



**UCLA Center for
Healthier Children,
Families and
Communities**

First 5 Ventura County Annual Evaluation Report Fiscal Year 2003-2004

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I. INTRODUCTION

A. Purpose

To accomplish desired results and to support more effective funding decisions, program planning, and policies, First 5 Ventura County adopted a results-based accountability (RBA) framework in its April 2000 strategic plan. This RBA framework uses regular, periodic and strategic data collection and analysis to inform a process of continuous improvement in order to provide the highest quality and most accessible services to young children and their families.

In February 2002, First 5 Ventura County contracted with California State University Channel Islands (CSUCI) to implement the Center for Excellence Initiative to assume responsibility for results accountability including a variety of research, training, and evaluation activities. In May 2002, the CSUCI Center for Excellence (CfE) in Early Childhood Development contracted with the UCLA Center for Healthier Children, Families and Communities (CHCFC) to guide the design and implementation of the overall evaluation of First 5 Ventura County. As part of its contract with CSUCI, UCLA's CHCFC is responsible for developing an annual evaluation report. This report represents the first annual evaluation report conducted by CHCFC for First 5 Ventura County.

The annual evaluation report provides an opportunity for First 5 Ventura County to assess progress in reaching the vision of the Commission. The evaluation design reflects the broad range of strategies, local capacity, and expertise within First 5 Ventura County. Stakeholders such as the First 5 Ventura County Commissioners, staff, funded programs, the Center for Excellence Oversight Board and CfE's Evaluation Committee have given input into the evaluation's research questions, data collection instruments and evaluation approaches in order to assure that the evaluation is responsive to key constituencies and stakeholder groups.

B. Background and Context

In November 1998, the Proposition 10, California Children and Families First Act was approved by California voters. It imposes an additional tax on all tobacco products to raise revenues to be used for early childhood programs for children, prenatal to age 5. The tax generates approximately \$550 million annually statewide¹ and the 58 County Commissions receive approximately 80% of the funds, with funding dependent on the number of births in the county. The act funds County Commissions to provide, on a community-by-community basis, all children prenatal to five years of age with a comprehensive, integrated system of early childhood development services. These services enhance the emotional, physical and intellectual foundation for every child so that they enter school ready to learn and develop the potential to become productive, well-adjusted members of society.

The Ventura County Children and Families First Commission (referred to as First 5 Ventura County) was created in December 1998 by the Ventura County Board of Supervisors under Ordinance No. 4182 pursuant to California Health and Safety Code section 130110 et seq. The First 5 Ventura County Commission is composed of nine members appointed by the Board of Supervisors. First 5 Ventura County's strategic plan, approved in April 2000 and revised in 2003, describes the Commission's vision, mission, and goals.

Vision

The Children and Families First Commission of Ventura County envisions a future where all Ventura County children thrive in healthy supported environments with loving and nurturing caregivers in the home and throughout the community. This future embraces the value of active partnerships between families, service providers, civic leaders, local business and the community at-large, honors and respects the diversity of our community and prioritizes the need to ensure optimal health and development for young children and their families.

Mission

Therefore, our mission is to create and maintain a community-wide effort that provides access to comprehensive, culturally competent, integrated and high quality prenatal and early childhood development services; enhances the potential for young children to engage in life-long learning; and supports the continuous improvement of environments critical to the health and well-being of children, from birth to five years of age and their families in Ventura County.

Goals

Children will be emotionally, socially, and academically ready for school.
Children will be physically and mentally healthy.
Families will provide an environment that supports the physical, mental, emotional, social, intellectual, and linguistic development of their children.

In Fiscal Year 2003-2004, First 5 Ventura County had a total operating budget of \$15,826,180. First 5 Ventura County carries out its strategic plan through a number of funding initiatives. The three primary initiatives, which comprise the scope of this evaluation, are the: 1) Neighborhoods for Learning (NfL) Initiative; 2) Child Health Projects Initiative; and 3) the Family Strengthening Initiative. The FY 2003-2004 expenditures for each initiative as a percent of the total fiscal year operating budget are 53%, 13% and 13% respectively. Below is a description of these three initiatives:

Neighborhoods for Learning: Ventura County is unique among all the 58 California counties in adopting the Neighborhood for Learning model. NfLs represent geographic communities as well as newly formed service delivery and organizing platforms created and funded by First 5 Ventura County. NfLs are administered by newly formed neighborhood collaboratives that are charged with community level planning and local service delivery for young children (birth to five years old) and their families. All of the 11 NfLs have an inclusive governance structure made up of diverse members of its community and aim to engage families into the decision-making process of the NfL. NfLs provide a variety of school readiness services such as early education, health, and family strengthening services directly to young children and their families. NfLs are also involved in a number of system change activities that help to improve access to a comprehensive set of coordinated and culturally competent quality services to families.

Child Health Projects: The Initiative provides access to comprehensive health care services. Projects funded provide services such as oral health screening and treatment, mental health services, home visitation, case management for teenage mothers, consultation and assistance to early child care providers, along with outreach and support for foster children and victims of abuse.

Family Strengthening Initiative: The Initiative is designed to empower parents and lead to children living in nurturing environments. Projects funded foster integrated service systems through a variety of support services such as parent education, family literacy, supports for foster families, and victims of child abuse, a mobile pre-school and a family development center. This Initiative also funds the family-friendly workplace project that works with local businesses to develop family-friendly policies.

II. EVALUATION DESIGN

The evaluation design strives to be sensitive to local capacity to implement evaluation activities while collecting reliable, high-quality data on the efforts of First 5 Ventura County and its potential contribution to improved outcomes for children ages 0-5 years, their families, the programs that serve them, and their communities. Having a conceptual framework for the evaluation of First 5 Ventura County serves to establish a common understanding of what is being evaluated, how it is being evaluated and why this is important. As mentioned, this evaluation included as its scope the following three First 5 Ventura County funding initiatives for FY 2003-2004:

- ❖ The Neighborhoods for Learning
- ❖ Child Health Projects
- ❖ Family Strengthening Initiatives

The central questions that this evaluation is designed to answer are the following:

Evaluation Questions	
#1: Participants	Who are First 5 Ventura County participants and how many service contacts have been provided to them?
#2: Service Strategies	What types of services are being funded by First 5 Ventura County?
#3: Quality & Accessibility	What are the successes and challenges for First 5 Ventura County funded programs in providing high quality and accessible services?
#4: Satisfaction	How satisfied are parents with First 5 Ventura County services and what are their unmet needs?
#5: Outcomes	What school readiness outcomes have been observed for children and families and to what extent has First 5 Ventura County contributed to these outcomes?
#6: Service Systems	What role has the Neighborhood for Learning Initiative played in improving service systems for children and families in Ventura County?

To answer these evaluation questions, four surveys were conducted. The full reports for each of these surveys are listed in Appendix A-D of this report. Below is a brief description of the design of each of the four surveys.

Table 1 - Description of Surveys Conducted for the First 5 Ventura County Annual Evaluation Report				
Survey & Purpose	Target Population	Method of Data Collection	Types of Data Collected	Timeline & Lead Organization
<p>Demographic Data Survey, “Demographic Characteristics of First 5 Ventura County Participants” (Appendix A) Purpose to: 1) Prepare programs for collecting uniform demographic measures; 2) Gain an understanding of the volume of service contacts provided by First 5 Ventura County; and 3) Describe the demographic characteristics of First 5 Ventura County Participants.</p>	Funded programs and subcontractors providing direct services and provider capacity building strategies	Data collection forms emailed	Parents: ethnicity and primary language Children: ethnicity, primary language, special needs, and age	July 2003 to Dec. 2003 CfE
<p>Survey on Quality, “Survey of First 5 Ventura County Funded Partners: Successes and Challenges of Program Implementation” (Appendix B) Purpose: To establish 1) Quality indicators for funded programs; 2) Best practices and opportunities for improvement; and 3) Baselines of quality that can be monitored over time</p>	Directors of funded programs and subcontractors providing direct services	Self-administered questionnaire mailed and emailed	Close- and open-ended questions regarding program characteristics such as, staff characteristics, hours of operation, etc.	May 2004 to June 2004 CHCFC
<p>Parent Cross-Sectional Survey (Appendix C) Purpose: To examine 1) Parent knowledge, perceptions, and practices related to their own well-being and to their child’s health and development; 2) Access, utilization, and satisfaction with First 5 funded services and to develop an understanding of their unmet needs; and 3) The contribution of First 5 funded programs to the well-being of young children and their families.</p>	Representative sample of families receiving First 5 Ventura County funded services	Interviews with families conducted on-site or over the phone	Parent knowledge and practices related to well-being access, utilization, and satisfaction with services and unmet needs.	Round 1: April to May of 2004 Round 2: June to July 2004 CHCFC
<p>NfL System Change Survey, “The Role of Neighborhoods for Learning in Improving Service Systems” (Appendix D) Purpose: To examine the 1) Role of NfLs in improving the service system; 2) Successful NfL strategies to bring about system change and to overcome barriers to change; 2) Roles for the respective change agents in facilitating system change.</p>	NfL directors	In-person and phone interviews	Qualitative data on perceptions around system change efforts of each NfL	March to April 2004 CHCFC

Below is a matrix that shows the data sources that were used to answer the evaluation questions.

Table 2

Evaluation Questions	Data Source
1. Who are First 5 Ventura County participants and how many service contacts have been provided to them?	<ul style="list-style-type: none"> ▪ Demographic Data Survey ▪ Parent Survey
2. What types of services are being funded by First 5 Ventura County?	<ul style="list-style-type: none"> ▪ Service Provisions* ▪ Parent Survey ▪ Quality Survey
3. What are the successes and challenges for First 5 Ventura County funded programs in providing high quality and accessible services?	<ul style="list-style-type: none"> ▪ Quality Survey
4. How satisfied are parents with First 5 Ventura County services and what are their unmet needs?	<ul style="list-style-type: none"> ▪ Parent Survey
5. What school readiness outcomes have been observed for children and families and to what extent has First 5 Ventura County contributed to these outcomes?	<ul style="list-style-type: none"> ▪ Parent Survey
6. What role has the NfL Initiative played in improving service systems for children and families in Ventura County?	<ul style="list-style-type: none"> ▪ NfL System Change Survey

*Review of First 5 Ventura County funded program service provisions to examine frequency with which strategies were funded in FY 2003-2004.

Response Rates of Survey Data

For FY 2003-2004, there were 36 programs funded by First 5 Ventura County under one of the three main funding initiatives discussed above (Neighborhood for Learning, Health, or Family Strengthening). Funded programs (including their subcontractors) were eligible (and therefore asked to participate in the surveys as a condition of their contracts) if they provided services directly to children aged 0-5 years, their parents, and/or other family members. Programs that were exclusively focused on indirect services such as provider education and train-the-trainer programs were excluded from survey participation (and noted as “ineligible” in Figures 1-3 below). Funded programs were also categorized as ineligible if they had been serving clients for less than one month. For the Parent Survey, two additional types of exclusion criteria applied. First, programs for foster parents were excluded because foster parents are not permitted to release information regarding foster children. Second, programs working with families with young children who are victims of child abuse were excluded due to the confidential and sensitive nature of the services provided.

The response rates for each of the four surveys were calculated based on the number of programs that participated in the survey divided by the number of programs eligible to participate. The overall response rates for the First 5 Ventura County funded programs in the Demographic Data Survey, the Quality Survey and the Parent Survey were 81%, 59%, and

85% respectively. Figures 1-3 below depict the number of funded programs that participated, the number that were ineligible, and the number that refused and/or did not respond to requests for survey data. Funded programs were categorized as “refused” if contact was made with the program director but the program director did not provide the information requested. Funded programs were categorized as “no response” if programs did not return phone calls and/or emails made by CHCFC/CfE after CHCFC/CfE made a minimum of three attempts to reach that individual.

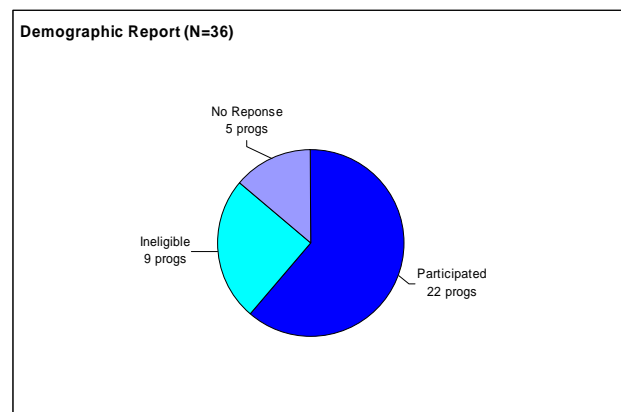
Appendices A-C of this report further depict these response rates by funding initiative and subcontractor data.

All 11 of the NfLs participated in the qualitative interviews that comprised the NfL System Change Survey (Appendix D) and therefore there was a 100% response rate for this survey.

Demographic Data Survey

Approximately 81% (22 programs) of 27 eligible programs participated in the survey of the demographic characteristics of First 5 Ventura County program participants.

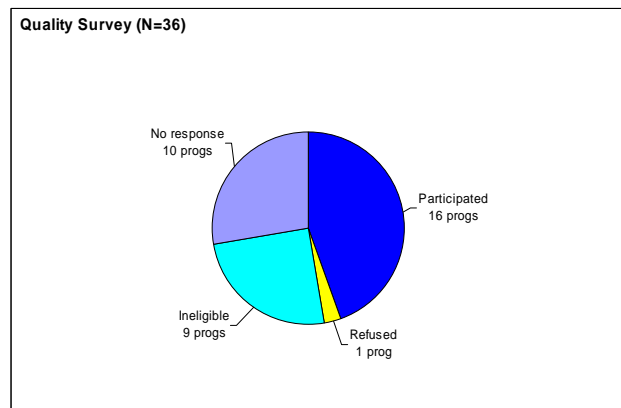
Figure 1



Quality Survey

Approximately 59% (16 programs) of 27 eligible programs participated in the survey of the quality of funded programs.

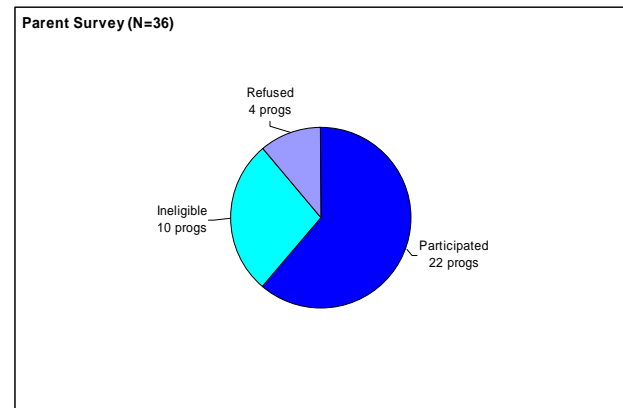
Figure 2



Parent Survey

Approximately 85% (22 programs) of 26 eligible programs participated in the Parent Survey.

Figure 3



Limitations

While there are a number of important evaluation questions that this first comprehensive evaluation can address, there are also limitations imposed by constraints in the types of data available. For instance, as this was the first annual evaluation, there was no previous baseline data on First 5 Ventura County participants from which to make comparisons. Additionally, the cross-sectional nature of the data collection precludes analysis of causal relationships between different service strategies and outcomes for children and families. In future years, some of the limitations will be overcome because this evaluation report will provide a baseline for subsequent reports. Furthermore, now that the work is underway to collect program data through the GEMS software, there will be an increased ability to examine the relationship between strategies and outcomes. Below are some additional details regarding specific limitations of the survey data.

The Parent Survey collected cross-sectional data which allows for a demonstration of the association between different measures but does not allow for demonstration of causal relationships. In order to demonstrate causality, several criteria must be met including the ability to measure indicators before and after the receipt of services (pre- and post-test measures). Since in a cross-sectional survey, no pre-test measures are available, the findings in the survey cannot establish causality. However, it is possible to explore the associations between various services (interventions) and the outcomes they seek to achieve. For instance, we can examine the association between the receipt of family literacy classes and the frequency with which parents read to their child, while taking into account other risk factors such as the education, employment or marital status of the child's mother.

There are some limitations to the generalizability of parents sampled in the Parent Survey to all parents of children 0-5 years of age receiving First 5 Ventura County funded services. Although the response rate for funded programs was relatively good overall (85%), programs funded under the Health Initiative did not participate at as high of a rate (67%). Although a sample size of 616 families was achieved, families were primarily selected if they were available at the time the interviews were conducted on sight or if they were reachable by funded program staff to request permission to share their name and phone number with CHCFC for phone interviews.

These sampling methods, referred to as convenience sampling, produce a less representative sample than if families had been selected randomly from program rosters. The time and cost of random sampling for both funded programs and the evaluation team make this technique prohibitive. Lastly, since most of the interviews were conducted over the phone, it is possible that the data under represent families such as migrant workers who may not have access to phones. Accuracy of data collected in Spanish may be limited due to some translation issues.²

For the Parent Survey, the Quality Survey and the NfL System Change survey, data collection relied on self-reports by the respective respondents and therefore may be subject to response-bias. Additionally, some of the surveys were administered as in-person or phone interviews and therefore may be subject to interviewer-bias.

For the Demographic Data Survey, the number of service contacts reported by programs does not reflect unduplicated counts of participants. For instance, if a program has two contacts with the same client, this would represent two service contacts. Once the First 5 Ventura County data collection software, GEMS, is operational in FY03-04, it will be feasible to track and calculate unique unduplicated counts of individuals within and across programs. Until that time, only data on service contacts are available. Additionally, data collection for the Demographic Data Survey represent data collected for a 6-month interim data collection period and therefore conservative estimates are provided for the 12-month fiscal period.

III. RESULTS

The results of the evaluation are organized into 6 sections that correspond to the 6 evaluation questions discussed above. Each of the sections is introduced by an overview that describes why the evaluation question is relevant and what survey and data source was used to answer the evaluation question. Each section ends with a summary of the findings and an interpretation of what the results indicate vis a vis the evaluation question.

1. Participants

Evaluation Question #1

Who are First 5 Ventura County participants and how many service contacts have been provided to them?

Demographic Information (Appendix B)

The first objective of this evaluation question was to use the Parent Survey data to provide a baseline snapshot of families receiving services funded by First 5 Ventura County and to compare these families to families with children 0-5 years of age countywide. The data are intended to assist First 5 Ventura County in its needs assessment and future strategic planning efforts. For instance, by understanding the populations it serves, the Commission can better design funding initiatives and educational and marketing campaigns to best meet the needs of this population. Furthermore, this data can help to identify where there may be opportunities to target underrepresented groups of children and families in the future.

The Parent Survey collected a wide variety of demographic information on 616 families receiving First 5 Ventura County services. Data was collected from families with children 0-5 years of age (up to sixth birthday) receiving direct services funded by First 5 Ventura County. The data collection instrument (Appendix C.2) included questions from nationally validated surveys such as the National Survey of Early Childhood Health (NSECH) and the California Health Interview Survey (CHIS 2001). Where appropriate, comparative data was drawn from the California Health Interview Survey (CHIS 2001). In the event that CHIS data could not be limited to families with children ages 0-5 years, CHIS data on all families was used for comparative purposes.

The Parent Survey found the following:

- ❖ **Child age:** It appears that more families with older children accessed First 5 Ventura County services than families with younger children. The majority (66%) of children who received First 5 Ventura County services (either directly or indirectly through parent-focused services) were between the ages of 3 to <6 years. About 33% of children were between the age of infancy and <3.
- ❖ **Low birth weight:** About 6% of the children were born low birth weight. Low birth weight is defined as anything less than 2,500 grams or 5.5 pounds.
- ❖ **Child gender:** About 56% of the children were boys, 44% were girls.
- ❖ **Maternal education:** About 29% of mothers had less than a high school education, 38% had a high school education, and 32% had more than a high school education.

Table 3

	First 5 Ventura County		Ventura County ³
	Parent Survey Children 0-5 years		CHIS 2001 for parents with children 0-5 years
	(n)	%	%
Child age			
Under 1	47	7.8	15.4
1 to <2	66	10.9	16.2
2 to <3	92	15.2	16.1
3 to <4	147	24.3	16.8
4 to <5	192	31.7	17.7
5 to <6	61	10.1	17.8
Child gender			
Male	334	56.2	49.7
Female	260	43.8	50.3
Maternal education			
< High school	178	29.3	25.4**
High School	234	38.5	20.1
> High School	196	32.2	54.5
Maternal employment			
Full-time	117	19.3	64.2**
Part-time	91	15.0	3.9
Not working	392	64.7	31.9
Maternal marital status			
Married	422	69.0	72.1**
Never married	28	4.6	8.0
Other ⁴	162	26.4	19.8
Maternal age			
<25	83	13.7	13.5**
25-29	164	27.0	19.0
30-34	174	28.7	25.5
35-39	99	16.3	27.7
≥40	87	14.3	13.8
Household size			
1	0.0	0.0	0.0
2	13	2.1	2.5
3	102	16.8	13.6
4	209	34.4	32.9
5 or more	284	23.6	51.1

Comparison to CHIS: Mothers receiving services from First 5 Ventura County programs had lower levels of education as compared to families with children 0-5 years of age living in Ventura County.⁵

- ❖ **Maternal employment status:** About 65% of mothers were not working while 15% were working part-time and 19% were working full-time.

Comparison to CHIS: Mothers receiving services from First 5 Ventura County programs reported lower levels of employment as compared to all families living in Ventura County.⁶

- ❖ **Maternal marital status:** About 69% of mothers were married, 4% were never married, and 26% were either widowed, divorced, separated, or living together but not married.

Comparison to CHIS: The overall distribution of marital status among First 5 Ventura County mothers was similar to all families living in Ventura County with the exception of First 5 Ventura County mothers who never married.⁷ First 5 Ventura County families had a lower proportion of mothers who had never married compared to all families living in Ventura County.

- ❖ *Maternal age:* About 14% of mothers were less than 25 years of age, 27% were between 25-29 years old, 29% were 30-34 years old, 16% were 35-39, and 14% were 40 years or older.

Comparison to CHIS: While the overall age distribution of mothers receiving First 5 Ventura County services was similar to families with children 0-5 years of age in Ventura County, First 5 Ventura County had a higher proportion of mothers 25-29 years of age and a lower proportion of mothers 35-39 years of age compared to families overall in the county.

- ❖ *Number of people in household:* About 2% reported a household size of 2 people, 17% reported 3 people, 34% reported 4 people, and 24% reported 5 or more people in their households.

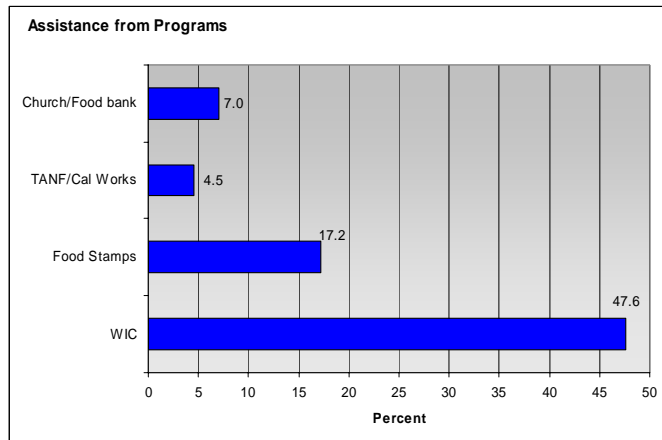
Comparison to CHIS: The overall household size of First 5 Ventura County families was similar to families with children 0-5 years of age living in Ventura County with the exception of households with 5 or more people. First 5 Ventura County families reported a lower proportion of families with 5 or more people in the household compared to other families.

Economic Status

- ❖ Approximately 48% of families reported receiving WIC, 17.2% reported food stamps, 4.5% reported TANF/CalWORKs, and 7% reported receiving assistance from churches/food banks.

Comparison to CHIS: A higher proportion of First 5 Ventura County families (as compared to all families with children 0-5 years of age in Ventura County), received food stamps (17.2% versus 5.5%), TANF/CalWORKs (4.5% versus 1.6%), and WIC services (47.6% versus 20.4%). It is likely that First 5 Ventura County has a higher percentage of its clients enrolled in WIC because the Commission has established strong partnerships with WIC.

Figure 4



- ❖ About 73% of families did not move in the last 12 months, 20% moved once while about 6% moved two times or more.

- ❖ For annual household income, 12% reported < \$10,000; 25% reported \$10,000-\$19,999; 37% reported \$20,000-\$29,999; 10% reported \$30,000-\$39,999; and 16% reported ≥\$40,000.

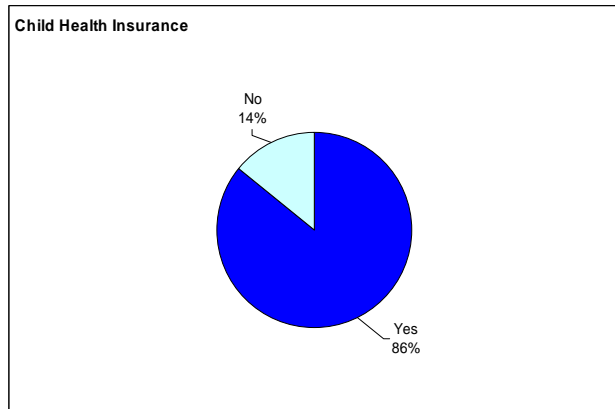
Comparison to CHIS: A higher proportion of First 5 Ventura County families (84%) had an annual household income of <\$40,000 as compared to all families with children 0-5 years of age in Ventura County (48%).

	First 5 Ventura County (0-5 years)		Ventura County ⁸ (0-5 years)
	(n)	%	%
Household income			
<\$10,000	73	12.0	9.1
\$10,000-\$19,999	153	25.2	16.3
\$20,000-\$29,000	225	37.0	10.1
\$30,000-\$39,000	58	9.5	12.3
≥\$40,000	99	16.3	52.5

- ❖ About 86% of parents reported that they had health insurance for their child.

Comparison to CHIS: Child health insurance coverage for First 5 Ventura County families was similar to all families with children 0-5 years of age in Ventura County (86% versus 91%).

Figure 5

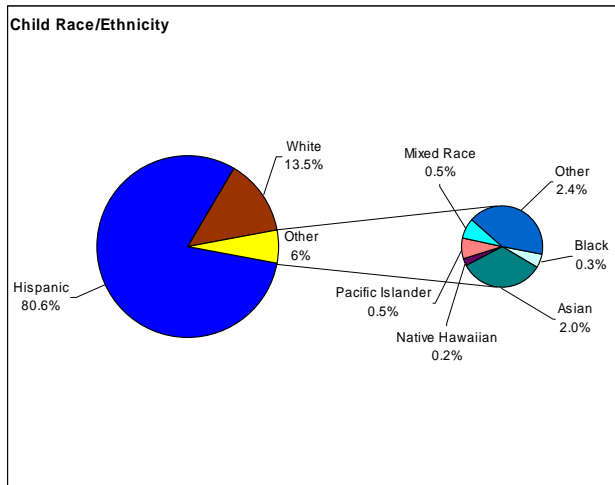


Race/ethnicity

- ❖ The Parent Survey found that 81% of the children of program participants were Hispanic/Latino, 14% were Non-Hispanic White, and 6% were either Asian, Black, Pacific Islanders, Native Hawaiian, mixed race, or of another race.

Comparison to CHIS: A higher proportion of First 5 Ventura County families (as compared to all families with children 0-5 years of age in Ventura County), were Hispanic/Latino (81% versus 41%), and a lower portion were White (14% versus 62%), Black (.3% versus 2%), and Asian (2% versus 5%)

Figure 6



Primary language

- ❖ According to the Parent Survey, about 68% of families spoke Spanish at home, 30% spoke English, and 2% spoke another language. This is in contrast to the Demographic Data Survey which found fewer families speak Spanish at home (39%).¹⁰

*Comparison to CHIS: Families receiving services from First 5 Ventura County programs reported speaking Spanish at home more frequently (68% versus 6%) and English less frequently (30% versus 53%) than did all families with children 0-5 years in Ventura County of families with children 0-5 years of age.*¹¹

Table 5

	First 5 Ventura County (0-5)		Ventura County (0-5)
	(n)	%	%
Child race			
White	83	13.5	50.2
Hispanic	495	80.6	40.8
Black	2	0.3	2.1
Asian	12	2.0	2.9
American Indian/ Alaskan Native	-	-	-
Other ^{9*} /Multiracial	22	3.6	3.7

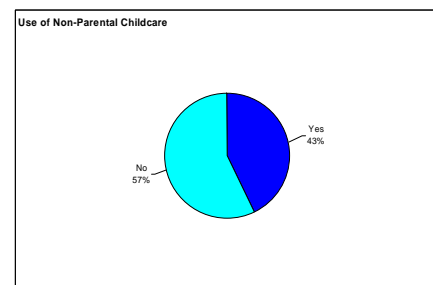
Parents in the Parent Survey were also asked about their current child care practices and their child's preschool attendance (if applicable) since the child's 3rd birthday. These data reflect any childcare or preschool experiences - not just those funded by First 5 Ventura County.

Childcare use

- ❖ *Use of non-parental childcare:* About 43% of parents reported some form of non-parental childcare per week.

Comparison to CHIS: Estimates for use of child care for First 5 Ventura County families were similar to those for all families with children 0-5 years of age in Ventura County. About 46% of parents with children 0-5 years of age in Ventura County reported having regular child care.

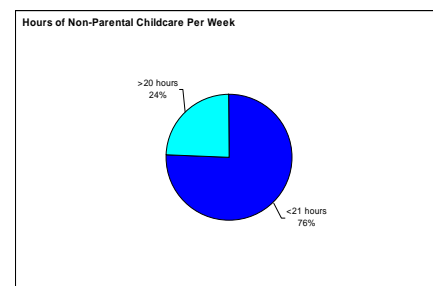
Figure 7



- ❖ *Hours of non-parental childcare:* Of those parents using non-parental childcare, about 76% used up to 20 hours of childcare and 24% used more than 20 hours of childcare per week.

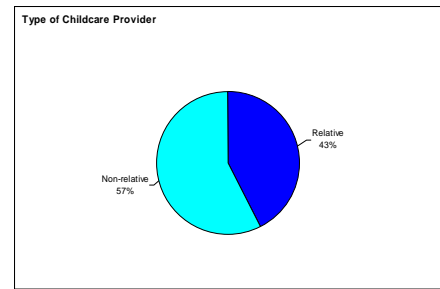
Comparison to CHIS: Although the same proportion of parents report using childcare per week, First 5 Ventura County parents use a lower volume of child care per week compared to families with children 0-5 years of age in Ventura County. About 48% of all families with children 0-5 years of age in Ventura County reported using up to 20 hours of childcare and 52% reported using more than 20 hours of child care per week.

Figure 8



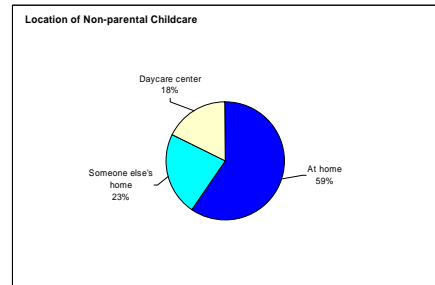
- ❖ *Child care provider:* Of those using non-parental childcare, about 42% had a relative as their childcare provider while 58% had a non-relative as their childcare provider.

Figure 9



- ❖ *Childcare location:* of those using non-parental childcare, about 60% had their child in childcare at home, 23% at someone else's home, and 18% at a day care center.

Figure 10



Preschool

- ❖ *Preschool attendance*¹²: About 56% of children 3-5 years of age were reported to have **ever attended** some form of preschool since they were three years old.
*In comparison, among families with children 3-5 years in of age in Ventura County, about 27% were **currently attending** some form of preschool.*¹³

Overall number of service contacts with participants (Appendix A)

The second objective for evaluation question #1 was to examine the number of service contacts with First 5 Ventura County participants reported by programs in the Demographic Data Survey which took place over a 6-month, interim data collection period. These data provide estimates of the volume of services provided to participants by the three funding initiatives and help to establish a baseline for future years.

A *participant* was defined as any individual (child, family, or provider) who was a direct recipient of First 5 Ventura County funded services. *Service contacts* do not represent unduplicated counts of individuals. Rather, they represent the number of times First 5 Ventura County funded programs have contact with clients. For instance, if a program has two contacts with the same client, this would represent two service contacts. Once the First 5 Ventura County data collection software, GEMS, is operational in FY04-05, it will also be feasible to track and calculate unique unduplicated counts of individuals within and across programs. Until that time, only data on service contacts are available.

Table 6

Type of Program	Number of Program Respondents (N=22)	# of Service Contacts from 7/1/03 to 12/31/03
NfL	8	19,044
Health	9	4,196
Family Strengthening	5	2,190
TOTAL	22	25,430

Table 6 shows that a total of 25,430 service contacts were reported by 22 of the 36 First 5 Ventura County funded programs during a 6-month interim data collection report which covered the period from July 2003 to December 2003. The service contacts reported by the NfLs include contacts made by their subcontractors. As this does not represent an entire year of funding nor does it represent all funded programs (5 did not submit data), it represents an undercount of service contacts. We are conservatively estimating that the total number of service counts by all funded programs for the 12-month FY 2003-2004 is at least 50,000.

Number of Service Contacts by Type of Participant (Appendix A)

Examining the service contacts by type of participant showed that 43% of service contacts were with parents/guardians and about 31% were with children ages 0-5 years (up to 6th birthday). About 15% of participants were providers, the largest group of which was family child care providers (11%).

Table 7

	%	(n)
Direct Services		
Children	30.8	7,855
Parents/guardians	43.0	10,929
Other relatives	1.0	2520
Foster parents	0.8	217
Provider Capacity Building and Support		
Center-based child care/ ECE provider	3.5	904
Family child care/ ECE provider	11.1	2,842
Other child development or family support provider	0.6	163
TOTAL	100	25,430

Summary

Who are First 5 Ventura County participants and how many service contacts have been provided to them?

Understanding the characteristics of families receiving First 5 Ventura County services helps to inform strategic planning, outreach and marketing, and program design. From the Parent Survey, it was found that First 5 Ventura County is serving a broad spectrum of families living in Ventura County. The Parent Survey data showed that families receiving services from First 5 Ventura County are from many racial/ethnic backgrounds, and socio-economic groups.

In comparing Parent Survey data with the 2001 California Health Interview Survey, First 5 Ventura County participants were generally found to have a lower socio-economic status than do families with children 0-5 overall in the county. For instance, it was found that a higher proportion of parents receiving First 5 funded services have lower income, lower educational levels, lower employment, and higher rates of receiving public assistance. However, for some indicators of socio-economic status there were very small differences. For instance, there were small differences in marital status and household size.

Although some indicators did not have comparison data, they can inform needs assessment and strategic planning efforts. For instance, it was found that more families with older children accessed First 5 Ventura County services than families with younger children. This has implications (discussed under Section IV Recommendations) for the need to increase services targeting families with children from the 0-3 age group.

Another finding that potentially impacts future funding patterns was that 44% of parents reported that their children ≥ 3 years of age had not attended preschool since they were three years old, and of those families, about 73% reported that it would be have been helpful. As will be discussed later in this report, preschool was one of the most frequently reported unmet needs by parents participating in the Parent Survey.

The last objective of this evaluation question was to examine the total number of service contacts with participants reported by programs in order to estimate the total volume of services provided to participants by the three funding initiatives over a 12-month period and to establish a baseline for future years. We are conservatively estimating that the total number of service counts by all funded programs (including subcontractors) for the 12-month FY 2003-2004 is at least 50,000. GEMS data in FY 2004-2005 will be able to assess the number of service contacts and the number of unduplicated counts of individuals by participant type and by age of participant.

2. Service Strategies

Evaluation Question #2
What types of services are being funded by First 5 Ventura County?

The objective of the second evaluation question was to determine the types of services received by First 5 Ventura County families. In addition to providing baseline data, this information has important implications for assessing the unmet service needs of families discussed later in this report.

First, this section describes the types of service strategies funded by First 5 Ventura County according to the funded program service provisions. Second, this section describes the types of strategies that parents reported receiving at the First 5 funded programs. In order to assess the full range of services that families receive, the last objective of this section describes the types of services that families reported receiving from somewhere other than their First 5 Ventura County funded program.

Types of Service Strategies Reported in Service Provisions:

In FY 2003-2004, CHCFC reviewed the types of service strategies provided by each funded program in their service provisions and mapped these service strategies on to the categories in the First 5 Ventura County Critical Pathways. This allowed staff to examine the types of service strategies being employed and the frequency with which they were funded by First 5 Ventura County in FY 2003-2004. This analysis only provides the frequency with which programs are funded to provide these strategies. It does not necessarily reflect the volume or intensity of services because it was not feasible to examine the funding allocations for individual strategies when multiple strategies are implemented by individual programs. The matrix in Table 8 shows the results of this analysis. Column 1 in the matrix lists the outcomes and strategies funded by First 5 Ventura County in FY 2003-2004 in the following three category areas: 1) access and quality; 2) child and family outcome; and 3) Special needs populations. Column 2 lists the percent of programs funded to provide this service strategy, ranked from most to least frequently funded.

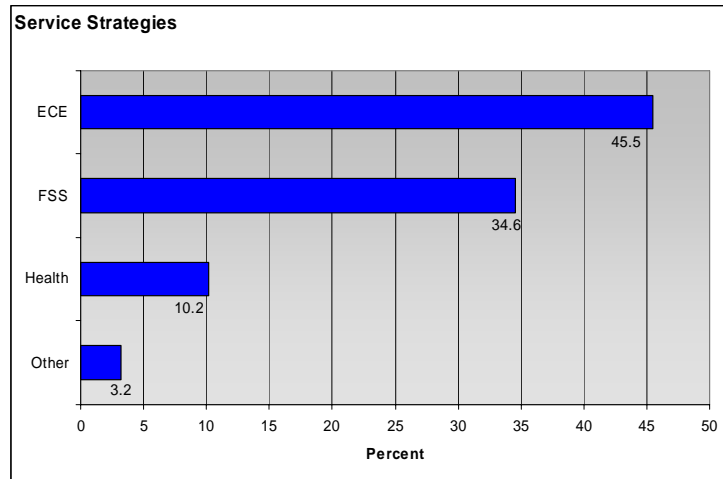
Table 8

Most Frequently Funded First 5 Ventura County Strategies in FY 2003-2004	
Strategies & Outcomes on Critical Pathways	% of Funded Programs (N=36)
Strategies: Improve access and quality	
Outreach and Referral services	
Child care provider education and training	19
Child care subsidies or vouchers	19
Case management	17
General provider education and training	17
Child Care infrastructure/equipment	8
Health insurance outreach and enrollment	6
Child care provider compensation	3
Transportation	6
Employer training on family friendly workplace	3
Community strengthening	3
Training on Developmental Services	0
Training for home visitors	0
Training for prenatal care providers	0
Training for providers doing breastfeeding eddo./support	0
Training for pediatric health care providers	0
Child care resource and referral services	0
Strategies: Improve child/ family outcomes	
Parent education classes and materials	39
Child care and preschool	28
Parent support programs	25
Parent/family literacy programs	14
Pediatric oral health care	11
Home visiting	11
Libraries/ book distribution programs	8
Nutrition education subsidies	6
Breastfeeding education and support	3
Pediatric health care	3
Immunization services/ strategies	3
Family friendly work policies	3
Maternal oral health treatment	3
Preconceptional/ prenatal care	0
Parks and playgrounds	0
Strategies: For special needs populations	
Parental mental health treatment	17
Children's mental health treatment	14
Tx for children w/ delays/ learning disability	8
Child abuse treatment	6
Tx of chronic disease and physical disabilities for children	3
Substance abuse tx for parents/ expectant mothers	0

Types of Strategies that Parents Reported Receiving at the First 5 Funded Program

- ❖ Families were asked an open-ended question about the types of services they received at the First 5 funded program.¹⁴ Where possible, responses were categorized according to the critical pathways. About 46% of parents reported receiving early care and educational services, 34% received family support and strengthening services, 10% received health-related services, and 3% received other services.

Figure 11



Consistent with the funding patterns shown in Table 8 on the previous page, Table 9 shows that a higher proportion of parents reported receiving child care/preschool (37%), parenting education (26%) and family literacy services (12%) compared to other services. Five percent or less reported the receipt of other services.

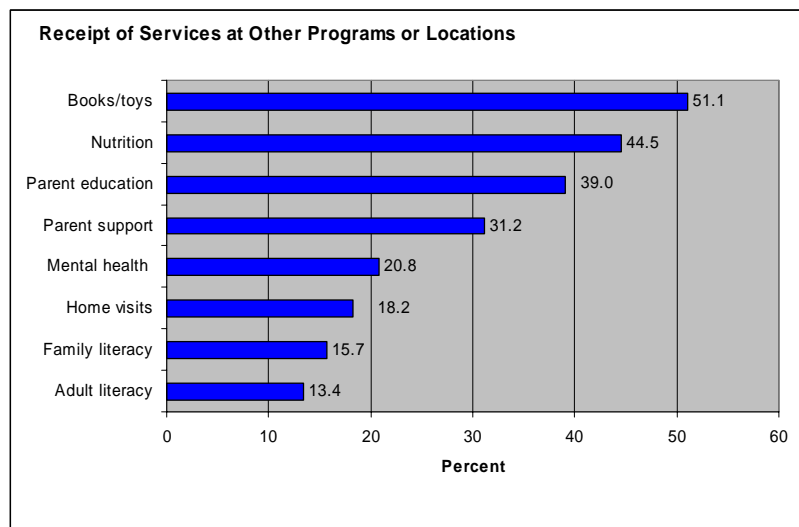
Table 9

	%	(n)
Preschool	37.0	228
Parent education classes	26.5	163
Family literacy	11.7	72
Dental care	4.5	28
Medical/healthcare	3.9	24
Applying for public programs	3.7	23
Provision of basic needs	2.4	15
Home visiting	2.1	13
Services for child's special needs	1.6	10
Mental health	1.3	8
Help with adult education	1.0	6
Transportation	0.5	3
Developmental assessment	0.5	3
Community Resource and Referral	0.3	2
Health insurance outreach and enrollment	0.2	1
Other	3.2	20

Types of services that families reported receiving from somewhere other than their First 5 Ventura County funded program:

- ❖ Parents were asked about the receipt of services from somewhere other than their First 5 funded program.
- ❖ Parents were not asked to identify whether these “other” services may have also been from another program funded by First 5.¹⁵
- ❖ About 51% of parents reported receiving books and toys, 44.5% reported nutrition services or classes, 39% reported parent education classes, 31% reported parent support meetings, 21% reported mental health services, 18% received home visits, 16% received family literacy classes, and 13% received adult literacy classes or services.

Figure 12



Summary

What types of services are being funded by First 5 Ventura County?

First 5 Ventura County has strategically funded strategies that impact the school readiness of children ages 0-5 years. It has funded strategies and programs that directly target young children through child-focused services or that indirectly target children through parent-focused services or support services that aim to improve access to and the quality of early childhood delivery systems.

CHCFC assessed the frequency with which strategies were funded by First 5 Ventura County using the FY 2003-2004 funded program service provisions in order to understand the funding patterns in terms of strategies and outcomes. Although this analysis could not assess the First 5 Ventura County expenditures (volume or intensity of services) by strategy area, it does give an indication of strategies that are most frequently funded or not funded at all. The analysis found that the most frequently funded services:

- Directly targeting children 0-5 and their families were preschool, parent education, parent support, family literacy, pediatric oral health, home visiting, case management, and mental health services.
- To improve access to needed services was community resource and referral services.
- To improve the quality of services was early childhood education provider education and training programs.

The programs that were least frequently funded (or not funded at all) were:

- Pediatric health care, prenatal care, breastfeeding support, and immunizations, treatment for children with chronic illness or physical disabilities, or treatment for parents with substance abuse problems.
- Provider education programs that specifically target certain types of providers (other than early childhood educators) such as those doing developmental assessments, home visits, breastfeeding support or prenatal or pediatric care.

The patterns of services that parents most frequently reported in the Parent Survey were similar to the patterns found in the analysis of the service provisions. The types of service that families are receiving will be an important factor in assessing the unmet service needs identified by parents in the Parent Survey discussed later under Evaluation Question #4 later in this section (i.e. *How satisfied are parents with First 5 Ventura County services and what are their unmet needs?*). In order to identify potential service gaps, parents were also asked about services they had received from somewhere other than the First 5 Ventura County funded program participating in the Parent Survey. The “other” services that parents reported may or may not have been funded by another First 5 Ventura County program. Services most frequently mentioned were receiving books and toys, nutrition services or classes, parent education classes and parent support meetings. It is likely that the nutrition services that parents mentioned are those provided by WIC since about 48% of parents in the Parent Survey reported receiving WIC. Regardless of the funding source, it appears that parenting education and support is the most frequently funded strategy for families surveyed. Interestingly, as we will discuss in more detail later, parents also reported that parenting education is one of the most frequently mentioned unmet service needs.

3. Quality & Accessibility

Evaluation Question #3

What are the successes and challenges for First 5 Ventura County funded programs in providing high quality and accessible services?

The third objective of the evaluation was to determine the successes and challenges for First 5 Ventura County programs in providing high quality, accessible services. The quality and accessibility of service-provision has important implications for parent use of services, parent satisfaction, and parent and child outcomes. The goal of this section is to identify where there are opportunities to improve the quality and accessibility of services through strategic planning, continuous quality improvement, and training activities. The data from this section can also serve as a baseline that can be monitored over time. Data in this section are from the Quality and Parent Surveys (Appendix B and C respectively). The following four areas are examined:

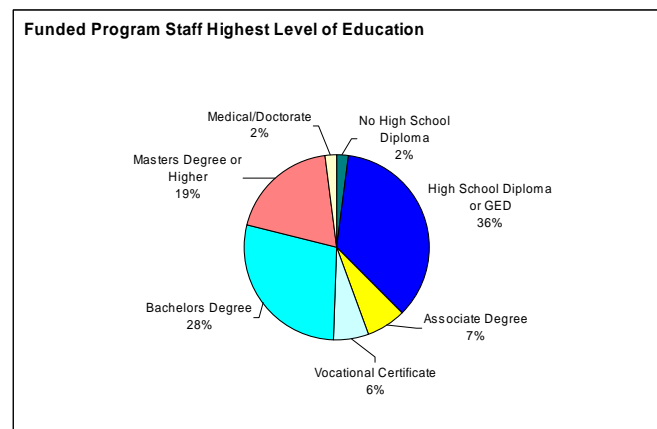
- Staff Qualifications:* Education levels and staff training was assessed to examine the qualifications of staff.
- Continuity and Stability of Services:* Staff turn-over rates were assessed to determine the continuity and stability of services.
- Program Responsiveness:* Linguistic characteristics of staff and programs' ability to adapt curriculum to the cultural ethnic/characteristics of participants were examined to determine the extent to which programs are providing culturally and linguistically competent, family-centered care.
- Accessibility of Services:* The hours of operation on weeknights and weekends were assessed to examine how accessible services are for working parents.

a) Staff Qualifications

Programs were asked about the highest level of education of their staff members and the level of staff training as measures of staff quality.

Figure 13

- ❖ *Highest Level of Education:* For about 48% of program staff, the highest level of education was a high school or equivalent degree, for 28% a Bachelors degree and for 21% a Masters degree or higher.
- ❖ *Staff Training:* Although there was a large variation between programs, on average programs provided approximately 22 hours of in-house training per year to their staff.



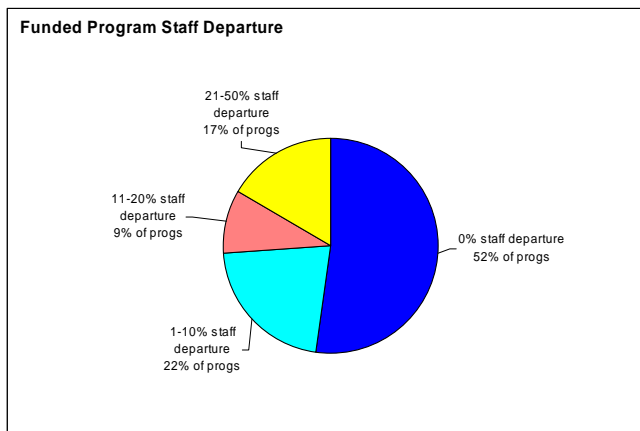
b) Continuity and Stability of Services

The effectiveness of many programs is largely dependent on the continuity and stability of the relationship between the family and the service provider. If programs have high levels of staff attrition, the program is likely to be less effective.

Staff retention

- ❖ The Quality Survey asked programs to indicate the number of program staff that departed from their program in the last 12 months.
- ❖ About 48% of programs reported having one or more staff members leave in the last 12 months. Of these:
 - Five programs (about 17%) experienced the departure of between 21%-50% of their staff. Open-ended responses from these programs indicate that the high turnover rates were due to the instability or lack of funding. As First 5 Ventura County had not de-funded programs as of FY 2003-2004, it is likely that programs were referring to overall issues of sustainability and not First 5 Ventura County funding specifically.

Figure 14



c) Program Responsiveness

The linguistic characteristics of staff and a programs' ability to adapt curriculum to the ethnic and special needs of participants was examined to determine the extent to which programs are providing culturally and linguistically competent, family-centered care.

Linguistic and Cultural Competence: Program Perspectives

- ❖ To measure linguistic competence, programs were asked about the proportion of staff and clients who spoke languages other than English (e.g. Spanish, Chinese, Korean, Japanese, Tagalog, Vietnamese, Mixteca and Other).
- ❖ About 95% of programs responded that other than English, only Spanish was relevant to staff and program participants. Of these, about 74% of programs (20 programs) had proportionally more Spanish-speaking staff than clients and about 26% (7 programs) had proportionally the same or fewer Spanish-speaking staff than clients.

To measure cultural competency, programs were asked whether or not their programs were designed or adapted to meet the needs of various ethnic populations.

- ❖ 100% of programs serving Hispanic populations reported that their program was designed for or adapted to meet the needs of this ethnic group.
- ❖ Almost 90% of programs serving White participants reported that their program was designed for or adapted to meet the needs of this racial/ethnic group.
- ❖ Between 63%-73% of programs serving Black, Asian, Pacific Islanders, or other populations reported that their program was designed for or adapted to meet the needs of the these ethnic groups.

Table 10

Client Race/Ethnicity	Program Adapted to Meet Needs of Ethnic Group	
	%	(n)
Hispanic	100	33
Black	72.7	8
Asian	63.6	7
Pacific Islander	66.7	6
White	89.5	17
Other	50	2

Linguistic & Cultural Competence: Parent Perspectives

To measure linguistic competency of services received, parents were also asked whether or not they ever had a hard time understanding someone at a program due to language issues.

- ❖ The Parent Survey indicated that about 87% of parents were able to understand staff that worked at the First 5 Ventura County program.
- ❖ Of the 13% of parents who reported having a difficulty understanding a person that worked at their First 5 Ventura County program because of language issues, about 72% primarily spoke Spanish at home while 28% primarily spoke English at home.

Family-Centered Care: Parent Perspectives: To measure the extent to which services are being provided in a family-centered manner, two questions that have been used in several national surveys (e.g. the NSECH and the Promoting Healthy Development Survey¹⁶) were asked of parents. The questions ask parents to rate their providers on a four-point scale ranging from always to never in response to the following two questions: “How often did your provider take the time to understand how you prefer to raise your child”, and “How often did your provider take the time to understand you and your child.” Response patterns were similar for the two questions and therefore only the first question is reported here.

- ❖ About 71% of parents reported that their First 5 Ventura County service providers *always* took the time to understand how they preferred to raise their child compared to about 20% who reported *usually*, and 5% who reported *sometimes*. About 4% of families felt that providers *never* took the time to understand how they preferred to raise their child.

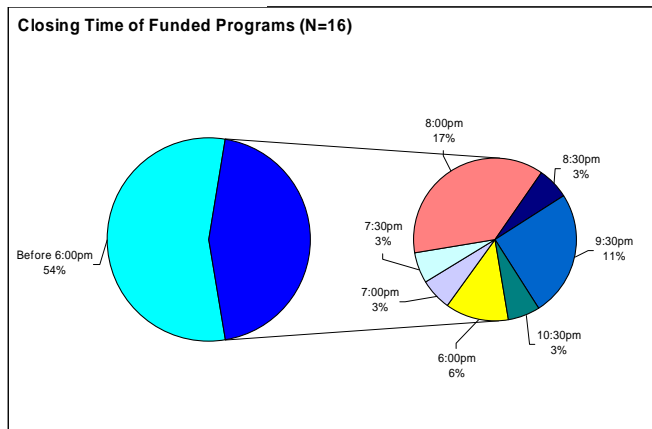
d) Access

The hours of operation on weeknights and weekends were assessed to determine how accessible services are for working parents.

Evening hours of operation

- ❖ Evening hours of operation were defined as the provision of services (or closing time) until or after 6:00pm.
- ❖ About 54% of programs closed before 6:00pm.
- ❖ About 46% of programs provided services until 6:00pm or later. Of these programs:¹⁷
 - 3% provided services until 10:30pm
 - 14% provided services until 9:30pm
 - 17% provided services until 8:30pm
 - 34% provided services until 8:00pm
 - 37% provided services until 7:30pm
 - 40% provided services until 7:00pm
 - 46% provided services until 6:00pm

Figure 15



Weekend operation

- ❖ About 27.8% of programs (10 programs) provided services on the weekends.

Summary

What are the successes and challenges for First 5 Ventura County funded programs in providing high quality and accessible services?

The third objective of the evaluation was to determine the successes and challenges for First 5 Ventura County programs in providing high quality and accessible services and to identify the implications for strategic planning, continuous quality improvement, and training activities. The data from this section will also serve as a baseline that can be monitored over time.

Data indicate that First 5 Ventura County funded programs have been successful in meeting the needs of children and families by working to make services of high quality and accessible. Furthermore, programs demonstrated that they are responsive to the needs of a culturally and linguistically diverse population. For example, about half of programs had no staff leave within the prior 12-month period which is an indication that First 5 funded programs are able to establish strong and stable relationships with their participant population. About two-thirds of the programs reported that they had adapted their programs to reflect the cultural/ethnic make-up of their participants. Furthermore, in examining participant access to First 5 Ventura County services, we found that almost half of the funded programs and subcontractors reported that they provide services after 6:00 pm and that about one-third offer services on the weekends. Furthermore,

Although the data did not reveal any significant challenges, in all areas examined there are opportunities to improve how services are delivered. For instance, as will be discussed in the next section, there were a number of parents (albeit small) that reported a need for increased access to services such as increased service hours. Additionally, in the Quality Survey it was found that the average number of hours of in-house training per year was only twenty-three and that a number of programs (30%) reported eight hours or less of training for staff per year. This finding suggests that there is an opportunity to increasingly and more systematically implement in-service training programs for staff that emphasize the linguistic and cultural competency of staff as well as the principles of providing family-centered care. In-service training is particularly critical for program staff in light of several key factors:

- ❖ About half of the staff's highest level of education was reported to be a high school education or equivalent degree.
- ❖ While most parents reported that they did not have a hard time understanding any person at their First 5 Ventura County program due to language issues, there were both Spanish and English-speaking families that did have a hard time understanding staff.
- ❖ Although 91% of parents reported that their First 5 Ventura County service providers are providing services in a family-centered manner (i.e. *always or usually* took the time to understand how they preferred to raise their child), 9% of families reported that this only occurred *sometimes or never*.

4. **Parent Satisfaction and Unmet Needs**

Evaluation Question #4

How satisfied are parents with First 5 Ventura County services and what are their unmet needs?

The fourth objective of the evaluation was to determine the level of satisfaction that parents are experiencing with First 5 Ventura County services. In this report, parent satisfaction was operationalized by parent perceptions about the value of services received, as well as their report of unmet service needs. While unmet service needs indicate parent satisfaction to some extent, they may also indicate a gap in access and availability.

Parent satisfaction with First 5 Ventura County services

Parents were asked about the value of services received, using a four-part scale – very to not at all valuable. This data was ascertained from the Parent Survey.

- ❖ When asked how valuable First 5 Ventura County services have been, about 75% of parents reported that they were valuable or very valuable.¹⁸
- ❖ Thirteen percent of parents reported that the services they received were somewhat valuable; about 12% reported that they were not valuable.
 - A higher proportion of parents who received health-related services reported that the services they received were not valuable (46.5%) compared to parents who received family strengthening (27.3%), ECE (25.6%), or other services (11.8%) ($p < .05$). Health related services included the provision of mental health services, dental care, and medical/ health care.
 - A significantly higher proportion of parents who received referrals reported that the services they received from the First 5 Ventura County program were very valuable or valuable compared to parents who did not receive any referrals (79.8% versus 70.0%) ($p < .01$).

Unmet service needs (First 5 Ventura County Services)

Parents were also asked if there were services that they did not receive but would be helpful for their child or for them as parents. Parent-responses for unmet service needs dealt with the following three broad categories (see appendix C):

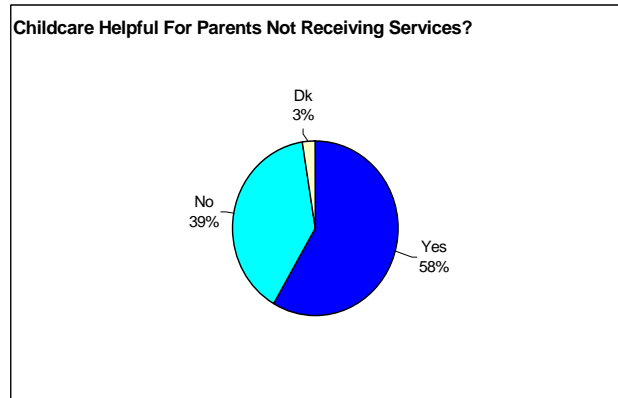
- ❖ *Direct services:* The most frequently reported unmet needs in the area of direct services were preschool, parent education, and family literacy (including classes that would help parents read to their child and adult literacy).
- ❖ *Access:* The most frequently reported unmet need in the area of access was the need for improved scheduling, such as more hours of service, more days, and more flexible appointment schedules. Other access needs included transportation, the availability of childcare during the provision of other family support services, and low-cost services.¹⁹
- ❖ *Quality:* The most frequently unmet need in the area of quality was the need for better (and more personal) communication with staff. Other quality needs included lower preschool teacher turnover rates, more preschool teacher training, and improved parent-teacher communication.

Unmet need for childcare and preschool

- ❖ *Childcare helpful:* of parents not using any childcare, 58% (N=142) reported that having childcare would be very helpful, 39% (n=96) reported that it would not be helpful, while 2.5% (N=6) reported that they did not know.

There were no significant differences in childcare need by maternal education, employment, household income, or child race.

Figure 16

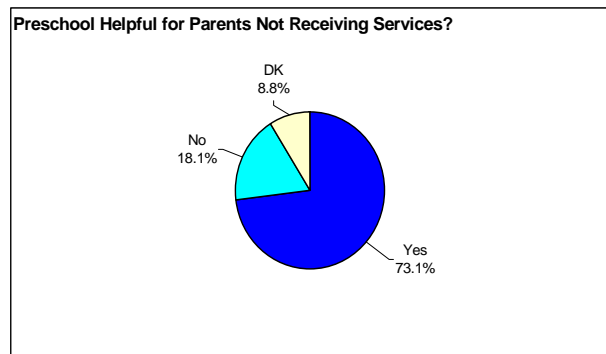


- ❖ *Preschool helpful:* of those families (child age ≥ 3 years) where the child did not attend preschool, 73% (N=117) reported that it would be helpful, 18% (N=29) said that it would not be helpful, and about 9% (N=14) said that they did not know.

A significantly higher proportion of Hispanic families (73%) reported that preschool would be helpful compared to White families (25%) ($p < .05$).

There were no differences in preschool need by maternal education, employment, or household income.

Figure 17



Summary

How satisfied are parents with First 5 Ventura County services and what are their unmet needs?

The fourth objective of the evaluation was to determine the level of satisfaction that parents are experiencing with First 5 Ventura County services. In this report, parent satisfaction was operationalized by parent perceptions about the value of services received, as well as their report of unmet service needs.

About two-thirds of parents reported that the services that they received from First 5 Ventura County were valuable or very valuable. Of the relative few families who felt that services were not valuable, a higher proportion had received health-related services as compared with family strengthening, or early childhood education services. Although it may be that the health-related services provided at the funded program are not funded by First 5 Ventura County (because we know that First 5 Ventura County does not fund very much health care), this finding suggests that funded programs who are providing health care, may have a need for increased quality improvement efforts. This finding does warrant further exploration. For instance, it would be helpful during future evaluation activities to determine why a higher proportion of participants in these programs felt the services were not as valuable. The answer may reflect characteristics of the programs or characteristics of the participants themselves.

While unmet service needs may be a reflection of satisfaction with or the quality of services, they more likely indicate a gap in access to and the availability of services. Parents most frequently cited their unmet service needs to be preschool, child care, parent education and family literacy, and transportation. They also requested more service hours, more days, and more flexible appointment schedules. On the quality of services, parents wanted better (and more personal) communication with staff and preschool teachers.

5. School Readiness Outcomes for Children and Families

Evaluation Question #5

What school readiness outcomes have been observed for children and families and to what extent has First 5 Ventura County contributed to these outcomes?

The objective of the fifth evaluation question was two-fold - to report on the school readiness outcomes observed for children and families and to examine the extent to which First 5 Ventura County has potentially contributed to these outcomes. School readiness outcomes were operationalized by child health, parent concerns about child development, household smoking status, parent coping, parent knowledge/skills, parent-child literacy-promoting activities such as reading, and discipline strategies. Data was collected using the Parent Survey.

Where feasible, these outcomes were compared between families receiving services from First 5 Ventura County to all families with children 0-5 years of age in Ventura County. Comparative data for outcomes was drawn from the California Health Interview Survey (CHIS 2001) for Ventura County. In some instances where comparisons were not available from CHIS 2001, data were drawn from the National Survey of Early Childhood Health (NSECH 2000) that surveyed parents of children 4-35 months.

It is important to identify where there may be disparities in positive school readiness outcomes between different socio-economic groups of First 5 Ventura County participants. It is also important to establish a baseline for this data so that changes in disparities (or the lack thereof) can be tracked over time. To accomplish this, statistically significant bivariate associations are examined between outcomes and demographic characteristics such as maternal education, maternal employment status, and household income.^{20,21}

Lastly, to determine the extent to which First 5 Ventura County has potentially contributed to positive school readiness outcomes, we describe whether there are statistically significant bivariate associations between First 5 Ventura County funded strategy types and the outcomes observed for children and parents. In other words, do certain strategies appear to be having a positive "impact" on school readiness outcomes for children and families? In the purest sense, "impact" of a strategy on an outcome cannot be determined without randomized controlled research trials. However, through the use of statistical techniques such as logistic regression, we can gain more evidence about the extent to which First 5 Ventura County strategies may potentially be having an impact. Therefore, at the end of this section, the results of three regression analyses are discussed to examine whether the bivariate associations discussed hold true when other factors such as socio-economic status are taken into account.

Evaluation Question #5 is organized into the following two sections:

- A. The first section will report on the school readiness outcomes observed for children and families and will discuss:
 - a. A comparison of the outcomes observed for First 5 Ventura County families to all families in Ventura with children 0-5 years, and an
 - b. Assessment of how these outcomes varied by different socio-demographic groups of participants
- B. The second section will examine the extent to which these outcomes were potentially attributable to First 5 Ventura County.

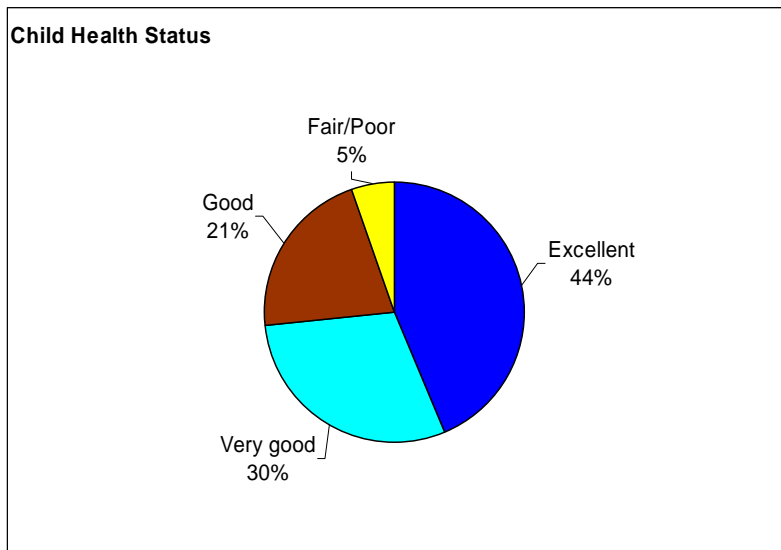
A. School readiness outcomes observed for children and families

Child health

- ❖ *Child health status:* Seventy-four percent of parents reported their child to be in excellent or very good health; 21% reported their child to be in good health, and 5% in fair or poor health. Research indicates that parent reports about their child’s health are usually biased toward more positive health status.

Comparison to CHIS: Similar estimates were obtained from parents with children 0-5 years of age residing in Ventura County.²² About 71% reported their child to be in excellent or very good health, 24% were in good health, and 5% were in fair or poor health.

Figure 18



Bivariate associations (Table 11):

A significantly higher proportion of families reported their child to be in excellent or very good health if:

- ❖ their primary language was English
- ❖ the mother had more than a high school degree
- ❖ the mother was working full-time
- ❖ they had a higher household income

Table 11

Child Health	Excellent/ Very Good %
Language	
English	87 [^]
Spanish	67
Other	75
Maternal education	
<HS	64 [*]
HS	76
>HS	79
Maternal employment	
Full-time	83 [*]
Part-time	77
Not working	69
Household income	
< \$10,000	59 [^]
\$10,000 – \$30,999	70
\$30,000 or more	87

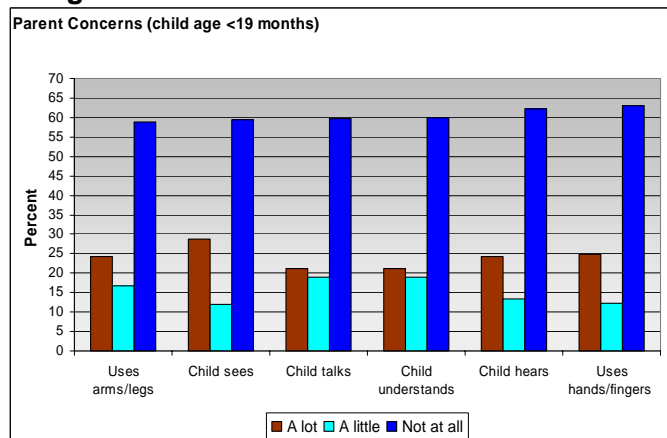
[^]p<.001; ^{*}p<.01

Parent concerns

- ❖ Parents of children less than 19 months of age were asked if they were concerned a lot, a little, or not at all about different areas of their child's development. These items are from the Parent Evaluation of Developmental Status, also known as the PEDS, which has been used to detect parent concerns about their child's development and has been used for developmental screening of children during well-child visits. At least 40% of parents with children less than 19 months of age expressed some concerns about their child's vision, hearing, speech, level of understanding, use of arms or legs, and use of hands or fingers.

Comparison to NSECH: Similar estimates were obtained on five of the 6 potential areas of parent concern for this age group. The one exception was regarding parent concerns about how the child uses his/her arms and legs. A slightly higher proportion of First 5 Ventura County parents reported having some concerns (a lot or a little) about how their used his arms/legs compared to families with children less than 19 months in NSECH.

Figure 19



- ❖ Parents of children older than 18 months of age were asked if they were concerned a lot, a little, or not at all about different areas of their child's development. At least 50% of parents of children over 18 months of age expressed some concerns about their child's behavior, learning to do things for him/herself, emotional well-being, learning preschool/school skills and whether or not their child could do what other children their age could do.

Comparison to NSECH: Although results regarding parent concerns were largely similar for the younger group of children discussed above, there were larger differences in parent concerns for the older group of children when comparing First 5 Ventura County families to parents in the NSECH, on 4 of the 5 areas relevant to older children.²³ The one area where there were similar results was regarding parent concerns about child behavior. In all other areas, for children older than 18 months of age there were higher proportions of First 5 Ventura County parents (as compared to parents in the NSECH) who reported concerns (a lot or a little) about:

- Their child's ability to learn to do things for him/herself,
- Whether or not their child could do what other children their age could do,
- Their child's learning of preschool or school skills, and about
- Their child's emotional well-being.

Figure 20

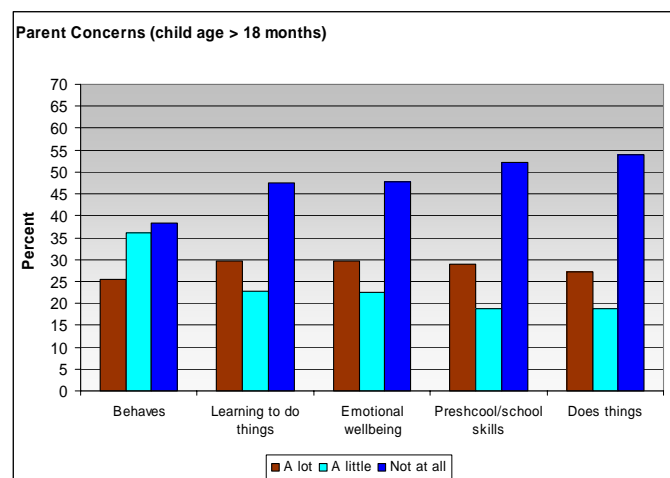
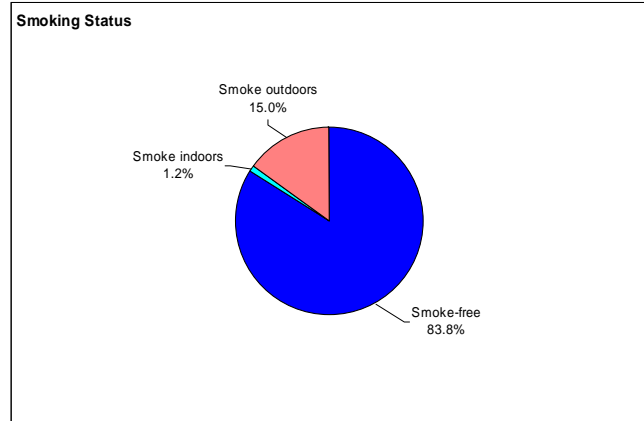


Figure 21

Smoking status

- ❖ About 84% reported a smoke-free household.
- ❖ Of the approximately 16% who reported that someone in the household smoked, about 1% reported that someone in the family smoked indoors while 15% smoked outdoors.

Comparison to CHIS: Similar estimates were obtained for all adults in Ventura County who do not smoke (85%).

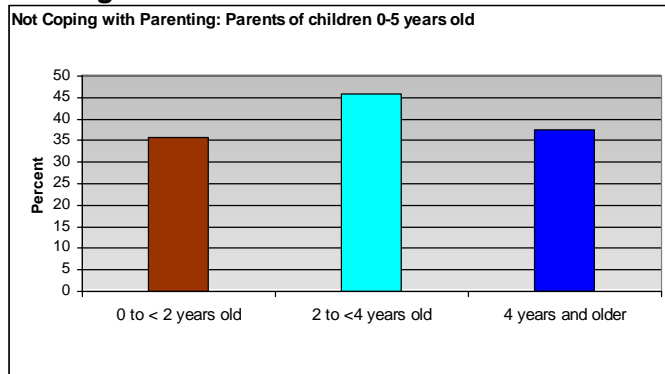


Parent coping

- ❖ About 60% of parents reported that they were coping well with the demands of parenting.
- ❖ Almost 40% report coping only somewhat well with parenting. Of these parents, a higher proportion of parents with children older than 2 years of age reported coping only somewhat well with parenting (preschool age) compared to parents of younger children.

Comparison to NSECH: The 2000 NSECH used a similar measure to assess parent coping. The data indicates similar estimates for parents of children 4-35 months of age. About 63% of parents reported coping well with the demands of parenting; 35% reported coping only somewhat well, and 2% reported not coping too well or not coping at all with the demands of parenting.

Figure 22



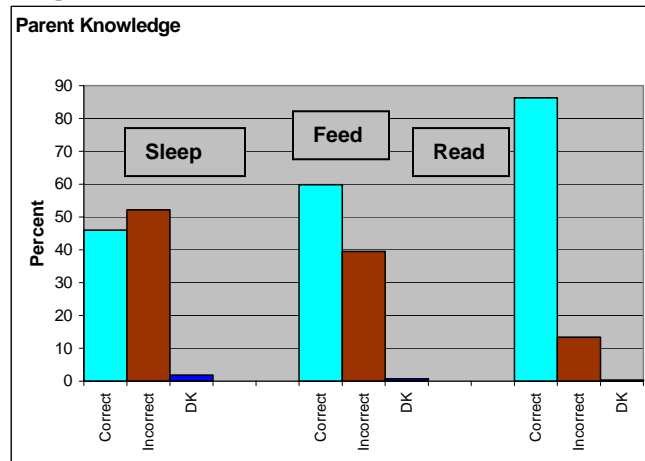
Parent knowledge

❖ **Sleeping position of newborns:** When asked about the correct sleeping position of newborns, about 46% of parents selected the most appropriate response “on the baby’s back”, 33% selected “however the child slept best”, 20% selected “on the baby’s stomach”, and 2% reported they did not know.

❖ **Feeding two-month olds:** When asked about the best way to feed a two-month old baby, 60% selected the most appropriate response category of “breast milk only”, 36% selected “formula and breast milk”, 3% selected “formula only”, and less than 1% reported they did not know.

❖ **Reading to a child:** When asked about when to start reading to a child, 86% selected the most appropriate response category of “during the first year”, 11% selected “when the child is 2-4 years of age”, 3% selected “when they are 5-6 years old”, and less than 1% reported that they did not know.

Figure 23



Bivariate associations (Table 12):

A significantly higher proportion of parents responded correctly to the knowledge questions on sleeping (correct sleeping position of newborns), feeding (best way to feed a two-month old), and reading (right time to feed a child) if²⁴:

- ❖ the mother had a higher level of education
- ❖ the family had a higher household income
- ❖ the family’s primary language was English or a language other than Spanish
- ❖ they were White

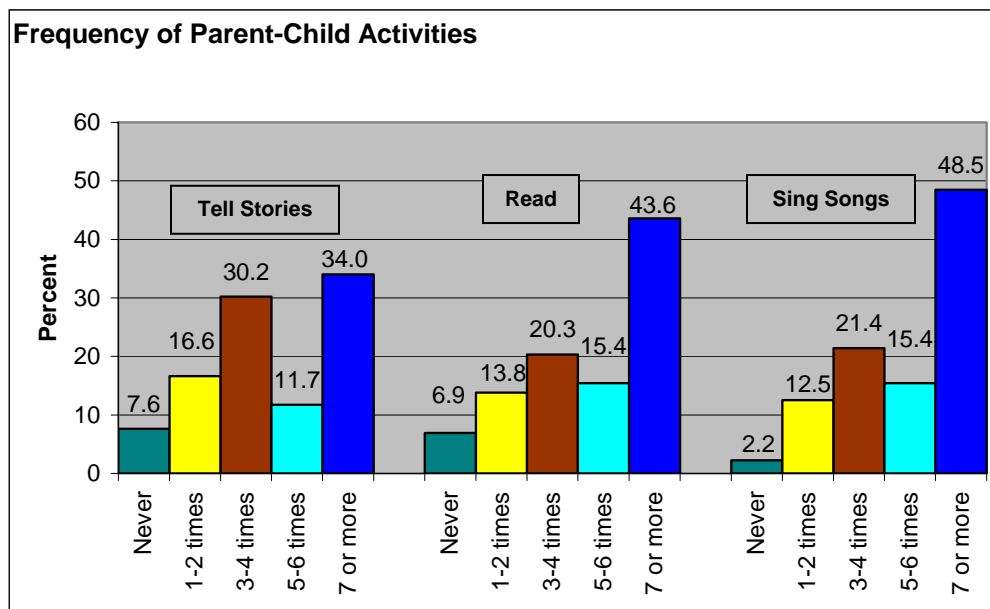
Table 12

Correct Responses	Sleeping	Feeding
	%	%
Language		
English	62 [^]	69 [*]
Spanish	39	56
Other	42	75
Child race		
Hispanic	42 [^]	58 [°]
White	70	71
Other	44	67
Maternal age		
<25	-	45 [°]
25-34	-	61
>34	-	64
Maternal education		
<HS	37 [*]	57 [*]
HS	44	53
>HS	57	71
Household income		
< \$10,000	47 [^]	66 [*]
\$10,000 – \$30,999	38	55
\$30,000 or more	64	69

[^]p<.001; ^{*}p<.01; [°]p<.05

Parent-child activities

Figure 24



- ❖ *Tell stories:* About 34% of parents reported that they tell stories often to their child (7 times or more per week). About 8% reported that they never tell stories to their child.
- ❖ *Sing songs:* About 49% reported that they sing songs often to their child. About 2% reported that they never sing songs to their child.
- ❖ *Read:* About 44% reported that they read or show picture books often to their child (7 times or more per week). About 7% reported that they never read or show picture books to their child.

Comparison to CHIS: Similar estimates for frequency of reading were obtained for families with children 0-5 years of age in Ventura County. About 44% reported that they read often to their child (7 times or more per week). About 7% reported that they never read to their child.

Bivariate Associations (Table 13):

A significantly higher proportion of parents frequently read, sang, or told stories to their child if:

- ❖ *the mother was older*
- ❖ *the mother was working full-time*
- ❖ *the family had a higher household income*
- ❖ *their primary language was English or a language other than Spanish*
- ❖ *they were White*

Table 13

Frequent Activities	Read %	Sing %	Stories %
Child age (years)			
0- up to 2	34 ^e	-	-
2- up to 4	44	-	-
4 and older	48	-	-
Language			
English	63 [^]	68 [^]	53 [^]
Spanish	34	40	25
Other	67	54	67
Child race			
Hispanic	37 [^]	43 [^]	28 [^]
White	80	78	65
Other	50	57	44
Maternal age			
<25	32 [^]	47 [*]	29 ^e
25-34	40	43	30
>34	54	59	42
Maternal education			
<HS	30 [^]	36 [^]	24 [^]
HS	37	44	29
>HS	64	63	49
Maternal employment			
Full-time	54 ^e	-	47 [*]
Part-time	40	-	32
Not working	41	-	31
Household income			
< \$10,000	42 [^]	61 [^]	34 [^]
\$10,000 – \$30,999	36	40	26
\$30,000 or more	64	63	54

[^]p<.001; ^{*}p<.01; ^ep<.05

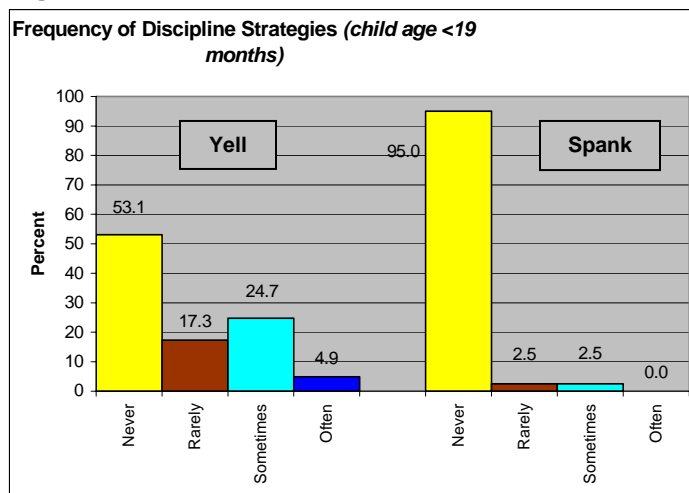
Discipline strategies that parents use with their children were examined. Reactive strategies such as yelling and spanking were examined for both the younger age group (<19 months) and the older age group (over 18 months). Proactive strategies such as taking away a toy, imposing a time out or explaining the child's behavior to the child were examined only for the older age group.

Reactive Discipline strategies (< 19 months)

- ❖ *Yell*: about 53% of parents with children less than 19 months of age reported that they never yell or raise their voice at their child. About 5% reported that they often yell at their child.
- ❖ *Spank*: about 95% of parents with children less than 19 months of age reported that they never spank their child. Frequent use of spanking to discipline the child was not reported by any parent. However, 2.5% reported that they sometimes spank their child.

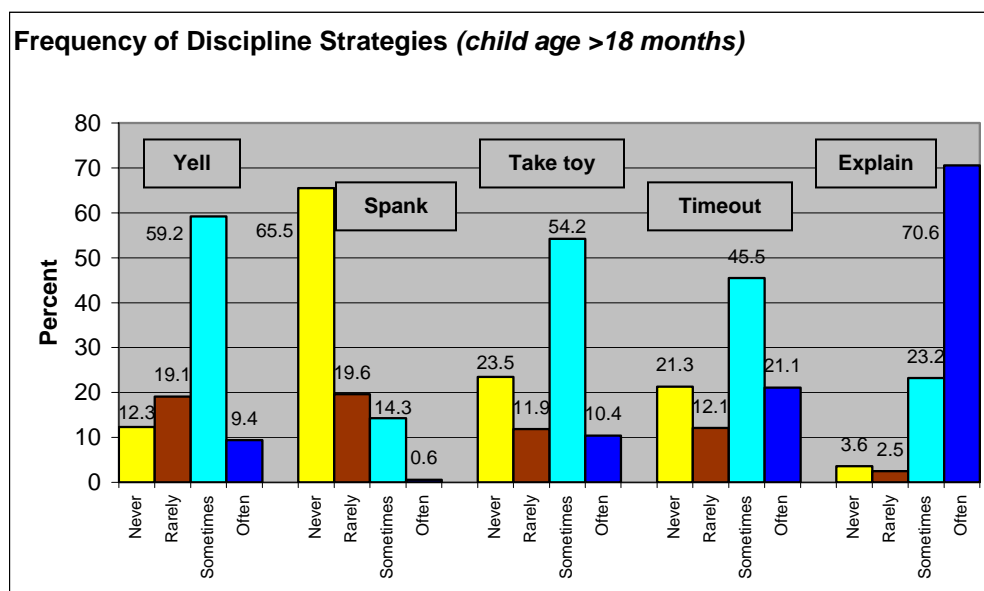
Comparison to NSECH: For the younger group, a lower proportion of First 5 Ventura County families use reactive discipline strategies such as yelling and spanking to discipline their child compared to NSECH families with children less than 19 months of age.

Figure 25



Reactive and Proactive Discipline strategies (> 18 months)

Figure 26



As might be expected, a higher proportion of parents in the Parent Survey with older children (over 18 months) report the use of reactive strategies such as yelling or spanking as compared with parents in the Parent Survey with younger children (under 19 months).

- ❖ **Yell:** Whereas 53% reported they never yell in the younger group (Figure 25), only 12% of parents reported that they never yell at their child in the older group (Figure 26). About 9% of parents in the older group reported that they often yell at their child.
- ❖ **Spank:** Similarly, whereas about 95% of parents in the younger groups reported that they never spank their child (Figure 25), only about 66% of parents with older children (over 18 months) reported that they never spank their child (Figure 26).

For proactive strategies, the Parent Survey found that:

- ❖ **Take away toy or treat:** About 24% of parents in the older group reported that they never take away a toy or treat to discipline their child (Figure 26). About 10% reported that they often take away a toy or treat to discipline their child.
- ❖ **Timeout:** About 21% reported that they never use timeouts to discipline their child. About 21% reported that they often use timeouts to discipline their child.
- ❖ **Explain:** about 9% reported that they never use explanations to discipline their child. About 71% reported that they often use explanations to discipline their child.

Comparison to NSECH: For the older group there were similar patterns in both reactive and proactive strategies between the NSECH and what First 5 Ventura County parents reported in the Parent Survey.

Bivariate association:

There was no variation in discipline strategies by demographic characteristics of families (no statistically significant associations were observed).

Preschool

- ❖ *Preschool attendance*²⁵: About 56% of children ≥ 3 years of age had attended some form of preschool since they were three years old.

Bivariate associations with preschool attendance

A significantly higher proportion of families reported that their child attended some form of preschool since he/she was 3 years of old if:

- ❖ the mother was working part-time
- ❖ they had a higher household income
- ❖ they were of White race

Table 14

Preschool Attendance	Yes
	%
Child age (years)	
1½ - up to 2	-
2- up to 4	-
4 and older	-
Language	
English	-
Spanish	-
Other	-
Child race	
Hispanic	52 [^]
White	87
Other	50
Maternal age	
<25	-
25-34	-
>34	-
Maternal education	
<HS	-
HS	-
>HS	-
Maternal employment	
Full-time	47 [^]
Part-time	77
Not working	52
Household income	
< \$10,000	44 [^]
\$10,000 – \$30,999	51
\$30,000 or more	74
[^] <i>p</i> <.001	

B. Extent to which school readiness outcomes observed were potentially attributable to First 5 Ventura County

To determine the extent to which First 5 Ventura County has potentially contributed to these outcomes, bivariate associations between outcomes and First 5 Ventura County funded service strategies were examined.²⁶ This begins to answer the question: Do certain First 5 Ventura County strategies appear to be having a positive “impact” on school readiness outcomes for children and families? Caution must be exercised when interpreting bivariate associations, and alternative explanations for findings must be considered. As discussed, true “impact” can only be determined with randomized, controlled research trials. To address these limitations, this section also reports on the results of three logistic regression analyses that examine whether the bivariate associations observed between outcomes and strategies hold true when other factors such as socio-economic status are taken into account.

Parent education

The following two bivariate associations were examined to assess the potential effectiveness of parent education: 1) the receipt of parent education classes and parent knowledge; and 2) the receipt of parent education classes and parent-child activities such as the frequency of reading to children.

Parent knowledge

Parents were asked three questions on parenting knowledge (correct sleeping position for newborns, best way to feed a two-month old baby, and right time to start reading to a child). Parents who received parenting education did not vary in their response to these three knowledge questions from parents who did not receive parenting education. The logistic regression found that there was still no statistically significant association between the receipt of parent education and correct responses to the three questions even when taking into account (controlling for) income, education, employment and race.

Although it is possible that this finding suggests that parent education is not impacting some indicators of parent knowledge, there are also a number of other plausible explanations that warrant consideration. For instance, the indicators only measure a few aspects of parenting education and therefore parent education may be effective in other areas not measured. Additionally, participants in these programs may have had a lower baseline knowledge level than parents not enrolling in parenting education and therefore although progress may have been made, it could not be detected because no baseline data on knowledge was available. GEMS data available in FY 2004-2005 will address both of these alternative explanations because a number of additional measures of parent knowledge are being collected in GEMS and the GEMS system also collects baseline (pre-test) information on parent knowledge.

Parent-child activities

Receipt of parenting education was not associated with an *increased* frequency of parent-child activities such as reading, telling stories, or singing to the child. In fact, a significantly lower proportion of parents who took parenting education classes reported frequently reading or telling stories to their child compared to parents who did not take parenting education classes. The logistic regression found similar results. The regression found that there was still a statistically significant association (in the negative direction) between

Table 15

Frequent Parent-Child Activities (≥7 times/week)	Parent Education Class	
	Yes	No
	%	%
Read*	34	47
Sing	-	-
Stories ^e	26	37
<i>*p<.01; ^ep<.05</i>		

the receipt of parent education and frequency of reading even when taking into account (controlling for) income, education, employment and race.

It is unlikely that parenting education is having a negative impact on the frequency of reading. More likely are two alternative explanations. First, participants in these programs may have had a lower baseline knowledge regarding how often to read. If this is the case, the parenting education could actually be making a positive effect but without the baseline, it is not possible to detect this improvement. Second, in addition to parents potentially having a lower baseline in knowledge regarding the frequency of reading, the programs may not be covering this particular topic during their educational sessions.

Family literacy

Bivariate associations between receipt of family literacy classes and outcomes such as frequency of parent-child activities were examined.

Parent-child activities

A significantly higher proportion of parents who received literacy classes reported reading frequently to their child compared to parents who did not receive literacy services (59% versus 41%) ($p < .01$). No significant differences were observed in the frequency of singing songs or telling stories by receipt of literacy classes.

Table 16

Frequent Parent-Child Activities (≥ 7 times/week)	Literacy classes	
	Yes	No
	%	%
Read*		
Frequently (≥ 7 times)	59	41
Infrequently	41	59
* $p < .01$		

These findings suggest that family literacy classes had a positive impact on the frequency with which parents read to their children. Alternative explanations might be that the frequency of reading was higher among families receiving family literacy because they had a higher baseline in the frequency of reading (prior to receiving services) or a higher socio-economic status as compared with those parents who did not receive these services. Although baseline information on reading frequency is not available, a logistic regression was conducted to examine whether the positive association between family literacy and the frequency of reading was maintained when other factors such as socio-economic status are taken into account.

The logistic regression model included as its dependent variable the frequency of reading and the independent variables were 1) receipt of family literacy classes; 2) household income; 3) maternal education; 4) Maternal employment status; and 5) race. The results of the regression analysis found that there was still a statistically significant association between the receipt of family literacy classes and the frequency of reading to children even when taking into account (controlling for) income, education, employment and race. **In fact, families receiving family literacy classes were two times more likely to read frequently (7 times or more per week) than families who did not receive family literacy classes.** The regression analysis strengthens the finding in this section that suggests that where significant positive associations were observed, First 5 funded strategies are making a positive contribution to the school readiness outcomes they aim to achieve.

Summary

What school readiness outcomes have been observed for children and families and to what extent has First 5 Ventura County contributed to these outcomes?

The fifth evaluation question examined outcomes observed for children and families and examined the extent to which these outcomes were attributable to First 5 Ventura County. Evaluation Question #5 was organized into two sections. The first section compared school readiness outcomes observed for children and families receiving services from First 5 Ventura County with similar populations in Ventura County and nationally.

It was found that parents receiving First 5 Ventura County services reported similar patterns of school readiness outcomes to those outcomes reported by all parents with children 0-5 years of age in Ventura County (as reported in CHIS 2001) or to a similar population of families nationally (as reported in NSECH 2000) in the areas of:

- ❖ Parent-reported child health status: Only 5% of First 5 Ventura County parents reported that their children were in fair or poor health.
- ❖ Parent concerns (<19 months): Although parents with children less than 19 months had a variety of concerns about their children's health and development, they were especially concerned about their children's vision.
- ❖ Smoking in the household: Of the approximately 16% of households that reported having someone in the house that smoked, very few reported that smoking occurred indoors (1%).
- ❖ Parenting coping: About 60% of parents reported that they were coping well with the demands of parenting.
- ❖ Frequency of reading to their child: Although about half of the parents surveyed are reading or showing picture books very frequently to their children (7 times or more per week), about 20% reported either never reading or only reading 1-2 times per week.

By contrast, it was found that parents receiving First 5 Ventura County services differed from parents with children 0-5 years of age in Ventura County (as reported in the CHIS 2001) or to a similar population of families nationally (as reported in NSECH 2000) in the areas of:

- ❖ Parent concerns (>18 months): For parents with children over 18 months of age, a higher proportion of First 5 Ventura County parents reported concerns regarding school readiness measures such as their child's ability to learn, the child's learning of preschool skills, and their emotional well-being compared to the CHIS 2001.
- ❖ Parent discipline strategies: For parents with children under 19 months of age, a lower proportion of First 5 Ventura County parents reported the use of reactive discipline strategies such as yelling or spanking compared to the NSECH.

Although no comparison data were available for the knowledge-based questions, it does appear that there are several gaps in parent knowledge that First 5 Ventura County is well-positioned to address. For two of the three knowledge-based questions on parenting practices (sleeping position and feeding practices for infants), only about half of the parents answered the questions correctly. More parents (86%) answered the question correctly regarding when to start reading to children. Although this report has shown that parent education is the most frequently funded

strategy, the Parent Survey also reported that this is one of the services most frequently cited by parents as an unmet need.

As has been seen in numerous studies, there was a substantial amount of variation in school readiness outcomes for children and families by key socio-demographic characteristics. In general, participants from higher socio-economic backgrounds are doing better on school readiness outcomes. For instance, a significantly higher proportion of parents responded correctly to the knowledge questions if the mother had a higher level of education and the family had a higher household income. The one exception to this trend was that there was no variation in discipline strategies by demographic characteristics of families (i.e. no statistically significant associations were observed).

The second section of Evaluation Question #5 examined the extent to which positive school readiness outcomes were potentially attributable to First 5 Ventura County. This section assessed whether there were statistically significant associations between key First 5 Ventura County strategies and the outcomes that these strategies aim to achieve.

It was found that parents who received parenting education did not vary in the percent of correct responses to the three knowledge questions from parents who did not receive parenting education even when taking into account (controlling for) income, education, employment and race. Although it is possible that this finding suggests that parent education is not impacting some indicators of parent knowledge, there are also a number of other plausible explanations that warrant consideration. For instance, the indicators only measure a few aspects of parenting education and therefore parent education may be effective in other areas not measured. Additionally, participants in these programs may have had a lower baseline knowledge level than parents not enrolling in parenting education and therefore although progress may have been made, it could not be detected because no baseline data on knowledge was available. GEMS data available in FY 2004-2005 will be able to explore both of these alternative explanations.

Similarly, receipt of parenting education was not associated with an *increased* frequency of parent-child activities such as reading, telling stories, or singing to the child. In fact, a significantly lower proportion of parents who took parenting education classes reported frequently reading or telling stories to their child compared to parents who did not take parenting classes even when taking into account (controlling for) income, education, employment and race. It is unlikely that parenting education is having a negative impact on the frequency of reading. More likely are two alternative explanations. First, participants in these programs may have had a lower baseline knowledge regarding how often to read. If this is the case, the parenting education could actually be making a positive effect but without the baseline, it is not possible to detect this improvement. Second, in addition to parents potentially having a lower baseline in knowledge regarding the frequency of reading, the programs may not be covering this particular topic.

By contrast, a significantly higher proportion of parents who received literacy classes reported reading frequently to their child compared to parents who did not receive literacy services. Alternative explanations might be that the frequency of reading was higher among families receiving family literacy because they had a higher baseline in the frequency of reading (prior to receiving services) or a higher socio-economic status as compared with those parents who did not receive these services. Although baseline information on reading frequency is not available, a logistic regression was conducted and found that the positive association between family literacy and the frequency of reading was maintained even when other factors such as socio-

economic status are taken into account. **In fact, families receiving family literacy classes were two times more likely to read frequently (7 times or more per week) than families who did not receive family literacy classes.** The regression analysis strengthens the finding in this section that suggests that where significant positive associations were observed, First 5 funded strategies are making a positive contribution to the school readiness outcomes they aim to achieve.

6. Service Systems

Evaluation Question #6

What role has the Neighborhood for Learning initiative played in improving service systems for children and families in Ventura County?

The objective of the sixth evaluation question was to examine the multiple dimensions of system change. In the previous sections, we examined system change measures related to the quality of and access to First 5 Ventura County funded services. In this section we examine four additional domains of system change:

1. Collaboration between agencies in the decision-making process of funded programs
2. Parent engagement in the decision-making process of funded programs
3. Effectiveness of referral systems
4. How families hear about First 5 Ventura County funded programs
5. Role of the Neighborhoods for Learning Initiative in improving service systems for young children and their families in Ventura County, from NfL directors' perspective

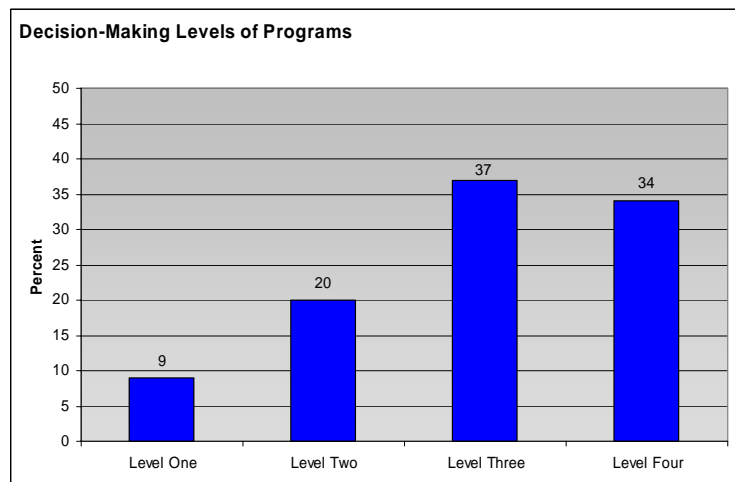
The Commission's goals of school readiness, health, and parent empowerment are designed to help families prepare young children for school by offering a multi-faceted, integrated system of service delivery. Although the body of empirical evidence connecting system change strategies to improved outcomes for individuals is limited, practice and theory suggest that improvements in the system, whether they be small adjustments in service delivery or broader structural changes to the way services are provided between various providers and sectors, can have far-reaching impacts on the lives of children and their potential to succeed in school.

1. Collaboration between agencies in the decision-making process of funded programs

Decision-making structure of programs

Figure 27

- ❖ Programs were provided four categories that described organizational decision-making processes and asked to identify which one most closely mirrored how their organization made planning decisions. After data collection, the four categories were assigned levels that reflect increasing intensity of interagency collaboration. These four levels are described below:
 - *Level One:* The decision-making process is not very collaborative; major decisions are primarily



made by a single body (ex. board) or person. There is no joint decision-making with organizational partners.

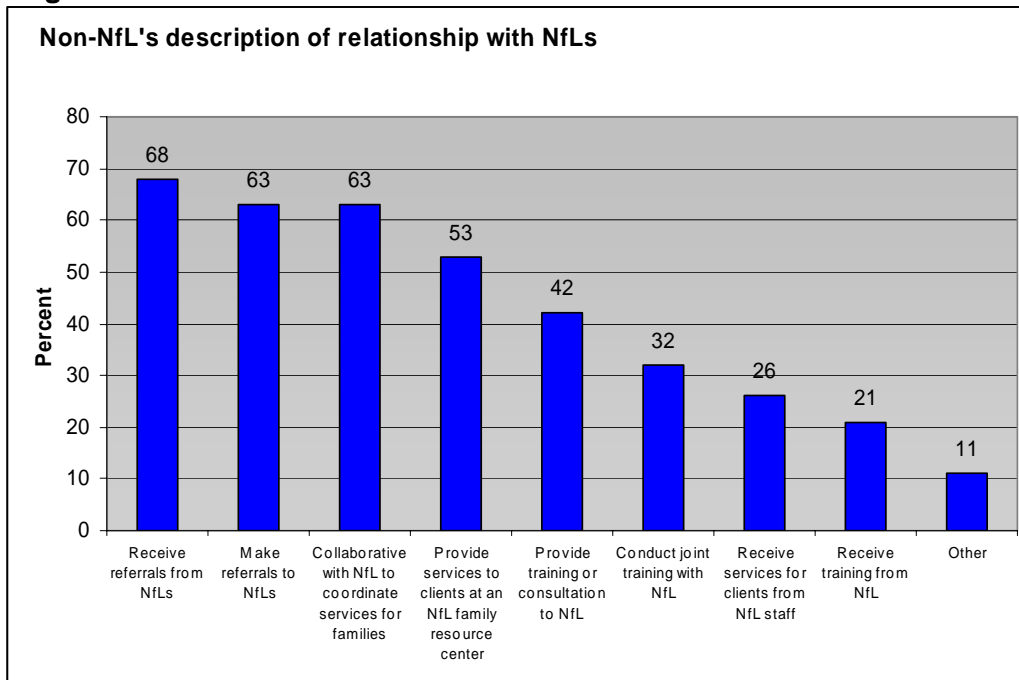
- *Level Two:* The decision-making process is somewhat collaborative; major decisions are made by some organizational partners, and some joint decision-making occurs.
- *Level Three:* The decision-making process is collaborative; major decisions are made with active involvement from most organizational partners, and frequent joint decision-making occurs.
- *Level Four:* The decision-making process is very collaborative; major decisions are made by organizational partners, and the decision-making process is always a joint venture.

❖ About 34% of programs selected the most intense level of interagency collaboration for decision-making purposes (level Four), 37% selected level Three, 20% level Two, and 9% level One.

Collaboration between NfL and Non-NfL Programs

Of the 36 programs (including subcontractors) who participated in the Quality Survey, thirty were non-NfLs. When these 30 programs were asked about the nature of their relationship with NfLs, 19 of the 30 programs said that they do at least one of the strategies listed below.

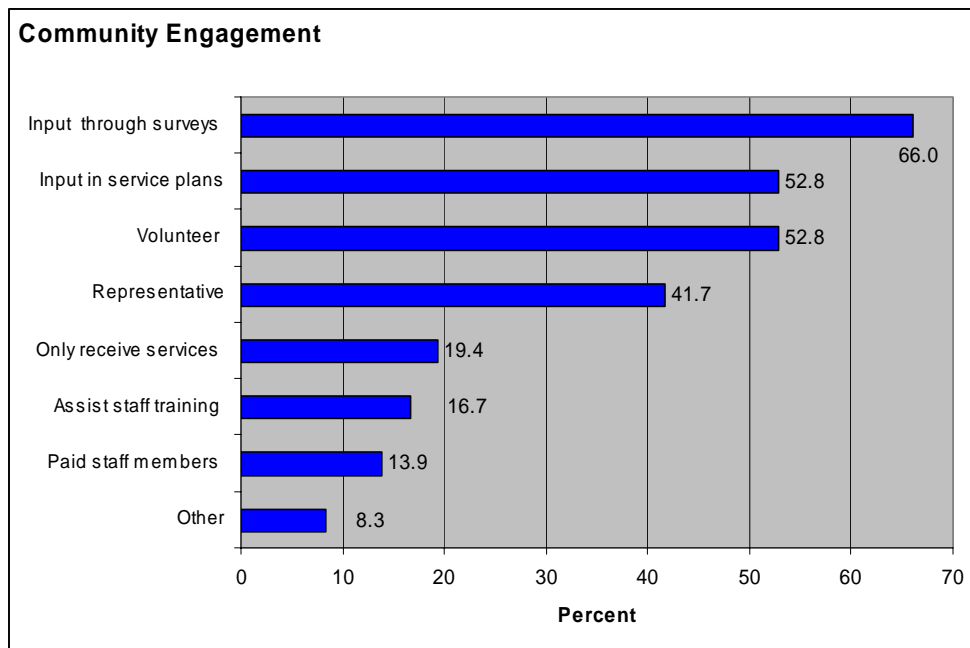
Figure 28



2. Parent engagement in the decision-making process of funded programs

- ❖ The Quality Survey defined *community engagement* as activities that promote awareness and meaningful involvement of program participants in the decision-making processes of the program. Programs were provided with seven potential ways to describe participant engagement.
- ❖ Figure 29 shows that about 20% of programs reported that parents only receive services and do not get involved in the decision-making process of the program. Of the remaining 80%, the most frequently reported community engagement activity was getting input from program participants using program surveys.

Figure 29



3. Effectiveness of referral systems

Referrals are an important factor contributing to how clients become aware of and use program services. To assess the effectiveness of referral systems, programs were asked if they had established written protocols for making referrals and if they had a referral directory for staff.

- ❖ About 56% of programs (19 programs) reported having a written protocol in place to assist with client referrals to outside services. This was more the case for NfLs than non-NfL funded programs. About 83% of the NfLs (5 NfLs) had written protocols in place whereas only 50% of non-NfL funded programs had protocols.
- ❖ About 74% of programs (26 programs) reported having a directory of services for staff to use when making client referrals to outside services.

Receipt of First 5 Ventura County Referrals

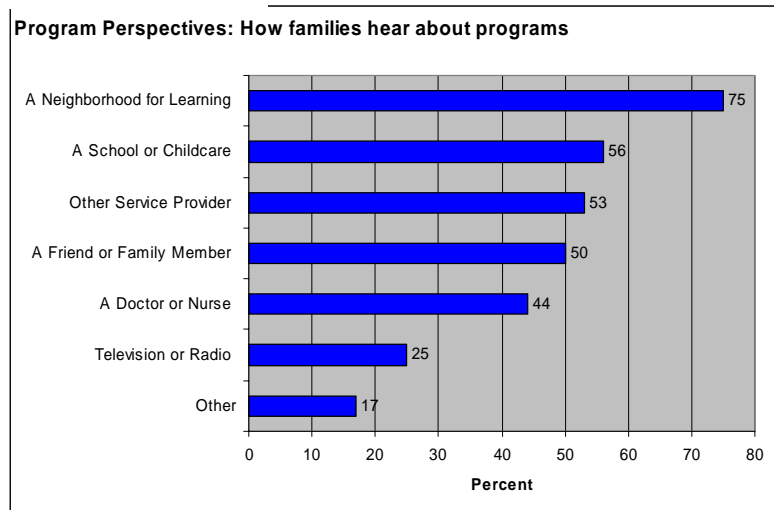
- ❖ About 51% of parents reported that the First 5 Ventura County funded program provided them with referrals or connected them to some other service (not provided at that particular funded program).

4. How families hear about First 5 Ventura County programs: program and parent perspectives

Programs and participants shared their perspectives about the source of information about First 5 Ventura County programs.²⁷

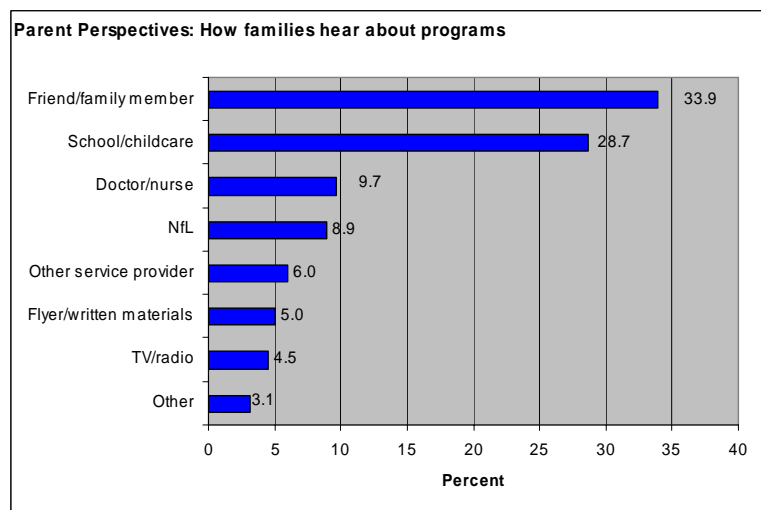
- ❖ When programs were asked to report how First 5 Ventura County clients heard about their program, a high proportion of them reported NfLs, and providers.
- ❖ When parents were asked to report on how they heard about the First 5 Ventura County program, a high proportion of them reported their friends and family members as the source of information.

Figure 30



- ❖ Both programs and parents are less likely to report media such as television or radio as primary sources of information.

Figure 31



5. Role of the Neighborhoods for Learning Initiative in improving service systems for young children and their families in Ventura County from NfL directors' perspective

The First 5 Ventura County Neighborhood for Learning (NfL) Initiative places a strong emphasis on building a more integrated system of services for young children and their families in Ventura County. As part of the overall Fiscal Year (FY) 2003-2004 evaluation of First 5 Ventura County, CHCFC examined the role of the Neighborhoods for Learning Initiative in improving service systems for young children and their families in Ventura County. The following is a summary of the analysis and recommendations developed from the NfL system change survey titled "*The Role of the Neighborhoods for Learning Initiative in Improving Service Systems for Young Children and their Families in Ventura County*" (Appendix D). The recommendations are designed to give practical suggestions and tools for moving change efforts forward.

Appendix D includes a more in-depth discussion of: (1) the definition of a "system" and "system change" (2) an overview of the Neighborhoods for Learning Initiative; (3) detailed descriptions of the views of NfL directors on successful NfL strategies to bring about system change and to overcome barriers to change based on their experiences to date; and (4) the roles for the respective change agents (NfL leadership, CfE, and the First 5 Ventura County Commission) in facilitating system change.

In total, the 11 NfLs received \$8,039,792 in FY 2003-2004 from First 5 Ventura County which represents approximately fifty-three percent (53%) of the total projected revenues for First 5 Ventura County in FY 2003-2004. Funding levels for each NfL reflect the size and relative need of the population. The formula for determining the allocation for each NfL is based on three equal factors: 1) the number of children through age five; 2) school readiness as measured by childcare waiting list data and Stanford 9 Academic test scores; and 3) income via household income and percentage of children in free lunch programs.

The NfLs are at varying stages of organizational development and vary in terms of the needs of the population and the commensurate resources available to them through the First 5 Ventura County Commission. Those that started first had to forge new ground but have also had longer to evolve. The newest NfLs are still working to fully implement their scopes of work but have also had the benefit of learning from the lessons of the NfLs who started earlier.

Overall Impact of NfLs on the System of Care

NfL directors were asked how they felt their NfL had impacted the system of care for children and families in their community. Their responses reflected the diversity of the NfL communities and stakeholders and were influenced by a number of factors such as the community context of each NfL, the age of the NfL, the structure and types of services within the NfL, the funding allocations, and the philosophies and skills of its leadership. Although NfL directors reported varying degrees of impact on the system of care, there were four themes that clearly emerged.

- ❖ **Increase in provider awareness:** The majority of the NfL directors felt that their NfL had greatly increased the overall awareness between service providers in their community about the services they offer, particularly in the areas of services for special needs, services for mothers, literacy and counseling. As one director expressed, before the NfLs, "*Agencies were primarily focused on their role rather than how they fit together with other providers.*" Directors felt that part of the awareness building also helped providers learn how their clients can access these services, and the role that each provider plays to fit into the broader system of care. NfL directors expressed how this awareness building has led to a

decrease in the duplication of effort between providers and an increase in collaboration and coordination and mutual respect.

- ❖ **Establishment of organizing platforms:** Some NfL regions have had a history of strong collaboration and have existing platforms to organize and/or deliver services. In these cases, it appears that NfL directors have joined existing collaborative efforts to identify gaps in service delivery. However for other NfLs, directors reported that there was no integrating platform prior to the establishment of the NfL. In this case, some of the NfL directors reported that part of their role has been to create platforms where none existed before in order to bring together providers around shared goals and more efficient planning and service delivery.
- ❖ **Centralization of services:** As will be discussed later in this report, seven of the 11 NfLs have incorporated some type of family resource center into their service structure, and about half of the NfLs that have Family Resource Centers (FRCs) have chosen a “one-stop shopping” model where a variety of services are co-located at the FRC. Several of the NfL directors felt that this was the strongest contribution of their program to improving the systems of care for children and families. By providing “one-stop shopping” for families, directors reported an increase in the accessibility and continuity of a comprehensive set of services.
- ❖ **Trickle down of information to local level:** Several NfL directors reported that although they felt that there is good communication and awareness of county services at the higher administrative levels of the county, the NfL had played an important role in bringing this knowledge down to the local community level and to the staff level of various organizations.

NfL System Change Strategies

In addition to providing a range of early education, health and family strengthening services directly to young children and their families, NfLs are also involved, to varying degrees, in a number of system change activities that help to improve access to a comprehensive set of coordinated and culturally competent quality services to families.

Below is a discussion of the four system change activities reported by the NfLs that have the potential to positively impact the service delivery system for young children and families in Ventura County.

1. Provider Capacity Building

Nine of the 11 NfLs reported being engaged in a variety of provider capacity building activities. These activities clustered around education/training and credentialing programs. The training programs appeared to target child care providers, preschool teachers, and the general provider community. There did not appear to be targeted provider education programs for other types of service providers within the health and family support fields. In particular, there may be a gap in provider education programs that target health care providers, and family support providers such as home visitors. The only two NfLs that are not implementing provider capacity building activities are Oak Park and Ocean View. These two NfL communities have chosen to focus their resources primarily on the provision of preschool.

2. Data Sharing

There is a strong consensus among NfL directors that there is a need for data and a desire to engage in data sharing activities with other agencies for planning purposes. They also expressed that this strategy area has been the most challenging and is the least developed. Directors reported that their NfLs as a whole are struggling to collect their own program data and are appropriately looking to CfE/CHCFC to provide the tools and guidelines needed to collect program data. In spite of these limitations, several NfLs reported collecting data and engaging in data sharing processes with their local school districts for joint evaluation and planning purposes.

Now that the work is underway between First 5 Ventura County, CfE and Mosaic Network Inc, CfE and CHCFC have provided the NfLs with the guidelines, resources and support needed to collect program data for the software system, GEMS, and can expect that by January 2005, they will have the first data reports automatically generated by the GEMS system. At that point, NfLs will be in a better position to begin using program data for their own internal data-based decision-making as well as to begin engaging in data sharing and joint planning activities with other agencies and service providers within their NfL boundaries.

3. Community Engagement

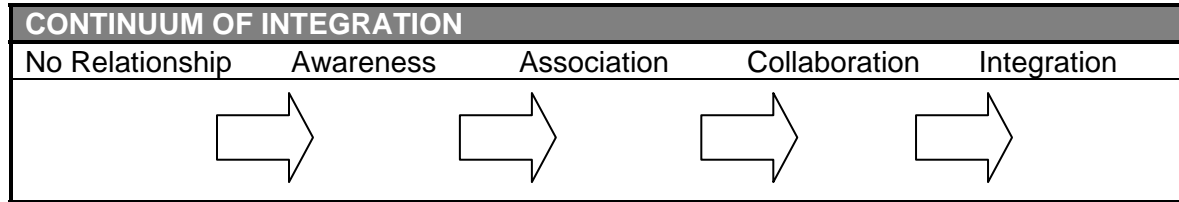
All of the NfLs reported being intensively involved in a wide variety of activities to increase awareness of the community regarding First 5 Ventura County, their NfL and the importance of the early years. Most NfLs reported organizing, hosting or participating in community events such as fairs and family events such as breakfasts, movie nights, and arts and crafts shows. Some NfLs have hired staff or subcontractors to outreach to community organizations and providers to help build community awareness.

An NfL's ability to successfully engage families in the decision-making process is influenced by the attributes of the community and the philosophy, strategies and resources of the NfL. As might be expected, the older NfLs appear to be, for the most part, having greater success than do the newer NfLs with engaging parents in the decision-making process of the NfL. Generally, each NfL convenes a Steering Committee where key membership positions are reserved for parents. Most NfLs have formed Parent Advisory Groups to provide specific feedback and recommendations regarding programming and policies for the NfL. Some NfL directors report having very active Parent Advisory Groups and others report struggling to maintain parent attendance at these meetings.

4. Integration of Services

An NfL's level of service integration is influenced by a number of internal and external factors and can be assessed in terms of the following five-stage continuum of integration:²⁸

1. No relationship between NfL and other service providers
2. Awareness: NfL and other service providers are aware of each other
3. Association: NfL and other service providers have basic communication around programs and may provide referrals to one another.
4. Collaboration: NfL and other service providers share participants, plan, and provide services together.
5. Integration: NfL and other service providers are no longer functionally different. They share administrative and program goals, staff and funding.



It appears that the majority of the NfLs fall somewhere between “association” and meaningful “collaboration” with a few NfLs still struggling to achieve an awareness of the service providers in their area. Below is a summary of current practices designed to increase service integration as reported by NfL directors.

Family Resource Centers

Family resource centers have emerged in recent times as a key platform for delivering family support services in an integrated fashion. Family resource centers, which can be located in schools, hospitals or a variety of community-based settings such as churches, housing projects, and recreation centers, serve as “one-stop” community-based hubs that are designed to improve access to integrated information and to provide direct and referral services on site or through community outreach and home visitation.

Seven of the 11 NfLs have incorporated some type of family resource center into their service structure. The majority of the NfLs that have FRCs have chosen a “one-stop shopping” model where (to varying degrees), a variety of services are co-located at the FRC. Some NfLs however do not co-locate services at the FRC. Instead, they have developed FRCs that serve primarily as an information place with staff for providing education, resources and materials. These NfLs provide information at the FRC and make referrals to services provided off-site. Three of the NfL directors who did not have FRCs in their strategic plans in FY 2003-2004, expressed a desire to implement FRCs in FY 2004-2005.

Formalized Interagency Collaborations and Agreements

NfLs reported that their Steering Committees serve as a platform for providers to connect and share information about each other. Steering Committees inform providers about the services of the NfL and provide a forum for collaboration and integration. NfL directors also reported engaging in a variety of informal partnerships and formal agreements with outside agencies to coordinate and integrate service delivery. The majority of these agreements dealt with either coordinating services or establishing common procedures for conducting assessments and/or referrals.

Challenges to System Change and Strategies to Overcome Barriers

Change can be difficult at an individual level and even more so at the level of organizations and communities. As NfLs and community partners work to implement school readiness programs in an integrated and coordinated way, challenges can surface at many levels. It is important that these challenges be documented and that local strategies are examined to overcome these barriers and make improvements along the way. NfL directors reported challenges and strategies to overcome them. Appendix D details these challenges and provides strategies that

the NfL directors felt could be implemented by the First 5 Ventura County Commission (or the Center for Excellence) to help them address these issues.

The challenges have been summarized here into three categories which reflect the frequency with which they were mentioned during the interviews.

Most NfL directors reported challenges in the following areas:

- ❖ Accessing the services of the First 5 Ventura County - countywide initiatives
- ❖ Conducting program evaluation and demonstrating accountability
- ❖ Having additional unstructured time to interact with other NfLs

About half of the NfL directors reported challenges with:

- ❖ Marketing programs
- ❖ Engaging parents
- ❖ How to develop and monitor subcontracts

A few NfL directors reported challenges with:

- ❖ Defining NfL boundaries for service provision
- ❖ Defining a First 5 Ventura County “participant” and demonstrating impact if the participant is not a child age 0-5 years
- ❖ Legal issues related to service integration

Summary

Evaluation Question #6

What role has the Neighborhood for Learning Initiative played in improving service systems for children and families in Ventura County?

Although NfL directors reported varying degrees of impact on the system of care, there were four themes that clearly emerged: provider awareness building, establishment of an organizing platforms, centralization of services, and increased information to local level staff. It appears that the majority of the NfLs fall somewhere between “association” and meaningful “collaboration” with a few NfLs still struggling to achieve an awareness of the service providers in their area. The current practices reported to increase service integration were primarily in the areas of integrating service delivery through the use of family resource centers and interagency agreements.

Non-NfL funded programs reported engaging in a variety of collaborative activities with NfLs including conducting cross-agency referrals and coordinating services for families. Overall, about two-thirds of programs reported using a directory of services for making client referrals, however, more NfLs reported having written protocols in place to conduct referrals than did non-NfL funded programs. Half of parents surveyed reported that the First 5 Ventura County funded program provided them with referrals to some other organization.

Nine of the 11 NfLs reported being engaged in a variety of provider capacity building activities. These activities most frequently involved child care training, credentialing, and teacher training programs. Although there is a strong consensus among NfL directors that there is a need for data and a desire to engage in data sharing activities with other agencies for planning purposes, this was also regarded as the most challenging and least developed area.

All of the NfLs reported being intensively involved in a wide variety of activities to increase awareness of the community regarding First 5 Ventura County, their NfL and the importance of the early years. When programs were asked to report how First 5 clients heard about their program, a high proportion of them reported that families had heard about the program from their local NfL or from other local service providers. When parents were asked to report on how they heard about the First 5 program, a high proportion of them reported their friends and family members as the source of information. First 5 Ventura County did not expend resources in FY 2003-2004 toward TV or radio advertising and therefore, as might be expected, programs and parents less frequently reported media such as television or radio as the primary sources of information about First 5 Ventura County services. With the upcoming launch of First 5 Ventura County's media campaign in FY 2004-2005, we will expect this baseline data on TV and radio to become a more frequent source of information for families about First 5 Ventura County services.

IV. RECOMMENDATIONS

As this is the first annual evaluation, the data will help to serve as a baseline to monitor progress in future years and to track how families receiving First 5 Ventura County services differ from the overall population of families in the county with children 0-5 over time. The data from this evaluation indicate that First 5 Ventura County is responding to the needs of children and families by contributing to the accessibility and quality of services and by helping to improve how the system of care works for children and their families. The data also suggest that some strategies are making a positive contribution to school readiness outcomes. The largest improvements appear to be in the areas where First 5 Ventura County has targeted a large percent of its resources (e.g. parenting education, family literacy and community resource and referral). Although the data did not reveal any significant challenges, in all areas examined there are opportunities to improve how services are delivered. First 5 Ventura County can consider the recommendations in this section as a means to improve on, and track, the good work it has been doing.

The recommendations for the First 5 Ventura County annual evaluation report for FY 2003-2004 address the following five areas: 1) Targeting less served populations; 2) Improving access to services; 3) Increasing staff capacity; 4) Addressing unmet service needs; and 5) System improvements.

1) Targeting Less Served Populations: Consider increasing the number of services available for children ages 0-3 years and their parents.

Based on data from the Parent Survey, more families with older children are accessing First 5 Ventura County services (66%) than families with younger children (33%). As with many other counties, Ventura County faces a bigger strategic challenge in meeting the needs of younger children (ages 0-3) and their families as compared with the preschool-aged children because traditionally, service systems for the younger population are less developed and have less institutional capacity. By first forming partnerships and targeting its resources on strengthening the service delivery system for the preschool-aged population, First 5 Ventura County is now well-positioned to expand its efforts to the 0-3 population. However, it is important to consider what services are needed, where families with young children traditionally go to access these services and how services can be delivered in a coordinated, comprehensive and family-centered manner.

Services to children 0-3 years of age should include a variety of child- and family-focused services. Developmental screening and assessment with referrals and/or treatment for needed services is an essential component for any early childhood service delivery system. Parents with children under 3 years of age are dealing with a variety of issues such as the demands of parenting and transitioning back into the workforce. These stressors can lead to increased negative outcomes for families such as domestic violence, child abuse, or maternal depression. Parent-focused services such as parent support groups, parenting education, mental health services or job training programs can help to prevent or alleviate these stressors.

The Commission might consider establishing, expanding, or co-locating with existing family resource centers in locations where parents with children ages 0-3 years traditionally go. Families with younger children traditionally have more contact with child care settings, WIC and the health care sector than do preschool-aged children. They also are best served through a combination of center- and home-based care. "One-stop shopping" models of service delivery

such as family resource centers that co-locate a comprehensive set of services in convenient locations combined with home visits to families as a way to understand the context of family lives and to reach the most isolated of parents is an effective model of service delivery for the 0-3 population.

2) Improving Access to Services: Consider encouraging practices that enhance parents' access to needed services such as increased evening and weekend hours for First 5 Ventura County services and the increased use of coordinated referral protocols between agencies.

Hours of Operation: Based on data from the Quality Survey, about half of the funded programs and subcontractors reported that they close their programs before 6:00 pm and about two-thirds do not offer services on the weekends. Based on data from the Parent Survey, parents requested increased availability of services and more flexible hours of service.

Referral Protocols: About 56% of programs reported having a written protocol in place to assist with client referrals to outside services. This was more the case for NfLs than non-NfL funded programs. The NfL directors have requested that one uniform referral form be developed that all NfLs and countywide programs can use to facilitate more coordinated access to needed services.

3) Improving Staff Capacity: Consider implementing staff training programs countywide that systematically provide a minimum number of hours of in-service training on key quality issues such as language and communication skills, cultural competency, and the principles of providing family-centered care.

The Quality Survey found that the average number of hours of in-house training per year was only twenty-three and that a number of programs (30%) reported eight hours or less of in-service training per year. In-service training is particularly critical for program staff in light of the fact that about half of the staff's highest level of education was reported to be a high school education or equivalent degree. Staff in-service training may also help to address staff retention which was reported by some programs and parents as a problem, particularly for preschool teachers.

In-service training curricula should increasingly and systematically emphasize opportunities to improve the linguistic and cultural competency of staff as well as the principles of providing family-centered care. While most parents reported that they did not have a hard time understanding any person at their First 5 Ventura County program due to language issues, there were a number of both Spanish and English-speaking families that did have a hard time understanding staff.

About two-thirds of the programs reported that they had adapted their programs to meet the ethnic make-up of their program participants, and 90% of parents reported that their First 5 Ventura County service providers delivered services in a family-centered manner.

Although 91% of parents reported that their First 5 Ventura County service providers are providing services in a family-centered manner (i.e. *always or usually* took the time to

understand how they preferred to raise their child), 9% of families reported that this only occurred *sometimes or never*.

4) Addressing Unmet Service Needs: Consider allocating additional future funding for strategies that parents expressed as an unmet need.

Knowing what parents want provides First 5 Ventura County the opportunity to address parent needs in a targeted and strategic manner. Unmet service needs were reported by almost one-third of all parents. These unmet needs included:

Preschool/childcare services: Data collected in three places indicate that preschool and childcare services are the most frequently reported unmet service need. The magnitude of this need is indicated by the fact that almost half of the children 3 years or older had not attended preschool. In addition, an increasing awareness of the advantages of preschool including the provision of developmentally appropriate educational experiences and kindergarten readiness suggest that these unmet needs may keep growing until additional efforts are made to address them. Parents with preschool/childcare services expressed a need for classes that were of longer duration, and/or increased intensity, and more variety.

Parenting classes/information: An interesting fact about these services is that even though a large proportion of parents took parenting classes, an equally large proportion reported the need for more. This information indicates the need for classes where none are provided, or the need for additional classes that cover a broader range of topics. The results indicate that there is significant room for improvement in parenting knowledge and skills. Parents who participated in the Parent Survey had less than optimal scores on the parenting knowledge questions, especially for the correct sleeping position of newborns. Parent use of proactive discipline strategies such as time-outs and taking away toys or treats was also less than optimal. Additionally, a high proportion of parents expressed concerns about their child's development. These findings in addition to those reported by parents in the form of unmet needs indicate the need for efforts to be invested in providing parents with the knowledge and resources they need to optimize their child's health and development.

Family literacy classes: As observed for parenting classes, although a high proportion of parents received literacy classes, these services were also high on the list of unmet service needs. Parents reported a need for (more) classes that would help them both read to their child and help their child read as well. The need for such services is highlighted by two additional factors: a) overall frequency levels of parent-child reading were less than optimal. Some parents reported never reading to their child. In addition to empowering parents to read to their child, provision of literacy services would also prepare children for school; and b) the results indicate a significant association between receipt of literacy services and a higher frequency of reading to the child.

Health care: Most of the other needs reported by parents were related to medical care for their child including developmental assessments, dental care, and mental health services for the family.

Based on data from the Parent Survey, about 60% of parents said they were coping very well but about 40% said they were only coping somewhat well with the day-to-day demands of parenting. It was the parents of preschool-aged children who more frequently reported that they were coping only somewhat well. Although at this time it is unknown why parents

felt they had less than optimal coping, evidence suggests that supports such as parent support groups, parenting classes, and mental health services can help parents cope with the demands of parenting.

Training/Career services: Parents also expressed a need for services and events that would assist them in finding work such as training (including computer skills) and career fairs.

Transportation: Transportation difficulties were reported as a barrier to accessing services. Making provisions for transportation and/or increasing the use of mobile services will potentially reduce some of the barriers experienced by families in accessing needed services. In a similar vein, parents also reported a need for service provision in more locations presumably due to proximity and transportation factors.

5) Improvements in the System: Based on the findings of the NfL system change survey, we have the following recommendations:

Each stakeholder in the First 5 Ventura County effort can serve as a catalyst for improving the system of early childhood services in their community. Systems change is a gradual process and change occurs in small increments. Cumulatively, these efforts serve to impact the entire system of care and ultimately will improve access to comprehensive and coordinated quality services for young children and their families in Ventura County. The rate at which these changes continue to occur largely depend on the collaborative efforts of the key change agents in this process (The First 5 funded programs and in particular the NfL leadership, CfE and CHCFC, and the First 5 Ventura County Commission and its staff. The following outlines a set of recommendations

First 5 Ventura County Commission: The First 5 Ventura County Commission can facilitate system change through policy development, increasing opportunities for information sharing, and providing training opportunities around service integration. First 5 Ventura County can further develop policies that encourage a more strategic use of system change strategies. This might include recommendations from the First 5 Ventura County Commission to the NfLs to increasingly and more systematically employ the four strategy areas discussed (Provider capacity building; Data sharing; Community engagement; and Service integration). First 5 Ventura County can continue to play a key role in providing a platform for sharing ideas through the NfL Leadership meetings, the mental health collaborative meetings and other venues for bringing funded partners together. First 5 Ventura County might also consider establishing a committee to address the recommendations made by the NfLs in this report on how to overcome system change barriers. Lastly, First 5 Ventura County should continue to focus technical assistance and training on strategies for increasing service integration. This might include additional guidance on developing quality family resource centers, and other topics such as developing interagency agreements, quality subcontracts with local service providers, and shared intake and referral forms for use by all NfLs and countywide initiatives.

CfE/CHCFC can facilitate system change by providing NfLs with the information they need to engage in data-based decision-making. This includes providing NfLs with the results of survey data such as this as well as the results from the annual parent and Quality Surveys. Additionally, CfE can facilitate system change by providing NfLs and all funded partners with the guidelines and tools necessary to collect, track and report their own program data in the GEMS software. To this end, CHCFC has recently conducted data collection training for all

funded programs. CfE is providing the technical assistance for programs to begin collecting data, and Mosaic Inc. is in the process of developing the GEMS software which is scheduled for release in December of 2004. Also, by early 2005 CfE will provide training to funded partners on how to use data available in GEMS for strategic planning, quality improvement and grant-writing activities.

NfL Leadership: The First 5 Ventura County funded programs, and in particular the NfL leadership can facilitate system change by further developing their roles as system change agents. This implies continuing to look beyond their role in providing direct services to participants and finding ways to impact the broader system of early childhood services in their community. This might include beginning to get (or getting increasingly) involved with existing collaborative meetings. If no existing collaboratives exist, it might involve convening such a group for the first time.

NfLs should consider incorporating the system change strategies outlined in this report (provider capacity building; data sharing; community engagement; and service integration) in a more comprehensive and systematic way.

- **Provider capacity building:** NfLs who are not engaged in this type of activity might consider beginning. For those already involved, they may want to target additional groups of providers from the health and family support sectors.
- **Data sharing:** As tools for change become increasingly available from CfE, CHCFC and the First 5 Ventura County Commission, NfLs can be empowered to engage in data-based decision-making to improve the way their NfLs operate. For instance, NfLs in collaboration with CfE can contribute data to the GEMS and use this information to inform how system change strategies can be effectively implemented. Once internal accountability and evaluation systems are established, NfLs should consider engaging in cross-agency data sharing for planning and evaluation purposes.
- **Community Engagement:** While it appears that all of the NfLs are involved in a large number and wide variety of community events, only a few reported offering such events in targeted communities. NfLs may want to reserve some resources in the area of community events for targeted, hard to reach populations. For instance, the Santa Clara Valley NfL director described a nutrition education event that they held in one specific housing project.
- **Service Integration:** NfLs should conduct a self-assessment on where they believe they currently fall on the service integration continuum discussed earlier (No relationship; Awareness; Association; Collaboration; and Integration). To progress on the continuum, NfLs who do not have family resource centers should consider implementing them in future years. For those NfLs with FRCs that don't co-locate services, they should consider shifting their FRC model to one that offers increasing "one-stop" shopping. Lastly, NfLs should increasingly explore opportunities for interagency agreements that help to coordinate services or establish common procedures such as common protocols and forms for conducting assessments and/or referrals.

V. SUMMARY AND NEXT STEPS

This evaluation report has sought to provide the First 5 Ventura County Commission with information that will help it to continuously improve services for young children and their families. This evaluation report provided a number of findings that answered six broad evaluation questions. A summary of key findings below indicate that First 5 Ventura County is:

- 1) Providing at least 50,000 service contacts per year to parents with children 0-5 years of age from many racial/ethnic backgrounds, and socio-economic groups. Funded programs are serving proportionally more families with older children (3 to 5) than families with younger children (under 3).
- 2) Strategically funding strategies that impact the school readiness of children ages 0-5 years. For instance, it is directly targeting young children through child-focused services and indirectly targeting children through parent-focused services or support services that aim to improve access to and the quality of early childhood delivery systems. The Commission is funding a large number of programs to conduct parent education, parent support, and family literacy. Few programs have been funded to provide pediatric health care, prenatal care, breastfeeding support, immunizations, treatment for children with chronic illness or physical disabilities, or treatment for parents with substance abuse problems.
- 3) Offering high quality and accessible services that are responsive to the needs of a culturally and linguistically diverse population.
- 4) Meeting the expectations of parents. About two-thirds of parents reported that the services that they received from First 5 Ventura County were valuable or very valuable. Parents most frequently cited their unmet service needs to be preschool, child care, parent education and family literacy, and transportation. They also requested more service hours, more days, and more flexible appointment schedules. On the quality of services, parents wanted better communication with staff and preschool teachers.
- 5) Making a positive contribution to certain school readiness outcomes. For instance, a significantly higher proportion of parents who received literacy classes reported reading frequently to their child compared to parents who did not receive literacy services. In fact, families receiving family literacy classes were two times more likely to read frequently than families who did not receive family literacy classes.
- 6) Impacting the system of early childhood services through the NfL Initiative in a variety of ways. For instance, NfL directors reported making improvements to the system in the areas of provider awareness building, establishment of an organizing platforms, centralization of services, and increasing.

These findings are designed to help First 5 Ventura County assess progress in reaching the vision of the Commission and to serve as a baseline that can be monitored over time. Although the data did not reveal any significant challenges, in all areas examined there are opportunities to improve how services are delivered. The recommendations provided in this report were offered as a means for the Commission to improve on, and track, the good work it has been doing. The recommendations addressed the following five areas: 1) Targeting less served populations; 2) Improving access to services; 3) Increasing staff capacity; 4) Addressing unmet service needs; and 5) Making system improvements.

Continued efforts to evaluate the impact of First 5 Ventura County and to inform future strategic planning efforts entail further data collection from programs and parents. For FY 2004-2005, CHCFC will implement a longitudinal Parent Survey instead of second cross-sectional survey.

Although another cross-sectional survey would provide longitudinal information about programs (not participants), it would duplicate some of the information that will be collected by the GEMS data collection system being implemented in FY 2004-2005. In contrast, a longitudinal survey of parents in FY 2004-2005 will provide follow-up and more in-depth information about families who participated in the cross-sectional survey in FY 2003-2004.

The main objectives of longitudinal survey will be: 1) To examine the extent to which parents who received First 5 services in FY03-04 are still accessing First 5 (and/or other) services for themselves and their children in FY 04-05; 2) To examine differences and similarities between families who are accessing and those who are no longer accessing First 5 services and to understand the underlying reasons that may have contributed to them; 3) To examine any changes over time. These may pertain to parenting knowledge, behaviors, and unmet service needs among families receiving First 5 funded services for two years in a row; and 4) To develop a deeper understanding of parent child outcomes related to the receipt of First 5 funded services.

Toward this end, about 76% of the families who participated in round one gave their consent to participate in a follow-up (longitudinal) in FY04-05. This provides First 5 Ventura County a unique opportunity to develop a deeper understanding of the experiences of these families and to enrich its efforts to provide a healthy and successful future for young children in Ventura County.

Also in FY 2004-2005, CHCFC will conduct another Quality Survey of First 5 Ventura County Funded Programs. The survey will examine additional areas of quality in particular for early childhood education programs and will monitor progress of the indicators measured in FY 2003-2004.

Lastly, with the implementation of the GEMS data system, CHCFC will be able to examine the number of unduplicated counts of individuals served by the initiative and will be able to further explore the impact that services are having on the well-being of young children and their families.

REFERENCES AND ENDNOTES

- ¹ This is an estimate. California Board of Equalization has not done its final closeout of revenues for FY 2003-2004. Information obtained from phone interview on September 3, 2004 with Research Analyst Richie Matley at CA BOE, Division of Research and Statistics.
- ² Some questions were raised about the accuracy of the Spanish translation of the question on maternal education which may have limited the accuracy of the data collected on maternal education.
- ³ Ventura County data is from California Health Interview Survey (CHIS 2001) at <http://www.chis.ucla.edu>. This column represents data from respondents with children 0-5 years of age.
- ⁴ Includes those “widowed, divorced, separated, and living together” to be consistent with CHIS data for Ventura County. Individual frequencies are provided in Appendix C “Parent Cross-sectional Survey”.
- ⁵ Education levels for Ventura County maternal respondents (only) with children 0-5 years of age were not available through CHIS. CHIS researchers cautioned about the use of estimates obtained by subsetting the data because it can lead to small sample size and unstable estimates. About 61% of CHIS respondents with children 0-5 years of age were mothers while 37% were fathers.
- ⁶ Data on maternal employment among families with children 0-5 years of age in Ventura County was not available.
- ⁷ Data on maternal marital status among families with children 0-5 years of age in Ventura County was not available.
- ⁸ Ventura County data is from California Health Interview Survey (CHIS 2001) at <http://www.chis.ucla.edu>
- ⁹ The “other” category includes “Pacific Islanders” to be consistent with CHIS 2001 data.
- ¹⁰ Language information for 21% of the respondents was unknown.
- ¹¹ CHIS provided parents with additional response choices including speaking “English and Spanish” or “English and another language” which may explain why only 6% reported speaking Spanish (only) at home.
- ¹² Preschool attendance includes Head Start, preschool, and nursery.
- ¹³ Preschool attendance data for Ventura County is from a report on “An Assessment of Ventura County Options and Needs for Progress Toward Preschool for All” by Sid Gardner et. all for the Center for Excellence, March 2004. The preschool attendance data for First 5 Ventura County is higher because it reflects “ever” attending some type of preschool for children 3-5 years of age since the third birthday. Data for Ventura County reflects “current” attendance of some type of preschool for children 3-5 years of age.
- ¹⁴ Although parents were identified through programs providing services funded by First 5 Ventura County, some parents may have received (and reported) services that were not funded by First 5 Ventura County.
- ¹⁵ In most cases, parents are not aware of the funding source of services they receive.
- ¹⁶ Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: The Promoting Healthy Development Survey. *Pediatrics*. May 2001;107(5):1084-1094.

¹⁷ Response categories were developed from open-ended data.

¹⁸ It is possible that not all of these services were funded by First 5 Ventura County because funded programs that were included in the Parent Survey provide a variety of services under a number of funding sources. Parents would most likely not be able to make this distinction when reporting satisfaction with the services received at a particular funded program location.

¹⁹ As First 5 Ventura County rarely charges for services, the issue of low-cost may reflect other services provided at the funded program location that are not funded by First 5 Ventura County.

²⁰ All bivariate associations were performed using Chi-squared analysis. A cut-off of $p < .05$ was used to determine the statistical significance of associations.

²¹ Only statistically significant bivariate associations are presented for each outcome.

²² Based on data from the CHIS 2001 at <http://www.chis.ucla.edu>.

²³ Some of these differences however, may be due to the inclusion of older children in the First 5 Ventura County data as compared with the NSECH data.

²⁴ There were no statistically significant bivariate associations between the demographic characteristics and knowledge question on reading.

²⁵ Preschool attendance includes Head Start, preschool, and nursery.

²⁶ All bivariate associations were performed using chi-squared analysis. A cut-off point of $p < .05$ was used to determine the significance of associations.

²⁷ In the parent survey, parents were given the option to select one source. In the quality survey, programs could select all that applied.

²⁸ Developed by Halfon N, Sareen H, et al. in the report on the Healthy Start Initiative in California. 2001. At <http://www.healthychild.CHCFC.edu/SustainabilityCaliforniasHealthyStart.asp>

Appendix A

Demographic Characteristics of First 5 Ventura County Participants: Fiscal Year July-December 2003

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Background and Purpose

A major goal of the Center for Excellence (CfE) in Early Childhood Development is to build the long-term capacity of First 5 Ventura County funded programs [*i.e.*, Neighborhoods for Learning (NfL), Health and Family Strengthening] by having them engage in program level evaluation and use data for strategic planning, quality improvement and program evaluation. As a part of this effort and in preparation for the initial phase of evaluation work, funded programs were asked to collect and submit demographic characteristics on their client population for the first half of Fiscal Year 2003-2004. This data will be used to ascertain the number of service contacts and the demographic characteristics of children, parents and providers being served by First 5 Ventura County. By reporting on which populations appear to be served most frequently and identifying which populations, if any, are being served less frequently or not at all, the CfE will be able to assist the First 5 Ventura County Commission and funded programs with appropriately targeting their service population. The purpose of this report is to provide findings of the demographic characteristics of First 5 Ventura County participants for the first half of Fiscal Year 2003-2004.

Methods

Kickoff Evaluation

In May 2003, the CfE conducted a Kickoff Evaluation Workshop for First 5 Ventura County funded programs and their subcontractors. The workshop was designed to provide program directors with the information and support they needed in order to participate in the evaluation of First 5 Ventura County funded programs. Program directors were introduced to the role of the CfE in First 5 Ventura County evaluation and the evaluation design itself (*i.e.*, types of data to be collected, data collection and reporting process, and the use and reporting of data by the CfE). Program directors were also asked for their input on concerns, needs, and suggested strategies for technical assistance and communication during the demographic collection period.

Additionally, program directors received demographic data collection forms, *Participant-level Data Collection Tool for Demographic Characteristics*, to collect demographic information for certain participants. Various demographic characteristics were included; however, funded programs and their subcontractors were only asked to collect key demographic characteristics that were identified by shaded areas on the forms. These included: ethnicity and primary language of parents, and ethnicity, primary language, special needs, and age of the child (see Appendix 1).¹ Funded programs could elect to collect the additional remaining demographic characteristics though they were not expected to report on this larger set until the First 5 Ventura County data collection system is in place. These forms, offered in paper and electronic format, could be used either in their entirety, customized to suit the needs of a program, or incorporated into existing forms.

Demographic characteristics were collected from programs that provided direct services to core participants. Direct services refer to those services that are delivered to individuals (*i.e.*, children aged 0 – 5,² their parents, and other family members.) The definition of core participants

¹ Funded programs were asked to collect data from these demographic categories because they are aligned with the state First 5 evaluation and are requested in the state annual report.

² First 5 Ventura County defines 0-5 as up to but not including a child's sixth birthday.

is those participants for whom it is relevant and feasible to collect individual-level data (i.e., services are received over multiple sessions, data collection is a normal part of service delivery and/or the program receives enough funding to justify spending money on data collection). For a majority of the programs, the data collection period was July 2003 through December 2003, after they had received a one-on-one meeting with the CfE evaluation staff.³

Funded programs submitted key demographic characteristics by January 30, 2004 using the *Report Form for Key Demographic Characteristics* (see Appendix 2). Programs added up their individual-level forms (e.g. Participant-level Data Collection Tool for Demographic Characteristics) and entered the total counts on the *Report Form for Key Demographic Characteristics* and submitted them to the CfE evaluation staff. To help ensure the accuracy of data, the CfE evaluation staff reviewed the data submitted, checking that the numbers coincided (e.g., that the numbers within each reporting category [ethnicity, age, etc.] added up to the total number served). If there were inconsistencies, program staff were contacted and asked to clarify, and in some cases correct the information.

One-on-Ones and Additional Technical Assistance

In addition to the Kickoff Evaluation Workshop, the CfE evaluation staff met individually with a majority of the funded programs in one-on-one meetings to train their personnel to collect and report demographic data. In an effort to collect data from all First 5 Ventura County funded programs the CfE evaluation staff maintained close contact with the programs throughout the reporting period, making numerous calls to programs that encountered challenges in order to assist them in establishing appropriate data collection and reporting procedures, and to answer their questions and concerns. The CfE evaluation staff sent out a letter in November 2003 “reminding” programs that demographic data would be due in January 2004. At the beginning of February 2004, a letter was sent to programs that failed to submit data in January. This letter extended their data collection period and asked funded programs to contact the CfE if they needed assistance, still wanted to submit data, or to explain why they could not submit their data.

Results

Response Rate – Overall and by Funding Initiative

This analysis of the demographic characteristics of First 5 Ventura County participants is based on data collected from funded programs and their subcontractors from July 1, 2003 to December 31, 2003. Funded programs and their subcontractors were eligible to collect data if they provided services directly to children aged 0-5 years, their parents, and/or other family members. Programs were categorized as “ineligible” if they had been serving clients for less than one month or if the program focused on indirect services such as provider education. For example, the Ocean View, Simi/Moorpark and Oak Park NfLs had just begun to provide services to children and families. Similarly Family Strengthening programs included such as: Empowering Parents/Parent Education Collaborative, Foster Kinship Respite Care, and the Family Group Decision Making Program were also relatively new programs. The Family Strengthening program Work Life did not provide data because it was not relevant for them to do so, as they do not provide direct services or have core participants. Finally, for the remaining programs (n=7) the CfE received no response. The programs included: Rainbow Connection, Preschool to You,

³ Ventura and Santa Clara NfLs data collection period was from September 1, 2003 to December 31, 2003, while Community Mobile Literacy reported data from October 1, 2003 to December 31, 2003.

Clinicas Mental Health, Every Family Counts, Health and Education Passport, Clinicas Dental Health and Loving Arms.

It is important to note that some subcontractors of funded programs also provided data (n= 21) for this report. While the data provided from these subcontractors is analyzed in this report, response rates for subcontractors is not reported in Table 1. This is because the total number of subcontractors for the reporting frame is unknown, as several NfLs were still developing and finalizing these contractor-subcontractor relationships at the time. As such, it is impossible to calculate any type of response rate for subcontractors. Table 1 reports the number of reporting programs by service type.

Table 1

Response Rate – Overall and by Funding Initiative

Type of Program	Number of First 5 Ventura County Programs			Response Rate
	Total Number of Programs	Eligible to Report Data	Respondents	
NfL	11	8	8	100%
Health Programs	14	12	9	75%
Family Strengthening Programs	11	7	5	71%
Total	36	27	22	81%

Number of Service Contacts – Overall and by Funding Initiative

The Center for Excellence defined a participant as any individual who is a direct recipient of First 5 Ventura County funded services. This definition allows for a number of different types of participants based on the types of services received and who received these services. For example, in a funded First 5 Ventura County parent education class, the parent would be the participant, since it is the parent who receives the service. If a family receives a child care subsidy, that subsidy would go to the parent, who again, would be the official participant since it is the parent who receives the subsidy. The child would be considered the participant in a First 5 Ventura County funded preschool or day care program, since it is the child who receives the service. In First 5 Ventura County programs that provide training to child service providers, the participant would be considered providers, since they are the direct recipients of the First 5 Ventura County services. As these examples make clear, participants can be parents, children, or service providers depending on the type of service offered and received.

Because some programs are serving a significant number of non-core participants, the numbers presented here do not reflect all individuals served by First 5 Ventura County - only the core participants. However, some programs may have elected to collect demographics on non-core participants, so some non-core participants may be included in these numbers. Because many programs used paper data collection and report forms, some individuals probably were counted more than once. Therefore, these numbers probably do not reflect an unduplicated count of participants served; even though programs indicated they tried not to count the same individual multiple times.

Until the First 5 Ventura County evaluation data system is deployed and programs are using that system to enter and report their data, it is not feasible to track unduplicated counts of program

participants. Therefore, this report reflects the number of service contacts rather than the number of unduplicated counts of individuals.

Additionally, it is important to note that the number of service contacts reflects only 6 months worth of data and 81% of First 5 Ventura County funded programs, representing an undercount of the number of service contacts. We estimate at least 50,000 service contacts occurred for the entire Fiscal Year 2003-2004. Given these data limitations, Table 2 represents the number of service contacts (reporting period July 2003 through December 2003) rather than unduplicated counts of individuals.

Table 2

Number of Participants – Overall and by Funding Initiative

Type of Program	Number of Service Contacts	
	Eligible Program Respondents	Service Contacts
NfL	8	19,044
Health Programs	9	4,196
Family Strengthening Programs	5	2,190
Total	22	25,430

Note. Data analyzed in this table and the remaining tables in the report include data submitted from the 21 subcontractors. In addition, the number of service contacts for this period (reporting period July 2003 through December 2003) is likely to be less than the actual because not all programs submitted data. Proportionally fewer Family Strengthening programs provided data than did either NfLs or Health programs, resulting in a larger undercount of the number of individuals served by the Family Strengthening initiative.

Analyses by Funding Initiative

It is important to examine how participant characteristics may vary by the type of funding initiative. As one might expect, it appears that the three funding initiatives (NfLs, Health Programs, and Family Strengthening Programs) serve different types of participants. Table 3 reports the types of participants served by First 5 Ventura County programs. The data show that almost eight out of ten participants were either children (30%) or parents (43%), indicating that the majority of programs provide direct service to individual children and their parents, rather than indirect services through intermediary service providers. The most frequent types of providers served were center-based and family childcare providers.

Table 3

Number of Service Contacts and Type of Participants Served – Overall and by Funding Initiative

Direct Services	First 5 Ventura County Funding Initiative			
	Overall	NfL	Health	Family Strengthening
Children	7,855 (30.8%)	5,608 (29.4%)	1,034 (24.6%)	1,213 (55.4%)
Parents/guardians	10,929 (43.0%)	8,062 (42.3%)	2,113 (50.4%)	754 (34.4%)
Other relatives	2,520 (10.0%)	2,082 (11.0%)	430 (10.2%)	8 (0.4%)
Foster parents	217 (0.8%)	2 (0.0%)	0 (0.0%)	215 (9.8%)
Total Direct Services Service Contacts	21,521 (83.7%)	15,754 (82.7%)	3,577 (85.2%)	2,190 (100%)
<u>Provider Capacity Building</u>				
Center-based child care/ ECE provider	904 (3.5%)	679 (3.5%)	225 (5.4%)	0 (0.0%)
Family child care/ ECE provider	2,842 (11.1%)	2,611 (13.7%)	231 (5.5%)	0 (0.0%)
Home visitors	22 (0.0%)	0 (0.0%)	22 (0.5%)	0 (0.0%)
Other child development provider	80 (0.3%)	0 (0.0%)	80 (1.9%)	0 (0.0%)
Other family support provider	61 (0.2%)	0 (0.0%)	61 (1.5%)	0 (0.0%)
Total Provider Capacity Service Contacts	3,909 (15.1%)	3,290 (17.2%)	619 (14.8%)	0 (0.0%)
Total	25,430 (100.0%)	19,044 (100.0%)	4,196 (100.0%)	2,190 (100.0%)

Note. Findings reported here might be somewhat different had all programs reported their data. Because the majority of programs did report, the findings are probably fairly accurate in terms of the types of clients served. However, because not all programs reported, the actual number of service contacts is likely to be an undercount. Proportionally fewer Family Strengthening programs provided data than did either NfLs or Health programs, resulting in a larger undercount of the number of service contacts by the Family Strengthening initiative.

Participants Ethnicity – Overall and by Funding Initiative

As reported in Table 4, almost three-quarters (71%) of the participants were of Latino/a descent, about one-fifth (15%) White, and about one out of twenty-five (3%) were Black. Fewer than 2% First 5 Ventura County participants were American Indians, Asians, or Pacific Islanders were served. Based on Census 2000 figures for Ventura County,⁴ Latinos constitute a substantially higher proportion of First 5 Ventura County participants than Ventura County residents, and the same is true of Blacks, even though relatively few Blacks were served by First 5 Ventura County. Conversely, Whites constitute a substantially lower proportion of First 5 Ventura County participants than Ventura County residents, as do Asians even though Asians make up a small percentage of both populations.

The distribution of ethnic backgrounds differed between funding initiatives. For instance, 84% of service contacts within the Family Strengthening initiative were Latino/a whereas in the NfL and Health initiatives, Latinos/as represented only 70% and 68% of service contacts respectively. Also noteworthy, only 7.4% of service contacts within the Family Strengthening initiative were White whereas in the NfL and Health initiatives, Whites represented almost 16% each. For all three initiatives, Latinos/as were the largest ethnic population served.

⁴ Based on the Census figures retrieved June 6, 2003 from http://www.ventura.org/planning/pdf/demographics_comparison.pdf.

Table 4
Participants' Ethnicity Served – Overall and by Funding Initiative

	First 5 Ventura County Funding Initiative			
	Overall	NfL	Health	Family Strengthening
American Indian	64 (0.2%)	61 (0.3%)	1 (0.0%)	2 (0.1%)
Asian	354 (1.4%)	296 (1.5%)	46 (1.1%)	12 (0.5%)
Black	800 (3.1%)	641 (3.3%)	79 (1.9%)	80 (3.7%)
Latino/a	18,134 (71.3%)	13,422 (70.4%)	2,858 (68.1%)	1,854 (84.7%)
Pacific Islander	82 (0.3%)	81 (0.4%)	1 (0.0%)	0 (0.0%)
White	3,820 (15.0%)	2,994 (15.7%)	665 (15.8%)	161 (7.4%)
Multiethnic	485 (1.9%)	458 (2.4%)	14 (0.3%)	13 (0.6%)
Other	147 (0.5%)	120 (0.6%)	15 (0.4%)	12 (0.5%)
Unknown	1,544 (6.0%)	971 (5.0%)	517 (12.3%)	56 (2.6%)
Total	25,430 (100.0%)	19,044 (100.0%)	4,196 (100.0%)	2,190 (100.0%)

Note. Findings reported here might be somewhat different had all programs reported their data. Because the majority of programs did report, the findings are probably fairly accurate in terms of the types of clients served. Because not all programs reported, however, the actual number of service contacts is likely an undercount. Proportionally fewer Family Strengthening programs provided data than did either NfLs or Health programs, resulting in a larger undercount of the number of service contacts by the Family Strengthening initiative.

Participants' Primary Language – Overall and by Funding Initiative

Table 5 reports the primary language used by the participants in First 5 Ventura County funded programs. These figures indicate similarities between participants whose primary language is English (39%) and whose primary language is Spanish (38%). These figures differ substantially from Ventura County figures⁵ that place English as the primary language spoken by

⁵ Ventura County figures based on the Census 2000 figures retrieved June 7, 2003 from: http://factfinder.census.gov/servlet/QTTable?_bm=y&-qr_name=DEC_2000_SF3_U_DP2&-ds_name=DEC_2000_SF3_U&-_lang=en&-_sse=on&-geo_id=05000US06111.

two-thirds (67%) of the residents and Spanish as the primary language for only about a quarter (26%) of the residents.

Table 5
Participants' Primary Languages – Overall and by Funding Initiative

	First 5 Ventura County Funding Initiative			
	Overall	NfL	Health	Family Strengthening
English	9,736 (39.6%)	7,947 (41.7%)	1,586 (37.8%)	203 (9.3%)
Spanish	10,931 (38.6%)	8,601 (45.1%)	1,968 (46.9%)	362 (16.5%)
Other	174 (0.7%)	161 (0.8%)	8 (0.2%)	5 (0.2%)
Unknown	4,589 (21.0%)	2,335 (12.2%)	634 (15.1%)	1,620 (74.0%)
Total	25,430 (100.0%)	19,044 (100.0%)	4,196 (100.0%)	2,190 (100.0%)

Note. Findings reported here might be somewhat different had all programs reported their data. Because the majority of programs did report, the findings are probably fairly accurate in terms of the types of clients served. Because not all programs reported, however, the actual number of service contacts is likely an undercount. Proportionally fewer Family Strengthening programs provided data than did either NfLs or Health programs, resulting in a larger undercount of the number of service contacts by the Family Strengthening initiative.

Children Served – Overall and by Funding Initiative

While First 5 Ventura County programs have their own set of goals, there is a common thread that ties them together: serving the needs of children birth to five. Table 6 reports the number of service contacts provided to children by age of child and funding initiative. Unfortunately, more than half of the service contacts by child age were reported by funded programs as “unknown.” As a result of the missing data, conclusions on the age of children receiving services through First 5 Ventura County are limited. Keeping in mind this limitation, it does appear that First 5 Ventura County funded programs serve more preschool age children (ages three to five) than they serve infants or toddlers (birth to three years of age.) Such a conclusion can be made more certain when programs are able to report more specifically the ages of all participants, which will happen when the First 5 Ventura County data system is operational.

Table 6
Ages of Children Served – Overall and by Initiative

	First 5 Ventura County Funding Initiative			
	Overall	NfL	Health	Family Strengthening
Under three years of age	1,147 (14.6%)	1,082 (19.2%)	34 (3.3%)	31 (2.6%)
From three to five years of age	2,594 (33.0%)	2,151 (38.3%)	81 (7.8%)	362 (29.8%)
Age unknown ⁶	4,114 (52.3%)	2,375 (42.3%)	919 (88.9%)	820 (67.6%)
Total	7,855 (100.0%)	5,608 (100.0%)	1,034 (100.0%)	1,213 (100.0%)

Note. Findings reported here might be somewhat different had all programs reported their data. Because the majority of programs did report, the findings are probably fairly accurate in terms of the types of clients served. Because not all programs reported, however, the actual number of service contacts is likely an undercount. Proportionally fewer Family Strengthening programs provided data than did either NfLs or Health programs, resulting in a larger undercount of the number of service contacts by the Family Strengthening initiative.

Special Needs Children Served

The programs also were asked to report the number of children served who have special needs⁷. These data indicate that First 5 Ventura County programs provide few services for special needs children. Overall, of the 7,855 service contacts reported for children, only 47 of them were for children with special needs. As was said earlier, the numbers represent an undercount since not all programs provided data. In a similar fashion, it is possible that the special needs count is a significant undercount because not all programs collected this data for every child served, some parents may have declined to answer this question, or the question itself relies on parents having been told by a health professional that their child has a special need. In the latter case, children without a regular source of health care may not have been screened/identified as having a special need. For example, it is likely that a child with undiagnosed ADHD would not be counted among

⁶ Programs either did not collect or report on information regarding the age of the child.

⁷ Special needs is defined as children being served directly or indirectly who 1) are protected by the Americans with Disabilities Act (ADA), 2) are at risk of a developmental disability as defined by the Early intervention Services Act, or 3) do not have a specific diagnosis but whose behavior, development, and/or health affect their family's ability to find and maintain services (e.g., child care). This includes developmental delays, serious emotional disturbances, learning disabilities, speech impairments, deafness or other hearing impairments, blindness or other visual impairments, orthopedic impairments, and other health impairments lasting 6 months or more.

47 special needs children. However, once the data system is operational more complete data will be available for this population.

Type of Participant by Ethnicity⁸

Table 7 shows the service contacts by the ethnicity of the First 5 Ventura County participant. The majority of children (70.7%), parents (69.8%), and childcare providers (Center-based: 67.4%; Family based: 62.7%) served were Latino. The only group in which Whites were the majority (51.2%) was foster parents.

⁸ Oxnard NfL data is not included in the remaining tables. The NfL had difficulty retrieving data from their system and was only able to submit aggregated data.

Table 7
Participant Ethnicity by Type of Participant

	Children (0 – 5)	Parents/ Guardians	Other Relatives	Foster Parents	CB Child Care ¹	FB Child Care ²	Home Visitors	Other Providers ³	Other Family ⁴
American Indian	13 (.2%)	49 (0.5%)	0 (0.0%)	2 (0.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Asian	89 (1.2%)	43 (1.6%)	0 (0.0%)	4 (1.8%)	29 (3.2%)	89 (3.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Black	300 (4.1%)	287 (3.1%)	35 (5.4%)	5 (2.3%)	29 (3.2%)	81 (2.9%)	0 (0.0%)	0 (0.0%)	3 (4.9%)
Latino/a	5,192 (70.7%)	6,432 (69.8%)	511 (78.4%)	91 (41.9%)	14,376 (67.4%)	1,783 (62.7%)	21 (95.4%)	0 (0.0%)	45 (73.8%)
Pacific Islander	8 (.1%)	10 (0.1%)	0 (0.0%)	0 (0.0%)	337 (37.3%)	0 (0.0%)	1 (4.6%)	0 (0.0%)	0 (0.0%)
White	1,121 (15.3%)	1,442 (15.6%)	41 (6.3%)	111 (51.2%)	0 (0.0%)	768 (27.0%)	0 (0.0%)	0 (0.0%)	12 (19.7%)
Multiethnic	258 (3.5%)	222 (2.4%)	4 (0.6%)	0 (0.0%)	325 (36.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.6%)
Other	76 (1.0%)	45 (0.5%)	08 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Unknown	283 (3.9%)	588 (6.4%)	61 (9.4%)	3 (1.4%)	181 (20.0%)	121 (4.3%)	0 (0.0%)	80 (100.0%)	0 (0.0%)
Total	7,340 (100.0%)	9,218 (100.0%)	652 (100.0%)	217 (100.0%)	904 (100.0%)	2,842 (100.0%)	22 (100.0%)	80 (100.0%)	61 (100.0%)

Note. Findings reported here might be somewhat different had all programs reported their data. Because the majority of programs did report, the findings are probably fairly accurate in terms of the types of clients served. Because not all programs reported, however, the actual number of service contacts is an undercount. ¹ CB Child Care = Center-Based Child Care Providers; ² FB Child Care = Family Child Care Providers; ³ Other Providers = Other Child Development Providers; ⁴ Other Family = Other Family Support Providers.

Analyses by Activity Type

As shown in Table 8, primary language (either English or Spanish) appears to be related to the types of activities parents engage in. It appears that Spanish speakers tended to engage in Health Services, Mental Health, Preschool, Children's Special Need, Oral Health, Parent Support, Family Literacy, and Recreation activities more than did their English-speaking counterparts. Comparatively, English speakers were more likely to engage in Child Abuse Treatment and in Parent Education program activities. Because of the large number of data unavailable by activity type, conclusions are limited.

Table 8
Primary Language by Activity Type

Activity Type	Programs	Number of Service Contacts	English	Spanish	Other	Unknown
Child Abuse Treatment	3	44	36 (81.8%)	8 (18.2%)	0 (0.0%)	0 (0.0%)
Child Care Subsidies	4	37	10 (27.0%)	0 (0.0%)	0 (0.0%)	27 (73.0%)
Other Child Development Services	1	344	126 (36.6%)	215 (62.5%)	3 (0.9%)	0 (0.0%)
Family Literacy	6	1,278	309 (24.2%)	964 (75.4%)	5 (0.4%)	0 (0.0%)
Health Services	1	12	1 (8.3%)	6 (50.0%)	0 (0.0%)	5 (41.7%)
Mental Health	5	1,975	588 (29.8%)	1,209 (61.2%)	0 (0.0%)	178 (9.0%)
Oral Health	7	398	96 (24.1%)	286 (71.9%)	6 (1.5%)	10 (2.5%)
Parent Education	12	2,369	1,664 (70.2%)	475 (20.1%)	76 (3.2%)	154 (6.5%)
Parent Support	9	581	143 (24.6%)	434 (74.7%)	4 (0.7%)	0 (0.0%)
Preschool	2	676	255 (37.7%)	416 (61.5%)	5 (0.7%)	0 (0.0%)
Provider Education	12	4,224	1,769 (41.9%)	1,990 (47.1%)	20 (0.5%)	445 (10.5%)
Reading	2	754	66 (8.8%)	252 (33.4%)	1 (0.1%)	435 (57.7%)
Recreation	1	46	2 (4.3%)	44 (95.7%)	0 (0.0%)	0 (0.0%)
Resource and Referral	15	3,118	457 (14.7%)	526 (16.9%)	12 (0.4%)	2123 (68.1%)
Not Available	7	5,480	2,935 (53.6%)	1,421 (25.9%)	20 (0.4%)	1,104 (20.1%)
Totals	87	21,336	8,457 (39.6%)	8,246 (38.6%)	152 (0.7%)	4,481 (21.0%)

Note. Findings reported here might be somewhat different had all programs reported their data. Because the majority of programs did report, the findings are probably fairly accurate in terms of the types of clients served. Because not all programs reported, however, the actual number of service contacts is likely an undercount.

Summary and Conclusions

For the first half of Fiscal Year 2003-2004, First 5 Ventura County funded programs were asked to collect and submit demographic data on their client population to the CfE. The majority of funded programs, and many subcontractors, were willing and able to collect and report demographic data to the CfE in January 2004. The findings presented in this report are a beginning snapshot of the demographic characteristics of First 5 Ventura County's client population.

First 5 Ventura County had over 25,000 contacts with children and families, between July 2003 through December 2003, the majority of these children and families being served through the 8 Neighborhoods for Learning operational at the time of data collection. However, this number of service contacts represents an undercount since the data reflects only 6 months worth of data and 81% of the programs. We estimate that the total number of service contacts by all funded programs for the 12-month Fiscal Year 2003-2004 is at least 50,000. First 5 Ventura County data system in Fiscal Year 2004-2005 will be able to assess the number of service contacts and the number of unduplicated counts of individuals by participant type and by age of participant.

First 5 Ventura County funded programs primarily served children and families directly, however, about one in five programs served early childhood providers (the most frequent types being center-based and family child-care providers).

The majority of the children, parents and providers served were Latino. The only group in which Whites were the majority was foster parents. The vast majority of individuals served by First 5 Ventura County spoke either English (39%) or Spanish (38%), with about equal proportions of each having been served. Spanish speakers engaged in a wide variety of services, while English-speakers tended to be concentrated in parent education programs and child abuse treatment services. Latinos comprised over two thirds of participants in the NfL and Health Initiatives, and 85% of participants in the Family Strengthening Initiative. Overall, more Whites participated in the NfL and Health Initiatives and fewer in the Family Strengthening Initiative.

First 5 Ventura County appears to be reaching a substantially higher proportion of preschool-age children than infants and toddlers, and does not appear to be reaching a significant number of children with special needs, which is not unexpected given other more specialized services available to this population.

While these findings begin to give us a picture of the populations served by First 5 Ventura County, some of the limitations of the data make any conclusions tentative at this point. Some of these limitations include:

- the fact that the counts reflect service contacts rather than unduplicated counts of individuals because information was collected using paper data collection forms, and there was no system in place for identifying duplicates.
- information regarding the number of subcontractors was unavailable, so the total number of subcontractors could not be determined to calculate response rates.
- only data from core participants was included, because demographic data is only collected from this group, so this likely resulted in an undercount of total service contacts. Data on non-core participants will be available when the software system GEMS is operational.
- not all programs submitted data, which would result in an undercount of the service contacts.

-- there were large amounts of missing data, especially for the age of the child (more than half of respondents overall checked “unknown”—these percentages were even higher for the Health and Family Strengthening Initiatives), resulting in even more tentative conclusions for this particular information.

Fortunately, these limitations should be addressed by the implementation of the GEMS data system in December 2004. The system will provide service contacts for core and non-core participants and will also provide unduplicated counts for core participants. All subcontractor information will be identified. With the data collection tools provided and the ability to enter and report data through the GEMS system, it should be easier for all programs to report their data, further increasing the response rate and reducing the amount of missing data.

The accuracy of such data will provide First 5 Ventura County with valuable information for their strategic planning and quality improvement efforts

Appendix 1

First 5 Participant-Level Data Collection Tool for Demographic Characteristics: Child Record

Please collect the following information for each program participant who is a child 0-5. The respondent must be the child's parent/legal guardian. If you have any questions, please contact Ericka Tullis, Evaluation Coordinator at the Center for Excellence in Early Childhood Development, at (805) 437-8538 or ericka.tullis@csuci.edu.

Program name:				
Child's first name as it appears on birth certificate:	Child's middle name as it appears on birth certificate:			
Child's last name as it appears on birth certificate:	Mother's name (last, first):			
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Mother's maiden name (if applicable):			
Child's date of birth: _____ / _____ / _____ (mm/dd/yyyy)				
Child's place of birth City, State: _____ If born in other country, specify country: _____	Parent/guardian's place of birth City, State: _____ If born in other country, specify country: _____			
Child's current address Street: _____ City, State: _____ Zip: _____ Phone number: _____				
Consent date:	Date of first service:			
<p>Child's ethnicity (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian (check subcategory below) </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino (check subcategory below) <input type="checkbox"/> Other </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander (check subcategory below) <input type="checkbox"/> Unknown </td> </tr> </table>		<input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian (check subcategory below)	<input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino (check subcategory below) <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Pacific Islander (check subcategory below) <input type="checkbox"/> Unknown
<input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian (check subcategory below)	<input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino (check subcategory below) <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Pacific Islander (check subcategory below) <input type="checkbox"/> Unknown		

<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central American <input type="checkbox"/> Other Hispanic/Latino	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander
Parent/guardian's ethnicity, if different from child's (check all that apply)		
<input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian (check subcategory below)	<input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino (check subcategory below) <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Pacific Islander (check subcategory below) <input type="checkbox"/> Unknown
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central American <input type="checkbox"/> Other Hispanic/Latino	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander
What language is spoken most often in the child's home?		
<input type="checkbox"/> Mostly English <input type="checkbox"/> English and another language equally (indicate other language below)		
<input type="checkbox"/> Mostly another language (indicate other language below) <input type="checkbox"/> Unknown		
<input type="checkbox"/> Cantonese <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog (Filipino) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (mark list below)	<input type="checkbox"/> Chamorro (Guamanian) <input type="checkbox"/> Chaozhou (Chaochow) <input type="checkbox"/> Croatian <input type="checkbox"/> Dutch <input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Hungarian <input type="checkbox"/> Ilocano <input type="checkbox"/> Indonesian <input type="checkbox"/> Italian	<input type="checkbox"/> Japanese <input type="checkbox"/> Khmer (Cambodian) <input type="checkbox"/> Khmu <input type="checkbox"/> Kurdish <input type="checkbox"/> Lahu <input type="checkbox"/> Lao <input type="checkbox"/> Mandarin (Putonghua) <input type="checkbox"/> Marshallese <input type="checkbox"/> Mien <input type="checkbox"/> Mixteco <input type="checkbox"/> Pashto <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi <input type="checkbox"/> Rumanian
<input type="checkbox"/> Russian <input type="checkbox"/> Samoan <input type="checkbox"/> Serbo-Croatian <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Tigrinya <input type="checkbox"/> Toishanese <input type="checkbox"/> Tongan <input type="checkbox"/> Turkish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Urdu <input type="checkbox"/> Some other language <input type="checkbox"/> Unknown		
How many family members are there in the child's household, including you?	____ ____ Number of family members in household <input type="checkbox"/> Don't know/Declined	
Can you tell me about how much money (income) your family received in the last 12 months? Include money from any source you can think of.	\$__ __ __ , __ __ __ Annually <input type="checkbox"/> Don't know/Declined (ask next question)	

<p>We don't need to know exactly, but which of the following categories best describes your total family income in the last 12 months?</p>	<input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 – less than \$20,000 <input type="checkbox"/> \$20,000 – less than \$30,000 <input type="checkbox"/> \$30,000 – less than \$40,000 <input type="checkbox"/> \$40,000 – less than \$50,000 <input type="checkbox"/> \$50,000 – less than \$75,000 <input type="checkbox"/> More than \$75,000
<p>How many parents/guardians live in the child's home?</p>	<p>_____ Parents/guardians in the home</p>
<p>Does the child's mother have a high school diploma or a GED?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined
<p>Has a doctor or other health professional ever told you that your child has any of the other following disabilities or special needs? (Check all that apply.)</p>	<input type="checkbox"/> A developmental delay <input type="checkbox"/> Autism <input type="checkbox"/> A serious emotional disturbance <input type="checkbox"/> A specific learning disability <input type="checkbox"/> A speech impairment <input type="checkbox"/> Deafness or another hearing impairment <input type="checkbox"/> Blindness or another visual impairment <input type="checkbox"/> An orthopedic impairment <input type="checkbox"/> Another health impairment lasting 6 months or more <input type="checkbox"/> Don't know/Declined

First 5 Participant-Level Data Collection Tool for Demographic Characteristics: Client Record

Please collect the following information for each program participant who is an expectant mother, biological parent, adoptive parent, legal guardian, foster parent, grandparent, or other biological relative of a child 0-5. If you have any questions, please contact Ericka Tullis, Evaluation Coordinator at the Center for Excellence in Early Childhood Development, at (805) 437-8538 or ericka.tullis@csuci.edu.

Program name:	Client type: <input type="checkbox"/> Parent/guardian of child 0-5 <input type="checkbox"/> Other relative of child 0-5 <input type="checkbox"/> Foster parent of child 0-5
Client name (last, first)	Client date of birth: _____ / _____ / _____ (mm/dd/yyyy)
Client place of birth City, State: _____ If born in other country, specify country: _____	Client gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Client current address Street: _____ City, State: _____ Zip: _____ Phone number: _____	
Consent date:	Date of first service:
Client ethnicity (check all that apply)	
<input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian (check subcategory below) <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino (check subcategory below) <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander (check subcategory below) <input type="checkbox"/> Unknown	
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central American <input type="checkbox"/> Other Hispanic/Latino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	

What language is spoken most often in your home?	
<input type="checkbox"/> Mostly English <input type="checkbox"/> English and another language equally (indicate other language below)	<input type="checkbox"/> Mostly another language (indicate other language below) <input type="checkbox"/> Unknown
<input type="checkbox"/> Cantonese <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog (Filipino) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (mark list below) <ul style="list-style-type: none"> <input type="checkbox"/> Albanian <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Assyrian <input type="checkbox"/> Bosnian <input type="checkbox"/> Burmese <input type="checkbox"/> Cebuano (Visayan) <input type="checkbox"/> Chaldean 	<input type="checkbox"/> Chamorro (Guamanian) <input type="checkbox"/> Chaozhou (Chaochow) <input type="checkbox"/> Croatian <input type="checkbox"/> Dutch <input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Hungarian <input type="checkbox"/> Ilocano <input type="checkbox"/> Indonesian <input type="checkbox"/> Italian
<input type="checkbox"/> Japanese <input type="checkbox"/> Khmer (Cambodian) <input type="checkbox"/> Khmu <input type="checkbox"/> Kurdish <input type="checkbox"/> Lahu <input type="checkbox"/> Lao <input type="checkbox"/> Mandarin (Putonghua) <input type="checkbox"/> Marshallese <input type="checkbox"/> Mien <input type="checkbox"/> Mixteco <input type="checkbox"/> Pashto <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi <input type="checkbox"/> Rumanian	<input type="checkbox"/> Russian <input type="checkbox"/> Samoan <input type="checkbox"/> Serbo-Croatian <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Tigrinya <input type="checkbox"/> Toishanese <input type="checkbox"/> Tongan <input type="checkbox"/> Turkish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Urdu <input type="checkbox"/> Some other language <input type="checkbox"/> Unknown
How many family members are there in your household, including you?	____ ____ Number of family members in household <input type="checkbox"/> Don't know/Declined
Can you tell me about how much money (income) your family received in the last 12 months? Include money from any source you can think of.	\$__ __ __ , __ __ __ Annually <input type="checkbox"/> Don't know/Declined (ask next question)
We don't need to know exactly, but which of the following categories best describes your total family income in the last 12 months?	<input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 – less than \$20,000 <input type="checkbox"/> \$20,000 – less than \$30,000 <input type="checkbox"/> \$30,000 – less than \$40,000 <input type="checkbox"/> \$40,000 – less than \$50,000 <input type="checkbox"/> \$50,000 – less than \$75,000 <input type="checkbox"/> More than \$75,000
Do you have a high school diploma or a GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/Declined

First 5 Participant-Level Data Collection Tool for Demographic Characteristics: Provider Record

Please collect the following information for each program participant who is a provider serving children 0-5. If you have any questions, please contact Ericka Tullis, Evaluation Coordinator at the Center for Excellence in Early Childhood Development, at (805) 437-8538 or ericka.tullis@csuci.edu.

<p>Program name:</p>	<p>Provider type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Center-based child care/ECE provider <input type="checkbox"/> Family child care/ECE provider <ul style="list-style-type: none"> <input type="checkbox"/> Licensed <input type="checkbox"/> Not licensed <input type="checkbox"/> Kindergarten teacher <input type="checkbox"/> Mental health provider <input type="checkbox"/> Pediatric health care provider <input type="checkbox"/> Oral health care provider <input type="checkbox"/> Prenatal care provider <input type="checkbox"/> Parent educator <input type="checkbox"/> Home visitor <input type="checkbox"/> Lactation educator/consultant <input type="checkbox"/> Other child development provider <input type="checkbox"/> Other health care provider <input type="checkbox"/> Other family support provider
<p>Client name (last, first)</p>	<p>Client date of birth:</p> <p>_____ / _____ / _____ (mm/dd/yyyy)</p>
<p>Client place of birth</p> <p>City, State: _____</p> <p>If born in other country, specify country: _____</p>	<p>Client gender:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Client current address</p> <p>Street: _____</p> <p>City, State: _____</p> <p>Zip: _____</p> <p>Phone number: _____</p>	
<p>Date of first service:</p>	

Provider ethnicity (check all that apply)	
<input type="checkbox"/> Alaska Native or American Indian <input type="checkbox"/> Asian (check subcategory below)	<input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino (check subcategory below) <input type="checkbox"/> Other
<input type="checkbox"/> White <input type="checkbox"/> Pacific Islander (check subcategory below) <input type="checkbox"/> Unknown	
<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian	<input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central American <input type="checkbox"/> Other Hispanic/Latino
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	
What language is spoken most often in your home?	
<input type="checkbox"/> Mostly English <input type="checkbox"/> English and another language equally (indicate other language below)	<input type="checkbox"/> Mostly another language (indicate other language below) <input type="checkbox"/> Unknown
<input type="checkbox"/> Cantonese <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog (Filipino) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (mark list below) <ul style="list-style-type: none"> <input type="checkbox"/> Albanian <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Assyrian <input type="checkbox"/> Bosnian <input type="checkbox"/> Burmese <input type="checkbox"/> Cebuano (Visayan) <input type="checkbox"/> Chaldean 	<input type="checkbox"/> Chamorro (Guamanian) <input type="checkbox"/> Chaozhou (Chaochow) <input type="checkbox"/> Croatian <input type="checkbox"/> Dutch <input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Hungarian <input type="checkbox"/> Ilocano <input type="checkbox"/> Indonesian <input type="checkbox"/> Italian
<input type="checkbox"/> Japanese <input type="checkbox"/> Khmer (Cambodian) <input type="checkbox"/> Khmu <input type="checkbox"/> Kurdish <input type="checkbox"/> Lahu <input type="checkbox"/> Lao <input type="checkbox"/> Mandarin (Putonghua) <input type="checkbox"/> Marshallese <input type="checkbox"/> Mien <input type="checkbox"/> Mixteco <input type="checkbox"/> Pashto <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi <input type="checkbox"/> Rumanian	<input type="checkbox"/> Russian <input type="checkbox"/> Samoan <input type="checkbox"/> Serbo-Croatian <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Tigrinya <input type="checkbox"/> Toishanese <input type="checkbox"/> Tongan <input type="checkbox"/> Turkish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Urdu <input type="checkbox"/> Some other language <input type="checkbox"/> Unknown
What is the highest level of education you've completed?	<input type="checkbox"/> Less than high school <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> Some college <input type="checkbox"/> 2-year college graduate/AA <input type="checkbox"/> 4-year college graduate/BA <input type="checkbox"/> Graduate degree
We don't need to know exactly, but which of the following categories best describes the annual salary you receive as an early childhood service provider?	<input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 – less than \$20,000 <input type="checkbox"/> \$20,000 – less than \$30,000 <input type="checkbox"/> \$30,000 – less than \$40,000 <input type="checkbox"/> \$40,000 – less than \$50,000 <input type="checkbox"/> \$50,000 – less than \$75,000 <input type="checkbox"/> More than \$75,000

Appendix 2

Report Form for Key Demographic Characteristics

Reporting Period: July 1, 2003 to December 31, 2003

Program Name: _____

Program ID #: _____

Directions. For each type of participant you serve, please enter the total number of core participants that your program served during this reporting period and their ethnicity and primary language. For children only, please supply information on their age and whether they are known to have special needs.

Type of Participants	Total # of participants who received services this reporting period	Ethnicity										Primary language				Age of children			Number of children having special needs
		(Number of participants)										(Number of participants)				(Number)			
		American Indian	Asian	Black	Latino	Pacific Islander	White	Mixed	Other	Unknown	English	Spanish	Other	Unknown	< 3 years	3 to 5*	Unknown		
Parents/guardians of children 0-5*																			
Children 0-5*																			
Other relatives of children 0-5*																			
Foster parents of children 0-5*																			

* Up to a child's sixth birthday



**UCLA Center for Healthier
Children, Families and
Communities**

First 5 Ventura County Survey of First 5 Funded Partners: Successes and Challenges of Program Implementation

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Center for Excellence in Early Childhood Development and First 5 Ventura County*

September 2004

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- Directors, program managers and staff of First 5 Ventura County funded programs for participating in this survey.
- First 5 Ventura County Oversight Committee and Commission Staff for providing their expertise into the design and implementation of the data collection activities.
- Center for Excellence leadership, staff and its Evaluation Committee for their expertise in designing and implementing the data collection activities.

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INTRODUCTION

UCLA's Center for Healthier Children, Families, and Communities (CHCFC) was contracted by the Center for Excellence (CfE) in Early Childhood Development at CSU Channel Islands to conduct the *"Survey of First 5 Funded Partners: Successes and Challenges of Program Implementation."* This survey examines the structural and operational characteristics of funded programs, during the period of Fiscal Year 2003-2004, that have the potential to contribute to the quality of services delivered to children and families receiving First 5 Ventura County services.

This survey has three broad objectives: 1) identify indicators of quality and create a platform discussing the best ways to continually improve the quality of services delivered to First 5 Ventura County participants; 2) establish a baseline for quality indicators among First 5 Ventura County funded programs that can be tracked over time; and 3) assess where there may be exemplary practices and potential gaps in the quality of services currently being provided by First 5 Ventura county funded programs.

The findings from this survey (hereinafter referred to as the "Quality Survey") are intended to help improve the quality of services for Ventura's families. For example, findings can be used to inform quality improvement, strategic planning or technical assistance efforts of the First 5 Ventura County Commission and funded programs. Also, the findings can help explain outcomes for children, and families that were observed in the Parent Survey (Appendix C of the Annual Evaluation Report).

Evaluation Questions

This report examines six evaluation questions organized into three sections.

A. Access

1. Are programs designed in a way that makes them easy to access for families?
2. How do participants learn about First 5 funded services?

B. Quality

3. Are programs hiring and retaining linguistically and culturally competent staff?

C. Service Integration

4. What types of strategies are programs implementing to foster parent engagement in their decision-making process?
5. What degree of interagency collaboration is there in the planning processes of programs?
6. How do funded programs (non-NfLs) collaborate with Neighborhoods for Learning?

METHODOLOGY

First 5 Ventura County funded programs were eligible to participate in the Quality Survey if they provided direct services to children and families. Based on the program contact information provided by First 5 Ventura County, and the Center for Excellence, CHCFC identified 67 direct service programs that qualified to participate in this survey. On May 25, 2004, program directors were mailed and emailed the survey instrument, along with a letter informing them of the survey and their contractual obligation to participate. The survey instrument had 33 questions and was a self-administered questionnaire in Microsoft Word 95 format.

There was intensive follow up with programs to ensure an adequate response rate. One week prior to the June 7 deadline, reminder emails were sent and follow up calls were placed to program directors who had not yet submitted the survey. After the deadline passed, follow-up phone calls were placed and an additional two-week grace period was provided to those respondents who indicated that they needed additional time to complete the survey.

Survey Content

The questionnaire contained close-ended and open-ended questions, and was based on indicators of quality from research literature.¹²³ Additionally, some of the survey questions were adapted from the First 5 California School Readiness Initiative Funded Program and System Change Surveys.

A draft of the questionnaire was submitted to the Center for Excellence Evaluation Committee for their review and input. The survey responses reflect self-reported estimates by program directors and managers. Non-applicable responses were not counted in the denominator unless otherwise noted.⁴

Survey Response Rate

For FY 2003-2004, there were a total of 67 programs receiving First 5 Ventura County funding either directly through the Commission or via subcontracts with NfLs. Of the 67 programs, 36 were funded under one of First 5 Ventura County's three main funding initiatives (Neighborhood for Learning, Health, or Family Strengthening Initiative) and approximately 31 were subcontractors funded by the NfLs. The agencies represented by these numbers are not an unduplicated count of agencies because some of them were found to both hold contracts with First 5 Ventura County and to have subcontracts with one or more NfLs.

Of the 67 programs described above, 85% (57 programs) were found to be eligible to participate in the Quality Survey because they met the eligibility criteria of providing direct services to children and families using First 5 Ventura County funds in FY 2003-2004. Programs whose strategies were restricted to provider capacity building, community strengthening, infrastructure building, or systems change were not eligible to participate in the Quality Survey.

The overall response rate for the 57 eligible programs in the Quality Survey was 63% (36 programs including subcontractors). This represented a response rate of 59% of the 27 eligible First 5 Ventura County funded programs (Figure 1) and a response rate of approximately 66% of the 30 eligible subcontracts (Figure 2).

Figure 1

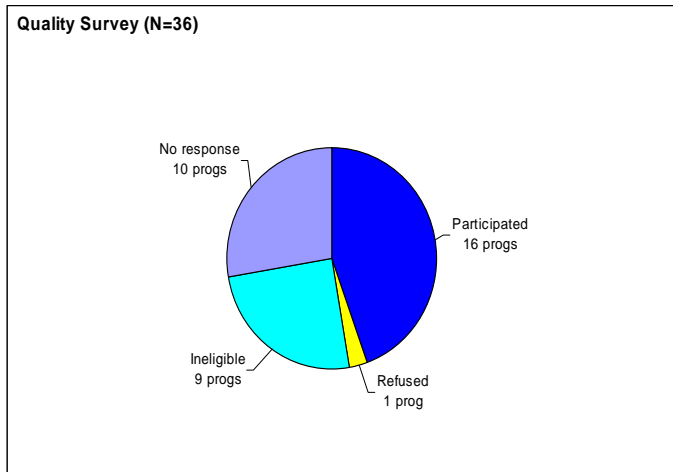
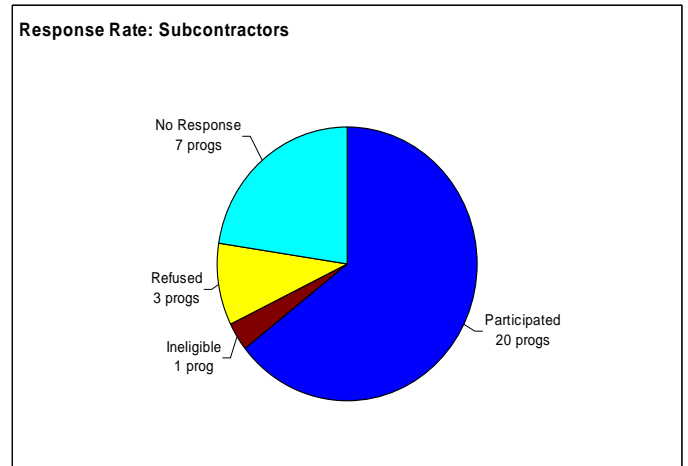


Figure 2



Strategies/service types of First 5 Ventura County funded programs

Survey respondents represented programs providing a range of health, family strengthening and early care and education service types. Table 1 in Appendix B1 ranks the types of services provided by respondents from most to least frequent.

The two most frequently reported service types were classified under family strengthening and consisted of community resource and referral services (61.8%) and parent education classes (58.3 %).⁵

The most frequently reported service type in the areas of health, early care and education and special needs include:

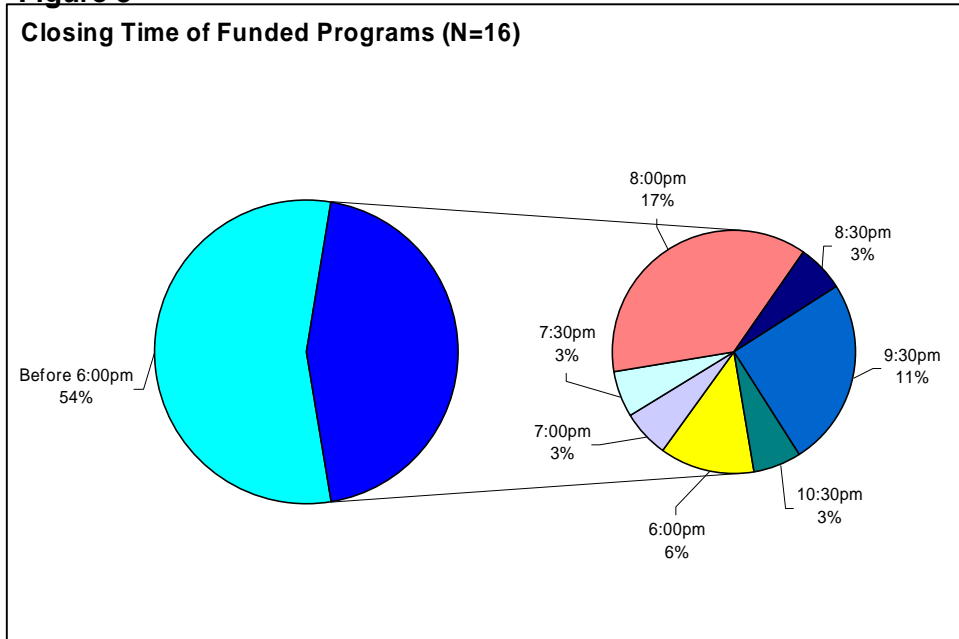
- *Physical and mental health*: health insurance outreach and enrollment (29.4%),
- *Special needs*: treatment for children with chronic disease or physical disabilities (17.6 %),
- *Early care and education*: childcare and preschool (22.2%)

FINDINGS: ACCESS

Are programs designed in a way that makes them easy to access for families?

Figure 3

Closing Time of Funded Programs (N=16)



Weekend and weeknight access

Weeknight access

Evening hours of operation were defined as the provision of services (or closing time) up to or after 6:00pm. About 54% of programs closed before 6:00pm.

About 46% of programs provided services up to or after 6:00pm. Of these programs:⁶

- 3% provided services until 10:30pm
- 14% provided services until 9:30pm
- 17% provided services until 8:30pm
- 34% provided services until 8:00pm
- 37% provided services until 7:30pm
- 40% provided services until 7:00pm
- 46% provided services until 6:00pm

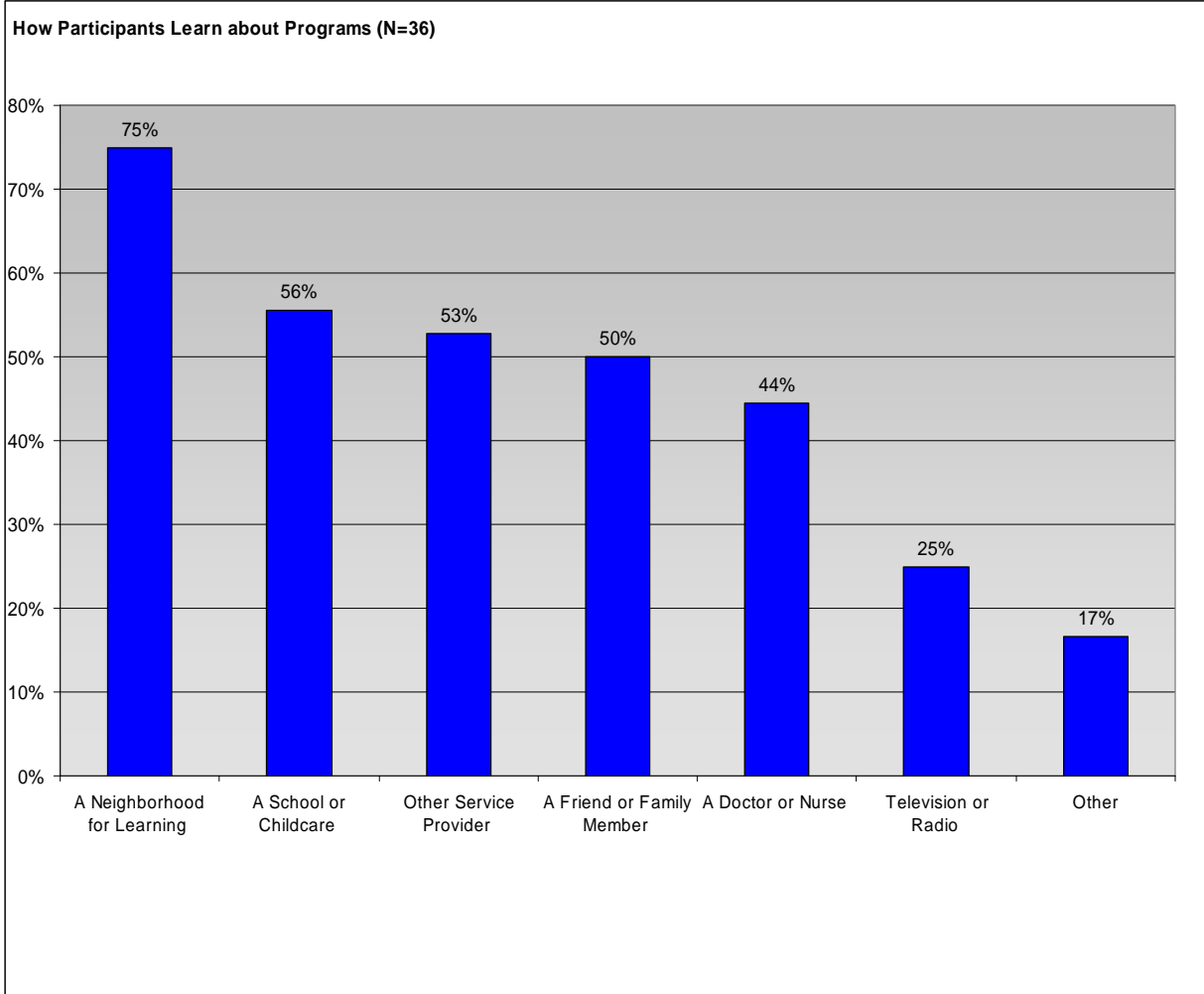
Weekend access

Ten programs (27.8%) offered services on the weekends. Weekend hours of operation did not differ by strategy type.

How do participants learn about First 5 Ventura County funded services?

We asked respondents how their First 5 Ventura County participants learn about their program. Programs could select all the modalities that applied. Exactly three-quarters of programs (75%) reported that clients became aware of their services through the local Neighborhood for Learning. About 50% of programs reported that their clients became aware of their services through a school or childcare (55.6%), another service provider (52.8%), and/or by a friend or family member (50%). Television and radio were the least frequently reported modality.

Figure 4



FINDINGS: QUALITY

Are programs hiring and retaining linguistically and culturally competent staff?

Staff characteristics

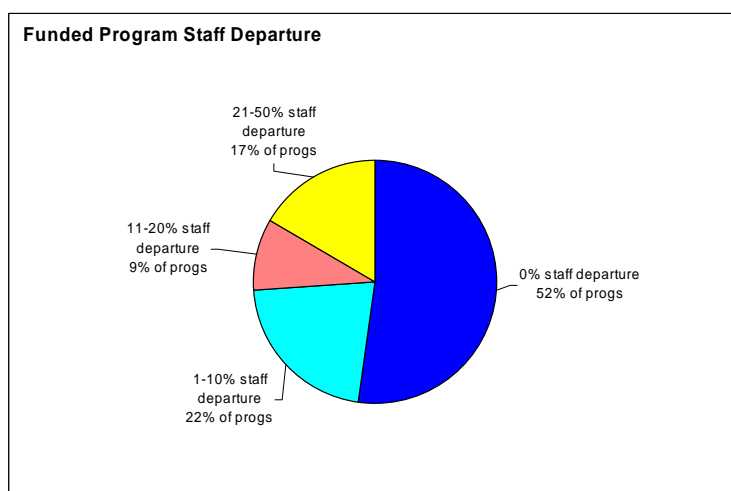
Staff Retention

The retention of staff is important to a program's ability to sustain relationships with clients. In this survey we asked programs to indicate the number of program staff that departed from their program in the last 12 months. About 48% of programs reported having one or more staff members leave in the last 12 months.

Of these:

- About 22% of programs experienced the departure of up to 10% of program staff;
- About 9% of programs experienced the departure of up to 20 % of program staff;
- About 16% of programs (5 programs) experienced the departure of up to 50% of their staff. The open-ended responses from those programs indicated that the high turnover rates were due to instability or lack of funding.

Figure 5



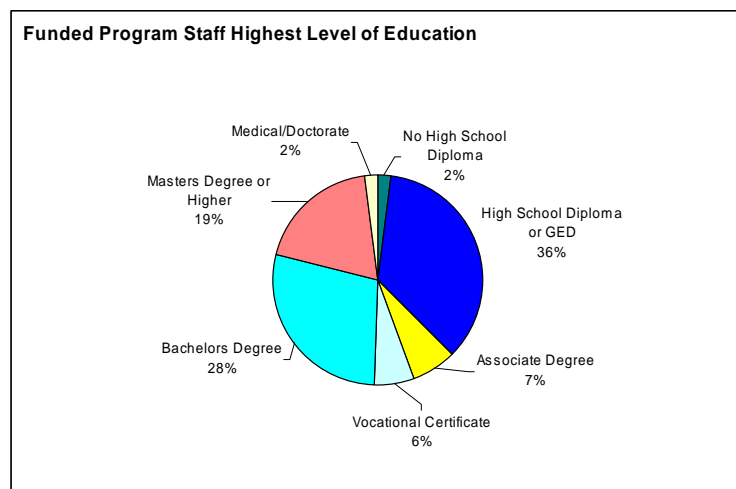
Training and qualification

Programs were asked about their staff members' highest level of education as an indicator of service quality and staff qualification.⁷

For about 48% of program staff, the highest level of education was a high school or equivalent degree; for 28% a Bachelors degree; and for 21% a Masters degree or higher.

In terms of staff training, there was a large variation among programs. Programs

Figure 6



reported providing staff with an average of 22 hours of in- house training per year.

Culturally and linguistically appropriate services

Culturally and linguistically appropriate services are important factors contributing to client satisfaction.

Linguistically appropriate services

Programs were asked if their staff and clients speak the following languages: Spanish, Chinese, Korean, Japanese, Tagalog, Vietnamese, Mixteca (or any other language).⁸⁹ About 95% of programs responding to this question selected Spanish as the language that was relevant to staff and clients.

About 25% (7 programs) of programs reported having proportionally less Spanish-speaking staff than Spanish speaking clients. About 75% of programs (20 programs) report that there are proportionally equal or more Spanish-speaking staff than Spanish-speaking clients.

Table 1

Programs capacity to serve Spanish-speaking clients in their primary language	%	n
Programs with proportionally less Spanish-speaking staff than clients.	25.9	7
Programs with proportionally equal Spanish-speaking staff and clients	7.4	2
Programs with proportionally more Spanish-speaking staff than clients.	66.7	18
Total	100	27

Culturally appropriate services

Programs were asked if they were specifically for or adapted to meet the needs of the following ethnic groups: Hispanic, Black, Asian, Pacific Islander, White or Other.

Over 50 % reported that their program was specifically for or adapted to meet the needs of the aforementioned ethnic groups.

Table 2

Client Race/Ethnicity	Program Adapted to Meet Needs of Ethnic Group	
	%	(n)
Hispanics	100	33
Blacks	72.7	8
Asians	63.6	7
Pacific Islanders	66.7	6
Whites	89.5	17
Others	50	2

FINDINGS: SERVICE COORDINATION AND INTEGRATION

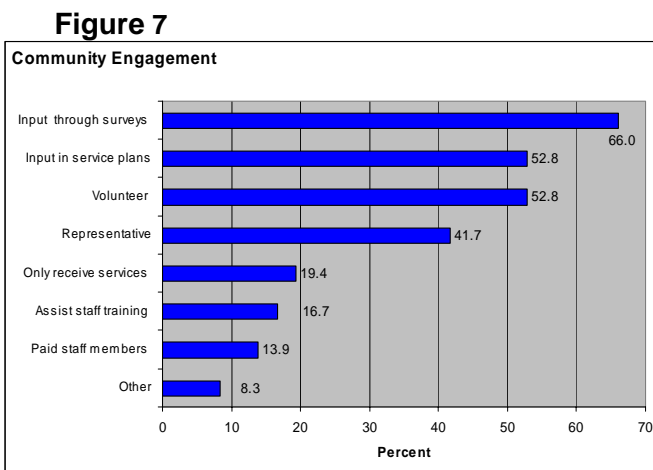
What types of strategies are programs implementing to foster parent engagement in their decision-making process?

Community engagement/parent decision making

The survey defined community engagement as those activities that promote awareness and meaningful involvement of program participants in the decision-making processes of the program.

We provided programs with seven possible ways to describe participant engagement. Figure 7 shows that about 20 % of program participants receive services but have no other particular role in the program. A majority of programs (67%) said that parents provide input on their services through survey forms or feedback forms.

Fifty percent of programs stated that parents have input into their service plans and parents volunteer at program activities. These findings suggests that there is room for improvement with those programs who are not involving parents in the organizational decision making processes.

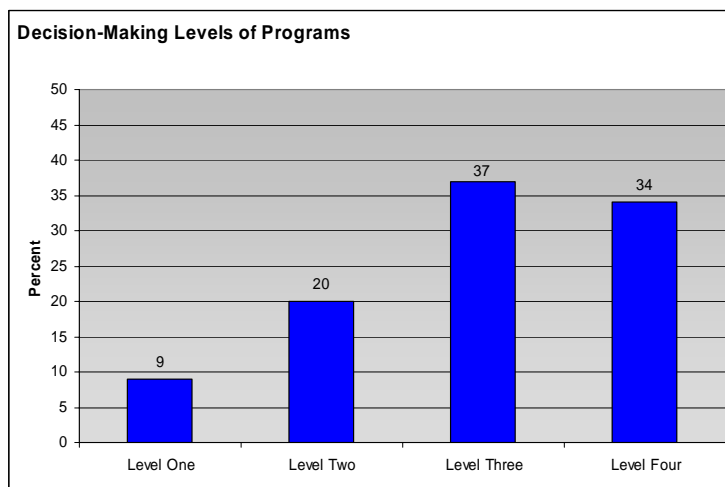


What degree of interagency collaboration is there in the planning processes of programs?

Decision-making structure of programs

The report represents decision-making as a continuum. This continuum is shown in four levels with the highest level of collaboration - interagency collaboration as level four. Programs were provided four categories that described organizational decision-making processes and were asked to identify which one most closely mirrored how their organization made planning decisions. After data collection, the four categories were assigned levels that reflect increasing intensity of interagency collaboration. These four

Figure 8



levels are described below:

- **Level Four:** The decision-making process is very collaborative; major decisions are made by organizational partners, and the decision-making process is always a joint venture.
- **Level Three:** The decision-making process is collaborative; major decisions are made with active involvement from most organizational partners, and frequent joint decision-making occurs.
- **Level Two:** The decision-making process is somewhat collaborative; major decisions are made by some organizational partners, and some joint decision-making occurs.
- **Level One:** The decision-making process is not very collaborative; major decisions are primarily made by a single body or person. There is no joint decision-making with organizational partners.

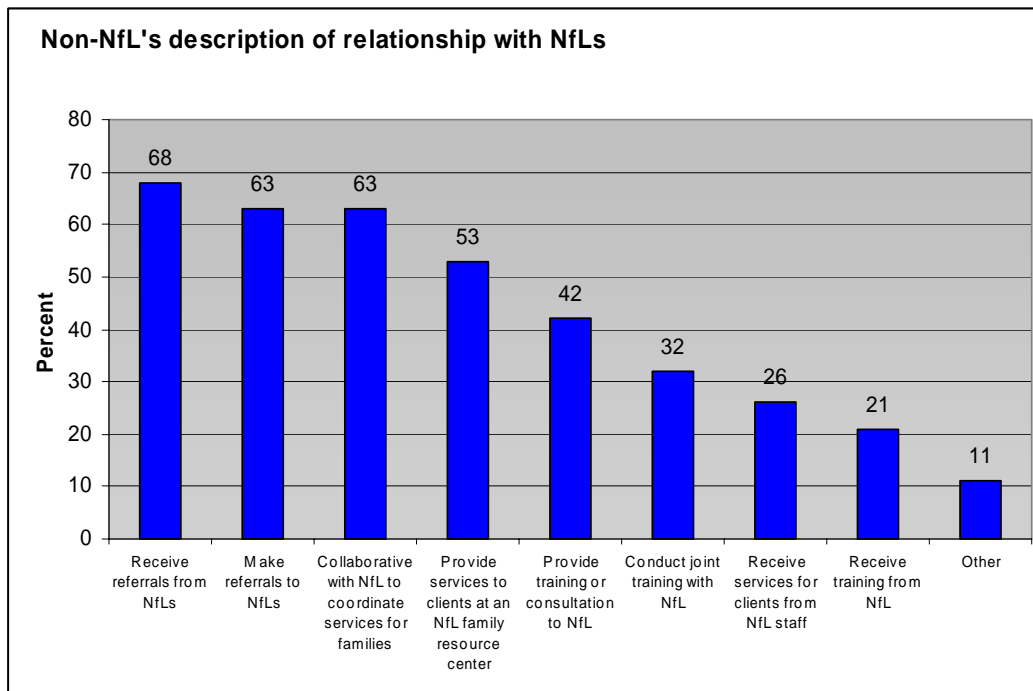
Responses to this question were varied. While (34.1%) of programs were represented in Level Four, the highest level of collaboration, the majority of programs were represented in lower levels of collaboration.

How do funded programs (non-NfLs) collaborate with Neighborhoods for Learning?

Non-NfLs and NfLs

Thirty, out of the 36, programs were non-NfL First 5 Ventura County funded program . When asked about the nature of their relationship with NfLs, 19 of the 30 non-NfL programs said that they do at least one of the strategies listed below.

Figure 9



When asked about the nature of the collaboration, at least 50% of programs responded that their relationship consisted of receiving referrals from an NfL (65%), making referrals to an NfL

(60%), collaborating with an NfL to coordinate services for First 5 Ventura County families (60%) and providing services to First 5 Ventura County clients at an NfL family resource center (50%). According to programs surveyed, the least frequent type of collaboration involved receiving training from NfL staff (20%).

Referrals

Referrals are an important factor contributing to how clients become aware of programs. Respondents were asked about the effectiveness of their referral system in terms of whether they had established written protocols and whether their staff had a referral directory.

About 56% of programs have written protocols in place to provide clients with referrals to outside services. This was more the case for NfLs than non-NfL funded programs. We found that 83% of the NfLs (5 NfLs) had written protocols in place whereas only 50% of non-NfL funded programs had protocols.

Almost three-quarters of respondents report that they have a directory of services for staff to use when making referrals.

Table 3

Referrals	(yes) %	n
Does your program have written protocols in place to assist staff with client referrals to outside services?	55.9	19
Does your program have a directory of services for staff to use when making client referrals to outside services?	74.3	26

RECOMMENDATIONS

First 5 Ventura County funded programs are responding to the needs of children and families by working to make services and programs accessible, culturally and linguistically competent and coordinated so that services are delivered in an effective, integrated and efficient manner. This survey can serve to help programs identify areas for continuous quality improvement by identifying key indicators of quality, establishing a baseline, and tracking improvements in these indicators over time.

Although most programs appear to be doing well on the indicators that we have examined, there is the opportunity to improve these areas in the coming year. We provide the following summary of our findings with recommendations for areas to improve.

Access

Increase the availability of evening and weekend hours for First 5 Ventura County services

- A little over half of the funded programs and subcontractors reported that they close their programs before 6:00 pm and about two-thirds do not offer services on the weekends.

Investigate the most effective mechanisms to market First 5 Ventura County services

- Television and radio were the least frequently reported modality by which parents hear about First 5 Ventura county funded services. This may not reflect any deficiency in the quantity or quality of TV and radio advertising if for this community, word of mouth is a more effective strategy for the majority of the population. Therefore, it is recommended that the Commission investigate the most effective mechanisms to market First 5 Ventura County services.

Quality

Ensure that programs more systematically provide a minimum number of hours of in-service training on key quality issues such as language and communication skills, cultural competency, and the principles of providing family centered care.

- The average number of hours of in-house training per year was fairly low. A number of programs reported eight hours or less of in-service training per year. In-service training is particularly critical for program staff in light of the fact that about half of the staff's highest level of education was reported to be a high school diploma or equivalent degree. Staff in-service training may also help to address staff retention which was reported by some programs and parents as a problem, particularly for preschool teachers.

Service Integration

Referrals: Provide training on effective referral systems to all programs that are not NfL. The training should cover the creation of written protocols for referrals. This training could potentially be provided by NfL given their reported successes in this area.

- About 60% of programs have written protocols in place to provide clients with referrals to outside services. This was more the case for NfLs than non-NfL funded programs.

APPENDIX B1 - TABLES

Table 1 - Service types provided by First 5 Ventura County funded programs (N=34)

Family Strengthening	%	(yes) n
Community resource and referral services	61.8	22
Parenting education classes	58.3	21
Case management	29.4	10
Family literacy	29.4	10
Home visiting	29.4	10
Parenting support groups	23.5	8
Library/book distribution	17.6	6
Nutrition education subsidies	8.8	3
Transportation services	5.6	2
Breastfeeding education and support	0	
Early Care and Education		
Child care or preschool	22.2	8
Child care resource and referral	16.7	6
Subsidies or vouchers for child care	13.9	5
Physical/Mental Health		
Health insurance outreach and enrollment	29.4	10
Pediatric health care	14.7	5
Parental mental health	14.7	5
Children's mental health counseling/therapy	11.8	4
Prenatal/preconception care	5.9	2
Maternal oral health treatment	5.9	2
Pediatric oral health care	5.9	2
Immunization services	2.9	1
Special Needs		
Treatment for children with chronic disease or physical disabilities	17.6	6
Treatment for children with developmental delay	14.7	5
Substance abuse treatment	2.9	1
Other- please specify:	26.5	9

Table 2 - Percentage of staff departing by program (N=32)

	%	n
0	53.1	17
1-5	6.2	2
6-10	15.5	5
11-15	-	-
16-20	9.4	3
21-25	-	-
26-30	-	-
31-35	-	-
36-40	-	-
41-45	-	-
46-50	9.4	3
51-55	-	-
56-60	3.1	1
100	3.1	1

Table 3 - Percentage of clients leaving by program N=33

	%	n
0	39.4	13
1-5	18	6
6-10	3	1
11-15	0	0
16-20	6	2
21-25	3	1
26-30	9.1	3
31-35	6.1	2
36-40		
41-45		
46-50	3	1
60+	9.1	3

Table 4 - Difference in Spanish speaking clients and staff (N=27)

Percentage range	Difference in Spanish speaking clients and staff	
	%	n
(0-1)		
(1-5)	7.4	2
(6-10)	3.7	1
(11-15)		
(16-20)	3.7	1
(21-25)	7.4	2
(26-30)		
(31-35)		
(36-40)	3.7	1
0	7.4	2
1-5	3.7	1
6-10	3.7	1
11-15		
16-20	14.8	4
21-25	7.4	2
26-30	7.4	2
31-35	3.7	1
36-40		
41-45	7.4	2
46-50	3.7	1
51-55	3.7	1
56-60		
61-65	3.7	1
66-70		
71-75		
76-80	3.7	1
81-85	3.7	1
86-90		
91-95		
96-100	3.7	1

Table 5 - Relationship with NFL's (N=30)

	(yes)	
	%	n
Is your program an NFL	16.7	6
Provide services to First 5 Ventura County clients at an NfL family resource center	50	10
Receive services for First 5 Ventura County clients from NfL staff	25	5
Make referrals to NfL	60	12
Receive referrals from NfL	65	13
Provide training or consultation to NfL	40	8
Receive training from NfL	20	4
Conduct joint training with NfL	30	6
Collaborate with NfL to coordinate services for First 5 Ventura County families	60	12
None of the above	10	2
Other (please use this cell to specify):	5	2

APPENDIX B2 – SURVEY INSTRUMENT

Survey of First 5 Funded Partners Successes and Challenges of Program Implementation Spring 2004

Instructions for Survey Completion

- This survey takes approximately 40 minutes to complete.
- Complete one Attachment A (*Program/Subcontractor Contact Information Sheet*) **per agency**.
- Complete one Attachment B (*Survey of First 5 Funded Partners Successes and Challenges of Program Implementation*) **for each First 5 program you directly administer out of your agency (those you list in Table 1 of Attachment A)**.
- The survey should be completed by program directors/managers of First 5 funded programs and First 5 funded subcontractors.
- Please answer all questions as they pertain to your First 5 population only (includes children up to their 6th birthday and their families).
- For NfL directors, please ask each of your subcontractors to complete a survey.
- Please return one Attachment A along with the completed survey/s (Attachment B) via email to Anika Toussant at UCLA **by Monday, June 7, 2004** at atoussant@mednet.ucla.edu. You may also mail the completed forms to:
Anika Toussant
UCLA Center for Healthier Children, Families and Communities
1100 Glendon Avenue, Suite 850
Los Angeles, CA 90024
- If you have any questions regarding the survey, please contact Anika Toussant at (310) 794-0942 or Lisa Thompson at (310) 794-0971.

Program Name:

Agency Name:

What service is your First 5 funded program funded to provide?

1. SERVICE TYPES		<i>(Mark "X" for all that apply)</i>
	Family Strengthening	
a.	Parenting education classes	
b.	Parenting support groups	
c.	Family literacy	
d.	Nutrition education subsidies	
e.	Home visiting	
f.	Breastfeeding education and support	
g.	Library/book distribution	
h.	Transportation services	
i.	Case management	
j.	Community resource and referral services	
	Early Care and Education	
k.	Subsidies or vouchers for child care	
l.	Child care resource and referral	
m.	Child care or preschool	
	Physical/Mental Health	
n.	Pediatric health care	
o.	Health insurance outreach and enrollment	
p.	Immunization services	
q.	Prenatal/pre conception care	
r.	Maternal oral health treatment	
s.	Pediatric oral health care	
t.	Children's mental health counseling/therapy	
u.	Parental mental health	
	Special Needs	
v.	Treatment for children with chronic disease or physical disabilities	
w.	Substance abuse treatment	
x.	Treatment for children with developmental delay	
y.	Other- please specify:	

2. HOURS OF OPERATION		<i>(Mark "X" next to your response)</i>
a.	During a typical week, are services for your program offered <u>on the weekends</u>?	Yes No
b.	If your program offers services in the evening, how late in the evening are services offered? Please indicate the time in the adjacent box.	____:____ —p.m

How do First 5 clients learn about your program?

3. MODE		<i>(Mark "X" for all that apply)</i>
a.	A Friend or Family Member	
b.	A Doctor or Nurse	
c.	A School or Childcare	
d.	A Neighborhood for Learning or NFL	
e.	Television or Radio	
f.	Other Service Provider	
g.	Don't know	
h.	Other <i>(Please use this cell to specify):</i>	

4. Please describe your program's successful practices and/or challenges, if any, in helping First 5 clients gain access to your services.

--

In this section we refer to your “program staff”. We define program staff as those paid employees who work directly with clients. We exclude administrative and managerial employees from this definition.

5. RETENTION OF PROGRAM STAFF		PLEASE INSERT RESPONSE
a.	Over the <u>last 12 months</u> , how many paid program staff have you had in your employment?	
b.	Over the <u>last 12 months</u> , how many paid program staff have departed from your program?	
c.	How many paid program staff do you <u>currently</u> employ?	
d.	How many volunteers do you <u>currently</u> have that work with First 5 clients?	

Please indicate in the table below the number of program staff you currently employ who fall into the following education categories. [Only include those staff listed in 5c]

6. LEVEL OF EDUCATION OF STAFF MEMBERS		NUMBER OF STAFF MEMBERS
a.	Without a High School Diploma	
b.	High School Degree or GED Equivalent	
c.	Associate Degree	
d.	Vocational Certificate	
e.	Bachelors Degree	
f.	Masters Degree or Higher excluding MD	
g.	Doctor of Medicine Degree	

7. STAFF TRAINING		PLEASE INSERT RESPONSE
a.	On average, how many hours of in-service training would you estimate each of your program staff receive on an annual basis?	<i>hours</i>

8. Please describe your program's successful practices and/or challenges, if any, associated with retaining quality staff.

--

9. CLIENT RETENTION		PLEASE INSERT RESPONSE
a.	Please <i>estimate</i> the number of First 5 clients who you have <u>served</u> over the last 12 months.	
b.	Please <i>estimate</i> the number of First 5 clients who have <u>left</u> your program over the last 12 months.	
c.	Please <i>estimate</i> the number of First 5 clients who you <u>currently</u> have enrolled in your program.	

Of your First 5 clients who have left your program (referenced in question 9b), please *estimate* the number that have left for the following reasons:

10. REASONS FOR DEPARTURE		NUMBER
a.	Completed program objectives	
b.	Left service area	
c.	No longer wanted to participate	
d.	Drop out for an unspecified reason	
e.	Other-(Please use this cell to specify):	
f.	Total (The sum should match question 9b)	

11. LANGUAGES (OTHER THAN ENGLISH)									
		Spanish	Chinese	Korean	Japanese	Taglog	Vietnamese	Mixteca	Other
a.	Estimate the number of your current staff who speak the								
b.	Do you have program materials available to your First 5 clients in the languages listed								
c.	Estimate the number of your current First 5 clients								

12. ETHNICITY								
		Hispanic/Latino	Black/African-American	Asian	Pacific Islander	White	Other	Total
a.	Please indicate if your program has been designed specifically for or adapted to meet the needs of the ethnic groups listed above. (Mark "X" for all that apply)							

b.	Please estimate the number of your current First 5 clients who would consider themselves to be from the ethnic groups listed above.								
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13. Please describe your program’s successful practices and/or challenges, if any, associated with providing culturally appropriate services.

--

14. SPECIAL NEEDS		PLEASE INSERT RESPONSE
a.	How many of your current First 5 children do you estimate have special health care needs?	

15. SPECIAL NEEDS		<i>(Mark “X” next to your response)</i>
a.	Are your program services specialized or adapted to meet the needs of children with disabilities and/or other special needs?	Yes No <i>(Skip to 15c)</i>
b.	If yes, how so? (please specify):	
c.	If no, why not? (please specify):	

Community engagement refers to activities that promote awareness and meaningful involvement of program participants and other community residents (e.g., parents, caregivers, service providers and community representatives) in the decision-making processes for your program.

In what ways are program participants (e.g., parents and guardians) currently engaged in your program?

16. PARTICIPANT ENGAGEMENT IN PROGRAM		<i>(Mark “X” for all that apply)</i>
a.	They receive services but have no other particular role in our program.	
b.	They have input into their service plans.	
c.	They serve as representatives on decision-making groups (advisory boards/committees).	

d.	They provide input on the program's services through surveys or feedback forms.	
e.	They volunteer at program activities.	
f.	They work as paid staff members for your program.	
g.	They assist/inform training of staff.	
h.	Other (please specify):	

How would you describe the decision-making process of your program?

17. TYPES OF DECISION-MAKING PROCESSES		<i>(Mark "X" to reflect your response)</i>
a.	The decision-making process is not very collaborative; major decisions are primarily made by a single body (ex. board) or person. There is no joint decision-making with organizational partners.	
b.	The decision-making process is somewhat collaborative; major decisions are made by some organizational partners, and some joint decision-making occurs.	
c.	The decision-making process is collaborative; major decisions are made with active involvement from most organizational partners, and frequent joint decision-making occurs.	
d.	The decision-making process is very collaborative; major decisions are made by organizational partners, and the decision-making process is always a joint venture.	

18. Please describe your program's successful practices and/or challenges, if any, associated with engaging the community in the decision- making process of your organization.

--

19. NEIGHBORHOOD FOR LEARNING		<i>(Mark "X" next to your response)</i>
a.	Is your program a Neighborhood for Learning?	Yes <i>(Skip to question 21)</i> No <i>(Go to 20)</i>

Please indicate the types of relationships you have with at least one Neighborhood for Learning (NFL).

20. TYPE OF RELATIONSHIPS WITH NFL		<i>(Mark "X" for all that apply)</i>
a.	Provide services to First 5 clients at an NFL family resource center	
b.	Receive services for First 5 clients from NFL staff	
c.	Make referrals to NFL	
d.	Receive referrals from NFL	
e.	Provide training or consultation to NFL	
f.	Receive training from NFL	
g.	Conduct joint training with NFL	
h.	Collaborate with NFL to coordinate services for First 5 families	
i.	None of the above	
j.	Other (please use this cell to specify):	

21. REFERRALS		<i>(Mark "X" to next to your response)</i>
a.	Does your program have written protocols in place to assist staff with client referrals to outside services?	Yes No Not Applicable-Do not make referrals
b.	Does your program have a directory of services for staff to use when making client referrals to outside services?	Yes No Not Applicable-Do not make referrals

22A-24B. DATA COLLECTION			Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
<p>22a. Do you currently collect information regarding the demographic characteristics of your program participants? (Mark "X" next to your response.)</p>	<p>___ Yes (Go to question 22b) → ___ No (Skip to question 23a)</p>	<p>22b. If yes, please tell us how strongly you agree that this data collection activity is a result of CfE's data collection and/or assistance efforts. (Mark "X" in the cell that apply)</p>				
<p>23a. Do you currently collect information regarding the types and quantity of services you are providing? (Mark "X" next to your response.)</p>	<p>___ Yes (Go to question 23b) → ___ No (Skip to question 24a)</p>	<p>23b. If yes, please tell us how strongly you agree that your effort is a result of CfE's data collection and/or assistance. (Mark "X" in the cell that apply)</p>				
<p>24a. Do you currently collect program information about how your participants are doing as a result of your services? (Mark "X" next to your response.)</p>	<p>___ Yes (Go to question 24b) ___ No (Skip to question 25) →</p>	<p>24b. If yes, please tell us how strongly you agree that your effort is a result of CfE data collection and/or assistance. (Mark "X" in the cell that apply)</p>				

25. Please describe your program's successful practices and /or challenges, if any, associated with collecting data about your program.

26. Do you have any other comments regarding your program's successes and/or challenges, if any, with program implementation?

If you are a child care provider go to page 11. For all other providers, please go to the contact sheet at the end of this survey.

CHILD CARE/PRESCHOOL PROVIDERS (ONLY)

27. LICENSING		<i>(Mark "X" next to your response)</i>
a.	Is your program licensed?	Yes No

28. ACCREDITATION		<i>(Mark "X" next to your response)</i>
a.	Is your program accredited?	Yes No (Skip to question 30)

29. ACCREDITING ORGANIZATION		<i>(Mark "X" next to your response)</i>
a.	If yes, from whom did you receive your accreditation?	<p>___NAEYC: Nation Academy of Early Childhood Programs (NAECP) of the NAEYC</p> <p>___NCCA: National Early Child-hood Professional Accreditation (NECPA) of the NCCA, National Child Care Association</p> <p>___COA: Council on Accreditation of Services for First 5 families and Children</p> <p>___NCR: National Council on Recognition of the ECCN, Ecumenical Child Care Network</p> <p>___ACSI Preschool Accreditation Program of the Association of Christian Schools International</p> <p>___NAFCC: National Association of Family Child Care</p> <p>___NSACA: National School-Age re Alliance</p>

30. ACCREDITATION STATUS		<i>(Mark "X" next to your response)</i>
a.	Are you in the process of receiving accreditation?	Yes (<i>Skip to 32</i>) No

31. If no, please explain why you are not pursuing accreditation:

--

32. EMPLOYEES		PLEASE INSERT RESPONSE
a.	How many caretakers/teachers are employed at your center?	

Please *estimate* the number of your caretakers/teachers that have obtained the permits listed below. Also estimate your caretakers/teachers average annual salaries for each permit type listed. Only include the paid program staff who you currently employ (who work directly with First 5 clients).

33. TYPES OF PERMIT		NUMBER	AVERAGE ANNUAL SALARY <i>Please describe in tens of thousands of dollars)</i>
a.	No permit		
b.	Child Development Assistant Permit		
c.	Child Development Associate Permit		
d.	Child Development Teacher Permit		
e.	Child Development Master Teacher Permit		
f.	Child Development Site Supervisor Permit		
g.	Child Development Program Director Permit		
h.	Total		

Please go to the contact sheet at the end of this survey.

CONTACT SHEET

NAME OF PERSON COMPLETING SURVEY

PHONE

DATE

REFERENCES AND ENDNOTES

¹ Scarr S, Eisenberg M, and Deater–Deckard K, (1994). Measurement of Quality in Childcare Centers. *Early Childhood Research Quarterly*.3: 131-151.

² Phillipsen LC, Burchinal MR, Howes C & Cryer D. (1997). The Prediction of Process Quality from Structural Features of Childcare. *Early Childhood Research Quarterly*.12:281-303.

³ St. Pierre, Swartz, Murray, Deck (1996). Improving Family literacy: Findings from the National Even Start Evaluation. *Research in Child Development and Family Studies*. 1-12.

⁴ Missing data and not applicable responses were excluded from the analysis, unless otherwise noted.

⁵ The sum of the percentages is greater than 100 percent because programs provide multiple services.

⁶ The response categories were developed from open-ended data.

⁷ Scarr S, Eisenberg M, & Deater- Deckard K. (1994). Measurement of Quality in Childcare Centers. *Early Childhood Research Quarterly* : 9:131-15.

⁸ US Census 2000



**UCLA Center for
Healthier Children,
Families and
Communities**

First 5 Ventura County Cross-Sectional Parent Survey

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Lisa Thompson, MPH
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*This project was made possible through generous funding and support from the
Center for Excellence in Early Childhood Development and First 5 Ventura County*

September 2004

Acknowledgements

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- ❖ Families receiving services from First 5 Ventura County funded programs who graciously participated in the survey.
- ❖ Directors, program managers and staff of First 5 Ventura County funded programs for helping us to coordinate our survey activities.
- ❖ CfE staff and its Evaluation Committee for their expertise into the design and implementation of the data collection activities.
- ❖ Moira Inkelas and Alice Kuo at the UCLA Center for Healthier Children, Families, and Communities for their expertise into the design and implementation of data collection activities.
- ❖ Jamshid Damooei and his team of interviewers at California Lutheran University for their excellence in conducting the interviews with families for the parent cross sectional survey.

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I. INTRODUCTION

The First 5 Ventura County Commission has identified three goals in their strategic plan: 1) children will be emotionally, socially, and academically ready for school; 2) children will be physically and mentally healthy; and 3) families will provide an environment that supports the physical, mental, emotional, social, intellectual, and linguistic development of their children. The third goal underscores the important role that parents play in the lives of children.

The family is the primary unit that influences the health and development of young children. The early education and child care environments that parents provide children are based on their life experiences and cultural beliefs about parenting. This indicates that parenting is culture-bound, with differences in views and goals for early child development, appropriate early care, and education experience. Therefore, to improve the well-being of children, a helpful first step would be to understand the current status of families in terms of parent knowledge, behaviors, and family well-being. In addition to these characteristics is the need to examine parent use of First 5 Ventura County funded services, their experiences and level of satisfaction with these services, and the nature of their unmet needs, if any.

Being informed about differences between parents and their expectations related to caring and educating children will help the Commission carry out its goal to include parents “*as experts on the health and development of their children and as meaningful partners*”.¹ Tailoring services to the beliefs, practices, and experiences of the families in Ventura County will improve the quality of services, and may even serve as an incentive for more parents and many “hard-to-reach” populations to access these services and in the process, augment their child’s development.

The evaluation of First 5 Ventura County is using a variety of data sources to examine outcomes observed for children and families. The cross-sectional parent survey is an important component of the overall evaluation design and targets a representative sample of families receiving First 5 funded services in Ventura County.

The primary objectives of the First 5 Ventura County cross-sectional parent survey included the following:

- 1) To examine parent knowledge, perceptions, and practices related to their own well-being and to their child’s health and development;
- 2) To determine parent access, utilization, and satisfaction with First 5 Ventura County funded services and to develop an understanding of their unmet needs;
- 3) To examine the contribution of First 5 Ventura County funded programs to the well-being of young children and their families; and
- 4) To use survey findings to inform First 5 Ventura County Commission’s future strategic planning efforts

II. DATA AND METHODS

A. Target Population

The target population included families with children 0-5 years of age who received First 5 Ventura County funded services in the last 12 months. Up to 40 families per program were included.

B. Development of Survey Instrument

The survey instrument was developed by the UCLA Center for Healthier Children, Families, and Communities (CHCFC).

Criteria: The criteria for selecting survey items was that they: 1) reflect the priorities of First 5 Ventura County as outlined in the funding priorities of the strategic plan; 2) were valid and reliable in previous surveys and comparable to other state and national indicators; and 3) were comparable to applicable measures being collected by First 5 California.

Development stages: The survey development process consisted of following stages:

Input: In order to assess program preferences for specific modes of survey administration (based on the nature of their service delivery) and to know about the linguistic needs of their client populations, UCLA contacted six program sites. These sites included: two programs with a large flow of clients, two programs with a small flow of clients including one where staff made home-visits and two programs that provided classes, such as parenting and nutrition, to parents. Programs with a larger flow of clients preferred in-person interviews since their clients were often on-site and easily accessible. These programs also expressed difficulty in trying to access their clients over the phone due to often-disconnected telephone numbers, frequent moves, and uncertain legal status. Those with a smaller flow indicated the need to reach their clients over the phone since services were provided at home with clients rarely making site visits. Programs offering classes raised the need to consider an additional mode of survey administration, group interviews, to reflect accessibility, convenience and the nature of service delivery. Group interviews entailed interviewing parents in groups either before or after taking a class at programs offering such services. Feedback from these programs was incorporated into the survey instrument.

Review: the instrument underwent two review processes. The draft was first internally reviewed at UCLA. Subsequently, the revised draft was presented at the Center for Excellence (CfE) Evaluation Committee meeting. Feedback from the reviews was incorporated into the survey.

Spanish Translation: The needs-assessment indicated the need for interviews to be conducted in Spanish, also supported by the fact that about 26% of the population in Ventura County speaks Spanish at home.² To accommodate this need, the survey instrument was translated into Spanish and Spanish-speaking interviewers were added to the team of interviewers.

Pilot Testing: The English and Spanish versions of the survey were pilot tested for content, length, and duration. In addition, brief cognitive interviewing was undertaken to check if respondents understood survey questions. Both the pilot and cognitive testing indicated the need to shorten the survey instrument (and the duration of the interview process), and ensure that the items in the Spanish version of the instrument were appropriate for Spanish-speaking populations (for example, categories used for maternal level of education).

Survey domains: The final survey instrument included five sections: Child, Parent/Respondent, Family/Household, Service, and Demographics. Approximately 40 items were included in the

survey. Survey items covered the following domains: parent demographics, child health, parent knowledge, parenting practices, access to services, utilization of services, level of satisfaction with services, and unmet service needs. They were mostly derived or modified from items in the 2000 National Survey of Early Childhood Health, the state First 5 PEDS intake form, and the SRI Family Interview Survey. A copy of the instrument is provided in Appendix A.

Survey design: Although the survey was initially conceptualized as a phone interview, feedback from the CfE Evaluation Committee highlighted the need to use additional methods of survey administration such as on-site group interviews to accommodate the preferences of some First 5 Ventura County programs and the families they served. Some families receiving First 5 Ventura County funded services did not have phones, were migrant workers, or undocumented. Therefore the survey was designed so it could be administered on-site (individually or in groups) or over the phone.

C. Survey Administration

Survey team: CfE contracted with California Lutheran University (CLU) to provide graduate students to do the interviews. CHCFC trained 30 students from CLU to administer the survey. CLU professor Dr. Jamshid Damooei gave UCLA input on the survey design, supervised the team of interviewers, conducted quality control of data collection, and oversaw data entry.

Coordination with First 5 Ventura County programs: Prior to survey administration, UCLA called all First 5 Ventura County program directors to inform them about the purpose and nature of the upcoming parent survey. Program directors were asked to identify a contact person who would help in coordinating the logistics of surveying families receiving services at their sites. In most cases, program directors self-selected themselves as the contact person.

Program contacts were provided with two options to reach their families – phone or on-site interviews. Programs that opted for *phone interviews* as the best way to reach their families were asked to identify 40 families who were willing to participate in the survey. This could be done by either: 1) having program staff contact families to identify interested participants, and providing UCLA with their names, phone numbers, and preference for language of interview; or 3) having UCLA send their interviewers to program sites to ask families if they would be willing to participate in the survey.

Most programs gave UCLA phone lists of families interested in participating in the survey. Programs with less than 60 clients were asked to provide UCLA with the entire list of families or identify 40 families from the list. Programs with larger flow were asked to use a random procedure to identify participants.

When programs opted for *on-site interviews*, dates and times were scheduled and it was determined whether interviews would occur in a group or one-on-one format and information was collected about client preferences for language of interview (English/Spanish).

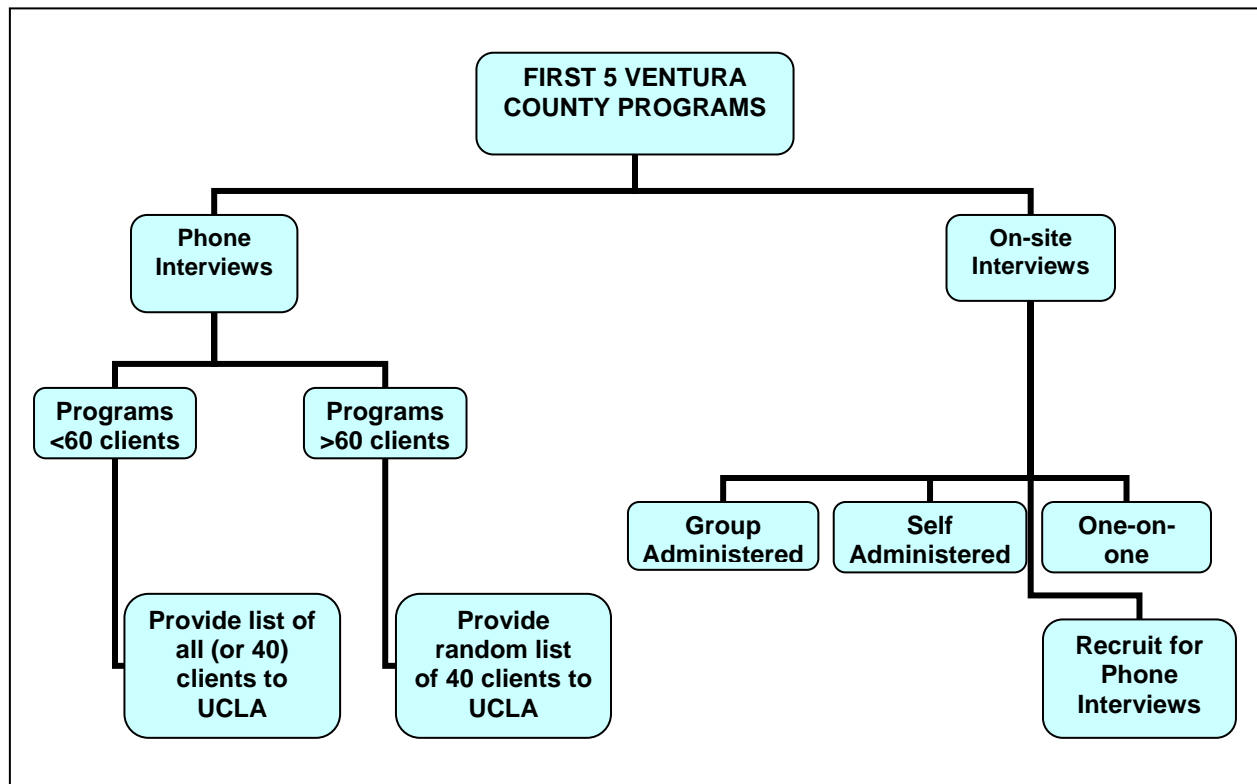
Mode of survey administration: Taking all factors into consideration including the structure of services and the preferences of program participants, the following four options regarding survey administration were provided to sites:

1. On-site group-administered: Interviewers would administer the survey in small groups (between 6 and 10 parents) at scheduled group events such as parenting classes. In a

class structure, the interviewer would ask the survey questions and ask respondents to answer the questions individually on the questionnaire form given to them.

2. On-site self-administered: Interviewers would provide the survey instrument to parents accessing services on-site and ask them to fill out the survey on their own (self-administered).
3. On-site one-one-one: Interviewers would conduct individual, in-person interviews with parents.
4. Phone: Interviewers would conduct scheduled phone interviews with families.

Figure 1: Survey process for phone and on-site interviews



D. Data collection

Human subjects approval: All materials used for this study were examined and approved by UCLA's OPRS in order to ensure that they adhered to ethical guidelines for research participation. Prior to the interviews, parents were read and/or provided with a fact sheet that contained the basic elements of informed consent. The fact sheet informed them about the purpose of the survey, the voluntary nature of participation, and other required elements of informed consent. Fact sheets were available in English and Spanish. Only parents who provided informed consent participated in the survey.

Timeline: The parent survey took approximately nine months to complete from start to finish. This time period included two rounds of data collection. The first round took place from April to

May but had a poor response from: a) First 5 Ventura County programs funded under the Health Initiative; and b) subcontractors who received First 5 Ventura County funding through the First 5 Ventura County Neighborhoods for Learning (NfLs). An additional round of data collection took place from June to July to achieve a higher response rate from these programs and to ensure that the results were representative of First 5 families in Ventura County. The overall timeline is presented below.

Design survey tool	<i>December 2003 – February 2004</i>
Obtain IRB approval	<i>February 2004</i>
Train interviewers to recruit & administer survey	<i>February 2004 – March 2004</i>
Pilot survey and contact programs	<i>March 2004 – April 2004</i>
First round of the survey	<i>April 2004 – May 2004</i>
Second round of the survey	<i>June 2004 – July 2004</i>
Data analysis & report	<i>July – August 2004</i>
Submit to First 5 Ventura County	<i>August 2004</i>

E. Survey Response Rate

Overview: For FY 2003-2004 there were a total of 67 programs receiving First 5 Ventura County funding either directly through the commission or via subcontracts. Of the 67 programs, 36 were First 5 Ventura County funded programs that fell under the three main funding initiatives (NfL, Health and Family Strengthening) and approximately 31 were subcontractors funded by the NfLs. The agencies represented by these numbers are not mutually exclusive because some agencies were found to both hold contracts First 5 Ventura County and to have subcontracts with NfLs. Furthermore, some subcontractors were found to hold subcontracts with multiple NfLs.

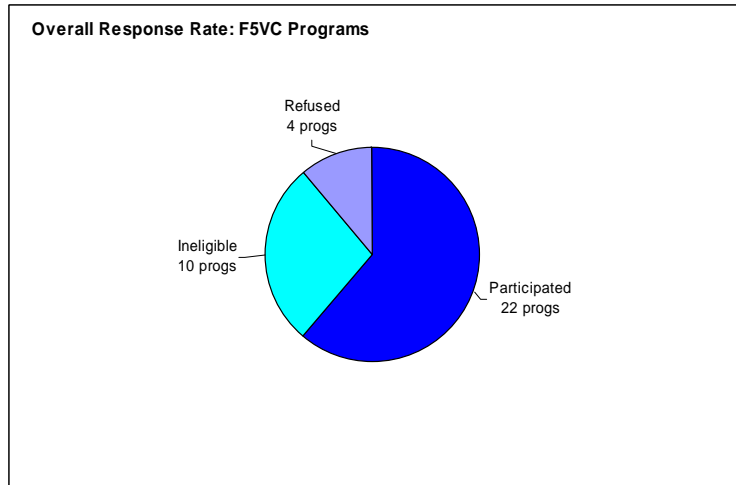
Of the 67 programs described above, 79% (53 programs) were found to be eligible to participate in the Parent Survey because they met the eligibility criteria of providing direct services to children and families using F5VC funds in FY 2003-2004. Programs whose strategies were focused on provider capacity building, community strengthening, infrastructure building, or systems change were not included in the parent survey.

Response Rate

The overall response rate for the 53 eligible programs in the Parent Survey was 81%. This represented a response rate of 85% of the 26 eligible First 5 Ventura County funded programs and a response rate of approximately 78% of the 27 eligible subcontracts.

Information was collected from 616 parents with children 0-5 years of age who received services at these programs in the last twelve months. Response rates by program type are presented below.

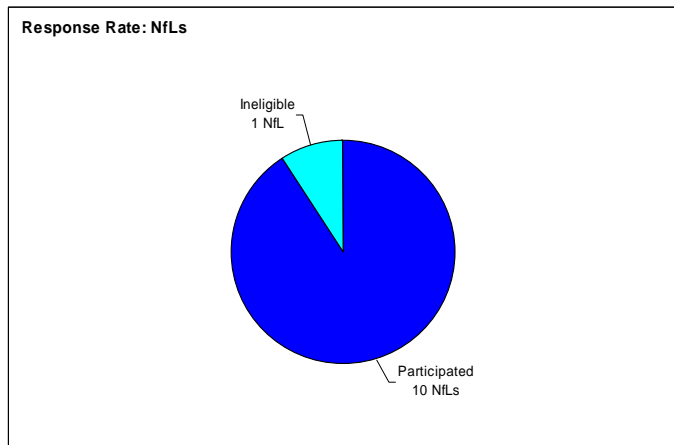
Figure 2



Neighborhoods for Learning

All the NfLs participated in the survey with the exception of one NfL which was too new to be included in this data collection effort.³

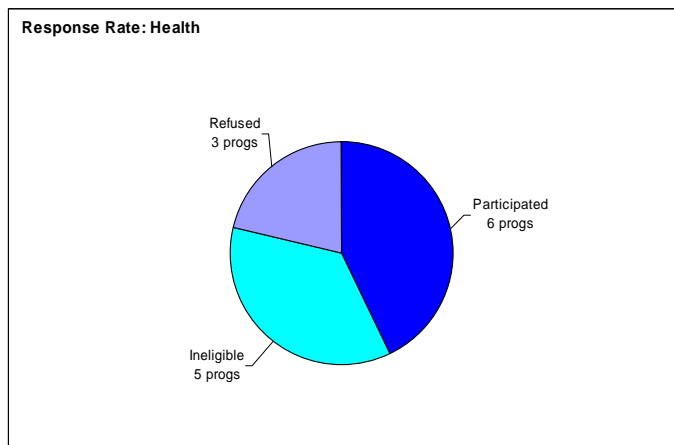
Figure 3



Health Programs

Approximately 67% (six programs) of nine eligible programs providing health services⁴ and funded by First 5 Ventura County participated in the parent survey. Three refused to participate. Five were ineligible due to provision of indirect services or services to foster parents and children.

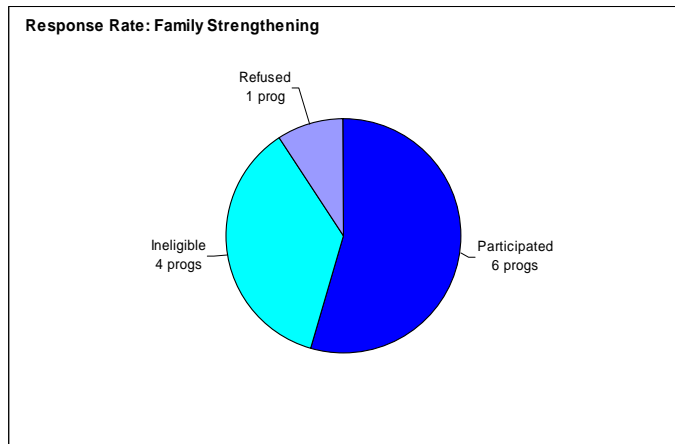
Figure 4



Family Support and Strengthening

Approximately 86% (six programs) of seven eligible programs providing family strengthening services⁵ participated in the survey. One program refused to participate. Four programs were ineligible due to the nature of their service delivery.

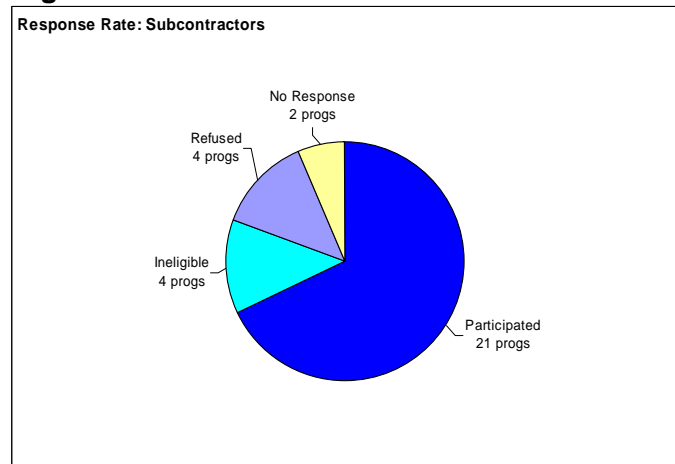
Figure 5



Subcontractors

Approximately 78% (21 programs) of 27 programs that had subcontracts with the NfLs and provided direct services participated in the survey. Four refused to participate. There was no response from two programs. Four programs were ineligible due to the nature of their service delivery.

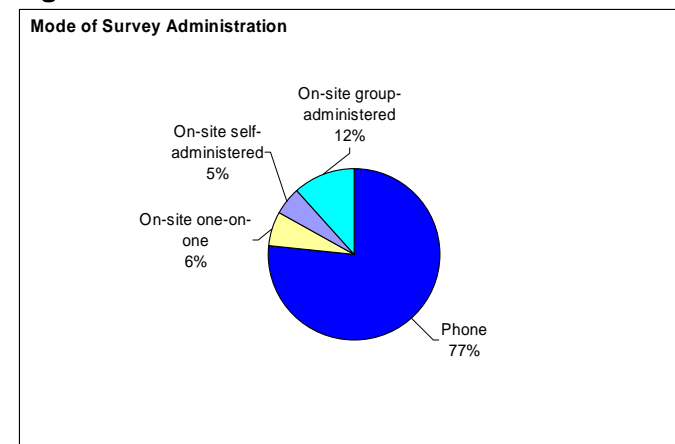
Figure 6



F. Mode of survey administration

Approximately 76.8% of the 616 respondents were interviewed over the phone. About 12% participated in on-site group-administered interviews, 5.1% participated in on-site self-administered interviews; and 6.3% were interviewed one-on-one on-site by interviewers.

Figure 7



III. KEY FINDINGS

Highlights of the results are provided below. The tables in Appendix C.1 correspond to each section.

Section 1: Demographic Information

Table 1

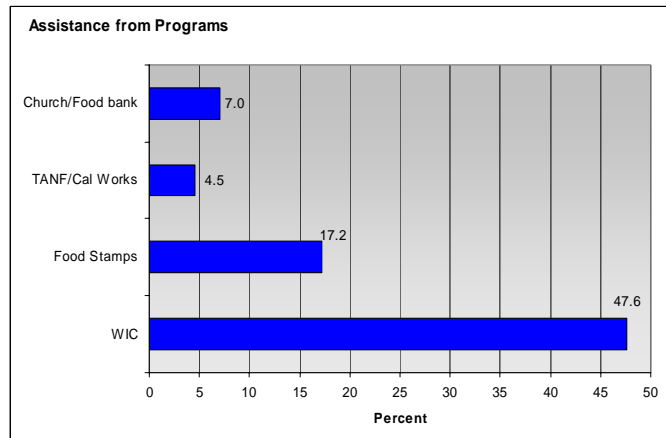
- ❖ *Maternal education:* About 29% of mothers had less than a high school education, 38% had a high school education, and 32% had more than a high school education.
- ❖ *Maternal employment:* About 65% of mothers were not working while 15% were working part-time and 19% were working full-time.
- ❖ *Marital status:* About 69% of parents were married, 19% were living together, and 12% were widowed, divorced, separated, or never married.
- ❖ *Maternal age:* About 14% of mothers were less than 25 years of age, 27% were between 25-29 years old, 29% were 30-34 years old, 16% were 35-39, and 14% were 40 years or older.
- ❖ *Adults in the household:* About 66% of respondents reported two adults in the household, while 28% reported three or more. Approximately 6% reported single adult households.
- ❖ *Children in the household:* About 42% of respondents reported two children in the household, 38% reported three or more, and 20% reported one child in the household.
- ❖ *Household size:* About 2% reported a household size of 2 people, 17% reported 3 people, 34% reported 4 people, and 24% reported 5 or more people in their households.

	%	(n)
Maternal education		
No kindergarten	0.5	3
Elementary	28.8	175
High school	38.5	234
College	26.8	163
Graduate	5.4	33
Maternal employment		
Full-time	19.3	117
Part-time	15.0	91
Not working	64.7	392
Maternal marital status		
Married	69.0	422
Living together	19.4	119
Widowed	1.0	6
Divorced	1.8	11
Separated	4.2	26
Never married	4.6	28
Maternal age		
<25	13.7	83
25-29	27.0	164
30-34	28.7	174
35-39	16.3	99
≥40	14.3	87
# of adults in the household		
1	6.3	38
2	66.1	402
3	14.3	87
4	8.9	54
5 or more	4.5	27
# of children in the household		
1	20.4	124
2	42.0	255
3	24.7	150
4	8.7	53
5 or more	4.1	25
Household size		
1	0.0	0.0
2	13	2.1
3	102	16.8
4	209	34.4
5 or more	284	23.6
Household income		
< \$10,000	12.0	73
\$10,000-19,999	25.2	153
\$20,000-29,999	37.0	225
\$30,000-39,999	9.5	58
\$40,000-49,999	4.8	29
\$50,000-74,999	4.1	25
≥ \$75,000	7.4	45

Economic Status

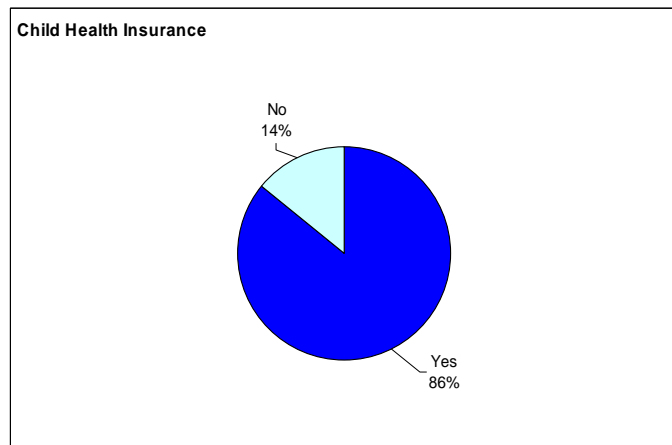
- ❖ **Assistance:** Approximately 48% of families reported receiving WIC, 17.2% reported food stamps, 4.5% reported TANF/CalWORKS, and 7% reported receiving assistance from churches/food banks.
- ❖ **Moves:** About 73% of families did not move in the last 12 months, 20% moved once while about 6% moved two times or more.

Figure 8



- ❖ **Child health insurance:** About 86% of parents reported that they had health insurance for their child.
- ❖ **Household income:** About 12% reported an annual household income of less than \$10,000, 62% reported an income between \$10,000-29,999, and 25% reported an income of \$30,000 or more.

Figure 9



Section 2: Child Characteristics/Information

Child age and gender

- ❖ As shown in Table 2, the children of survey participants were 0-5 years of age. A larger proportion of the children were 3 years of age or older, and male.

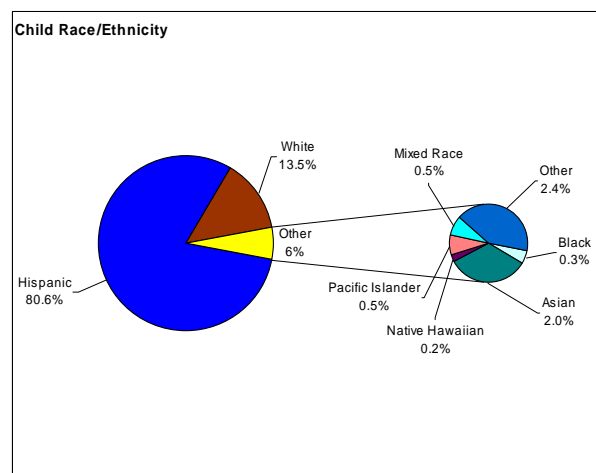
Table 2

	%	(n)
Age (years)		
Under 1	7.8	47
1 to <2	10.9	66
2 to <3	15.2	92
3 to <4	24.3	147
4 to <5	31.7	192
5 to <6	10.1	61
Gender		
Male	56.2	334
Female	43.8	260

Child race and primary language

- ❖ About 81% of the children of survey participants were Hispanic/Latino, 14% were Non-Hispanic white, and 6% were of another race.
- ❖ The *other* race group included 12 Asian children, three Pacific Islanders, one Native Hawaiian, three children of mixed race, and fifteen children who were simply identified as other.
- ❖ About 68% of families reported Spanish as the primary language spoken at home, 30% reported English, and 2% reported another language.

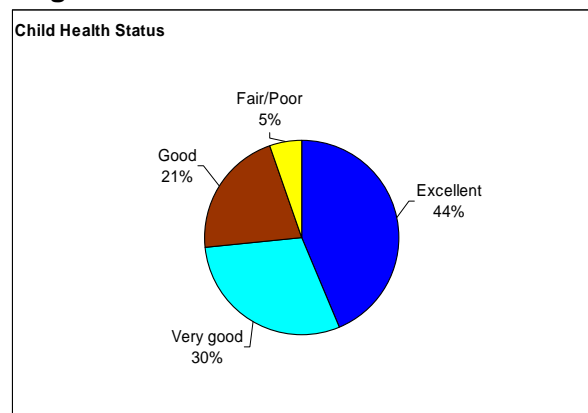
Figure 10



Child health

- ❖ About 6% of the children were reported to be low birth weight.
- ❖ Forty-four percent of the children were reported by their parents to be in excellent health, 30% in very good health, 21% in good health, and 5% in fair or poor health.
- ❖ Research indicates that parent reports about their child's health are usually biased toward more positive health status.

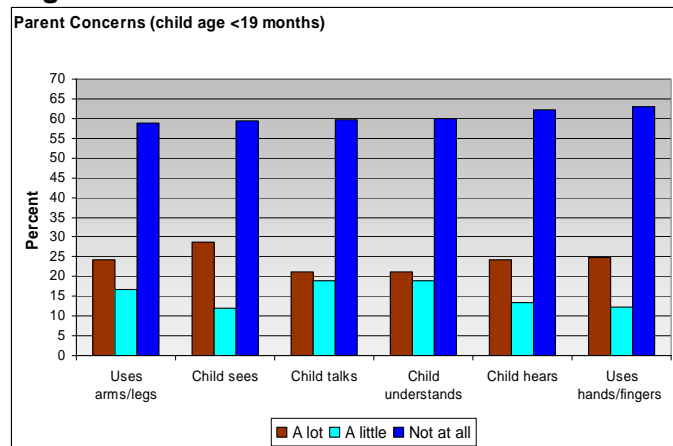
Figure 11



Parent concerns

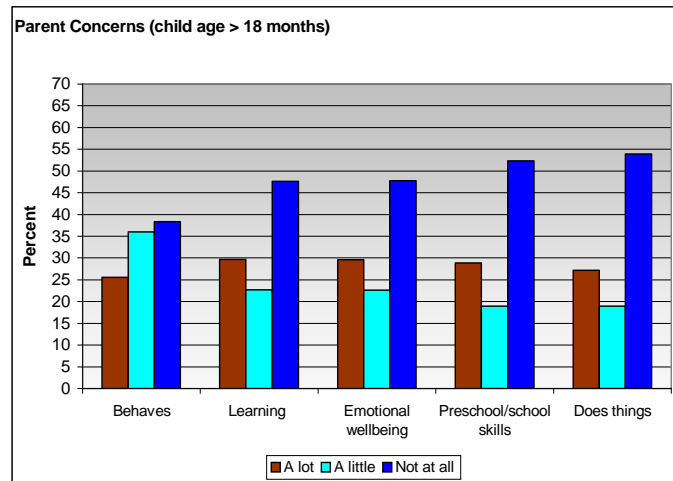
- ❖ Parents of children less than 19 months of age were asked if they were concerned a lot, a little, or not at all about different areas of their child's development. At least 40% of parents expressed some concerns about their child's vision, hearing, speech, level of understanding, use of arms or legs, and use of hands or fingers.
- ❖ A higher proportion of these parents reported being more concerned about their child's vision compared to other areas of their child's development.
- ❖ Parents of children older than 18 months of age were also asked if they were concerned a lot, a little, or not at all about different areas of their child's development. At least 50% of parents expressed some concerns about their child's behavior, learning, emotional well-being, learning preschool/school skills and whether or not their child could do what other children their age could do.

Figure 12



- ❖ A higher proportion of these parents reported being more concerned about their child's ability to learn to do things for him/herself, their child's emotional well-being, and ability to learn preschool or school skills compared to other areas of their child's development.

Figure 13

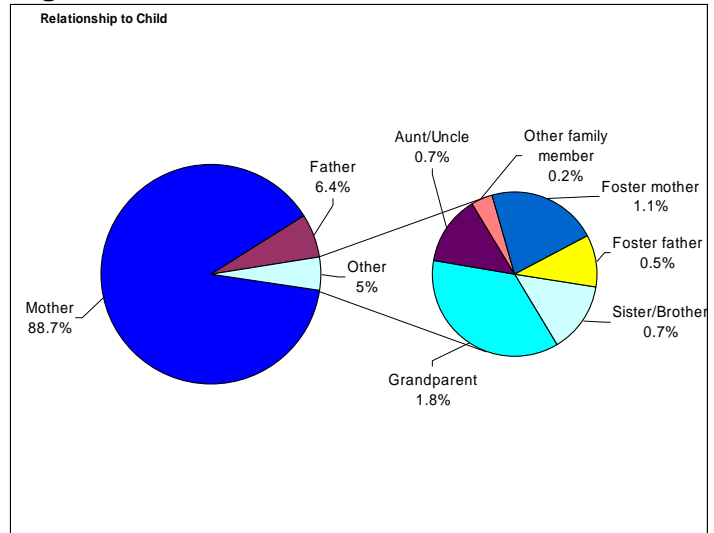


Section 3: Parent/Family Information⁶

Relationship to child

- ❖ About 89% of respondents were mothers; 6% were fathers.
- ❖ Other respondents included grandparents, foster parents, siblings, aunts or uncles, or other family members.

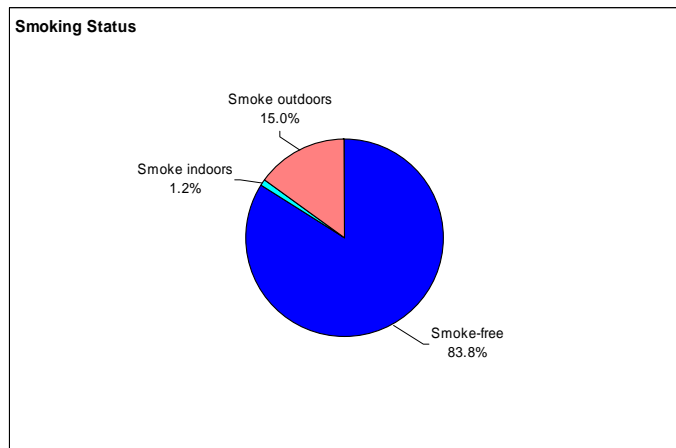
Figure 14



Smoking status

- ❖ About 84% reported a smoke-free household.
- ❖ About 1% reported smoking indoors while 15% reported smoking outdoors.

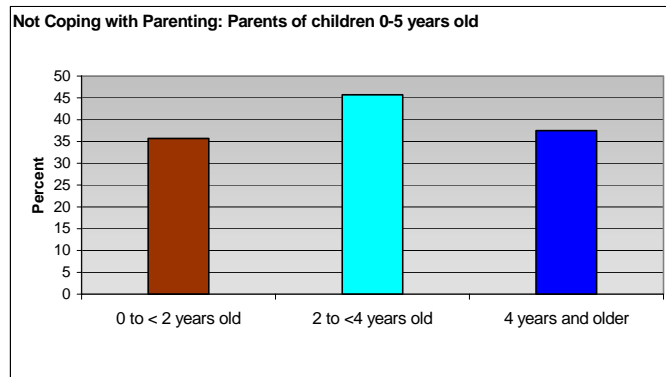
Figure 15



Parent coping

- ❖ About 60% of parents reported that they were coping well with the demands of parenting.
- ❖ Almost 40% report coping only somewhat well with parenting. Of these parents, a higher proportion with children older than 2 years of age reported coping only somewhat well with parenting compared to parents of younger children.

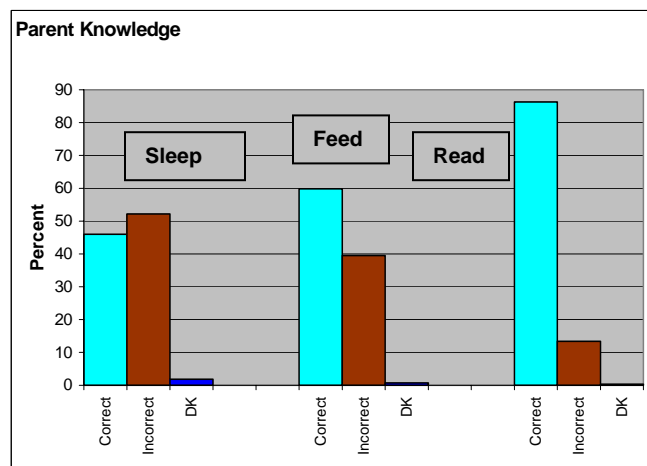
Figure 16



Parent knowledge

- ❖ *Sleeping position of newborns:* when asked about the correct sleeping position of newborns, about 46% of parents selected the most appropriate response "on the baby's back", 33% selected "however the child slept best", 20% selected "on the baby's stomach", and 2% reported they did not know.
- ❖ *Feeding two-month olds:* when asked about the best way to feed a two-month old baby, 60% selected the most appropriate response category of "breast milk only", 36% selected "formula and breast milk", 3% selected "formula only", and less than 1% reported they did not know.
- ❖ *Reading to a child:* when asked about when to start reading to a child, 86% selected the most appropriate response category of "during the first year", 11% selected "when the child is 2-4 years of age", 3% selected "when they are 5-6 years old", and less than 1% reported that they did not know.

Figure 17



Bivariate associations with parent knowledge

A significantly higher proportion of parents responded correctly to the knowledge questions on sleeping (correct sleeping position of newborns), feeding (best way to feed a two-month old), and reading (right time to feed a child) if⁷:

- ❖ the mother had a higher level of education
- ❖ they had a higher household income
- ❖ their primary language was English or a language other than Spanish
- ❖ they were of White race

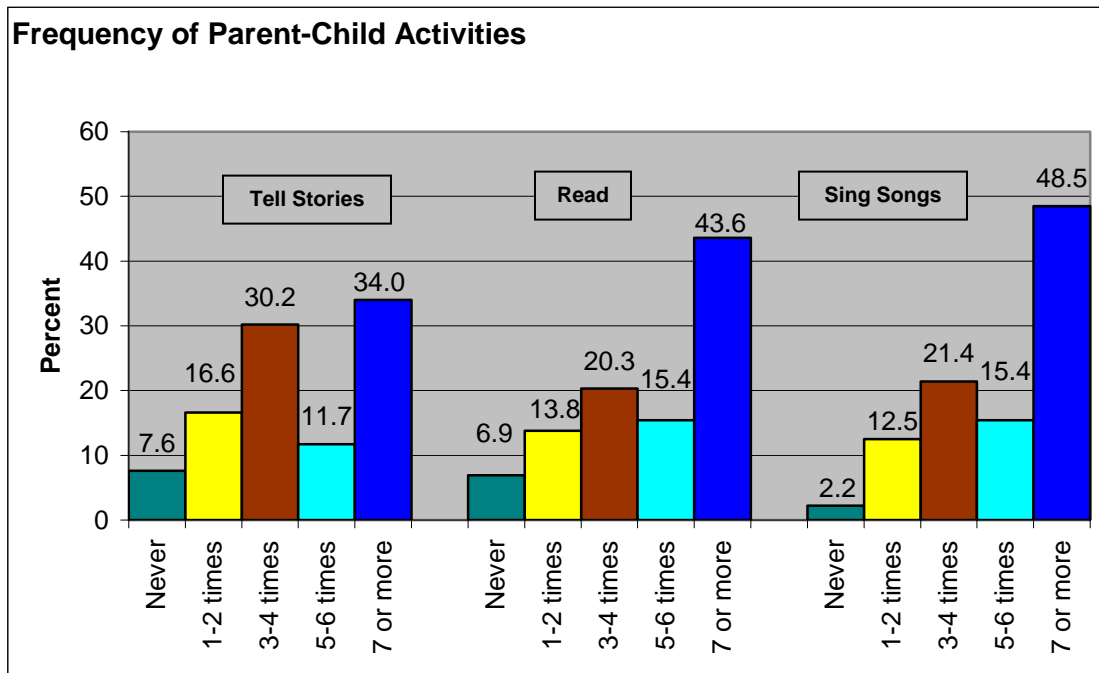
Table 3

Appropriate Response	Sleeping	Feeding
	%	%
Language		
English	62 [^]	69 [*]
Spanish	39	56
Other	42	75
Child race		
Hispanic	42 [^]	58 [^]
White	70	71
Other	44	67
Maternal age		
<25	-	45 [^]
25-34	-	61
>34	-	64
Maternal education		
<HS	37 [*]	57 [*]
HS	44	53
>HS	57	71
Household income		
< \$10,000	47 [^]	66 [*]
\$10,000 – \$30,999	38	55
\$30,000 or more	64	69

[^]p<.001; ^{*}p<.01; [^]p<.05

Parent-Child activities

Figure 18



- ❖ *Tell stories*: Thirty-four percent of parents reported that they tell stories often to their child (7 times or more per week). About 8% reported that they never tell stories to their child.
- ❖ *Sing songs*: About 49% reported that they sing songs often (7 times or more per week) to their child. About 2% reported that they never sing songs to their child.
- ❖ *Read*: About 44% reported that they read or show picture books often to their child (7 times or more per week). About 7% reported that they never read or show picture books to their child.

Bivariate associations with parent-child activities

A significantly higher proportion of parents frequently read, sang, or told stories to their child if:

- ❖ the mother was older
- ❖ the mother was working full-time
- ❖ they had a higher household income
- ❖ their primary language was English or a language other than Spanish
- ❖ they were of White race

Table 4

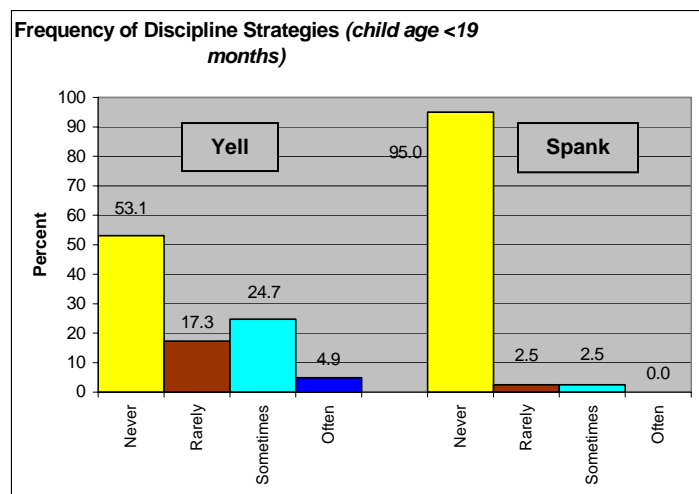
Frequent Activities	Read	Sing	Stories
	%	%	%
Child age (years)			
0- up to 2	34 ^e	-	-
2- up to 4	44	-	-
4 and older	48	-	-
Language			
English	63 [^]	68 [^]	53 [^]
Spanish	34	40	25
Other	67	54	67
Child race			
Hispanic	37 [^]	43 [^]	28 [^]
White	80	78	65
Other	50	57	44
Maternal age			
<25	32 [^]	47 [*]	29 ^e
25-34	40	43	30
>34	54	59	42
Maternal education			
<HS	30 [^]	36 [^]	24 [^]
HS	37	44	29
>HS	64	63	49
Maternal employment			
Full-time	54 ^e	-	47 [*]
Part-time	40	-	32
Not working	41	-	31
Household income			
< \$10,000	42 [^]	61 [^]	34 [^]
\$10,000 – \$30,999	36	40	26
\$30,000 or more	64	63	54

[^]p<.001; ^{*}p<.01; ^ep<.05

Discipline strategies (< 19 months)

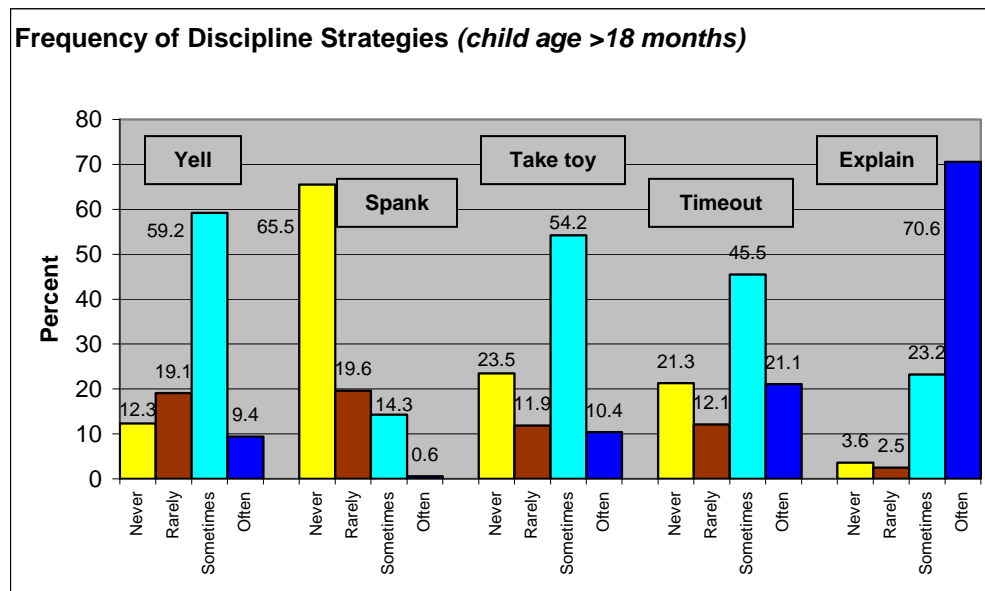
- ❖ Overall, parents of children less than 19 months of age were less likely to report frequent use of reactive strategies such as yelling and spanking to discipline their young child.
- ❖ **Yell:** about 53% of parents with children less than 19 months of age reported that they never yell or raise their voice at their child. About 5% reported that they often yell at their child.
- ❖ **Spank:** about 95% of parents with children less than 19 months of age reported that they never spank their child. Frequent use of spanking to discipline the child was not reported by any parent. However, 2.5% reported that they sometimes spank their child.

Figure 19



Discipline strategies (> 18 months)

Figure 20



- ❖ Overall, parents of children more than 18 months of age reported using reactive strategies such as yelling and spanking to discipline their child. Among proactive strategies, they were more likely to use explanations to discipline their child compared to taking away a toy or treat, or using timeouts.
- ❖ *Yell*: about 12% of parents with children more than 18 months of age reported that they never yell at their child. About 9% reported that they often yell at their child.
- ❖ *Spank*: about 66% of parents reported that they never spank their child. Less than 1% reported that they always spank their child.
- ❖ *Take away toy or treat*: about 24% reported that they never take away a toy or treat to discipline their child. About 10% reported that they often take away a toy or treat to discipline their child.
- ❖ *Timeout*: about 21% reported that they never use timeouts to discipline their child. About 21% reported that they often use timeouts to discipline their child.
- ❖ *Explain*: about 9% reported that they never use explanations to discipline their child. About 71% reported that they often use explanations to discipline their child.

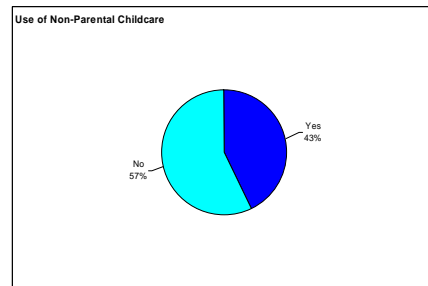
Bivariate associations with discipline strategies

There was no variation in discipline strategies by demographic characteristics of families (no statistically significant associations were observed).

Childcare use

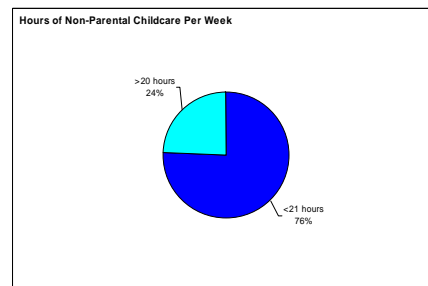
- ❖ *Use of non-parental childcare:* Parents were asked to report if their child was in the care of someone other than themselves in a typical week. About 43% of parents reported some form of non-parental childcare per week.

Figure 21



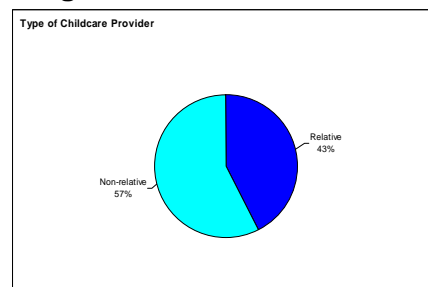
- ❖ *Hours of non-parental childcare:* of those parents using non-parental childcare, about 76% reported using up to 20 hours of childcare per week compared to 24% who reported using more than 20 hours of childcare per week.

Figure 22



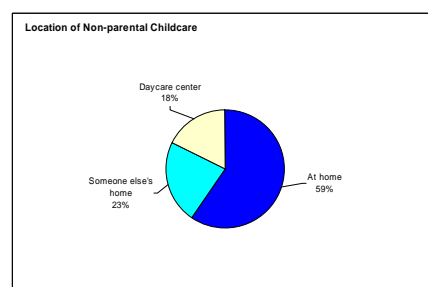
- ❖ *Child care provider:* of those using non-parental childcare, about 42% reported their childcare provider was a relative while 58% reported that their childcare provider was a non-relative.

Figure 23



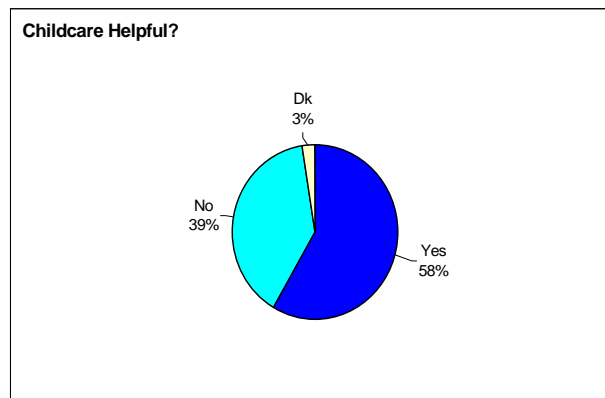
- ❖ *Childcare location:* about 60% reported that their child was in non-parental childcare at home, 23% reported at someone else's home, and 18% reported at a day care center.

Figure 24



- ❖ *Childcare helpful:* of parents not using any childcare, 58% reported that having childcare would be very helpful, 39% reported that it would not be helpful, while 2.5% reported that they did not know.

Figure 25



Preschool

- ❖ *Preschool attendance:* Parents of children ≥ 3 years of age were asked if their child had ever gone to a nursery school, preschool/pre-kindergarten, a Head Start program, or a child care center on a regular basis (at least two times a week for at least 6 months).
- ❖ About 56% of children ≥ 3 years of age were reported to have attended some form of preschool.

Bivariate associations with preschool attendance

A significantly higher proportion of families reported that their child attended some form of preschool since he/she was 3 years of old if:

- ❖ the mother was working part-time
- ❖ they had a higher household income
- ❖ they were of White race

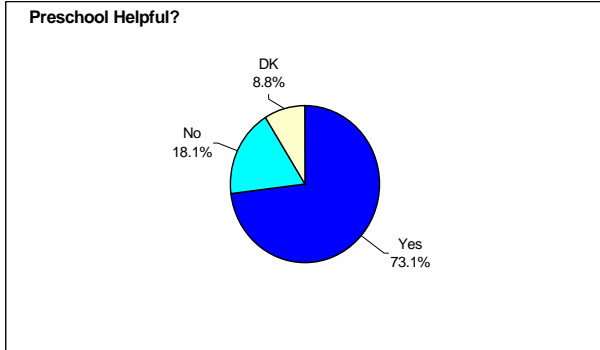
Table 5

Preschool Attendance	Yes %
Child age (years)	
1½ - up to 2	-
2- up to 4	-
4 and older	-
Language	
English	-
Spanish	-
Other	-
Child race	
Hispanic	52 [^]
White	87
Other	50
Maternal age	
<25	-
25-34	-
>34	-
Maternal education	
<HS	-
HS	-
>HS	-
Maternal employment	
Full-time	47 [^]
Part-time	77
Not working	52
Household income	
< \$10,000	44 [^]
\$10,000 – \$30,999	51
\$30,000 or more	74
[^] p<.001	

Figure 26

❖ *Preschool helpful:* of those families where the child did not attend preschool, about 73% reported that it would be helpful, 18% said that it would not be helpful, and about 9% said that they did not know.

- A significantly higher proportion of families with children of another race (91%) reported that preschool would be helpful compared to Hispanic (73%) or white children (25%) ($p < .05$).
- There were no differences in preschool need by maternal education, employment, or household income.

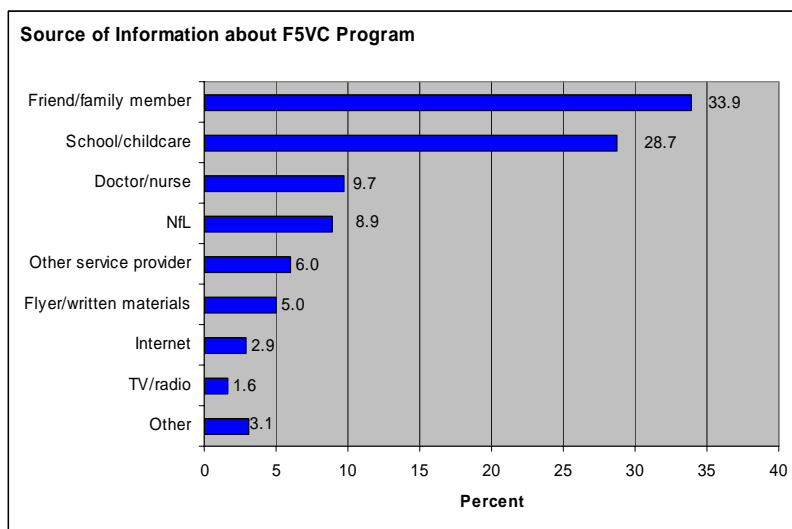


Section 4: Receipt of Services from First 5 Ventura County and Elsewhere

Source of information

- ❖ Parents were more likely to report that they heard about their First 5 Ventura County program from a family member or friend (34%) or from their child's school or childcare (29%) than from other sources.
- ❖ Overall, parents were more likely to report hearing about the First 5 Ventura County program through word-of-mouth (medical and child care providers) than the media (television, radio, written materials etc.).

Figure 27



Language issues/linguistic competency of services

To measure the linguistic competency of services received, parents were asked whether or not they had ever had a hard time understanding someone at a program due to language issues.

- ❖ About 87% of parents did not have a hard time understanding staff that worked at the First 5 Ventura County program due to language issues.
- ❖ Of the parents who reported having a hard time understanding a person that worked at their First 5 Ventura County program because of language issues (13%), about 72% primarily spoke Spanish at home while 28% primarily spoke English at home.

Family-centered care

To measure receipt of family-centered care, parents were asked to rate their providers on a four-part scale ranging from always to never in response to the following two questions: "How often did your provider take the time to understand how you prefer to raise your child", and "How often did your provider take the time to understand you and your child." These measures have been used in several surveys (e.g. the NSECH and the Promoting Healthy Development Survey⁸) to measure the quality and nature of services received.

- ❖ About 71% of parents reported that their First 5 Ventura County service providers *always* took the time to understand how they preferred to raise their child compared to 20% who reported *usually*, 5% who reported *sometimes*, and 4% who reported *never*.
- ❖ About 75% of parents reported that their First 5 Ventura County service providers *always* took the time to understand them and their child compared to 19% who reported *usually*, 4% who reported *sometimes*, and 1% who reported *never*.

First 5 Ventura County services

First 5 Ventura County service type

- ❖ Families were asked an open-ended question about the types of services they received at the First 5 funded program.
- ❖ About 46% of parents received early care and educational services, 34% received family support and strengthening services, 10% received health services, and 3% received other services.

Figure 28

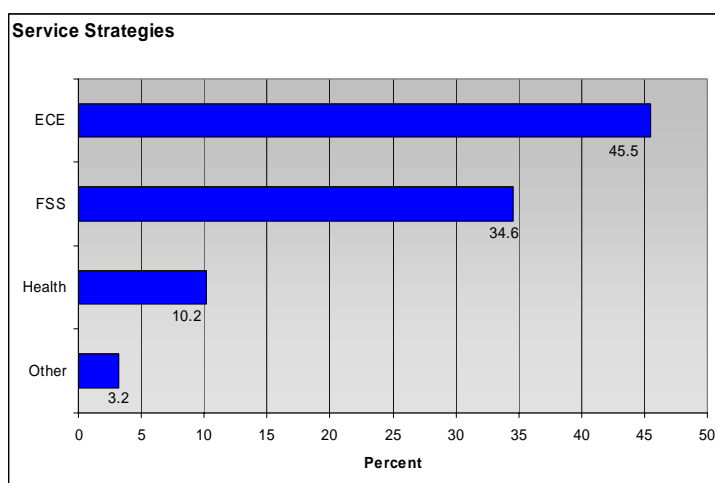


Table 6

Receipt of First 5 Ventura County services

- ❖ About 37% of parents reported receiving classes including preschool for their child.
- ❖ About 26% received parenting classes or advice, and 12% received services that helped them read to their child.
- ❖ About 5% or less reported the receipt of other services.

	%	(n)
Preschool	37.0	228
Parent education classes	26.5	163
Family literacy	11.7	72
Dental care	4.5	28
Medical/healthcare	3.9	24
Applying for public programs	3.7	23
Provision of basic needs	2.4	15
Home visiting	2.1	13
Services for child's special needs	1.6	10
Mental health	1.3	8
Help with adult education	1.0	6
Transportation	0.5	3
Developmental assessment	0.5	3
Community Resource and Referral	0.3	2
Health insurance outreach and enrollment	0.2	1
Other	3.2	20

Receipt of Referrals

- ❖ About 51% of parents reported that the First 5 Ventura County program provided them with referrals or connected them to some other service (not provided at that particular First 5 Ventura County program).

Parent satisfaction with First 5 Ventura County services

- ❖ Parents were asked about the value of services received using a four-part scale – very to not at all valuable.
- ❖ About 75% of parents reported that the services they received were valuable or very valuable.
- ❖ Thirteen percent reported that the services they received were somewhat valuable, while about 12% reported that they were not valuable.

Table 7

Unmet service needs – First 5 Ventura County programs

When asked an open-ended question about how the First 5 Ventura County program could serve them better, parent-responses fell into the following three broad categories:

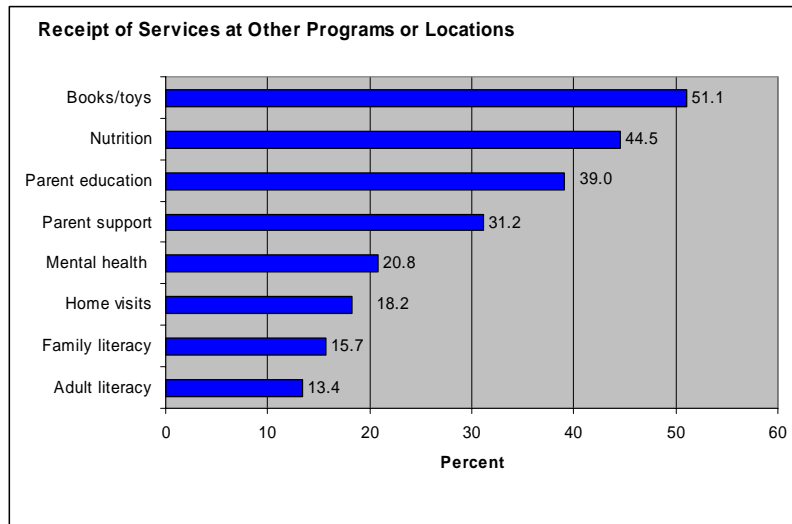
- *Direct services:* a high proportion of parents reported the need for preschool and parent education classes.
- *Access:* a high proportion of parents reported the need for improved organization and scheduling, such as more hours, more days, and more flexible appointment schedules. Other access issues included the need for low cost services, transportation, and availability of childcare during service provision.
- *Quality:* Impersonal communication with staff was reported as an area of improvement by parents. Teacher or provider issues included a need for lower teacher turnover rates (and higher consistency for children), more teacher training, and improved parent-teacher communication.

	%	(n)
1. Parents with no unmet needs	54.3	225
2. Parents with unmet needs		
<i>Direct services</i>		
Classes for children	9.9	41
Parenting classes	4.3	18
Reading/Pre-school readiness	0.7	3
Adult literacy	0.7	3
Health insurance	0.5	2
Assessment/evaluation	0.5	2
Home visits	0.2	1
Information about other programs	0.2	1
Family strengthening	0.2	1
Other	6.0	25
<i>Access</i>		
Organization/Scheduling	6.8	28
Transportation	2.7	11
Cost/money issues	1.3	5
Childcare during services	0.2	1
<i>Quality</i>		
Communication with program staff	3.6	15
Teacher/Provider issues	2.9	12
Program information/ flyers	1.4	6
Time issues	1.2	5
Community outreach	0.2	1
Follow-up by programs	0.2	1
3. Parents who reported “don’t know”	1.7	7

Receipt of other services

- ❖ Parents were asked about the receipt of services from another program.
- ❖ Parents were not asked to identify whether the services were funded by First 5 Ventura County.⁹
- ❖ About 51% of parents reported receiving books and toys, 44.5% reported nutrition services or classes, 39% reported parent education classes, 31% reported parent support meetings, 21% reported mental health services, 18% received home visits, 16% received family literacy classes, and 13% received adult literacy classes or services.

Figure 29



18% received home visits, 16% received family literacy classes, and 13% received adult literacy classes or services.

Table 8

Unmet service needs

- ❖ Parents were also asked if there were services that they did not receive but would be helpful for their child or for them as parents.
- ❖ About 32% of parents reported that they had some unmet service needs outside of the First 5 Ventura County services they were receiving.
- ❖ The most frequently reported unmet service needs were parent education classes or parenting advice and information (20.6%), followed by preschool for children (13.9%), and help with adult education (11.7%) such as training and computer classes.
- ❖ Unmet needs related to access included transportation (10%), and the need for additional facilities and locations (10%).

	%	(n)
Direct services		
Parenting classes	20.6	37
Classes for children	13.9	25
Help with adult education	11.7	21
Help with reading to the child	7.8	14
Counseling/mental health	6.7	12
Dental care	5.0	9
Services for child's special needs	3.9	7
Help with getting health insurance	2.2	4
Medical/health care	1.7	3
Developmental assessment	1.7	3
Home visits	1.7	3
Provision of basic needs	0.6	1
Other	2.8	5
Access		
Transportation	10.0	18
Infrastructure/Facilities	10.0	18

Section 5: Key Associations between Select Service Strategies and Outcomes for Children and Families¹⁰

A. Parent education

Bivariate associations between receipt of parent education classes and outcomes such as parent knowledge, frequency of parent-child activities, use of discipline strategies, and parent satisfaction were examined.

Parent knowledge

- ❖ Parents were asked three questions on parenting knowledge. Parents who received parenting education did not vary in their response to two of the three knowledge questions (the correct sleeping position for newborns and the best way to feed a two-month old baby) from parents who did not receive parenting education.
- ❖ However, parents varied in their response to the third knowledge question on when to start reading to a child. A significantly higher proportion of parents who received parent education classes gave the most appropriate response to the question on reading compared to parents who did not receive parent education (94% versus 83%) ($p < .05$).
- ❖ This suggests that parenting education is effective in providing information on literacy and reading to the child.
- ❖ At the same time, these findings indicate that parenting education classes may potentially need to cover parenting topics such as feeding and sleeping more extensively to address parent need for information.

Parent-child activities:

- ❖ Receipt of parenting education was not associated with an *increased* frequency of parent-child activities such as reading, telling stories, or singing to the child.
- ❖ A significantly lower proportion of parents who took parenting education classes reported frequently reading to their child compared to parents who did not take parenting classes.
- ❖ This finding may reflect the higher baseline need of parents who seek parenting education or information compared to other parents.

Table 9

Parent-Child Activities	Parent Education Class	
	Yes	No
	%	%
Read [^] Frequently (7 times or more)	18	50
Sing ^e Frequently (7 times or more)	35	50
Stories [^] Frequently (7 times or more)	17	38
[^] $p < .001$; ^e $p < .05$		

Use of discipline strategies, household smoking status, and parent satisfaction did not vary by receipt of parent education classes.

B. Parent support

Bivariate associations between receipt of parent support and outcomes such as parent knowledge, frequency of parent-child activities, use of discipline strategies, parent coping, and parent satisfaction were examined.

Parent-child activities

- ❖ Receipt of parenting support was not associated with an *increased* frequency of parent-child activities such as reading, telling stories, or singing to the child.
- ❖ A significantly lower proportion of families who received parenting support reported reading frequently to their child compared to families who did not receive family support.
- ❖ These findings may indicate the higher baseline need of parents who seek parenting support compared to other parents.

Table 10

Frequency of Parent-Child Activities (per week)	Parent Support	
	Yes	No
	%	%
Read* Frequently (≥7 times)	23	46
Sing ^e Frequently (≥7 times)	32	50
Stories ^e Frequently (≥7 times)	23	35
* $p < .01$; ^e $p < .05$		

Use of discipline strategies, parent coping, and parent satisfaction did not vary by receipt of parent support services.

C. Family literacy

Bivariate associations between receipt of family literacy classes and outcomes such as frequency of parent-child activities and parent satisfaction were examined.

Parent-child activities

- ❖ A significantly higher proportion of parents who received literacy classes reported reading frequently to their child (58.8%) compared to parents who did not receive literacy services (59% versus 41%) ($p < .01$).
- ❖ No significant differences were observed in the frequency of singing songs or telling stories by receipt of literacy classes.

Table 11

	Literacy classes	
	Yes	No
	%	%
Frequency of reading (per week)* Frequently (≥7 times)	59	41
Infrequently	41	59
* $p < .01$		

Parent satisfaction did not vary by receipt of family literacy classes.

D. Health

Bivariate associations between receipt of health-related services and outcomes such as child health status, parent knowledge, frequency of parent-child activities, and use of discipline strategies were examined.

Child health status

- ❖ A significantly lower proportion of parents who received health-related services reported their child to be in excellent or very good health compared to parents receiving other services.
- ❖ This finding may reflect the higher baseline need of parents who seek health-related services.

Table 12

	Health-related services	
	Yes	No
	%	%
Child health status [^] Excellent/Very good	57	75
Good/fair/poor	43	25
* $p < .01$		

Parent-knowledge

- ❖ A significantly higher proportion of parents who received health-related services gave the most appropriate answer to the knowledge question on feeding the child (79% versus 58%) ($p < .01$).
- ❖ Responses to the other two knowledge questions did not vary by receipt of health-related classes.
- ❖ These findings may reflect that health-related providers and services may be providing more information to parents about feeding their child.

Parent-child activities

- ❖ A significantly higher proportion of parents who received health services reported reading frequently to their child compared to other parents.
- ❖ A significantly higher proportion of parents who received health-related services reported singing frequently to their child compared to other parents.
- ❖ Frequency of telling stories to the child did not vary by receipt of health-related services.
- ❖ These findings indicate that health-related providers may be providing parents with information on literacy-promoting activities such as reading and singing to their child.

Table 13

Frequency of Parent-Child Activities (per week)	Health-related services	
	Yes %	No %
Read [^] Frequently (≥ 7 times)	68	41
Sing Frequently (≥ 7 times)	32	59
[^] $p < .001$; * $p < .01$		

Parent satisfaction

- ❖ A significantly higher proportion of parents who received health-related services reported that the services they received from the First 5 Ventura County program were *not valuable* compared to other parents (46% versus 23%) ($p < .001$).

Use of discipline strategies did not vary by receipt of health services.

E. Outreach and Referral

Bivariate associations between receipt of referrals and outcomes such as unmet service needs were examined.

Unmet service needs

- ❖ A significantly higher proportion of parents who received referrals reported having unmet service needs than no unmet service needs (58% versus 44%) ($p < .01$).
- ❖ This finding may indicate that parents who needed referrals had higher baseline needs than parents who did not need referrals. Therefore, parents who received referrals accessed those services but still have unmet service needs.
- ❖ An alternative explanation would be that parents who received referrals did not have the chance to access or were unsuccessful in accessing referred services.
- ❖ Since the receipt of referrals does not provide any information about whether or not parents accessed and received services, additional research would be required to fully understand this association.

Parent satisfaction

- ❖ A significantly higher proportion of parents who received referrals reported that the services they received from the First 5 Ventura County program were very valuable or valuable compared to parents who did not receive any referrals (79.8% versus 70.0%) ($p < .01$).

IV. LIMITATIONS

1. The survey collected cross-sectional data which allows for demonstration of association between different measures but does not allow for demonstration of causal relationships. In order to demonstrate causality, several criteria must be met including the temporal ordering of a baseline measure, the intervention and a post-test measure. Since in a cross-sectional survey no baseline measures are available, the findings in the survey cannot establish causality. However, it is possible to explore the associations between various interventions and the outcomes they seek to achieve. For instance, the association between the receipt of parent literacy classes and the frequency with which parents read to their child can be examined, while taking into account other risk factors such as the age or ethnicity of the child.
2. Since data was collected from a convenience sample, the results may have limited generalizability to all parents of children 0-6 years of age receiving First 5 funded services in Ventura County.
3. Since most of the interviews were conducted over the phone, it is possible that the data under represent families such as migrant workers who may not have access to phones.
4. Data may be subject to interviewer and/or response bias.
5. Accuracy of data collected in Spanish may be limited due to translation issues.¹¹

V. LESSONS LEARNED

Conducting the first round of parent interviews provided invaluable insights about the feasibility of data collection timelines and modes of survey administration. These lessons are highlighted below:

- **Longer data collection period:** In order to improve efficiency and accuracy of data, future efforts should allot sufficient time for data collection. This will also help avoid intense and short data collection periods.
- **Fewer modes of survey administration:** The use of multiple modes of survey administration to collect data required additional coordination and supervision and took more time and effort. Future efforts should consider one or two modes of survey administration. For instance, phone interviews worked well for most parents during this round of data collection.
- **Translation re-checks:** A few inconsistencies with the question on maternal education in the Spanish version indicated the need to invest additional time and effort to ensure that the instrument is accurately translated and appropriate for Spanish-speaking populations. Such efforts should also include having the survey “back translated” from Spanish to English by an independent translator.
- **Revise and shorten instrument:** Interviews, especially those in Spanish, took longer than anticipated. Future instruments should be revised and shortened in length. Deleting 2-3 questions and/or converting some of the open-ended questions into close-ended ones (based on data collected this year) which would address this issue.

VI. RECOMMENDATIONS

This data collection effort provides a snapshot of the experiences of First 5 Ventura County families. This information has implications for access to services, quality of service provision, and child and parent outcomes including parent satisfaction. Applying this information to inform future strategic planning efforts would further increase the utility of this effort.

Although most parents reported a high level of satisfaction with the receipt of services funded by First 5 Ventura County, they also identified some challenges and unmet needs. These are presented below and categorized into two broad categories – unmet need for direct services, and issues related to access and quality of service provision.

A. Addressing Unmet Need for Direct Services

Knowing what parents want provides First 5 Ventura County the opportunity to address parent needs in a targeted and strategic manner. Some form of unmet need was reported by almost one-third of all parents and included both, unmet need related to service provision at a specific First 5 Ventura County site and overall unmet need. Service need according to priority included the following:

- **Preschool/childcare services.** Data collected in three places indicated that preschool and childcare services were the most frequently reported unmet need. The magnitude of this need is indicated by the fact that almost half of the children 3 years or older had not attended preschool. In addition, an increasing awareness of the advantages of preschool including the provision of developmentally appropriate educational experiences and kindergarten readiness suggest that these unmet needs may keep growing until efforts are made to address them. Parents with preschool/childcare services expressed a need for classes that were of longer duration, and/or increased intensity, and more variety.
- **Parenting classes/information.** An interesting fact about these services is that even though a large proportion of parents took parenting classes, an equally large proportion reported the need for more. This finding reflects that parenting education is not homogeneous. It can vary in content, duration, and intensity. Therefore, a need for parenting education may indicate either the provision of classes where none are provided, or additional classes that cover a broader range of topics. Survey results also indicate that there is significant room for improvement in parenting knowledge and skills. Parents who participated had less than optimal scores on the parenting knowledge questions, especially for the correct sleeping position of newborns. Parent use of proactive discipline strategies such as time-outs and taking away toys or treats was also less than optimal. Additionally, a high proportion of parents expressed concerns about their child's development. These findings in addition to those reported by parents in the form of unmet needs indicate the need for efforts to be invested in providing parents with the knowledge and resources they need to optimize their child's health and development.
- **Family literacy classes.** As observed for parenting classes, although a high proportion of parents received literacy classes, these services were high on the list of unmet service needs. Parents reported a need for (more) classes that would help them both read to their child and help their child read as well. The need for such services is highlighted by two additional factors: a) overall frequency levels of parent-child reading were less than optimal. Some parents reported never reading to their child. In addition to empowering parents to read to their child, provision of literacy services would also

prepare children for school; and b) the results indicate a significant association between receipt of literacy services and a higher frequency of reading to the child. Although the order of events cannot be determined, it can be assumed that parents taking literacy classes took them because of need, and that these classes were associated with higher frequencies of parent-child reading.

- **Health care.** Most of the other needs reported by parents were related to medical care for their child included developmental assessments, and dental care, and mental health services for the family.
- **Training/Career services.** Parents also expressed a need for services and events that would assist them in finding work such as training (including computer skills) and career fairs.

B. Addressing Service Access and Quality Issues

In addition to unmet service needs were other factors that impeded access to services or were identified as areas of program improvement. Addressing these factors would have implications for access to services, quality of services, and parent satisfaction. These are presented below in order of priority:

- **Transportation:** Transportation difficulties were reported as a barrier to accessing services. Making provisions for transportation will potentially reduce some of the barriers experienced by families in accessing needed services. This would be even more effective for families where the mother is not working (about 65%) and therefore not constrained by time but by transportation difficulties. Provision of transportation may remove the major barrier between these families and the services they need. In a similar vein, parents also reported a need for service provision in more locations presumably due to proximity and transportation factors. While provision of services in more locations would benefit families, addressing their transportation difficulties may address some of this need. Transportation difficulties and reported need for service provision in more locations can also be addressed by provision of “mobile” services. A mobile van with different care providers would potentially bring an array of services to families with young children and match service to need.
- **Hours and days of operation:** Parents also requested longer hours and more days of program operation to address scheduling difficulties and improve timely access to services.
- **Staff issues:** Impersonal communication with staff members was reported to be an area where programs could improve and better serve their families. Emphasis on staff training that incorporates elements of culturally competent communication would address these issues.
- **Teacher training:** Teacher-related issues reported by parents included the need for teachers with more training and lower teacher turnover rates in some instances. Higher quality care provided in a consistent manner will allow children to experience the benefits that accompany such care.
- **Outreach:** Parents also reported a need for programs to disseminate information about their services and upcoming events in an effective and timely manner. This would necessitate more program outreach and involvement with the community. How programs do this would depend on what works best for different communities. Research at the program level will be needed to determine the strategies most effective in reaching target populations. This data collection effort found that when parents were asked about their source of information about the First 5 Ventura County program, they were more likely to report word-of-mouth (medical and child care providers) than media (flyers,

radio, or television) sources of information. With the upcoming launch of First 5 Ventura County's media campaign in FY 2004-2005, TV and radio sources will become a more frequent source of information for families about First 5 Ventura County services.

- **Language:** While most parents reported that they did not have a hard time understanding any person at their First 5 Ventura County program due to language issues, there were a few that did have a hard time. Additional analysis indicated that some of these parents spoke primarily Spanish and some spoke English at home. These findings have three implications: a) First 5 Ventura County programs are overall meeting the linguistic needs of the majority of the populations they serve; b) There is room for improvement in the provision of services in a linguistically appropriate manner; and c) Parents who spoke English as well as Spanish reported having language difficulties at program sites indicating a need to meet the language needs of both English and non-English speaking populations.

VII. NEXT STEPS

Strategic efforts to maximize the mission of First 5 Ventura County should entail using evaluation results to provide useful feedback to programs thereby building or enhancing a culture of evaluation at all programs.

Continued efforts to evaluate the impact of First 5 Ventura County and to inform future strategic plans will require further data collection about parent perspectives and experiences. Although another cross-sectional survey would provide longitudinal information about programs (not participants), it would duplicate some of the information collected by the GEMS data collection system to be implemented later in the year. In contrast, a longitudinal survey would provide follow-up information about families who participated in round one.

The main objectives of such a survey would include: 1) To examine parent knowledge, perceptions, and practices related to their own well-being and to their child's health and development; 2) To determine parent access, utilization, and satisfaction with First 5 Ventura County funded services and to develop an understanding of parent strengths and unmet needs; 3) To examine the contribution of First 5 Ventura County funded programs to the well-being of young children and their families. Additional objectives of a *longitudinal* parent survey would be: 1) To examine the extent to which parents who received First 5 Ventura County services in FY03-04 are still accessing First 5 Ventura County (and/or other) services for themselves and their children in FY 04-05; 2) To examine differences and similarities between families who are accessing and those who are no longer accessing First 5 Ventura County services and to understand the underlying reasons that may have contributed to them; 3) To examine any changes over time. These may pertain to parenting knowledge, behaviors, and unmet service needs among families receiving First 5 Ventura County funded services for two years in a row; and 4) To develop a deeper understanding of parent and child outcomes related to the receipt of First 5 Ventura County funded services.

Toward this end, about 76% of the families who participated in round one gave their consent to participate in a follow-up (longitudinal) in FY04-05. This provides First 5 Ventura County a unique opportunity to develop a deeper understanding of the experiences of these families and to enrich its efforts to provide a healthy and successful future for young children in Ventura County.

APPENDIX C.1

TABLES CORRESPONDING TO EACH SECTION

Section 1: Demographic Information

	%	(n)
Maternal education		
Never attended/kindergarten	0.5	3
Elementary	28.8	175
High school	38.5	234
College	26.8	163
Graduate	5.4	33
Maternal employment		
Full-time	19.3	117
Part-time	15.0	91
Not working	64.7	392
Maternal marital status		
Married	69.0	422
Living together	19.4	119
Widowed	1.0	6
Divorced	1.8	11
Separated	4.2	26
Never married	4.6	28
Maternal age		
<25	13.7	83
25-29	27.0	164
30-34	28.7	174
35-39	16.3	99
≥40	14.3	87
Number of adults in the household		
1	6.3	38
2	66.1	402
3	14.3	87
4	8.9	54
5 or more	4.5	27
Number of children in the household		
1	20.4	124
2	42.0	255
3	24.7	150
4	8.7	53
5 or more	4.1	25
Household income		
< \$10,000	12.0	73
\$10,000-19,999	25.2	153
\$20,000-29,999	37.0	225
\$30,000-39,999	9.5	58
\$40,000-49,999	4.8	29
\$50,000-74,999	4.1	25
≥ \$75,000	7.4	45
WIC		
Yes	47.6	288
No	52.4	317
Food Stamps		
Yes	17.2	104
No	82.8	499
TANF/Cal Works		

Demographic Information (continued)

	%	(n)
Yes	4.5	27
No	95.5	574
Church/Food bank		
Yes	7.0	42
No	93.0	559
Number of moves in last 12 months		
0	73.0	436
1	20.1	120
2	5.0	30
3	0.7	4
4 or more	1.1	7

Section Two: Child Characteristics/Information**Child demographic characteristics**

	%	(n)
Age (years)		
1	7.8	47
2	10.9	66
3	15.2	92
4	24.3	147
5	41.8	253
Gender		
Male	56.2	334
Female	43.8	260
Birthplace		
United States	92.2	565
California	89.1	546
Other state	3.1	19
Other country	7.8	48
Race/Ethnicity		
Hispanic	80.6	495
Non-Hispanic White	13.5	83
Other	5.9	36
Primary language spoken at home		
English	30.5	183
Spanish	67.5	405
Other language	2.0	12
Health insurance		
Yes	85.9	516
No	14.1	85

Child health and well-being

	%	(n)
Low birth weight (<2,500 grams)		
Yes	6.1	35
No	93.9	540
Health status		
Excellent	43.6	268
Very good	29.6	182
Good	21.3	131
Fair/Poor	5.4	33

Parent concerns about the health and development of the child

	%	(n)
<i>How child (≤18 months):</i>		
Sees		
A lot	28.6	26
A little	12.1	11
Not at all	59.3	54
Hears		
A lot	24.4	22
A little	13.3	12
Not at all	62.2	56
Talks		
A lot	21.3	19
A little	19.1	17
Not at all	59.6	53
Understands what parent says		
A lot	21.1	19
A little	18.9	17
Not at all	60.0	54
Uses hands and fingers		
A lot	24.7	22
A little	12.4	11
Not at all	62.9	56
Uses arms and legs		
A lot	24.4	22
A little	16.7	15
Not at all	58.9	53
<i>How child (>18 months):</i>		
Behaves		
A lot	25.6	132
A little	36.0	186
Not at all	38.4	198
Learning to do things for (him/herself)		
A lot	29.7	154
A little	22.7	118
Not at all	47.6	247
Whether child can do what other children (his/her) age can do		
A lot	27.2	141
A little	18.9	98
Not at all	53.9	280
Learning preschool or school skills		
A lot	28.9	147
A little	18.9	96
Not at all	52.3	266
Child's emotional well-being		
A lot	29.6	153
A little	22.6	117
Not at all	47.8	247

Section 3: Parent/Respondent Information

Parent/Respondent Characteristics

	%	(n)
Relationship to child		
Mother	88.7	544
Father	6.4	39
Sister/Brother	0.7	4
Grandparent	1.8	11
Aunt/Uncle	0.7	4
Other family member	0.2	1
Foster mother	1.1	7
Foster father	0.5	3
Smoke-free household		
Yes	82.9	503
No	17.1	104
Coping with parenthood		
Very well	59.7	363
Somewhat well	38.5	234
Not very well	1.6	10
Not well at all	0.2	1

Respondent Knowledge

	%	(n)
Sleep position of newborns		
On their stomachs	18.8	114
On their backs	46.1	280
However they sleep best	33.4	203
Don't know	1.8	11
Feeding two-month olds		
Breast milk only	59.9	367
Formula only	3.4	21
Breast milk and formula	36.1	221
Don't know	0.7	4
Start reading to child		
During the first year	86.3	529
When they are ages 2-4	10.6	65
When they are in KG (5-6 yrs)	2.8	17
Don't know	0.3	2

Parent-Child Activities

	%	(n)
Sings songs to child (per week)		
Never	2.2	13
1-2 times	12.5	74
3-4 times	21.4	126
5-6 times	15.4	91
7 times or more	48.5	286
Tell stories to child (per week)		
Never	7.6	46
1-2 times	16.6	101
3-4 times	30.2	184
5-6 times	11.7	71
7 times or more	34.0	207
Read to or show picture books (per week)		
Never	6.9	42
1-2 times	13.8	84
3-4 times	20.3	124
5-6 times	15.4	94
7 times or more	43.6	266

Discipline Strategies

	%	(n)
Raise voice or yell at child (<18 months)		
Often	4.9	4
Sometimes	24.7	20
Rarely	17.3	14
Never	53.1	43
Spank child (<18 months)		
Often	0	0
Sometimes	2.5	2
Rarely	2.5	2
Never	95.0	76
Raise voice or yell at child (≤18 months)		
Often	9.4	50
Sometimes	59.2	314
Rarely	19.1	101
Never	12.3	65
Spank child (≤18 months)		
Often	0.6	3
Sometimes	14.3	74
Rarely	19.6	101
Never	65.5	338
Take away toy/treat (≤18 months)		
Often	10.4	54
Sometimes	54.2	282
Rarely	11.9	62
Never	23.5	122
Time-out (≤18 months)		
Often	21.1	111
Sometimes	45.5	240
Rarely	12.1	64
Never	21.3	112
Explain (≤18 months)		
Often	70.6	368
Sometimes	23.2	121
Rarely	2.5	13
Never	3.6	19

Childcare

	%	(n)
Use of non-parental child care		
Yes	42.9	261
No	57.1	347
Weekly hours of child care		
≤20	75.6	180
≥21	24.4	58
Child care provider		
Relative	42.5	97
Non-relative	57.5	131
Child care location		
Home	59.5	150
Someone else's home	22.6	57
Day care center	17.9	45
Would having childcare be helpful?		
Yes	58.2	142
No	39.3	96
Don't know	2.5	6

Preschool

Preschool attendance (≥ 3 years of age)		
Yes	56.1	234
No/Don't Know	43.9	183
Would you like your child to be in preschool?		
Yes	73.1	117
No	18.1	29
Don't Know	8.8	14

Section 4: Receipt of Services from First 5 Ventura County and Elsewhere**Source of information about the program**

	%	(n)
Source of information about program		
Friend/family member	33.9	209
Doctor/nurse	9.7	60
School/childcare	28.7	177
NfL	8.9	55
Other service provider	6.0	37
Flyer/written materials	5.0	31
TV/radio	1.6	10
Internet	2.9	18
Other	3.1	19

Culturally competent and family-centered care

	%	(n)
Hard time understanding any person		
Yes	13.3	81
No	86.7	530
How often take time to understand you/your child		
Always	75.0	457
Usually	19.2	117
Sometimes	4.4	27
Never	1.3	8
How often take time to understand how you prefer to raise child		
Always	71.3	427
Usually	20.2	121
Sometimes	4.8	29
Never	3.7	22

Service Strategy/type

	%	(n)
Family strengthening (educational)	19.2	89
Family strengthening (support)	11.4	53
Early care and education (ECE)	53.9	250
Health	11.2	52
Other	4.3	20

Receipt of referrals

	%	(n)
Yes	49.0	298
No	51.0	310

Level of satisfaction with services

	%	(n)
Very valuable	52.3	290
Valuable	23.1	128
Somewhat valuable	13.0	72
Not at all valuable	11.6	64

Receipt of services at other programs/sites

	(yes) %	(n)
Home visits	18.2	111
Parent education classes	39.0	237
Books/toys	51.1	313
Nutrition classes	44.5	273
Adult literacy classes	13.4	82
Family literacy class	15.7	96
Parent support meetings	31.2	191
Mental health services	20.8	127

Unmet service needs

	%	(n)
Yes	32.0	190
No	67.5	401

Participation in Future Surveys

	%	(n)
Yes	76.2	436
No	13.6	78
DK	8.4	48
Refused	1.7	10

APPENDIX C.2
SURVEY INSTRUMENT

Cross-Sectional Parent Survey
First 5 Ventura County Evaluation
Spring 2004

PROGRAM NAME:

PROGRAM ID NUMBER:

INTERVIEW MODE:

- Phone (Attach Phone Log)**
- On-site one-on-one interview**
- On-site self-administered**
- On-site group-administered**

INTERVIEWER NAME:

INTERVIEWER ID:

GENERAL INSTRUCTIONS FOR INTERVIEWERS

- 1) **WORDS AND ITEMS IN BOLD LETTERS (SUCH AS THIS) ARE INSTRUCTIONS TO THE INTERVIEWERS ONLY AND SHOULD NOT BE READ OUT ALOUD TO RESPONDENTS (PARENTS BEING INTERVIEWED).**
- 2) **IT IS ASSUMED THAT INTERVIEWERS AND RESPONDENTS WILL JUST GO ON TO THE NEXT SURVEY QUESTION IN SEQUENCE UNLESS THERE IS A SKIP PATTERN ASSOCIATED WITH A CURRENT OR PRIOR RESPONSE GIVEN BY RESPONDENT.**
- 3) **FOR EACH SURVEY QUESTION, YOU ONLY READ THE ANSWER CHOICES IF THEY APPEAR UP IN THE TEXT OF THE SURVEY QUESTION ITSELF (SEE EXAMPLE SECTION A QUESTION #2 AND #6).**
- 4) **IF THE ANSWER CHOICES DO NOT APPEAR IN THE SURVEY QUESTION ITSELF, THEN THIS MEANS THAT YOU DO NOT OFFER THE ANSWER/S TO THE RESPONDENT. RATHER, YOU SELECT OR RECORD THE ANSWER THAT BEST FITS THEIR RESPONSE (SEE EXAMPLE IN SECTION A QUESTION #1 AND #3).**
- 5) **THE ANSWER CHOICE OF “DK” STANDS FOR “DON’T KNOW”.**
- 6) **THE ANSWER CHOICE OF “REFUSED” SHOULD BE SELECTED IF THE RESPONDENT CHOOSES NOT TO ANSWER A PARTICULAR QUESTION.**
- 7) **ANSWER CHOICES OF “DK” AND “REFUSED” SHOULD NEVER BE READ OUT ALOUD TO RESPONDENTS AT ANY TIME. THEY ARE STRICTLY FOR INTERVIEWER USE.**

IF THIS IS A TELEPHONE INTERVIEW → GO TO PAGE 3

IF THIS IS AN ON-SITE INTERVIEW → SKIP TO PAGE 4

TELEPHONE INTERVIEW – SCREENER/INTRODUCTION

T1. Hello, may I speak with (NAME OF RESPONDENT)?

- YES, I AM THAT PERSON.....[GO TO T3 - WELCOME NOTE]
- NO, THE PERSON IS NOT AT HOME.....[GO TO T2]
- REFUSES.....[TERMINATE]
- HANGS UP.....[CALLBACK AT ANOTHER TIME]

T2. When would be a good time to call back to speak with (RESPONDENT)?

- A. PERSON GIVES TIME.....NOTE TIME, THANK, AND END CALL
Date_____Time_____AM/PM
- B. PERSON TELLS YOU NOT TO CALL BACK...RECORD AS “REFUSED” IN PHONE LOG, THANK, AND END CALL.
- C. PERSON DOESN’T LIVE THERE - ASK FOR ANOTHER NUMBER WHERE YOU REACH RESPONDENT
 - i. IF YOU GET THE NUMBER, NOTE IT, THANK, AND END CALL.
 - ii. IF YOU DO NOT GET ANY NUMBER, RECORD IT AS “LOSS TO FOLLOW-UP” IN PHONE LOG, THANK, AND END CALL.

T3. WELCOME NOTE

My name is (INTERVIEWER NAME) and I am working with (PROGRAM X). (X PROGRAM) gave us your phone number so we could ask if you’d be interested in participating in a survey. This is a survey of parents who have children who are 0-5 years of age. Your participation will help us improve services provided to your family and others like you in Ventura County. The interview will take around 15-20 minutes to complete.

IF THE RESPONDENT AGREES TO PARTICIPATE – READ FACT SHEET AND GO TO R1 ON PAGE5

IF RESPONDENT DOES NOT AGREE TO PARTICIPATE – TERMINATE CALL

ON-SITE INTERVIEW – SCREENER/INTRODUCTION

Hello, My name is _____. I am working with **(PROGRAM X)** and we are doing a survey of parents who have children between the ages of 0-5 years of age in Ventura County. This survey will help us improve services to you and other families in Ventura County.

- S1. Would you like to participate in our study? Our survey will take around 15-20 minutes to complete.**
YES.....[GO TO S3 – WELCOME NOTE]
NO..... [TERMINATE]
DK..... [GIVE MORE INFORMATION - PROVIDE OPTION OF PHONE INTERVIEW]
REFUSED... [PROVIDE OPTION OF PHONE INTERVIEW....OR TERMINATE]

- S2. It seems that a phone interview might work better for you. Is there a number that I can reach you at? And, when would be a good time to call you?**
RECORD PHONE NUMBER _____
POTENTIAL DATE _____
POTENTIAL TIME _____
LANGUAGE PREFERENCE _____

- S3. WELCOME NOTE**

Thank you. Before we start, I would like to read a fact sheet to you about your rights as a participant of this survey:

READ FACT SHEET AND GO TO R1 ON PAGE 5

BEGIN INTERVIEW

INTERVIEWERS: IF THIS IS A PRENATAL PROGRAM FOR PREGNANT MOTHERS, PLEASE SKIP TO SECTION B.

ALL OTHERS BEGIN WITH R1.

- R1. How many children do you have who are between the ages of 0-5 that live with you?
- 1 NONE/ZERO.....**TERMINATE**
 - 2 ONE CHILD.....**SKIP TO QUESTION R4**
 - 3 MORE THAN ONE CHILD.....**GO TO QUESTION R2**
 - 97 DK.....**PROBE OR TERMINATE**
 - 98 REFUSED.....**TERMINATE**
- R2. How are old are these children?
- CHILD 1 AGE _____
 - CHILD 2 AGE _____
 - CHILD 3 AGE _____
 - CHILD 4 AGE _____
 - CHILD 5 AGE _____

IF MORE THAN ONE CHILD IS IN THE AGE RANGE OF 0-5 YEARS, PLEASE USE THE “PICK A NUMBER” RANDOM PROCEDURE TO SELECT “TARGET” CHILD FOR THE SURVEY.

- R3. This survey will ask you questions about your (...**MONTH/YEAR OLD**) child.
RECORD SELECTED CHILD _____

INTERVIEWERS: IF THIS IS A FOSTER CARE PROGRAM, PLEASE SKIP R4. DO NOT ASK FOR THE NAME OF THE CHILD. WE NEED TO MAINTAIN THE CHILD’S CONFIDENTIALITY. PLEASE REFER TO HIM/HER AS “CHILD”.

- R4. Please tell me the first name of this child so that I’ll know how to refer to [**HIM/HER**] during the interview.
- NAME _____
 - 97 DK
 - 98 REFUSED

IF RESPONDENT DOES NOT PROVIDE CHILD’S NAME, PLEASE USE THE WORD “CHILD” FOR ALL “(CHILD)” NAME FILLS.

- R5. What is your relationship to (**CHILD**)?
- 1 MOTHER (STEP, ADOPTIVE) OR FEMALE GUARDIAN
 - 2 FATHER (STEP, ADOPTIVE) OR MALE GUARDIAN
 - 3 SISTER OR BROTHER (STEP/FOSTER/HALF/ADOPTIVE)
 - 4 GRANDPARENT
 - 5 AUNT/UNCLE
 - 6 OTHER FAMILY MEMBER
 - 7 FOSTER MOTHER
 - 8 FOSTER FATHER
 - 97 DK
 - 98 REFUSED

SECTION A – CHILD INFORMATION

1. How old is (**CHILD**)?
YEARS _____ MONTHS _____
97 DK
98 REFUSED
2. Is (**CHILD**) a boy or a girl?
1 BOY/MALE
2 GIRL/FEMALE
98 REFUSED
3. Where was (**CHILD**) born?
1 CALIFORNIA (SPECIFY COUNTY) _____
2 OTHER STATE IN UNITED STATES (SPECIFY STATE) _____
3 OTHER COUNTRY (SPECIFY COUNTRY) _____
97 DK
98 REFUSED
4. Is (**CHILD**) of Spanish, Hispanic, or Latino descent, that is Mexican, Mexican-American, Central American, South American, Chicano, Puerto Rican, or Cuban?
0 NO
1 YES **[PLEASE SPECIFY USING THE LIST BELOW]**
[MARK ALL THAT APPLY]
A. MEXICAN/MEXICANO
B. MEXICAN-AMERICAN
C. CENTRAL AMERICAN
D. SOUTH AMERICAN
E. CHICANO
F. PUERTO RICAN
G. CUBAN/CUBAN AMERICAN
H. OTHER SPANISH-CARRIBEAN
I. OTHER SPANISH/HISPANIC (SPECIFY) _____
97 DON'T KNOW
98 REFUSED
5. Is (**CHILD**) White, Black or African American, Native American, Alaskan Native, Asian, Native Hawaiian or other Pacific Islander?
[MARK ALL THAT APPLY]
1 WHITE
2 BLACK/ AFRICAN AMERICAN
3 NATIVE AMERICAN
4 ALASKAN NATIVE
5 ASIAN
6 NATIVE HAWAIIAN
7 PACIFIC ISLANDER
8 OTHER (SPECIFY) _____
97 DON'T KNOW
98 REFUSED
6. What is the primary language spoken at home? Would you say mostly English, mostly Spanish, or mostly another language, other than Spanish?
1 MOSTLY ENGLISH
2 MOSTLY SPANISH

- 3 MOSTLY ANOTHER LANGUAGE, OTHER THAN SPANISH (SPECIFY)_____
- 97 DK
- 98 REFUSED

7. How much did (**CHILD**) weigh when (he/she) was born?
 POUNDS_____ OUNCES_____
- OR
- KILOGRAMS_____ GRAMS_____
- 97 DK
 - 98 REFUSED

8. In general, how would you describe (**CHILD’S**) health? Would you say it’s excellent, very good, good, fair, or poor?
- 1 EXCELLENT
 - 2 VERY GOOD
 - 3 GOOD
 - 4 FAIR
 - 5 POOR
 - 97 DK
 - 98 REFUSED

Now we would like to ask you a few questions about your child’s medical care.

9. Does (**CHILD**) have any kind of health insurance **now**, such as insurance through an HMO, a private insurance company, Medi-CAL, Healthy Families, or through something else?
- 1 YES
 - 0 NO
 - 97 DK
 - 98 REFUSED

10. The next questions are about concerns you may have about (**CHILD**). For every statement I read to you, please tell me if you are concerned a lot, a little, or not at all:

IF CHILD IS 18 MONTHS OR YOUNGER, GO TO TABLE 1

IF CHILD IS 19 MONTHS OR OLDER, GO TO TABLE 2

<i>TABLE 1 (≤18 MONTHS OLD)</i>	A lot	A little	Not at all	DK	REF
How concerned are you with:					
A. How (CHILD) hears?	1	2	0	97	98
B. How (CHILD) sees?	1	2	0	97	98
C. How (CHILD) talks?	1	2	0	97	98
D. How (CHILD) understands what you say?	1	2	0	97	98
E. How (CHILD) uses (HIS/HER) hands and fingers to do things?	1	2	0	97	98
F. How (CHILD) uses (HIS/HER) arms and legs?	1	2	0	97	98

SKIP TO Q11

TABLE 2 (19 MONTHS OR OLDER)	A lot	A little	Not at all	DK	REF
How concerned are you with:					
A. How (CHILD) behaves?	1	2	0	97	98
B. How (CHILD) is learning to do things for (himself/herself)?	1	2	0	97	98
C. Whether (CHILD) can do what other children (his/her) age can do?	1	2	0	97	98
D. How (CHILD) is learning preschool or school skills?	1	2	0	97	98
E. (CHILD'S) emotional well-being?	1	2	0	97	98

SECTION B – SERVICE INFORMATION

11. Now I'm going to ask you a few questions about (CENTER/PROGRAM X). How did you get to know about (CENTER/PROGRAM X). Was it through a friend or family member, doctor or nurse, school, child care, your local Neighborhood for Learning also referred to as "NfL", the TV, or radio?
- 1 A FRIEND OR FAMILY MEMBER?
 - 2 A DOCTOR OR NURSE?
 - 3 A SCHOOL OR CHILDCARE?
 - 4 NEIGHBORHOOD FOR LEARNING OR "NfL"?
 - 5 OTHER SERVICE PROVIDER?
 - 6 A FLYER OR OTHER WRITTEN MATERIALS?
 - 7 TV OR RADIO?
 - 8 OTHER (SPECIFY) _____
 - 97 DK
 - 98 REFUSED

Now we would like to ask you about your experiences at (PROGRAM X).

12. **In the last 12 months**, have you ever had a hard time understanding any person that works at (CENTER/PROGRAM X) because they did not speak your language?
- 1 YES
 - 0 NO
 - 97 DK
 - 98 REFUSED

13. **In the last 12 months**, how often did service providers at (CENTER/PROGRAM X):

		always	usually	sometimes	never	DK	REF
A.	Take the time to understand you and your child? Would you say always, usually, sometimes, or never?	1	2	3	4	97	98
B.	Take time to understand how you and your family prefer to raise (CHILD)?	1	2	3	4	97	98

14. What services have you received at (CENTER/PROGRAM X)?

- 1 SERVICE 1 _____
- 2 SERVICE 2 _____
- 3 SERVICE 3 _____
- 4 SERVICE 4 _____

15. Did (**CENTER/PROGRAM X**) provide you or your family with referrals or connect you with other services not provided here?

- 1 YES
- 0 NO
- 97 DK
- 98 REFUSED

16. How valuable have these services been to you and your family? Would you say they were very valuable, valuable, somewhat valuable, or not valuable at all?

- 1 VERY VALUABLE
- 2 VALUABLE
- 3 SOMEWHAT VALUABLE
- 4 NOT AT ALL VALUABLE
- 97 DK
- 98 REFUSED

17. How could this program serve you better?

18. Now I am going to ask you about services that you may have received from **another program or at another location** other than (**CENTER/PROGRAM X**). In the **last 12 months** have you:

	YES	NO	DK	REFUSED
A. Had more than one home visit by a trained professional?	1	0	97	98
B. Gone to a parent education class?	1	0	97	98
C. Borrowed books or received books or toys from a program or service?	1	0	97	98
D. Gone to a nutrition class?	1	0	97	98
E. Gone to an adult literacy class to help you learn to read?	1	0	97	98
F. Gone to a family literacy class to help you prepare your child for school?	1	0	97	98
G. Gone to any parent support meetings?	1	0	97	98
H. Received counseling, therapy, or treatment to help you feel better emotionally?	1	0	97	98

19. Are there any services (**BOTH LISTED AND NOT LISTED**) that you have not received that you feel would be helpful for your child or for you as a parent?

- 1 YES.....**GO TO 19A**
- 0 NO.....**SKIP TO Q20**
- 97 DK.....**SKIP TO Q20**
- 98 REFUSED.....**SKIP TO Q20**

19A. **[IF YES]**, what service/s would that be?

INTERVIEWERS: IF THIS IS A PRENATAL PROGRAM FOR PREGNANT MOTHERS, PLEASE SKIP TO SECTION D.

ALL OTHERS CONTINUE WITH SECTION C.

SECTION C – FAMILY/HOUSEHOLD INFORMATION

20. Does anyone in your household smoke?
 1 YES.....**GO TO 20A**
 0 NO.....**SKIP TO Q21**
 97 DK.....**SKIP TO Q21**
 98 REFUSED.....**SKIP TO Q21**

- 20A. **[IF YES]**, does the person/s ever smoke indoors?
 1 YES (INDOORS)
 0 NO (OUTDOORS ONLY)
 97 DK
 98 REFUSED

21. In a typical week,

- 21A1. How often do you or any other family member *sing songs* with **(CHILD)**?
 NUMBER OF DAYS PER WEEK _____
 97 DK
 98 REFUSED

- 21A2. How often do you or any other family member *tell stories* to **(CHILD)**?
 NUMBER OF DAYS PER WEEK _____
 97 DK
 98 REFUSED

- 21A3. **[IF YES]**, How often do you or any other family member *read to or show picture books* to **(CHILD)**?
 NUMBER OF DAYS PER WEEK _____
 97 DK
 98 REFUSED

22. Parents vary a lot in how they discipline and children vary in their response to being disciplined. The following is a list of methods of discipline parents might use with children. For each, please indicate if you use that method often, sometimes, rarely, or never with **(CHILD)**.

IF CHILD IS < 18 MONTHS OLD, GO TO TABLE 1

IF CHILD IS ≥ 18 MONTHS OR OLDER, GO TO TABLE 2

<i>TABLE 1 (<18 MONTHS OLD)</i>					
A.	Raising your voice or yelling?	OFTEN	1	SOMETIMES	2
		RARELY	3	NEVER	4
		DK	97	REFUSED	98
B.	Spanking?	OFTEN	1	SOMETIMES	2
		RARELY	3	NEVER	4
		DK	97	REFUSED	98

SKIP TO Q23 A1

TABLE 2 (18 MONTHS OR OLDER)					
A.	Raising your voice or yelling?	OFTEN	1	SOMETIMES	2
		RARELY	3	NEVER	4
		DK	97	REFUSED	98
B.	Spanking?	OFTEN	1	SOMETIMES	2
		RARELY	3	NEVER	4
		DK	97	REFUSED	98
C.	Taking away a toy or treat?	OFTEN	1	SOMETIMES	2
		RARELY	3	NEVER	4
		DK	97	REFUSED	98
D.	Giving a time-out, that is making (CHILD) take a break from whatever activity (he/she) is involved in?	OFTEN	1	SOMETIMES	2
		RARELY	3	NEVER	4
		DK	97	REFUSED	98
E.	Explaining to (CHILD) why (his/her) behavior is not appropriate.	OFTEN	1	SOMETIMES	2
		RARELY	3	NEVER	4
		DK	97	REFUSED	98

The following questions are about childcare

23. A1. **In a typical week**, how many hours does (CHILD) spend in the care of someone other than a Parent (OR LEGAL GUARDIAN)?
- 1 HOURS PER WEEK**GO TO 23A2**
- 2 DOES NOT SPEND ANY TIME IN ANYONE ELSE'S CARE.....**SKIP TO 23A4**
- 97 DK.....**GO TO 23A2**
- 98 REFUSED.....**SKIP TO Q24 (SKIP TO Q25 IF CHILD <3YEARS)**

- 23A2. **[IF YES]**, is the person who usually cares for (CHILD) a relative or non-relative?
- 1 RELATIVE
- 2 NON-RELATIVE
- 97 DK
- 98 REFUSED

- 23A3. Is (CHILD) mostly cared for:
- 1 IN YOUR HOME
- 2 IN SOMEONE ELSE'S HOME
- 3 IN A DAYCARE CENTER
- 97 DK
- 98 REFUSED

SKIP TO Q24 (SKIP TO Q25 IF CHILD IS < 3YEARS)

- 23A4. **[IF NOT]**, Would having childcare for (CHILD) be helpful?
- 1 YES.....**(SKIP TO Q25 IF CHILD IS < 3 YEARS)**
- 0 NO.....**(SKIP TO Q25 IF CHILD IS < 3 YEARS)**
- 97 DK.....**(SKIP TO Q25 IF CHILD IS < 3 YEARS)**
- 98 REFUSED.....**(SKIP TO Q25 IF CHILD IS < 3 YEARS)**

24. Since (CHILD'S) 3rd birthday, has (HE/SHE) ever gone to a nursery school, preschool/pre-kindergarten, a Head Start program, or a child care center, on a regular basis? *By a regular basis we mean at least two times a week for at least 6 months.*
- 1 YES.....**SKIP TO Q25**
- 0 NO.....**GO TO 24A**
- 97 DK.....**SKIP TO Q25**

98 REFUSED.....**SKIP TO Q25**

24A. **[IF NO]**, Would you have liked your child to be in a pre-kindergarten/preschool?
(**WOULD IT BE HELPFUL?**)

- 1 YES
- 0 NO
- 97 DK
- 98 REFUSED

SECTION D – PARENT/RESPONDENT INFORMATION

25. We would like to know what you think about different issues involved in taking care of children. For each of the following questions, please let us know the answer you agree with most.

25A1. Do you believe that newborns should be put to sleep on their stomachs, on their backs, or however they sleep best?

- 1 ON THEIR STOMACHS
- 2 ON THEIR BACKS
- 3 HOWEVER THEY SLEEP BEST
- 97 DK
- 98 REFUSED

25A2. Do you believe that the best way to feed a two-month old baby is with breastmilk only, formula only, or breastmilk and formula?

- 1 BREASTMILK ONLY
- 2 FORMULA ONLY
- 3 BREASTMILK AND FORMULA
- 97 DK
- 98 REFUSED

25A3. Do you think the best time to start reading to your child is during the first year, when they are ages 2-4, or when they are in kindergarten (5-6 yrs)?

- 1 DURING THE FIRST YEAR
- 2 WHEN THEY ARE AGES 2-4
- 3 WHEN THEY ARE IN KINDERGARTEN (5-6 YRS)
- 97 DK
- 98 REFUSED

26. The following are a few questions about how you have been feeling lately.

A.	How much of the time during the <u>past month</u> have you been a very nervous person? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time or none of the time?	ALL OF THE TIME 1 MOST OF THE TIME 2 A GOOD BIT OF THE TIME 3 SOME OF THE TIME 4 A LITTLE OF THE TIME 5 NONE OF THE TIME 6 DK 97 REFUSED 98
B.	How much of the time during the <u>past month</u> have you felt calm and peaceful?	ALL OF THE TIME 1 MOST OF THE TIME 2 A GOOD BIT OF THE TIME 3 SOME OF THE TIME 4 A LITTLE OF THE TIME 5 NONE OF THE TIME 6 DK 97 REFUSED 98
C.	How much of the time during the <u>past month</u>	ALL OF THE TIME 1 MOST OF THE TIME 2

	have you felt downhearted and blue?	A GOOD BIT OF THE TIME 3 SOME OF THE TIME 4 A LITTLE OF THE TIME 5 NONE OF THE TIME 6 DK 97 REFUSED 98
D.	How much of the time during the <u>past month</u> have you felt so down in the dumps that nothing could cheer you up?	ALL OF THE TIME 1 MOST OF THE TIME 2 A GOOD BIT OF THE TIME 3 SOME OF THE TIME 4 A LITTLE OF THE TIME 5 NONE OF THE TIME 6 DK 97 REFUSED 98

27. In general, how well do you feel you are coping with the day-to-day demands of parenthood? Would you say that you are coping very well, somewhat well, not very well or not well at all?
- 1 VERY WELL
2 SOMEWHAT WELL
3 NOT VERY WELL
4 NOT WELL AT ALL
97 DK
98 REFUSED

**SECTION E – DEMOGRAPHIC INFORMATION
(QUESTIONS 30-33 RELATE TO CHILD’S MOTHER)**

28. How many times have you and your family moved in the last 12 months?
NUMBER OF TIMES _____
97 DK
98 REFUSED

29. In the past 12 months, has your family received money or services from any of the following programs?

		YES	NO	DK	REF
A.	Women, Infants, and Children, or WIC?	1	0	97	98
B.	Food Stamps?	1	0	97	98
C.	Temporary Assistance to Needy Families (TANF) or Cal WORKS?	1	0	97	98
D.	Any other organization, like a church or food bank? DOES NOT INCLUDE ASSISTANCE FROM FAMILY MEMBERS.	1	0	97	98

30. What is the highest grade or year of regular school (**YOU/CHILD’S MOTHER**) have ever completed?
- 1 NEVER ATTENDED/KINDERGARTEN
2 ELEMENTARY
3 HIGH SCHOOL
4 COLLEGE
5 GRADUATE
97 DK
98 REFUSED
31. Are (**YOU/CHILD’S MOTHER**) currently employed full- or part-time, or not working?
- 1 EMPLOYED-FULL TIME
2 EMPLOYED-PART TIME

- 3 NOT EMPLOYED
- 4 OTHER
- 97 DK
- 98 REFUSED

32. What is (**YOUR/CHILD'S MOTHER**) marital status? Would you say married, not married but living together, widowed, divorced, separated, or never married?

- 1 MARRIED
- 2 NOT MARRIED BUT LIVING TOGETHER
- 3 WIDOWED
- 4 DIVORCED
- 5 SEPARATED
- 6 NEVER MARRIED
- 7 MOTHER IS DECEASED
- 97 DK
- 98 REFUSED

33. What is (**YOUR/CHILD'S MOTHER'S**) current age?

- YEARS _____
- 97 DK
- 98 REFUSED

34. Including you, how many family members are there in the household?

- NUMBER OF FAMILY MEMBERS IN THE HOUSEHOLD _____
- 97 DK
- 98 REFUSED

35. Including you, how many of these people are adults age 18 years or older?

- NUMBER OF ADULTS AGE 18 YEARS OR OLDER _____
- 97 DK
- 98 REFUSED

36. Including (**CHILD**), how many are children under age 18?

- NUMBER THAT ARE UNDER AGE 18 _____
- 97 DK
- 98 REFUSED

37. Which of the following categories best describes your total family income in the last 12 months?

- 1 Less than \$10,000
- 2 \$10,000 – less than \$20,000
- 3 \$20,000 – less than \$30,000
- 4 \$30,000 – less than \$40,000
- 5 \$40,000 – less than \$50,000
- 6 \$50,000 – less than \$75,000
- 7 More than \$75,000
- 97 DK
- 98 REFUSED

38. And what is your zip-code?

RECORD ZIP CODE _____

⇒ **THANK PARTICIPANTS:** Those are all of the questions that I have. I would like to thank you again for the time and effort you have spent answering these questions.

⇒ **ASK ALL PARTICIPANTS ABOUT PARTICIPATING IN FUTURE SURVEYS**

We hope to survey parents again next year so we can continue to improve services overtime. Would you be willing to participate in future surveys?

1 YES
0 NO
97 DK
98 REFUSED

- **IF YES AND IF ON-SITE INTERVIEW COLLECT NAME AND CONTACT NUMBER OF RESPONDENT.**
- **IF YES AND IF PHONE INTERVIEW CONFIRM NAME AND CONTACT NUMBER OF RESPONDENT.**

REFERENCES AND ENDNOTES

¹ Children and Families First Commission of Ventura County: Strategic Plan; April 2000.

² Source – CfE analysis of 2000 census data NfL profiles report.

³ Participating NfLs included Conejo Valley, Oak Park, Pleasant Valley, Oxnard Valley, Ocean View Valley, Port Hueneme, Rio, Ventura, Santa Clara Valley, and Ojai Valley. The Moorpark/Simi valley NfL was not included because it had just opened its doors when the survey took place.

⁴ Participating programs providing health services included Loving Arms, Every Family Counts, Clinicas' Dental Health Initiative of Ventura County, Mobile Dental Disease Prevention Clinic, City Impact Mental Health, and Clinicas del Camino Real Mental Health. Programs in the "refused" category included the Ventura County H.U.G.S program, Health Outreach Program (HOPE), and Interface Mental Health. Programs in the "ineligible" category included Safe Harbor – Multidisciplinary Interview Center, Child Care Health Linkages, Health and Education Passport Book, Childhood Oral Health Education program, and Tobacco education.

⁵ Participating programs included the Family Literacy Project, Tuition Assistance for "Working Poor" Families, Foster Parent Recruitment and Support Services, PreSchool to You, Community Literacy program, and Rainbow Connection Expansion Project. Programs in the "refused" category included Project Sun. Programs in the "ineligible" category included Subsidized Child Care for Foster Parents, Foster/Kinship Respite Care project, Family Group Decision Making, and Work/L.I.F.E. Promoting Family Friendly Workplace Environments.

⁶ Since parent and child outcomes vary across different characteristics, this section includes information in the form of bivariate associations between outcomes and parent/family characteristics. All bivariate analyses were conducted using chi-squared analysis. A cut-off of $p < .05$ was used to determine the significance of bivariate associations.

⁷ There were no statistically significant bivariate associations between the demographic characteristics and knowledge question on reading.

⁸ Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: The Promoting Healthy Development Survey. *Pediatrics*. May 2001;107(5):1084-1094.

⁹ In most cases, parents are not aware of the funding source of services they receive.

¹⁰ All results are bivariate using chi-squared analysis. A cut-off of $p < .05$ was used to determine the significance of bivariate associations.

¹¹ Some questions were raised about the accuracy of the Spanish translation of the question on maternal education which may have limited the accuracy of the data collected on maternal education.



**UCLA Center for
Healthier Children,
Families and
Communities**

First 5 Ventura County

Role of Neighborhoods for Learning in Improving Service Systems for Young Children and Their Families

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I. INTRODUCTION

A. Purpose

The Commission's goals of school readiness, health, and parent empowerment are reflected in the core activities of each Neighborhood for Learning (NfL) and are designed to improve access to culturally competent quality services, and facilitate collaboration and integration. The NfLs help families prepare young children for school by offering a multi-faceted, integrated system of service delivery.

First 5 Ventura County Strategic Plan 2000 & Revised Plan 2003 [2] [3]

The First 5 Ventura County Neighborhood for Learning (NfL) Initiative places a strong emphasis on building a more integrated system of services for young children and their families in Ventura County. Only recently, have resources become available that help to define what improved service systems for children and families might look like and how to go about achieving it.[4] Some resources describe how to address specific barriers to system change and some provide tools to undertake change. Although the body of empirical evidence connecting system change strategies to improved outcomes for individuals is limited, practice and theory suggest that improvements in the system, whether they be small adjustments in service delivery or broader structural changes to the way services are provided between various providers and sectors, can have far-reaching impacts on the lives of children and their potential to succeed in school. For the NfL leadership and staff who work most closely with children and families, the concept of “systems” and “systems change” can often seem vague or far removed from day-to-day work. However, the NfLs play an important role in the larger system of support for young children in Ventura County.

As part of the overall Fiscal Year (FY) 2003-2004 evaluation of First 5 Ventura County, the UCLA Center for Healthier Children, Families, and Communities (CHCFC) has been contracted by the Center for Excellence (CfE) to examine the role of the Neighborhoods for Learning initiative in improving service systems for young children and their families in Ventura County. This report will provide a set of recommendations that will help inform future strategic planning, technical assistance, and quality improvement efforts of the Commission. To this end, this report gives practical suggestions and tools for moving change efforts forward. It includes a discussion of: (1) the definition of a “system” and “system change” (2) an overview of the Neighborhoods for Learning Initiative; (3) the views of NfL directors on successful NfL strategies to bring about system change and to overcome barriers to change based on their experiences to date; and (4) the roles for the respective change agents (NfL leadership, CfE, CHCFC, and the First 5 Ventura County Commission) in facilitating system change.

The goal of this report is to capture a growing collective knowledge about the best ways to improve the systems of care for children and families. This analysis will enable the key “change agents” to feel better equipped to accelerate the process of making improvements to the system of early childhood service delivery.

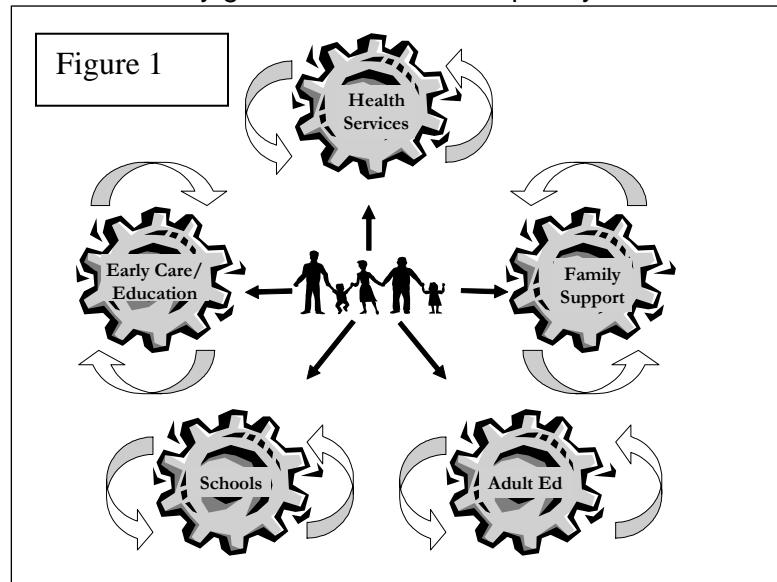
B. Definition of a “system” and the Concept of “System Change”

The notion of improving systems for children, families, and communities -- commonly referred to as “systems change”-- is a key component of the NfL Initiative. “Systems change” involves several independent agencies and institutions working across traditional service lines to provide comprehensive services that foster healthy development and learning. Effecting systems change for children and families requires NfLs to approach old problems in new, creative ways. Changing existing systems requires improvements in (1) the processes involved in

administering and delivering services, and (2) the relationships among the individuals, programs, and organizations involved in providing services.[5]

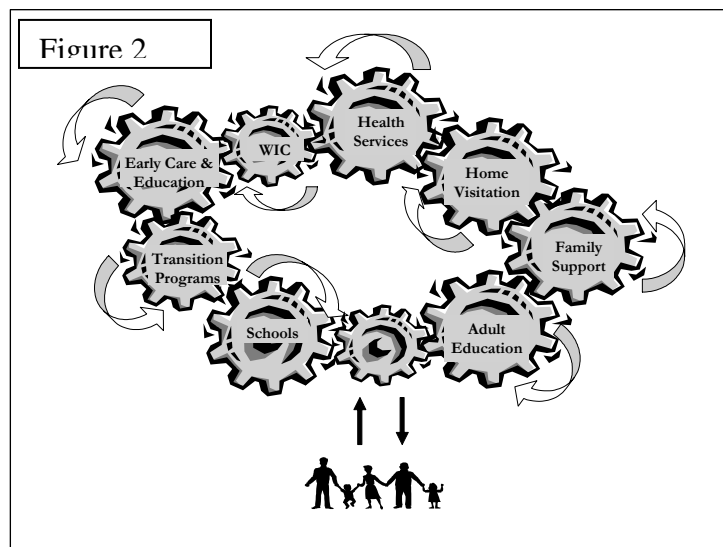
A “system” can be made up of several service providers of health, family support, school systems, early care and education, and adult education. The call for systems change comes from the notion that existing services are working independently of each other, and not necessarily organized in a way that best contributes to serving young children and their families. Families must often identify providers on their own and navigate multiple bureaucratic structures to obtain services. As a result, children’s needs may go unidentified or completely unaddressed

In the draft First 5 California Practitioner Brief on System Change for School Readiness, CHCFC developed a cog and wheel analogy (see Figure 1) to describe the early childhood system.[6] The Brief explains that practitioners normally work within their own specific field, turning their own specific cog. They may increase productivity (by increasing the speed of their cog), but without a good interface with others the effects are limited. If these cogs connected and energy was used in a coordinated manner they would be much more efficient.



Furthermore, changes made in one cog can have significant impact on the whole system. When services are working together in an integrated fashion, a small change in one area has effects throughout the whole system. This means that NfLs have the potential to make a considerable difference, acting as “change agents” so that children and families can enter through any door of the system and receive needed, more integrated services (see Figure 2).

The term “change agent” has been used most frequently in the business sector to describe someone who purposefully sets about to make changes in their organization. The NfL Initiative is structured to promote collaboration and partnerships to provide services to children in better ways that will, as an end result, improve their readiness for school. Each NfL can serve as the catalyst for system change



in their community. But not all NfLs may see themselves in this role or realize that they are in fact part of a local and statewide change process. There is the opportunity for NfL Program staff and their partners to expend their role as champions for change in their communities.

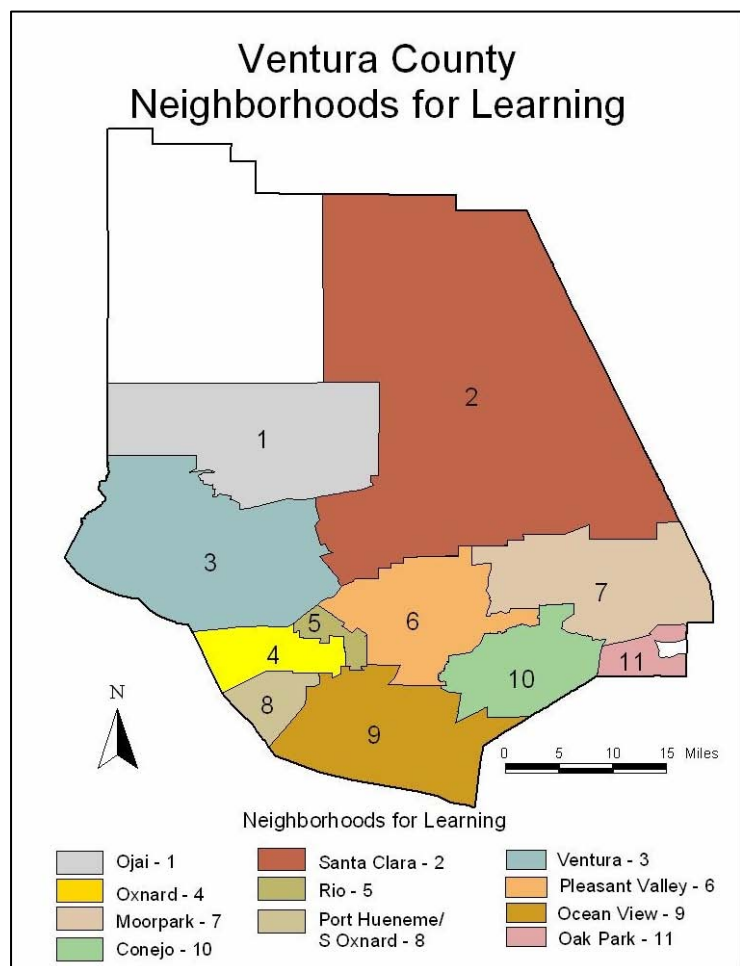
C. Overview of Neighborhoods for Learning

Ventura County is unique among all the 58 California counties in adopting the Neighborhood for Learning model. NfLs represent geographic communities as well as newly formed service delivery and organizing platforms created and funded by First 5 Ventura County. The NfL communities shown in Figure 3 largely correspond to school district boundaries. Each of the 11 NfLs is unique to the community in which it operates and reflects the local culture and values. NfLs are administered by newly formed neighborhood collaboratives that are charged with community level planning and local service delivery for young children (birth to five years old) and their families.

Each NfL is defined by a number of structural factors such as its governance, service delivery platform and array of programs and services provided to young children and families. Together, NfLs offer a variety of services to the over 63,000 children ages 0-5 and their families in Ventura County.

- All of the NfLs have an inclusive governance structure made up of diverse members of its community and aim to engage families into the decision-making process of the NfL.
- The majority of NfLs have embraced the family resource center model in order to provide a “one-stop” service for parents.
- All of the NfLs serve as a source of information and offer preschool either directly or through subsidies and vouchers.
- To varying degrees, the NfLs offer a variety of school readiness, health, and parent empowerment services either on-site or by providing referrals to local providers.
- NfL services are offered in a variety of ways. For instance they may be delivered by NfL staff and/or via subcontracts or a variety of formal and informal service agreements with local providers. NfLs are also to varying degrees accessing the services provided by the agencies funded by First 5 Ventura County to provide services countywide.

Figure 3



Developed by the Center for Excellence for the NfL Profile Report, 2004 [1]

Each NfL is in a relatively unique stage of organizational development. As Figure 4 shows, the Commission has brought on the 11 NfLs gradually over a two-year period, starting in July 2001 with the establishment of the Ojai NfL and most recently funding the Ocean View NfL in July 2003. In its strategic plan, the First 5 Ventura County Commission has envisioned that each NfL evolves by moving through four distinct implementation stages:

1. Local-level asset based strategic planning;
2. Building collaborations and integrating services;
3. Developing a model of ongoing governance; and
4. Building on local capacity.

Figure 4: NfL Ordered by Contract Start Date

Neighborhood For Learning	Contract FY 01-02												Contract FY 02-03												
	Jul-01	Aug-01	Sep-01	Oct-01	Nov-01	Dec-01	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02	Jul-02	Aug-02	Sep-02	Oct-02	Nov-02	Dec-02	Jan-03	Feb-03	Mar-03	Apr-03	May-03	Jun-03	Jul-03
Ojai SD	█																								
Hueneme SD				█																					
Oxnard SD						█																			
Conejo SD										█															
Ventura USD												█													
Pleasant Valley SD													█												
Oak Park																		█							
Rio																			█						
Santa Clara Valley																						█			
Moorpark/ Simi Valley																								█	
Ocean View																									█

In total, the 11 NfLs received \$8,039,587 in FY 2003-2004 from First 5 Ventura County which represents approximately fifty-seven percent (57%) of the First 5 Ventura County allocation for FY 2003-2004.[7] Figure 5 shows that the range of annual allocations for NfLs is from \$1,688,663 in the Oxnard NfL to \$82,250 for the Oak Park NfL. Funding levels for each NfL reflects the size and relative need of the population. The formula for determining the allocation for each NfL is based on three equal factors: 1) the number of children through age five; 2) school readiness as measures by childcare waiting list data and Stanford 9 Academic test scores; and 3) income via household income and percentage of children in free lunch programs. Table 2 also lists the NfLs by the number of children ages 0-5 who reside in NfL, and the NfL service structure.

As discussed, the NfLs are at varying stages of organizational development and vary in terms of the needs of the population and the commensurate resources available to them through the First 5 Ventura County Commission. Those that started first had to forge new ground but have also had longer to evolve. The newest NfLs are still working to fully implement their scopes of work but have also had the benefit of learning from the lessons of the NfLs who started earlier.

Figure 5 - NfLs Ordered by Annual Allocation (largest to smallest)

Neighborhood For Learning Services [8]	Enhanced Annual Allocation for Year 1-3 [9]	# of children 0-5 residing in NfL [1]
Oxnard SD: Operates five family resource centers. Offers preschool, including a summer pre-kindergarten program. Offers a variety of school readiness, health, and parent empowerment services through NfL and through a network of 16 subcontractors.	\$1,688,663	8515
Moorpark Simi Valley: Operates family resource centers and pre-school. Provides child care scholarships, transportation and nutrition services, childcare provider training and family enrichment activities. Refers to local providers via formalized service agreements. (2 subcontractors)	\$1,490,000	12602
Ventura USD: Operates two family resource centers with one more in process. Offers vouchers for preschool. Services include CHDP health physicals, adult education, parenting classes, women's support groups, Spanish literacy, and counseling. (6 subcontractors)	\$1,154,750	8412
Hueneme SD: Operates three family resource centers and preschool including s a summer pre-kindergarten program. Offers a variety of school readiness, health, and parent empowerment services through NfL and through a network of 13 subcontractors.	\$837,634	3356
Santa Clara Valley: Creating preschool slots. Offers information and referral and provides a variety of school readiness, health, and parent empowerment services through NfL and through a network of 8 subcontractors.	\$732,583	5258
Pleasant Valley SD: Provides scholarships to families for school readiness services, summer pre-kindergarten program, outreaches to parents through neighborhood liaisons, in home training for childcare providers and organizes community fairs and Family Fun Nights. (4 subcontracts)	\$614,625	5520
Conejo SD: Operates four family resource centers and three preschools. Services include parent involvement and leadership opportunities, parent support groups, information and referral, support for in-home childcare providers, parent education, childbirth preparation, breastfeeding support, and nutrition education. (0 subcontractors)	\$575,750	10257
Rio: Operates one family resource center and two preschools, trains parents as Literacy Ambassadors, form Lullaby Club to support informal caregivers. Offers a variety of school readiness, health, and parent empowerment services through NfL and through. (2 subcontractors)	\$323,266	2101
Ojai SD: Programming is based on the 40 Developmental Assets, developed by the Search Institute. Provides preschool, enrichment, and special needs scholarships. Funds mini-grants, community events, including Movies for Little ones, Family Festival and TV Turn Off Week and offers a variety of school readiness and parent education and empowerment services. (2 subcontractors)	\$285,462	2682
Ocean View: Operates family resource center and preschool. Offers primary health care services including vision, hearing, and dental screenings. (0 subcontractors)	\$254,604	8228
Oak Park: Operates a preschool. The preschool is based the Reggio Emilia philosophy featuring an intellectual approach, emphasizing observation and group work, and allowing children to apply and extend their knowledge of the world. (0 subcontractors)	\$82,250	1302
	\$8,039,587	68233

II. METHODS

To understand system change in relation to the NfL Initiative in FY 2003-2004, CHCFC reviewed existing documents and data sources and conducted interviews with NfL directors and several Commissioners to document the best practices, challenges, and suggested strategies for improvement.

Data Source	Use of Information
Literature Review	To help define “systems” and “system change” and identify potential strategies to bring about improvements in the system
Commission documents <ul style="list-style-type: none">▪ Strategic plans▪ Service provisions	To assess the goals and activities of First 5 Ventura County and its NfLs vis-à-vis system change
CHCFC survey data <ul style="list-style-type: none">▪ Interviews with NfL directors and Commissioners	To document NfL self-reports on best practices, challenges, and suggested strategies for improvements

In order to provide an opportunity for all NfLs to benefit from each other’s best practices and lessons learned over the last several years, CHCFC conducted interviews in March and April of 2004 with all 11 NfL directors. For the first half of each NfL interview, NfLs were asked a series of general questions about system change. Based on systems change research, CHCFC identified four primary system change strategy areas that were used to frame and organize the second half of each interview. These four strategy areas are (Provider capacity building; Data sharing; Community engagement; and Service integration), and will be discussed in detail later in this report. Each NfL director was interviewed either in person or over the phone. Interviews lasted between one and two hours and were audio-taped for subsequent transcription. An interview protocol was developed to give all NfL directors an introduction to the topic of “systems change” and to standardize the main questions for the interview (see Attachment 1). The 3 primary areas addressed during the interviews were the NfL directors’ perceptions regarding:

1. The impact of NfLs on the service delivery system for young children and families
2. NfL strategies to bring about system change
3. The challenges and suggestions about strategies to overcome barriers

III. RESULTS

A. Overall Impact of NfLs on the Service Delivery System for Young Children

NfL directors were asked how they felt their NfL had impacted the service delivery system for children and families in their community. Their responses reflected the diversity of the NfL communities and stakeholders and were influenced by a number of factors such as the community context of each NfL, the age of the NfL, the structure and types of services within the NfL, the funding allocations, and the philosophies and skills of its leadership. Although NfL directors reported varying degrees of impact on the system, the following three themes emerged:

Increase in provider awareness: The majority of the NfL directors felt that their NfL had greatly increased the overall awareness between service providers in their community about the services they offer, particularly in the areas of services for special needs, services for mother's, literacy and counseling. As one director expressed, before the NfLs, *"Agencies were primarily focused on their role rather than how they fit together with other providers."* Directors felt that part of the awareness building also helped providers learn how their clients can access these services, and the role that each provider plays to fit into the broader system of services. NfL directors expressed how this awareness building has led to a decrease in the duplication of effort between providers and an increase in collaboration and coordination and mutual respect.

Two of the NfL directors reported that although they felt that there is good communication and awareness of county services at the higher administrative levels of the county, the NfL had played an important role in bringing this knowledge down to the local community level and to the staff level of various organizations.

Establishment of organizing platforms: About a third of the NfL directors explained that their communities have had a history of strong collaboration and therefore had existing platforms from which to organize and/or deliver services. In these cases, it appears that NfL directors have joined existing collaborative efforts to identify gaps in service delivery. However for the remaining two-thirds of the NfLs, directors reported that there was no integrating platform prior to the establishment of the NfL. In this case, several of the NfL directors reported that part of their role has been to create platforms where none existed before to bring together providers around shared goals and more efficient planning and service delivery.

Centralization of services: As will be discussed later in this report, seven of the 11 NfLs have incorporated some type of family resource center into their service structure, and about half of the NfLs that have Family Resource Centers (FRCs) have chosen a "one-stop shopping" model where a variety of services are co-located at the FRC. Several of the NfL directors felt that this was the strongest contribution of their programs to improving the systems of care for children and families. By providing "one-stop shopping" for families, directors reported an increase in the accessibility and continuity of a comprehensive set of services.

When asked how they felt their NfL had impacted the service delivery system for young children and their families in the community, NfL directors provided the following responses:

- Ojai NfL: "We adopted an existing conglomerate of preschool providers (who originally wrote the NfL grant to the Commission) to serve as the leadership on our Steering Committee. The NfL services from the beginning have had community input so I think they

have been developed in a coordinated fashion. Although agencies such as public health aren't necessarily involved in our policy-making decisions, we incorporate them into the services we provide and our NfL Steering Committees serves as a conduit for them to do outreach. The NfL is now part of the community, part of the system, and part of government."

- Hueneme NfL: "Before the NfL was organized, parents and service providers had little knowledge about the degree to which services were available to help young children and their families, particularly in the areas of special needs, child care, and participation in literacy and counseling programs. Additionally, community collaboratives were primarily focused on personal program objectives rather than how the NfL would implement overall goals and objectives to achieve school readiness. By coming together as a focused collaborative that targets school readiness as a priority, our NfL, has been able to identify gaps in programs and develop strategies that target crucial areas of need. Keeping school readiness as the major priority has permitted organizational objectives to realistically connect on common issues that address school readiness."
- Oxnard NfL: "Before the NfL, there were a lot of providers serving the region but their services were often hard for families to access since our community is geographically spread out and transportation is a major issue. There has been a lack of coordination and communication between providers and therefore there was a lot of duplication of effort between them. Before the NfL, there was no organizing platform for services in the Oxnard area. With the inception of the NfL that was based on the Healthy Start model, we were able to create a platform to organize providers in a more efficient way around shared goals. As a result, we have been able to increase collaboration and coordination, serve the entire family and offer more services."
- Conejo NfL: "The Conejo area has had a strong tradition of working together. We have the Coalition for Youth and Families (CYF) which is a partnership of four powerful regional entities (school district, park and recreation, City of Thousand Oaks and the County Supervisor's office). The CYF created our NfL and we are a part of this ongoing collaborative group. CYF meets monthly to share information and coordinate the delivery of quality services in our community. Since there was a strong integrating platform already in place, we've taken the approach that our NfL is not here to duplicate services. Rather, we want to know how we can partner with and complement existing efforts."
- Ventura NfL: "There is coordination at the county level with groups like the Commission for Children and Families but there is a need for improved communication and coordination at the direct service level with front line staff. Prior to our NfL there was not a lot of communication between the line staff of the public and private sector non-profits. Agencies often don't realize they are working with the same families. Our NfL is starting to implement a platform for having providers communicate and coordinate. In particular with our Multidisciplinary Assessment Team, we have initiated intensive communication between agencies and the line staff serving on the team."
- Pleasant Valley NfL: "Before we started this NfL everybody was doing their own thing, working in their own service silos so there was very little integration. The NfL has been able to pull services together. In particular in this community, there has never been integration of services because there was no group focused on bridging communication. I have seen a big change in how providers view each other. They have more respect for what they do and what their roles are."

- Oak Park NfL: “It seems that some providers in Ventura County may have the perception that families in this NfL do not need assistance with raising their children. Therefore, it has been difficult to get providers to come to this area to participate in our community events. Although parents are relatively well-off economically in this area, they are pretty tapped out emotionally and could benefit from mental health and support services. It has also been difficult getting the word out to parents in our community. Since we are primarily funded to provide preschool, parents at the preschool are aware of the NfL but as far as the general community, they don’t know about us yet.”
- Rio NfL – “Before this NfL got started, the services were geographically very spread out and far from those who needed them. Because this area is so impoverished and small without even a transportation system, it has been really difficult for families to access services. Our NfL is addressing this issue by providing a family resource center that offers “one-stop shopping” for our community.”
- Santa Clara Valley NfL: “We are a geographically large area made up of three distinct communities (Piru, Fillmore, and Santa Paula). There is a lack of service providers in some regions of the Santa Clara Valley. I find that it is often only the higher level staff from various programs that know about each other – information about programs and their services often doesn’t trickle down to lower level staff. Of the providers that are here, there is not a platform for them to come together to communicate and coordinate services. We are trying to address these challenges by bringing services to the more isolated areas of the NfL and by working collaboratively with providers to learn about each other’s services. I feel we need to be more centrally located in the Santa Clara Valley to be able to serve the three communities.”
- Moorpark/Simi Valley NfL: “In the Moorpark area there is a lack of services available and they are difficult to access. In Simi Valley, there are a lot more services but families, as in other communities, often don’t know they exist or how to access them. Our goal in Moorpark is to bring services in or help transport families to services. For both communities we are providing services through the family resource center model and our coordinators are educating members of the community about our program. My ultimate goal is to have all families who receive services in this community to start with or be referred into our FRC so we can ensure that all their needs are met.”
- Ocean View NfL: “Our area is a priority one neighborhood and this region has a lack of ample, high quality services. We have not had to market our services because we have 300 families already on our waitlist. With limited resources, we have felt we can be most effective by providing 100 families with 180 days of 3-hour preschool and all the medical assessments, services and referrals they need through our family resource center.”

B. NfL System Change Strategies

In addition to providing a range of early education, health, and family strengthening services directly to young children and their families, NfLs are also involved, to varying degrees, in a number of system change activities that help to improve access to a comprehensive set of coordinated and culturally competent quality services to families. Below is a discussion of four system change strategy areas that we suggest are key to bringing about improvements in the systems of care for children and families in Ventura County. The four categories are 1) Provider capacity building; 2) Data sharing; 3) Community engagement; and 4) Service integration.

After each definition, there is a summary of the system change activities reported by the NfLs that have the potential to positively impact the service delivery system for young children and families in Ventura County. By documenting these best practices there is the opportunity for NfLs to continue learning from each other so that as they evolve over time they can consider implementing these strategies in an increasingly comprehensive and systematic way.

Provider Capacity Building

Aims to increase the capacity of providers to offer the highest quality services. It involves those activities that NfLs could undertake to help build cross-agency capacity or the capacity of service providers beyond the internal capacity of the NfLs themselves. This may involve providers with which NfLs have contractual agreements, informal or formalized agreements, or those simply located within the same NfL geographic boundary. Activities include professional training and development activities or other capacity building strategies such as providing training stipends, distributing materials, or holding meetings or events for providers.

Nine of the 11 NfLs reported being engaged in a variety of provider capacity building activities. These activities clustered around education/training and credentialing programs. The training programs reported appeared to target child care providers, preschool and kindergarten teachers, and the general provider community. There did not appear to be targeted provider education programs for other types of service providers within the health and family support fields. In particular there may be a gap in provider education programs that target health care providers, and family support providers such as home visitors. The only two NfLs that are not implementing provider capacity building activities are Oak Park and Ocean View. These two NfL communities have chosen to focus their resources primarily on the provision of preschool.

Data Sharing

Refers to those activities that NfLs could employ to help create cross-agency information/data sharing and joint accountability for common results areas across providers and service sectors. Activities can involve partnerships to develop shared outcomes, data sharing agreements between agencies, establishment of common performance measures, and cross-agency data collection and reporting structures to facilitate system level planning, quality improvement, evaluation and grant-writing activities.

There is a strong consensus among NfL directors that there is a need for data and a desire to engage in data sharing activities with other agencies for planning purposes. They also expressed that this strategy area has been the most challenging and is the least developed. Directors reported that their NfLs as a whole are struggling to collect their own program data and are appropriately looking to CfE/CHCFC to provide the tools and guidelines needed to collect program data. Now that the work is underway between First 5 Ventura County, CfE and Mosaic Network Inc, CfE and CHCFC have begun to provide the NfLs with the guidelines, resources and support needed to collect program data for the software system, GEMS, and can expect that by January 2005, they will have the first data reports automatically generated by the GEMS system. At that point, NfLs will be in a better position to begin using program data for their own internal data-based decision-making as well as to begin engaging in data sharing and joint planning activities with other agencies and service providers within their NfL boundaries.

In spite of these limitations, several NfLs reported collecting data and engaging in data sharing processes with their local school districts for joint evaluation and planning purposes.

Community Engagement

Aims to increase the community's knowledge of First 5 Ventura County and the importance of the early years and their engagement in the decision-making process. It could involve NfL activities such as community events and educational campaigns to help increase the knowledge of the community regarding issues that concern early childhood. It also refers to activities such as parent advisory groups that help to engage the community in the decision-making and evaluation process of service providers and collaborative partnerships.

All of the NfLs reported being intensively involved in a wide variety of activities to increase awareness of the community regarding First 5 Ventura County, their NfL and the importance of the early years. Most NfLs reported organizing, hosting or participating in community events such as fairs and family events such as breakfasts, movie nights, and arts and crafts shows.

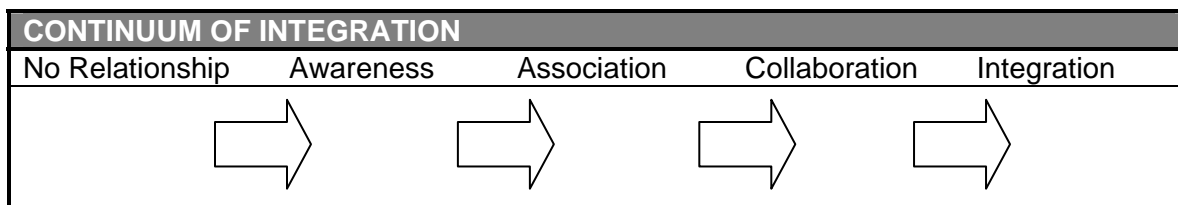
An NfL's ability to successfully engage parents in the decision-making process is influenced by the attributes of the community and the philosophy, strategies and resources of the NfL. As might be expected, the older NfLs appear to be, for the most part, having greater success than do the newer NfLs with engaging parents in the decision-making process of the NfL. Generally, each NfL convenes a Steering Committee where key membership positions are reserved for parents. Most NfLs have formed Parent Advisory Groups to provide specific feedback and recommendations regarding programming and policies for the NfL. About two-thirds of the NfL directors report having very active Parent Advisory Groups and the other third report struggling to maintain parent attendance at these meetings.

Integration of Services

Refers to those strategies that NfLs can employ to help improve access to and the continuity of services for families. Strategies include the creation of "one-stop" shopping service models such as family resource centers. NfLs can also establish interagency agreements and processes to share information about participants. For example, NfLs can help to coordinate care by creating common screening and assessment tools so that families only have to "tell their story" once. They can also work in a partnership with other agencies to create common referrals forms and cross-agency policies to make coordinated referrals. Creating new professional positions within the NfLs to serve as a bridge between agencies and sectors can greatly facilitate this work.

An NfL’s level of service integration is influenced by a number of internal and external factors and can be assessed in terms of the following five-stage continuum of integration:

1. No relationship between NfL and other service providers
2. Awareness: NfL and other service providers are aware of each other
3. Association: NfL and other service providers have basic communication around programs and may provide referrals to one another.
4. Collaboration: NfL and other service providers share participants, plan, and provide services together.
5. Integration: NfL and other service providers are no longer functionally different. They share administrative and program goals, staff and funding.



Adopted from Halfon N., Sareen, H et al. [10]

It appears that the majority of the NfLs fall somewhere between “association” and meaningful “collaboration” with a few NfLs still struggling to achieve an awareness of the service providers in their area. Below is a summary of current practices designed to increase service integration as reported by NfL directors.

Family Resource Centers

Family resource centers have emerged in recent times as a key platform for delivering family support services in an integrated fashion. Family resource centers, which can be located in schools, hospitals or a variety of community-based settings such as churches, housing projects, and recreation centers, serve as “one-stop” community-based hubs that are designed to improve access to integrated information and to provide direct and referral services on site or through community outreach and home visitation.

Seven of the 11 NfLs have incorporated some type of family resource center into their service. The majority of the NfLs that have FRCs have chosen a “one-stop shopping” model where (to varying degrees), a variety of services are co-located at the FRC. Some NfLs however do not co-locate services at the FRC. Instead, they have developed FRCs that serve primarily as an information place with staff for providing education, resources and materials. These NfLs provide information at the FRC and make referrals to services provided off-site. Three of the NfL directors who did not have FRCs in their strategic plans in FY 2003-2004, expressed a desire to implement FRCs in FY 2004-2005.

Formalized Interagency Collaborations and Agreements

NfLs reported that their Steering Committees serve as a platform for providers to connect and share information about each other. Steering Committees inform providers about the services of the NfL and provide a forum for collaboration and integration. NfL directors also reported engaging in a variety of informal partnerships and formal agreements with outside agencies to coordinate and integrate service delivery. The majority of these agreements dealt with either coordinating services or establishing common procedures for conducting assessments and/or referrals.

C. Challenges to System Change and Strategies to Overcome Barriers

Change can be difficult at an individual level and even more so at the level of organizations and communities. As NfLs and community partners work to implement school readiness programs in an integrated and coordinated way, challenges can surface at many levels. It is important that these challenges be documented and that local strategies are examined to overcome these barriers and make improvements along the way. The following table summarizes the challenges reported by the NfL directors as well as the strategies that they feel could be implemented by the First 5 Ventura County Commission (or the Center for Excellence) to help them address these issues.

Figure 6 – NfL Challenges to System Change and Strategies to Overcome Barriers

CHALLENGES	STRATEGIES TO OVERCOME BARRIERS
<u>NfL Boundaries:</u> It can be difficult to determine which NfL a participant qualifies for if they live in one NfL but their child goes to a school in another.	First 5 Ventura County develops policy that clarifies how to determine NfL eligibility in a variety of scenarios (e.g. when a participant lives in one NfL but their child goes to a school in another).
<u>Using the Services of the Countywide Initiatives:</u> There is still a lack of clarity about what services the countywide initiatives (e.g. mental health, oral health, parent education/empowerment, etc) can and/or should be providing to the NfLs and how to access them. It can be difficult to get countywide initiatives to serve NfLs that may be perceived to have less “need.” There is the concern that NfLs are having to subcontract with the countywide initiative agencies for services that should be provided through the countywide initiatives.	First 5 Ventura County develops more detailed guidelines regarding the role countywide initiatives are expected to play vis-à-vis the NfLs.
<u>The definition of a First 5 Ventura County Participant:</u> There is the concern that different definitions of who qualifies for First 5 Ventura County services are being used between NfLs and within an NfL between subcontractors.	First 5 Ventura County develops a detailed “impact statement” that outlines who can be served as a First 5 Ventura County participant and when it is allowable to serve a family member over five years old. The impact statement should also detail how to demonstrate impact if the participant is over the age of 5 years.
<u>Accountability:</u> Getting the data system software and the resources from CfE/CHCFC to collect program data has taken too long. Without this support, the NfLs have struggled to collect ample information about their programs to conduct data-based decision-making. Some NfLs don’t know who to contact at CfE.	CfE/CHCFC provides guidelines, resources and support to NfLs on how to collect and use program information for data-based decision-making. NfL directors would like more training on how to demonstrate program outcomes, how to refund subcontractors, how to use Theory of Change to guide strategic planning.
<u>Collaboration among NfLs:</u> The NfL leadership meeting has not provided ample time to have informal, unstructured information. Agendas tend to fill up and so NfL directors don’t feel there is enough open time to have informal discussions to share successes, challenges, and lessons learned.	NfLs would like more time at the NfL Leadership meetings to talk to each other more informally to see how things are going and share ideas. During the NfL leadership meetings they would like to develop common intake and referral forms so that countywide initiatives have one common form to use.
<u>Subcontracting:</u> It is a challenge to develop subcontracts and agreements and to monitor the quality of services provided under subcontract.	Would like assistance with developing subcontracts, monitoring them and using data to inform contract renewals.
<u>Marketing NfLs and Engaging Parents.</u> For some NfLs it is still a challenge getting the word out about the NfL to families and service providers and getting parents involved and engaged in the decision-making process of the NfL.	The majority of NfLs would like First 5 Ventura County to do more general, countywide advertising on TV, radio, and in other venues like movie theatres. Could work with local cable TV to customize message to help publicize each respective NfL.
<u>Legal Issues:</u> As we build partnerships to integrate services, the shared liability issues become more complex. It takes time and money to facilitate the legal aspects of service integration. It has been difficult to address the legal/liability, logistic, and budget issues that arise for agencies that are trying to change the way services are provided to families.	Could recruit law firm or staff attorney who specializes in joint-use or collaborative agreements to draft documents that funded programs can take to their own legal counsel.

IV. RECOMMENDATIONS

Each NfL can serve as a catalyst for improving the system of early childhood services in their community. Systems change is a gradual process and change occurs in small increments. Cumulatively, these efforts serve to impact the entire system and ultimately will improve access to comprehensive and coordinated quality services for young children and their families in Ventura County.

The rate at which these changes continue to occur largely depend on the collaborative efforts of the key change agents in this process (The NfL leadership, CfE and CHCFC, and the First 5 Ventura County Commission. The following outlines a set of recommendations for each key change agent that have implications for strategic planning, technical assistance, and quality improvement efforts for First 5 Ventura County.

First 5 Ventura County Commission

The First 5 Ventura County Commission can facilitate system change through policy development, increasing opportunities for information sharing, and providing training opportunities around service integration. The Commission can further develop policies that encourage a more strategic use of system change strategies. This might include recommendations from the Commission to the NfLs to increasingly and more systematically employ the four strategy areas discussed (Provider capacity building; Data sharing; Community engagement; and Service integration). The Commission can continue to play a key role in providing a platform for sharing ideas through the NfL Leadership meetings, the mental health collaborative meetings and other venues for bringing funded partners together. The Commission might also consider establishing a committee to address the recommendations made by the NfLs in this report on how to overcome system change barriers. Lastly, the Commission should continue to focus technical assistance and training on strategies for increasing service integration. This might include additional guidance on developing quality family resource centers, and other topics such as developing interagency agreements, quality subcontracts with local service providers, and shared intake and referral forms for use by all NfLs and countywide initiatives.

CfE/CHCFC can facilitate system change by providing NfLs with the information they need to engage in data-based decision-making. This includes providing NfLs with the results of survey data such as this as well as the results from the annual parent and quality surveys. Additionally, CfE can facilitate system change by providing NfLs and all funded partners with the guidelines and tools necessary to collect, track and report their own program data in the GEMS software. To this end, CHCFC has recently conducted data collection training for all funded programs. CfE is providing the technical assistance for programs to begin collecting data, and Mosaic Inc. is in the process of developing the GEMS software which is scheduled for release in December of 2004. Also, by early 2005 CfE will provide training to funded partners on how to use data available in GEMS for strategic planning, quality improvement and grant-writing activities.

NfL Leadership

The NfL leadership can facilitate system change by further developing their roles as system change agents. This implies continuing to look beyond their role in providing direct services to participants and finding ways to impact the broader system of early childhood services in their community. This might include beginning to get (or getting increasingly) involved with existing collaborative meetings. If no existing collaboratives exist, it might involve convening such a group for the first time.

NfLs should consider incorporating the system change strategies outlined in this report (provider capacity building; data sharing; community engagement; and service integration) in a more comprehensive and systematic way.

- Provider capacity building: NfLs who are not engaged in this type of activity might consider beginning. For those already involved, they may want to target additional groups of providers from the health and family support sectors.
- Data sharing: As tools for change become increasingly available from CfE, CHCFC and the First 5 Ventura County Commission, NfLs can be empowered to engage in data-based decision-making to improve the way their NfLs operate. For instance, NfLs in collaboration with CfE can contribute data to the GEMS and use this information to inform how system change strategies can be effectively implemented. Once internal accountability and evaluation systems are established, NfLs should consider engaging in cross agency data sharing for planning and evaluation purposes.
- Community Engagement: While it appears that all of the NfLs are involved in a large number and wide variety of community events, only a few reported offering such events in targeted communities. NfLs may want to reserve some resources in the area of community events for targeted, hard to reach populations.
- Service Integration: NfLs should conduct a self-assessment on where they believe they currently fall on the service integration continuum discussed earlier (No relationship; Awareness; Association; Collaboration; and Integration). To progress on the continuum, NfLs who do not have family resource centers should consider implementing them in future years. For those NfLs with FRCs that don't co-locate services, they should consider shifting their FRC model to one that offers increasing "one-stop" shopping. Lastly, NfLs should increasingly explore opportunities for interagency agreements that help to coordinate services or establish common procedures such as common protocols and forms for conducting assessments and/or referrals.

V. CONCLUSIONS

This report has examined the role of the Neighborhoods for Learning Initiative in improving service systems for young children and their families in Ventura County. During the course of the interviews with NfL directors, it was found that NfLs are engaged in a large number and a wide variety of system change activities in the areas of provider capacity building and community engagement.

It was also found that although most NfLs are deeply engaged in a number of strategies to increase the integration of services within their communities, some are still struggling to define their own roles and gain an awareness of the other service providers in their service area. This was largely found to be the case for newer NfLs or those NfLs with fewer resources and scopes of work primarily focused on the provision of direct services. For those NfLs engaged in service integration activities, it appears that the majority of the NfLs fall somewhere between "association" and meaningful "collaboration." As NfLs evolve and more systematically employ strategies to improve the integration of services, we expect to see more of the NfLs move from awareness building to meaningful collaboration in the future.

Because the data collection system and software for funded programs was not yet implemented in FY 2003-2004, it is not surprising that data sharing was the least developed system change strategy of the NfLs. Despite this limitation, several NfLs have engaged in sharing school

readiness data with their school districts and several have begun the process of developing databases which have the potential to track the trajectories of children as they progress through the school years.

Although the body of empirical evidence connecting system change strategies to improved outcomes for individuals is limited, this survey does document a number of NfL system change practices that theory suggest should help to improve the well-being of young children and families. As this is the first year of evaluation data, it can serve as a baseline to track progress in system change efforts and outcomes for children and families over time. Making measurable improvements to how the system functions is a slow process. The most immediate outcomes of the NfLs' system change efforts for children and families would be in the areas of access, utilization, quality and continuity of care. The parent cross sectional survey and the survey on the quality of funded programs can begin to explore these issues. The annual evaluation report can begin to combine the findings of this survey with the parent and quality surveys to gain a more comprehensive picture of how the NfL efforts may be impacting these areas for children and families. With the deployment of the GEMS system, and by repeating the parent and quality surveys in FY 2004-2005, these areas can be monitored and more fully examined.

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ATTACHMENT D.1

Script for Interviews: with NfL Directors for System Change Survey

Introductions

- Thank you for meeting with me today.
- My name is...
- My position/role is.....
- We are working with the Center for Excellence (CfE) to do the overall evaluation of the First 5 Initiative. That includes a number of surveys that look at the initiative from multiple perspectives. For instance, as you know we are going straight to parents with a survey to get a snapshot of families in first 5 and how they feel about services and unmet needs.
- I am here today as part of a survey I am doing with directors of the Neighborhoods for Learning (NfL). This survey is called the NfL system change survey. I am interviewing all the NfL directors. It will take about 30-40 minutes.
- Since this survey is in an interview format, I won't be able to capture all of your input in my notes and so I will be recording it so I can type it out later. Shall we begin?

Background

- As you know, the NfL initiative has the potential to play an important role in improving the larger system of support for young children and families in Ventura County.
- Even small-scale practices within each NfL can lead to significant improvements in the system. Improvements in the system ultimately help to improve access to services and the quality of services for families with young children.
- For those of you leading the NfL initiatives, thinking about how to improve the system of care in your neighborhoods may be a central part of your work. However for many of you (as is the case for most of us), the concept of "systems" and "systems change" is vague and hard to understand. It may also seem far removed from what you do for children and families on a daily basis. Because of this, I will be giving you some definitions to think about to help our discussion.

Goals of Survey

There are four goals of this survey.

- We'd like to learn about the practices within your NfL that may be contributing to positive changes in the system. Whether these practices seem large or small they can help to improve the system of services in your NfL.
- We'd like to learn about the any successes that you may have observed in improving the system of care in your NfL.
- We'd like to learn about the challenges or barriers you've encountered in trying to make improvements to the way services are delivered to families and if you've found any strategies that work to address these challenges.
- We'd like to learn about the what else you think could be done by the First 5 Commission or the Center for Excellence to support you in your efforts to improve the service system in your NfL.

Uses of Survey Results

- The ultimate aim of this survey is to collectively learn about the best ways to improve the systems of care for families so that we can feel better equipped to make adjustments as needed along the way.
- The summary of my interviews will be part of the annual evaluation report that the CfE will be submitting to the commission in June.
- The report will describe the system change activities, priorities and successes by NfL BUT the discussions around barriers, and suggested strategies will not be identified by individual or NfL. This part of the report will be anonymous. Hopefully, this will enable us to have a very frank discussion around barriers and potential solutions.

Definition of “System” and “System Change”

Just to help focus our discussion, let me give you a definition of “system” and “system change”. A community “system” implies that services are being provided by at least several service providers from various sectors such as health, social support and education. The need for “systems change” comes from the perception that existing services are working independently of each other (diagram 1), and not necessarily organized in a way that best contributes to serving young children and their families. The first diagram shows a system where the services are provided in an independent and fragmented way. The second diagram shows a system that is functioning in a coordinated and integrated way.

Questions

1. ***Does there seem to be a system of services in your NfL?***
 - a. ***What do you feel that system consists of?***
 - i. ***If there is no system, why not?***
 - ii. ***What do you feel are the strengths and weaknesses of this system?***
2. ***When you think about improving the system of services in your NfL, what is it that you would like to improve?***
3. ***How would you like to go about improving it?***

Potential Strategy Areas to Improve System

Some of the system change activities you just talked about fall within some or all of five broad system change strategy areas that are often thought of as key ways to help improve the system for families. These strategy areas are: 1) Provider capacity building; 2) Results accountability; 3) Community engagement; 4) Service integration; and 5) Sustainability

- Provider capacity building helps to build cross agency capacity of service providers
 - E.g. - Joint professional development activities provides an opportunity for staff to start a dialogue across agencies about mutual strategies for assisting children and families in their communities
- Results accountability creates joint accountability for results between organizations to help inform system level planning, quality improvement, evaluation and grant-writing activities
 - E.g. – Partnerships to develop shared outcomes and performance measures and interagency data collection and reporting systems
- Community engagement helps increase community awareness and engagement in the decision-making process
 - E.g. Community events, educational campaigns, parent advisory groups that have decision-making power during the planning and evaluation process of organizations and collaborative partnerships
- Integration of services between service providers helps to improve access to and the continuity of services for families
 - E.g. - New professional positions that serve as a bridge between agencies and sectors facilitate more integrated
 - E.g. Interagency agreements and processes to
 - share information about clients to help coordinate care

- create common screening and assessment tools so that families do not need to “tell their story” to multiple providers
 - create common intake and referrals and cross-agency policies to make coordinated referrals
- Sustainability of the service system
 - E.g. Innovative use of multiple funding sources to provide children with comprehensive services from a single source
 - Initiatives to maximize in-kind support of community organizations to foster ownership and sustainability

Questions:

4. ***In addition to the areas you’ve already mentioned, do you feel your NfL is working on any other activities from the five strategy areas that I just mentioned?***
 - a. ***If yes, please describe those activities?***
5. ***How would you rate these five areas in order of priority for your NfL?***
6. ***Of the strategies your are working on to help improve the systems of care for families,***
 - a. ***Where have you seen the most progress?***
 - i. ***What was it like before compared to now?***
 - ii. ***What is working? What do you feel your successes have been?***
7. ***What have been the greatest challenges or barriers you’ve encountered in trying to make improve the system for families?***
 - a. ***Have you found any ways to address these challenges?***
8. ***What do you think the First 5 Commission (or the Center for Excellence) should do in the future to help you in your efforts to improve the system of services in your NfL)?***
9. ***Do you have any additional thoughts about system change in your NfL?***

Conclusion

Thank you very much for your input today. It is very exciting that your NfL is such an important part of a large-scale effort to improve the way the service system works for families in Ventura County. You will be getting a copy of the report in June or July. Do you have any comments about this interview process or questions in general?

Thank you.