-50,000	50,001-60,000	60,001-70,000	70,001-80,000	>80,000
% with no barriers/ obstacles	44.4%	57.9%	41.2%	47.8%	53.8%	64.3%	69.2%	67.7%

? The table above illustrates that as the income increases those who report there are no barriers also increases.

Table 5

Please tell me if the human service needs of the following population groups, in your area, are being adequately or inadequately met.

Population groups	Percent Inadequate
Homeless	68.6%
Mentally Ill	49.6%
Teens (13-18)	46.7%
Unemployed adults	45.7%
Immigrants/Refugees	44.0%
Low-Income Families	42.3%
Single parents	41.5%
Disabled Adults	37.9%
Those with English as a Second Language	37.4%
Elderly	37.2%
Children (up to age 12)	28.4%

Highlights:

- ? An overwhelming majority of the respondents (68.6%) indicated that the human services for the homeless are inadequately met.
- ? Nearly half of the population (49.6%) states that the human services for the mentally ill are inadequately met.

Table 6

In your opinion, what is the single most serious human service problem in the region?

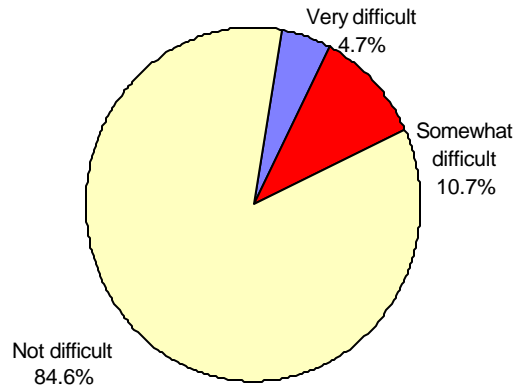
Service	Percent Reporting
Health Care	16.9%
Unemployment/ Economy	13.7%
Program for Youth	9.8%
Issues related to elderly	9.8%
Housing	8.7%
Drugs/addicts, treatment, violence, crime	8.2%
Homeless	7.1%
Cost of Medicines + Insurance	2.7%
Discrimination/PPL	2.7%
Single parents	2.7%
Welfare eligibility	1.6%
Other	15.8%

Highlights:

- ? Nearly seventeen percent of the respondents (16.9%) reported that health care is the single most serious human service problem in the region.

Figure 4

Thinking about your own situation, how difficult is it for you to get to places that you need to or would like to go: Is it very difficult, somewhat difficult, or not difficult?



Highlights:

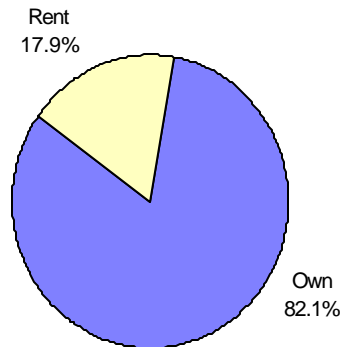
- ? The majority of respondents (84.6%) reported that they do not have difficulty getting to where they would like.

% Respondents that have difficulty getting places by level of income

	Income		
	< \$20,000	70,001-80,000	>80,000
% Somewhat or very difficult	42.5%	10%	4%

- ? The table above illustrates the percent respondents difficulty getting to where they would like to go is greatest in the < 20,000-income category (42.5%).

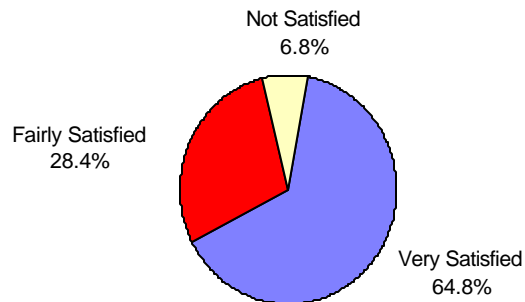
Figure 5
Do you own or rent your home?



Highlights:

- ? An overwhelming majority of respondents (82.1%) reported that they own their home.

Figure 6
When you think about your housing situation would you say you are very satisfied with your housing, fairly satisfied, or not satisfied?

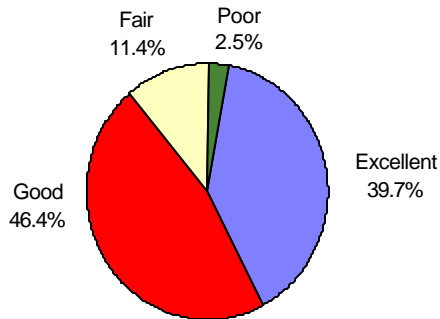


Highlights:

- ? The majority of respondents (93.2%) are very satisfied or fairly satisfied with their housing situation.
- ? Minorities (25%) are statistically more likely to be unsatisfied with their housing situation than non-minorities (4.8%).

Figure 7

Overall, how would you rate the condition of the general health of you and your family members?



Highlights:

? The majority of respondents (86.1%) rate the condition of the general health as excellent or good.

% Respondents to report good or excellent health by level of income

	Income		
	0-\$30,000	\$30,000-\$60,000	Over \$60,000
% reporting good or excellent health	64.5%	83.3%	95.5%

? The table above illustrates that as the income increases, the general perceived condition of health also increases.

Figure 8
How difficult is it for your family to get medical attention from a doctor?



Highlights:

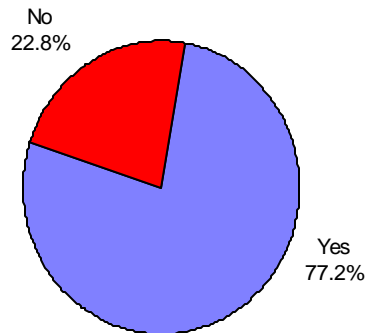
- ? An overwhelming majority of respondents (92.4%) felt that it was not difficult to get medical attention from a doctor.

% Respondents vs. difficulty to get medical attention from a doctor by level of income

	Income		
	0-30,000	30,001-60,000	Over 60,000
% reporting somewhat or very difficult to get to doctor	25%	5%	2%

- ? The table above illustrates that as the income increases, the percent respondents who report it is somewhat or very difficult to get to doctor decreases.

Figure 9
Do you have a computer in your home?



Highlights:

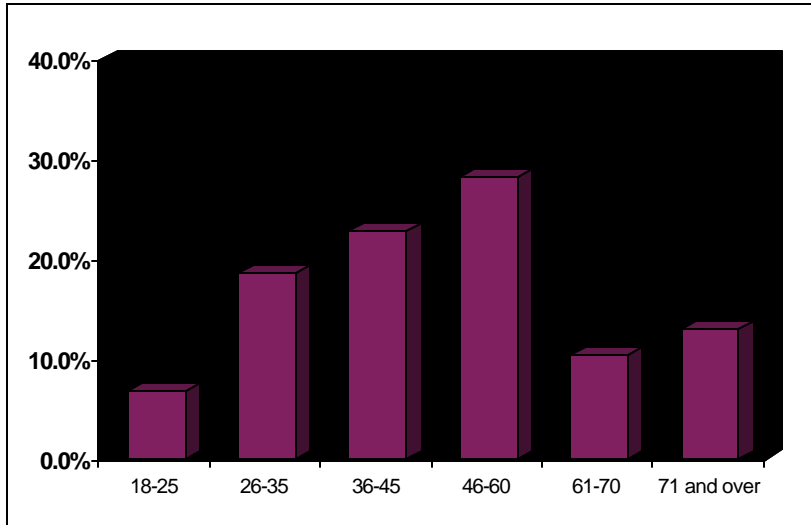
- ? The majority of respondents (77.2%) have a computer at home.
- ? Only 20% of those in the less than 20,000 income category have a computer at home; this is significantly lower than any other income category.

% Respondents that have computer at home by level of income

	Income						
	< \$20,000	20,001-30,000	30,001-40,000	40,001-50,000	50,001-60,000	60,001-70,000	>70,000
% respondents that have computer	20.0%	60.9%	70.0%	79.2%	87.5%	80.0%	98.6%

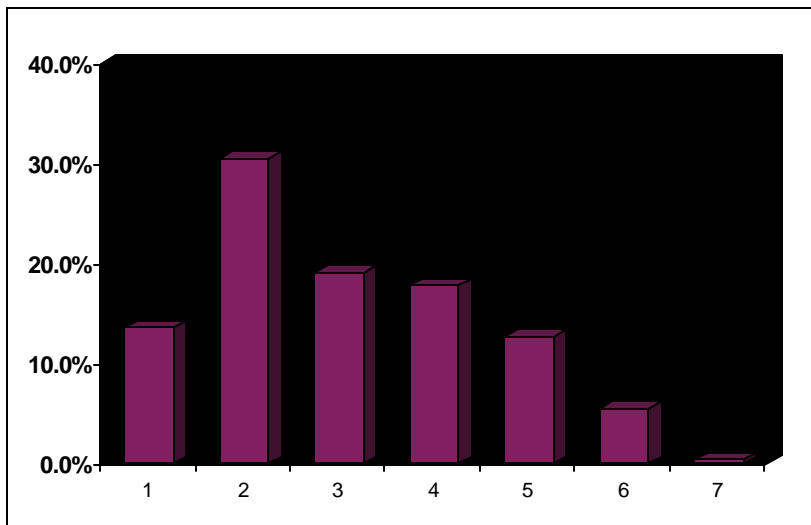
- ? The table above illustrates that as the income increases the likelihood of respondents having computers at home also increases.

Sample Demographic Characteristics



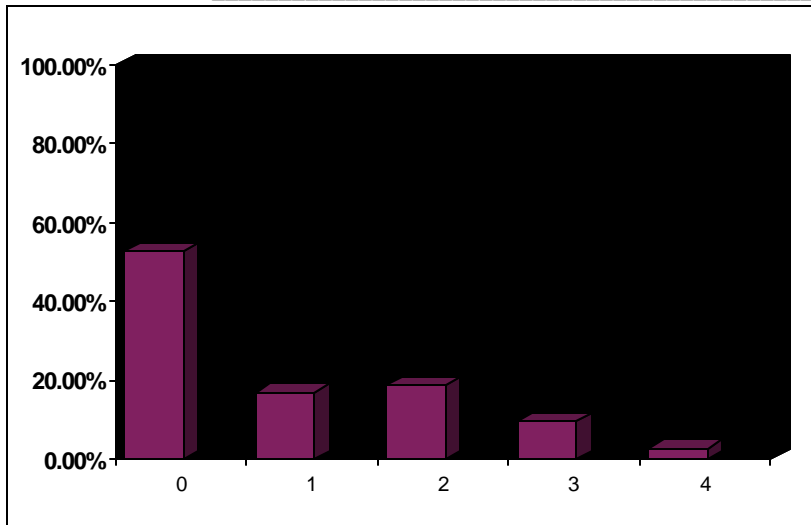
Age

The largest percentage of respondents is in the 46-60 age range (28%), followed by the 36-45 age group (22.8%).



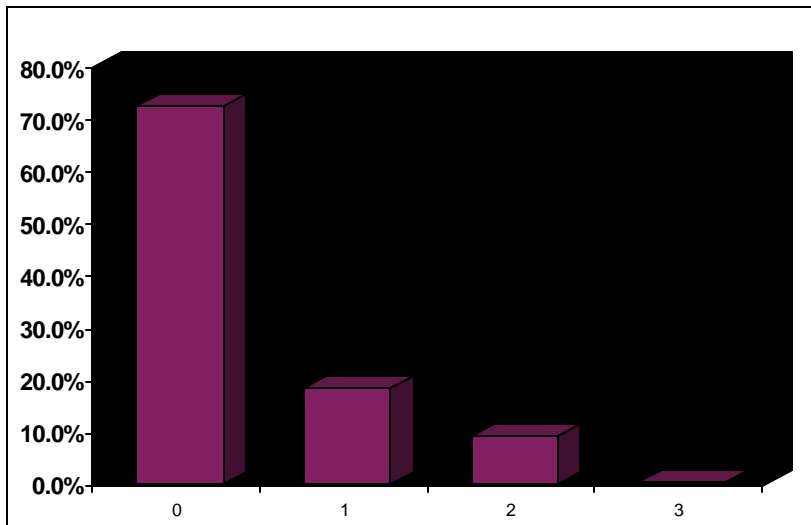
Members in your Household

The largest percentage of respondents has 2 people living in their household (30.5%); 3-4 people range (36.9%). 13.6% of the respondents live alone.



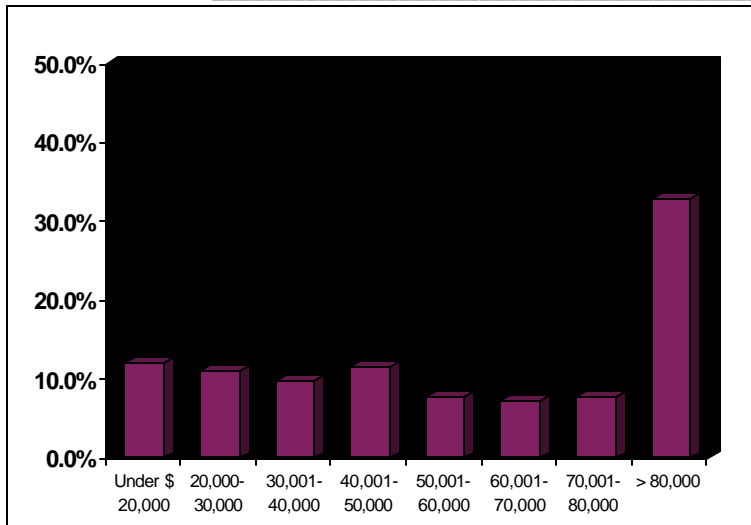
Household under 18

More than half of respondents have no household members less than 18 years of age in their family.



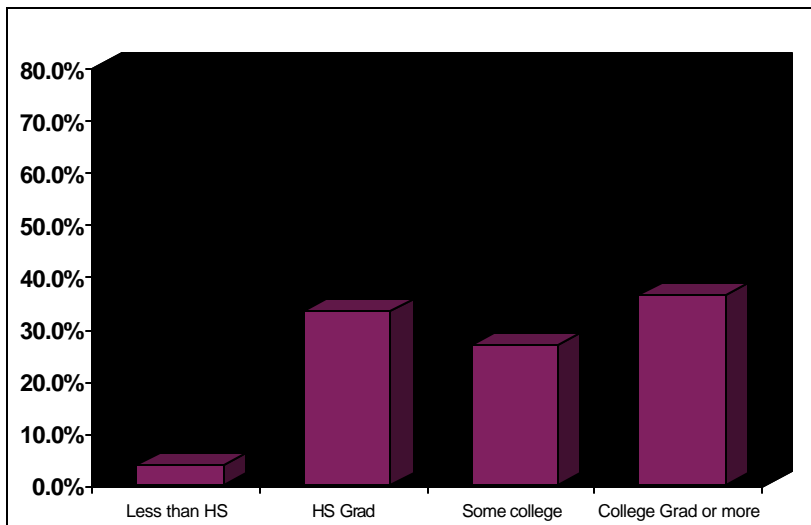
Household over 65 years

The majority of respondents do not have individuals over 65 years of age in their family.



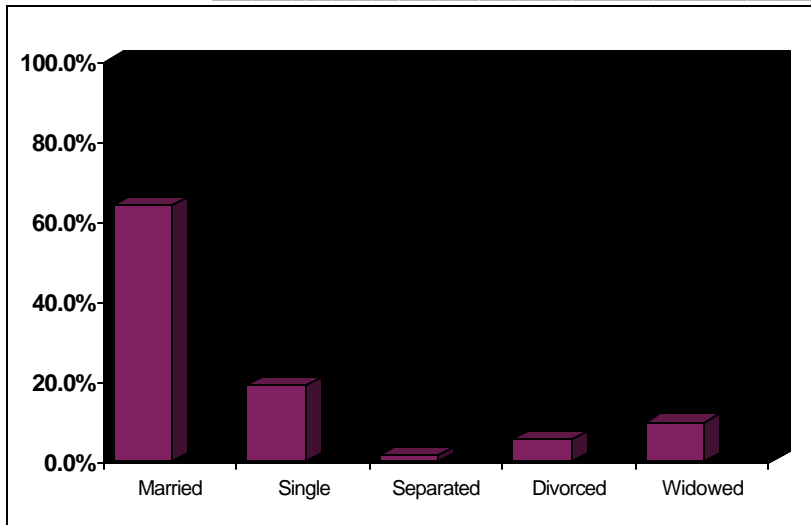
Income

The largest percentage of respondents (59.4%) had incomes below \$70,000. 32.9% of respondents had incomes over \$80,000



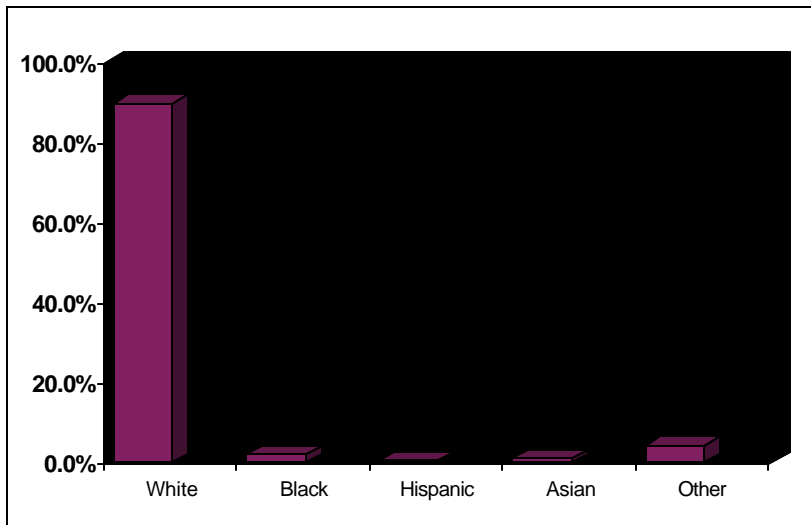
Education

The highest percentage of respondents had an education consisting of a college degree or more (36.2%). Just over thirty three percent, are high school graduates (33.2%) and 26.7% reported having some college. Only 3.9% of respondents had less than a high school diploma.



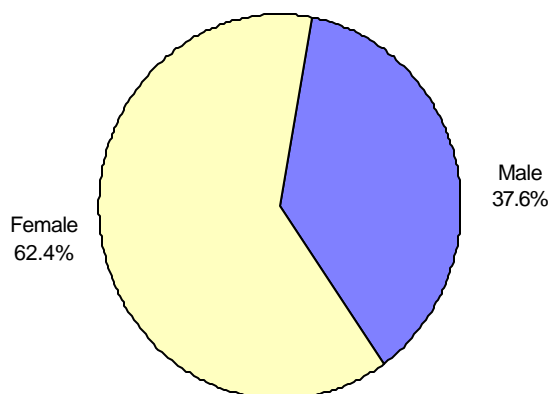
Marital Status

The clear majority of respondents are married (64.1%).



Ethnic Group

The overwhelming majority of respondents are white (89.7 percent).



Gender

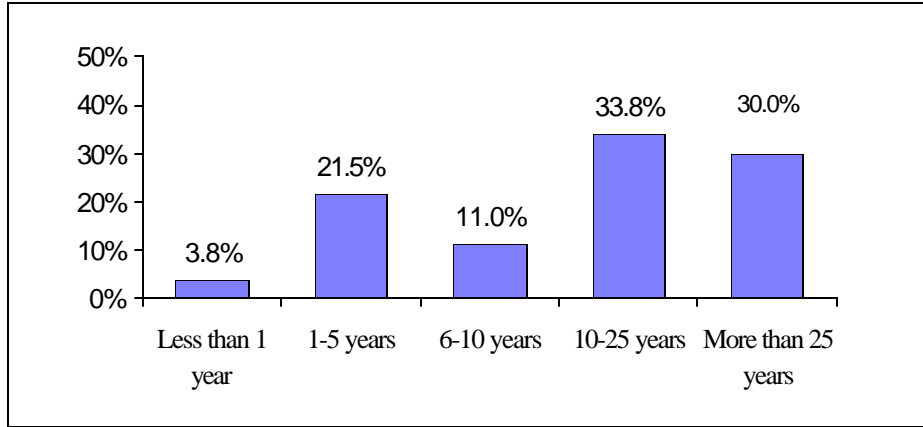
The majority of respondents are female (62.4 percent).

Which City/Town do you live in?

Municipality	Percent Reporting
Pembroke	12.2%
Kingston	11.0%
Plymouth	9.3%
Brockton	7.6%
Stoughton	6.8%
Halifax	6.3%
Rockland	5.9%
Duxbury	4.6%
Plympton	4.6%
Marshfield	4.2%
Middleborough	4.2%
Abington	3.8%
Bridgewater	3.8%
East Bridgewater	3.0%
Hanson	3.0%
Carver	2.5%
Easton	2.5%
Avon	1.7%
Whitman	1.3%
West Bridgewater	0.8%
Hanover	0.4%
Lakeville	0.4%

Highlights:

- ? 12.2 % of the respondents reside in Pembroke; 11% of the respondents reside in Kingston and 9.3% reside in Plymouth.



Highlights:

- ? A majority of the respondents (33.8%) have lived in United Way service area for 10 to 25 years; 30% of the respondents have lived in the area for more than 25 years.

FOCUS GROUP RESULTS

Public Hearing/Focus Group June 2002

Public Hearings were held in June 2002, in order to identify and define present, new, and emerging human service needs in the Old Colony United Way service area. Over 15 people attended the public hearings including people from nonprofit and human services agencies within the Old Colony United Way service area.

Identifications of services were made from the following questions asked at the public hearings:

- ? What health and human care services do you think are most supportive of children, families, elders and other individuals living in this area?
- ? Based on your experience what concerns do you think children, families, elders and other individuals have about living in this area?
- ? In your experience, is there health and human care services that are not offered that should be?

RESULTS

What health and human care services do you think are most supportive of children, families, elders and other individuals living in this area?

The majority of the respondents (five or more) identified that mental health services; health care services (hospitals etc.) and youth/child care programs and initiatives are the most supportive of children, families, elders, and others living in the area.

Other responses (two to three) included housing programs, single parent education programs, transportation services, elder services, women/family services, youth activity programs, (girl scouts, YMCA, etc) religious institutions, and law enforcement are also supportive services for those in need in the service area.

Based on your experience what concerns do you think children, families, elders and other individuals have about living in this area?

The majority of the respondents reported that financial problems, lowered moral values, the vulnerability of youth, stress, isolation, and fear were the major concerns of those living in the service area.

In your experience, is there health and human care services that are not offered that should be?

The majority of the respondents reported that adequate housing/homelessness and adequate/available childcare are the health/human care services that should be offered in the

service area. Secondly they identified transportation services as a health and human care service needed in the service area.

Government Focus Group March 2003

To accurately assess current services and identify gaps in service provision, non United Way members from government agencies were invited to participate in a focus group. Regional directors and managers from seven area government agencies were invited: Department of Transitional Assistance, Department of Social Services, Department of Mental Retardation, Massachusetts Rehabilitation Commission, Department of Public Health, Department of Youth Services and the Department of Mental Health. Respondents from six out the seven invited agencies attended the focus group held on March 27, 2003.

Representatives from the agencies were:

- ? **Department of Social Services**, Patricia Phillips, Casework Manager, Brockton Area Office.
- ? **Department of Mental Retardation**, Mark Sanderson, Regional Office, Carver.
- ? **Massachusetts Rehabilitation Commission**, Diane C. Kendrick, Area Director, Brockton.
- ? **Department of Public Health**, Ron O'Connor, Regional Manager, Lakeville.
- ? **Department of Youth Services**, Leo Genatossio (Brockton) & Mike Fitzgerald (Plymouth) Resource Managers.
- ? **Department of Mental Health**, Jackie K. Moore, Southeast Regional Area Director.

RESULTS

Affordable Housing

Four out of six respondents identified affordable housing as a significant need for families in the service area.

An agency representative reported that affordable housing is a major issue for their clientele; they find it very difficult to find housing for their clients who are currently in residential treatment who are ready to move into independent housing. They also reported the inefficiencies of homeless families who are placed 'temporarily' in motels/hotels. "Families are being supported to live in hotels, which is a completely uncoordinated and inefficient way to provide housing services."

Another agency respondent reported that they recently had their family reunification program cut; as a result they will no longer be able to reunite parents with their children. The program involved children who had been removed from their home due to neglect or abuse, in which both the parents and children receive therapy and services with the goal being family reunification. The respondent also identified that hotel housing is a very poor

solution; “it is a major problem to have a family of four living in a hotel room with 2 double beds, and a microwave to cook with.”

Another agency representative agreed and reported additional challenges for their clientele given that many of their clients need affordable housing, which is also handicapped accessible. “It can be virtually impossible at times to find housing that is affordable for someone who is handicapped.”

Another respondent pointed out the negative impact on children living in motels who are expected to immerse into a local school district. The challenges that they face are significant because they have no connection to peers and their community.

Prevention Services

Four out of the six respondents identified a significant need in the service area for prevention services.

An agency regional director identified a need for additional support services for families and for nonprofit agencies that could potentially serve their clients. They acknowledged how the staff in those agencies often requires additional training given the physical disabilities of the population. “We need training for agencies on how to deal with the our population.”

Another agency regional manager observed a dramatic decrease in prevention services for high-risk populations, teen mothers, home visiting services for high-risk newborns and the homeless. The “Success by Six” program that focuses on early intervention programs was identified as a successful program.

A respondent identified that “a little bit of prevention would go a long way, families that care for a seriously mentally ill family member need an occasional break.” If families were able to have an occasional night out or weekend away with respite care in place, it may prevent them from seeking to place the family member in a group home or other supported housing when they feel like they have exhausted all other resources. They pointed out that it would be cost effective to have respite care occasionally for a family rather than having 24 hour staffed care in a group home or treatment center.

An additional agency representative identified that with recent staff reductions they are having difficulty educating people about what services and programs *are* available, because they don’t have the staff time to spend educating their clientele about accessible community programs.

Domestic Violence

Three out of the six respondents identified domestic violence and its effects on children as a gap in service programming.

A respondent identified a significant need for programs for children who witness domestic violence.

Another agency pointed out a significant lack in training in local school systems with how to implement and train staff on providing services for students with behavioral and or emotional problems with trauma histories.

An additional respondent identified specifically how “younger children are the absolutely the most vulnerable.” They also pointed out concern with the isolation of young children (age five and under). It was reported that their agency is greatly concerned about younger children given that they are not yet connected with a school system. Adolescents are also a main priority seeing as many of them have long abuse and neglect histories. “They have become more and more unreachable, and so angry, they have been compromised since birth and have no reason to trust adults.”

Female Offenders

Three out of the six respondents identified an increased number of female criminal and sexual offenders.

A respondent identified a significant increase in female offenders both criminal and sexual. They brought to attention a considerable need for both residential and outpatient services for youth within their service areas. They have a statistically significant rate of recidivism due to a lack of adequate residential services and outpatient treatment. The respondent said, “Female violence is no longer a ‘Brockton’ problem, we have girls who are equally as violent from places like Plymouth.”

Another agency representative concurred, “with a growing population of women with criminal records, it makes it very difficult to place them either in supported housing and/or treatment.”

One agency representative agreed and reported that they also struggle with an emerging need for sexual offender programs, “especially since we don’t have any secure facilities.” They face additional challenges in trying to house and treat their consumers who also have sexual and criminal offender histories along with a disability.

Transportation

Two out of the six respondents identified that transportation to services was a significant problem for their service populations.

One respondent reported that virtually no outpatient services outside of the city of Brockton existed for their clients. Agency involved youth in other communities don’t have access to public transportation in their communities, which makes it impossible often for them to get to Brockton or Plymouth for their treatment.

Another respondent agreed that their clients face a great deal of difficulty finding transportation to the services and or programs that they are mandated to attend. Clients often do not have reliable access to a car, and or support by others, which is reliable.

Health Insurance

Two out of six respondents identified a significant lack of adequate health insurance coverage for their clientele.

Two respondents reported difficulties finding health care for their clients who have Mass Health. “I had a girl who needed oral surgery and I had to take her from Brockton to Worcester to have it done because I couldn’t find any surgeons in the area that would accept her Mass Health.”

Another respondent reported that most of their client’s dental benefits have been cut. In addition it was reported that with the recent increase in Mass Health co-payments for medications clients living on a limited budget wouldn’t be able to afford to take all their medications, which will have very significant impacts on their mental health. “Clients would be forced to ‘pick and choose’ what medicines to take, and which to not take based on how much they could afford.” In addition a significant population of adolescents who are psychiatrically hospitalized are in need of residential services which aren’t available and therefore they are literally “stuck in the hospital” with no safe place to go.

Single Fathers

Two out of the six respondents identified a need for services and programs for young single fathers.

An agency representative identified a need for services for single fathers; they reported an increased number of single fathers; who are supporting their children with little or no family support, financial difficulties, and a significant lack of parenting skills. They have found that the fathers don’t have access to the wide array of services like WIC; parenting classes and support groups like their female counterparts.

Another agency manager agreed, they reported having many clients who are single fathers who come across many obstacles finding services. They identified some available support groups for young fathers but they “don’t offer childcare and/or transportation, making it impossible for the fathers to attend the groups” as one agency representative reported.

Community/Faith Based Focus Group

The respondents in attendance on March 25th for the Community/Faith Based focus group were David Sorenson, Executive Director, from the Stoughton Youth Commission, and Heidi McVane, Social Worker also from the Stoughton Youth Commission. No others respondents were in attendance. A perceived apprehension to attend the focus groups seemed to present itself from the members of the small community and faith based group. Several respondents asked “why” we were inviting them; in addition they seemed concerned with whether or not they needed to “bring anything with them.” It appears that outreach efforts are difficult with agencies that historically consider themselves small and or insignificant in the greater scheme of human service providers.

As a result each respondent who was did not attend was called, and three follow up phone interviews were made to Ginny Mercure, Latin Health Institute in Brockton, Nicole Morrison,

Community Partnership for Children in Plymouth, and Maria Evora-Rosa, Cape Verdean Association in Brockton. Thus the community/faith based focus group was actually a set of interviews with four human service providers conducted on an individual basis, with the following agency representatives:

- ? **Stoughton Youth Commission** is funded through the town of Stoughton and is incorporated as a 5013C. The commission reports formally to the town administrator, but informally is directed by an appointed board. They provided free counseling to Stoughton youth and their families. In addition they also provide recreational activities, youth leadership, job development, and community service activities within the town.
- ? **Community Partnership for Children** is a public preschool for at risk and low-income children in Plymouth; over half of their students have special education needs.
- ? **Cape Verdean Association** is a multi-service agency that serves the Cape Verdean population in Brockton; they currently have two DSS contracts. They perform individual, family, and group therapy with involuntary and voluntary persons with whom a 51A has either been investigated or substantiated.
- ? **Latin American Health Institute** provides a wide array of services, including substance abuse counseling, HIV prevention, education, and outreach, and prostate and breast cancer screening. In addition they run a Section 8 housing program and provide case-management/counseling for 25 persons with AIDS.

RESULTS

Mental Health Treatment

All of the respondents reported that there was inadequate access and availability to mental health treatment.

One agency reported that they had a significant need for psychiatrist referrals since many of their clients are either uninsured or underinsured it is extremely difficult for them to find a local psychiatrist willing to treat them. In addition within their agency they currently have nine children in need of counseling who are on a waiting list because of limited staffing. They also reported a need for residential treatment for their clients and they come across little resources and long waiting lists for residential treatment.

Another agency respondent reported a significant need for additional mental health services for their clients. It was reported that their current programs are run to capacity.

A respondent also identified a significant lack of mental health services for preschool age children in Plymouth. A need for individual counseling, family therapy and parenting education was reported

An agency representative stated that as a result of the financial issues facing families there is a significant need for mental health treatment, "with parents working two and three jobs, there is little to no time for actual parenting." They also stated there is a social stigma in the community against mental health treatment.

Cultural/Language Barriers

All of the respondents identified significant cultural and language barriers facing the populations they serve.

One respondent reported a growing Brazilian population, which they estimated at 20%. They said that parents often work two to three jobs and don't have time to spend with the students who are learning English as a second language. They have tutoring program where students tutor ESL students after school with their homework.

A respondent also identified the language barrier as a major obstacle for those looking for services, they reported that there may be services available but the staff working in the agencies are often not bilingual therefore making the services unattainable for their clients in areas outside of Brockton. They also see an emerging need for new immigrants, capacity skill building, and job training.

Another respondent identified the Brazilian population as having significant needs for social services, "they are afraid to access services because their immigration may not be legal, and are very guarded in my outreach efforts."

Youth Recreational Services

Three out of the four respondents identified children and youth recreational services as an unmet need.

One agency reported a need for a "drop in" center for youth in their community. It was mentioned that there is a community center with great amenities already in their community, but that a family membership costs over \$400 a year, thus excludes most of the families that would benefit from such a center.

An agency representative said that there is a lack of recreational services and after school programming for preschool age children. The TAP program was identified, which is run by DMH for school age children with mental illness where they learn social skills. She said a similar program for younger children would serve a great unmet need.

Another respondent reported a significant need for youth programming and services for the Cape Verdean. She stated that at their location they have the space for such a program and would just need funding for staffing.

Transportation

Two of the four respondents identified that transportation to services was a significant issue for the populations they serve.

An agency representative identified that their families face challenges for mental health treatment. They often don't have cars or alternatively families have one car that is needed to transport a parent to work daily and therefore the other parent is unable to get the children to and from appointments and school as necessary.

Another participant identified transportation as a major issue facing the families that are served by their agency. Children miss doctor's appointments, days of school, and "mothers can't do simple things like take their children to school, and go grocery shopping." The participant said that a staff person had to pick up a student recently and bring them to and from school because the family's car had broken down and they did not have the resources to fix the car.

Appendix

Appendix A

Findings from 1985 Needs Assessment:

Local Service Providers:

1. Basic The top 12 service needs based on 71 responses to the providers' questionnaire resulted in:

<u>Service</u>	<u># Reporting</u>
Housing	42
Financial assistance	29
Special transportation	29
Emergency Shelter: Homeless	27
Day care: Children	26
Emergency shelter: Children	23
Mental health (outpatient)	22
Foster care: Children	21
Delinquency prevention	21
Transportation care of offenders	20
Institutional care: Children	20
Assistance to unwed pregnant families	20

Employees and Potential Donors

Top- ranked community problems were identified as:

<u>Service Need</u>	<u>% Identified as Need</u>
Needs of the elderly	43%
Needs of children	36%
Crime	31%
Poor transportation	23%
Family violence and neglect	21%
Needs of handicapped person	21%

Agency Users of Services

Top-ranked community problems according to clients:

<u>Service Need</u>	<u>% Identified as Need</u>
Housing	34%
Needs of the elderly	34%
Crime	32%
Needs of children	31%

Needs of handicapped persons	22%
Poor transportation	22%

Top Needs Expressed by Area Residents

<u>Service Need:</u>	<u>% Respondents Needed Service</u>
Recreation	23%
Education programs	20%
Day care	9%
Programs for elderly	9%
Character-building youth programs	8%
Crime prevention	8%
Services for the handicapped	7%
Health care support services	6%
Homemaker/home health aids	6%
Mental health counseling	6%

The “general findings” of the study were:

1. Housing, Shelter and Financial Assistance
? Great concern from providers; emerging needs although not yet imbedded in public consciousness: common thread is need for financial assistance
2. Children’s Services
? Delinquency: abuse and neglect, drug abuse, and variety of behavioral problems
3. Elder Services
? Needs quietly emerging, the fastest growing age group
4. Character-Building Youth Programs
? Scouting and structured recreational programs
5. Recreation, Sports and Education
? Broad appeal of these services among donors and the general public
6. Racial minorities
? Needs of racial minorities did not stand out as a major finding
7. Regional Polarization
? Two poles – urban issues in the Brockton quadrant and phenomenal population growth in the Plymouth quadrant
8. Issues of Public Concern
? Alcohol and drug abuse, needs of the handicapped, crime and transportation

Appendix B

AGENCIES PRESENTLY FUNDED BY THE OLD COLONY UNITED WAY*

American Red Cross
Associacao de Brockton, Inc.
Asociacion San Martin De Porres
ARC of Greater Plymouth, Inc.
Big Brother/Big Sister Program
Boy Scouts of America
Boys and Girls Club (Brockton and Plymouth)
Brockton Area Association for Retarded Citizens
Brockton Coalition for the Homeless/Mainspring House
Brockton Day Nursery
Brockton Area Multi-Services, Inc. (BAMSI)
 Dorn Davies Senior Center
 Helpline
Brockton Visiting Nurse Association
Catholic Charities
Community Services
Community Visiting Nurse Association (Attleboro)
Cranberry Hospice
CURA Visiting Nurse Association
Girl Scouts of Southeastern Massachusetts
Greater Brockton Center for Dispute Resolution
Handi-Kids
Heath Care of Southeastern Massachusetts
 Woman's Place Crisis Center
Jewish Family and Children's Services
Legal Services for Cape Cod and the Islands
Living Independently for Equality (L.I.F.E. Center)
Life Resources/Phaneuf Center
David Jon Louison Child Center
Massachusetts Society for the Prevention of Cruelty to Children
Mayflower R.S.V.P.
Mt. Moriah Emergency Food Program
Old Colony YMCA
Plymouth Area Coalition for the Homeless
Salvation Army (Brockton and Plymouth)
South Shore Women's Center
Striar Jewish Community Center/Fireman Campus

*Details about programs can be found on the United Way's website

www.oldcolonyunitedway.com

Appendix C

The following tables represent data collected from the Survey of Human Service Providers and Consumers conducted by the Old Colony United Way Needs Assessment Task Force.

Table 1 Income Security and Employment

Service Type	Great Difficulty	Needs Unmet	Percent with Great Difficulty Accessing Service
Financial Assistance (Emergency)	36.0%	25.6%	61.6%
English Language Skills	30.6%	16.7%	47.3%
Sheltered Remunerative Employment	28.6%	16.1%	44.7%
Job Training and Development	25.0%	7.1%	32.1%

Table 2 Physical and Mental Health

Service Type	Great Difficulty	Needs Unmet	Percent with Great Difficulty Accessing Service
Medically Supervised Physical Fitness	21.7%	24.6%	46.3%
Mental Health Treatment (Outpatient)	9.7%	29.2%	38.9%
AIDS Related Services	15.3%	22.0%	37.3%
Assistance to Rape Victims	12.3%	24.6%	36.9%
Suicide Prevention	14.1%	21.9%	36.0%
Home Health Care	7.8%	27.3%	35.1%
Outpatient Rehabilitation	10.0%	23.3%	33.3%
Alcoholism Prevention and Treatment	12.5%	20.8%	33.3%
Services for the Mentally Retarded	5.6%	19.4%	25.0%
Health Maintenance and Education Services	7.8%	10.0%	17.8%
Hospice	8.2%	4.9%	13.1%
Blood Bank	6.4%	2.1%	8.5%

Table 3 Food, Clothing, Housing and Transportation

Service Type	Great Difficulty	Needs Unmet	Percent with Great Difficulty Accessing Service
Emergency Shelter Care-Homeless and Transient	36.7%	38.0%	74.7%
Housing Search	30.5%	30.5%	61.0%
Food Assistance	43.3%	16.7%	60.0%
Special Transportation	27.8%	14.4%	42.2%

Table 4 Public Protection and Safety

Service Type	Great Difficulty	Needs Unmet	Percent with Great Difficulty Accessing Service
Transitional Care of Offenders (Half-way Houses)	49.1%	20.8%	69.9%
Protective Services for Children	38.5%	12.3%	50.8%
Delinquency Prevention	32.8%	15.6%	48.4%
Disaster Planning	23.4%	12.5%	35.9%
Safety Education	10.3%	13.2%	23.5%
Environmental Issues	16.9%	5.6%	22.5%

Table 5 Social Adjustment and Development

Service Type	Great Difficulty	Needs Unmet	Percent with Great Difficulty Accessing Service
Residential and Supportive Assistance to Unwed Pregnant Females	39.7%	22.4%	62.1%
Institutional Care-Children	25.9%	35.2%	61.1%
Assistance to Mobile Families and Individuals	37.3%	23.5%	60.8%
Foster Family Care for Children	29.1%	29.1%	58.2%
Emergency Shelter-Children	25.5%	32.7%	58.2%
Childcare Services	39.4%	16.7%	56.1%
Adoption	30.8%	23.1%	53.9%
Comprehensive Emergency Assistance	29.1%	23.6%	52.7%
Big Brother/Big Sister	30.9%	21.8%	52.7%
Respite Care	32.8%	19.7%	52.5%
Immigrant Assistance	19.2%	32.7%	51.9%
Single Parent Family Development	32.3%	17.7%	50.0%
Family Life Education	35.9%	10.9%	46.8%
Assistance to Separated Families (Military)	26.2%	16.7%	42.9%
Friendly Visiting	20.3%	22.0%	42.3%
Family Prevention Services	26.9%	14.9%	41.8%
Comprehensive Youth Development	26.2%	10.8%	37.0%
Daycare Services-Adults	28.1%	8.8%	36.9%
Counseling	21.5%	11.4%	32.9%
Camping Services	19.0%	11.1%	30.1%
Social and Cultural Development	17.9%	6.4%	24.3%
Recreation Services	17.8%	4.4%	22.2%

Table 6 Educational Services

Service Type	Great Difficulty	Needs Unmet	Percent with Great Difficulty Accessing Service
Drop-Out Prevention Programs	34.4%	26.2%	60.6%
ESL Classes	16.1%	30.6%	46.7%
G.E.D. Preparation	20.8%	19.4%	40.2%
Job/Career Development	21.5%	12.7%	34.2%

Table 7 Supportive Services

Service Type	Great Difficulty	Needs Unmet	Percent with Great Difficulty Accessing Service
Volunteer recruitment and Supervision	19.6%	18.5%	38.1%
Volunteer Training and Supervision	17.0%	17.0%	34.0%
Ability to locate Available Existing Resources	16.5%	12.1%	28.6%

Table 8 Agency Needs (Physical Site)
Percent Agencies Indicating Issue Jeopardizes Services to Clients

Physical Site Issue	Percent Indicating "Yes" Issue Jeopardizes Service
Insufficient Space for Present Programs	30.1%
Making Building Free of Barriers to the Handicapped	15.4%
Efficient Utilization of Space	8.9%
Building Maintenance and Security	8.1%
Compliance with Building Codes and Regulations	4.9%
Unused Space with Present Programs	4.1%
Efficiency of Heating Plant and Insulation	2.4%

Table 9 Administrative Needs

Administrative Issue:	Percent Indicating Respondent Indicating as a problem or concern
Personnel	23.6%
Access to Current Technology	12.2%
Compliance with documentation requirements	8.9%
Public Community Relations	8.9%
Information Services	8.1%
Board	4.9%
Interagency Coordination	4.1%
Communications	3.3%

Table 10 Fiscal Needs

Fiscal Issue:	Percent Indicating Respondent Indicating as a problem or concern
Grants and Proposals	36.6%
Cash Flow	17.9%
Budgeting	13.8%
Heating and Fuel Costs	4.9%

Table 11 Program Needs

Program Issue:	Percent Indicating Respondent Indicating as a problem or concern
Marketing Services	13.0%
Evaluation of Program Outcomes	8.1%
Planning for Services	3.3%
Compliance with Licensing, Accreditation Standards	2.4%

Appendix D

The following are trends and generalizations from the Old Colony United Way survey of Area Residents and Businesses. (June 2001)

Service Type:	Actual respondents who needed the service:	Respondents who sought the service, but did <i>not</i> receive it:	Percent of Respondents who sought the service but did not receive it:
Help for Child Abuse or Neglect	13	10	76.92%
Housing Assistance	29	21	72.41%
Emergency Money for Food and Utilities	37	17	46.95%
Live-in Treatment Centers for Youth	29	13	44.93%
Programs to Help Culturally Diverse Population	31	12	38.71%
Transportation Assistance	41	14	34.15%
Legal Assistance for People Unable to Pay for a Lawyer	38	12	31.58%
Help for Single Parents	39	12	30.87%
Childcare	50	15	30.00%
Programs to help Elderly persons and their families	47	14	29.79%
Help for Pregnant Teens	38	11	28.95%
Mental Health Counseling	42	12	28.57%
Homemakers or Home Health Aids	32	9	28.13%
Services for a Handicapped person	40	11	27.50%
Character building Youth Programs	34	9	26.47%
Health Care Support Services like Nursing	38	10	26.32%
Career Development	42	11	26.19%
Recreation and Sports Programs	43	11	25.58%
Crime Prevention	41	10	24.39%
Help with Drug Abuse	37	9	24.32%
AIDS Related Program	32	7	21.88%
Educational Programs	49	9	18.37%
Access to Information & Referral Services	34	6	17.65%
Help with Alcoholism	38	6	15.79%

Housing Assistance

Housing Assistance:	Needed Help:	Sought Help:	Received Help:
Minorities	52.3%	34.1%	13.6%
Non minorities	14.6 %	12.2%	2.4%

- ? The above chart demonstrates that minority respondents are more likely to need, seek, and receive help with Housing Assistance than non-minority respondents.

Childcare

Childcare:	Needed Childcare:	Sought Childcare:	Received Childcare:
Minorities	72.7%	43.2%	22.7%
Non-Minorities	43.9%	12.2%	7.3%

- ? The above chart demonstrates that minority respondents reported that they needed, sought and received childcare more than non-minority respondents.