



First 5 Ventura County Evaluation Report

Findings from the 2016 Parent Survey

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Introduction

Social Policy Research Associates (SPR) is pleased to submit this evaluation report of the findings yielded from an extensive analysis of First 5 Ventura County's (F5VC's) Parent Survey, which was completed by 2,422 F5VC participants in spring 2015. The survey was designed to explore the relationship between participant and program characteristics and progress towards three key F5VC outcomes articulated in the First 5 Commission's Evaluation Framework: *access to care; kindergarten readiness; and knowledge of child development, resources, and parenting*. SPR's goal in this evaluation is to help F5VC make meaning of the results in ways that will support its continuous efforts to strengthen and improve its programs and to measure progress towards desired outcomes.

This report begins with a short section highlighting F5VC's programmatic goals and how the Parent Survey aligns with these goals. We then provide an overview of our methods, including a brief discussion of our overall evaluation goals, our data sources, and our analytical approach. The subsequent section provides detailed information about key characteristics of survey respondents. This is followed by a section that highlights the key findings from our analysis of the survey results. The report concludes with a brief discussion of areas for consideration for F5VC and its program partners to support their continued efforts to capture useful data to ensure effective service to the children and families of Ventura County.

Background

F5VC's overarching programmatic goals are to ensure that (1) children are healthy, (2) children have language and social-emotional skills, and (3) families have the resources they need. To that end, F5VC is using the Parent Survey as a primary instrument to measure progress towards three key outcomes aligned with their goals: (1) access to care; (2) school readiness prior to kindergarten; and (3) parent/family knowledge of child development, resources and parenting. This is the second year that F5VC has deployed the parent survey. F5VC modified this year's survey slightly and added a qualitative component to the data collection strategy, based on feedback provided by SPR from last year's survey analysis. The 2016 Parent Survey contains 28 questions, divided into four sections: (1) *Health and Screening*, (2) *Activities*, (3) *Community Resources*, and (4) *Parenting*. A copy of the full Parent Survey is included in Appendix A.

Methods

SPR took a collaborative approach to this evaluation, working closely with F5VC to ensure shared understanding and alignment of purpose in terms of the goals of this evaluation, to ensure that data collection strategies were effective and appropriate, and to assure data quality. We used a mixed methods approach to our evaluation—while the bulk of our evaluation is rooted in a layered analysis of survey data, this year we added a qualitative component to our data collection strategy so that we can engage in deeper meaning-making of the results. Specifically, we conducted four focus groups with parents that have received F5VC services and we conducted telephone interviews with six funded partners.¹

¹ Parent focus groups were conducted at the following Neighborhoods for Learning (NfLs): Conejo Valley, Moorpark/Simi Valley, Santa Clara Valley, and Ventura. We interviewed staff from the Ventura County Department

Six data sources informed our analysis: results from the parent survey, client intake forms (including a client information form and a participant questionnaire), the Desired Results Developmental Profile (DRDP) for preschool, service intensity information, parent focus group data, and program partner interview data. A full list of data sources is included in Appendix B.

In addition to calculating outcomes for F5VC families, we conducted subgroup analyses along the following participant and family characteristics: ethnicity, language, parental education, household income, and program participation. For program participation, we aggregated programs into the following program types:²

- Developmental Screening
- Early Intervention
- Kindergarten Transition
- Family Literacy
- Other Health and Family Support
- Parent and Child Together (PACT) Classes
- Parenting Education
- Preschool
- Service Coordination/Case Management

Because close to one third (29%) of families participated in multiple program types, we looked at the most common combination of programs, as well as the number of different types of programs that families participated in. Where appropriate, we also looked at the number of hours of service received by families.

of Public Health, which conducts developmental screenings; the Ventura County Office of Education, which is the County's QRIS implementation partner; and from four NfLs, including Ventura, Oak Park, Oxnard, and Pleasant Valley.

² A complete list of the individual programs included in each program type is included in Appendix C.

Profile of Children and Families

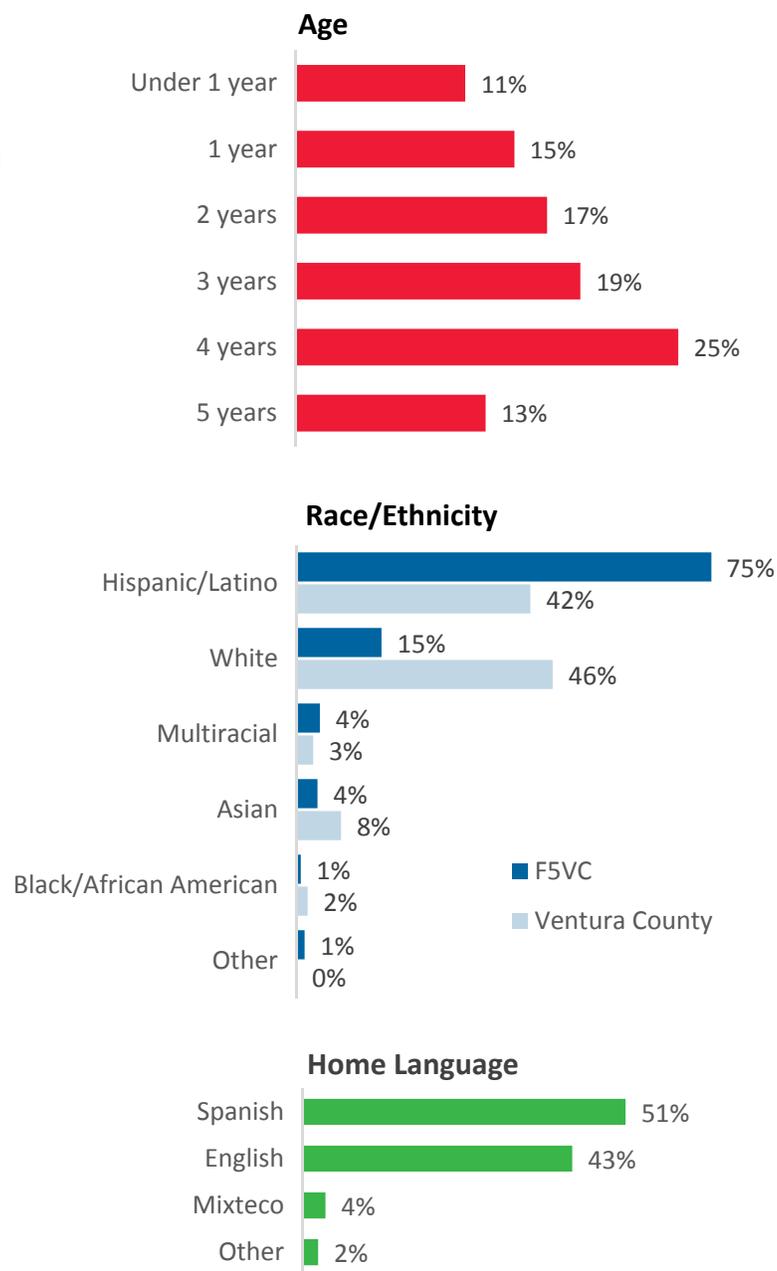
In order to contextualize the findings from our analysis of the Parent Survey results, it is important to have an understanding of F5VC’s service population. To that end, in this section we provide information on the children and families served by F5VC and an analysis of key characteristics of this population. While this section focuses on the broader F5VC service population, findings from our outcomes analysis will be based on the survey sample. Our analysis concludes the survey sample is representative of the larger service population in terms of the key demographics shared in the sections below, although families who submitted surveys received, on average, more hours of service than the overall client population. Tables providing more detailed information on key characteristics of F5VC’s service population and the survey sample are included in Appendix D.

Number and Characteristics of Children Served

In FY 2015-16, F5VC provided services to 5,405 children.³ Key characteristics of this service population, which are similar to those of children served in FY2014-2015, are described below.

- Child Gender and Age.** Fifty-one percent of the child population is male and 49% is female. Infants and toddlers ages 0-3 comprised 62% of children served.

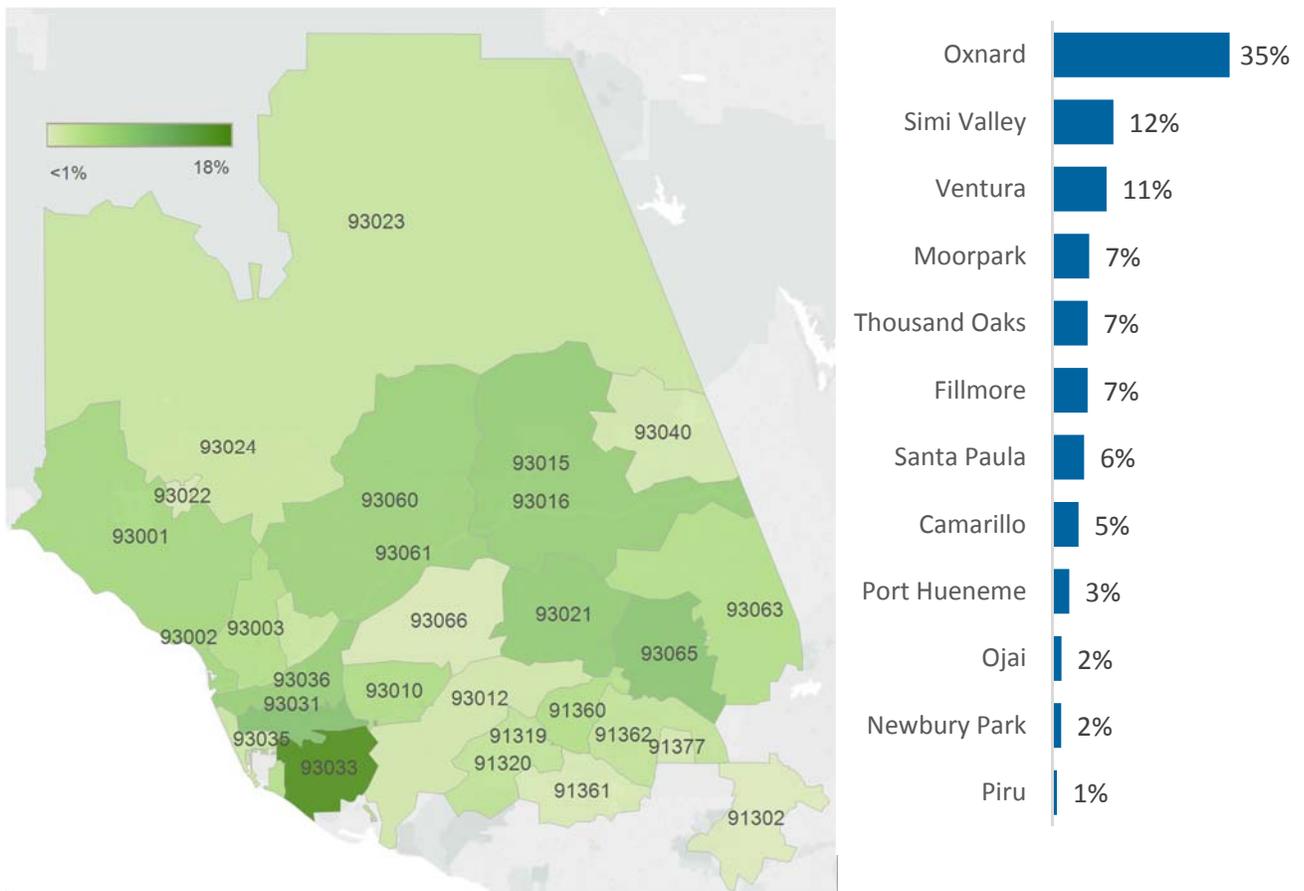
Exhibit I: Characteristics of Children Served



³ This number does not capture all children touched by the multitude of services, supports, and activities offered through F5VC. Rather, it represents F5VC’s core child clients, i.e. clients for whom they provide more intensive services and whose demographic information and services received are tracked in Persimmony, F5VC’s client database.

- Race/Ethnicity.** The racial and ethnic composition of the child participant population was predominantly Hispanic/Latino (75%), followed by White (15%). Asian and multiracial children each comprised 4% of the population, 1% was African American, and the remaining 1% had race recorded as “Other.” As shown in Exhibit I, the percentage of Hispanic/Latino families in the F5VC population was far greater than the percentage of Hispanic/Latino families in Ventura County overall. At the same time, white families were underrepresented in the service population.⁴
- Language Spoken at Home.** More than half of the child service population spoke a language other than English at home (57%), compared to 39% of Ventura County’s population.⁵ The top three languages spoken at home included Spanish (51%), English (43%), and Mixteco (4%).
- Location of Family Residence.** Children served by F5VC accessed early childhood services throughout Ventura county via a number of service delivery points, including preschool programs, countywide services, and Neighborhoods for Learning (NfL) family resource centers. The largest percentage of children served resided in Oxnard (35%), followed by Simi Valley (12%) and then Ventura (11%).

Exhibit II: Family Residence by Zip Code and City (top twelve cities only)



⁴ 2015 Quick Facts, United States Census Bureau. <http://www.census.gov/quickfacts/table/PST045215/06111#headnote-js-b>, accessed 2/3/2017.

⁵ Ibid.

Number and Characteristics of Parent/Caregivers and Families Served

In FY 2015-2016, 6,223 families participated in First 5 programs. In addition to the 5,405 children served by First 5 programs, 4,163 caregivers received services.⁶ Using Family Intake forms, we identified the following findings on family characteristics, none of which varied significantly since FY 2014-2015:

- **The vast majority of households were headed by two adults.** Caregivers from 83% of families reported being married or in a domestic partnership and 14% reported being a single parent.
- **More than one-quarter of families were living with more than one family in the same household.** Over 20% of families shared their household out of economic hardship, while 6% shared their household out of preference.
- **Over 90% of families had fewer than three children aged 0-5 in their household.** The majority (60%) had only one child. The average household size was 4.25 people.
- **First 5 served parents with varying levels of education.** While close to 30% of caregivers had not received a high school diploma, 23% had a Bachelor's Degree or higher. F5VC families tended to have lower levels of education than other families in Ventura County, where 17% of the adult population has a high school diploma or equivalent and 32% have a Bachelor's Degree or higher.⁷
- **First 5 served mostly low -income families.** Close to two-thirds of families earned less than \$30,000 annually and 20% earned more than \$50,000. Only 5% of families had a household income over \$100,000. For comparison, the California Budget Project estimated in 2013 that the average household with two children and two parents (one working) would require an annual income of \$64,203 to make ends meet.⁸ The median household income between 2011-2015 was \$77,348.⁹

⁶ We used family intake forms from 2014-2015 through 2016-2017 to calculate family characteristics. Because intake forms were only available for 43% of families (2,654), these findings may not be representative of all F5VC families.

⁷ 2015 Quick Facts, United States Census Bureau.

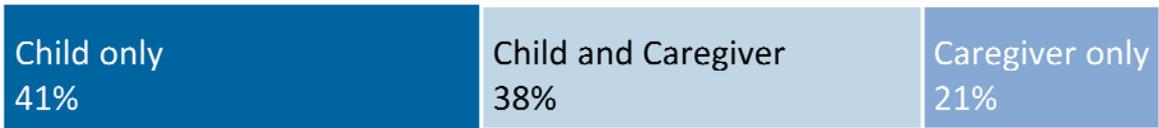
<http://www.census.gov/quickfacts/table/PST045215/06111#headnote-js-b>, accessed 2/3/2017.

⁸ 2013. California Budget Project. *Making Ends Meet: How Much Does It Cost to Raise a Family in California*. http://calbudgetcenter.org/wp-content/uploads/131212_Making_Ends_Meet.pdf. Accessed 1/30/2017.

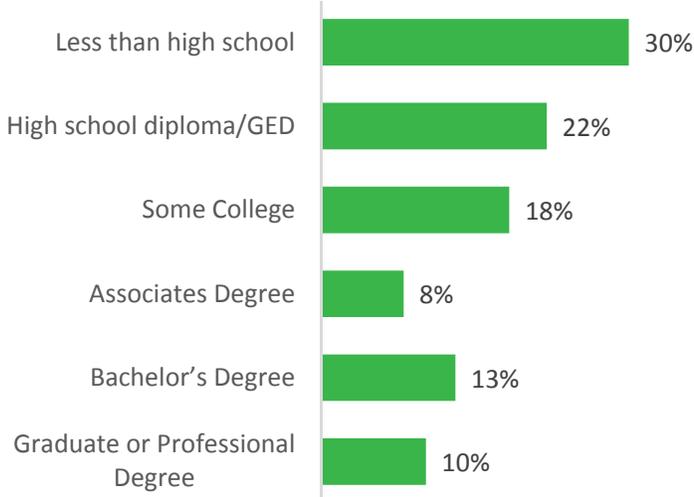
⁹ Quick Facts, United States Census Bureau. <http://www.census.gov/quickfacts/table/PST045215/06111>. Accessed 1/30/2017.

Exhibit III: Characteristics of Families Served

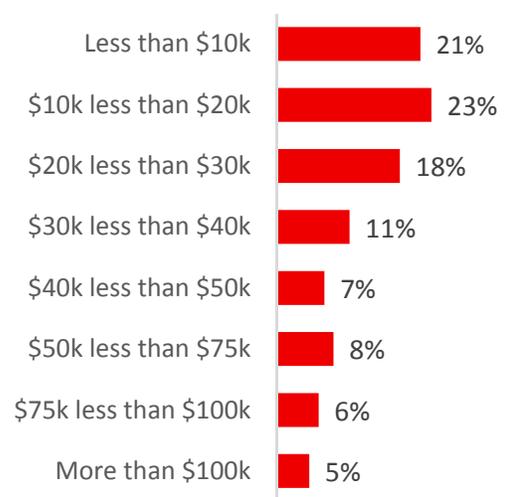
Type of Family Member Receiving Services



Parental Education



Household Income

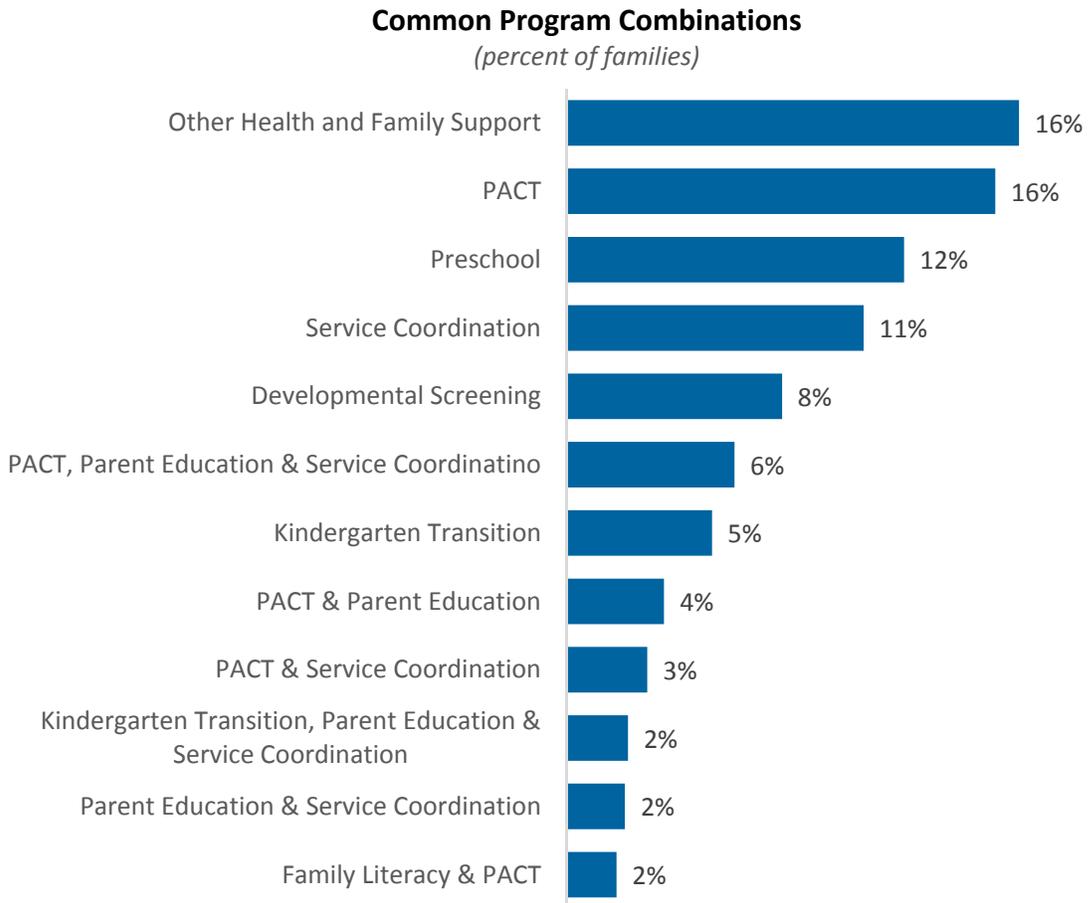
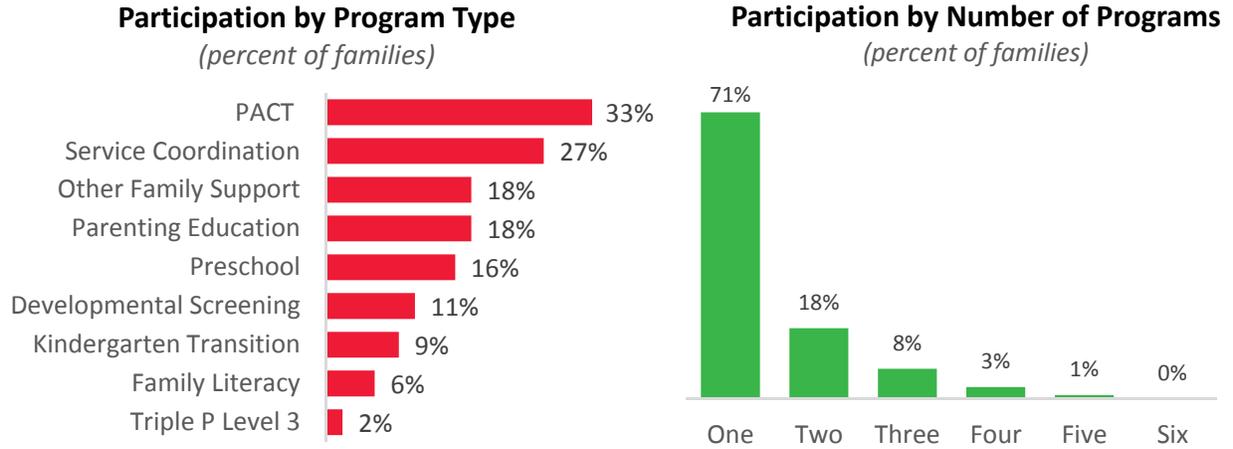


Number and Mix of Services Received

As shown in Exhibit IV, close to three-quarters of families participated in one First 5 service and close to 20% participated in two types of services. **Parent and Child Together (PACT) classes were the most common type of service received, with close to one-third of all F5VC families attending at least one PACT session.** Other frequent service categories included Service Coordination/Case Management, Other Health and Family Support Services, Parent Education, and Preschool.

Some programs were more likely to be offered as a stand-alone service, while participants in some programs were more likely to participate in multiple services. For example, 93% of families who participated in Parent Education classes participated in another service as well. In comparison, only 20% of families enrolled in a First 5 preschool program received other types of services. Exhibit IV shows the most common combination of services received by families, with PACT, Parenting Education and Service Coordination/Case Management being the most common combination of multiple services.

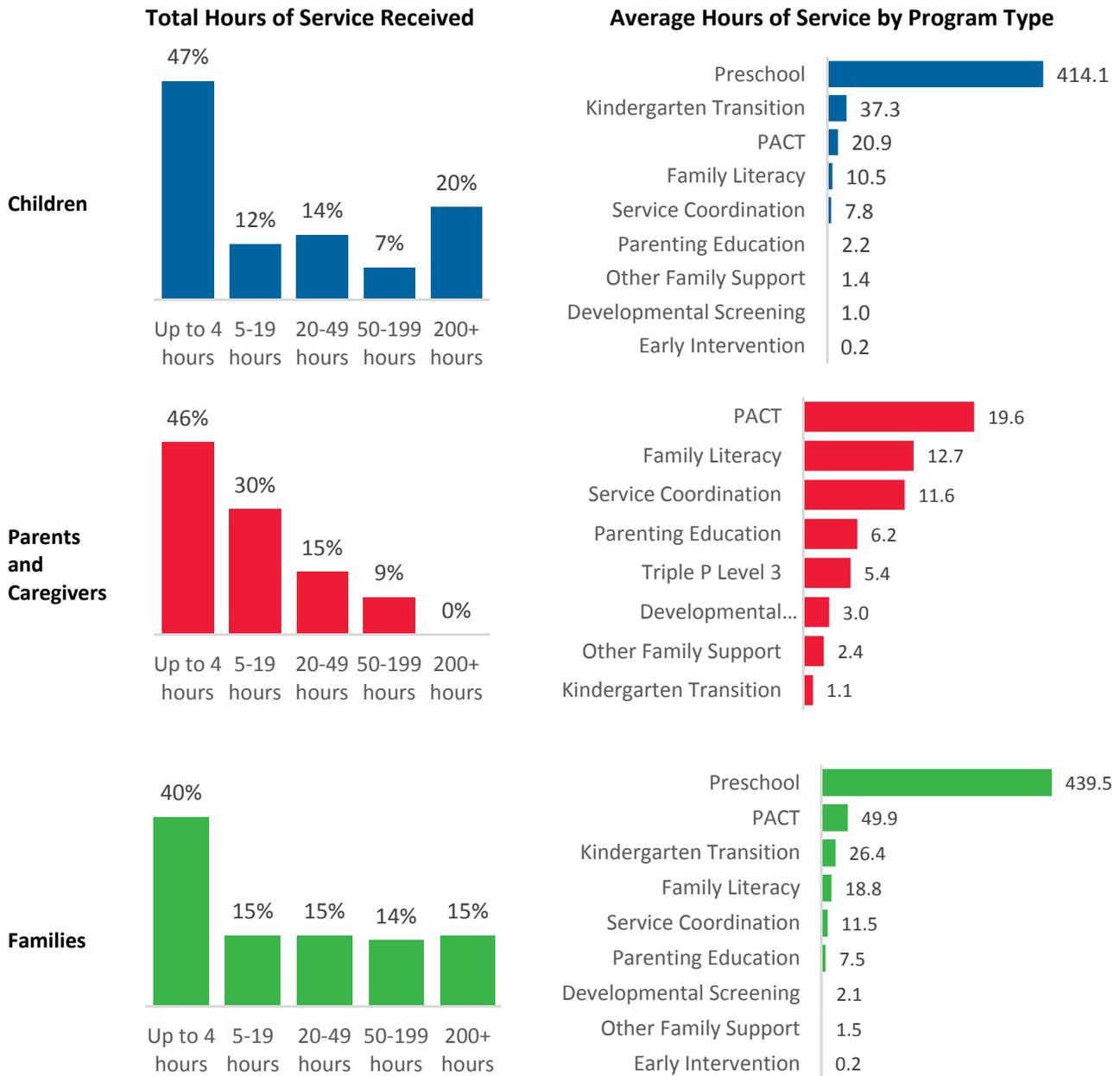
Exhibit IV: Number and Mix of Services Received



Hours of Service

On average, children received over 100 hours of service and parents received 17 hours of service through First 5 programs. As shown in Exhibit V, **50% of both children and parents received at least 5 hours of service or more.** Preschool programs, including those that provided ECE vouchers to families, provided by far the most intensive services to children, with children participating for over 400 hours on average. As shown in Exhibit V, other programs that topped the list for providing the most hours of service included Kindergarten Transition and PACT. For parents, PACT provided the most intensive services, with participating parents receiving an average of about 20 hours of service.

Exhibit V: Hours of Service



Summary of Outcomes

In this section we present findings on progress made in F5VC's three key outcome areas, based on parent survey results, preschool DRDP data, parent focus groups, and partner interviews. For each outcome, we provide outcome-level findings, followed by findings at the indicator level. We also share findings in areas where analyses of results by participant characteristics or program participation yield interesting variations by subgroup. Similarly, we also include findings related to intensity, in areas where those lines of analyses yielded meaningful information. Again, because the sample was not representative of the larger First 5 population in terms of intensity or mix of programs, most likely because families attending programs more frequently were more likely to complete a survey during the one-month survey administration window, we cannot generalize related findings to the broader population.

Outcome 1: Access to Care

The four indicators mapped to access to care include: 1) access to health insurance; 2) access to (and consistent use of) medical care providers; and 3) access to (and consistent use of) oral healthcare providers; and 4) nutrition and levels of physical activity. Ten questions in the parent survey map to this outcome area and are incorporated into the analysis.

We elected not to create an overall composite score for Outcome 1 or indicator level composite measures because the results would not be meaningful, given the vastly differing nature of the composite indicators (access to health insurance and health care vs. nutrition and physical activity practices).

Indicator	Questions ¹⁰	Mean
1: #/% children who are enrolled in health insurance	<ul style="list-style-type: none"> • Q3: Does your child currently have health insurance? 	98%
2: #/% of children who have and use a regular place for medical care	<ul style="list-style-type: none"> • Q1: Do you have a usual place to go when your child is sick or you need health advice? • Q2: Did your child have a routine check-up in the last 12 months? <p>COMPOSITE¹¹</p>	97%
3: #/% of children who have and utilize a regular place for oral health care¹²	<ul style="list-style-type: none"> • Q5: Did your child have a dental exam in the last 6 months? • Q6: Does your child have a regular dentist? <p>COMPOSITE (Q5 and Q6 = yes)</p>	78%
4: #/% of parents reporting regular physical activity and healthy eating for their children	<ul style="list-style-type: none"> • Q9: On an average weekday, about how much screen time does your child have (e.g. watching television or videos, or playing on the computer, phone, or tablet, etc.)? (selected None or 1 Hour or less) • Q10: My toddler or preschooler is given 1-2 hours of physical activity each day (for example, playing outside, sports, dancing or running around). • Q11: My child eats at least five servings of fruits and vegetables (such as bananas, apples, green beans, or green salad) over the course of the day. • Q12: My child drinks water at meal times and throughout the day • Q 13: How many glasses or cans of soda or other sweetened fruit drinks, sports, or energy drinks does your child drink over the course of the day (selected None). 	48%
		90%
		83%
		91%
		42%

There is quite a bit of variation in this outcome area. As noted previously, this outcome encompasses two distinct areas of inquiry: access to health insurance and health care, and practices around nutrition and physical activity. Below we share key findings related to these two areas of inquiry.

Findings Related to Access to Insurance and Medical and Oral Health Care

At the indicator level, there was some variation, with scores indicating extremely strong results around access to health insurance and access to medical care. Results in the arena of oral health care were not as strong. Below are key findings at the indicator level:

- **Results within Indicator 1 (Insurance Enrollment) were strong.** Ninety-eight percent of respondents reported that their child had health insurance, which is similar to last year's results

¹⁰ For all measures except questions 9 and 13, results reflect the mean percentages of parents who responded "yes" to the questions in this outcome area. For question 9, the results reflect the mean percentage of parents who selected either "none" or "1 hour or less" as a response. For question 13, the results reflect the percentage of parents who selected "none."

¹¹ The composite measure for this indicator required the respondent to select yes to *both* question 1 and 2.

¹² The analysis for this indicator only includes surveys that are connected to a child at least 12 months old by 9/1/2015.

(97%).¹³ The consistently strong scores in this arena may be an indicator that efforts around insurance enrollment for children in Ventura County are meeting with positive results.

- **Results within Indicator 2 (Regular Place for Medical Care) were strong.** Ninety-seven percent of respondents reported that they have a usual place to go when their child is sick or when they need health advice.¹⁴ This is consistent with findings from last year (also 97%). Ninety-seven percent of respondents also reported that their child had a routine check-up within the last 12 months (up one percentage point from last year). There were no meaningful variations across race/ethnicity, language, education level, or income. We also examined *where* that “usual” place was for respondents. Slightly more than half of respondents reported that their children utilize a doctor’s office, private clinic, or HMO as their primary health home, while slightly more than 40% utilize a Public Health Department or community health center/clinic. Less than one percent of parents reported that their children rely exclusively on a hospital for their medical needs.
- **Results within Indicator 3 (Access to Oral Health Care) were fair.** Eighty percent of respondents reported that they have a regular dentist. This is up slightly from last year’s results (78%). Seventy-eight percent of respondents reported that their child had a dental exam within the last 6 months, which is consistent with last year’s results.¹⁵ Interestingly, children from families in the lowest income bracket (under \$10K per year) were most likely to visit a dentist than those from other income brackets (85% versus 81%). In addition, Hispanic/Latino families were more likely to report that their children had visited a dentist in the last six months than white families were (84% versus 75%). However, there was no difference by ethnicity in the percentage of children who have a regular dentist.

Findings Related to Physical Activity and Nutrition

For this indicator, access to care is connected to core practices that support the healthy physical development of children. Specifically, the indicator includes two distinct foci: physical activity (i.e. time spent in physical activity and time spent watching television), and nutrition practices (i.e. consumption of fruits and vegetables, water consumption, and consumption of sugary drinks). Below are key findings:

- **Results around physical activity are mixed.** A fairly high number of respondents (90%) indicated that their child engages in 1-2 hours of daily physical activity. The results reflect an improvement over last year, where only 84% of respondents reported providing this level of activity to their child. Results related to screen time are not as strong—only 48% of respondents reported that their child spent one hour or less in front of the television or other screen on a typical weekday, which is similar to last year’s results (49%). In fact, 17% of parents reported that their children spend at least 3 hours in front of a screen on a typical day. These results indicate that F5VC may

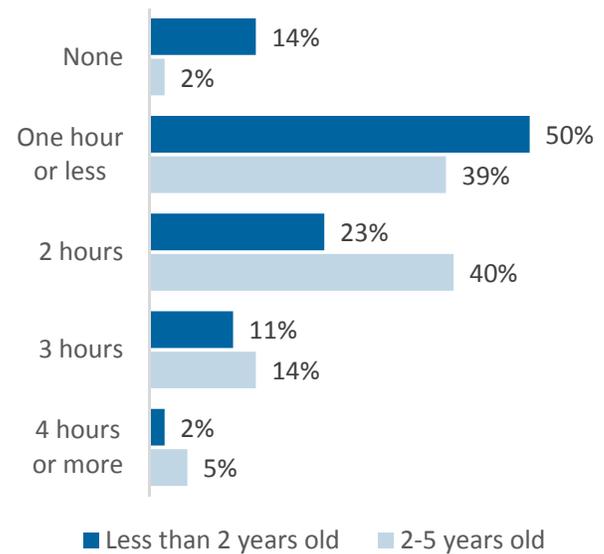
¹³ This compares to 97% of children ages 0-5 in California. (2014-2015 California Health Interview Survey, accessed 1/27/2017.)

¹⁴ This compares to 95% of children ages 0-5 in California. (2014-2015 California Health Interview Survey, accessed 1/27/2017.)

¹⁵ This compares to 73% of children ages 0-5 in California (2014-2015 California Health Interview Survey, accessed 1/27/2017) and 35% of low-income children ages 0-3 in Ventura County (Children Now, 2016-2017 California County Scorecard, <http://pub.childrenow.org/2016/indicator/dentist/>, accessed 2/3/2017.

want to invest time in supporting parents in limiting screen time for their children. The American Academy of Pediatrics recommends that children less than 18 months old should have no screen time, and that screen time should be limited to no more than 1 hour for children ages 2-5. (Results broken out by age group are illustrated in Exhibit VI.) In this arena, Latino families had stronger outcomes than white families related to time spent in front of the television (50% of Latino families reported that their children had one hour or less of screen time, compared to 42% of white families). However white families had stronger outcomes than Latino families with respect to hours of physical activity (95% of white families compared to 89% of Latino families.)

Exhibit VI: Daily Screen Time by Age



- Results around nutrition are also mixed.** Compared to statewide averages, a high number of respondents (83%) reported that their child eats at least five servings of fruits and vegetables per day.¹⁶ Focus group participants seemed very knowledgeable about child nutrition, reported serving mostly fresh produce and non-processed foods, and shared effective strategies they use to overcome challenges such as picky eating. Water consumption received a stronger response, with 91% of respondents reporting that their child drinks water at meal times and throughout the day. However only 42% of families reported that they did not give sweetened drinks to their child, compared to 77% of children ages 2-5 across the state.¹⁷ About half of families reported giving 1-2 sweetened drinks per day. There was some variation across race, with only 37% of Latino families reporting that they did not give sweetened drinks to their children, compared to 65% of white families. These results may indicate potential needs around nutrition education.

Outcome 2: School Ready Prior to Kindergarten

The three indicators mapped to *school ready prior to kindergarten* focus on: 1) literacy practices at home; 2) developmental screening referrals and uptake; and 3) school readiness as measured by the DRDP. Because the calculation of indicators for this outcome area draws on two different data sources (Parent Survey responses for the first two indicators and DRDP scores for the last indicator), we did not create a composite score for the outcome area. Moreover, for this outcome, we divide our presentation

¹⁶ In 2012, only 58% of children ages 0-5 consumed five or more servings of fruit/vegetables each day. (2012 California Health Interview Survey, accessed 1/27/2017.)

¹⁷ Babey, S. H., et al. (2013). Still bubbling over: California adolescents drinking more soda and other sugar-sweetened beverages. UCLA Center for Health Policy Research & California Center for Public Health Advocacy. In this arena, we have no useful comparison data from last year. The questions focused on consumption of water and sugary drinks were new this year. The question related to food nutrition from last year's survey (*I prepare healthy foods for my child*) was altered to provide more useful and specific data [*My child eats at least five servings of fruits and vegetables over the course of the day.*]

of findings by indicator for the sake of clarity because the indicators rely on different data sources and are calculated in different ways.

Our analysis for the first two indicators in this outcome area drew on two questions (and corresponding subquestions) from the parent survey. Results for the first indicator reflect the mean percentage of parents that reported reading with their children 3-6 days per week or more. Results for the second indicator reflect the percentage of respondents who report having received a developmental screening referral and, subsequently, percentages of those respondents who followed up on those referrals.

Indicator	Questions	Mean
#/% of parents who read to their children 3 or more days per week	<ul style="list-style-type: none"> Q8: In the usual week, about how many days do you or any other family members read stories or look at picture books with your child? <i>(Results reflect responses from parents who selected 3-6 days or every day.)</i>¹⁸ 	74%

Because of the wide variation in scores and the multiple levels of response type (i.e. some questions included sub-levels), we did not include composite scores for these indicators. Below are key findings at the indicator level.

Findings Related to Reading to Children

Similar to last year, results within Indicator 1 (Parents Who Read to their Children 3 or More Days per Week) were not strong. Survey results indicate that many parents are not reading to their children at optimal or recommended levels. Seventy-four percent of children from the sample have parents who regularly read to their children 3-6 days per week or more, compared to an estimated 77% of children across Ventura County and 88% of children across the state.¹⁹ The American Academy of Pediatrics, however, recommends that parents read to their children on a daily basis in order to support child literacy. Only 29% of children in the sample had parents or caregivers who reported reading to their children *every day*.

Our analysis by subgroups uncovered the following findings:

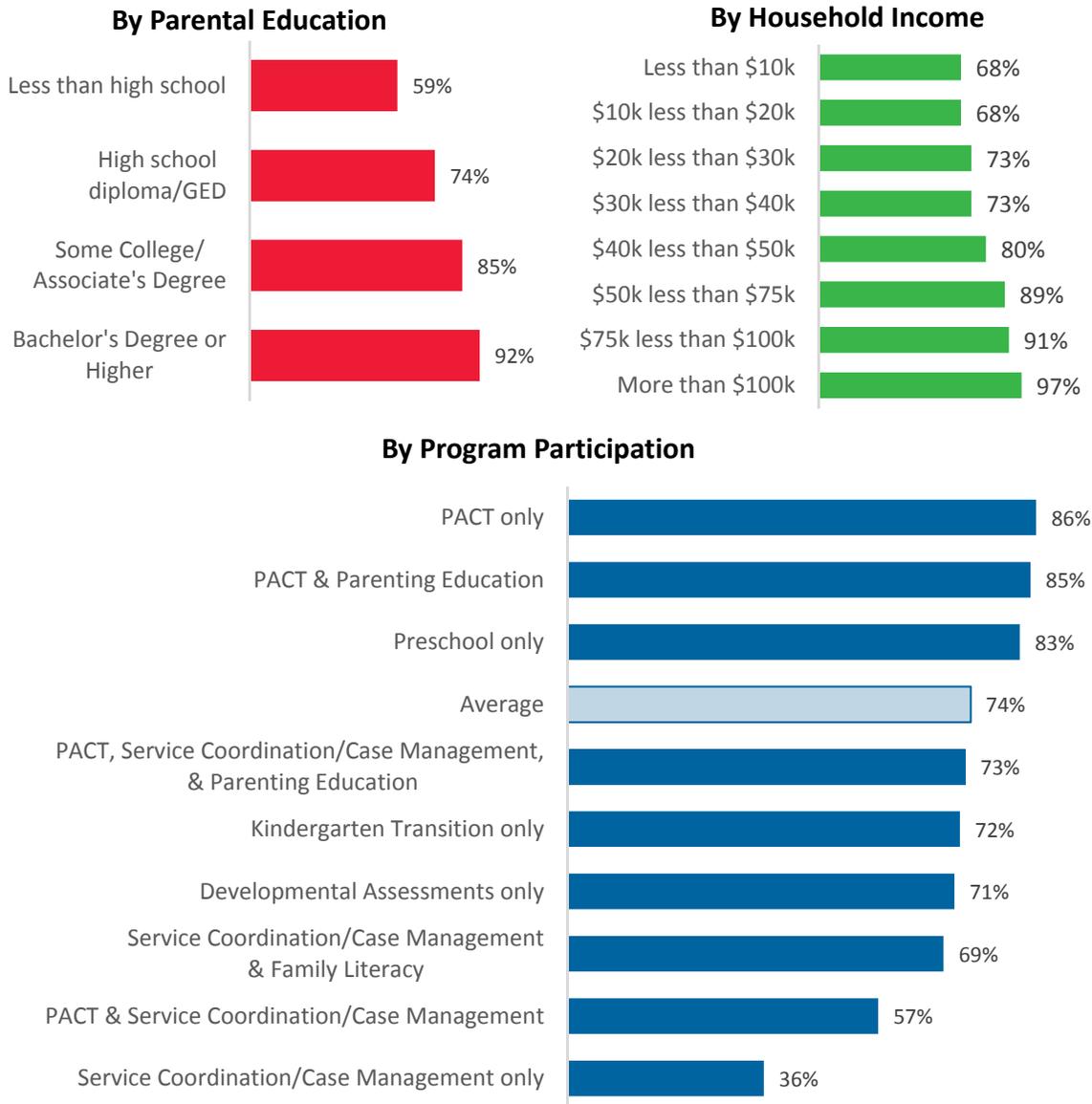
- **There were differences across race and home language.** Over ninety percent of white children (93%) in this sample have parents that report reading to them 3-6 days per week or every day, compared to only 69% of Hispanic/Latino children’s parents. There was also a notable difference between English-speaking homes and non-English speaking homes. Eighty-eight percent of children from English-speaking homes are read to 3-6 times per week or every day, versus 70% of Spanish-speaking children and 36% of Mixteco-speaking children.
- **Caregivers with higher education levels and higher incomes were more likely to read to their children.** 92% of children whose parents have a Bachelor’s Degree or were read to at least

¹⁸ There were four response options to this question: 1-2 days, 3-6 days, every day, and never.

¹⁹ Comparison data provided by UCLA Center for Health Policy Research, California Health Interview Survey (2014-2015). <http://www.chis.ucla.edu>. Accessed 1/27/17.

three times per week, compared to 60% of those without a high school degree. Similarly, the percentage of children who met this outcome increased steadily as parent income rose, as demonstrated in Exhibit VII. For example, 68% of families earning less than \$20,000 read to their children at least three days per week. This compares to 86% of families below the federal poverty level (\$24,300 for a family of four) in California who reported reading to their children at least three days per week.²⁰

Exhibit VII: Percent of Families that Read At least Three times per Week to their Children



²⁰ 2014-2015 California Health Interview Survey. <http://www.chis.ucla.edu>. Accessed 1/27/17.

- **Programs associated with the highest rates of reading to their children included PACT classes and preschool.** For example, 81% of all preschool families and 86% of families who participated in only PACT classes reported reading to their children at least three times per week and read to their children, compared to 74% on average.
- **Families receiving service coordination/case management reported lower rates of reading to their children.** Only one-third of families who participated solely in service coordination/case management met this outcome. However, those who received service coordination/case management *in conjunction* with other programming were more likely to read than those who received service coordination alone. For example, close to 60% of those who participated in service coordination/case management with PACT, close to three-quarters of those who participated in service coordination/case management, PACT, *and* parent education, and close to 70% of those who participated in service coordination/case management and family literacy met this outcome. This finding suggests that families receiving only service coordination/case management may experience barriers to reading and would benefit from additional support that promotes literacy and reading.

These survey results were not corroborated by our findings from focus groups, where the vast majority of parents reported reading to their children multiple times per day, likely because we visited PACT classes. In general, parents did not report encountering barriers to reading to their children. However, Spanish-speaking parents from the Santa Clara Valley NfL reported that there were few Spanish-language books in their community. These parents explained that they have strategies to overcome the shortage of Spanish-language books, such as enlisting older children to help read books in English and making up their own stories to go along with the pictures in the English-language books that are available. However, these findings indicate that non-English speaking families might benefit from investments in native-language reading resources.

Findings Related to Developmental Screenings and Follow-up

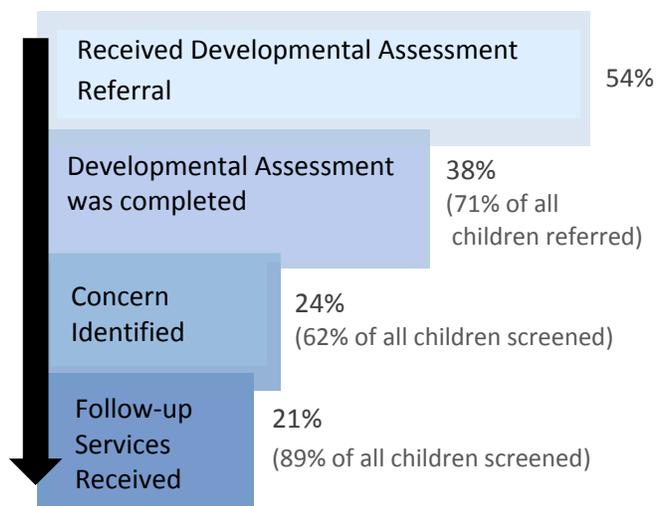
Our interviews with First 5 funded partners suggested that different Neighborhoods for Learning (NfLs) target different groups for developmental screenings. According to the Ventura County Department of Public Health, which is funded by First 5 to conduct the Ages and Stages Questionnaire (ASQ) across the county, most sites prioritize children under 2 and older children if their parents or program staff have concerns. Other NfLs encourage all families, regardless of a child's age, to participate in the screening process. At these NfLs, preschool and PACT teachers are often trained by Public Health staff to conduct the ASQ themselves during workshops or programming. Because of this variation in how the ASQ is offered to families across sites, we analyzed this indicator by age: children under 24 months when they first enrolled in services and those between 24 and 66 months (the age limit for the ASQ).

Indicator	Questions	Mean
#/% of children who receive developmental screenings and follow-up ²¹	• Q7: Since you started receiving First 5 services, has your child been referred for a Developmental Screening (for example, have you been asked to complete a checklist of activities that your child can do, such as certain physical tasks, whether your child can draw certain objects, or ways your child communicates with you)?	54%
	• Q7a: If you received a referral, was a Developmental Screening conducted?	71%
	• Q7b: If a Developmental Screening was conducted, was a concern identified?	62%
	• Q7c: If a concern was identified, has your child received follow-up services?	89%

Results within Indicator 2 (Children Who Receive Developmental Screenings and Follow Up) were mixed, revealing that families were likely to receive follow-up services when a concern was identified but also that many First 5 families never received a referral.²² Overall, about half (54%) of parents reported receiving a referral, as shown in Exhibit VIII. Of those referred, 71% reported that the developmental screening was conducted, meaning that about one-third of all children in the survey sample received a screening. (See Exhibit VIII for a depiction of how children from the survey sample flowed through the stages of the developmental screening process.) Funded partners identified some of the barriers families encounter in following up on these referrals. For some, the demands of parenthood make traveling for an additional appointment difficult. Others do not immediately grasp the difference between the ASQ and Well Child visits and believe they already went through a similar screening. Finally, some parents see the referral as a stigma. Family Liaisons at the NfLs work with parents to overcome these obstacles but find that it sometimes takes a long time to build the trust before parents are willing to accept the referral.

Sixty-two percent of parents who completed the developmental screening reported that a concern was identified through the screening

Exhibit VIII: Flow of FV5C Children through Developmental Assessment Process



²¹ Fields with populated data that succeeded a question with missing data were included in the analysis of this indicator. For example, if a respondent selected *yes* to question 7, left 7a blank, and selected *yes* to 7b, this data was included. If they answered *no* to a previous question, their responses to subsequent questions were discarded.

²² This indicator area, and the questions that fall within it, are different from the rest of the questions in the survey in that it incorporates sub-level follow up questions. For some of these questions, such as whether or not a concern was identified in a screening, positive findings are not necessarily correlated with high percentages. Thus, making meaning of the results requires a different lens.

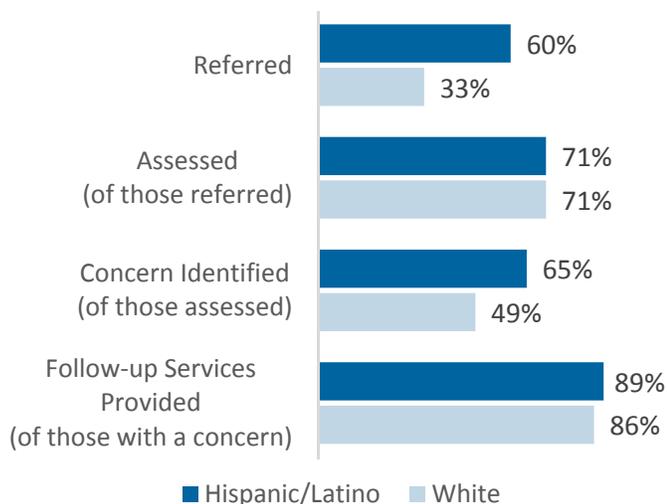
process. In these cases, Public Health works with parents to refer them to the most appropriate resources. Usually, NFL family liaisons also receive this information and can support parents in following up with the referrals. Most families (89%) reported that they received follow-up services when a concern was identified, demonstrating that this approach has generally been successful. Barriers to following up on these referrals are similar to the barriers to following on the screening itself (transportation, stigma, family demands, etc.). Some families decide to try some strategies at home before they seek additional services.

Our analysis uncovered interesting variations across subgroups:

- **There were no significant differences in referral rates between children under 24 months and older children eligible for the ASQ.**²³

- **Hispanic/Latino families and parents were more likely than white families to receive a referral for a developmental screening (60% versus 33%).** This finding was consistent for children in both age groups (under 24 months and between 25 and 66 months). As shown in Exhibit IX, Hispanic/Latino families were also more likely to report that a concern was identified if a developmental screening was conducted (65% versus 49%). This was especially true for children under 24 months (63% versus 14%).

Exhibit IX: Percentage of Children at Each Stage in Developmental Screening Process, by Ethnicity

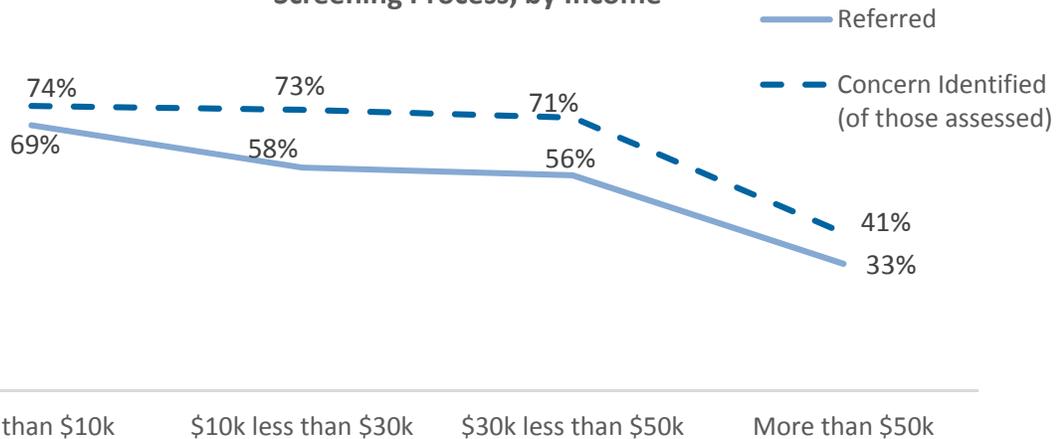


- **Parents with higher income levels and more education were less likely to report being referred for a developmental screening and their children were less likely to have an identified concern as a result of a screening.** In fact, as shown in Exhibit X on the following page, the percentage of children referred for developmental screenings steadily decrease as family income levels go up, as do the percentage of children with identified concerns, as shown in Exhibit X.²⁴
- **The rate of follow through on referrals for developmental screenings varied by language for both age groups.** In general, Spanish-speaking families were more likely than either Mixteco- or

²³ We could only conduct the analysis by age for surveys that were tied to a child ID because we were unable to verify the age of the child for surveys tied to parent IDs.

²⁴ While we cannot determine the reason behind the differences by ethnicity, income, or education, we did observe that NFLs with a higher proportion of Hispanic/Latino families and lower income families had higher than average rates of developmental screenings. Interviews with funded partners suggested that some NFLs focus more heavily on universal use of developmental screenings than others, so the differences by subgroups may reflect different priorities of the NFLs they attend.

Exhibit X: Percentage of Children at Each Stage in Developmental Screening Process, by Income



English-speaking families to receive a developmental screening after being referred. This may be connected to the fact that NfLs that had higher referral rates also serve more Spanish-speaking clients. One funded partner we interviewed also observed that English-speaking parents are more likely to perceive a stigma attached to developmental screenings and fear their children being labeled as developmentally delayed or “special ed.”

- **All subgroups received follow-up services at a high rate when a concern was identified.** This finding suggests that First 5 programs are successfully connecting all groups to needed services when concerns are identified and that families of all types are able to navigate the system to get the services they need.
- **Participating in multiple programs was associated with receiving a referral for developmental screening and following up on that referral for older children.** Over 70% of children between 24 and 66 months who participated in at least three different types of programs received a referral, compared to 45% of all other children in the same age group. This pattern did not hold up for younger children (under 24 months). This difference may be explained by the fact that many NfLs only made developmental screening referrals for older children if the family or staff site had a concern. Families with concerns may be more likely to participate in multiple programs because of their level of need.
- **We noted a few differences across program participation in the rate of families who were referred to developmental screenings and who accessed them when referred.** Receiving service coordination/case management services was associated with a high rate of referral to developmental screenings (70% versus 45% of those who did not receive service coordination/case management), as well as follow-up on referrals (76% versus 68%). In comparison, only one-third of parents who participated in PACT alone reported that they received a referral and 64% of those referred accessed the screening. However, families who participated in PACT *and* parenting education were about as likely as others to access a screening. This suggests that promoting developmental screenings through PACT classes may help more families access this service.

Findings Related to the Desired Results Developmental Profile

Our analysis for the third indicator in this outcome area drew on preschool Desired Results Developmental Profile (DRDP)²⁵ scores for four- and five-year old children enrolled in a First 5 funded preschool program.²⁶ Children are assessed twice during the program year, once in the fall and once in the spring. The table below includes results from pre- and post-assessments to demonstrate both growth over time and to show how many children were assessed as kindergarten-ready (i.e. whose results fell into one of the two highest developmental levels—*building* or *integrating*) by the time they took their post-assessment. Note that this data table *only* includes data from children for whom we have *both* pre- and post-assessment results. On average, children who took both the pre- and post-assessments received 460 hours of preschool services over the year. For comparison purposes, we also ran a separate analysis of *all* post-assessments for DRDP-eligible children irrespective of whether or not we had pre-test data. The results were identical to the post-assessment data listed in the table below.

Indicator	Domain	% of Children from Pre/Post Sample scoring at the Building or Integrating Levels		% of Children below Integrating at baseline who moved up at least one level
		Pre	Post	
#/% of children considered school ready as measured by an evidence-based tool	• Approaches to Learning—Self-Regulation	70%	98%	40%
	• Social and Emotional Development	82%	98%	47%
	• Language and Literacy Development	82%	98%	39%
	• English Language Development	51%	83%	69%
	• Cognition, including Math and Science	77%	98%	41%
	• Physical Development—Health	93%	99%	50%
	• History-Social Science	81%	97%	34%
	• Visual and Performing Arts	85%	98%	42%
	COMPOSITE (Building and Integrating across all domains)	42%	86%	

²⁵ This year, F5VC shifted from using the DRDP 2010 to the DRDP 2015. Thus we are unable to compare this year’s DRDP findings to those of last year.

²⁶ For this analysis, we only included children who had turned 4 years old by 9/1/15 and had both pre- and post-assessment scores for FY2015-2016 (n= 467). 89% (552) of the 620 four- and five-year olds enrolled in preschool services had at least one DRDP assessment on file and 75% (467) had both pre- and post-assessments.

Results within Indicator 3 (Children Are Considered School Ready) are strong, with 86% of children assessed as *building or integrating* in all eight domains of the DRDP on their post-assessments, compared to only 42% of children from the pre-assessment. The post-assessment results across all domains are remarkably high, with 97% or more scoring at building or integrating in all areas except for English Language Development (ELD). While ELD had the lowest (though still healthy) outcome at 83% it also had the largest gain, with the percent of children at *building or integrating* jumping from 51% to 83%. In fact, excluding those who were assessed at the highest level on their pre-assessment, 69% of children moved up at least one level within the ELD domain, which is the strongest growth result across all domains.

Overall, between one-third to half of children moved up at least one level along each of the domains. If we only look at children who scored at the lowest levels, responding or exploring, the percentage of children who moved up one level was much higher, generally about 95%, revealing that the children who needed the most support made great progress. There were no consistent differences in DRDP scores across family and child characteristics or by number of hours of preschool attendance.

Outcome 3: Knowledge of Child Development, Resources, and Parenting

The three indicators mapped to *knowledge of child development, resources, and parenting* focus on three main areas: access to services, knowledge of child development, and parenting confidence. Fifteen questions from the parent survey map to this outcome area. Questions in the first indicator area focus on access to services and utilize a five-point agreement scale, including a “Does not Apply to Me” option.²⁷ Questions in subsequent indicators utilize a four-point scale, including the same response options as the previous scale except without the “Does Not Apply to Me” option. In this section, we report average percentages of parents that selected “Most of the Time” or “Always” as responses. Below are summary statistics across the full parent sample of 2,422 parent surveys.

Indicator	Questions	Percent Score
#/% of parents reporting they can access services when needed	• Q14: I know how to get services that I need for my child.	89%
	• Q15: I am getting the services I need for my child.	94%
	• Q16: I talk to someone when I am worried about my child.	90%
	• Q17: I get my questions about parenting or child development answered.	91%
	• Q18: I have places I go to in my community to get the resources I need.	87%
	• Q19: I have places I go to in my community to meet with other parents.	67%
INDICATOR COMPOSITE		86%
#/% of parents reporting good knowledge of child development	• Q20: I understand my child’s development.	96%
	• Q21: I am able to tell if my child is making progress.	97%
	• Q22: I know how to help my child develop and learn.	94%
	• Q23: I know how to help my child behave the way my family would like.	88%

²⁷ Response options included Always, Most of the Time, Sometimes, Never, and Does Not Apply to Me.

	• Q24: I am able to help my child learn and practice new skills.	95%
	• Q25: I know what to expect of my child based on her/his age.	92%
	INDICATOR COMPOSITE	94%
#/% of parents who feel confident in their parenting skills	• Q24: I can handle problems that come up when taking care of my child	96%
	• Q25: I believe I have the skills for being a good parent to my child.	96%
	• Q26: I am confident as a parent.	97%
	INDICATOR COMPOSITE	96%
OUTCOME #3 COMPOSITE (average of indicators 1-3)		92%

Parent survey results are quite strong in this outcome area, with an average agreement rating (i.e. parents chose most of the time or all of the time) of 92% across all indicators, as measured by the composite score. This is an even stronger result than last year, wherein the composite score came in at a healthy 88%. Indeed, the results for every measure in this outcome area are higher than last year's results. At the outcome level, we observed the following variation in responses across subgroups:

- **White families were more likely to report confidence in their knowledge of child development, parenting, and resources than were Hispanic/Latino families.** The average composite score for white families was 95%, compared to 91% for Hispanic/Latino families. This pattern held up across each of the three indicators that comprise this outcome.
- **Higher rates of confidence in this area were associated with both higher income and higher levels of parental education.** For example, the average composite score for parents with a household income over \$50,000 per year was 95%, compared to 91% for those with an income under \$50,000. For parents with a household income over \$100,000, the average composite was even higher (98%).
- **Program participation did not play a major role at the outcome level.** However, participating in PACT classes alone was modestly associated with high scores in Outcome 3, with these parents having an average score of 93%, compared to 91% of those who participated in other program combinations.
- **Findings from our focus group with parents mirrored the high levels of confidence in parenting and understanding child development indicated by the survey results.** Parents identified three important ways that First 5 programs contribute to their level of confidence. First, parents reported that seeing other parents in First 5 programs struggle with the same challenges helps them “put things in perspective.” Second, parents have learned effective strategies from First 5 teachers and other parents. Finally, parents credit First 5 programming with teaching them how to relax, have realistic expectations of their children, and think of parenting as a process that comes with highs and lows.
- **Some funded partners indicated that survey results in this area may be upward biased because parents may feel uneasy expressing doubt in their parenting skills in a focus group or survey.**

Results within Indicator 1 (Ability to Access Services When Needed) are somewhat mixed. Ranging from 67% to 94%, responses within this indicator area were lower than in other indicators mapped to this outcome. Key findings specific to Indicator 1 include:

- **While almost all (94%) parents report getting the services they need for their child, only two-thirds report that they have places to go in their community to meet with other parents.** This difference suggests that many First 5 families would benefit from additional opportunities to meet socially with other families. Notably, Hispanic/Latino families were far less likely to report having places to meet with other parents than white families (64% versus 84%). Feedback from our focus groups with families suggests that these opportunities are unevenly available throughout the county, with parents from the Santa Clara Valley NfL, the primarily Hispanic/Latino NfL that we visited, reporting that there were few places in the community where they could meet other families. In comparison, parents from the Moorpark/Simi Valley and Ventura NfLs reported having ample opportunities to socialize with other parents, including First 5 programs, programs facilitated by other agencies, and parent-led playgroups organized on places like meetup.com.
- **Parents receiving only Service Coordination/Case Management services reported lower scores than other parents.** This difference (80% versus 86%) most likely reflects the needs of the families who seek these services: families who struggle with accessing resources are more likely to seek Service Coordination/Case Management support.
- **Parents participating in PACT reported a slightly higher ability to access resources than other parents.** Those who participated in PACT scored an average score of 87%, compared to 85% of all other parents. Moreover, families participating in PACT in conjunction with Service Coordination/Case Management reported higher scores than those who received Service Coordination/Case Management alone (85% versus 80%).
- **Based on parent feedback from focus groups, access to resources that foster parenting skills varies across the county.** Parents from the Moorpark/Simi Valley and Ventura NfLs reported a breadth of available resources, both within and outside of First 5, that they regularly access to help foster their parenting skills. In comparison, parents from the Santa Clara Valley NfL identified family and friends as their primary source of information and advice and expressed a desire for more resources related to discipline like the Triple P parenting program. Parents from the Conejo Valley NfL reported that there were ample affordable resources for children under three, but resources and opportunities for families with older children were generally expensive.

Results within Indicator 2 (Knowledge of Child Development) are very strong. Responses within this indicator ranged from 88% (*I know how to help my child behave the way my family would like*) to 97% (*I am able to tell if my child is making progress*). Key findings specific to Indicator 2 include:

- **In this area, parents struggle the most with knowing how to help their child behave the way their family wants.** In our focus groups, parents reported that Triple P classes, the modeling demonstrated by PACT teachers, and advice from family and friends helped them learn effective strategies to guide their children's behavior. Many parents reported that understanding what

they should expect from their children and adapting their family's expectations accordingly has been critical to developing their confidence in this area.

- **Participating in more programs was associated with lower levels of confidence in child development.** For example, while parents participating in PACT alone reported similar levels of confidence as parents participating in Preschool or Transitional Kindergarten alone (around 95%), parents who participated in both PACT and Parenting Education had an average score of 91%. Similarly, those who participated in PACT, Parenting Education, and Service Coordination/Case Management had an average score of 89%. This finding suggests that parents who feel less confident seek out additional programming, while more confident parents may stick with only one program. One explanation is that some of these parents started the year with lower confidence and a higher need for support. A second explanation was raised by a funded partner during our interviews. In her experience, for some parents, the more they learn about child development, the more they realize what they do not know and, as a result, will seek out additional resources. Moreover, she has observed that, as parents attend more programming, they become more comfortable acknowledging gaps in their knowledge and discussing parenting challenges with other families. For these reasons, she believes that a dip in reported confidence after participating in extended programming is not unusual for some parents.
- **Some focus group participants reported that parents today have more resources to learn about child development than ever before.** Parents from Moorpark/Simi Valley and Ventura discussed the multiple public systems that promote a broad understanding of child development, such as the Talk, Read, Sing Initiative, as well as the plethora of books, internet resources, and classes available today that were not available to their parents. They believe these resources are important for their understanding of child development because, while some aspects of child development are innate, such as ways to play with children at different ages, certain concepts, such as having developmentally appropriate expectations for children, are not. However, as discussed above, parents from the Santa Clara Valley NfL reported accessing few resources outside of First 5 and advice from family and friends.

Results within Indicator 3 (Confidence in Parenting Skills) are very strong. Responses within this indicator ranged from 96% to 97%. Key findings specific to Indicator 3 include:

- **As seen in Indicator 2, parents who participated in PACT in conjunction with Parenting Education and Service Coordination/Case Management reported lower than average confidence in parenting skills.** With an average score of 94%, these parents reported lower confidence than those who participated in any of these services as a stand-alone program. Again, this finding can be explained by the fact that parents seeking multiple programs may have more needs, may have started the year with less confidence, or may have sought additional programs after learning how much they did not already know.
- **In focus groups, parents indicated that love, patience, and the ability to listen are the most important skills to be an effective parent.** This was a theme heard across the five focus groups we facilitated. Parents agreed that love comes naturally, but patience and effective listening are skills they must practice on a daily basis.

Conclusion

First 5 Ventura County provides a wide range of services to children and families in order to provide parents and caregivers the support they need and to ensure that all children in Ventura County can thrive. As with last year, results from the Parent Survey and DRDP data indicate that participants are making good progress in each of the three key outcome areas: (1) access to care; (2) kindergarten readiness; and (3) parent knowledge of child development, access to resources, and confidence. Survey results also indicate that respondents are benefitting tremendously from the services they receive, whether receiving one service or a combination of services. As First 5 thinks about how to continue effectively supporting its services population, some areas for consideration, based on survey findings, may be:

- **Helping families maintain consistent access to health insurance and health care may be critical in the coming years.** Though results in this area have been exceptionally strong over the last two years, continued efforts at supporting insurance enrollment will be essential, as well as supporting families in maintaining access to coverage and care (or simply to understand how to navigate the changing landscape) in light of anticipated changes to the Affordable Care Act and Medicaid.
- **Parents may need more support in reducing screen time for their children.** Survey results around screen time were not ideal. They suggest that parents may benefit from continued communications around screen time recommendations (and the reasons behind those recommendations) as well as suggestions for how to both limit screen time and provide alternatives to their children.
- **Continued parent education may be necessary to help meet goals around nutrition.** Given the strong connection between the rise in sugary drink consumption and the rise in obesity and other health conditions,²⁸ curbing the pattern of sugary drink consumption in a child's early years is critical. With nearly half of families reporting that they give 1-2 sweetened drinks per day to their child, greater attention to this issue may be warranted. This may include increased parent education about the connection between sweetened drinks and health problems, as well as strategies for reduction and elimination of sweetened drinks from their child's diet.
- **Parents may need more support in reaching reading goals.** The American Academy of Pediatrics recommends that parents read to their children on a daily basis. Only 29% of children in the sample had parents or caregivers that reported reading to them every day. Families may benefit from increased communication about the importance and benefits of daily reading. Moreover, focus group data indicate that increased investments in providing communities with reading resources in native languages would also be helpful.
- **F5VC should continue to target younger children for referrals for developmental screenings.** Because early identification of developmental challenges results in better long term outcomes for children, NFLs should continue to push for universal screening of children under 24 months old.
- **Some First 5 families could use more support in community building with other parents.** As was true last year, results to the question "I have places to go in my community to meet with other parents" were low (67%). This may indicate that parents could use more support in finding community with other parents. Our analysis also indicates that this may be a bigger challenge in

²⁸ Institute of Medicine. [Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation](https://www.hsph.harvard.edu/nutritionsource/healthy-drinks/sugary-drinks/). Washington, DC: National Academies Press; 2012. <https://www.hsph.harvard.edu/nutritionsource/healthy-drinks/sugary-drinks/>

some areas of Ventura County than others because opportunities to meet other parents are uneven across the county. Connecting more isolated communities with opportunities both through First 5 funded programs and those offered by other agencies or through public resources is critical to the social and emotional health of families. These opportunities provide parents with venues for peer learning, sharing, and support, and our focus group data indicate that they are useful in increasing parent confidence in general.

Results from our analysis of the 2015-16 Parent Survey and the qualitative data we collected via parent focus groups and partner interviews yield useful information about how children and families are faring across key agency goals. It also provides some insights into areas for continued or increased attention. Overall, the data indicate that families are taking advantage of a range of services and are benefitting from their participation. These findings suggest that First 5 is making strong progress in meeting its goals in critical arenas.

Appendix A: Copy of Parent Survey

Parent Survey

We want to learn if our services have helped you and your family. There are no right or wrong answers. Please answer the questions honestly. Your participation is voluntary and your responses will be kept private. Thank you!

I. HEALTH AND SCREENING

1. Do you have a usual place to go when your child is sick or you need health advice? Yes No
2. Did your child have a routine check-up in the last 12 months (a doctor visit not related to illness or injury)? Yes No
3. Does your child currently have health insurance? Yes No
4. What is the regular place or doctor where you take your child for routine care and check-ups?
- Doctor's office, private clinic, or HMO Have never taken child for routine care
- Public health department or community health center/clinic Prefer not to say
- Emergency room at a hospital Other, please specify: _____
5. Did your child have a dental exam in the last 6 months? Yes No
6. Does your child have a regular dentist? Yes No
7. Since you started receiving First 5 services, has your child been referred for a Developmental Screening (for example, have you been asked to complete a checklist of activities that your child can do, such as certain physical tasks, whether your child can draw certain objects, or ways your child communicates with you)? Yes No Don't know
If NO, skip to Question 8 below
- a. If you received a referral, was a Developmental Screening conducted? Yes No
If NO, skip to Question 8 below
- b. If a Developmental Screening was conducted, was a concern identified? Yes No
If NO, skip to Question 8 below
- c. If a concern was identified, has your child received follow-up services? Yes No

II. ACTIVITIES

8. In the usual week, about how many days do you or any other family members read stories or look at picture books with your child? 1-2 days 3-4 days 5-6 days Every day Never
9. On an average weekday, about how much screen time does your child have (e.g. watching television or videos, or playing on the computer, phone, or tablet, etc.)?
- None 1 hour or less 2 hours 3 hours 4 hours or more

Please mark the answer that best describes you.	Always	Most of the time	Sometimes	Never	Does Not Apply to Me
10. My toddler or preschooler is given 1-2 hours of physical activity each day (for example, playing outside, sports, dancing or running around).	<input type="checkbox"/>				
11. My child eats at least five servings of fruits and vegetables (such as bananas, apples, green beans, or green salad) over the course of the day.	<input type="checkbox"/>				



Please mark the answer that best describes you.	Always	Most of the time	Some-times	Never	Does Not Apply to Me
12. My child drinks water at meal times and throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How many glasses or cans of soda or other sweetened fruit drinks, sports, or energy drinks does your child drink over the course of the day?	<input type="checkbox"/> None	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or more	<input type="checkbox"/> don't know

III. COMMUNITY RESOURCES

Thinking about you and your child <u>OVER THE PAST MONTH</u> , please mark the answer that best describes you.	Always	Most of the time	Some-times	Never	Does Not Apply to Me
14. I know how to get services that I need for my child.	<input type="checkbox"/>				
15. I am getting the services I need for my child.	<input type="checkbox"/>				
16. I talk to someone when I am worried about my child.	<input type="checkbox"/>				
17. I get my questions about parenting or child development answered.	<input type="checkbox"/>				
18. I have places I go to in my community to get the resources I need.	<input type="checkbox"/>				
19. I have places I go to in my community to meet with other parents.	<input type="checkbox"/>				

IV. PARENTING

Thinking about your interactions with your child <u>OVER THE PAST MONTH</u> , please mark the answer that best describes you.	Always	Most of the time	Some-times	Never
20. I understand my child's development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I am able to tell if my child is making progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I know how to help my child develop and learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I know how to help my child behave the way my family would like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I am able to help my child learn and practice new skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I know what to expect of my child based on her/his age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I can handle problems that come up when taking care of my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I believe I have the skills for being a good parent to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I am confident as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR STAFF USE ONLY	
Program Name/Site: ENTER PROGRAM NAME HERE	Label for Client ID/Family ID here
DATE (MM/DD/YY): _____	

Appendix B: Data Sources and Limitations

Data Sources

Five primary data sources informed our analysis, summarized in the table below. All data are stored in Persimmony.

Data Source	Description
Parent Survey	As described in the F5VC RFP, this “point-in-time” parent survey, administered in Spring 2016, is designed to assess the impact of multiple service interventions on parent knowledge and access to resources, parenting activities and practices, as well as child’s access to health services. Surveys were completed for 2,422 children. We accessed parent survey data through the Persimmony database.
Intake Forms: Client Information & Participant Questionnaire	<p>The Client Information form includes client demographic information such as gender, ethnicity, relationship to child, primary language, and address.</p> <p>The Participant Questionnaire includes 1) questions about the client’s family, such as family income level, education levels, marital status, and housing status, and 2) questions about the participating child, such as access to health care, medical or developmental concerns, and special needs status.</p> <p>Clients enrolling in F5VC services complete the Client Information and Participant Questionnaire forms at intake. 43% of surveys were linked to child Client Information forms and 50% of surveys were linked to Participant Questionnaires. We accessed intake forms through the Persimmony database.</p>
Service Dosage Information	F5VC provides broad range of services with a range of dosages. Utilizing the service dosage file from the Persimmony database, we used the hours of service participants received in each service modality to inform our analysis.
Desired Results Developmental Profile Pre- School (DRDP) Data	The DRDP is an assessment instrument developed by the California Department of Education to measure developmental progress for children from infancy to early kindergarten across multiple measures, domains, and developmental levels. In FY2015-2016, F5VC utilized the 2015 version of the DRDP, which uses 43 measures to assess readiness in eight domains: 1) Approaches to Learning-Self-Regulation; 2) Social and Emotional Development; 3) Language and Literacy Development; 4) English-Language Development; 5) Cognition, including Math and Science; 6) Physical Development; 7) History-Social Science; and 8) Visual and Performing Arts. For the report, we draw exclusively on the pre-school DRDP data, which is administered at least twice a year to all children enrolled in pre-school programs, restricting our sample to children who turned four years old on 9/1/2015 (467). We accessed DRDP data through the Persimmony database.

Data Source	Description
Parent Focus Groups	In November, 2016, we visited four Parent and Child Together (PACT) classes at four Neighborhoods for Learning (Conejo, Moorpark, Santa Paula, and Ventura). During these one-hour focus groups, we spoke with between six to fifteen parents and caregivers. Participants were asked a series of questions related to parental confidence, knowledge of child development, early literacy, physical activity and nutrition, and screen time.
Funded Partner Focus Groups	In November 2016, we spoke with six funded partners, including Ventura County Department of Public Health, which conducts developmental assessments; the Ventura County Office of Education, which trains First 5 teachers on the DRDP tool; and from four NFLs, including Ventura, Oak Park, Oxnard, and Pleasant Valley. Funded partners were asked questions related to parental confidence, DRDP assessments, early literacy, and developmental screenings.

Data Considerations

57% of surveys could not be linked to a current Client Information Form and 50% of surveys could not be linked to a current Family Intake forms.¹ As a result, we had incomplete information related to health insurance status, parent education and marital status, family income, and living situation for these children. In addition, we were not always able to determine child age for surveys linked to a parent’s Client ID, limiting our analysis by age and our ability to filter out surveys for outcome calculations that were inappropriate for child age (e.g. including newborns when calculating the percentage of children who eat five fruits or vegetables daily).

¹ We included any form completed in FY14-15, FY15-16, or FY16-17 in our analysis.

Appendix C: Cross-Walk Between Program Type and Individual Programs

First 5 funded partners provided a range of services to children and their families in FY15-16. The following table lists the program types as defined by SPR as well as a list of the individual programs that fall into each category.

Program Type	Programs
Developmental Screening	Developmental Screening (ASQ) Developmental screening - parent navigation
Early Intervention	Early Intervention for children with identified special needs in a preschool setting
Family Literacy	Family/caregiver literacy programs
Kindergarten Transition	Kindergarten Transition for Parents Kindergarten Transition Programs for Children
Other Health and Family Support	Community R&R Obesity Prevention Fluoride Varnish Oral health: prevention (initial exams, x-rays, cleanings, sealants) Oral Health: Sealant application Oral Health: Fluoride Varnish Application & Risk Screening Oral Health: Prevention and Minor Treatment Oral health: Specialty Treatment Oral Health Assessment
PACT	Early Learning for PACT
Parenting Education	Parent Ed: General Parent Ed: Triple P Level 2 Parent Education – Triple P Level 3
Preschool	ECE scholarships/vouchers Preschool Preschool - New Scholarships
QRIS	QRIS: technical assistance
Service Coordination	Service Coordination Service Coordination/ Case Management

Appendix D: Comparison of Survey Sample and Core Service Population Characteristics

Child-Level Characteristics

Characteristic	Received Services in FY15-16		Survey Sample	
	Count	Percent	Count	Percent
Age				
Under 1 year	610	11	124	7
1 Year	787	15	219	13
2 - 3 years	1,928	36	675	39
4 - 5 years	2,059	38	711	41
6 years	21	0	6	0
Race/ethnicity	Count	Percent	Count	Percent
Hispanic/Latino	3,959	74	1,199	70
White	814	15	304	18
Multiracial	223	4	89	5
Asian	201	4	75	4
Black	41	1	20	1
Other	78	1	26	2
Language spoken at home	Count	Percent	Count	Percent
Spanish	2,747	51	817	47
English	2,284	43	803	46
Mixteco	193	4	52	3
Vietnamese	11	<1	4	<1
Other	119	2	51	3
Zip code of Family Residence (top 10)	Count	Percent	Count	Percent
93033	914	17	194	11
93030	471	9	170	10
93065	437	8	213	12
93021	380	7	153	9
93015	361	7	116	7
93036	357	7	79	5
93060	322	6	75	4
93001	267	5	96	6
93010	210	4	59	3
91360	193	4	68	4

Family Level Characteristics

Characteristic	Received Services in FY15-16		Survey Sample	
	Count	Percent	Count	Percent
Highest Education level in the Family				
Less than high school	693	30	257	27
High School/GED	509	22	220	23
Some College	422	18	193	20
Associate's Degree	175	7	79	8
Bachelor's Degree	303	13	125	13
Grad/Professional	233	10	93	10
Family Income Level	Count	Percent	Count	Percent
Less than 10K	444	21	157	18
10-20K	482	23	190	22
20K-30K	385	18	152	18
30K-40K	228	11	94	11
40K-50K	148	7	73	8
50K-75K	178	8	88	10

75K – 100K	131	6	74	9
100K+	104	5	32	4
Living Situation				
In a single family residence	1,801	70	773	74
More than 1 family in a house	743	29	275	27
Other	13	1	61	<1
Marital Status				
Married or domestic partnership	2,021	83	873	86
Single parent household	346	14	113	11
Other	70	3	29	3
Family Size				
0 children	40	2	11	1
1 child	1,508	59	636	61
2 children	853	33	339	32
3 or more children	148	6	61	5

Program Participation and Service Receipt (by family)

Characteristic	Received Services in FY15-16		Survey Sample	
	Count	Percent	Count	Percent
Average hours of service per family	96.5		175.5	
Total Hours of Service	Count	Percent	Count	Percent
Up to 4 hours	2,491	40	241	11
5-19 hours	937	15	244	12
20-49 hours	951	15	462	22
50-199 hours	895	14	556	26
200+ hours	949	15	614	29
Program Participation	Count	Percent	Count	Percent
Developmental Screening	709	11	152	7
Early Intervention	23	0	10	0
Family Literacy	389	6	247	12
Kindergarten Transition	568	9	357	17
Other Family Support	1,138	18	76	4
PACT	2,066	33	969	46
Parenting Education	1,138	18	613	29
Preschool	1,006	16	544	26
Service Coordination	1,687	27	760	36