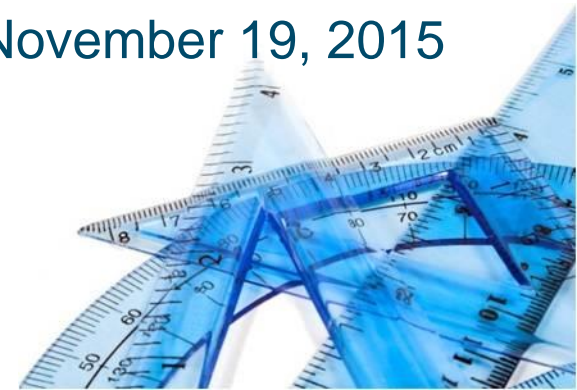


# 2014-2015 First 5 Ventura County Evaluation: Findings from the 2015 Parent Survey

*Presentation to the First 5 Ventura County Commission*

Dr. Rachel Estrella & Lydia Nash  
November 19, 2015



# Parent Survey



## Parent Survey

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

### I. HEALTH AND SCREENING

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

*If NO, skip to*

### II. ACTIVITIES

8. In the usual week, about how many days do you or any other family members read stories or look at picture books with your child?	<input type="checkbox"/> 1-2 days	<input type="checkbox"/> 3-6 days	<input type="checkbox"/> Every day	<input type="checkbox"/> Never
9. On an average weekday, how much time does your child usually spend in front of a TV watching videos, TV programs, or playing video games?	<input type="checkbox"/> None	<input type="checkbox"/> 1 hour or less	<input type="checkbox"/> 2-3 hours	<input type="checkbox"/> 4 hours or more

Please mark the answer that best describes you.

	Always	Most of the time	Some-times	Never	Does Not Apply to Me
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10. For my toddler or preschooler, I provide 1-2 hours of physical activity (for example, playing outside, sports, dancing or running around) each day for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I prepare healthy foods for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

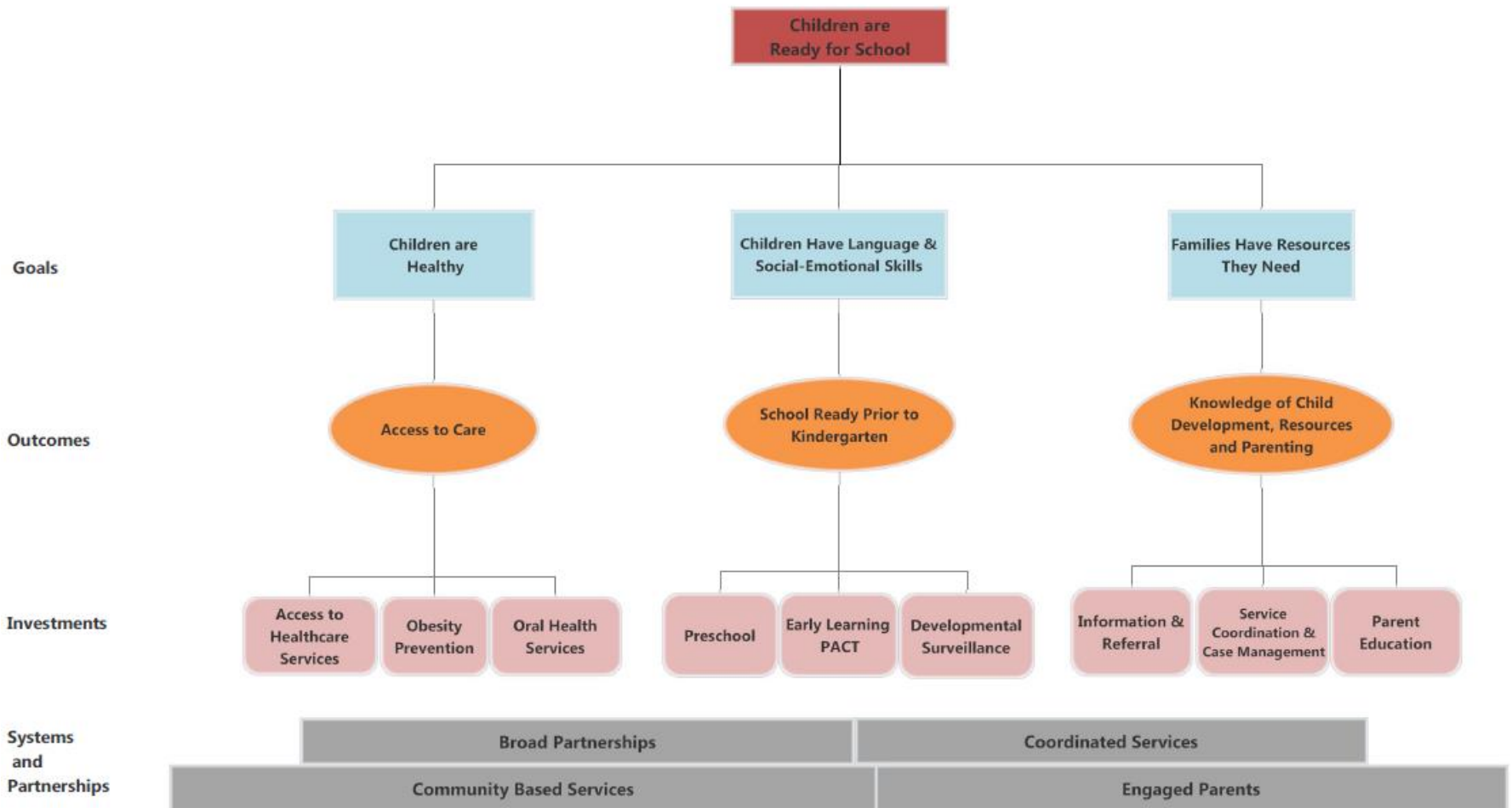
### III. COMMUNITY RESOURCES

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

### IV. PARENTING

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

# First 5 Evaluation Framework



# Evaluation Data Sources

**Parent Survey**

**Intake Forms & Client  
Information Participation  
Questionnaire**

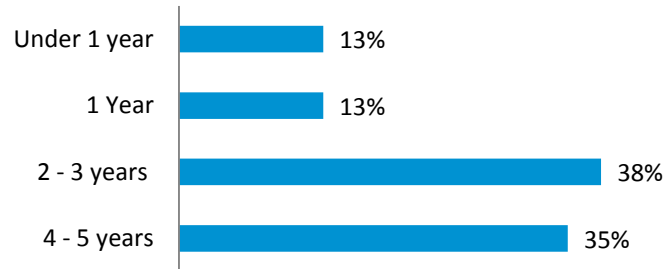
**Service Dosage  
Information**

**Desired Results  
Developmental Profile**

**Neighborhood-level Info**

# Demographics of the Universe of Clients

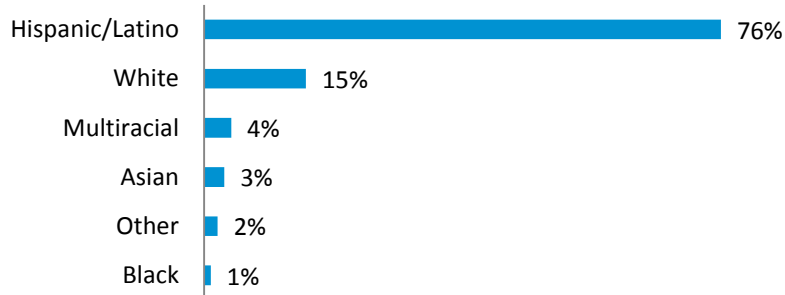
## Age of Children Served



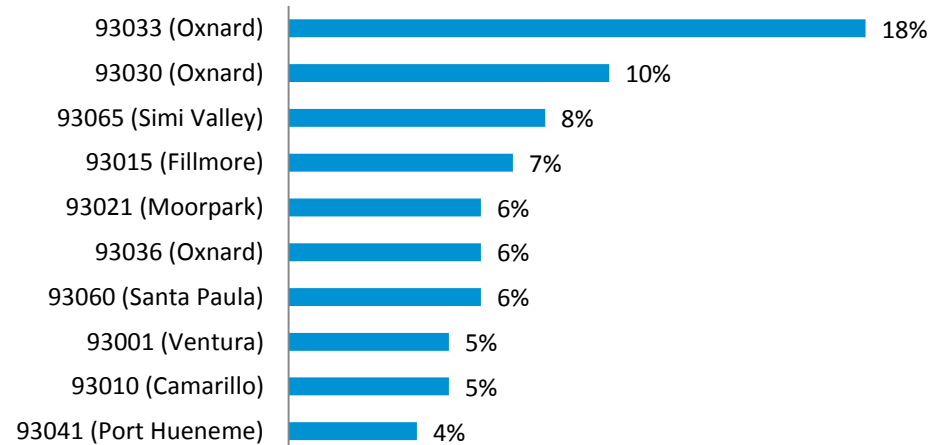
## Home Language of Children Served



## Race/Ethnicity of Children Served

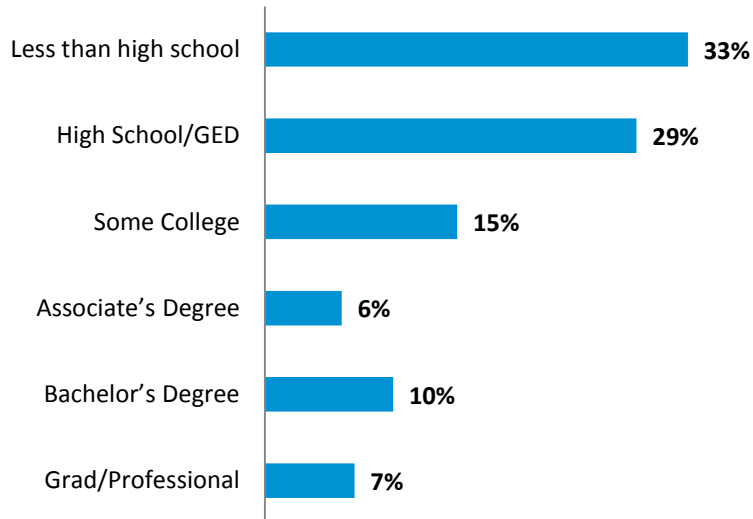


## Zip Code of Family Residence (top 10 only)

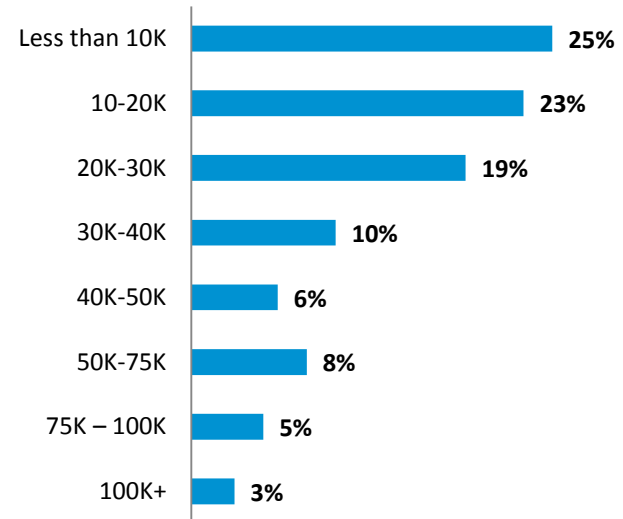


# Demographics of the Universe of Clients

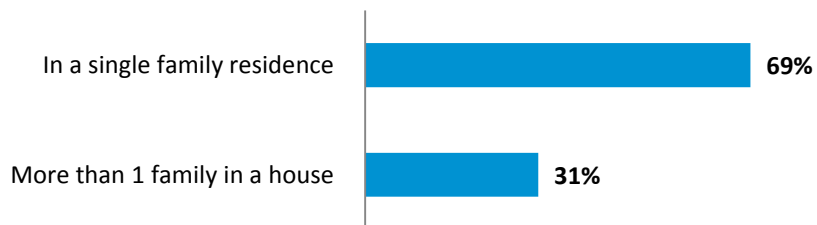
## Highest Education level in the Family



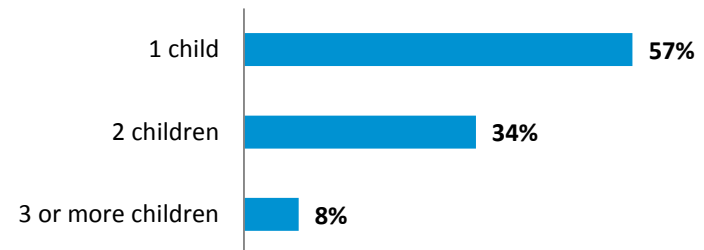
## Family Income Level



## Family Living Situation

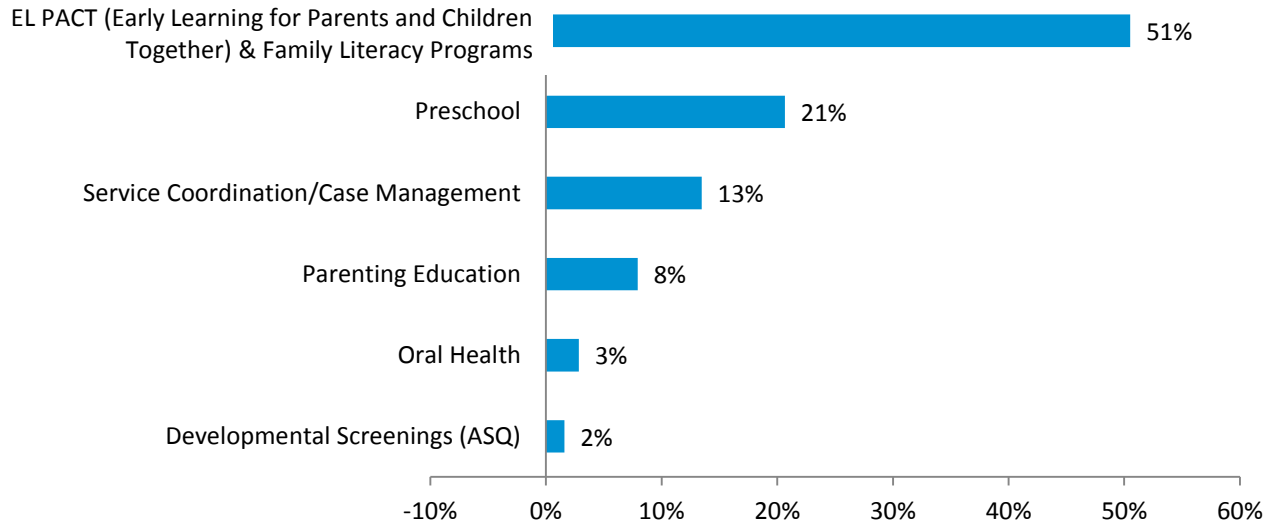


## Children Per Family

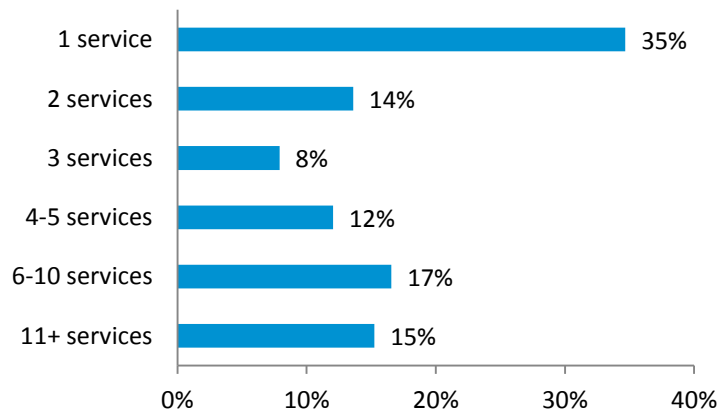


# Service Information

## Services Most Frequently Received in FY 14-15



## Services Received per Client



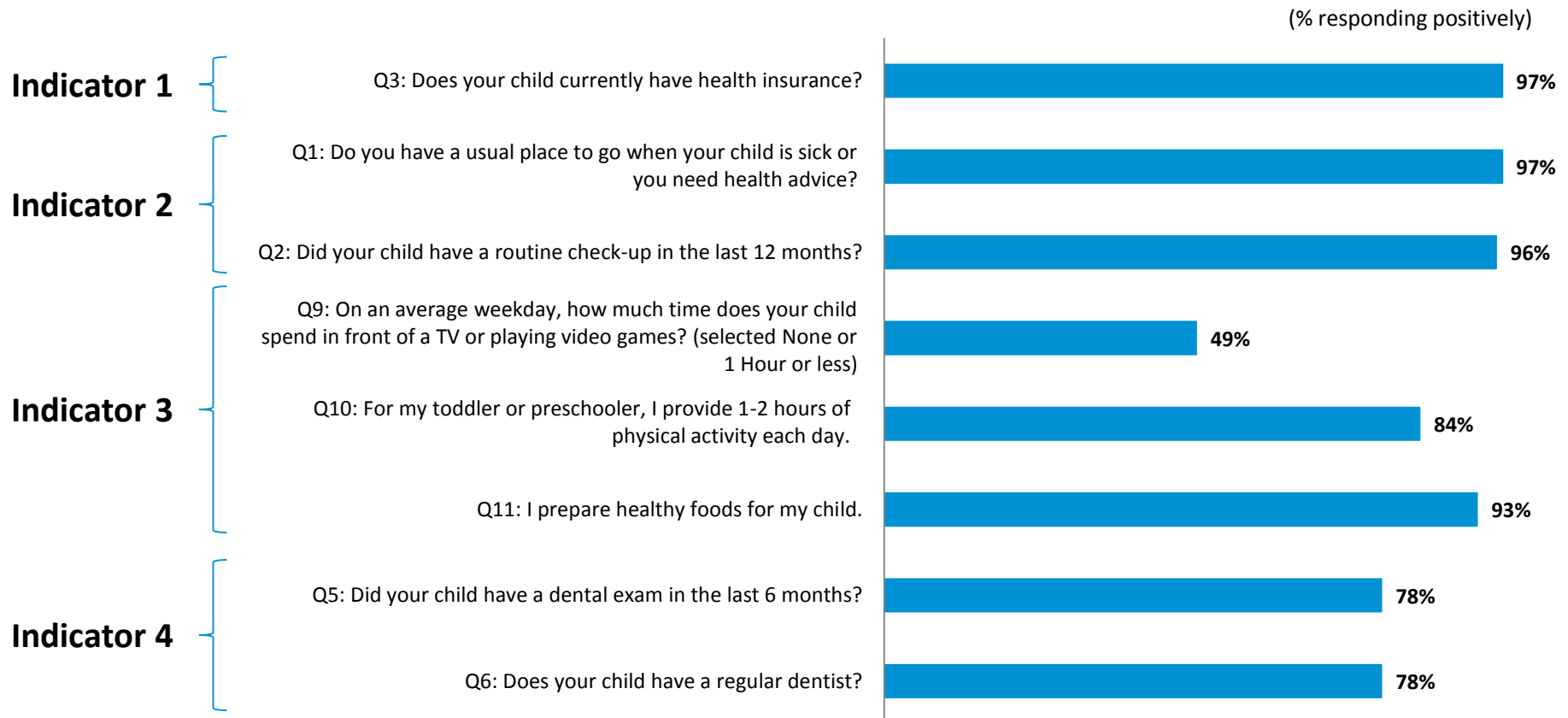
<u>Number of Services Received Per Family</u>	<u>Universe of Clients</u>	<u>Survey Population</u>
1 service	29%	10%
2 services	13%	5%
3 services	6%	6%
4-5 services	11%	12%
6-10 services	18%	24%
11+ services	23%	44%

# FINDINGS

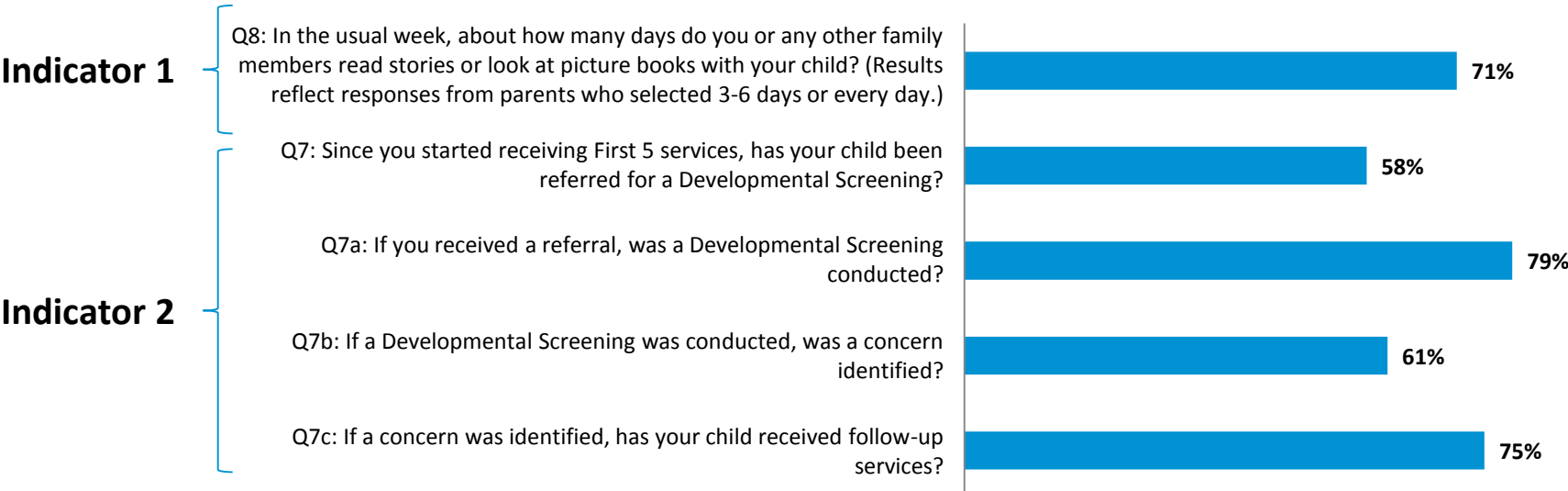




# Outcome 1: Access to Care

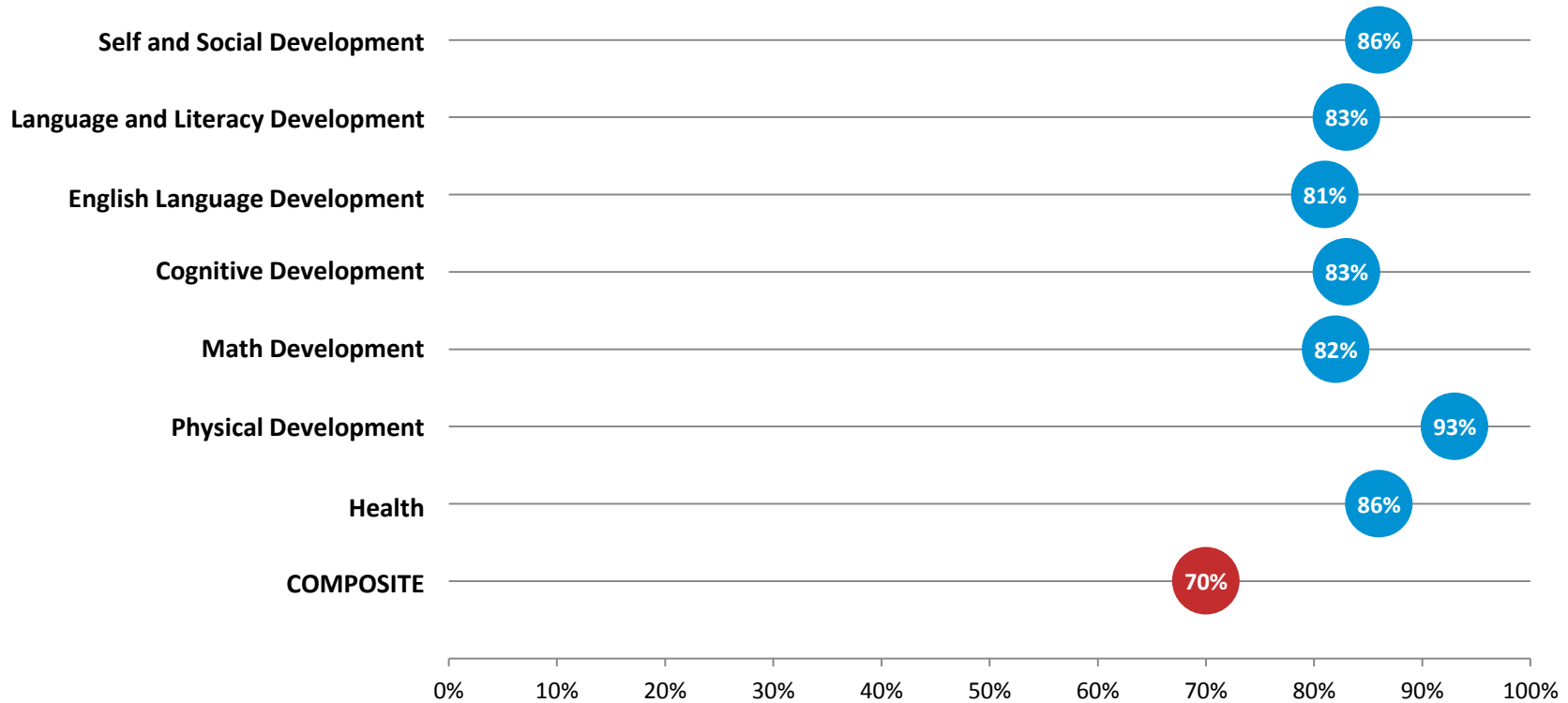


# Outcome 2: Kindergarten Readiness

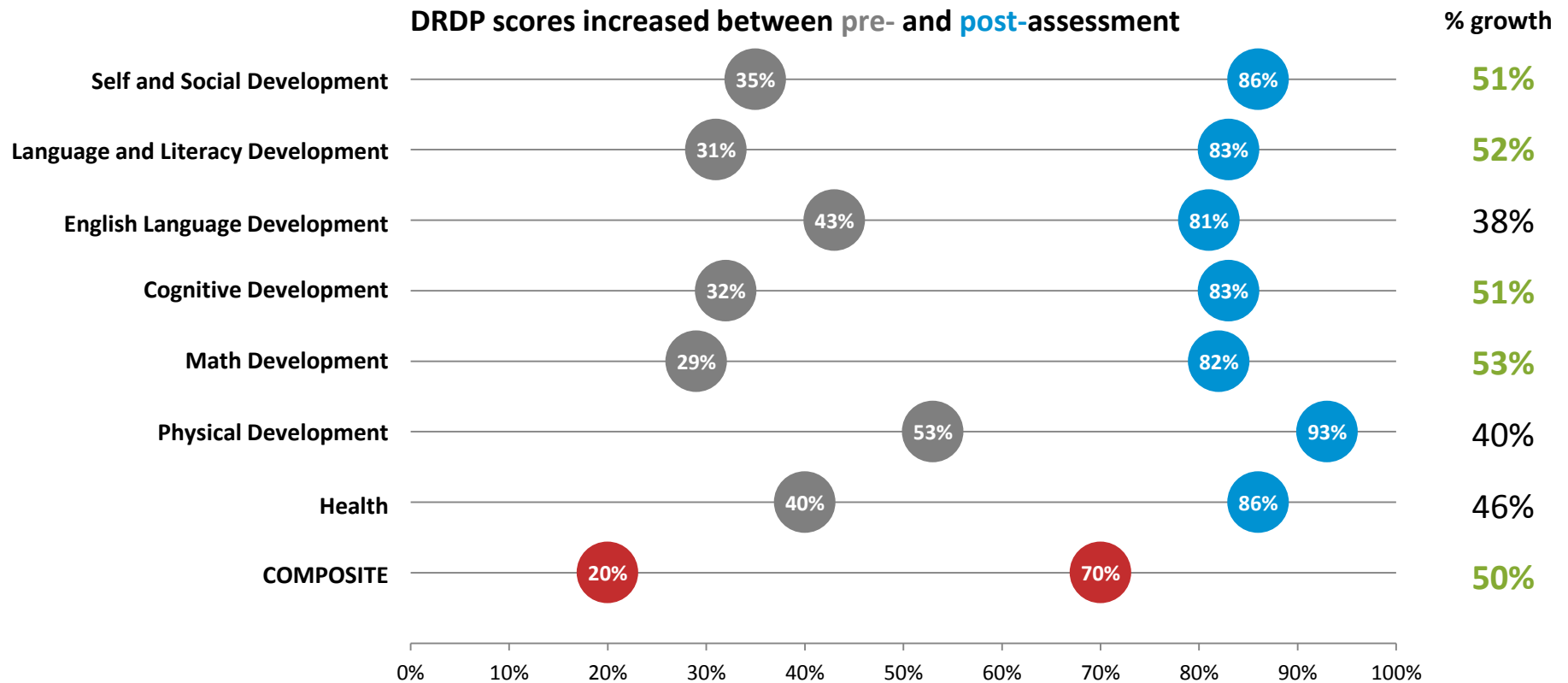


# Outcome 2: Kindergarten Readiness Cont'd

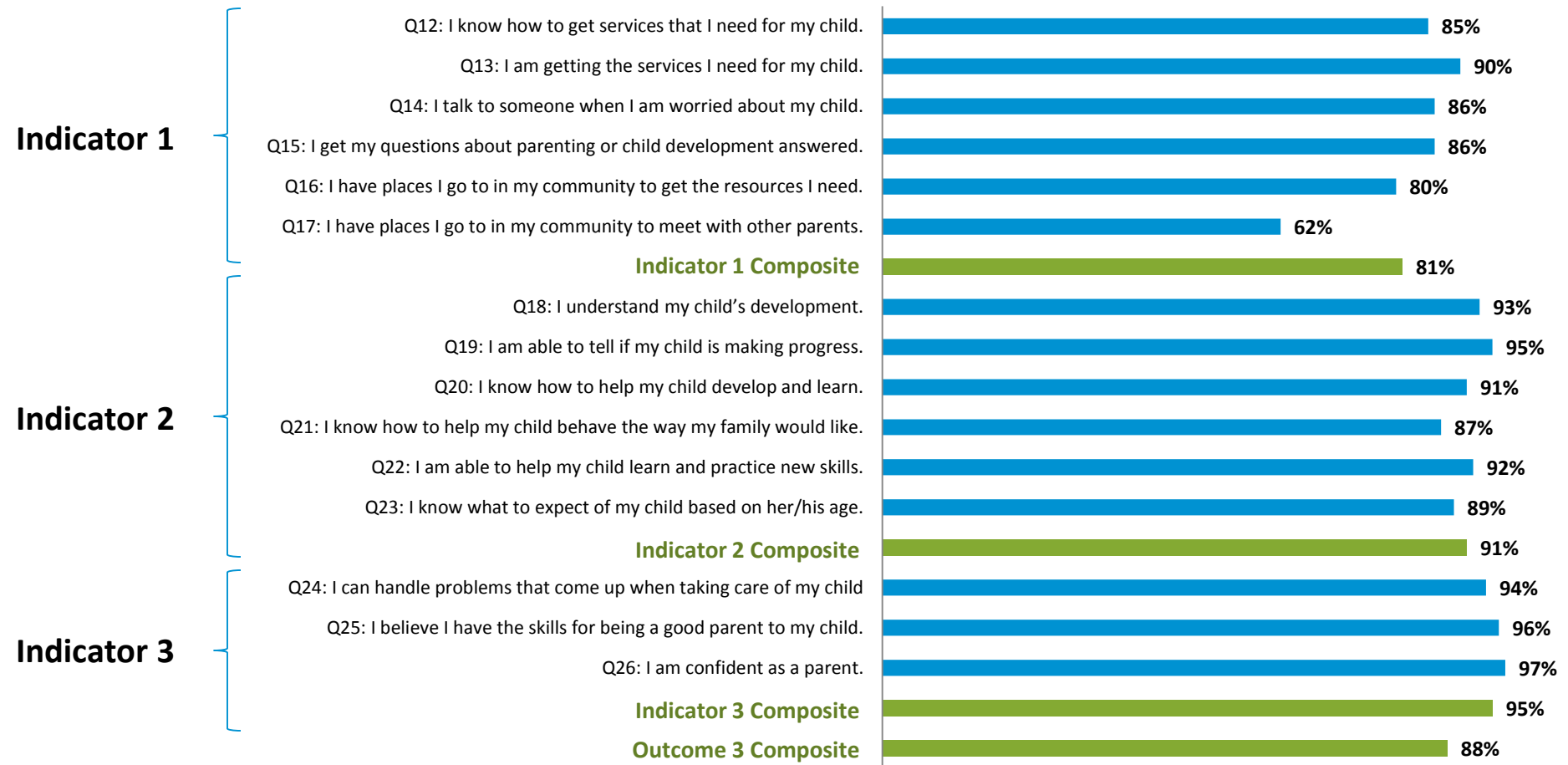
DRDP scores increased between pre- and post-assessment



# Outcome 2: Kindergarten Readiness Cont'd



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



# What Have We Learned?

Overall indicators of good progress in each outcome area. Families that receive First 5 Services.....

- Have access to health insurance and a regular place for care
- Feel they are properly nourishing their children and providing opportunities for physical activity
- Are experiencing strong developmental growth as a result of participation in preschool services
- Include parents that feel confident in their parenting skills

# What Needs Attention?

Areas that may warrant further scrutiny or support:

- Parent education/support around reducing screen time
- Possibly some continued work to support early oral health care
- Parent education/support around home literacy practices
- Conversations with providers around demographic discrepancies related to developmental screenings?

# What Needs Attention (cont'd)?

Areas that may warrant further scrutiny or support:

- Further discussions with preschool providers about the 30% not meeting readiness standards
- Discussions with provider partners around parent confidence. Does this ring true?
- Further neighborhood-level support for families to reduce isolation



## Limitations of survey data

- Matching challenges (3 levels of clients)
- Comprehensive nature of survey
- Timing of survey
- Not clear about fidelity to implementation and consistent framing

- Check results against experience
- Review wording of intake and parent survey questions to ensure more concise, aligned accurate, and useful responses.
- Set target goals
- Re-map indicators within Outcome Area 1
- Create a clear plan to address data association challenges
- Consider some tweaks to survey design and distribution strategy

# Questions?

*Thank You!*

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