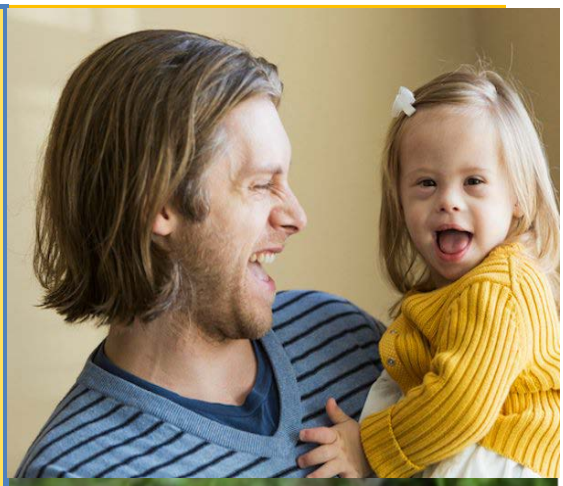
FIRST 5 TULARE COUNTY EVALUATION REPORT

FY 2021-2022 Grants



Prepared for the

First 5 Tulare County Commission and Community

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September 2022

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First 5 Tulare

2021 - 2022 EVALUATION REPORT

FIRST 5 TULARE COMMISSION

First 5 Tulare, an independent public entity, is governed by a seven-member commission. It is one of 58 county commissions created by Proposition 10 in November 1998, to support children from prenatal to age 5 through a variety of investments, projects, initiatives and advocacy efforts. In Tulare County as elsewhere in the state, the lingering effects of COVID-19 continued to challenge health and human services organizations and families in a number of ways.

The Commission has done much to improve the outcomes of the children and families living in Tulare County. For the past 22 years, First 5 Tulare has played a vital role in building a cohesive, collaborative system of services for children and their families throughout the county. With about $4.7 million allocated by the State in Proposition 10 funds this year—an amount that is declining annually consistent with the reduction of tobacco product sales— First 5 Tulare has created a number of direct service programs that target physical and mental health, oral health, literacy, parenting skills and school readiness. In this first of the 3-year grant cycle for 2021-2024, First 5 Tulare supported schools, community and public organizations, hospitals and family resource centers that are working together to provide services to children and their families in Tulare County. Evaluating these types of efforts requires developing and monitoring a unique set of indicators and a multifaceted evaluation design to provide information for accountability, assessing impact, improving results, setting policy, and identifying future strategies.

TULARE COUNTY OVERVIEW

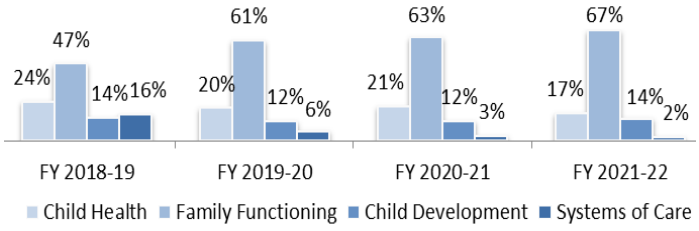
Tulare County is recognized as one of the largest agricultural-producing counties in the world. In 2021, the county was home to a population of 477,054. While California's population of 0-5-year-olds is 6.96%, Tulare County's is younger at 8.87%. With a median estimated age of about 30 years, residents are one of the youngest regional populations in California. Only 14.5% of the adult population has attained a bachelor's degree or higher vs. 34.7% statewide. Households in Tulare County with children have a median annual income of $47,392 (2018), less than the median annual income across the nation. While 7.5% of the state's children live in deep poverty, in Tulare County 13.3% did in 2018. Unemployment (7.6% in July 2022) is higher compared to statewide (3.9%), making it more challenging for parents to support their families.

- 34,824 children age 0-5 live in Tulare County.
- 98.1% of children are fully immunized by kindergarten (94.8% state average).
- 51.0% of people age 5+ speak a language other than English at home.
- 27.7% of children live in a mother-present-only household.
- 19.5% of children live in limited English-speaking households.
- 26.7% of children live in food insecure households.
- 56.0% of newborns were fed breast milk exclusively at birth (70.2% state average).
- 66.7% of children age 0-5 were read stories daily by a family member (62.0% statewide)

References available from evaluation consultant.

INTRODUCTION

This report represents Year 1 in the FY 2021-24 grant cycle in the continuing evaluation of First 5 Tulare grants. In FY 2021-22, First 5 expended a total of $3,924,660 in programs distributed in the four First 5 result areas: Child Health; Family Functioning; Child Development; and Systems of Care. The fund distribution among the result areas, shown below, has most notably changed in the last 4 years in the areas of Family Functioning and Systems of Care, increasing each year in the former and decreasing in the latter.



Source: First 5 Tulare, September 2022

The purpose of the First 5 Tulare evaluation is to document grantee progress and measure changes resulting from programs and services for children age 0-5 and their families. The evaluated projects ranged from child abuse prevention to oral health services to early literacy development as addressed by the goals and objectives of the Commission's *2018-2023 Strategic Plan*. Consistent with the intent of the Strategic Plan, Barbara Aved Associates (BAA) developed evaluation questions to match each of the projects' goals and identified appropriate community-level indicators for each project that aligned with the strategic plan.

This report provides the evaluation findings necessary to inform the First 5 Tulare Commission and, when shared, can assist in the statewide effort to compile results from all 58 First 5 counties in reporting each year to the Legislature. First 5's own *program report* describes process indicators such as the number and type of children served and highlights key outcomes.

The *evaluation report* allows First 5 Tulare Commissioners, funded partners and community stakeholders a more comprehensive look at the Commission's notable outcomes in the current grant cycle.

This year, in nearly every one of the Success Stories we highlight in Section II of this report, grantees credit their relationships with local partners for achievements, including partnership in the Commission's Home Visiting Coordination program. Connecting with families and assessing child development progress virtually or over the phone can be particularly challenging, but flexibility and the trust and collaboration that has been built among Tulare County community partners is largely credited by these grantees for their unique ability to meet educational, emotional and tangible needs of children and families.

As trauma-informed care continues to gain traction, more providers and community-based organizations have begun to screen adults and children for exposure to adverse childhood experiences (ACEs) and trauma. The ACEs Aware initiative recommends that all children are screened annually for ACEs to assess risk of toxic stress. We were pleased that this screening has been implemented by five grantees, based on our recommendations, and this year we present a special section to report these results.

Project-specific recommendations are included for each grantee. General recommendations to strengthen First 5's overall evaluation efforts are presented at the end of the report. With few exceptions, the results achieved by funded programs were favorable and on par with the goals and objectives described in the grantees' Evaluation Plans and the Commission's Strategic Plan.

Evaluation Design and Data Methods

The grantees and First 5 staff initially developed project Evaluation Plans and selected the data collection instruments. BAA reviewed and where needed refined

the Plans (which are driven by each project's Scope of Work) and made suggestions or changes concerning data collection methods and tools.

We annually evaluate each project independently as requested by staff. Each funded program collects data to assess program outcomes and to understand how services can be improved. Program-level surveys, assessments, and reports that were evaluated for this report are described in each grantee's section.

This evaluation report answers the following questions generated by BAA to address grantees' unique project objectives and strategies:

First 5 Tulare Grantee	Evaluation Questions for FY 2021-22	As Measured by
Cutler-Orosi School District: Family Resource Center	To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school?	▪ ESPIRS
	To what extent did parents learn and apply important parenting and conflict management skills?	▪ Parenting Wisely ▪ Parents Helping Parents form
	To what extent did infants and toddlers show increased skills in a range of developmental areas?	▪ DRDP
	To what extent did parent-child interaction and recognition about children's health and illness and home safety improve, and how satisfied were parents with the program?	▪ SafeCare
	To what extent did parents demonstrate nutrition knowledge and behavior change?	▪ My Plate
	To what extent did parents demonstrate building protective and promotive factors that strengthen families?	▪ Protective Factors
	To what extent did children and adults present with adverse childhood experiences (ACES)?	▪ ACES screening
	To what extent were women who gave birth identified as depressed and referred for help?	▪ Edinburg Postnatal Depression Scale
	To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?	▪ ASQ
Family Services of Tulare County: Goshen Family Resource Center	To what extent did parents learn important child health and safety information and parenting skills?	▪ Workshop pre/post
	To what extent did parents demonstrate building protective and promotive factors that strengthen families?	▪ Protective Factors ▪ Nurturing Parenting
	To what extent did children and adults present with adverse childhood experiences (ACES)?	▪ ACES screening

First 5 Tulare Grantee	Evaluation Questions for FY 2021-22	As Measured by
Parenting Network, Inc.: Visalia, Porterville and Dinuba Family Resource Centers	To what extent did parents demonstrate building protective and promotive factors and nurturing parenting characteristics that strengthen families?	▪ Protective Factors ▪ Nurturing Parenting
	To what extent did parent-child interaction and recognition about children's health and illness and home safety improve, and how satisfied were parents with the program?	▪ SafeCare
	To what extent did parents and fathers in particular, demonstrate having or building protective and promotive factors that strengthen families?	▪ On My Shoulders ▪ 24/7 Dad
	To what extent did parents going through divorce/separation learn usable skills to manage stress and lessen the negative effect it can have on their children?	▪ Children In-Between
	To what extent did parents learn and apply important parenting and conflict management skills?	▪ Parenting Wisely
	To what extent did children and adults present with adverse childhood experiences (ACES)?	▪ ACES screening
Family Services of Tulare County: Early Mental Health	How often did parents report problem behaviors in their children and with what impact?	▪ Eyberg
	To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?	▪ ASQ ▪ Developmental Milestones and Competency Rating
	To what extent were women who gave birth identified as depressed and referred for help?	▪ Edinburg Postnatal Depression Scale
Family Services of Tulare County: Addressing Child Trauma (A.C.T.)	Why did parents participate in supervised visitation and how satisfied were they with the experience?	▪ Supervised Visits Satisfaction Survey
	To what extent did parents going through divorce or separating demonstrate increased parenting skills, and how did they rate their relationship with the child's other parent?	▪ Cooperative Parenting and Divorce pre/post ▪ Two Families Now

First 5 Tulare Grantee	Evaluation Questions for FY 2021-22	As Measured by
Visalia City School District: Building Futures	To what extent did parents learn important child development information, and what were the breastfeeding intentions of pregnant women? To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school? To what extent were developmental delays identified and parents referred to early intervention resources for follow-up? In which areas did parents/ caregivers present with skills and strengths and have needs for support, information and referrals to resources?	▪ Growing Great Kids ▪ ESPIRS (modified) ▪ ASQs ▪ FANS
Lindsay Family Resource Center	To what extent were women who gave birth identified as depressed and referred for help? To what extent were developmental delays identified and parents referred to early intervention resources for follow-up? To what extent did parents increase their knowledge about child development and gain parenting skills? What areas of parenting need and concern regarding child development were highest? To what extent did children and adults present with adverse childhood experiences (ACES)?	▪ Edinburg Postnatal Depression Scale ▪ ASQ ▪ Abriendo Puertas ▪ Healthy Families Parenting Inventory (HFPI) ▪ ACES
Traver Elementary School District: School Readiness	To what extent did children show increased skills in a range of developmental areas?	▪ DRDP
Save the Children Federation	To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school? To what extent were developmental delays identified and parents referred to early intervention resources?	▪ ESPIRS (modified) ▪ PPVT-4 or PLS-5 ▪ ASQ

First 5 Tulare Grantee	Evaluation Questions for FY 2021-22	As Measured by
Tulare City Schools: Preschool Program	To what extent did preschoolers show increased skills in a range of developmental areas?	▪ DRDP
United Way 2-1-1	What were callers' main needs for assistance and to what extent were they helped?	▪ Client Follow-Up Calls for Assistance
Woodlake Family Resource Center	To what extent did parents demonstrate building protective and promotive factors that strengthen families? To what extent did children present with adverse childhood experiences (ACES)? To what extent were developmental delays identified and parents referred to early intervention resources for follow-up? To what extent did parent-child interaction and recognition about children's health and illness and home safety improve, and how satisfied were parents with the program? To what extent did women at postpartum or perinatal exhibit signs of depression? To what extent did children and adults present with adverse childhood experiences (ACES)?	▪ Protective Factors ▪ ACES screening ▪ ASQs ▪ SafeCare ▪ Edinburg Postnatal Depression Scale ▪ ACES
Family Healthcare Network	To what extent were oral health outcomes achieved for pregnant women and children?	▪ Oral Health project data
Sierra View Medical Center	To what extent did new mothers initiate and exclusively breastfeed during their stay at the hospital and continue any or exclusive breastfeeding?	▪ Breastfeeding follow-up form
Altura Centers for Health: Oral Health and Breastfeeding	To what extent were oral health outcomes achieved for children? To what extent did new mothers initiate and maintain exclusive breastfeeding?	▪ CA Oral Health Assessment Form ▪ Breastfeeding follow-up form

Data Analysis

BAA received raw data from 17 grantees in hard copy or e-files and expanded evaluation this year to include 31 different surveys, questionnaires and other assessment tools, several of which were newly implemented, and some which we developed or modified for the grantees. The data were sent to us in 3 batches to allow data entry and monitoring of data quality on a continuous basis.

The data were cleaned, coded and entered into Microsoft Excel spreadsheets using standard data security measures. Data analysis and statistical testing was performed using IBM SPSS Version 28.0. Matched samples were used for pre- and posttests when the sample sizes were large enough to not lose substantial amounts of data. The significance level for statistical tests was set at $p < .05$.

We contacted grantees when there were questions about completed data forms or forms were incomplete, inaccurate or did not contain client or other needed identification, and all of the grantee staff was helpful and responsive to requests for clarification or follow-up.

The Evaluation Team

The evaluation team consisted of Barbara M. Aved, RN, PhD, MBA; Larry S. Meyers, PhD; Elita L. Burmas, MA; and Beth Shipley, MPH. Jared Funakoshi, BS, provided research assistance and data entry, and Sarah E. Beck, MD, analyzed and reviewed sections of the child health evaluation.

FINDINGS AND PROJECT-SPECIFIC RECOMMENDATIONS

I. ACES Highlight

The Importance of ACES

Landmark research has identified the link between adverse childhood experiences (potentially traumatic connected events that occur before a child reaches 18) and negative health and behavior outcomes. These "ACES" include increased likelihood of risky behaviors, chronic disease, poor quality of life, and decreased life expectancy. Experiencing child abuse, having a family member with mental illness, having a family member struggle with substance abuse, having an incarcerated family member, and being exposed to violence in one's home are examples of ACES traumatic events. Prolonged exposure to trauma such as abuse or neglect, as well as poverty, racism, and community violence can also create toxic stress. According to the studies, individuals who experience 4 or more ACEs are at a tipping point of substantially greater risk than individuals experiencing 3 or fewer ACEs.

Based on a study of 4 years of data collected prior to the COVID-19 pandemic, the prevalence of people in Tulare County with 4 or more ACES was estimated as 18.8%, similar to the state.[1] A more recent report provided information on ACES screening by primary care providers using the Medi-Cal claims they submitted. Of the 518,060 unique beneficiaries screened, 17,020 (3%) were screened in Tulare County. In this recent study, 6% of the local beneficiaries had an ACE score of 4 or higher, also the same proportion as the statewide average.[2]

Because of the special importance of ACES, and now with current First 5-specific data, we added this special section to our regular annual evaluation report to begin to build an ACES profile of Tulare County children and their parents served by First 5 programs. The aim is to highlight the type and extent of the adverse life events so therapists, case managers, home visitors, program planners, advocates and others can more explicitly address these issues.

Overview of the Screening Tool

The ACES screening tool is available in English and Spanish. Clients themselves complete it. Sample questions from the 10 items in the adult-oriented ACES tool include: *Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?* The child tool has 2 parts. A sample question for parents/caregivers to answer in Part 1 is: *Has your child ever lived with a parent/caregiver who went to jail/prison?* In Part 2, *Has your child ever had problems with housing, such as experiencing homelessness?* Administrators of the screening can choose to use the "protected" or de-identified version of the tool where they can only see the client's *total* score, i.e., the total number of "yes" answers to the questions, or the "identified version" where seeing "yes" answers to each of the tool's *individual* questions allows the therapist or provider to take action on that item, as appropriate. People have different levels of resilience

[1] Findings on Adverse Childhood Experiences in California. Center for Youth Wellness. https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/hidden-crisis.pdf

[2] https://www.acesaware.org/wp-content/uploads/2022/03/March-2022-Data-Report.pdf

and support systems, and respondents are reminded that that experiences in childhood are just one part of a person's life story and "there are many ways to heal throughout one's life."

Current First 5 Tulare County Experience

Along with other early childhood advocates and the pediatric community, First 5 Commissions have begun to build awareness and share information and knowledge about best practices to improve grantees' ability to integrate "trauma informed care" into their work. A major step is to screen all children annually and adults at least once in adulthood, for the presence of ACES to assess risk of toxic stress. Screening results can be used to manage ACES risk, provide targeted interventions and create and sustain safe, stable, nurturing relationships and environments for children and families. Earlier this year, First 5 Tulare through its Home Visiting Coordination program brought a guest speaker to Tulare County who provided a well-received trauma informed care/ACES workshop for over 60 home visitors and supervisors from multiple local organizations; the trainer is scheduled to return in January 2023.

During the program year, five First 5 Tulare grantees— Parenting Network (Visalia and Porterville sites), Woodlake, Goshen, Lindsay, and Cutler-Orosi Family Resource Centers—implemented ACES screening, all of them screening parent/caregiver clients about their childhood experiences and 3 of them (Woodlake, Lindsay and Cutler-Orosi) also asking the adults about the ACES experiences of their children. All but Cutler-Orosi FRC used the identified version of the screening forms so that individual ACES (vs. the total number) were visible to the staff.

Adults

Among the 296 parents/caregivers who were screened for ACES in the First 5 programs, 21.4%—slightly higher than the county-level findings cited above—reported experiencing 4 or more ACES during their childhood—considered as high risk for toxic stress physiology (Table 1). Somewhat under half (44.6%) of them reported having experienced no ACES when they were children, however. The scoring interpretation is to the right of the table. (Note: we do not have information about associated health conditions.)

Table 1. Number of ACES Experienced by Adults (First 5 Parents/Caregivers) (n=296)

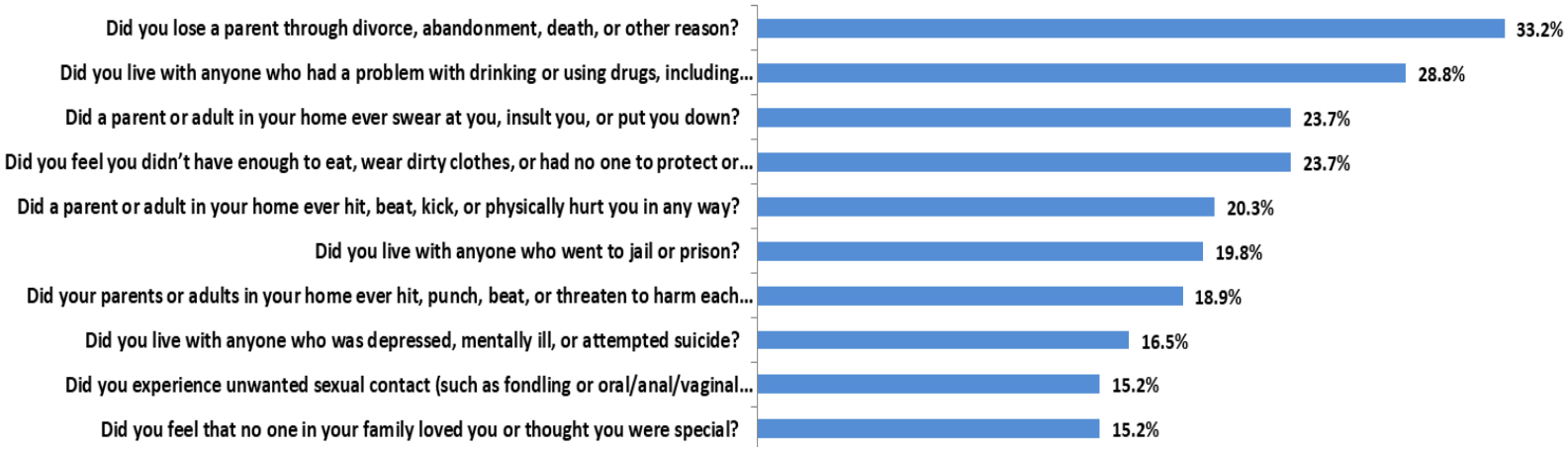
Number of ACES	Percent
0	44.6%
1	15.6%
2	11.2%
3	7.8%
4	5.1%
5	6.4%
6	4.4%
7	1.7%
8	1.4%
9	1.7%
10	0.7%

Score of 0-3 without associated health condition = Low risk
Score of 1-3 with associated health condition = Intermediate risk

Score of 4+ with or without associated health condition = High risk (21.4%)

The most common ACES category experienced by the clients was loss of a parent through divorce, abandonment, death and other reasons (33.2%), followed by having lived with someone with substance abuse problems, including alcohol and prescription drug abuse. Experiencing unwanted sexual contact and feeling unloved were the least-experienced ACES, though each received 15.2% of "yes" responses (Figure 1 on the next page).

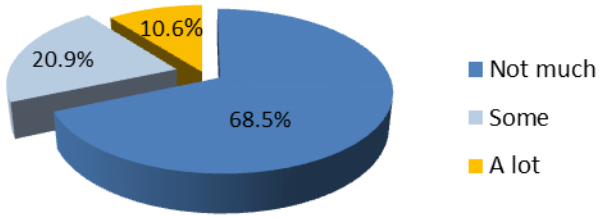
Figure 1. Percent of Parents/Caregivers Who Experienced Each Type of ACES Life Event (n=212)[1]



[1]Clients were instucted to read the questions and "check each ACE category you experienced prior to your 18th birthday."

The ACES tool also asks respondents whether they believe these experiences affected their health. According to the First 5 clients, two-thirds (68.5%) thought the impact was minimal ("not much"), 20.9% believed there was "some" affect, and 10.6%—23 of the adults—considered the experiences to have greatly ("a lot") affected their health (Figure 2).

Figure 2. Extent to Which Parents/Caregivers Believed the ACES they Experienced Affected their Health (n=212)



Children

Just over 200 parents/caregivers provided ACES screening information about their children. Two-thirds (66.2%) of them reported their children having no ACES experiences , and 6.0% of them reported children experiencing 4 or more ACES (considered as high risk for toxic stress physiolgoy). Since we do not have information about any associated health conditions of the children it is not possible to score the risk status of the one-quarter or so (27.1%) of them reported to have 1-3 ACES (Table 2 on the next page).

There are 2 parts to the pediatric ACES screening tool. For the life events asked about in Part 1, the most commonly reported ACES was a significant change in the relationship status of the child's caregiver(s) such as divorce, separation or a romantic partner moving in or out, reported by 27.9% of parents. This was followed by a child witnessing their parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult (23.0%), living with a parent/caregiver with drug and alcohol problems (19.7%) and living with a parent who went to jail or prison (18.9%) as Figure 3 on the next page shows.

Table 2. Number of ACES (Part 1) Experienced by the Children of First 5 Parents/Caregivers (n=203)

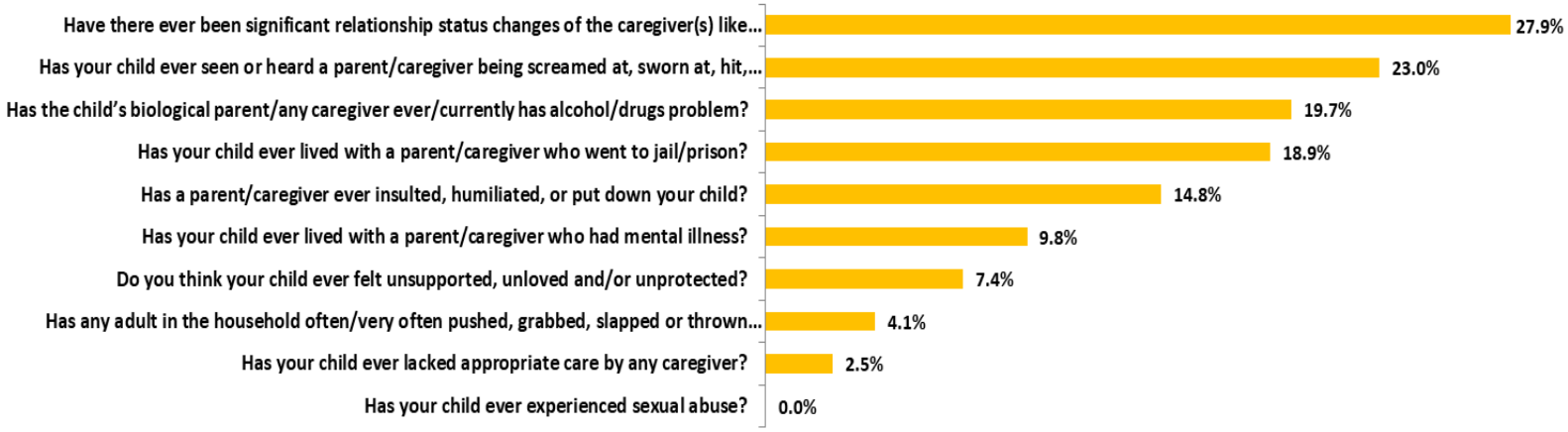
Number of ACES	Percent
0	66.2%
1	12.5%
2	6.7%
3	7.9%
4	2.0%
5	3.5%
6	0.0%
7	0.0%
8	0.5%
9	0.0%
10	0.0%

Score of 0 = Low risk

Score of 1-3 without associated health condition = intermediate risk
Score of 1-3 with assoicated health condition = High risk

Score of 4+ with or without health condition = High risk (5.5%)

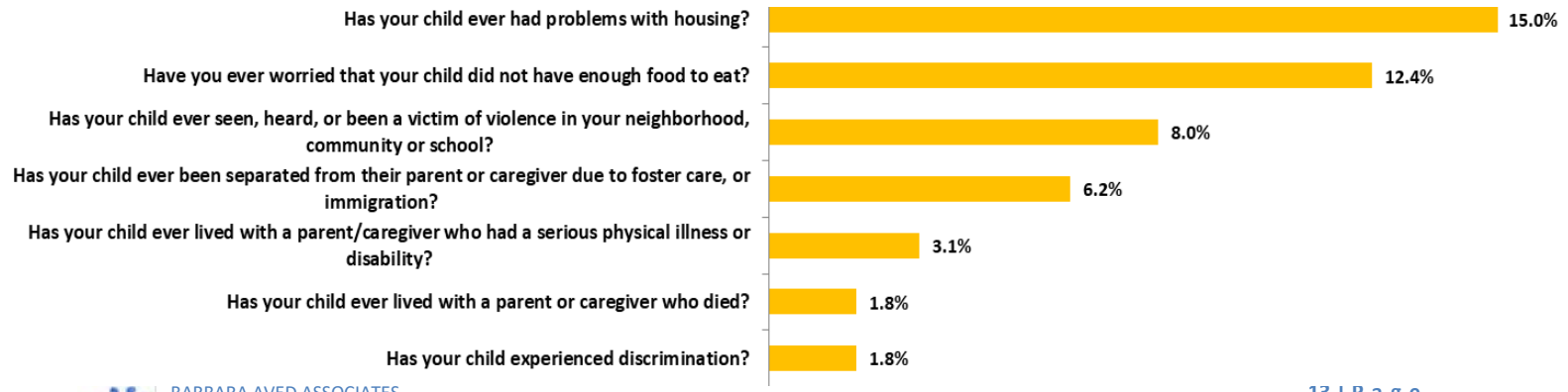
Figure 3. Percent of Children who Experienced Each Type of ACES Life Event – Part 1 (n=122)[1]



[1]Parents were asked, "At any point in time since your child was born,have they seen or been present when the following experiences happened?"

Eighty percent parents reported no ACES had occurred for their child in Part 2 of the screening tool; 9.1% reported 1 ACE; 6.1% reported 2; 2.0% reported 3; and only 1.0% reported 4 as the highest number of ACES (data not shown). Of the type of life events Part 2 asks about, child stress related to food and housing—consistent with findings from our last two First 5 Parent Surveys—were the most commonly reported concerns—by 15.0% and 12.4% of parents, respectively (Figure 4).

Figure 4. Percent of Children who Experienced Each Type of ACES Life Event asked – Part 2 (n=122)[1]



II. FY 2021-22 GRANTS

RESULT AREAS Part 1:

Family Functioning
Child Development
Systems of Care

CUTLER OROSI SCHOOL DISTRICT
Family Resource Center

"The parenting classes have helped me be a better mother in the most difficult time in my life." - Mother of a preschooler

Project Purpose and Evaluation Design

The project offered a comprehensive range of early childhood education services, including facilitating access to preventive, primary, and specialty health and dental services, actively engaging parents in early development activities with their children, and helping parents have access to information about services, child care, substance abuse, and other topics to improve family functioning. The project collects evaluation data through the following 9 tools.

Primary Objective	Measured by
School readiness by showing increased skills in a range of developmental areas	The *DRDP-Revised* (Desired Results Developmental Profile), designed by the California Department of Education, was administered by teachers within 60 calendar days of the child's first day of enrollment in the program (fall = pre) and every six months thereafter (spring = post).
Parent understanding of importance and engagement in early literacy activities	Parents completed the *CA-ESPIRS* Family Literacy Project survey as a pretest within the first month of program enrollment and again as a posttest at the end of the program year or upon exit.
Parent knowledge about child health and home safety	The 3-module *SafeCare*, an evidence-based home visitation program was used to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained observers rated various factors associated on a pre/post basis. Parents completed a satisfaction survey at the end of each module.
Parent learning about and how to apply conflict management skills	*Helping Parents SEA* parenting and skill development addressed appropriate methods of discipline and other positive parenting behaviors, and the interactive *Parenting Wisely* program focused on conflict management and improving parental communication; the two evidence- and skills-based parent education programs used these questionnaires to determine improvement

Build protective and promotive factors that strengthen families	*Protective Factors* focused on building protective and promotive factors to reduce risk and create optimal child and family outcomes. Parents responded to a 20-item pre/post questionnaire about their family such as Family Functioning/ Resiliency, Knowledge of Parenting and Child Development and Nurturing and Attachment.
Nutrition knowledge gain and positive behavior change	The *My Plate* nutrition program included four 1-hour sessions focused on healthy eating, smart grocery shopping, tips on meals and budgeting. A pre/post tool measured knowledge and behavior change.
Early identification of developmental delays and referral	Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3*, designed to screen children from 1–66 months for early identification and intervention and to identify strengths as well as areas that need work.
Identification and referral for maternal depression	The *Edinburgh Postnatal Depression Scale* was used to screen for how women were coping with the life changes of pregnancy and childbirth. Their answers were quantified and summed to produce a depression score, including suicide risk.
Identify adverse childhood experiences and refer or provide intervention	The *ACES Screening* tool asked parents about 10 different children's experiences, as well as their own childhood experiences, and was administered once during the year.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of young children who are read to often.*
- *The percent of parents who are concerned their child is at risk of developmental delay.*
- *The percent of reports of suspected child abuse and neglect and the percent of substantiated cases.*
- *The percent of parents who report satisfaction with the content and quality of services.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

A mother's openness to participating in parenting classes, and co-location of partnered services to minimize access barriers, accounted for success in the case of a 5-year-old who could not tolerate the school program. The school had an unusually difficult time getting the child to cooperate and referred the mother to the FRC. The case manager quickly observed the misbehavior of the child and the mother's inability to intervene or redirect him. The mother was offered enrollment in the parenting classes and after attending and implementing the strategies she was learning became more engaged and invested as the child's behavior began to change in a more positive direction. The ongoing support of the school and agencies such as Tulare County Mental Health has continued to make a difference.

To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school?

A summary of the ESPIRS post-survey shows parents had more books at home and read and told stories to their children more frequently following the program; TV viewing behaviors did not change significantly (Table 1).

Table 1. Home Life Impact after Program Participation

Parent Literacy Experiences	Change
Number of books in the home	↑
Reading to child	↑
Telling stories to child	↑
TV viewing behaviors	↔

↑ = positive behaviors, ↓ = negative behaviors, ↔ = neutral behaviors

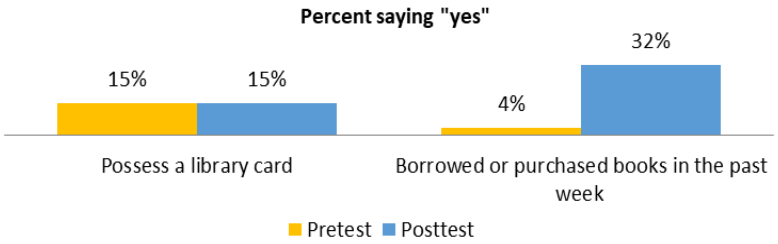
Table 2 shows the details of the early literacy program improvements. About 26% of the parents reported having 11 or more books at home on the pretest but on the posttest, almost two-thirds (62.3%) reported having this many books —a statistically significant change. Looking at how often parents read books to their children and told stories to their children, statistically significant posttest changes were also found with almost three-quarters of the parents on the posttest (75.5%) responding that they were reading books to their children about 3 times a week to every day and over two-thirds (70.5%) were telling stories to their children about 3 times a week to every day.

Table 2. Parents' Experience with Books/Reading to Children, Matched Sample (n=70)

Survey Question	Pre %	Post %
During the past week, about how many children's books did your child have at home (include books that you own as well as library books)?		
1 - 2 books	24.6	3.3
3 - 10 books	45.9	34.4
11 - 25 books	16.4	45.9
26 - 50 books	4.9	13.1
51 + books	4.9	3.3
About how often do you read books or stories to your children?		
Never	6.6	1.6
Several times a year	0	1.6
Several times a month	14.8	1.6
Once a week	29.5	19.7
About 3 times a week	29.5	23.0
Every day	19.7	52.5
How often do you tell your children a story (e.g., folk and family history)?		
Never	11.5	3.3
Several times a year	4.9	3.3
Several times a month	14.8	3.3
Once a week	26.2	19.7
About 3 times a week	16.4	19.7
Every day	26.2	50.8

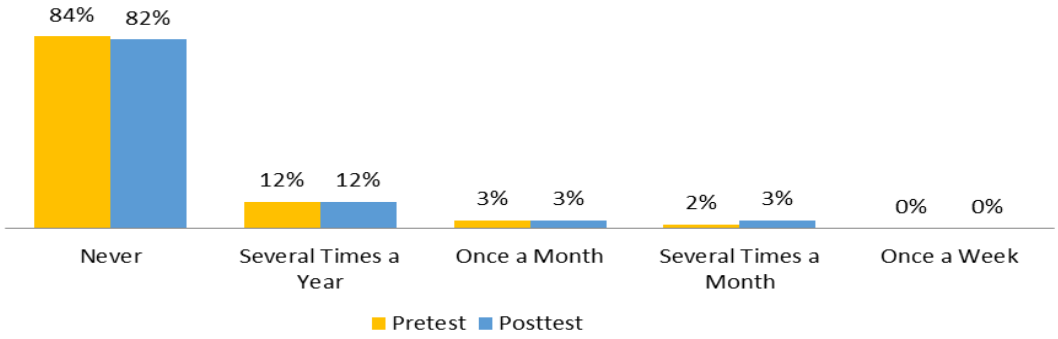
In terms of library experience for the 61 parents with both a pre/posttest, there was no statistically significant change in the percentage who said they possessed a library card before and after the program (Figure 1). There *was* a statistically significant increase however in the number of parents who said that they had checked out a library book or purchased a book in the past week: 3.6% had checked out a book from the library or had purchased a book in the past week prior to taking the classes, with 32.1% doing so on the posttest.

Figure 1. Current Library Experience, Matched Sample (n=61)



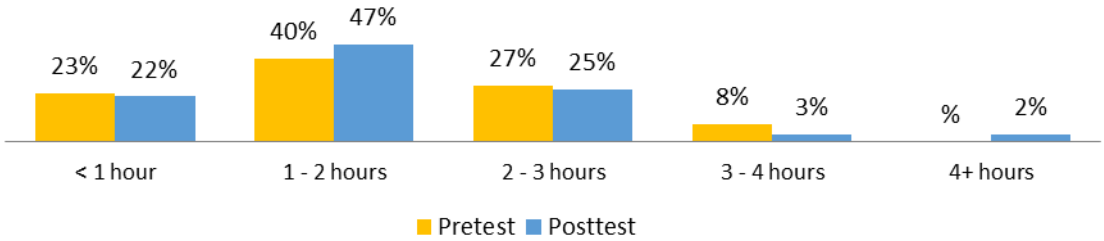
As Figure 2 shows, about 17% of the parents at the pretest reported they went to the library several times a year or more; the situation improved only slightly by the posttest with about 18% saying they now visited the library with this frequency, however the change was too small to be significant. The very large percentage of parents reporting they never went to the library dropped only slightly. We suspect these numbers were probably impacted by COVID and closures caused by COVID.

Figure 2. Frequency of Going to the Library, Matched Sample (n=61)



Television-watching habits, in addition to reading and visiting the library, are of interest as this can have a negative effect on early literacy goals. Overall, there was a slight reduction in parents reporting children's total daily hours of TV viewing (Figure 3), though none of the changes was statistically significant.

Figure 3. Hours of TV Watched Per Day, Matched Sample (n=60)



After participating in the program, parents reported statistically significant changes in the questions they were asked about TV viewing experiences. On the posttest, over three-quarters of the parents said that they *always* selected the TV program for their children, over half (55%) reported that they *always* watched

the TV program with their children, and almost three-fifth (58%) *always* asked their children questions about the TV program their children watched (Table 3).

Table 3. Family TV-Watching Experience, Matched Sample (n=63)

Survey Questions	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	7.5%	26.4%	66.0%	3.8%	18.9%	77.4%
When your children watch TV, do you watch the TV programs with your children?	5.9%	59.4%	39.2%	3.9%	41.2%	54.9%
When your children watch TV, do you ask your children questions about the TV program?	16.0%	48.0%	36.0%	2.0%	40.0%	58.0%

Respondents wrote down television shows their children were watching on the pretest and posttest. A quick review of what parents said on the pretest indicated that their children were watching programming for children such as “Coco Melon,” Disney movies, “Paw Patrol," “Peppa Pig,” and "PBS." At the posttest, respondents continue to list these types of programming including cartoons such as “Spiderman” and “SpongeBob."

To what extent did parents learn and apply important parenting and conflict management skills?

With the *Parenting Wisely* tool, participants were asked a number of parenting-related questions that had correct or incorrect answers. Table 4 on the next page displays the percentage of them answering correctly. There was statistically significant improvement on 28 of the 34 questions (82.4%; 62.0% last year) from pre- to posttest. The overall percentage correct, 64.2% (last year, 47.4%), at the posttest was statistically significant. Using 80% correct as a benchmark for total test performance, only one of the 29 parents scored over 80% on the pretest but on the posttest, all of them scored over 80% correct.

Table 4. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=29)

Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage of discussing problems when angry?	34%	79%	132.4%*
2. What is the best reason to use "Active Listening"?	21%	83%	295.2%*
3. In disciplining a child, what should be included along with punishment?	41%	90%	119.5%*
4. What is the most important part of giving a chore?	59%	90%	52.5%*
5. What is most important in "Assertive Discipline"?	41%	79%	92.7%*
6. What is most likely to happen if parents don’t follow through on punishment?	69%	90%	30.4%*
7. When might a family discussion of a problem NOT be a good idea?	41%	72%	75.6%*
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	72%	86%	19.4%
9. What happens when parents are consistent in giving consequences?	48%	86%	79.2%*
10. What are the components of "Contingency Management"?	24%	76%	216.7%*
11. What happens if a parent monitors a child's schoolwork?	72%	97%	34.7%*
12. When you first find out your child is doing poorly at school, what should you do first?	83%	97%	16.9%
13. What is the long term result of motivating children by yelling at them?	69%	93%	34.8%*

Table continues on the next page

14. What often happens when a parent forbids teens to see a particular friend?	83%	90%	8.4%
15. What happens when you compare siblings to each other?	83%	93%	12.1%
16. Is it important to explain to our children exactly what they have done wrong before punishing?	52%	76%	46.2%*
17. The main reason parents yell at their children is?	62%	97%	56.5%*
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	79%	97%	22.8%*
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	48%	83%	72.9%*
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	38%	86%	126.3%*
21. What is the purpose of an "I Statement"?	45%	86%	91.1%*
22. What are the main advantages of "Contracting" for adolescents?	34%	72%	111.8%*
23. Which of the following is an "I Statement"?	38%	97%	155.3%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use?	55%	90%	63.6%*
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	14%	66%	371.4%*
26. What is the advantage of having both parents involved with a child's homework problem?	34%	72%	111.8%*
27. What happens when parents give punishments that are severe?	59%	86%	45.8%*
28. Close supervision of our children when they spend time with friends has which advantage?	45%	90%	100.0%*
29. What are the main elements of "Contracting"?	34%	90%	164.7%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	28%	86%	207.1%*
31. If we need to correct our child when he with friends, what should we do?	90%	100%	11.1%
32. To help our children know which behavior to change, it is important for us to be...	52%	93%	78.9%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	90%	93%	3.3%
34. When we talk about the positive motive behind someone's behavior the effect is?	79%	100%	26.6%*
Overall Percentage Correct	**53%**	**87%**	**64.2%***

*$p < .05$.

Parents who completed the *Parents Helping Parents SEA* parenting program used a 5-point scale and rated how often they engaged in 34 different parental practices. Table 5 on the next page contains items representing both *poor* (questions 1-13) and *good* (questions 14-34) parenting practices. Only 4 parents turned in both a pretest and a posttest completely answering all of the posttest questions; among these parents, there was no statistically significant change in the frequency of engaging in either the negative or the positive behaviors.

There was either no change or a decrease in the frequency of the parents engaging in all but 4 of the 13 negative behaviors. Parents reported they actually were fighting more with their partners in front of their children, blaming their partner or children more for their own unhappiness, getting angry more often, and yelling more often at the time of the posttest than on the pretest. For the 20 positive behaviors, the parents overall reported they were already engaging frequently in these behaviors before the program to nearly the same degree as after the program.

Table 5. Parents' Report of Positive and Negative Parenting Behaviors, Matched Sample (n=4)

Survey Questions	Pre		Post		%
	M	*SD*	*M*	*SD*	Change
"Negative" Behavior Questions					
1. How many times do I hit my children?	1.5	.6	1.3	.5	-13.3%
2. How many times do I yell?	2.0	.8	2.5	.6	25.0%
3. How many times do I scold my children?	2.8	1.0	2.8	.5	No Change
4. How many times do I insult my children?	1.0	.0	1.0	.0	No Change
5. How many times do I use profanity?	1.5	.6	1.5	.6	No Change
6. How many times do I get angry?	2.0	.8	2.5	.6	25.0%
7. How many times do I use sarcasm?	1.3	.5	1.3	.5	No Change
8. How many times do I repeat myself?	2.3	1.3	2.3	1.0	No Change
9. How many times do I get into arguments for the sake of my children?	1.5	.6	1.5	.6	No Change
10. How many times do I blame my partner or my children for my unhappiness?	1.0	.0	1.3	.5	30.0%
11. How many times do I fight with my partner?	2.3	.5	1.5	.6	-34.8%
12. How many times do I fight with my partner in front of my children?	1.5	.6	2.0	.8	33.3%
13. Family rules are created by my husband and me without our children's participation.	2.3	1.9	1.0	.0	-56.5%
Overall Mean for Negative Behavior Questions	**1.8**	**.5**	**1.7**	**.4**	**-5.6%**
"Positive" Behavior Questions					
14. I know where my children (are) after school and on the weekends.	4.8	.5	5.0	.0	4.2%
15. I know my children's friends.	4.5	1.0	5.0	.0	11.1%
16. I know my children's friends' parents.	4.0	2.0	4.8	.5	20.0%
17. I know where my children's friends live.	4.0	2.0	4.3	1.0	7.5%
18. I know what my children are doing when they are in school.	4.3	.6	5.0	.0	16.3%
20. What frequency of diversion so (sic) we have with family?**	3.7	.6	3.3	2.1	-10.8%
21. How many times do we eat together as a family?	4.7	.6	4.7	.6	No Change
22. How many times do we converse with our children?	5.0	.0	4.7	.6	-6.0%
23. How many times do I talk with and encourage my children?	5.0	.0	4.7	.6	-6.0%
24. How many times do I express affection to my children?	3.7	1.2	2.7	1.5	-27.0%
25. How many times do we have family reunions to discuss issues?	4.0	1.0	4.7	.6	17.5%
26. How many times do I participate in school activities with my children?	4.7	.6	4.3	1.2	-8.5%
27. How many times do I help my children with their homework?	4.7	.6	4.7	.6	No Change
28. How many times have I asked my children for their option to help with an issue that affects them?**	4.7	.6	4.7	.6	No Change
29. How many times have I talked to my children regarding drugs?	4.8	.5	5.0	.0	4.2%
30. How many times have I talked to my children regarding gangs?	4.0	1.0	4.7	.6	17.5%
31. How many times have I talked to my children regarding sex and how to protect themselves?	5.0	.0	4.5	.7	-10.0%
32. How many times do I pray with my children?	4.0	1.0	3.3	1.5	-17.5%
33. How many times do I attend church with my children?	2.7	.6	2.3	.6	-14.8%
34. How many times do I talk to my children of God?	4.0	1.0	3.3	.6	-17.5%
Overall Mean for Positive Behavior Questions	**4.2**	**.4**	**4.3**	**.5**	**2.4%**

Item mean scores reflect the following response choices: 1 = *Never*, 2 = *Rare*, 3 = *Sometimes*, 4 = *Frequently*, 5 = *Always. NC = No Change*

**The word "option" in Question 28 was most likely intended to be "opinion."

*$p < .05$.

To what extent did parent-child interaction, and recognition and behavior about children's health and illness and home safety improve, and how satisfied were parents with the program?

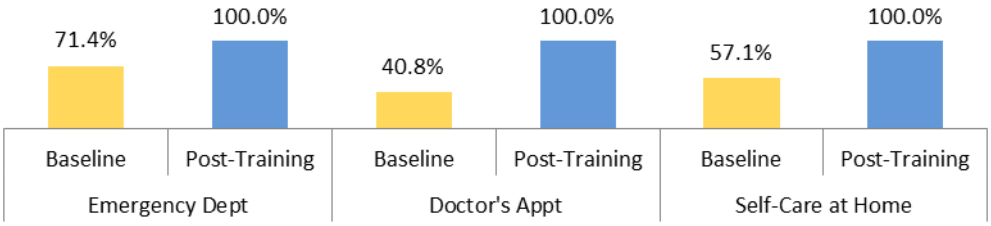
This year, 26 parents participated in the Home Accident Prevention (Safety) module of the *SafeCare program,* a home visiting model. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children. The observer noted the number of hazards at the baseline visit (helping the parent also to identify these hazards) and again at the end of the module after training and providing safety latches to the families. As Table 6 shows, an average of 59.5 hazards per family were observed during the initial assessment but dropped to an average of 10.2 at the end of the module, an 83.3% reduction (84.1% last year).

Table 6. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=26)

	Baseline	Post-Training
Total number of hazards	610	102
Average number of hazards per client	59.5	10.2
Mean percent reduction	83.3%	

To assess and provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment. The parents had the most trouble initially with the scenario of making an appointment with the doctor's office. After successfully completing this module, all of the parents were able at the post-assessment to identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child (Figure 4).

Figure 4. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=22)



The purpose of the parent-infant interactions and parent-child interactions module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. Staff observes parent-child play and/or daily routines and codes for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions. As is evident in Figures 5 and 6, the improvement in parents' ability to consistently demonstrate the desired behaviors was significant. In the case of parents with infants (Figure 5), some (20.7%) were already consistently demonstrating engaging in the desired behaviors (e.g., eye contact with the baby) at the pre-assessment.

Figure 5. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=27)

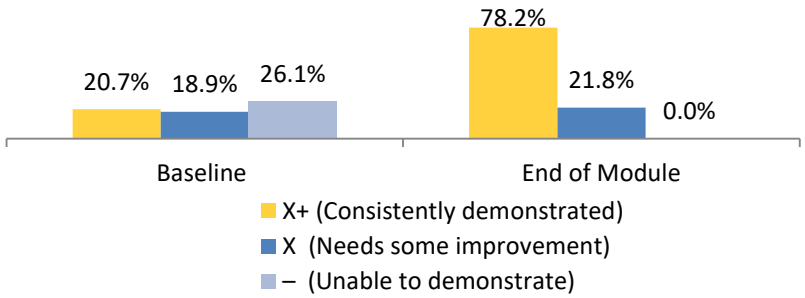
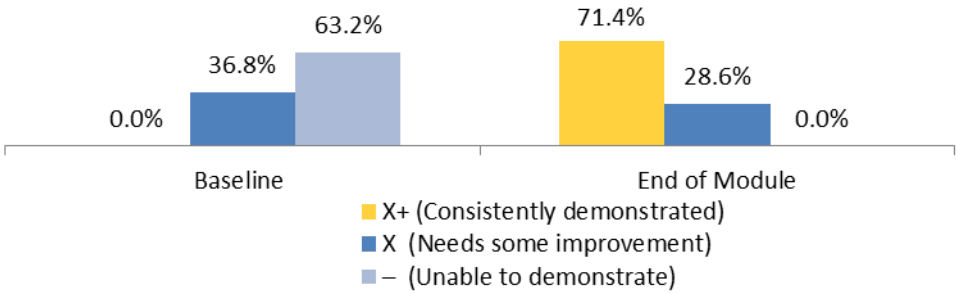


Figure 6. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=2)



In order to gauge participants' satisfaction with the SafeCare training they received, the parents were asked to provide their opinions about it. Each of the 4 surveys focused on a specific training module the parents had completed in the program. Some of the questions were specific to the actual module, and other questions were repeated across the 4 surveys. Parents were asked to rate their level of agreement with various statements using a 5-point scale.

Overall, parents "strongly agreed" with the positive statements related to the home visitors, skills, and information they received from the training program and "strongly disagreed" with the statements that the Home Visitor was negative and critical or that the training did not give them new or useful information. The favorable scores in Table 7 indicate that parents and caregivers were very satisfied with all of the SafeCare Training Modules.

Table 7. Parents' Ratings of Satisfaction with SafeCare

Module			
Health (*N* = 19)	Home Safety (*N* = 12)	Parent Child Interactions (*N* = 8)	Parent Infant Interactions (*N* = 5)
Mean	*Mean*	*Mean*	*Mean*
1.09	1.03	1.00	1.04

Note. Item mean scores reflect the following response choices: 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Neutral*, 4 = *Disagree*, and 5 = *Strongly Disagree.* Ratings were coded so that a lower mean score represented greater satisfaction about the training.

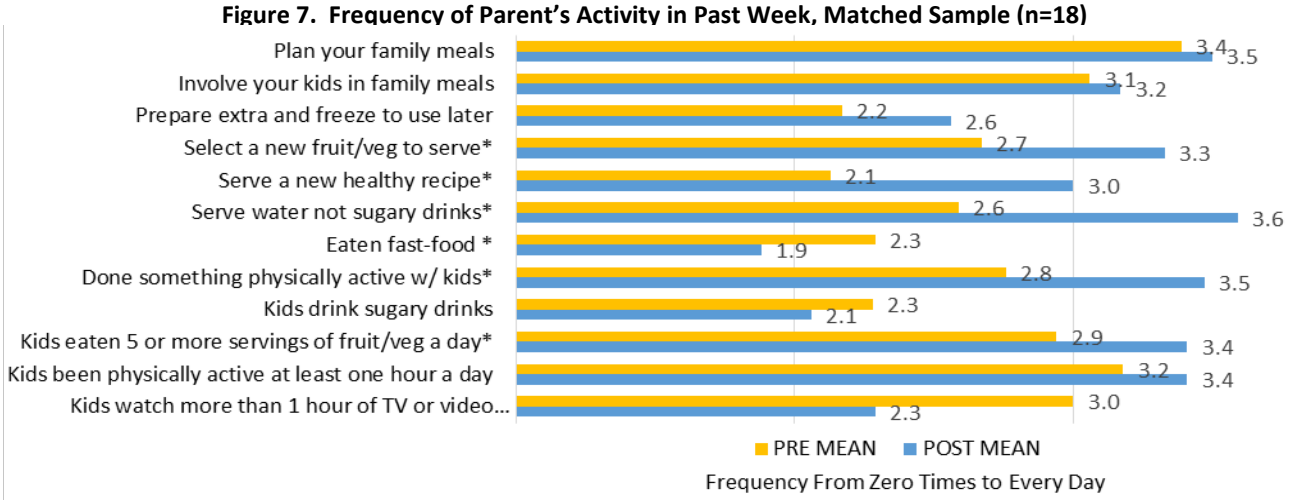
To what extent did parents demonstrate nutrition knowledge and healthy behavior change?

Eighteen of the parents who participated in the *My Plate* nutrition classes completed both a pre- and a post survey. Unlike in previous years, what they chose to buy and serve their families and the factors they considered when doing so did not change after completing the sessions. All of the participants reported

initially that they gave thought to looking for healthier selections, making a weekly menu and discussing food choices with family members.

The parents were also asked how often they engaged in various health-related behaviors in the past week: from "zero" to "every day" (coded from 1 to 4 in order to obtain pre/post means.) Of the 12 different behaviors evaluated, 7 of them were statistically significant (as noted by the asterisks in Figure 7). Parents however, did not report any statistically significant changes in how often they planned their family meals, involved their children in family meals, or prepared extra and froze meals to use later. They also did not report any significant change in how often their children drank sugary drinks or if their children engaged in physical activity for at least one hour a day.

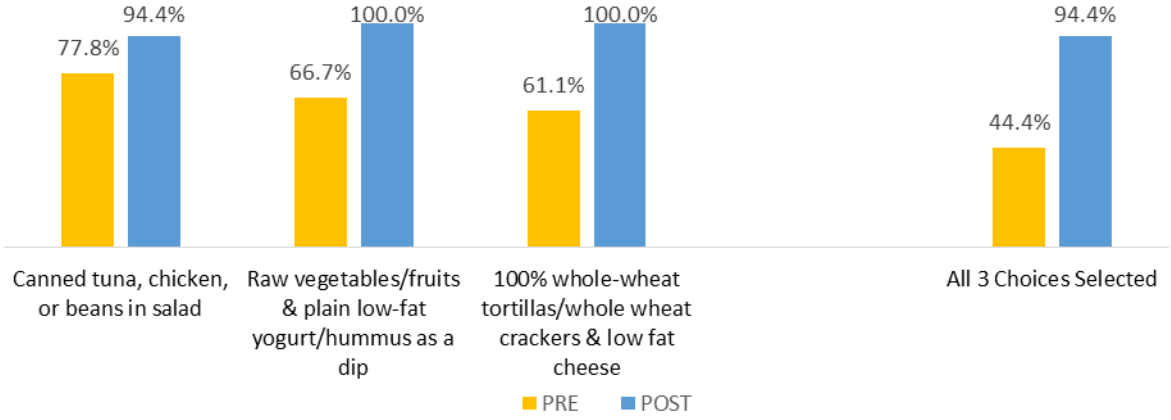
Figure 7. Frequency of Parent's Activity in Past Week, Matched Sample (n=18)



*=statistically significant ($p < .05$)

T
he survey listed certain food items and asked which of the choices were healthy. Since all 3 food items shown in Figure 8 were healthy choices, parents should have correctly selected all 3 choices. On the pretest, less than half of the parents (44.4%) selected all 3. This percentage increased to over 94% of the parents selecting all 3 choices correctly on the posttest. Repeated measures of analysis indicated that this increase was statistically significant.

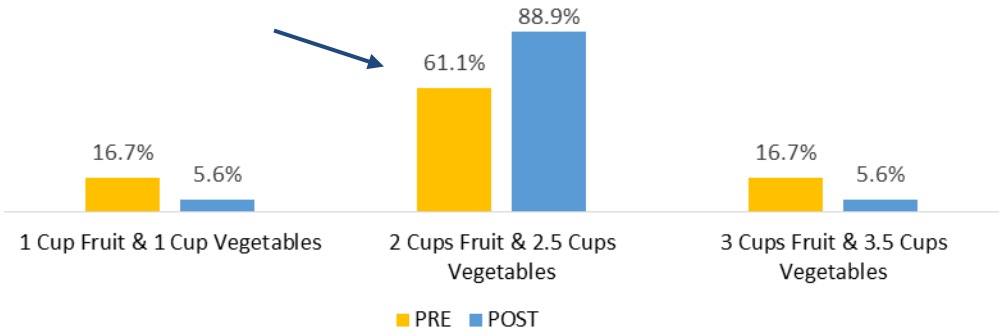
Figure 8. Percentage of Parents Selecting Specific Healthy Food Choices, Matched Sample (n=18)



Parents were also asked what the daily recommended amount of fruit and vegetables was. Before the classes, a little over 60% of the parents selected the correct answer (blue arrow) of two cups of fruit and two and half cups of vegetables as the recommended daily amount of fruit and vegetables. Afterwards, the

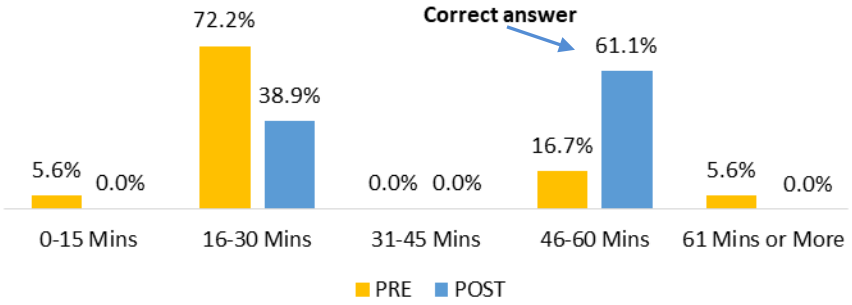
percentage of parents answering this question correctly increased to approximately 89% (Figure 9); however, this change however was not statistically significant.

Figure 9. Parents Knowledge of Daily Recommended Amount of Fruit and Vegetables, Matched Sample (n=18)



To help children develop habits that will last a lifetime, an active, healthy lifestyle must start early in life. Parents were asked how many minutes of physical activity children six years old and older needed each day. The responses were recoded into 15-minute intervals. Before the classes, about 17% of the parents responded correctly that it was 46 to 60 minutes a day. On the posttest, there was a statistically significant increase in the number of correct answers to this question (Figure 10) with over 61% of the parents answering that children needed 46 to 60 minutes a day.

Figure 10. Parent's Knowledge of Recommended Daily Physical Activity for Children, Matched Sample (n=18)

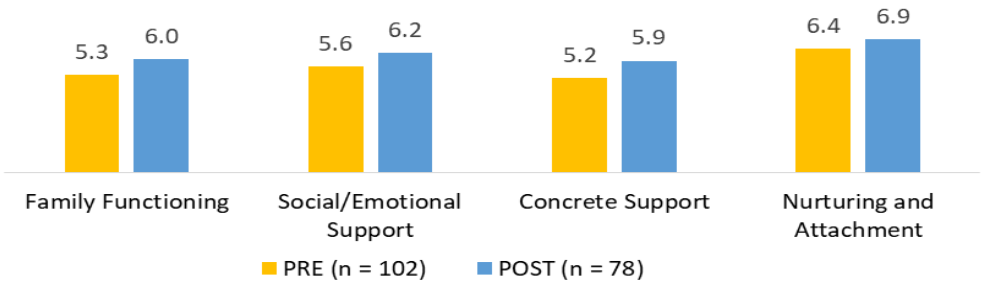


To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors* evaluation form were asked how much they agreed or how often they or their family did a number of things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores more desirable as they represented a higher level of protective factors.

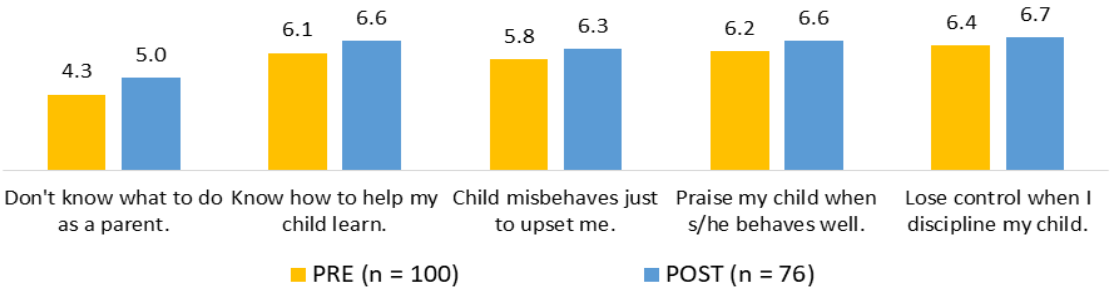
Because the participants for the pre/post were not able to be matched (the FRC sends us summarized data in an e-file), the data are not able to speak to changes in the responses of the same individuals. However, we can see from Figure 11 there was an increase in protective factors from pretest to posttest on all 4 of the subscales, with the Nurturing and Attachment subscale showing the largest increase in protective factors.

Figure 11. Mean Scores for Parents' Protective Factors



For the 5 items in the Knowledge of Parenting area (Figure 12), parents improved their knowledge about all the items covered in this tool. Both the pretest parents and the posttest parents rated "I lose control when I discipline my child" the highest and "I don't know what to do as a parent" the lowest level for protective factors.

Figure 12 Mean Scores for Knowledge of Parenting

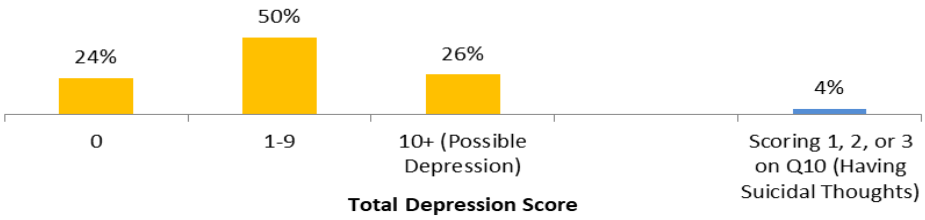


To what extent were women who gave birth identified as depressed and referred for help?

The *Edinburgh Postnatal Depression Scale* is frequently used as a screening tool to see how women are coping with the life changes of pregnancy and childbirth. Their answers on this instrument are quantified and summed to produce a depression score. Women who score 10 or greater, with a maximum possible score of 30, are considered as having possible depression and to be referred to their primary service provider. If a woman answers with a 1 ("hardly ever"), 2 ("sometimes"), or 3 ("yes, quite often") on *Question 10* (the one about harming oneself), an immediate assessment is required. Respondents can also choose the option of 0 ("never").

Of the 50 women evaluated by the project using this tool, 13 (26%) scored over 10 which indicated possible depression (Figure 13). Half of the women (46.6%) scored below a 10 but above a 1, indicating mood swings that new mothers may normally experience. Two of the mothers, however, responded in a way that suggested *possible* suicidal thoughts had occurred and who should be referred for immediate further assessment.

Figure 13. Edinburgh Postnatal Depression Scale (*n* = 50)



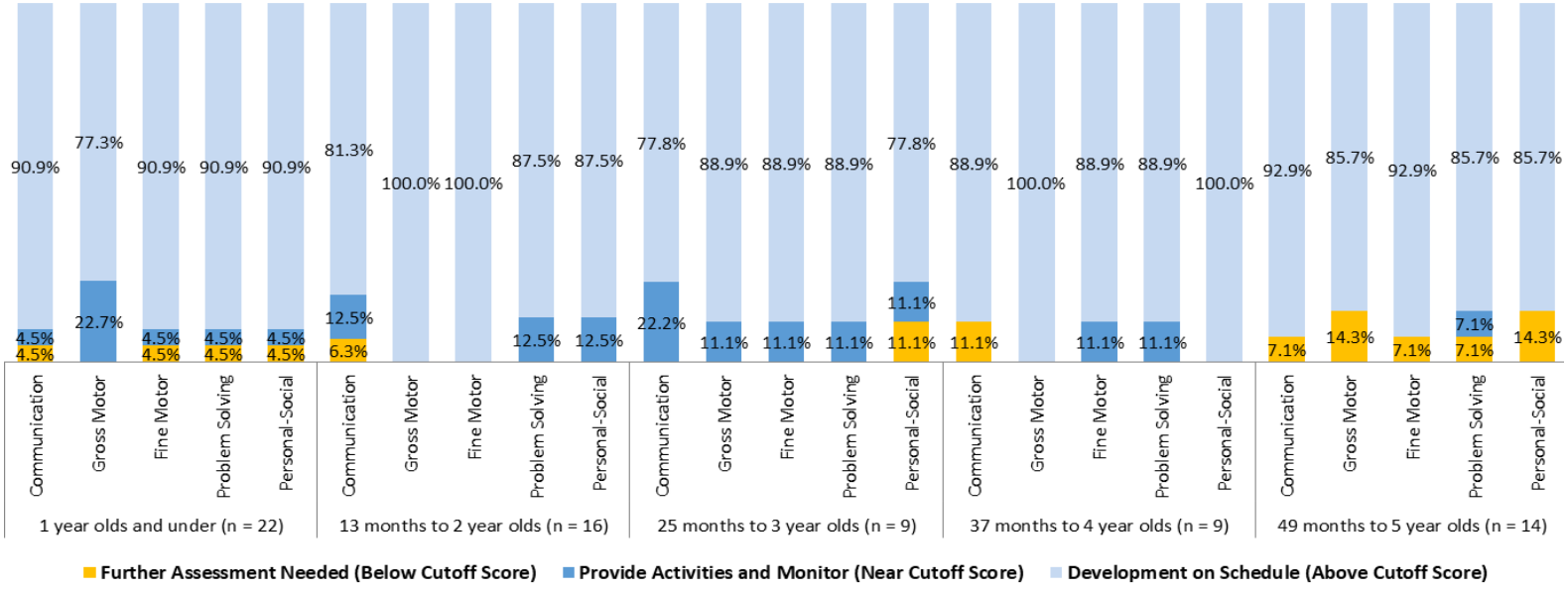
To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. The *ASQ* screening tools provide a means of assessing these concerns. A total of 70 children were assessed for their social and emotional development using the ASQ-3 questionnaire. Children who scored below the cutoff score (coded in yellow in Figure 14) were to be referred to a professional for further assessment. Children who scored in the midrange or near the cutoff score (coded in dark blue) were to be monitored closer and provided with additional learning activities and monitoring. The children who scored above the cutoff scores (coded in light blue) were considered to be developing on schedule and did not need further evaluation.

Although most of the children scored above the cutoff and were considered to be developing on schedule (from 87.1% of the children in the Communication domain to 92.9% of the children in the Fine Motor domain), there were a few children in every domain who needed further help.

Looking at these children by age, all age groups had children who scored below the cutoff score in one or more domain and required further professional assessment. The oldest age group of 49 months to 5-year-olds had the most children scoring below the cutoffs in the Gross Motor domain (14.3%) and the Personal Social domain (14.3%).

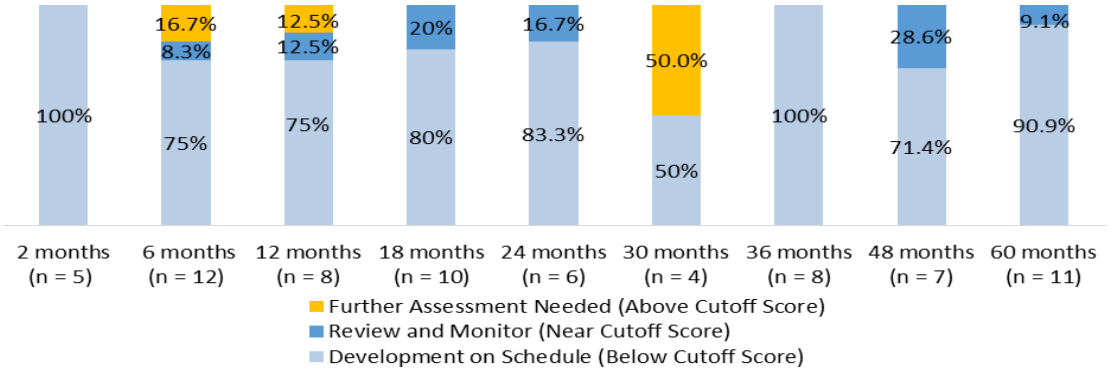
Figure 14. Percentage of Children Below, Near or Exceeding ASQ-3 Cutoff Score (n=70)



The children were also assessed for their social and emotional development with the ASQ SE 2 (Figure 15); 58 of them (81.7%) scored below their age group's cutoff score and were considered to be on schedule with their social and emotional development. Eight of them (11.3%) scored near the cutoff and were to be reviewed and monitored closer, and 5 of them (7.0%) scored above the cutoff and warranted further professional assessment.

Looking at the children by age group, all in the 2 months and the 36 months groups scored below the cutoff and midrange and were considered to be developing on schedule. Contrary to that, there were children in the 6 months (16.7%), 12 months (12.5%), and 30 months (50%) who scored above the cutoff (yellow portion of the bar graph) and required further professional assessment.

Figure 15. Percentage of Children Below, Near or Exceeding ASQ-SE 2 Cutoff Score (n=71)



To what extent did children and adults present with adverse childhood experiences (ACES)?

For the introduction of ACES and its importance, please see the information we presented in pages 10-13 of this evaluation report. Grantee-specific findings are described below.

Children

Table 8. Number of ACES (Part 1) Experienced by the Children of First 5 Parents/Caregivers (n=81)

Number of ACES	Percent
0	60.5%
1	17.3%
2	8.6%
3	4.9%
4	1.2%
5	6.2%
6	0.0%
7	0.0%
8	1.2%
9	0.0%
10	0.0%

Score of 0 = Low risk

Score of 1-3 without associated health condition = Intermediate risk
Score of 1-3 with assoicated health condition = High risk

Score of 4+ with or without health condition = High risk (5.5%)

Table 9. Number of ACES (Part 2) Experienced by the Children of First 5 Parents/Caregivers (n=78)

Number of ACES	Percent
0	83.3%
1	9.0%
2	6.4%
3	0.0%
4	1.3%
5	0.0%
6	0.0%
7	0.0%
8	0.0%
9	0.0%
10	0.0%

There are 2 parts to the pediatric ACES screening tool. Cutler-Orosi FRC chose to use the de-identified version of the tool which means we only know the total number of ACES the parents reported for the items asked about, not which of those items was marked. Thus, in Tables 8 and 9 above we can see the majority of the children were reported to have no ACES experience, while 30.8% of them did have between 1 and 3 ACES for the Part 1 items, and 15.4% had between 1 and 3 ACES for the Part 2 items.

Adults

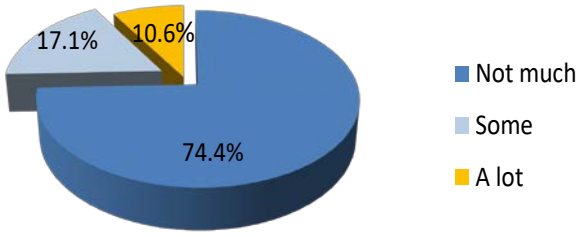
Table 10 shows that while one-third of the adults reported having no ACES experiences when they were children, 50% of them said they had 1 to 3 ACES, and 17% had experienced 4 or more ACES, which is considered as high risk for toxic stress physiology. (Note: we do not have information about associated health conditions.)

Table 10. Number of ACES Experienced by the First 5 Parents/Caregivers (n=88)

Number of ACES	Percent
0	33.0%
1	22.7%
2	18.2%
3	9.1%
4	5.7%
5	5.7%
6	2.3%
7	1.1%
8	2.3%
9	0.0%
10	0.0%

The ACES tool also asks adult respondents whether they believe these experiences affected their health. According to these First 5 clients, three-quarters (74.4%) thought the impact was minimal ("not much"), 17.1% believed there was "some" affect, and 10.6% considered that the experience had greatly ("a lot") affected their health (Figure 16).

Figure 16. Extent to Which Parents/Caregivers Believed the ACES they Experienced Affected their Health (n=82)



To what extent did children show increased skills in a range of developmental areas?

Raters completed individual assessments of the children on 29 different developmental measures in five domain areas using the DRDP (2015) Infant/Toddler - Comprehensive View. Looking at the pattern across each of the 5 domains (Table 11), there were positive changes from the pre- to the post-assessments.

Although the children did not receive any "building" ratings (the highest developmental level descriptors), the children received more "exploring" ratings on the post-assessments as they, appropriately, were moving in that direction from the "responding" ratings (the lowest developmental level descriptors) on the posttest than on the pretest. The biggest increase in the "exploring" ratings from pretest to posttest was in the Cognition domain.

Table11. Cutler-Orosi FRC: DRDP Infant Toddler (non-matched sample Pre *N* = 6, Post *N* = 3)

Domain	*Responding*	*Exploring*	*Building*
Approaches to Learning – Self-Regulation (5 Measures)			
PRE	63.3%	36.7%	0%
POST	0%	100%	0%
% Change	-100.0%	172.5%	No Change
Social and Emotional Development (5 Measures)			
PRE	73.3%	26.7%	0%
POST	6.7%	93.3%	0%
% Change	-90.9%	174.5%	No Change
Language and Literacy Development (5 Measures)			
PRE	73.3%	26.7%	0%
POST	26.7%	73.3%	0%
% Change	-63.6%	174.5%	No Change
Cognition, Including Math and Science (6 Measures)			
PRE	75.0%	25.0%	0%
POST	22.2%	77.8%	0%
% Change	-70.4%	211.2%	No Change
Physical Development – Health (8 Measures)			
PRE	58.3%	41.7%	0%
POST	16.7%	83.3%	0%
% Change	-71.4%	99.8%	No Change

Conclusions and Recommendations

The strategies implemented by this project clearly contributed to increased literacy skills of both parents and children. Overall, the parents who participated in this project increased their understanding of the importance of early literacy activities with their children, meeting the evaluation objective for that measure. Families participating in this FRC's programs also showed knowledge gain about positive parenting practices and demonstrated some of the important protective factors that sustain and add resiliency to families.

It was difficult to tell if clients who attend this FRC are frequent users of the library after participating in the early literary component of the program. Their pre/post reports of "never" implied they are not; however, there was a large increase at the posttest of parents saying they had bought or borrowed books, so it's not clear if the borrowing was from the library or from friends and family. In any case, the effect of COVID and library closures should not have been as much of an issue this year as in the past 2 years, so perhaps there are reasons we are not aware of that staff should explore in promoting library use by their families.

We were concerned about one of the findings in the *Parents Helping Parents* questionnaire: parents reported they actually were fighting more with their partners in front of their children, blaming their partner

or children more for their own unhappiness, getting angry more often, and yelling more often at the time of the post-assessment than on the pre-assessment. Although there were only 4 parents who completed this form (which seems like a very low number given the number of parents participating in other portions of the program), this finding suggests where some additional attention might need to be paid in the curriculum in the future.

Taking the nutrition class *My Plate* clearly had benefits for the FRC's participants: they not only increased knowledge about healthy food and exercise choices but more positive behaviors in *applying* that knowledge in selecting and preparing food items.

Because the respondents for the pretest and posttest of the *Protective Factors Survey* were not matched, the data were not able to speak to changes in the responses of the same individuals. However, it looks like there was a general trend with parents reporting an increase in protective factors on all of the subscales and on all the items in the Knowledge of Parenting area.

The majority of parents who completed the *SafeCare* modules appreciated and responded positively to the program training, demonstrating impressive evidence across all four modules in knowledge change about parenting practices and child health and safety information. The only suggestion we need to make here is that when copies of the evaluation forms are sent to us, staff should check for duplicates; this year we received two sets of duplicate forms (the same clients twice) for the Parent-Infant Interaction module.

The *Edinburgh Postnatal Depression Scale* scores suggest it was effective in detecting maternal postpartum mood swings and/or depression in about one-third of the women evaluated, demonstrating the value in identifying women who may need extra psychological or emotional support after giving birth.

The implementation of the *ACES* screening tool this year seems particularly valuable in documenting the parents'/caregivers' negative childhood experiences. Many of the life events they experienced mirrored other Tulare County First 5 parents, and the detailed information we provided in the graphs should help guide the counseling staff in developing prevention strategies and program interventions.

FAMILY SERVICES OF TULARE COUNTY
Addressing Childhood Trauma (A.C.T.)

"I really liked the co-parenting videos. I could see myself in the videos which is not good." - Dad of a 4-year-old child

"I recognized that I often play the victim card and I'm working on not being a victim." - Parent participant

Project Purpose and Evaluation Design

This program serves parents at higher risk for violence or high intensity conflict with the co-parent who were divorced/not still living together (the "co-parents group") as well as divorcing, non-custodial parents (referred to as the "supervised visits" group). Some are court ordered to attend. The supervised visits occur at CHAT House (Child Abuse Treatment House) a Supervised Visitation Center. The Center provides a safe, neutral location for contacts between a child and a non-custodial parent.

Primary Objective	Measured by
Parent ability to adopt a cordial relationship and effective parenting skills during divorce or separation	Whether court-ordered or volunteering to attend, co-parents completed a Boyan-Termini or *Two Families Now* questionnaire, respectively, and a *Supervised Visits Satisfaction Survey* before and after their intervention.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The number of reports of suspected and substantiated child abuse cases, and the rate of substantiated reports per 1,000 children.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

The program learned that running the groups remotely worked out better than expected and now will continue to offer them virtually as well as in person. According to the therapists, the smaller group size has gotten the participants to be more verbal. Additionally, having sessions as a group has been valuable for open discussions (rules include safety and confidentiality) and hearing other perspectives that let the parents know they are not alone in their struggles. As the curriculum is child-focused, some participants are able to increase their understanding and awareness that some past decisions have been detrimental to the children. The groups foster accountability and provide healthier communication tools.

Evaluation Results

To what extent did parents going through divorce demonstrate increased parenting skills and relationship with the child's other parent?

This year, a few of the co-parenting parents completed the same tool that has always been used in this program (the Boyan Termini tool), but most completed the Two Families Now tool, a modified version of the former tool. (The "Two Families" parents participate as volunteers and the others are court ordered. Next year, couples attending both programs will use the same tool, Two Families.) The parents from both groups were asked to rate their overall relationship with their child's other parent on a scale of 1 to 8, with 1 being "extremely hostile" and 8 being "very friendly." The improvement in attitude of the court-ordered group, with a mean percentage change of 23.5%, was statistically significant while the volunteer group change was not (Table 1).

Table 1. Parents' Rating of Overall Relationship with Their Child's Other Parent, Matched Sample

Please rate your overall relationship with your child's other parent.	Pre		Post		% Change
	M	*SD*	*M*	*SD*	
Using the Boyan Termini tool (n=24)	3.8	2.0	4.7	2.4	23.7%*
Using the Two Families Now tool (n=28)	4.7	1.7	5.2	1.7	10.6%

Note. Item mean scores reflect the range of response choices from 1 to 8 with 1 meaning *extremely hostile* and 8 meaning *very friendly*.
*$p < .05$.

Looking at the Two Families Now tool—since it will be the only one used going forward—Questions 2 through 5 asked respondents to self-rate their ability on a variety of cooperative parenting behaviors. Using a scale of 1 to 10, parents believed that their cooperative parenting abilities were above average and near excellent at the beginning of the program ($M = 8.0$), so there was little room for improvement after participating in the program ($M = 8.2$). The difference in the pretest to posttest mean was not statistically significant.

Questions 6 through 13 addressed how often parents engaged in certain co-parenting behaviors using the same scale of 1 to 10. For the positive behaviors, questions 6-9, parents reported initially they were somewhere in the middle ($M = 6.0$) regarding how often they participated in these behaviors. After the program, these same parents said they were *less* likely to exhibit the positive behaviors ($M = 6.7$). The change, however, was not statistically significant. Looking at the reported negative behaviors (questions 10-13), the percentage change of 20.0% after the program was statistically significant.

Table 2. Parents' Rating of Cooperative Parenting – Two Families Survey, Matched Sample (n=23)

Survey Questions	*n*	Pre		Post		%
		M	*SD*	*M*	*SD*	Change
Please rate your ability to:						
2. Communicate with your child's other parent in matters regarding your child.	28	6.8	2.8	6.9	2.9	1.5%
3. Control your anger when interacting with your child's other parent.	28	8.5	2.0	8.9	1.5	4.7%
4. Use negotiation skills when interacting with your child's other parent.	28	7.6	2.2	8.1	2.0	6.6%
5. Keep your child shielded from parental conflict.	28	9.0	1.5	8.9	1.9	-1.1%
Overall Mean for Ability Questions 2 - 5	**28**	**8.0**	**1.7**	**8.2**	**1.6**	**2.5%**

Table continues on next page

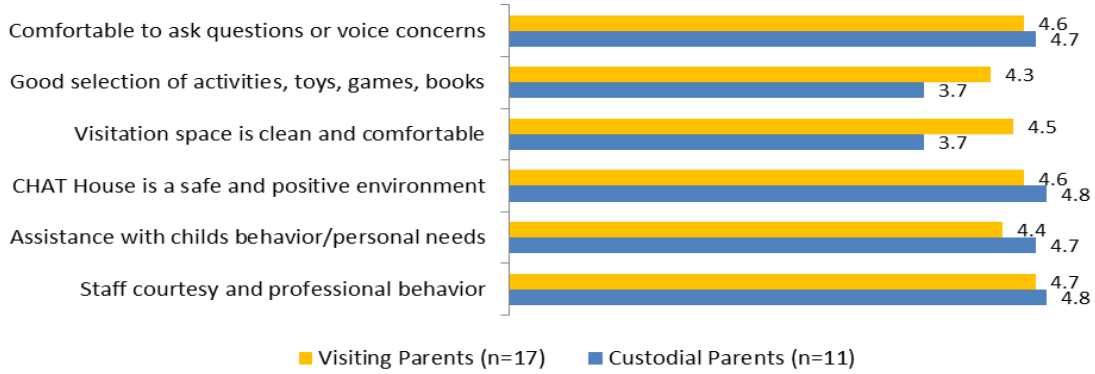
How often do you participate in the following behaviors:						
6. Cooperate with your child's other parent on establishing mutually acceptable guidelines and agreements.	28	7.7	3.5	8.9	2.3	15.6%
7. Make negative comments about your child's other parent in front of your child.	28	7.5	3.9	9.1	2.5	21.3%*
8. Ask your child questions about the other parent's personal life.	28	7.5	3.9	9.1	2.5	21.3%*
9. Ask your child to relay messages or pass notes to the other parent.	28	7.4	3.8	8.7	2.5	17.6%
Overall Mean for Negative Co-parenting Questions 6 – 9	**28**	**7.5**	**3.6**	**9.0**	**2.5**	**20.0%***
10. Argue with your child's other parent in front of your child.	28	8.6	2.4	9.4	1.2	9.3%*
11. Encourage your child/children to stay in contact with the other parent.	28	6.6	3.5	6.7	3.8	1.5%
12. Say something positive about the other parent to your child/children.	28	5.2	3.7	6.2	3.6	19.2%
13. Cooperate with your child's other parent regarding custody changes/transitions between households.	27	5.8	3.8	7.0	3.7	20.7%
Overall Mean for Positive Co-parenting Questions 10 – 13	**28**	**6.0**	**3.1**	**6.7**	**3.2**	**11.7%**

Note. For Questions 2 – 5, item mean scores reflect the range of response choices from 1 to 10 with 1 meaning *poor* and 10 meaning *excellent* (higher scale ratings indicate better ability).
For Questions 6 – 13, item mean scores reflect the range of response choices from 1 to 10 with 1 meaning *always* and 10 meaning *never* (higher scale ratings indicate less participation in the behavior being asked).*$p < .05$.

How Satisfied were Parents with the Supervised Visitation Experience?

A total of 17 visiting (the non-custodial parent) and 11 custodial parents who participated in the supervised visits program submitted completed satisfaction surveys. This year, both groups of parents expressed about the same level of satisfaction on the items shown in Figure 1. As in all past years, more of the custodial parents were relatively unhappy with the cleanliness and comfort of the visitation space, and really rated the selection of activities, toys, books and games in low regard.

Figure 1. Satisfaction with Visitation Services (n=28)



Overall average satisfaction: Visiting Parents = 4.5; Custodial Parents = 4.4

Responses on a 1-to-5 scale where 5 = Strongly Agree; 4 = Agree; 3 = Disagree; 2 = Strongly Disagree; 1 = Not applicable.

Most of the parents provided additional feedback about the program in the form of written comments. Similar to previous years, the most frequent comment about the benefit of the program from both categories of parents was being provided a "safe, positive environment" for visiting with their child (Table 1). While no suggestions were made by the custodial parents for how the program could be supportive in

improving the quality of the visits, one of the visiting parents expressed a wish to be able to bring siblings to the visit.

Table 1. Summary of Additional Feedback about Program Benefits and Recommendations[1]

Custodial Parents	Visiting (non-Custodial) Parents
Perceived Benefits of Having Visits at the CHAT House	
▪ One-on-one time with my child, no distractions ▪ I know my child is well supervised and safe with a social worker here ▪ My child gets my full attention ▪ Amazing staff, my child is in good hands	▪ isolated areas for parents and children to bond, quality time ▪ Many activities and toys for the kids to play with ▪ I trust the staff and feel safe taking my child here ▪ Parenting classes for free, staff give friendly advice
Ways the Program Could Support Parents in Strengthening/Improving Quality of Visits	
Nothing reported	▪ Allow parents to bring siblings to the visit

[1]Comments are verbatim or only slightly edited for clarity or brevity.

Conclusions and Recommendations

It is clear that parents who are served by this program believe it is beneficial for their families and are mostly satisfied with aspects of it. This meets the evaluation goal that "at least 75% of visiting and custodial parents self-report that visitation staff assisted them with addressing their child's behavioral or personal needs in a positive manner." It is of concern, however, that custodial parents, year after year, report relatively low satisfaction with the physical setting—cleanliness/comfort, closed-in spaces—and availability of books, games and toys for the children. We wonder what the opportunities are for making at least some improvements in these areas since these are recurring themes.

The project also met its evaluation goals for parents who participated in the Cooperative Parenting and Divorce curriculum in the sense that the co-parents reported engaging less often in negative behaviors; they did not, however, change in any meaningful enough way engaging in the positive behaviors. Given the difference between being court ordered and volunteering for the program, we would like to look at the two groups of co-parents separately next year (FY 2022-23). Using the same tool ("Two Families Now") for both groups of parents still seems appropriate, but we request program staff add a notation to the form to indicate whether the respondent attends as a "volunteer" or "court ordered" and let us look at any differences.

FAMILY SERVICES OF TULARE COUNTY
Early Mental Health Program

"This is the first time in my entire life that I have felt safe."
- Young mother of two small children

Project Purpose and Evaluation Design

This project provided a range of mental health services—education, screening and referral, treatment interventions—to children and their families, as well as education for professionals, at several organizations and sites throughout Tulare County. This project helps meet the Commission's objective to increase program integration to create an effective system of early mental health care. Four different evaluation tools, captured assessment and outcome data.

Primary Objective	Measured by
Early identification of developmental delays and referral	Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3,* designed to screen children from 1–66 months for early identification and intervention and to identify strengths as well as areas that need work. Children were also evaluated on several behavioral milestones on 5 domains using a *Developmental Milestones and Competency Ratings* tool.
Identification and referral for maternal depression	The *Edinburgh Postnatal Depression Scale* was used to screen for how women were coping with the life changes of pregnancy and childbirth. Their answers were quantified and summed to produce a depression score, including suicide risk.
Identify and support parents in understanding the normal range of child behaviors	The *Eyberg Child Behavior Inventory (ECBI)* was used to assess parental report of behavioral problems in children concerning conduct, aggression and attention.

Relevant Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of families provided with targeted intensive and/or clinical family support and referral services, including home visiting.*
- *The percentage of parents and other caregivers with skills to use effective and appropriate discipline regarding their children's behavioral issues.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

The ongoing lack of resources for everyday practical needs such as living in crowded conditions, not having enough food or warm clothing for family members makes it more challenging for clients to focus on their mental health and the importance of their children meeting milestones or learning parenting skills because of the pressure to "just survive." While this has always been a challenge for some of the agency's clients, the pandemic exacerbated the problems. However, with the development of their own FRC and partnerships with other local FRCs the added layer of support has assisted clients with being consistent with their counseling appointments having their mediate needs being better attended to not only gives them hope and relief but keeps them invested in continuing with services.

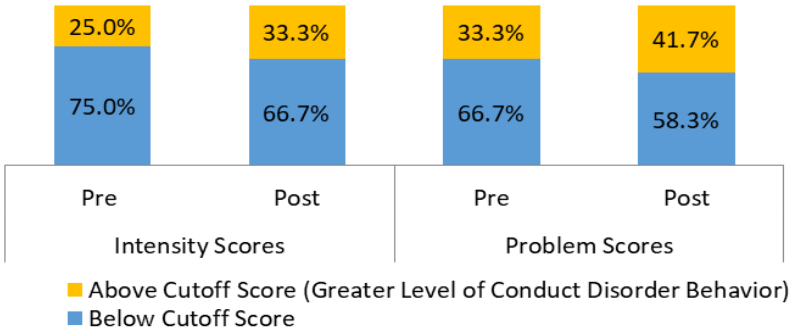
Evaluation Results

How often did parents report problem behaviors in their children and with what impact?

The *Eyberg Child Behavior Inventory* (ECBI) is a parent rating scale assessing child behavior problems. It includes an Intensity Scale, which measures the frequency of each problem behavior and a Problem Scale which reflects parents' tolerance of the behaviors and the distress caused, i.e., the *extent* to which the parent finds the child's behavior troublesome.

Although 66 parents completed the pre-assessment, the matched post-assessment sample size of 12 was used as the basis for the analysis. On the pre-assessment, 25.0% of the children scored at or above the cutoff score on the Intensity items, but at the post-assessment the proportion *rose* to 33% (yellow bars in Figure 1), displaying an increased level of conduct disorder behavior. The pre/post changes on the Problem scale, 33.3% *up* to 41.7%, also indicated more behavioral concerns. Neither change from these scales however was statistically significant ($p > .05$).

Figure 1. Eyberg Child Behavior Inventory
Percentage of Children Exceeding Cutoff Points, Matched Sample (n=12)



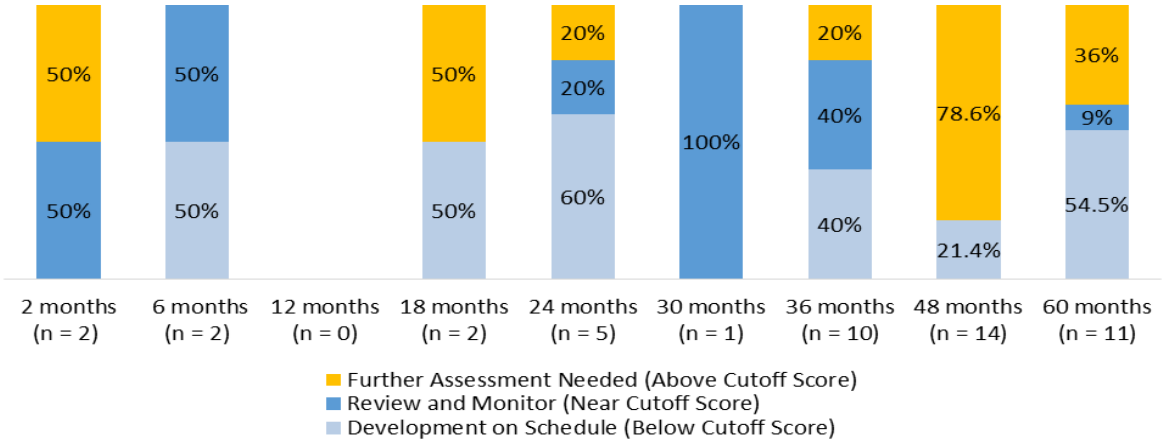
To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. Looking at the entire sample of 47 children from this year for this ASQ version (Figure 2 on the next page), 18 of them (38.3%) scored below their age group's cutoff score and were considered to be on schedule with their social and emotional development, 8 of them (17.0%) scored near the cutoff and were to

be reviewed and monitored closer, and 21 of them (44.7%) scored above the cutoff and warranted further professional assessment.

Based on a child's age, the children were classified into 9 different age groups with each age group having its own cutoff score and midrange criteria. We can see from the color coding in Figure 2, none of the children in the 6 months group or the 30 months group scored above the cutoff score and needed further assessment by a professional. Contrary to that, there were children in the 2 months (50%), 18 months (50%), 24 months (20%), 36 months (20%), 48 months (78.6%), and 60 months (36%) who did score above the cutoff and required further professional assessment (indicated by the yellow bars). A few children in 4 different age groups – 2 months (50%), 24 months (50%), 36 months (40%), and 60 months (9%) - scored close to the cutoff and needed further review and monitoring.

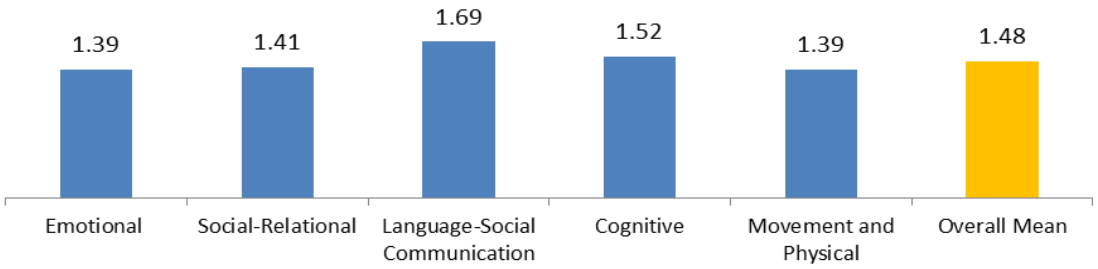
Figure 2. Percentage of Children Below, Near or Exceeding ASQ-SE Cutoff Score (n=47)



Based on their age group, children were also evaluated on other milestones on 5 domains using a *Developmental Milestones and Competency Ratings* tool. A total of 58 children were evaluated this year (only initial assessments are submitted to us).

Ratings for each milestone were on a 3-point scale with higher mean scores being *less* favorable. Figure 3 shows the mean domain score of these ratings. Overall, children were rated the most favorably in hitting the milestones in the Movement and Physical Domain (*M* = 1.39) and the least favorably in hitting the milestones in the Language – Social Communication Domain (*M* = 1.69)—the same findings as last year. The overall mean for all the ages evaluated this year was 1.48, indicating that on average the milestones for the children were about half-way between "fully present" and "inconsistently present or emerging."

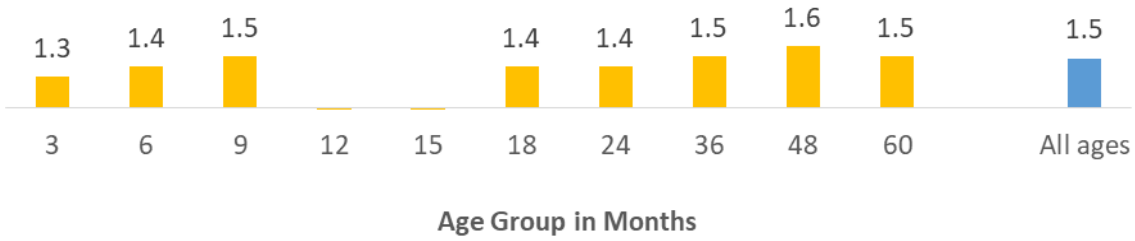
Figure 3. Average Developmental Milestones & Competency Ratings Domain (n=58)



Note: 1 = fully present, 2 = inconsistently present or emerging, and 3 = absent.

Looking at the children by their age group (see Figure 4), children in the 48 months age group (*n* = 15) were evaluated as the least favorably (*M* = 1.6) and children in the 3 months age group (*n* = 3) as most favorably (*M* = 1.3). There were no children in the 12 or 14 months age group or the 15 months age group for this year.

Figure 4. Developmental Milestones and Competency Ratings, Overall Means by Age Group (n=58)



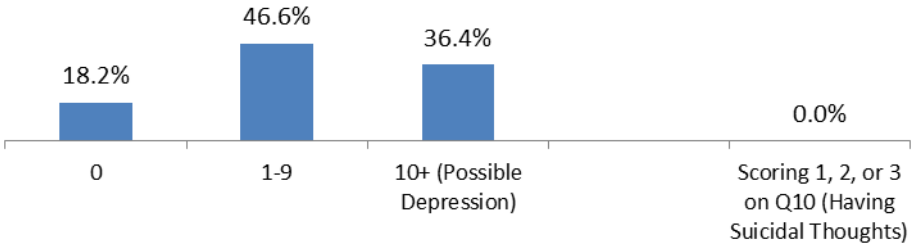
Note: 1 = fully present, 2 = inconsistently present or emerging, and 3 = absent.

To what extent were women who gave birth identified as depressed and referred for help?

The *Edinburgh Postnatal Depression Scale* is frequently used as a screening tool to see how women are coping with the life changes of pregnancy and childbirth. Their answers on this instrument are quantified and summed to produce a depression score. Women who score 10 or greater, with a maximum possible score of 30, are considered as having possible depression and to be referred to their primary service provider. If a woman answers with a 1 ("hardly ever"), 2 ("sometimes"), or 3 ("yes, quite often") on *Question 10* (the one about harming oneself), an immediate assessment is required. Respondents can also choose the option of 0 ("never").

This year, 11 women were rated by the project using this tool. As Figure 5 shows, 4 of the women (36.4%) scored over 10 which indicated possible depression. Five of the women (46.6%) scored below a 10 but above a 1, indicating mood swings that new mothers may normally experience. None of the mothers, however, responded in a way that suggested *possible suicidal thoughts* had occurred and should be referred for immediate further assessment.

Figure 5. Edinburgh Postnatal Depression Scale (*n* = 11)



Conclusions and Recommendations

This project continues to offer an essential resource for families with children for whom early mental health issues are a concern and for new mothers who may be suffering postpartum depression. The results of the Child Behavior Inventory are again troubling this year in that the matched sample of children exhibited *more* behavioral concerns after families worked with the therapists. We are not sure why this is the case. It could be that the families who showed up for the post-assessment (or whose initial assessments put the children in a follow-up category) were the more "problematic" to begin with and needed more assistance from the program.

If there is such a large difference in the number of pre's than matched pre/posts next year, we plan to analyze the samples separately since this phenomenon has occurred two years in a row now. The ASQ assessments continue to demonstrate the extent of need for the unique services this organization provides for Tulare County children and their families.

The Language–Social Communication domain in the children's developmental milestones evaluated is now for the 4th year in a row the area we suggest therapists/staff focus more on—and the cognitive domain as well—in helping children reach competency. We would appreciate having the program's perspective on this continuing finding.

The *Edinburgh Postnatal Depression Scale* scores suggest it was used effectively in detecting maternal postpartum mood swings and/or depression for the women evaluated, demonstrating the value in identifying women who may need extra psychological or emotional support after giving birth.

FAMILY SERVICES OF TULARE COUNTY
Goshen Family Resource Center

"I felt defeated and had lost hope in being able to find a place that provided resources and support [until I came here]." - Program participant

Project Purpose and Evaluation Design

This new Family Resource Center offered a comprehensive range of early childhood education services, including offering parent workshops, facilitating access to services, actively engaging parents in early development activities with their children, and helping parents have access to information about services, child care, substance abuse, and other topics to improve family functioning.

Primary Objective	Measured by
Parent knowledge gain about child development including health and safety	Parents, including teen parents, who participated in the 4-module workshops completed *Workshop Pre/Post Questionnaires* we developed to assess knowledge change at the end of each workshop.
Build protective and promotive factors that strengthen families	*Protective Factors* focused on building protective and promotive factors to reduce risk and create optimal child and family outcomes. Parents responded to the 20-item pre/post questionnaire about their family such as Family Functioning/ Resiliency, Knowledge of Parenting and Child Development and Nurturing and Attachment. Parents were to have completed the pre/post tool *Nurturing Parenting* that utilize a 5-point Likert scale to rate understanding and agreement about 14 items, but this tool was not able to be administered this year.
Identify adverse childhood experiences and refer or provide intervention	The *ACES Screening* tool, designed by the CDC and Kaiser, asked parents about 10 different children's experiences, and was administered at least once during the year.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of parents who are concerned their child is at risk of developmental delay.*
- *The percent of reports of suspected child abuse and neglect and the percent of substantiated cases.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

The grantee shared the story of a mother who arrived "feeling defeated" because she'd been told by her family doctor her toddler was displaying speech issues. With low income and unreliable transportation, she didn't know where to turn until she discovered the FRC. The case manager provided the mother with books and art materials and craft items needed for therapy and linked her with a speech pathologist at Family HealthCare Network. Besides the mother's own perseverance, the constant follow-up from staff and working partnership with FHCN—and books and other materials made available from First 5—were major factors in the success this parent has achieved.

Evaluation Results

To what extent did parents learn important child health and safety information and parenting skills?

The results of the 4 workshops the FRC delivered this year—ranging from 3-6 participants—are shown combined into Table 1 that starts on this page. Each workshop is discussed separately in more detail following the table.

Table 1. Percent of Parents Answering Workshop Questions Correctly

Survey Statement	Pre	Post	% Change
	M	*SD*	
PARENTING WORKSHOP (n=6)			
1. Children can develop secure attachment relationships to more than one adult.	50.0%	16.7%	-66.6%
2. Children need discipline that hurts a little so that they will remember the lesson later.	100%	100%	No Change
3. Children shouldn't always get their way, but we should listen to what they have to say.	83.3%	83.3%	No Change
4. If parents provide a good environment, children will pretty much raise themselves.	66.7%	83.3%	24.9%
5. Children need to learn what they may or may not do, but we don't have to use punishment to teach.	100%	100%	No Change
6. Children take advantage of you if you're too nice to them.	83.3%	100%	20.0%
7. Parents are a child's first teacher.	100%	100%	No Change
CHILD SAFETY WORKSHOP (n=5)			
True/False			
1. Children can develop secure attachment relationships to more than one adult.	100%	100%	No Change
2. Children need discipline that hurts a little so that they will remember the lesson later.	100%	100%	No Change
3. Children shouldn't always get their way, but we should listen to what they have to say.	100%	100%	No Change
4. If parents provide a good environment, children will pretty much raise themselves.	100%	80.0%	-20.0%
5. Children need to learn what they may or may not do, but we don't have to use punishment to teach.	100%	100%	No Change
6. Children take advantage of you if you're too nice to them.	100%	100%	No Change
7. Parents are a child's first teacher.	0%	0%	No Change
8. Child safety helmets aren't necessary when riding bicycles or tractors if your child took a safety class.	20.0%	20.0%	No Change
Multiple Choice			
9. Which of these is NOT true about carbon monoxide (MO) alarms: If you have an MO alarm in your house you do not need any smoke alarms.	0%	0%	No Change
10. The main job of a child protection worker is: Protect the rights and safety of children.	80.0%	60.0%	-25.0%
11. Which one of the following is NOT true about home safety: Door locks are bad because they can't be opened quickly by an adult in case of emergency.	40.0%	20.0%	-50.0%
12. Young children are safest when riding: In the back seat.	80.0%	60.0%	-25.0%
13. If you have a small grease fire, what is the best way to fight it: A fire extinguisher.	40.0%	60.0%	50.0%

Table continues on next page

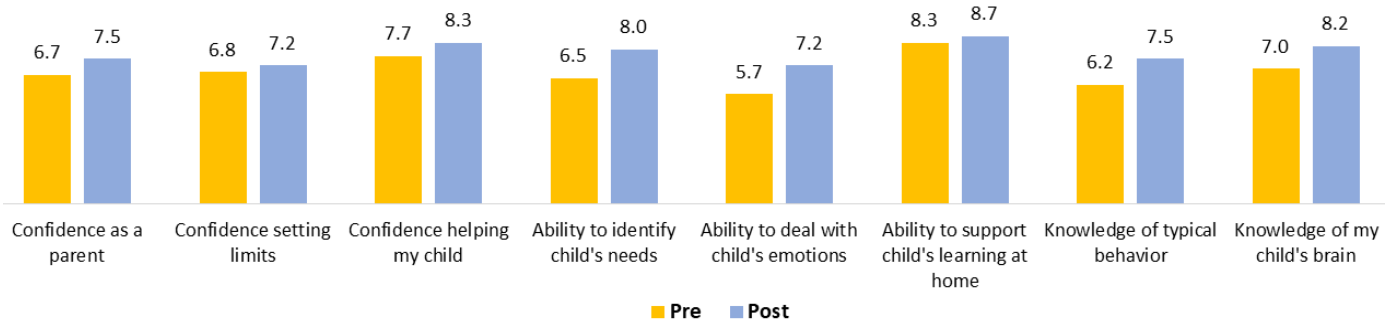
Survey Statement	Pre	Post	% Change
	M	*SD*	
SELF-ADVOCACY AND EMPOWERMENT WORKSHOP (n=3)			
True/False			
1. Self-advocacy means you are able to ask for what you need and want.	100%	100%	No Change
2. You have the right to be involved in decision-making in your child's school/preschool.	100%	100%	No Change
3. Empowerment means using your power to get ahead of other people.	66.7%	66.7%	No Change
4. Expressing yourself clearly will offend most people.	0%	0%	No Change
5. Education is one form of empowerment.	100%	100%	No Change
6. Standing up for yourself is not a good thing for a marriage.	100%	100%	No Change
7. To empower children is to guide them to feel valued and capable.	100%	100%	No Change
Multiple Choice			
8. Which of the following are self-advocacy skills: All of the above.	100%	100%	No Change
9. Which one of these is NOT a way to improve self-advocacy: Practice remaining silent	100%	100%	No Change
10. How should a person NOT empower themselves: Use dessert as a reward.	100%	100%	No Change
11. Which one of these is NOT a way to empower someone else: Do not get involved.	100%	66.7%	-33.3%
12. Which of the following are ways to empower your child: All of the above.	100%	100%	No Change
HEALTH AND WELLNESS WORKSHOP (n=4)			
True/False			
1. Setting health-related goals takes a lot of time and creates stress.	0%	25%	Inf.
2. Eating nutritious food supports your brain health.	100%	100%	No Change
3. Managing stress should be a big part of a person's mental health plan.	75%	100%	33.3%
4. Sleeping less than 7 hours each night reduces your life expectancy.	75%	100%	33.3%
5. I don't need to talk about my feelings, people close to me know me well enough to understand my wishes.	50%	75%	50.0%
6. Walking at least 15 minutes a day can help boost my mood.	100%	100%	No Change
7. People who regularly eat dinner or breakfast in restaurants double their risk of becoming obese.	75%	100%	33.3%
8. Condoms offer the best protection against sexually transmitted diseases (STDs) that other forms of birth control don't.	75%	100%	33.3%
9. A father's diet before conception plays an important role in a child's health.	50%	100%	100.0%
10. Poor dental health is linked to many serious diseases and conditions.	100%	100%	No Change
Multiple Choice (answers in parentheses)			
11. Eating a healthy diet can help reduce the risk of developing health problems like….	50%	75%	50.0%
12. What is the recommended amount of physical activity for adults per week?	50%	75%	50.0%
13. Which one of the following diseases is not affected by heredity?	75%	75%	No Change
14. Which one of these is NOT a preventive health activity?	100%	100%	No Change
15. Emotional wellness means which of the following:?	50%	75%	50.0%

Workshop Summary

- Most of the parents answered all but 2 of the questions correctly on the *Parenting Workshop* pretest and later on the posttest. Qs1 and 4 were difficult for some of the parents to answer correctly on the pretest. By the posttest, more parents were able to answer Q4 correctly (83.3%) but Q1 was still difficult with only one of the parents (16.7%) answering it correctly. None of the pre/posttest changes was statistically significant.

The parents were also presented with 8 statements about their parenting and asked to rate themselves using a scale of 1 ("very low") to 10 ("very high"). Although not statistically significant, the parents appeared to rate themselves higher on each of the eight statements after participating in the program (Figure 1). For example, on the pretest, parents rated themselves the lowest out of all the statements when asked about their ability to deal with their child's emotions appropriately (*M* = 5.7); this rating increased by the time of the posttest (M=7.2).

Figure 1. Mean Score of Parents' Self-Ratings of Confidence, Parenting Workshop (*n*= 6)



- For the *Self-Advocacy and Empowerment* workshop, the parents answered all but 2 of the questions correctly on both the pre- and the posttest. No parent answered Q4 correctly on either. For Q3, only 2 of the parents answered it correctly on the pretest and this did not change for the posttest. For the multiple choice questions, parents did not have any difficulty answering all 5 questions correctly on the pretest, but on the posttest, 1 parent did not answer Q11 correctly.

- On the true/false questions of the *Health and Wellness* Workshop, 7 were answered correctly by all 4 parents on the pretest and later on the posttest. They had difficulty answering 3 of the 5 multiple choice questions correctly on the pretest but by the posttest, but by the posttest this had improved; none of these changes was statistically significant, however.

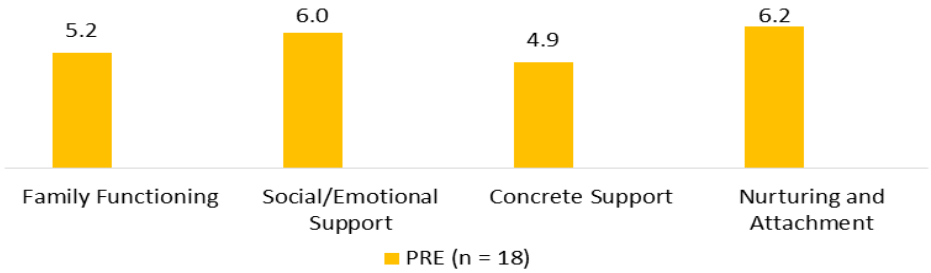
- For the *Child Safety* Workshop, only Qs7 and 8 proved difficult on the pretest, and they remained so for the posttest. For the multiple choice questions, some parents had difficulty answering 3 of the 5 correctly on the pretest, with no parents getting Q9 correct and only 40% of the parents getting Q11 and Q13 correct. On the posttest, Q9 continued to be problematic for the parents with no parent answering it correctly. None of the changes was statistically significant.

To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors Survey* were asked how much they agreed or how often they or their family did a number of things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores more desirable as they represented a higher level of protective factors.

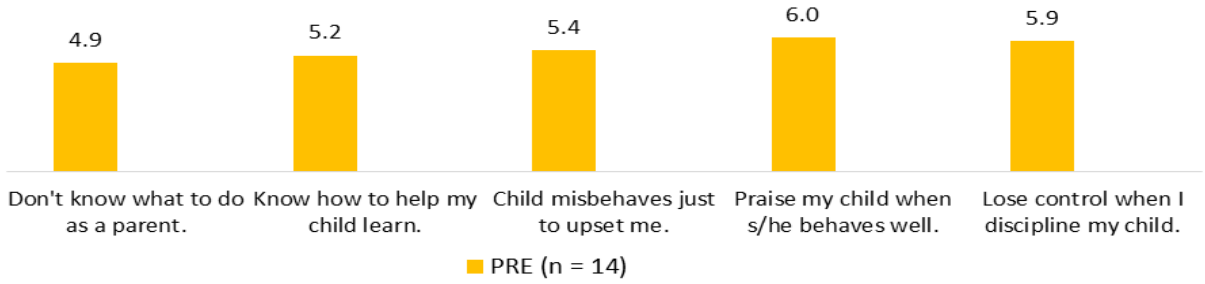
Because there was only one posttest submitted to us this year we were not able to look for any pre-to-post changes in parents' ratings. However, looking at their self-ratings for protective factors (Figure 2 on the next page), we can see that parents regarded their Nurturing and Attachment abilities the most highly and the area associated with Family Functioning as the lowest.

Figure 2. Mean Scores for Parents' Protective Factors



An important indication of their need for knowledge seems suggested by parents' pretest response to "I don't know what to do as a parent," as this item was rated as the lowest in ability (M=4.9). They rated "praising my child" the highest indicating they "very frequently" (*M* = 6.0) praised their children when they behave.

Figure 3. Mean Scores for Knowledge of Parenting



To what extent did adults and children present with adverse childhood experiences (ACES)?

For the introduction of ACES and its importance, please see the information we presented in pages 10-13 of this evaluation report. Grantee-specific findings are described here. As Table 2 indicates, while nearly one-third (30.8%) of the adults reported having no ACES experiences when they were children, about half (48.5%) of them said they had 1 to 3 ACES; only 2.3% (1 person) had experienced 4 or more ACES, which is considered as high risk for toxic stress physiology.

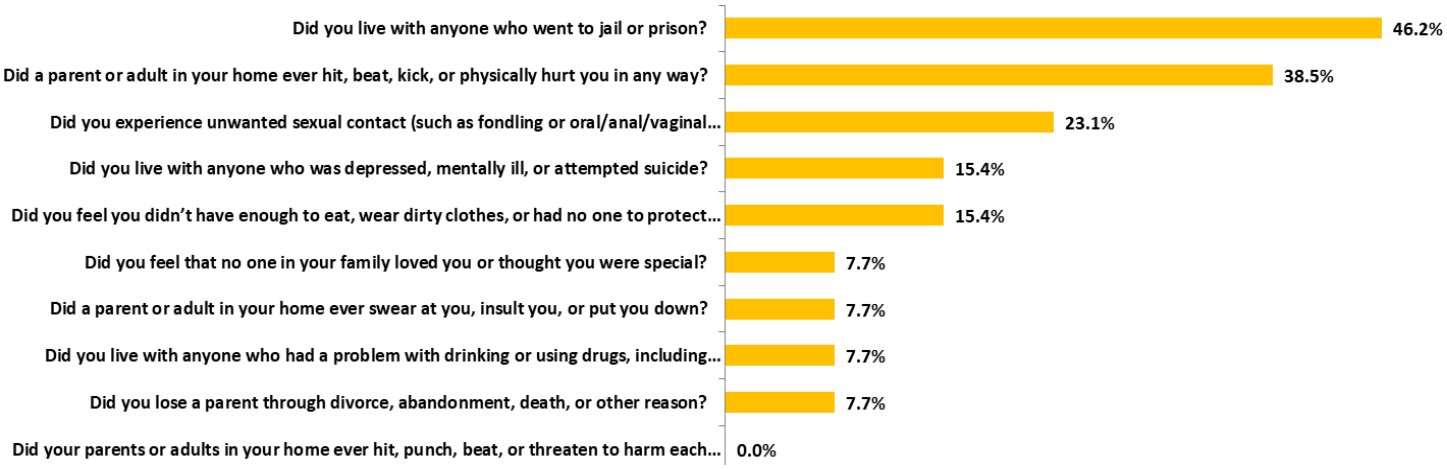
This year, only adults were screened for their ACES experience; the pediatric ACES tool was not used to inquire about any of the children of these adults.

Table 2. Number of ACES Experienced by the First 5 Parents/Caregivers (n=13)

Number of ACES	Percent
0	30.8%
1	15.4%
2	30.8%
3	2.3%
4	2.3%
5	2.3%
6	0.0%
7	0.0%
8	0.0%
9	0.0%
10	0.0%

From Figure 4 we can see which of the ACES was experienced for the most clients. However, as this is a very small sample size (n=13) not too much meaning should be given to these results.

Figure 4. Percent of Parents/Caregivers Who Experienced Each Type of ACES Life Event (n=13)[1]



[1]Clients were instucted to read the questions and "check each ACE category you experienced prior to your 18th birthday."

The ACES tool also asks adult respondents whether they believe these experiences affected their health. However, this portion of the questionnaire was blank on all of the completed forms we received so we do not have this information.

Conclusions and Recommendations

For the most part, the various workshops—which were newly added to the program this year—seemed to lead to increased knowledge; and, in the case of the Parenting Workshop, to an increased confidence in parenting skills. We understand the grantee aligned the workshop content to the questionnaires (this had been discussed and agreed to as the most feasible way of creating content), and if the content—and thus the questionnaires—still seem satisfactory, we suggest continuing to use both during the next year. However, we do suggest staff look at some of the individual questions to see which caused the most trouble—and which failed to achieve much increase on the posttest—and adjust the curriculum content accordingly to emphasize those areas of learning. We make the same recommendation for the areas of concern highlighted in the Protective Factors results as well.

Goshen FRC should ask staff to ensure that the ACES tool that asks adults to rate the impact ACES experiences had on them is filled in that there will be a fuller picture from the screening.

TULARE CITY SCHOOL DISTRICT
Comprehensive School Readiness Program

"I used to do assessments in a home visiting program where I worked before….so I'm excited to see that family needs assessments are conducted here with our preschool parents."
— A preschool advisory member parent

Project Purpose and Evaluation Design

This comprehensive school readiness program assisted children in becoming personally, socially and physically competent, effective learners and ready to transition into kindergarten. The special services preschool portion served 3-5 year-olds with moderate to severe language and/or articulation delays.

Primary Objective	Measured by
School readiness by showing increased skills in a range of developmental areas	The *DRDP-Revised* (Desired Results Developmental Profile), designed by the California Department of Education, was administered by teachers within 60 calendar days of the child's first day of enrollment in the program (fall = pre) and every six months thereafter (spring = post). The tool helps teaches create individualized learning plans for children.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of 3-5 year olds enrolled in or who regularly attend pre-K programs.*
- *The percent of parents who are concerned their child is at risk of developmental delay in mental health development.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

Despite school closures elsewhere, the district preschool programs were fully enrolled this year, with wait lists for open slots. Keeping up enrollment avoided loss of classroom time so many other children in Tulare County suffered. Use of a Daily Health Card through the Learning Genie app allowed parents to know someone was looking at the health of all students daily and making decisions that would keep the children safe during the pandemic. The partnership with the K-8 district staff health team also helps in sustaining enrollment for all students. Working with parents in the preschool advisory group has helped the district understand the value parents place on what the program is trying to accomplish.

Evaluation Results

To what extent did preschoolers show increased skills in a range of developmental areas?

Using the DRDP (2015) Preschool – Fundamental View, raters completed individual assessments of the children for 44 different developmental measures in 6 domain areas. With one exception, the pattern across all of the DRDP ratings was positive as evident by the positive percentage changes for each of the domains (Table 1). The largest percentage change (at 118.4%) was in the Approaches to Learning-Self-Regulation domain where the percentage of "building" or above ratings increased from 25.0% at the pre-assessment to 54.6% at the post-assessment. The smallest percentage change (at 63.1%) was seen for the Physical Development domain where the percentage earlier, 41.7%, increased to 68.0% at the later assessment. These changes were statistically significant.

There was a negative percentage change of -4.0% for the English Language domain with only those children who were considered "English Language Learners" evaluated on four measures in the English Language domain. For this year, the change was not statistically significant.

Table 1. Tulare City Schools DRDP Preschool Age (non-matched sample)

	Percentage of Ratings Scoring at the "Building" or "Integrating" Levels		
Domains	**Pre**	**Post**	**% Change**
Approaches to Learning–Self-Regulation	25.0%	54.6%	118.4%
Social and Emotional Development	28.5%	60.7%	113.0%
Language and Literacy Development	28.4%	57.2%	101.4%
Cognition, Including Math and Science	25.5%	51.8%	103.1%
Physical Development – Health	41.7%	68.0%	63.1%
English Language*	40.0%	38.4%	-4.0%
Composite of All Domains*	**(31.5%)**	**(55.1%)**	**(74.9%)**

*Only those children who were English language learners were evaluated on these measures.

**The composite was calculated as the sum of the domains' percentages divided by the number of domains (in this case, 6) because each domain is of equal importance, regardless of whether it has only 4 measures (i.e., English Language) or 10 measures (i.e., Language and Literacy). Doing it this way, the results from each domain contributed equally to the composite.

Conclusions and Recommendations

Overall, the preschool children's developmental areas from all of the school sites showed improvement between pre- and post-assessments. The positive percentage change between the two periods in the Approaches to Learning – Self-Regulation domain, similar to the last 2 years, was particularly favorable. The gains made in early childhood development indicated by these data also endorse the linkage to the training and work of teachers and other preschool staff which was, again, challenging this year due to the protracted pandemic.

PARENTING NETWORK, INC.
Visalia, Porterville and Dinuba Family Resource Centers

"I can't believe all the resources that are out here and the help you guys provided. We were not even going to be able to have a turkey [at Thanksgiving] but your help changes all that." - Program participant

Project Purpose and Evaluation Design

Projects at all 3 sites, Visalia, Porterville and Dinuba FRCs, expected to provide the same range of support and education services to families, including referrals for children's preventive health services such as immunizations and dental visits, and offered parent education classes to improve knowledge and parenting skills. The agency collects data for First 5 with the following tools (though not all of them were able to be administered this year, or at every FRC site):

Primary Objective	Measured by
Parent knowledge about child health and home safety	The 3-module *SafeCare*, an evidence-based home visitation program was used to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained observers rated various factors associated with the modules on a pre/post basis. Parents completed a satisfaction survey at the end of each module.
Parent learning about and how to apply conflict management skills	The evidence-based and skill-based interactive *Parenting Wisely* program that focused on conflict management and improving parental communication used a 34 multiple choice and scaled questionnaire to examine improvement.
Build protective and promotive factors that strengthen families	*Protective Factors* focused on building protective and promotive factors to reduce risk and create optimal child and family outcomes. Parents responded to a 20-item pre/post questionnaire about their family such as Family Functioning/ Resiliency, Knowledge of Parenting and Child Development and Nurturing and Attachment. Parents were also to also complete the pre/post tool *Nurturing Parenting* that utilizes a 5-point Likert scale to rate understanding and agreement about 14 items, but the tool was not able to administered this year.

Improve father-child interaction and parent knowledge and skills	The evidence-based Project Fatherhood programs, *24/7 Dad* and *On My Shoulders* gave fathers an opportunity to connect better with their children and play a more meaningful role in their lives. The 14-session workshops emphasized the well-being of the child and use group leaders to encourage learning in a supportive non-judgment environment. *On My Shoulders* captured before/after data regarding knowledge, attitudes, confidence and parenting behaviors.
Help parents manage the stress of divorce and separation and mitigate the negative effect it can have on their children.	*Children in Between*, developed by the Center on Divorce, teaches usable skills through a 4-hour online course (with 30 days access), using a 22-question pre/post quiz.
Identify adverse childhood experiences and refer or provide intervention	The *ACES Screening* tool asked parents about 10 different children's experiences, as well as their own childhood experiences, and was administered once during the year.

Strategic Plan Indicators

The following indicators have the most relevance to this project overall within the Commission's Strategic Plan Primary Result Areas.

- *The availability of culturally and linguistically appropriate parent education services in locations easily accessible to parents.*
- *The percent of parents who increase their knowledge about improving family functioning.*

We report first on the evaluation findings of the Visalia FRC, followed by Porterville and Dinuba FRCs. The ACES screening results, which are presented separately for Visalia and Porterville (Dinuba did not submit any ACES this year), can be found at the end of the Parenting Network section of the report, following the Dinuba section (see page 66).

VISALIA FRC

Program Highlight

The program highlight below, submitted by the grantee for the Visalia FRC, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

One of the special features of this FRC is its Parent Café program. These support groups are offered to all Tulare County families who are parenting a child with special needs. Classes are offered in English and Spanish and each month are rotated between parent-to-parent groups and training workshops. Based on parent request, an example of the latter was offering the well-received Turning Three—What Happens Next? *training session. Additionally, the grantee shared that Project Fatherhood, which graduated 8 fathers in the first half of the year, included VUSD administrators and the CWS Deputy Director in attendance for the ceremony. This program continues to impact men, such as some who've been released from prison and want support and guidance to gain successful custody arrangements, get connected to parenting classes and other resources that can help.*

Evaluation Results

To what extent did parent-child interaction, and recognition and behavior about children's health and illness and home safety improve, and how satisfied were parents with the program?

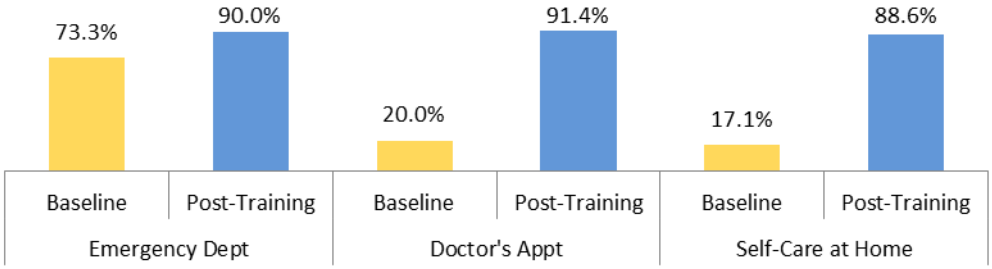
A matched set of 9 parents participated in the Home Accident Prevention Inventory module of the SafeCare program. As Table 1 shows, an average of 18.7 hazards per family were observed during the initial assessment but dropped to an average of 3.2 at the end of the module—an overall reduction of 82.7%

Table 1. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=9)

	Baseline	Post-Training
Total number of hazards	168	29
Average number of hazards per client	18.7	3.2
Mean percent reduction	82.7%	

To assess and provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment. Thirty-one parents were provided reference manuals with a symptom guide and other pertinent information. The parents had the most trouble initially with the scenario of making the decision to seek an appointment with the doctor. After successfully completing this module, the participants were nearly always able at the post-assessment to identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child. At baseline, most parents already had a great deal of knowledge related to the emergency scenario so the gain in that module was smaller (Figure 1).

Figure 1. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=9)



The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. The primary method for teaching this module is the Planned Activities Training (PAT) Checklist. Staff observes parent-child play and/or daily routines and codes for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions.

Figures 2 and 3 show the results of the parent-infant and parent-child interactions, respectively: 4 parents with matching baseline and post-training data in the first age group and 5 parents in the second. The improvement in parents' ability to consistently demonstrate the desired behaviors for both age-groups was significant after receiving the training—particularly in the case of the parents of the younger children.

Figure 2. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=4)

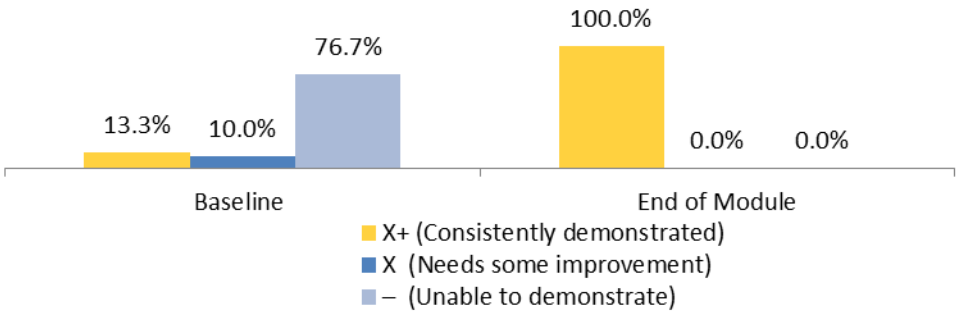
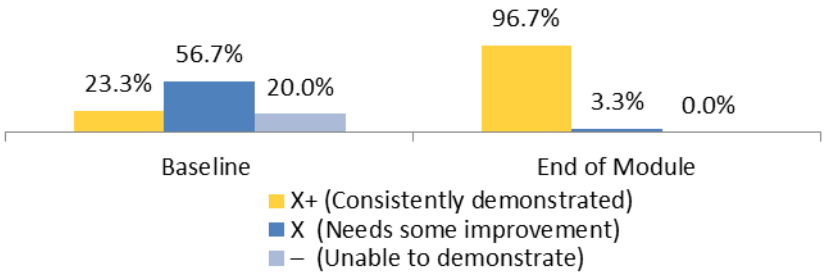


Figure 3. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=5)



In order to gauge participants' satisfaction with the SafeCare training they received, the parents were asked to provide their opinions about it. Each of the 4 surveys focused on a specific training module the parents had completed in the program. Some of the questions were specific to the actual module, and other questions were repeated across the 4 surveys. Parents were asked to rate their level of agreement with various statements using a 5-point scale.

Overall, parents "strongly agreed" with the statements indicating that they were satisfied with the home visitors, skills, and information they received from the training program and "strongly disagreed" with the statements that the Home Visitor was negative and critical or that the training did not give them new or useful information. Despite the overall favorable views of their experience (Table 2), there were 4 parents however who did not agree that the Health training material was new or useful. There were also 3 individuals who did not agree that the Parent Child training material was new or useful, that the Home Visitor arrived on time, or that the Home Visitor was not negative and critical.

Table 2. Parents' Ratings of Satisfaction with SafeCare

Module			
Health (*N* = 19)	Home Safety (*N* = 12)	Parent Child Interactions (*N* = 8)	Parent Infant Interactions (*N* = 5)
Mean	*Mean*	*Mean*	*Mean*
1.09	1.01	1.14	1.07

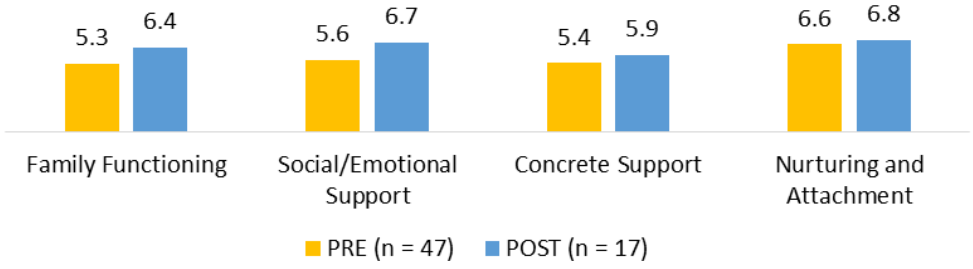
Note. Item mean scores reflect the following response choices: 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Neutral*, 4 = *Disagree*, and 5 = *Strongly Disagree.* Ratings were coded so that a lower mean score represented greater satisfaction about the training.

To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors* evaluation form[3] were asked before and after taking the classes how much they agreed or how often they or their family did certain things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores (mean numbers) representing a higher level of protective factors.

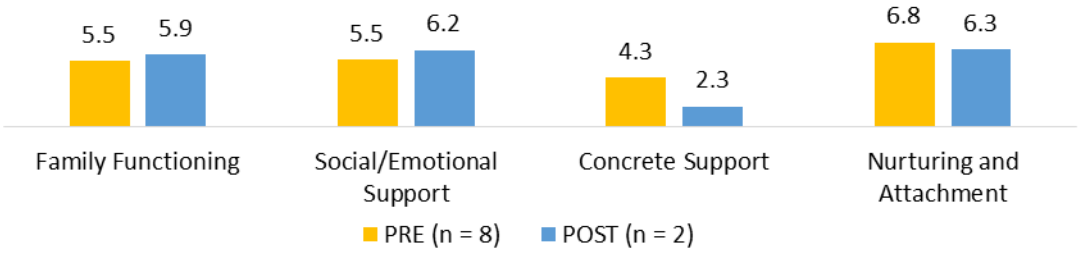
For both the pre- and the posttest parents (without a matched sample it is not possible to determine if these are the same individuals in each group), respondents rated items in the Nurturing and Attachment subscale the highest for having protective factors. Items in the Family Functioning subscale (*M* = 5.3), which was initially rated the lowest, increased substantially by the time of the posttest (Figure 4.a.).

Figure 4.a. Mean Scores for Parents' Protective Factors (English), Unmatched Sample



For the few clients who took the survey in Spanish, the pre/post changes were slightly less positive (though there were only 2 posttests we thought it was important to show the data). At the time of the posttest, both respondents gave lower ratings to the protective factors associated with the areas of Concrete Support and Nurturing and Attachment (Figure 4.b.).

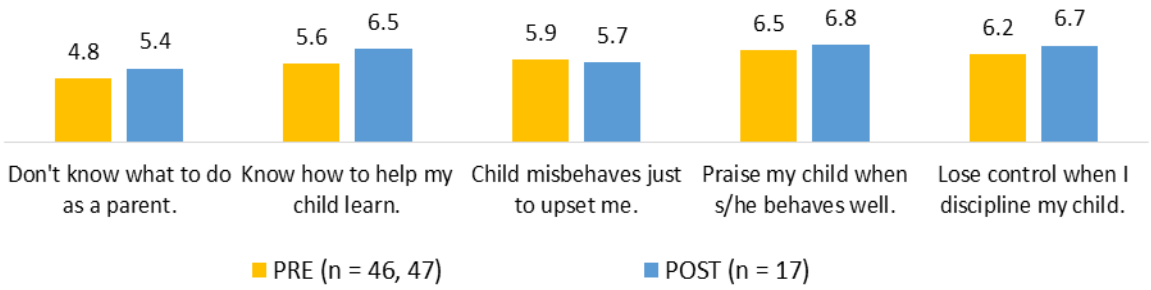
Figure 4.b. Mean Scores for Parents' Protective Factors (Spanish), Unmatched Sample



Because the respondents for the pretest and posttest were not matched, the data are not able to speak to statistically significant changes in the responses of individuals. However, parents reported an increase in protective factors on all of the Knowledge of Parenting subscales with one exception: when asked if they agreed with the statement that their child misbehaves just to upset them, parents on the posttest agreed slightly less (*M* = 5.7) than the parents on the pretest (*M* = 5.9).

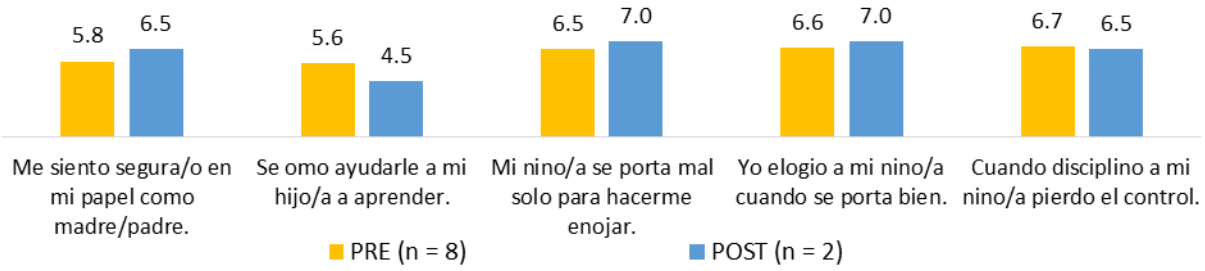
[3] Note. The English version does not use the same 7-point scale as the Spanish version. Due to these differences, the results have to be analyzed separately.

Figure 5.a. Mean Scores for Knowledge of Parenting (English), Unmatched Sample



In the Knowledge of Parenting area, parents who answered the survey in Spanish (Figure 5.b) differed somewhat from those who answered in English. "Knowing how to help my child learn" and "lose control when I discipline my child" received lower mean ratings for protective factors on the posttest than they had on the pretest. However, the other items moved in a positive direction.

Figure 5.b. Mean Scores for Knowledge of Parenting (Spanish), Unmatched Sample



To what extent did parents learn and apply important parenting and conflict management skills?

With the *Parenting Wisely* tool, participants were asked a number of parenting-related questions that had correct or incorrect answers. Table 3 on the next page displays the percentage of them answering correctly. A repeated measures analysis of variance on the questions showed that there was a statistically significant improvement in overall performance from pretest to posttest, with an average of about 61% correct on the pretest (the range was 26% to 91%) and about 89% correct on the posttest (the range was 59% to 100%), with an overall improvement of 45.9%.

Using 80% correct as a benchmark for total test performance, 3 of the 44 parents scored over 80% on the pretest. On the posttest, all but 6 of them scored over 80% correct.

Looking at the individual test questions, most initially were difficult for the parents to answer correctly. For the posttest and using the same 80% benchmark correct, 4 of the questions remained difficult, with fewer than 80% of the parents answering them correctly; these were Questions 7, 10, 20, and 25.

Table 3. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=44)

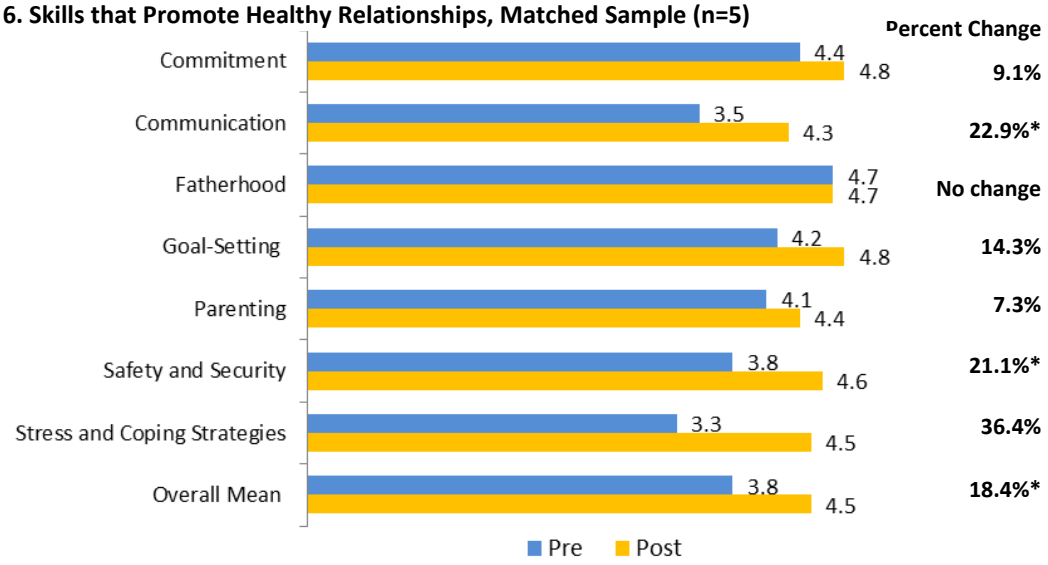
Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage of discussing problems when angry?	61%	91%	49.2%*
2. What is the best reason to use "Active Listening"?	68%	95%	39.7%*
3. In disciplining a child, what should be included along with punishment?	43%	80%	86.0%*
4. What is the most important part of giving a chore?	75%	93%	24.0%*
5. What is most important in "Assertive Discipline"?	75%	89%	18.7%
6. What is most likely to happen if parents don't follow through on punishment?	75%	98%	30.7%*
7. When might a family discussion of a problem NOT be a good idea?	39%	77%	97.4%*
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	73%	93%	27.4%*
9. What happens when parents are consistent in giving consequences?	55%	80%	45.5%*
10. What are the components of "Contingency Management"?	43%	70%	62.8%*
11. What happens if a parent monitors a child's schoolwork?	68%	89%	30.9%*
12. When you first find out your child is doing poorly at school, what should you do?	39%	84%	115.4%*
13. What is the long term result of motivating children by yelling at them?	77%	95%	23.4%*
14. What often happens when a parent forbids teens to see a particular friend?	73%	95%	30.1%*
15. What happens when you compare siblings to each other?	95%	100%	5.3%
16. Is it important to explain to our children exactly what they have done wrong before punishing?	82%	98%	19.5%*
17. The main reason parents yell at their children is?	43%	86%	100.0%*
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	80%	93%	16.3%*
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	36%	80%	122.2%*
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	32%	73%	128.1%*
21. What is the purpose of an "I Statement"?	82%	98%	19.5%*
22. What are the main advantages of "Contracting" for adolescents?	36%	84%	133.3%*
23. Which of the following is an "I Statement"?	73%	100%	37.0%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use?	75%	95%	26.7%*
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	30%	75%	150.0%*
26. What is the advantage of having both parents involved with a child's homework problem?	57%	93%	63.2%*
27. What happens when parents give punishments that are severe?	55%	84%	52.7%*
28. Close supervision of our children when they spend time with friends has which advantage?	66%	93%	40.9%*
29. What are the main elements of "Contracting"?	52%	91%	75.0%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	36%	82%	127.8%*
31. If we need to correct our child when he with friends, what should we do?	80%	93%	16.3%
32. To help our children know which behavior to change, it is important for us to be...	59%	91%	54.2%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	98%	100%	2.0%
34. When we talk about the positive motive behind someone's behavior the effect is?	59%	95%	61.0%*
Overall Percentage Correct	**61%**	**89%**	**45.9%***

*$p < .05$.

To what extent did fathers learn and apply important parenting and conflict management skills?

On My Shoulders (OMS) is designed to help fathers explore the role that personality plays in relationships with others - especially with their children - and to learn to replace communication danger signs with proactive strategies for respectful talking and listening to them. They were asked their agreement level on 7 statements about themselves and regarding their parenting style and their relationship with loved ones. The 5 fathers' agreement levels generally increased after participating in the program, however only significantly so in the areas of Communication (percentage increase of 22.9%) and Safety and Security (percentage increase of 21.1%).

Figure 6. Skills that Promote Healthy Relationships, Matched Sample (n=5)



Item mean scores reflect the following response choices to the tool statements: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Unsure*, 4 = *Agree*, and 5 = *Strongly Agree.*
* $p < .05$.

To what extent did parents going through divorce/separation learn usable skills to manage stress and lessen the negative effect it can have on their children?

Parents going through a divorce/separation were given 22 questions to answer from the *Children In Between tool* which tested parents on their skills and knowledge related to the stress management of divorce/separation and the effects on their children. To be considered as "passing" the program, the developer of this tool (Center for Divorce)[4] requires a parent score at least 70% on the test, or answering at least 16 questions correctly.

Of the 22 questions, 10 (45%) were answered correctly at both the pre- and posttest, so no change was observed. However, 6 of the questions were quite difficult for the parents at the pretest—the most challenging, with only 20% of parent answering correctly were Qs 19, 23 and 25. As Table 4 indicates, all 3 of those questions were still difficult at the posttest. With only 5 parents in our sample size, none of the changes from pretest to posttest was statistically significant.

[4] Because the Center has since removed one of the sections of the curriculum, the tool excludes questions 16, 17 and 18.

Table 4. Percentage of Parents Answering Correctly, *Children In Between*, Matched Sample (n=5)

Question (22 items)	Percentage Correct (*n* = 5)		Percentage Change
	Pre	Post	
1. What happens when your amygdala becomes triggered?	100%	100%	No Change
2. What can happen if Casey is exposed to Mom and Dad's ongoing conflict?	100%	100%	No Change
3. What are three skills that can calm your amygdala?	80%	100%	25.0%
4. When is it appropriate to involve your children in your conflict?	100%	100%	No Change
5. Which of the following statements is an I-Message?	80%	100%	25.0%
6. How can using self-talk help you stay calm?	100%	100%	No Change
7. Which of the following is an example of positive reframing?	100%	100%	No Change
8. Which of the following are good ways to calm down your amygdala?	100%	100%	No Change
9. Is it fair for Dad to ask Mom to pay for things when she doesn't make as much money?	80%	80%	No Change
10. Which of the following is an example of positive self-talk?	100%	100%	No Change
11. Why is using email to communicate with a co-parent a good idea?	100%	100%	No Change
12. Should Jolene be able to go to Everett's concert?	100%	100%	No Change
13. How does May feel when Dad questions her about her time at Mom's house?	40%	80%	100.0%
14. When is it appropriate to question your children about the other parent's home life?	100%	80%	-20.0%
15. How long should parents wait to have new partners involved in their child's life?	60%	100%	66.7%
19.** Which of the following best describes mindfulness?	20%	60%	200.0%
20. What caused Dad to become upset in the beginning of this scene?	80%	100%	25.0%
21. Why is assuming another person's motives a bad habit?	80%	100%	25.0%
22. Roughly how many children each year experience the separation of their parents?	60%	80%	33.3%
23. What are possible symptoms of children who experience parents' separation?	20%	40%	100.0%
24. Which of the following is important to remember regarding children?	80%	100%	25.0%
25. When is a good time to talk to your child(ren) about the separation?	20%	40%	100.0%
Total Overall	**77.3%**	**89.1%**	**15.3%***

*$p < .05$

**The tool developer has since removed one of the sections of the curriculum, so the tool excludes questions 16, 17 and 18.

PORTERVILLE FRC

Program Highlight

The program highlight below, submitted by the Porterville FRC, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

The significant support of First 5, and the breadth of partnerships with local organizations and businesses, was what made the difference to the success of the holiday Polar Express Drive the FRC sponsored during the December holidays. Invitations went out to local apartment houses, the agricultural community, retail locations, door-to-door and through social media that resulted in a large attendance. 20 organizations such as food suppliers like Wal-Mart, Grocery Outlet, and Food Link, toy and clothing stores, and colleague health and human services organizations participated with basic give-aways and support services. The event was also used as a site for public health personnel to provide COVID vaccinations.

Evaluation Results

To what extent did parent-child interaction, and recognition and behavior about children's health and illness and home safety improve, and how satisfied were parents with the program?

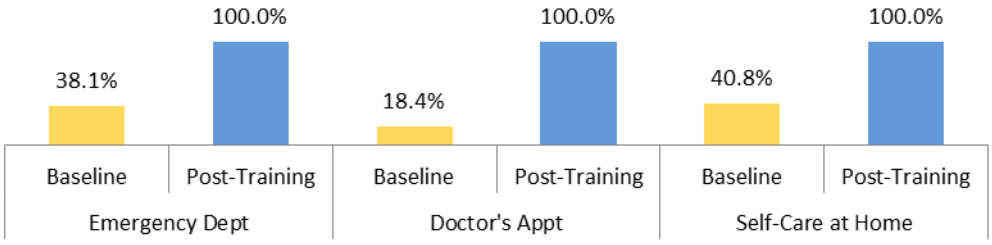
A matched set of 18 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program, which was described above. As Table 5 shows, an average of 96.8 hazards per family were observed during the initial assessment but dropped to an average of 0.6 at the end of the module—a 99.9% improvement. Examples of hazards at the child's eye-level, or easily accessible, included sharp knives on the kitchen counter, appliances without covers, and various cleaning and beauty products within reach. The total number of home hazards recorded prior to the training ranged from 69 in one family to 137 in another family.

Table 5. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=18)

	Baseline	Post-Training
Total number of hazards	1,742	11
Average number of hazards per client	96.8	0.6
Mean percent reduction	99.9%	

To assess and provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment, as discussed above. The 18 parents started the training with a relatively low knowledge about these health behaviors as shown by their correct "pre" responses to the scenario questions (Figure 7). After successfully completing this module, they were always able to identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child—each scenario significantly so.

Figure 7. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=18)



The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. As Figures 8 and 9 make clear, the improvement in parents' ability to consistently demonstrate the desired behaviors was significant among parents of both age groups after receiving the training: all of the parents were able to consistently demonstrate the desired behaviors (e.g., explaining activities to their child, offering praise, redirecting misbehavior, making constant eye contact with infants during feeding and bathing).

Figure 8. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=7)

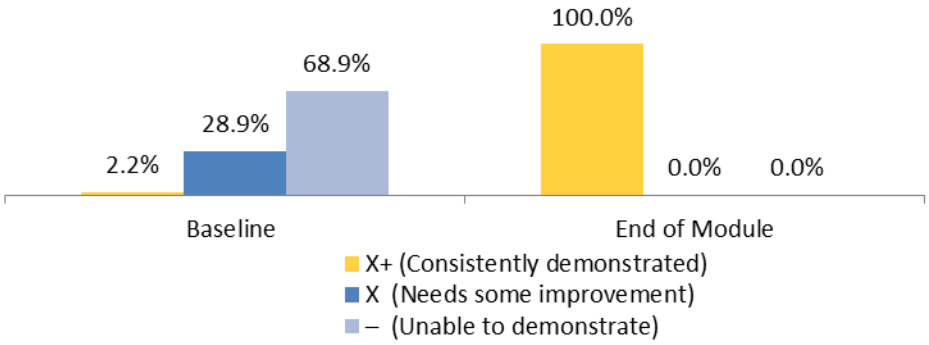
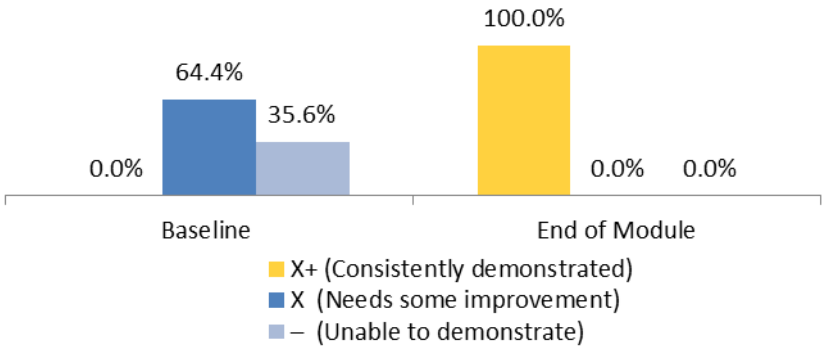


Figure 9. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=11)



After completing the SafeCare training program, parents/caregivers were asked how much they agreed or disagreed with statements relating to the SafeCare training they had completed. There were 4 different training modules with different surveys for each with some statements the same on the surveys. Parents' level of agreement or disagreement was measured using a 5-point scale.

Overall, parents "strongly agreed" with the statements indicating that they were satisfied with the home visitors, skills, and information they received from the training program and "strongly disagreed" that the Home Visitor was negative and critical or that the training did not give them new or useful information. There was 1 parent however who did not agree that the Parent Child training material was new or useful.

Table 6. Parents' Ratings of Satisfaction with SafeCare

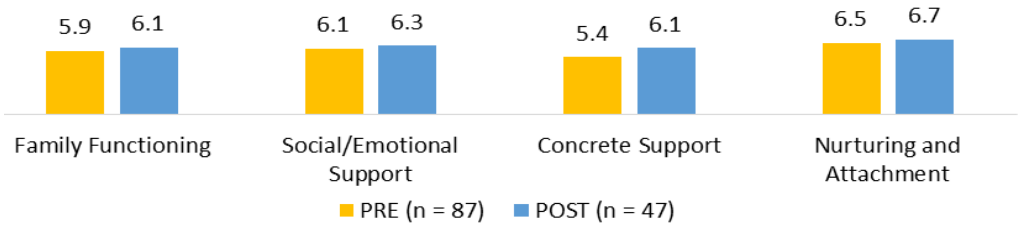
Module			
Health (*N* = 19)	Home Safety (*N* = 12)	Parent Child Interactions (*N* = 8)	Parent Infant Interactions (*N* = 5)
Mean	*Mean*	*Mean*	*Mean*
1.09	1.14	1.12	1.09

Note. Item mean scores reflect the following response choices: 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Neutral*, 4 = *Disagree*, and 5 = *Strongly Disagree.* Ratings were coded so that a lower mean score represented greater satisfaction about the training.

To what extent did parents demonstrate building protective and promotive factors that strengthen families?

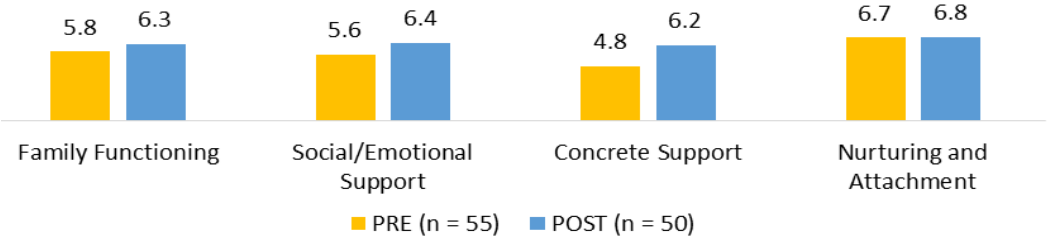
Parents completing the *Protective Factors* evaluation form at the Porterville site were also asked how much they agreed or how often they or their family did certain things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores (mean numbers) representing a higher level of protective factors. In the pretest group, the English-speaking parents (Figure 10.a) rated items in the Nurturing and Attachment subscale (*M* = 6.5) the highest for protective factors; they rated items the Concrete Support subscale (*M* = 5.4) the lowest—the same as parents did last year. The ratings across the subscales did not change substantially except for the area of Concrete Support, which did show a positive direction.

Figure 10.a. Mean Scores for Parents' Protective Factors (English), Unmatched Sample



Like the clients answering the survey in English, the Spanish-speaking parents (Figure 10.b) in the pretest group rated items in the Nurturing and Attachment subscale (*M* = 6.7) the highest for protective factors; they rated items in the Concrete Support subscale the lowest (*M* = 4.8); again, like the Spanish-language parents did last year as well. By the time of the posttest, however, the respondents substantially increased ratings for the protective factors associated with Concrete Support.

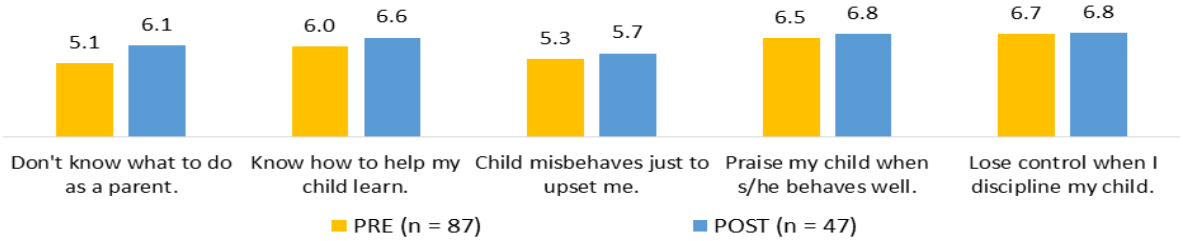
Figure 10.b. Mean Scores for Parents' Protective Factors (Spanish)



Note: the close numbers of pre- and posttests suggest this is a mostly matched sample.

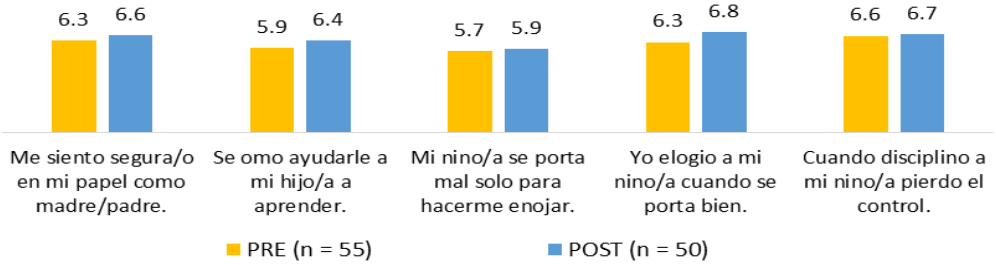
For items in the Knowledge of Parenting area (Figure 11.a.), pretest parents responding in English rated being most insecure about "not knowing what to do as a parent" and in thinking "child misbehaves just to upset me." There was improvement on both of these items in the posttests, though. Parents in the pre- and the posttest groups rated their frequency of "losing control when disciplining my child" about the same, indicating positive ratings at both times.

Figure 11.a. Mean Scores for Knowledge of Parenting (English), Unmatched Sample



Parents who answered the pretest in Spanish (Figure 11.b) responded to the Knowledge of Parenting items very similarly to the ones who completed the survey in English. Praising their children for good behavior and not losing control when disciplining them both achieved positive posttest ratings after program participation.

Figure 11.b. Mean Scores for Knowledge of Parenting (Spanish)

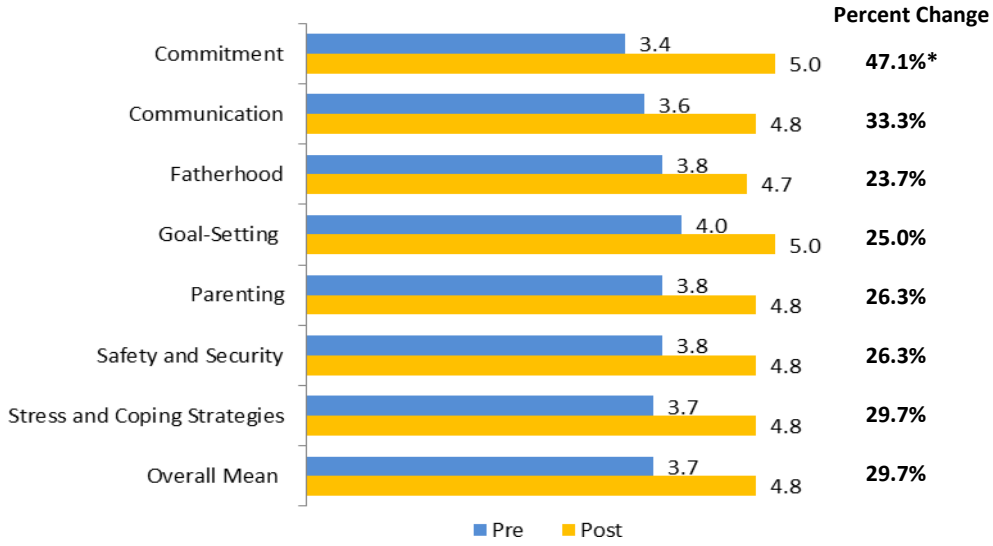


Note: the close numbers of pre- and posttests suggest this is a mostly matched sample.

To what extent did fathers learn and apply important parenting and conflict management skills?

All 6 fathers participating in the *On My Shoulders* program at the Porterville FRC submitted both a pretest and a posttest this year. Agreement levels for all 7 categories measured by the tool increased after participation, indicating healthier and more positive parenting skills. But, only the agreement level for the Commitment statements increased significantly (Figure 12).

Figure 12. Skills that Promote Healthy Relationships, Matched Sample (n=6)



Item mean scores reflect the following response choices to the tool statements: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Unsure*, 4 = *Agree*, and 5 = *Strongly Agree.*
* $p < .05$.

To what extent did parents learn and apply important parenting and conflict management skills?

In the Porterville FRC use of the *Parenting Wisely* tool, there was an average of about 54% correct answers to the questions on the pretest (the range was 17% to 85%) and about 87% correct on the posttest (the range was 52% to 100%). Using 80% correct as a benchmark for total test performance, 5 of the 35 parents were able to score over 80% on the pretest; on the posttest all but 7 had scored over this benchmark (Table 7 on the next page).

Over 80% of the parents were able to answer 3 of the questions correctly (Qs 15, 31, and 33) on the pretest. Looking at the individual test questions, most initially were difficult for the parents to answer correctly. For the posttest and using the same 80% benchmark correct, 6 questions appeared to be difficult for the parents even after the program as fewer than 80% of them answered Questions 10, 12, 17, 18, 19, and 25 correctly.

Table 7. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=44)

Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage of discussing problems when angry?	63%	97%	54.0%*
2. What is the best reason to use "Active Listening"?	54%	94%	74.1%*
3. In disciplining a child, what should be included along with punishment?	43%	86%	100.0%*
4. What is the most important part of giving a chore?	57%	94%	64.9%*
5. What is most important in "Assertive Discipline"?	31%	91%	193.5%*
6. What is most likely to happen if parents don't follow through on punishment?	69%	94%	36.2%*
7. When might a family discussion of a problem NOT be a good idea?	51%	94%	84.3%*
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	66%	89%	34.8%*
9. What happens when parents are consistent in giving consequences?	40%	89%	122.5%*
10. What are the components of "Contingency Management"?	20%	60%	200.0%*
11. What happens if a parent monitors a child's schoolwork?	60%	86%	43.3%*
12. When you first find out your child is doing poorly at school, what should you do first?	37%	74%	100.0%*
13. What is the long term result of motivating children by yelling at them?	71%	94%	32.4%*
14. What often happens when a parent forbids teens to see a particular friend?	63%	91%	44.4%*
15. What happens when you compare siblings to each other?	94%	94%	No Change
16. Is it important to explain to our children exactly what they have done wrong before punishing?	60%	94%	56.7%*
17. The main reason parents yell at their children is?	40%	63%	57.5%*
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	77%	77%	No Change
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	46%	71%	54.3%*
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	37%	83%	124.3%*
21. What is the purpose of an "I Statement"?	66%	94%	42.4%*
22. What are the main advantages of "Contracting" for adolescents?	43%	83%	93.0%*
23. Which of the following is an "I Statement"?	63%	91%	44.4%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use?	60%	91%	51.7%*
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	20%	74%	270.0%*
26. What is the advantage of having both parents involved with a child's homework?	49%	91%	85.7%*
27. What happens when parents give punishments that are severe?	49%	86%	75.5%*
28. Close supervision of our children when they spend time with friends has which advantage?	69%	94%	36.2%*
29. What are the main elements of "Contracting"?	54%	91%	68.5%*
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	37%	89%	140.5%*
31. If we need to correct our child when he with friends, what should we do?	83%	83%	No Change
32. To help our children know which behavior to change, it is important for us to be...	46%	86%	87.0%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	94%	100%	6.4%
34. When we talk about the positive motive behind someone's behavior the effect is?	34%	83%	144.1%*
Overall Percentage Correct	**54%**	**87%**	**61.1%***

*$p < .05$.

To what extent did parents going through divorce/separation learn usable skills to manage stress and lessen the negative effect it can have on their children?

Parents going through a divorce/separation were given 22 questions to answer from the *Children In Between tool* which tested parents on their skills and knowledge related to the stress management of divorce/separation and the effects on their children. To be considered as "passing" the program, the developer of this tool (Center for Divorce) requires a parent score at least 70% on the test, or answering at least 16 questions correctly.

Of the 22 questions, 9 were difficult for the parents at the pretest—the most challenging, with only 30.8% of the parents answering correctly, dealt with the timing for talking to one's child(ren) about the separation (Q 25). Although this question was still difficult at the posttest (Table 4), the percentage of parents answering it correctly doubled, which was a statistically significant increase. By the posttest, there was an overall improvement to 70% or better of the parents answering correctly for all but 3 questions (Table 8).

Table 8. Percentage of Parents Answering Correctly, *Children In Between*, Matched Sample (n=13)

Question (22 items)	Percentage Correct (*n* = 13)		Percentage Change
	Pre	Post	
1. What happens when your amygdala becomes triggered?	76.9%	100%	30.0%
2. What can happen if Casey is exposed to Mom and Dad's ongoing conflict?	84.6%	92.3%	9.1%
3. What are three skills that can calm your amygdala?	46.2%	100%	116.5%*
4. When is it appropriate to involve your children in your conflict?	76.9%	100%	30.0%
5. Which of the following statements is an I-Message?	76.9%	100%	30.0%
6. How can using self-talk help you stay calm?	84.6%	100%	18.2%
7. Which of the following is an example of positive reframing?	100%	100%	No Change
8. Which of the following are good ways to calm down your amygdala?	100%	100%	No Change
9. Is it fair for Dad to ask Mom to pay for things when she doesn't make as much money?	69.2%	84.6%	22.3%
10. Which of the following is an example of positive self-talk?	100%	100%	No Change
11. Why is using email to communicate with a co-parent a good idea?	84.6%	100%	18.2%
12. Should Jolene be able to go to Everett's concert?	76.9%	84.6%	30.0%
13. How does May feel when Dad questions her about her time at Mom's house?	46.2%	84.6%	83.1%
14. When is it appropriate to question your children about the other parent's home life?	100%	100%	No Change
15. How long should parents wait to have new partners involved in their child's life?	53.8%	76.9%	42.9%
19.** Which of the following best describes mindfulness?	46.2%	69.2%	49.8%
20. What caused Dad to become upset in the beginning of this scene?	69.2%	100%	44.5*
21. Why is assuming another person's motives a bad habit?	53.8%	69.2%	28.6%
22. Roughly how many children each year experience the separation of their parents?	76.9%	92.3%	30.0%
23. What are possible symptoms of children who experience parents' separation?	61.5%	92.3%	50.1%
24. Which of the following is important to remember regarding children?	100%	92.3%	-7.7%
25. When is a good time to talk to your child(ren) about the separation?	30.8%	61.5%	99.7%*
Total Overall	**73.6%**	**90.9%**	**23.5***

*$p < .05$.

**The tool developer has since removed one of the sections of the curriculum, so the tool excludes questions 16, 17 and 18.

DINUBA FRC

Program Highlight

The program highlight below, submitted by the Dinuba FRC, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

Many FRC clients lead complex lives because of extraordinary challenges such as the mother of 4 who moved from shelter to shelter to escape an abusive relationship and needed a host of services from multiple Tulare County resources. Because of the abuse she was wary of leaving her children in the care of others (in fact, there was an episode where the father refused to return the child after a visit that was ultimately resolved). The FRC was able to be the stable link among the agencies and where it could not provide the services directly always had a referral source that came through for the client. As a result of the FRC staff intervention the mother was able to secure housing, and continue to participate in counseling.

Evaluation Results

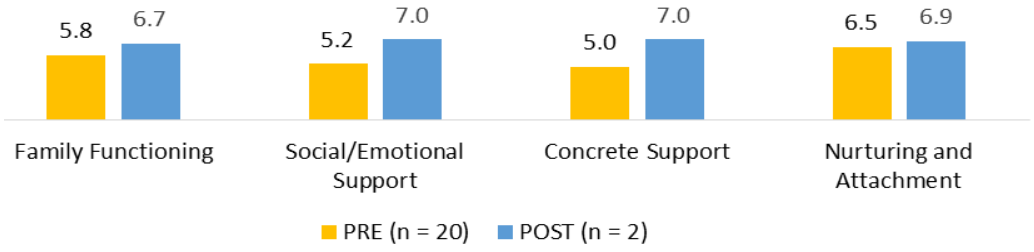
To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors* evaluation form at the Dinuba site were also asked how much they agreed or how often they or their family did certain things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting. Score ratings were on a 7-point scale with higher scores (mean numbers) representing a higher level of protective factors.

Although the number of posttests for parents taking the survey in both English and Spanish was substantially lower than the number of pretests, we show the results for both test times since this is a new tool in use at the Dinuba site, and there may be value to the FRC for the information.

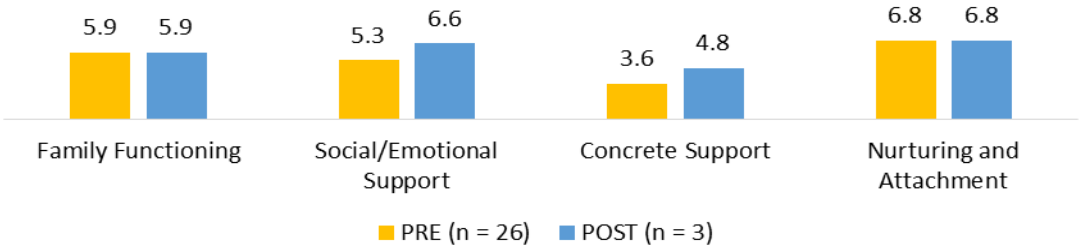
Among the English-speaking parents (Figure 13.a), Concrete Support, which had been rated lowest for protective factors in the pretest, showed the highest increase at the time of the pretest. This was essentially also true for the Social/Emotional Support subscale. The protective factors parents rated for the Nurturing and Attachment subscale, already fairly favorable initially, also moved in a positive direction on the posttest, as did Family Functioning.

Figure 13.a. Mean Scores for Parents' Protective Factors (English), Unmatched Sample



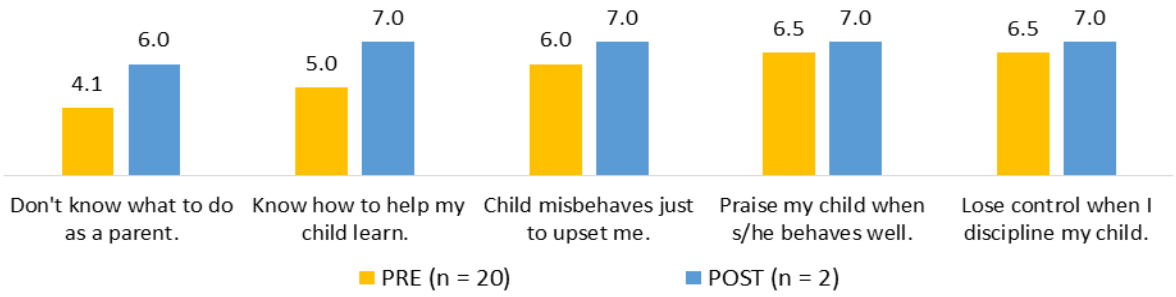
Parents who answered the pretest in Spanish (Figure 13.b) rated having enough Concrete Support lower than any other group who took this survey at the three Parenting Network FRC sites—indicating high needs among this Dinuba population; the rating on this subscale did increase after participating in the program, however, for the 3 parents who submitted a posttest, though not to a very great extent. On the other hand, both sets of parents (the pre- and posttest groups) did rate themselves as having high Nurturing and Attachment factors that protect and strengthen families.

Figure 13.b. Mean Scores for Parents' Protective Factors (Spanish), Unmatched Sample



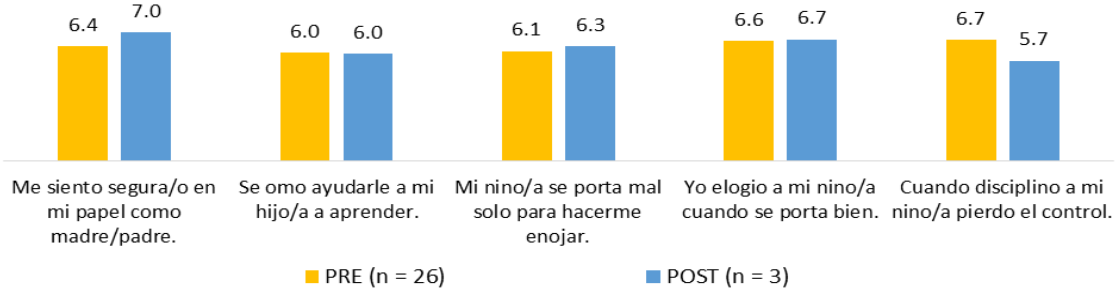
The protective factors associated with Knowledge of Parenting were slightly more present for parents taking the survey in English than Spanish, with two noteworthy exceptions. The pretest parents in the English version (Figure 14.a.) expressed having less knowledge about "what to do as a parent" and "how to help my child learn," though these protective factors were reported to increase for the 2 parents who submitted a posttest.

Figure 14.a. Mean Scores for Knowledge of Parenting (English), Unmatched Sample



For parents who took the survey in Spanish, 3 of them submitting a posttest reported *less* knowledge than the pretest parents about how to maintain control when disciplining their child.

Figure 15.b. Mean Scores for Knowledge of Parenting (Spanish), Unmatched Sample



To what extent did parents learn and apply important parenting and conflict management skills?

The Dinuba FRC also implemented the *Parenting Wisely* curriculum this year, and 11 clients participated. A repeated measures analysis of variance on the full set of test questions showed a statistically significant

improvement in overall test performance from pretest to posttest, with an average of about 49% correct on the pretest (the range was 29% to 70%) and about 77% correct on the posttest (the range was 50% to 97%). Using 80% correct as a benchmark for total test performance, none of the 11 parents scored over 80% on the pretest. However, on the posttest, 7 of the 11 parents were able to score above the benchmark (Table 9).

Looking at the individual test questions and the 80% benchmark, Questions 15, 31, and 33 were answered correctly by over 80% of the parents on the pretest. This suggested that parents started the program with that knowledge. For the posttest and using the same 80% benchmark correct, there were 18 questions that appeared to be difficult for the parents to answer correctly even after the program (Questions 3, 6, 7, 8, 9, 10, 11, 14, 16, 17, 18, 19, 20, 25, 26, 27, 28, and 29).

Table 9. Parents' Knowledge Gain with *Parenting Wisely* Curriculum, Matched Sample (n=44)

Survey Questions	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage of discussing problems when angry?	64%	82%	28.1%
2. What is the best reason to use "Active Listening"?	73%	100%	37.0%
3. In disciplining a child, what should be included along with punishment?	73%	73%	No Change
4. What is the most important part of giving a chore?	55%	91%	65.5%*
5. What is most important in "Assertive Discipline"?	64%	100%	56.3%*
6. What is most likely to happen if parents don't follow through on punishment?	45%	73%	62.2%
7. When might a family discussion of a problem NOT be a good idea?	55%	55%	No Change
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	45%	73%	62.2%
9. What happens when parents are consistent in giving consequences?	9%	55%	511.1%*
10. What are the components of "Contingency Management"?	9%	45%	400.0%*
11. What happens if a parent monitors a child's schoolwork?	55%	73%	32.7%
12. When you first find out your child is doing poorly at school, what should you do first?	64%	82%	28.1%
13. What is the long term result of motivating children by yelling at them?	55%	82%	49.1%
14. What often happens when a parent forbids teens to see a particular friend?	45%	64%	42.2%
15. What happens when you compare siblings to each other?	100%	100%	No Change
16. Is it important to explain to our children exactly what they have done wrong before punishing?	55%	73%	32.7%
17. The main reason parents yell at their children is?	36%	73%	102.8%*
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	64%	73%	14.1%
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	45%	45%	No Change
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	9%	45%	400.0%*
21. What is the purpose of an "I Statement"?	64%	100%	56.3%*
22. What are the main advantages of "Contracting" for adolescents?	45%	82%	82.2%
23. Which of the following is an "I Statement"?	64%	100%	56.3%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use?	73%	91%	24.7%
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	9%	55%	511.1%*

Table continues on next page

26. What is the advantage of having both parents involved with a child's homework problem?	36%	73%	102.8%*
27. What happens when parents give punishments that are severe?	18%	73%	305.6%*
28. Close supervision of our children when they spend time with friends has which advantage?	36%	73%	102.8%*
29. What are the main elements of "Contracting"?	55%	55%	No Change
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	18%	91%	405.6%*
31. If we need to correct our child when he with friends, what should we do?	91%	82%	-9.9%
32. To help our children know which behavior to change, it is important for us to be...	55%	100%	81.8%*
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	82%	100%	22.0%
34. When we talk about the positive motive behind someone's behavior the effect is?	9%	91%	911.1%*
Overall Percentage Correct	**49%**	**77%**	**57.1%***

*$p < .05$.

ACES FINDINGS – Visalia FRC and Porterville FRC

For the introduction of ACES and its importance, please see the information we presented in pages 10-13 of this evaluation report. Grantee-specific findings are described below.

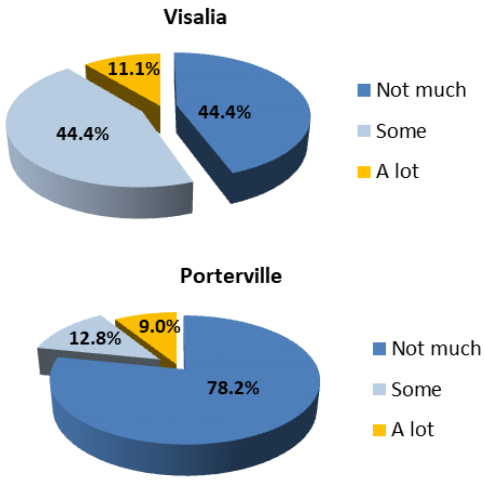
To what extent did children and adults present with adverse childhood experiences (ACES)?

Eight-seven adults were screened for ACES experience; this year, the pediatric ACES tool was not used to inquire about any of the client's children. As Table 10 shows, a similar proportion, 22.2% and 23.0% of the Visalia and Porterville parents, respectively, reported experiencing 4 or more ACES which, according to the tool, indicates a high level of toxic stress physiology. The ACES tool also asks respondents whether they believe these experiences affected their health. Fewer in Porterville viewed the impact as minimal ("not much"), but a few at each site considered the experience had greatly ("a lot") affected their health (Figure 16).

Table 10. Number of ACES Experienced by Parenting Network Adult Clients During their Childhood

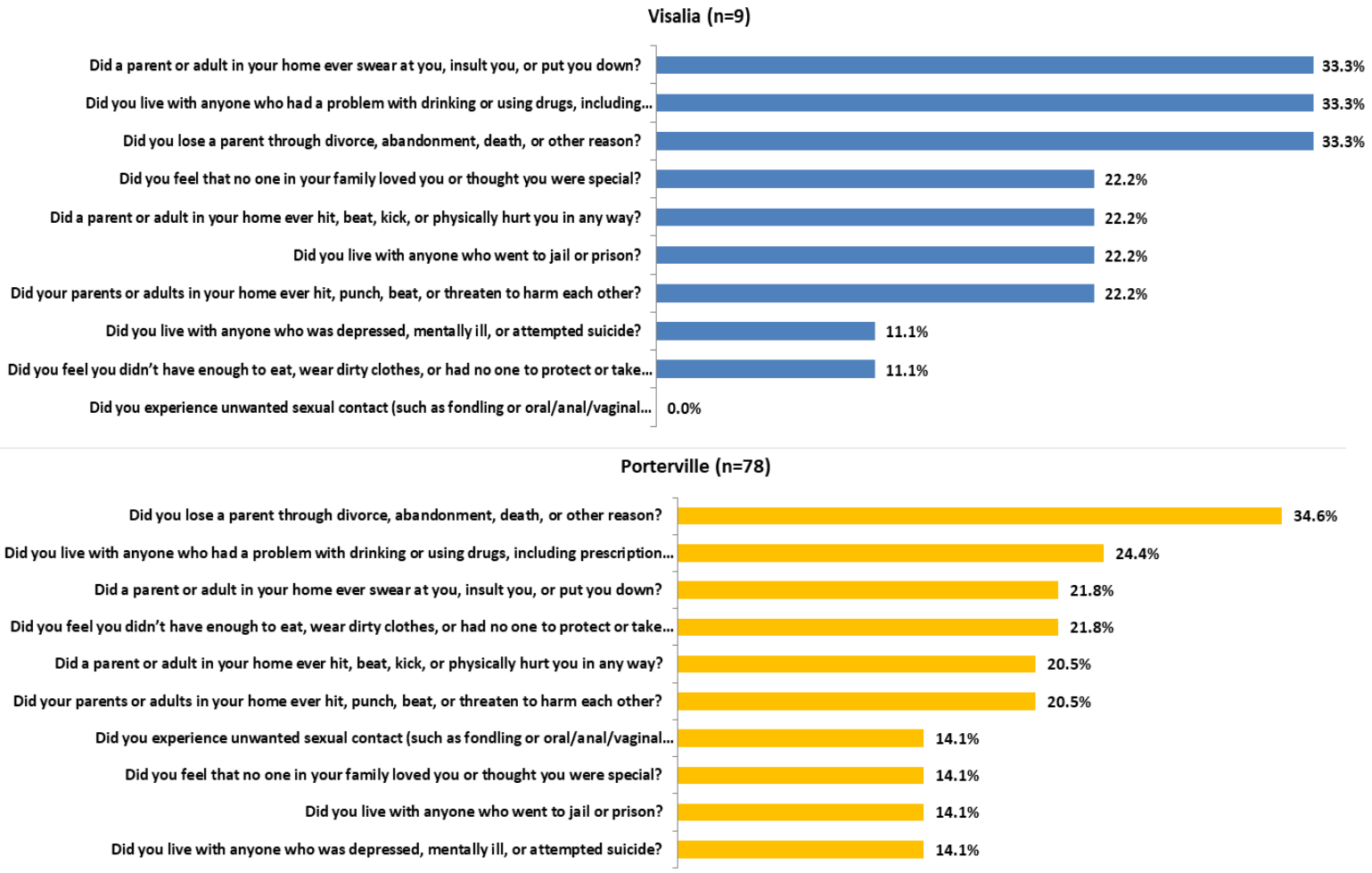
Number of ACES	FRC Site	
	Visalia (n= 9)	Porterville (n=78)
0	44.4%	44.9%
1	11.1%	19.2%
2	0.0%	5.1%
3	11.1%	7.7%
4	11.1%	3.8%
5	0.0%	5.1%
6	22.2%	5.1%
7	0.0%	2.6%
8	0.0%	1.3%
9	0.0%	3.8%
10	0.0%	1.3%

Figure 16. Extent to Which the Adults Believed the ACES they Experienced Affected their Health



Because Paenting Network uses the identified version of the ACES tool, counselors and case managers are able to see which adverse life events individual clients have experienced – and which are most common among its clients. Among other issues, Figure 17, which displays the results from the two FRCS that have implemented the tool, substantiates the impact substance abuse has had in Tulare County communities.

Figure 17. Percent of Visalia and Porterville FRC Parents/Caregivers Who Experienced Each Type of ACES Life Event[1]



[1]Clients were instucted to read the questions and "check each ACE category you experienced prior to your 18th birthday."

Conclusions and Recommendations

The Parenting Network FRCs play an important part in offering early childhood programs in Tulare County, and met its evaluation goals that families participating in bilingual health and education classes will demonstrate an increase of knowledge about various aspects of parenting. Nearly all parents met the benchmark for total test performance, demonstrating the parenting classes had the desired effect of increasing their knowledge about effective parenting skills. Dinuba FRC, which had a slower start than expected, was able to implement most of the parenting program components this year.

The majority of parents who completed the SafeCare modules again expressed appreciation and responded positively to the various modules in the program training, demonstrating evidence of knowledge change

across all four modules, particularly in home safety. Because there was only 1 family that participated in SafeCare at the Dinuba FRC this year, we did not show the data in the report (though in a brief review it was clear there were improvements across the modules). We assume there was just a slow start and that more families will participate at this site in the future.

Similar to last year, Nurturing and Attachment appear to be strong protective factors for the parents served at all of the FRC sites, whether they completed the forms in English or Spanish. The lowest rating of protective factors in the area of Concrete Support, though, especially in Porterville, endorses the importance of where parents continue to need more help.

Project Fatherhood continues to be an important component of Parenting Network's programing and appears to uniquely reach fathers in ways the men may otherwise not participate. We hope next year there will be enough interest from potential clients to resume the *24/7 Dad* curriculum and implement *Nurturing Parenting.* Note that *Nurturing Parenting* data were not included in our evaluation this year as there were only 2 cases submitted for Visalia and 1 case each for Porterville and Dinuba.

This year, the *Children in Between* curriculum was added to the parenting program. The goal was to help staff in teaching parents how to manage the stress of divorce or separation and gain usable skills to lessen the negative effect this can have on their children. Very few parents participated at the Visalia FRC (n=5), but at Porterville 13 parents participated. The results at both sites are interesting. There was either no change in the percentage of parents who answered the pre-to-post survey questions correctly—they apparently knew the information already—or few of the changes were statistically significant (only 3 of the 22 questions were). We are curious what staff's impression is about the effectiveness of this new curriculum and whether any modifications might be important to implement in the next year.

With regard to the *Parenting Wisely* questionnaire, we suggest all 3 FRC sites look at the individual questions that more than 80% of the parents found difficult to answer on the posttest. We provide the item analysis in detailed tables (vs. only showing the overall average means) so that programs can see areas of the curriculum that may need more emphasis during the parenting classes.

The implementation of the *ACES* screening tool this year seems particularly valuable in documenting the parents'/caregivers' negative childhood experiences. Many of the life events they experienced mirrored other Tulare County First 5 parents, and the detailed information we provided in the graphs should help guide the counseling staff in developing prevention strategies and program interventions that align with these findings.

TRAVER JOINT ELEMENTARY SCHOOL DISTRICT
School Readiness

Project Purpose and Evaluation Design

The project offered a range of early childhood development services for children and support and education services for parents. For purposes of the First 5 evaluation, only the DRDP was included as an assessment tool.

Primary Objective	Measured by
School readiness by showing increased skills in a range of developmental areas	The *DRDP-Revised* (Desired Results Developmental Profile), designed by the California Department of Education, was administered by teachers within 60 calendar days of the child's first day of enrollment in the program (fall = pre) and every six months thereafter (spring = post). The tool helps teaches create individualized learning plans for children.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of preschool programs that provide kindergarten transition program, i.e., continuity between ECE and elementary school.*
- *The percent of children 0-5 who made at least one well-child visit to a physician or clinic within the last 12 months.*
- *The percent of children with a dental visit in the last 12 months.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

The school expressed relief that the campus was able to be open again and parents could participate in the program to smooth the transition from preschool to TK/K learning.

Evaluation Results

To what extent did children show increased skills in a range of developmental areas?

Using the DRDP (2015) Preschool - Comprehensive View, raters completed individual assessments of the children on 56 different developmental measures in 8 domain areas. The pattern across the DRDP ratings was positive as evident by the positive percentage changes for each domain except one (Table 1). One of the largest percentage changes (at 37.9%) was in the Language and Literacy Development domain where the percentage of "building" or above ratings increased from 72.5% to 100%. The smallest percentage change (at 5.7%) was seen for the Physical Development domain where the percentage at the pre-assessment of 94.6% increased to 100% at post-assessment; this was because most of the ratings for this domain were at "building" or above already.

There was a negative percentage change (of -6.3%) for the English Language domain with only those children who were considered "English Language Learners" evaluated on the 4 measures in that domain. Because the matched sample was quite small at only 8 children who were English language learners, it is difficult to draw any conclusions from these results.

Table 1. Traver Joint Elementary School District DRDP, Non-matched Sample (n=24)

	Percentage of Ratings Scoring at the "Building" or "Integrating" Levels		
Domains	**Pre (n=27)**	**Post (n=24)**	**% Change**
Approaches to Learning–Self-Regulation	84.5%	99.4%	17.6%
Social and Emotional Development	81.7%	100%	22.4%
Language and Literacy Development	72.5%	100%	37.9%
Cognition, Including Math and Science	73.5%	100%	36.1%
Physical Development – Health	94.6%	100%	5.7%
History – Social Science	78.3%	100%	27.7%
Visual and Performing Arts	82.3%	100%	21.5%
English Language*	66.7%	62.5%	-6.3%
Composite of All Domains**	**(79.3%)**	**(95.2%)**	**(20.1%)**

Includes Ratings *of Building Earlier, Building Middle, Building Later,* and *Integrating Earlier*.

*Only those children who were English language learners were evaluated on these measures.

**The composite (the figures in the parentheses) was calculated as the sum of the domains' percentages divided by the number of domains (in this case, 6) because each domain is of equal importance, regardless of whether it has only 4 measures (i.e., English Language) or 10 measures (i.e., Language and Literacy). Doing it this way, the results from each domain contributed equally to the composite.

Conclusions and Recommendations

The evaluation goal that children participating in early childhood education will show improvement between pre- and post-assessments was met overall in the developmental areas measured by the DRDP. The gains made in early childhood development indicated by these data also endorse the linkage to the training and work of teachers and other preschool staff which was uniquely challenging this year.

VISALIA UNIFIED SCHOOL DISTRICT
Building Futures

"Thank you, thank you from the bottom of my heart for the help and support towards our family." - Preschool parent

Project Purpose and Evaluation Design

The project offered a range of early childhood assessment services for children, and enhanced parent education and skill-building through two new programs.

Primary Objective	Measured by
Early identification of developmental delays and referral	Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3,* designed to screen children from 1–66 months for early identification and intervention and to identify strengths as well as areas that need work.
Parent understanding of importance and engagement in early literacy activities	Parents completed the *CA-ESPIRS* Family Literacy Project survey as a pretest within the first month of program enrollment and again as a posttest at the end of the program year or upon exit.
Parent knowledge gain about child development, breastfeeding intentions and needs	*Growing Great Kids* (separate early childhood curricula for 0-3 and preschool groups) builds on the framework of *Protective Factors*; a pre/post tool we developed is completed by parents that assessed knowledge change, and for pregnant women examined needs and intentions related to breastfeeding.
Identify areas of highest family need and concern and strength for case planning	*Family Strengths & Needs Assessment (FANS)*, an assessment administered in one initial session, identified areas where the parent had skills and strengths but continued to have some needs for support, information and referrals to resources; the complex tool covered 6 domains with 35 goal areas.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of 3-5 year olds enrolled in or who regularly attend pre-K programs.*
- *The percent of preschool programs that provide kindergarten transition program, i.e., continuity between ECE and elementary school.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

Having a school social worker conducting family needs assessments as part of this program has allowed it to better respond to parents' basic needs as well as children's developmental and academic-oriented issues and concerns. For instance, targeted support for one family included referral to a local organization that provided items for the new baby, e.g., a car seat and stroller and even a sofa, helped support the family at a time the family was especially overwhelmed. Another success the grantee shared was providing guidance to teen mothers and fathers at Visalia Unified using the Growing Great Kids prenatal program curriculum.

Evaluation Results

To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school?

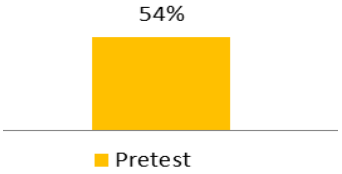
Being surrounded by lots of books in their home helps children build vocabulary, increase awareness and comprehension, and expand horizons—all of which benefit school achievement. This year, there were no posttests for the 13 parents who participated in the early literacy portion of VUSD's program, so we are not able to comment on any improvements that might have occurred. Generally, parents reported having few books at home. Close to 40% said they had 3-10 books, and none reported having more than 25 (Table 1). Looking at how often parents read books to their children (Question 2) and told stories to their children (Question 3), more than half of the parents on the pretest reported that they read (54%) or told stories (54%) to their children at least three times a week or more.

Table 1 Parents' Experience with Books/Reading to Children (n=13)

Survey Question	Pretest %
During the past week, about how many children's books did your child have at home (include books that you own as well as library books)?	
1 - 2 books	38.5
3 - 10 books	38.5
11 - 25 books	23.1
26 - 50 books	0
51 + books	0
About how often do you read books or stories to your children?	
Never	23.1
Several times a year	7.7
Several times a month	0
Once a week	15.4
About 3 times a week	30.8
Every day	23.1
How often do you tell your children a story	
Never	23.1
Several times a year	7.7
Several times a month	0
Once a week	15.4
About 3 times a week	23.1
Every day	30.8

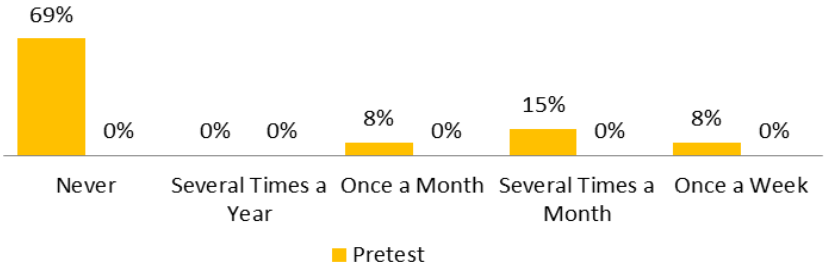
In terms of library experience, just over half of the parents reported that they possessed a library card.

Figure 1. Percent of Parents with a Library Card (n=13)



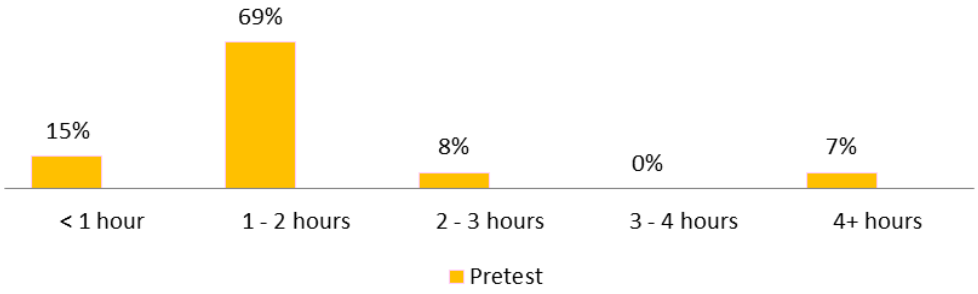
As Figure 2 shows, a little over 30% of the parents reported that they visited the library at least once a month.

Figure 2. Frequency of Going to the Library (n=13)



Television-watching habits, in addition to reading and visiting the library, are also of interest in early literacy programs. The majority of respondents (84%) reported that their children watched 1-2 hours of television during the day.

Figure 3. Hours of TV Watched Per Day, Matched Sample (n=13)



It appears that parents already engaged in positive parental behavior related to TV watching before participating in the program (Table 2). The majority reported that they *always* selected the TV program their children watched (76.9%), *always* watched the TV program with their children (69.2%), and *always* asked their children questions about the TV program (61.5%).

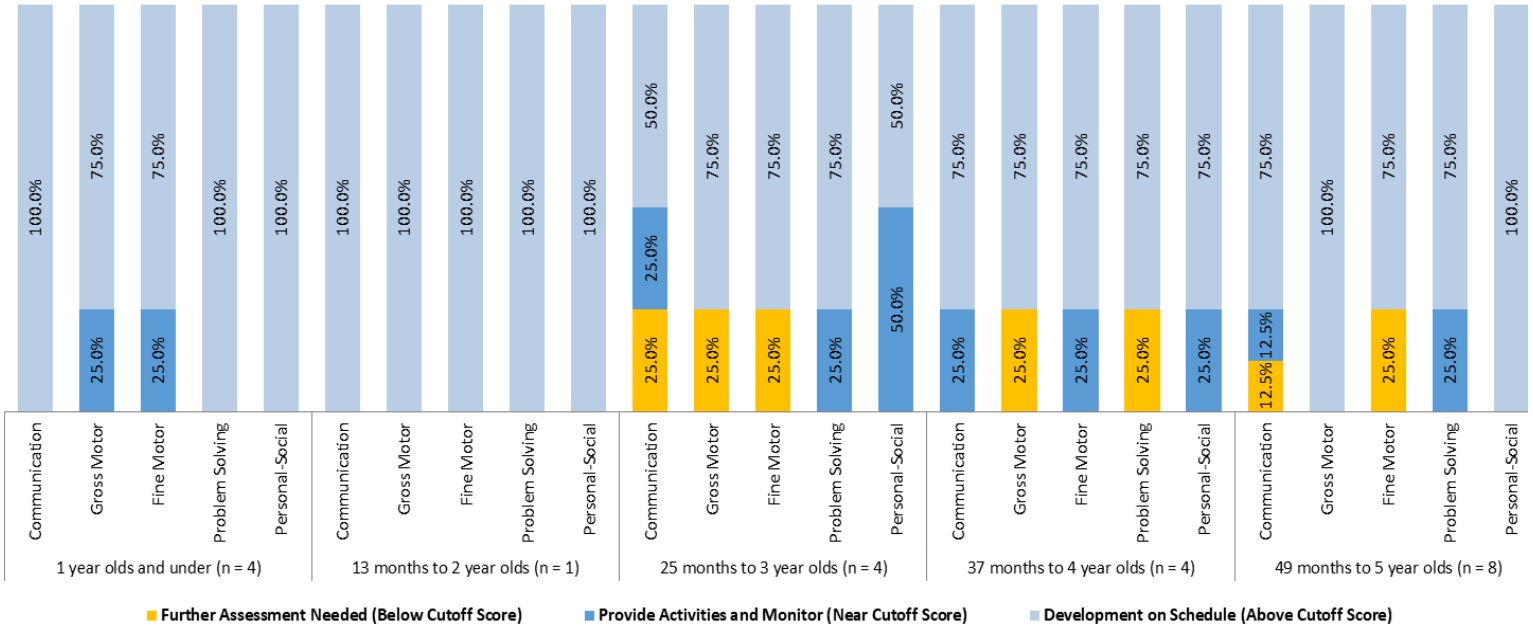
Table 2. Family TV-Watching Experience (n=15)

Survey Questions	Pre		
	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	15.4%	7.7%	76.9%
When your children watch TV, do you watch the TV programs with your children?	15.4%	15.4%	69.2%
When your children watch TV, do you ask your children questions about the TV program?	15.4%	23.1%	61.5%

To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

The earlier a behavioral concern is identified, the greater the chance a child has for reaching his or her full potential in life. The *ASQ* screening tools provide a means of assessing these concerns. A total of 21 children were assessed for their social and emotional development using the ASQ-3 questionnaire. Children who scored below the cutoff score (coded in yellow in Figure 4) were to be referred to a professional for further assessment. Children who scored in the midrange or near the cutoff score (coded in dark blue) were to be monitored closer and provided with additional learning activities and monitoring. The children who scored above the cutoff scores (coded in lighter blue) were considered to be developing on schedule and did not need further evaluation. Although most of the children scored above the cutoff and were considered to be developing on schedule (from 76.2% of the children in the Communication domain and in the Fine Motor domain to 85.7% in the Gross Motor domain and in the Personal Social domain), there were children who did score close or below the cutoffs and required additional monitoring or professional assessment.
Looking at these children by age group, except for the age 0-2 year group, the other age groups had children who scored below the cutoff score in one or more domain and required further professional assessment. For example, the 25 months to 3-year-olds had difficulty in all of the domains with a few children scoring near the cutoff in the Problem-Solving domain (25%), Communication domain (25%), and Personal Social domain (50%) and below the cutoff in the Communication domain (25%), Gross Motor domain (25%), and Fine Motor domain (25%).

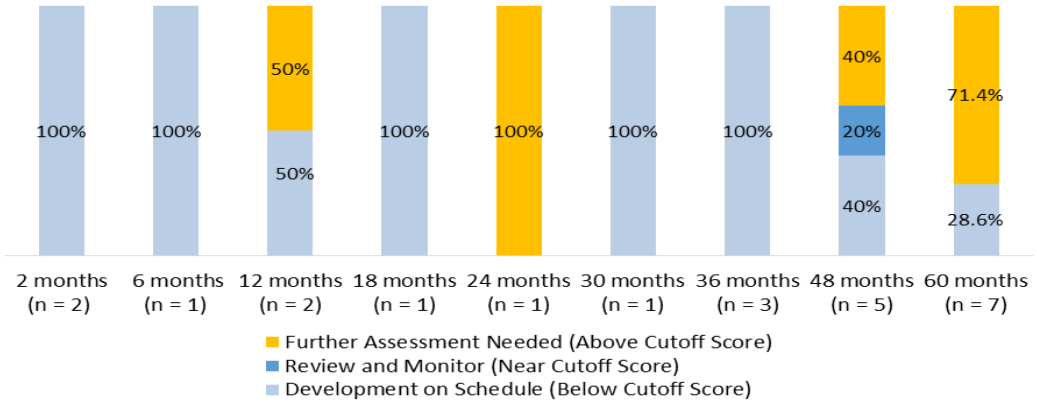
Figure 4. Percentage of Children Below, Near or Exceeding ASQ-3 Cutoff Score (n=21)



The 23 children were also assessed for their social and emotional development using the *ASQ-SE Version 2* Questionnaire from this year (Figure 5); 13 of them (56.5%) scored below their age group's cutoff score and were considered to be on schedule with their social and emotional development. One of them (4.3%) scored near the cutoff and was to be reviewed and monitored closer, and 9 of them (39.1% - up from 6.5% last year) scored above the cutoff and warranted further professional assessment.

Looking at the children by age group, we can see there were some children in the 12 months (50%), 24 months (100%), 48 months (40%), and 60 months (71.4%) who did score above the cutoff and required further professional assessment.

Figure 5. Percentage of Children Below, Near or Exceeding ASQ-SE 2 Cutoff Score (n=23)



In which areas did parents/ caregivers present with skills and strengths and have needs for support, information and referrals to resources?

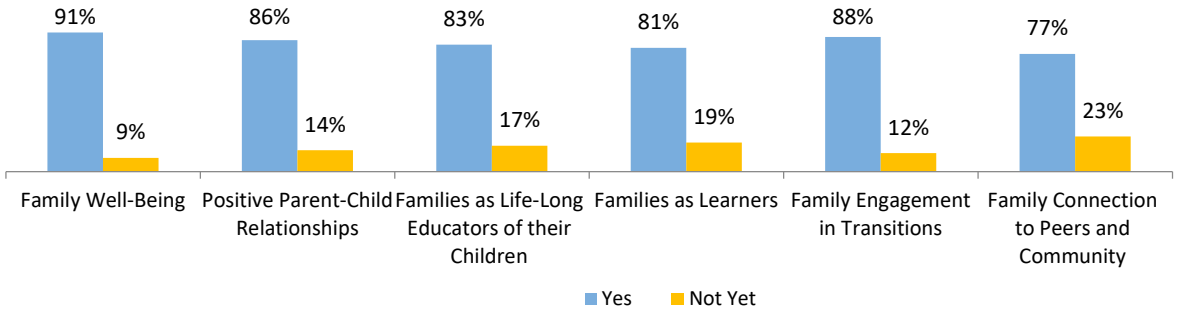
This year, 31 families were assessed for their strengths with the *Family Strengths & Needs Assessment (FANS)*, a new instrument VUSD chose as a supplement to their parenting program. The tool covers 6 domains and asks parents to identify among 35 goals the ones where they have strengths or where they feel the need for more support. For example, for Goal 16, which is in the Positive Parent-Child Relationship domain – *"I/We know positive techniques to help children manage their behavior without punishment. My/Our children learn behavior we model"*—parents after working with program staff need to be able to answer "yes" to questions like "We know how to handle a tantrum without becoming upset," and "we know how to set limits and give consequences without anger" to indicate achievement.

The 31 families worked on 13 (37.1%) of the 35 goals—not all of the goals are applicable—and as Table 3 shows, on average 84% of them were able to self-report achievement of the goals. The domain with the highest average achievement (91%) was Family Well-Being (Figure 6 on the next page).

Table 3. Percent of Families Achieving Goals, FANS Summary Data (n=31)

Domains	Number of Goals Families Worked on	Percent Achievement	
		Yes	Not Yet
Family Well-Being	3 of 9	91%	9%
Positive Parent-Child Relationships	2 of 7	86%	14%
Families as Life-Long Educators of their Children	2 of 6	83%	17%
Families as Learners	3 of 6	81%	19%
Family Engagement in Transitions	1 of 3	88%	12%
Family Connection to Peers and Community	2 of 4	77%	23%
Total Goals	13 of 35 (37.1%)	84% avg	16% avg

Figure 6. Families' Average Achievement of Six FANS Domains



To what extent did parents learn important child development information, and what were the breastfeeding intentions of pregnant women?

Growing Great Kids (GGK), a new early childhood curricula for 0-3 and preschool groups VUSD implemented this year, builds on the framework of *Protective Factors* that other grantees are using. Because there was no evaluation tool associated with the program, we developed a pre/post tool aligned with the curriculum to assess parent knowledge change, and for pregnant parents the intentions related to breastfeeding.

For this year, there were 9 parents who submitted both a pretest and a posttest. Of the 10 questions, 4 were difficult for the parents to answer correctly initially. Questions 1b (0% correct), 2a (44.4% correct), and 2e (44.4% correct) proved difficult as no parents to less than half answered correctly (Table 6). Question 2b was slightly less difficult with approximately 55% of the parents getting the answer correct on the pretest.

On the posttest, 3 of these questions continued to be difficult for the same set of parents to answer correctly. More parents correctly answered Questions 1b (11.1% correct) on the posttest than on the pretest but for Questions 2a and 2b, there were *fewer* parents who answered these questions correctly. Except for Q2e, the changes of the percentages of parents getting the answer correct from pretest to posttest were not statistically significant. Parents were also asked to answer 2 questions about parent-child interaction. More than half of them (55.6%) answered Q3 correctly on the pretest and by the posttest, all of them (100%) were able to answer it correctly—a statistically significant change. There was no change in knowledge, however, for Q4 with less than half of the parents (44.4%) answering correctly before and after participating in the program.

Table 6. Percentage of Correct Responses, GGK, Matched Sample (*n* = 9)

	Pre % Answering			Post % Answering		
	True	*False*	*Not sure*	*True*	*False*	*Not Sure*
1a. Early relationships have lifelong impacts on a child's ability to learn, their behavior, and their health.	**77.8%**	11.1%	11.1%	**100%**	0%	0%
1b. As a child grows, parents should limit the amount of control a child has over their self-regulation.	22.2%	**0%**	77.8%	77.8%	**11.1%**	11.1%
1c. Children develop different styles of coping with stressful situations in their family.	**75.0%**	0%	25.0%	**100%**	0%	0%
1d. Children who grow up to be secure have moms who are more attentive and responsive.	**88.9%**	0%	11.1%	**100%**	0%	0%
1e. Cultural values have a big impact on how children learn to interpret and express their emotions.	**88.9%**	0%	11.1%	**100%**	0%	0%

Table continues on next page

2a. Children at birth are not naturally programmed to attach with others and must learn how.	33.3%	**44.4%**	22.2%	88.9%	**11.1%**	0%
2b. Attachment relationships are unrelated to a child's developing brain.	0%	**55.6%**	44.4%	66.7%	**33.3%**	0%
2c. It's primarily the parent-child interactions during their daily routines that help child development.	**88.9%**	0%	11.1%	**100%**	0%	0%
2d. Harsh or threatening environments for young children can lead to changes in their nervous system.	**88.9%**	0%	11.1%	**100%**	0%	0%
2e. Research shows the more a child is spanked, the slower is the development of their mental ability.*	**44.4%**	0%	55.6%	**88.9%**	11.1%	0%

	Pre Correct	Post Correct	% Change
Q3. Babies and the effect of forms of play	55.6%	100%	79.9%*
Q4. Negative impact of highly critical parents	44.4%	44.4%	No Change

Note. The percentages in **blue** font are the percentages of correct answers for that particular question.
*$p < .05$.

There were too few matching forms to look for changes with regard to breastfeeding outcomes among the 6 parents who answered this question, though half of them (3 of the 6 pregnant parents) had expressed the *intention* to breastfeed; 2 of them (though not necessarily part of the 3) did in fact initiate breastfeeding after their babies were born. Additionally, when asked if they knew who to call or where to go when they had questions about breastfeeding or baby care, nearly all of the parents affirmed at both pre- and posttest that they did.

Conclusions and Recommendations

The grantee has continued to expand its early childhood program, benefitting the families and children served by the Visalia Unified School District. Growing up in a houseful of books has been strongly linked to academic achievement such as developing conceptual knowledge and laying a foundation for beginning reading and writing, so we are pleased to see the *ESPIRS* curriculum continuing to be implemented. However, because there were no posttests provided to us, we cannot know whether the grantee achieved its evaluation objective of "75% of participating parents will read books with their children daily" (about 23% reported doing so on the pre-assessment). Similarly, without posttests it was not possible to look for program impact on having more children's books in the home, and having a library card and using the library—outcomes one looks for with *ESPIRS*. We hope next year VUSD will be able to provide matching pre/posttests.

The A*ges and Stages (ASQs)* questionnaires continue to be a valuable tool for parents to identify areas of strength and areas where further evaluation might be needed. From a sample review of these questionnaires, it appeared families were appropriately referred when indicated by the assessment results.

Because the original *Family Strengths & Needs Assessment* (FANS) tool proved too complex for most parents, we recommended it be modified (retaining its integrity). VUSD agreed, and we have now provided a revised version for use in FY 22/23. We also created a recording tool we hope makes data collection and reporting easier next year.

LINDSAY FAMILY RESOURCE CENTER

"Sometimes I get so frustrated with [my son] and have no one to help support me. I hope I can continue to attend these groups." - Parent participant

Project Purpose and Evaluation Design

The project offers a comprehensive range of early childhood education services, including facilitating access to preventive, primary, and specialty health and dental services, actively engaging parents in early development activities with their children, and helping parents have access information about services, jobs, training programs, child care, substance abuse, and other topics to improve family functioning. The project collects evaluation data through 5 different tools.

Primary Objective	Measured by
Early identification of developmental delays and referral	Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3,* designed to screen children from 1–66 months for early identification and intervention and to identify strengths as well as areas that need work.
Parent knowledge about child development and gain in parenting skills	*Abriendo Puertas* (Opening Doors), a comprehensive, 10-session parenting skills and advocacy program for low-income parents of children 0-5 aimed to develop parents' self-understanding as powerful agents of change to improve the lives of their children; the pre/post questionnaire assessed parent experiences and perceptions.
Identify areas of highest family need and concern and strength for case planning	*The Healthy Families Parenting Inventory (HFPI)*, 63-item scaled tool was administered pre/post to examine change in 9 parenting-related domains: Social Support, Problem-Solving, Depression, Personal Care, Mobilizing Resources, Role Satisfaction, Parent/child Interaction, Home Environment and Parenting Efficacy. The *HFPI* was also used for an outcome measure for the home visitation program.
Identification and referral for maternal depression	The *Edinburgh Postnatal Depression Scale* was used to screen women coping with the life changes of pregnancy and childbirth. Their answers were quantified and summed to produce a depression score, including suicide risk.
Identify adverse childhood experiences and refer or provide intervention	The *ACES Screening* tool asked parents about 10 different children's experiences, as well as their own childhood experiences, and was administered once during the year.
Parent knowledge about child health and home safety	The 3-module *SafeCare*, an evidence-based home visitation program was used to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained observers rated various factors associated with the modules on a pre/post basis. Parents completed a satisfaction survey at the end of each module.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of parents who are concerned their child is at risk of developmental delay.*
- *The percent of reports of suspected child abuse and neglect and the percent of substantiated cases.*
- *The percent of parents who report satisfaction with the content and quality of services.*
- *The percent of children fully immunized by entry into kindergarten.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

The rollout of 2 new parent engagement programs has had tremendous success this year. Early Literacy Early Math (ELEM) was created to help parents advance early literacy skills and math understanding in their young children. The program also addresses developmental areas such as physical/motor through dancing to live music volunteers provide and social/emotional from the parent/child groups. The second group involves an informal Saturday morning adult mental health support group facilitated by a therapist for First 5 parents. Staff discovered that while parents wanted to attend, the difficulty in finding childcare on a weekend was hindering attendance. The solution was to collaborate with the local HS's Health Pathway program and use First Aid/CPR-certified students to give parents an environment free to distractions during "self-care" time.

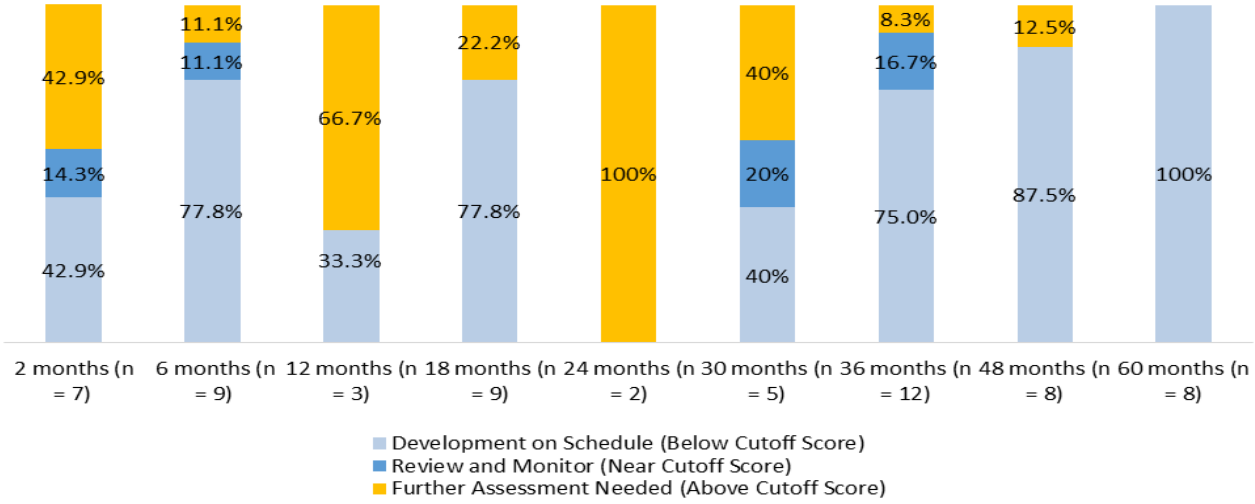
Evaluation Results

To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

Figures 1 and 2 on the next page show the results of the parent-completed *Ages and Stages* questionnaires described above. Looking at the entire sample of 63 children from this year, 44 of them (69.8%) scored below their age group's cutoff score on the *ASQ:SE-2* and were considered to be on schedule with their social and emotional development (bars in light blue), 5 of them (7.9 %) scored near the cutoff and were to be reviewed and monitored closer (darker blue), and 14 of them (22.2%) scored above the cutoff and warranted further professional assessment (yellow).

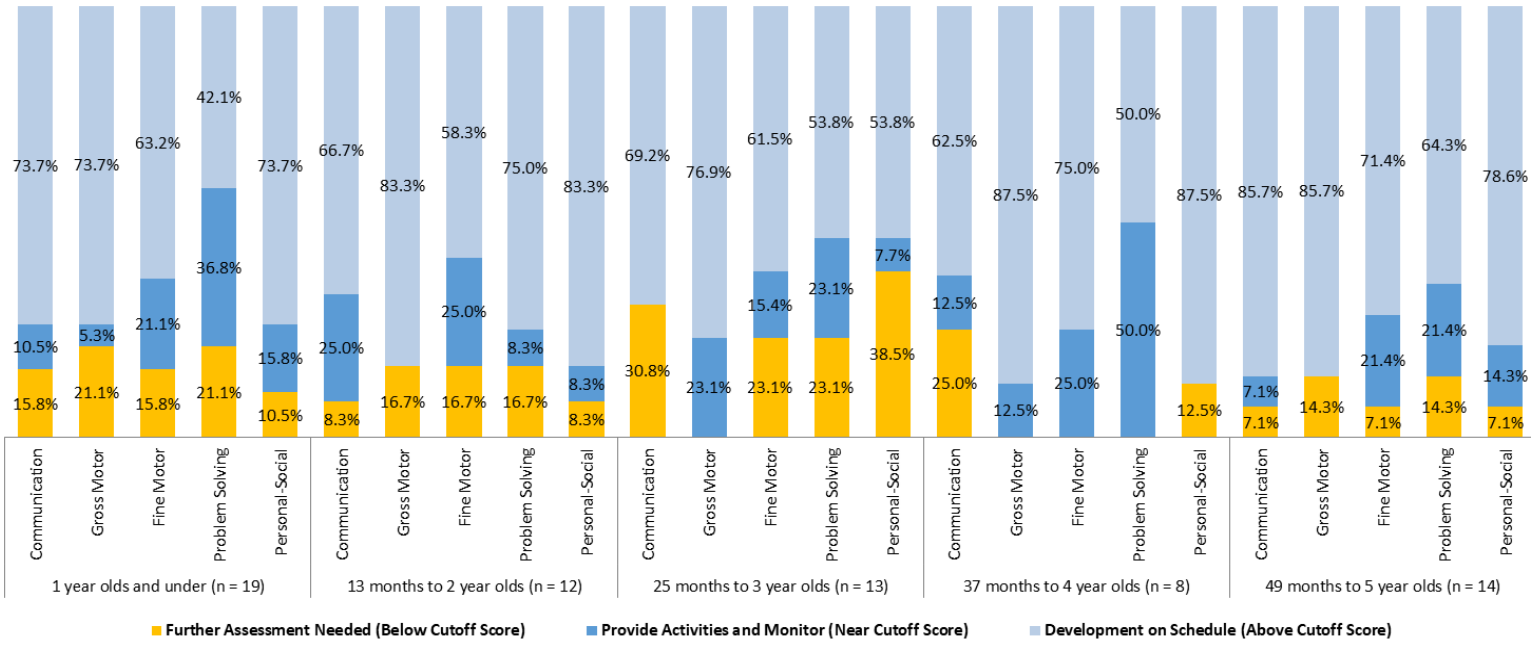
Looking at these children by age group, all in the oldest age group of 60 months scored below the cutoff and midrange and were considered to be developing on schedule. Contrary to that, there were some children in each of the other age groups who did score above the cutoff scores for their age and warranted further professional assessment, for example close to half (42.9%) of the 7 children age 0-7 months.

Figure 1. Percentage of Children Below, Near or Exceeding the ASQ:SE-2 Cutoff Scores (n=63)



The *ASQ-3* is a developmental screener that evaluates communication, gross motor, fine motor, problem solving, and personal-social development. The 66 children were also assessed for their overall development using this tool. The color coding of the cutoff levels in Figure 2 below is the same as for Figure 1 above. Although most of the children scored above the cutoffs and were considered to be developing on schedule (from 56.1% of the children in the Problem-Solving domain to 80.3% of the children in the Gross Motor domain), we can see from the bar graph that every age group had children who scored below the cutoff score in one or more domain and needed further professional assessment. For example, the 25 months to 3-year-olds had difficulty in all of the domains except the Gross Motor domain. This age group also had the highest percentage of children who scored below the cutoff with over 38% of the children scoring below the cutoff in the Personal Social domain.

Figure 2. Percentage of Children Below, Near or Exceeding the ASQ-3 Cutoff Scores (n=66)



To what extent did parents learn and apply important parenting and conflict management skills?

Table 1 shows results for the parents/caregivers who were asked questions on the *Parenting Wisely* tool about parenting and conflict management skills that had correct and incorrect answers. A repeated measures analysis of variance on the full set of questions showed that there was a significant improvement in overall performance from pretest to posttest, with the 13 parents averaging about 51% correct on the pretest (the range was 32% to 67%) and about 66% correct on the posttest (the range was 50% to 85%). The percentage changes with asterisks shown in the table indicate which changes were statistically significant. It should also be noted that some of the "no change" items may raise concerns among staff; for example, questions 3 and 9.

Using 80% correct as a benchmark for total test performance, none of the 13 parents scored over this benchmark on the pretest but on the posttest, two of them (15%) scored over the benchmark.

Table 1. Percentage of Correct Answers on Parenting Wisely Pretest and Posttest, Matched Sample (*N* = 13)

Question	% Correct on Pretest	% Correct on Posttest	% Change
1. What might be the disadvantage(s) of discussing a problem when you are angry?	38%	62%	63.2%
2. What is the best reason to use "Active Listening"?	46%	77%	67.4%
3. In disciplining a child, what should be included along with punishment?	69%	69%	No Change
4. What is the most important part of giving a chore?	62%	62%	No Change
5. What is most important in "Assertive Discipline"?	85%	54%	-36.5%*
6. What is most likely to happen if a parent doesn't usually follow through punishment?	77%	69%	-10.4%
7. When might a family discussion of a problem NOT be a good idea?	46%	62%	34.8%
8. When a parent does not state clear expectations about rules, but is upset when children don't behave, how may the child feel?	54%	77%	42.6%
9. What happens when parents are consistent in giving consequences?	54%	54%	No Change
10. What are the components of "Contingency Management"?	54%	69%	27.8%
11. What happens if a parent monitors a child's schoolwork?	46%	62%	34.8%
12. When you first find out your child is doing poorly at school, what should you do?	54%	92%	70.4%*
13. What is the long term result of motivating children by yelling at them?	54%	69%	27.8%
14. What often happens when a parent forbids a teen to see a particular friend?	38%	54%	42.1%
15. What happens when you compare siblings to each other?	92%	62%	-32.6%
16. Is it important to explain to our children exactly what they have done wrong before punishing?	31%	69%	122.6%*
17. The main reason parents yell at their children is?	54%	77%	42.6%
18. After assigning a chore that takes several steps, what should a parent do if the child does not do a good job?	77%	69%	-10.4%
19. How should a parent handle repeated, angry "back talk" when assigning a chore?	23%	54%	134.8%
20. Why is role modeling a powerful long-term way to teaching children proper behavior?	8%	38%	375.0%*
21. What is the purpose of an "I Statement"?	77%	54%	-29.9%
22. What are the main advantages of "Contracting" for adolescents?	15%	54%	260.0%*
23. Which of the following is an "I Statement"?	38%	77%	102.6%*
24. If your child lied to you about where he/she went after school, what would be a good "I Statement" to use? After you have thought of 2 or 3 possibilities, choose the best one from the following choices.	31%	69%	122.6%
25. When a child angrily says, "I don't want anyone coming into my room!" good "Active Listening" would be if you said...	15%	46%	206.7%
26. What is the advantage of having both parents involved with a child's homework problem?	62%	38%	-38.7%

Table continues on the next page

Question	% Correct on Pretest	% Correct on Posttest	% Change
27. What happens when parents give punishments that are severe?	38%	85%	123.7%*
28. Close supervision of our children when they spend time with friends has which advantage?	46%	77%	67.4%*
29. What are the main elements of "Contracting"?	31%	69%	122.6%
30. What are common reasons why stepfathers get involved with disciplining their wives' children?	8%	38%	375.0%*
31. If we need to correct our child when he or she is with friends, what should we do?	100%	100%	No Change
32. To help our children know which behavior to change, it is important for us to be...	54%	62%	14.8%
33. When one of our children continually reports that he or she is being hit by our other child, what should we do?	85%	92%	8.2%
34. When we talk about the positive motive behind someone's behavior, the effect is to?	85%	92%	8.2%
Overall Percentage Correct	**51.4%**	**66.3%**	**29.0%***

To what extent did parent-child interaction, and recognition and behavior about children's health and illness and home safety improve, and how satisfied were parents with the program?

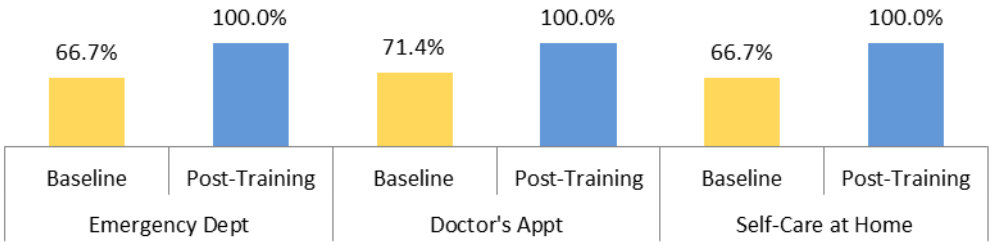
This year, 6 parents participated in the Home Accident Prevention (Safety) module of the SafeCare program, a home visiting model. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children at the baseline visit (helping the parent also to identify these hazards) and again at the end of the module after training. As Table 2 shows, an average of 28.5 hazards per family (73.1 last year) was observed during the initial assessment but dropped to 0 at the end of the module—a 100.0% improvement. The total number of home hazards recorded prior to the training ranged from 41 in one family to 0 in another family (the only time any of the grantees with SafeCare programs recorded zero hazards at the beginning of this training module).

Table 2. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=6)

	Baseline	Post-Training
Total number of hazards	171	0
Average number of hazards per client	28.5	0
Mean percent reduction	100.0%	

To assess and provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment (Figure 3 on the next page). Five parents were provided reference manuals with a symptom guide and other pertinent information. The parents demonstrated varying levels of knowledge about all 3 health training components at the start of the training – between about 67% and 71% of the issues were addressed correctly on average at the pretest. After successfully completing this module, the parents were able to always identify symptoms of illnesses and injuries and determine and seek the most appropriate health treatment for their child, improving their posttest scores to 100%.

Figure 3. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=5)



The purpose of the parent-infant interactions (birth to 8-10 months) and parent-child interactions (8-10 months to 5 years) module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. Staff observes parent-child play and/or daily routines and codes for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions. From the graphs in Figures 4 and 5 it is clear parents' ability to consistently demonstrate desired interactions with their infants and children was significantly improved after completion of the training—from 0% to 100% for the parents of children in both age groups.

Figure 4. Average Competency Ratings for Parent-Infant Interactions, Matched Sample (n=2)

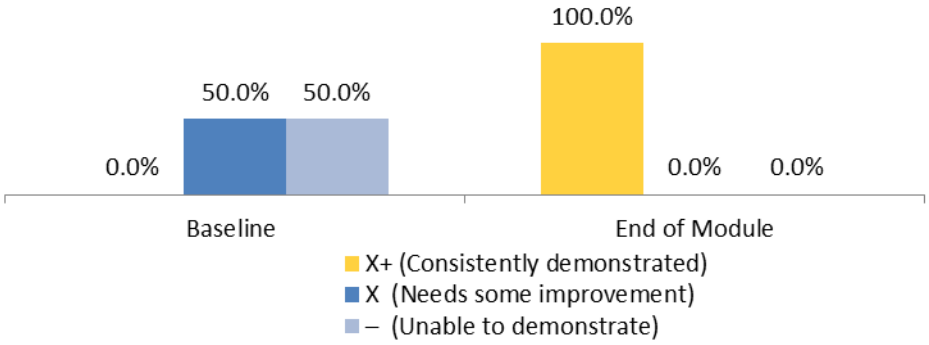
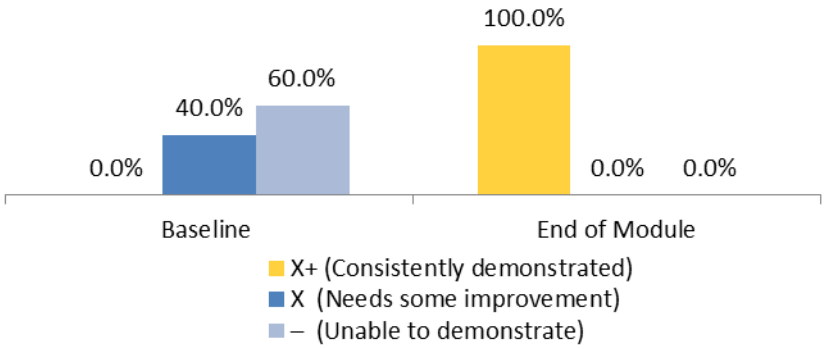


Figure 5. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=3)



The parents evaluated each training module they completed and rated their level of agreement using a 5-point scale. As Table 3 indicates, overall, parents "strongly agreed" to "agreed" with the statements indicating that they were satisfied with the home visitors, skills, and information they received from the training program and

"strongly disagreed" that the Home Visitor was negative and critical or that the training did not give them new or useful information.

Table 3. Parents' Rating of Satisfaction Ratings with SafeCare Program

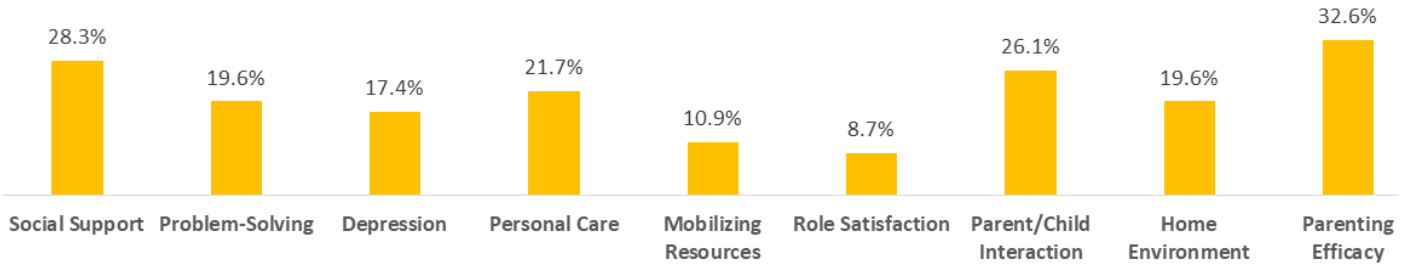
Module			
Health (*N* = 19)	Home Safety (*N* = 12)	Parent Child Interactions (*N* = 8)	Parent Infant Interactions (*N* = 5)
Mean	*Mean*	*Mean*	*Mean*
1.16	1.20	1.00	1.07

Note. Item mean scores reflect the following response choices: 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Neutral*, 4 = *Disagree*, and 5 = *Strongly Disagree.* Ratings were coded so that a lower mean score represented greater satisfaction about the training.

What areas of parenting need and concern regarding child development were highest?

The *Healthy Families Parenting Inventory (HFPI*), a new tool implemented by the grantee this year, asks parents to respond to a variety of statements about parenting skills and self-awareness using a scale of "rarely or never" to "always or most of the time." We received 46 pretests but only 1 posttest so no statistical analysis was possible. Looking at the 9 domains for the pretests only, we can see that the majority of parents scored above the cutoff totals and no concerns were identified; however, there were some parents who scored below the cutoff totals who needed extra help as Figure 6 shows. The domain with the highest percentage of parents scoring below the cutoff—and indicating this area to be of concern—was the Parenting Efficacy domain (32.6%). The domain with the smallest percentage of parents scoring below the cutoff was the Role Satisfaction domain (8.7%).

Figure 6. Percentage of Parents Scoring in the Area of Concern, Pretest Only, (n=46)



To what extent did parents increase their knowledge about child development and gain parenting skills?

Abriendo Puertas includes several pre/post questionnaires, and we provide the details (an "item analysis") of the questions because the results point to areas of strength and weakness of the curriculum, i.e., where parents have the least or the greatest degree of difficulty in gaining knowledge. Of the 15 questions with predetermined correct answers in Table 4, there were 6 questions that showed statistically significant difference in how the parents answered on the pretest and on the posttest. For 4 of these questions (Q2, Q3, Q14, and Q17), every respondent answered the question correctly after taking the class. For the other 2 questions (Q16 and Q26), very few respondents answered the question correctly on the pretest but this improved significantly after the class with close to 85% answering Q16 correctly and more than half answering Q26 correctly.

Using a benchmark of 75% correct, Q26, and Q27 (similar to last year and the year before, and Q5 and Q23) were difficult for the parents to answer correctly even after taking the class. The parents had the most difficulty with Q26 with none of them answering the question correctly before the class and a little over half of them answering correctly after the class.

Table 4. *Abriendo Puertas* Questions with Correct and Incorrect Answers, Matched Sample (n=13)

Questions	PRE		POST		% change
	# answering correctly	%	# answering correctly	%	
Part 1: Early Learning and Development					
1. Which period is most important for your child's brain development?	8	61.5	12	92.3	50.1%
2. Which area is most important in my child's (children's) development?	9	69.2	13	100	44.5%*
3. A child's education starts:	6	46.2	13	100	116.5%*
4. Parents can improve their child's school success by:	10	76.9	12	92.3	20.0%
Part 2: Parenting					
5. The best discipline is:	7	53.8	7	53.8	No Change
Part 3: Social-Emotional Skills & Development					
9. Developing positive social-emotional skills includes learning to….	6	46.2	10	76.9	66.5%
10. How can you help your child express and regulate his/her thoughts and feelings effectively?	12	92.3	13	100	8.3%
Part 4: Language and Literacy					
12. A child starts to learn language:	7	53.8	12	92.3	71.6%
14. Parents should talk with their children when:	9	69.2	13	100	44.5%*
15. I think that a child who uses two languages:	10	76.9	13	100	30.0%
16. Reading to my child will:	7	53.9	11	84.6	57.0%*
17. I should start reading to my child:	7	53.9	13	100	85.5%*
Part 5: School					
23. I think my child's opportunities to do well in school improve, if:	6	46.2	9	69.2	49.8%
Part 6: Health					
26. On average, a 4-year old consumes 65 lbs of sugar a year.	0	0	7	53.8	0%
27. How many servings of fruits and vegetables should healthy children eat each day?	9	69.2	7	53.8	-22.3%

* $p < .05$.
Note. The questions are direct wording from the tool.

For the questions in Table 5, means were used to indicate how confident the parent felt on a number of items regarding their parenting skills, with a mean of 1.0 indicating “not confident” to a mean of 4.0 indicating “very confident.” While most of the parents were responding around the "confident" level already on the pretest and later at the posttest, there were 2 items that were statistically significant: parents felt slightly more confident after the class when asked about their ability to help their child learn a language and to teach their child basic skills required for kindergarten.

Table 5. *Abriendo Puertas* Questions with Responses on a Confidence Scale, Matched Sample

Questions	*n*	Pre		Post		%
		M	*SD*	*M*	*SD*	Change
Part 2: Parenting						
6. Thinking of your youngest child, how confident do you feel in your ability to raise him/her?	13	2.9	.7	3.2	.7	10.3%
7. When your child misbehaves, how confident are you that you can get him/her to calm down and behave correctly?	13	2.5	.8	2.9	.8	16.0%
Table continues on next page						
Part 4: Language and Literacy						
13. How confident are you in your ability to help your child learn language?	11	2.6	.7	3.3	.8	26.9%*
Part 5: School						
21. How confident do you feel teaching your child basic skills for kindergarten - like counting or learning colors or letters?	13	2.9	.7	3.5	.7	20.7%*
Part 7: Advocacy for our Future						
28. How confident are you in being an advocate for your child?	13	2.8	.8	3.3	.6	17.9%

Note. Item mean scores reflect the following response choices: 1 = *not confident*, 2 = *somewhat confident*, 3 = *confident*, and 4 = *very confident.*
* $p < .05$.

For the responses to questions that were answered on an "agreement" scale (Table 6), only one of the parents' post-class changes in agreement levels was statistically significant: understanding that their own diet and exercise habits have a direct impact on their child's habits increased significantly.

Table 6. *Abriendo Puertas* Questions with Responses on an Agreement Scale, Matched Sample (n=32)

Questions	*n*	Pre		Post		%
		M	*SD*	*M*	*SD*	Change
Part 3: Social-Emotional Skills and Development						
11. My self-esteem directly affects the social-emotional development of my child.	10	3.1	1.0	3.7	.5	19.4%
Part 4: Language and Literacy						
18. Only parents who know how to read well can share books with their children.[1]	12	1.8	1.1	1.3	.8	-27.8%
Part 5: School						
20. Attending a high quality preschool program impacts the lifelong success of my child.	13	3.1	1.1	3.8	.6	22.6%
Part 6. Health						
25. My diet and exercise choices have a direct impact on my child's diet and exercise habits.	13	3.2	.9	3.9	.4	21.9%*

Note. Item mean scores reflect the following response choices: 1 = *strongly disagree*, 2 = *somewhat disagree*, 3 = *somewhat agree*, and 4 = *strongly agree.*
* $p < .05$
[1] Question 18 was reverse-worded where more disagreement with the statement was more desirable.

Parents overall reported a positive trend in their library visits. About two-thirds (61.5%) of them indicated they had never been to the library before taking class, with the proportion dropping to 30.8% afterwards. Likewise, none of the respondents reported taking their child to the library at least once a week on the pretest but on the posttest, this had improved to over 30% of the respondents. The mean differences in these responses were significantly different; that is, by the posttest the same parents reported going to the library more often.

Figure 7. Frequency of Library Visits

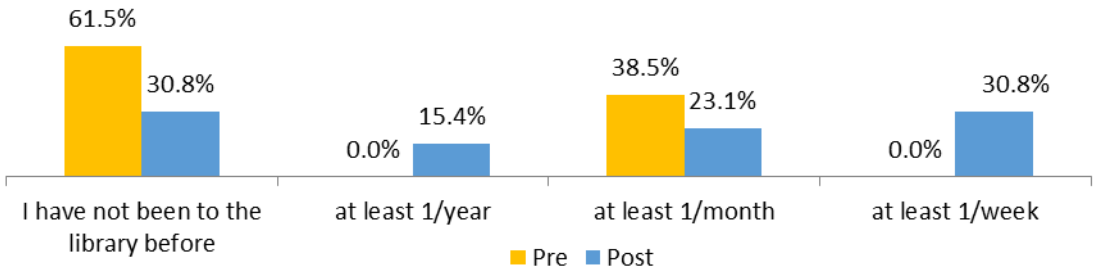
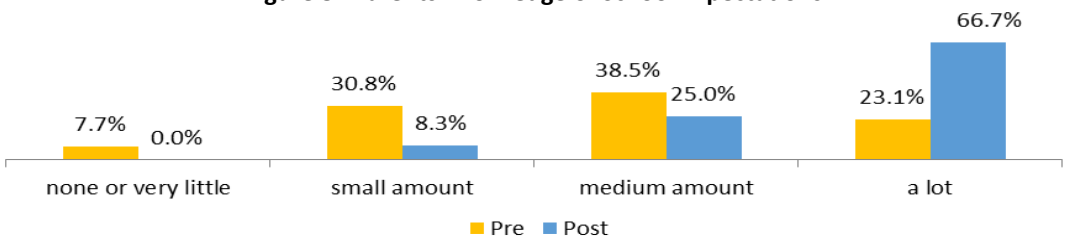


Figure 8 shows what parents reported they knew about what their child's school expects of them and their children. All of the pre/post changes shown in the graph were statistically significant. On the pretest, 30% of the parents indicated that they knew a "small amount" about what their child's school expects of them and their children. After the classes, two-thirds (66.7%) said they knew "a lot."

Figure 8. Parents Knowledge of School Expectations



Parents were also asked about getting children ready for kindergarten and given 4 choices of activities. There was one statistically significant change in the endorsement rate from pretest to posttest. Initially, a little over half of the parents (53.8%) selected identifying letters and sounds as one of the ways to get their child ready for kindergarten. On the posttest, over 92% of the parents had selected this choice. (Table 7).

Table 7. Readiness for Kindergarten, Matched Parents (n=13)

Question 24	Pre		Post		% Change
	n	%	*n*	%	
I think that getting children ready for kindergarten includes learning:					
1. To count and recognize colors and shapes.	9	69.2	12	92.3	33.3%
2. To identify letters and sounds.	7	53.8	12	92.3	71.4%*
3. To work and play with others.	6	46.2	10	76.9	66.7%
4. To speak politely to the teacher.	5	38.5	10	76.9	100.0%

* $p < .05$.

Table 8 addresses issues related to parent/child rights in the U.S. On the pretest, close to a quarter of the parents (23.1%) believed that if their child was learning English, their child then has the right to be in a special program at school. At the posttest, almost 70% believed this was their right. There was also a significant increase in the number of parents who believed that they had the right to an interpreter for teacher-parent conferences or school meetings. Approximately three-fifth marked this choice on the pretest and by the posttest all the parents had marked this choice.

Table 8. Parental and Children Rights in the U.S. Matched Parents (n=13)

Question 29	Pre		Post		% Change
	n	%	*n*	%	
What are your rights as a parent in the U.S. and what are your child's rights?					
1. If your child is learning English, he/she has the right to be in a special program at school.	3	23.1%	9	69.2%	200.0%*
2. You have the right to be involved in decision-making at your child's school.	7	53.8%	12	92.3%	71.4%
3. Your child has the right to public education, regardless of legal status.	10	76.9%	11	84.6%	10.0%
4. You have the right to an interpreter for teacher-parent conferences or school meetings.	8	61.5%	13	100%	62.5%*
5. You have the right to write a formal complaint letter to your child's school.	4	30.8%	9	69.2%	125.0%

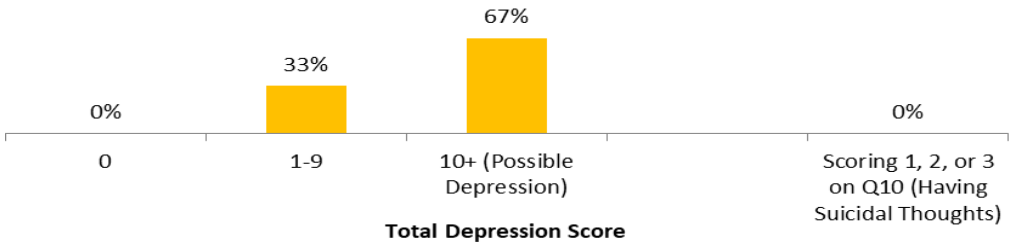
* $p < .05$.

To what extent were women who gave birth identified as depressed and referred for help?

Postpartum depression, which is under recognized and under treated, is a major public health problem that carries substantial risk for women, children, and families.[5] The *Edinburgh Postnatal Depression Scale* is commonly used as a screening tool to see how women are coping with the life changes of pregnancy and childbirth. Their answers are quantified and summed to produce a depression score. Women who score 10 or greater, with a maximum possible score of 30, are considered as having possible depression and to be referred to their primary service provider. If a woman answers with a 1 ("hardly ever"), 2 ("sometimes"), or 3 ("yes, quite often") on *Question 10* (the one about harming oneself), an immediate assessment is required. Respondents can also choose the option of 0 ("never").

The program identified 3 women this year with an indication for using this tool. As Figure 9 shows, 2 of the 3 women (66.6%) scored over 10 which indicated possible depression. One of the women (33.3%) scored below a 10 but above a 1, indicating mood swings that new mothers may normally experience. All 3 of the mothers responded to Question 10 with "never" when asked if the thought of harming themselves had occurred to them.

Figure 9. Edinburgh Postnatal Depression Scale (*n* = 3)



To what extent did children and adults present with adverse childhood experiences (ACES)?

For the introduction of ACES and its importance, please see the information we presented in pages 10-13 of this evaluation report. Grantee-specific findings are described below.

[5] http://www.apa.org/pi/women/resources/reports/postpartum-depression.aspx

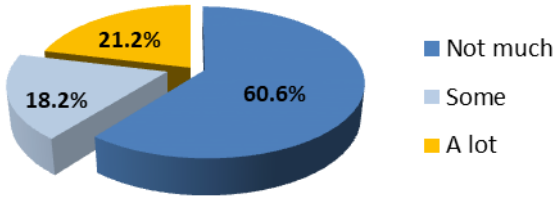
Adults

Thirty-six adults were screened for ACES experience this year. While close to one-third of them reported having no ACES incidents during childhood (Table 9), it is important to note that the same proportion (30.7%) reported experiencing 4 or more ACES which, according to the tool, indicates a high level of toxic stress physiology. Just over 60% of the parents viewed the impact as minimal ("not much"), 18.2% believed there was "some" affect and, notably, 21.2% considered that the experience had greatly ("a lot") affected their health (Figure 10).

Table 9. Number of ACES Experienced by the Parents (n=36)

Number of Aces	Percent of Parents
0	30.6%
1	11.1%
2	16.7%
3	8.3%
4	2.8%
5	16.7%
6	5.6%
7	0.0%
8	0.0%
9	5.6%
10	0.0%

Figure 10. Extent to Which the Adults Believed the ACES they Experienced Affected their Health (n=33)



Because this FRC uses the identified version of the ACES tool, counselors and case managers are able to see which adverse life events individual clients have experienced – and which are most common among its clients. In the case of the Lindsay FRC clients, feeling they were emotionally abused, and living with the impact of substance abuse on the family significantly contributed to the distress of these parents' childhoods (Figure 11).

Figure 11. Percent of Parents Who Experienced Each Type of ACES Life Event[1]

[1]Clients were instucted to read the questions and "check each ACE category you experienced prior to your 18th birthday.

Children

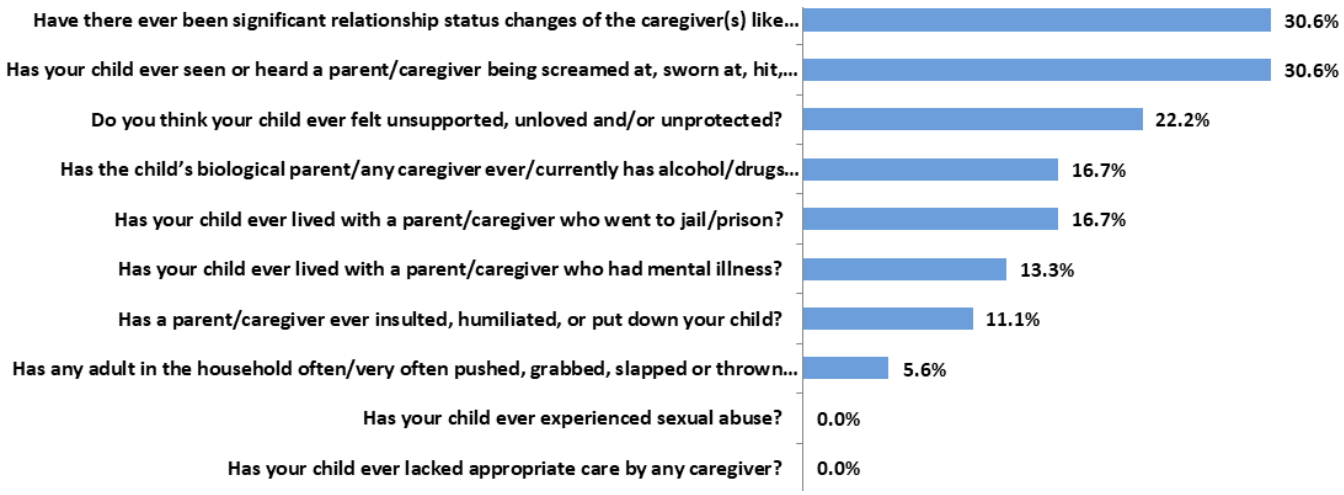
The 36 parents/caregivers also provided ACES screening information about their children. Just over 40% of them reported their children having no ACES experiences; however, 11.1% of them (n=4) reported their children had experienced 4 or more ACES—considered as high risk for toxic stress physiology (Table 10 on the next page).

Table 10. Number of ACES (Part 1) Experienced by the Children of First 5 Parents/Caregivers (n=36)

Number of Aces	Percent of Children
0	44.4%
1	16.7%
2	11.1%
3	16.7%
4	8.3%
5	2.8%
6	0.0%
7	0.0%
8	0.0%
9	0.0%
10	0.0%

There are 2 parts to the pediatric ACES screening tool. For the life events asked about in Part 1, the most commonly reported ACES were a significant change in the relationship status of the child's caregiver(s)—such as divorce, separation or a romantic partner moving in or out—and a child witnessing their parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult, each reported by 30.6% of the parents (Figure 11).

Figure 11. Percent of Children who Experienced Each Type of ACES Life Event – Part 1 (n=36)[1]



[1]Parents were asked, "At any point in time since your child was born,have they seen or been present when the following experiences happened?"

Very few of the 32 parents answered "yes" to the life circumstance questions in Part 2 of the pediatric tool. However, among the issues noted were problems with housing, reported by 21.9% of the parents, and worry about food security, 15.6% (data not shown).

Conclusions/Recommendations

It was apparent that the majority of the parents who completed the *SafeCare* modules appreciated and responded well to the program training. The high post-training scores on the health-related training module, for example, demonstrated a great deal of parent knowledge gain about appropriate options for caring for a sick child. The reduction in the number of home hazards after the observations was unusually positive as none were noted among the 6 participants. Parents participating in *Parenting Wisely* demonstrated improved learning and ability to apply important parenting and conflict management skills, though some did not reach the 80% correct benchmark in their posttest scores.

Parents completing *Abriendo Puertas* showed varying amounts of knowledge about child development and parenting skills. Similar to last year, most of them did less well after taking the class in knowing how many servings of fruits and vegetables a healthy child should eat every day. There was only a slight change in agreement regarding the statement "only parents who know how to read well can share books with their children," which is a little concerning. We again suggest staff look at the results of each individual test item in the questionnaires for this tool and see where the curriculum could be strengthened/focus be increased to raise parent understanding and confidence about important issue regarding child development and parenting skills.

The *Edinburgh Postnatal Depression Scale* scores suggest it was effective in detecting maternal postpartum mood swings and/or depression in 2 of the 3 women evaluated, demonstrating the value in identifying women who may need extra psychological or emotional support after giving birth. We assume since we only received 3 forms this year, staff assessed other postpartum women as not being at risk of depression to the extent that evaluation with this scale might have been useful.

Because The *Healthy Families Parenting Inventory (HFPI*) tool was not able to be used until spring—where there was then insufficient time for administering post-assessments—we will carry over the 46 pretests into next year to match any with posttests that are submitted. In the meanwhile, the program should review the portion of the HFPI curriculum to see how the Parenting Efficacy domain might need to be strengthened or emphasized next year.

The implementation of the *ACES* screening tool this year seems particularly valuable in documenting the Lindsay parent/caregivers' negative childhood experiences. Although some of the life events they experienced mirrored other First 5 parents in Tulare County—many in the same rank order—the *proportion* of Lindsay's clients who had experienced these events was generally higher than the parents who were screened in the other FRCs. This may be purely coincidental or due to true differences between the parent populations. It will be interesting to look at this occurrence next year to see if it occurs again.

UNITED WAY 2-1-1

"When I called I didn't expect to get information to so many different places! They even called me back and checked on me! It was so touching to see their concern." – Program recipient

Project Purpose and Evaluation Design

The purpose of United Way 2-1-1 telephone service is to help people facing a difficult situation find the resources they need. The goal is to increase the percentage of families with access to information about services, provide linkages to jobs and training programs and offer referrals to parent education, child care, substance abuse, and other resources that can promote family stability. Monthly follow-up calls by Call Center Specialists are made to users of the 2-1-1 program to obtain information about their experience using the system and whether or not they successfully received services. Per agreement with First 5, this report represents a *sample* of the follow-up calls.

Primary Objective	Measured by
Understanding callers' main needs for assistance and the extent to which were they helped	Client Follow-Up Calls for Assistance

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The number of 2-1-1 calls that connect to available community referrals.*
- *The percent of callers with identified needs who were helped.*
- *The number of partnerships with community programs and services that serve as resources.*
- *The percent of parents who are concerned their child is at risk of developmental delay.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

A mother of 7 who initially called 2 1 1 for help with utility and rent assistance (she was facing a potential power shut-off and eviction) and was referred for the needed resources was surprised when the 2 1 1 staff called her back to check on her progress. The call specialist also determined from the needs assessment that the mother had concerns about one of her children's development, and after conducting a developmental screening assessment and obtaining permission from the mother because of the results, was able to refer her to Central Valley Regional Center. Without the knowledge and awareness of the specialist, this family may never have realized their child might have needed developmental resources to be connected to additional help.

Evaluation Results

What were callers' main needs for assistance and to what extent were they helped?

Caller Information

This year, we received follow-up information on a sample of 219 calls. About 31% (down from 57% last year) of the callers were Spanish-only speakers (Figure 1). Word of mouth from friends and family (39.3%) and contact with some type of agency (47.5%) were the most common ways callers reported hearing about 2-1-1. All (100%) of the call types were identified by United Way as "information and referral," and none as "advocacy" or "crisis."

Figure 1. Profile of 2-1-1 Callers (n=219)

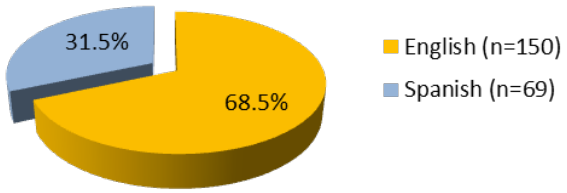
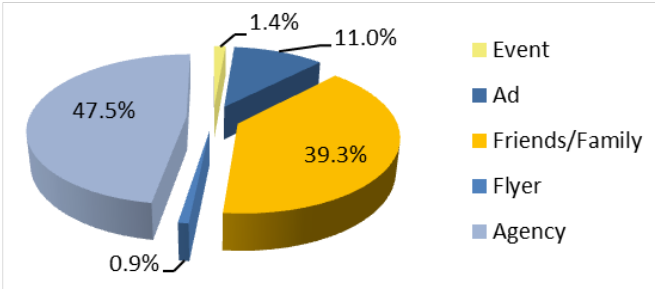


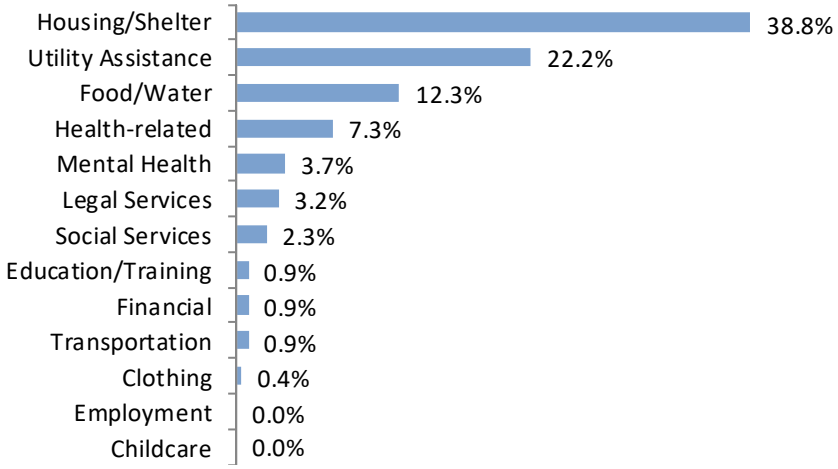
Figure 2. Ways of Finding 2-1-1 (n=219)



Callers' Needs

Housing/shelter accounted for the majority (38.8%) of callers' main needs, followed by help with the cost of utilities (22.2%) and food/water (12.3%), as shown in Figure 3. Health-related concerns accounted for 7.3% of the calls, but mental health, legal and social services issues were infrequently identified as primary needs.

Figure 3. Clients' Main Needs (n=219)



Referral Information and Receipt of Services

Virtually all of the callers said they were able to obtain a referral that met their needs but only about two-thirds (65.5%) reported following through by contacting the referral source (Figure 4); 38.8% (down from 57% last year) said they had or were currently receiving the services they were referred to (Figure 5). The other 61.2%

individuals, however, were unable to access the services for reasons shown in Figure 5—primary because funding was unavailable for the needed services.

Figure 4. Callers' Ability to Obtain Referrals and Link with Services (n=166 avg)

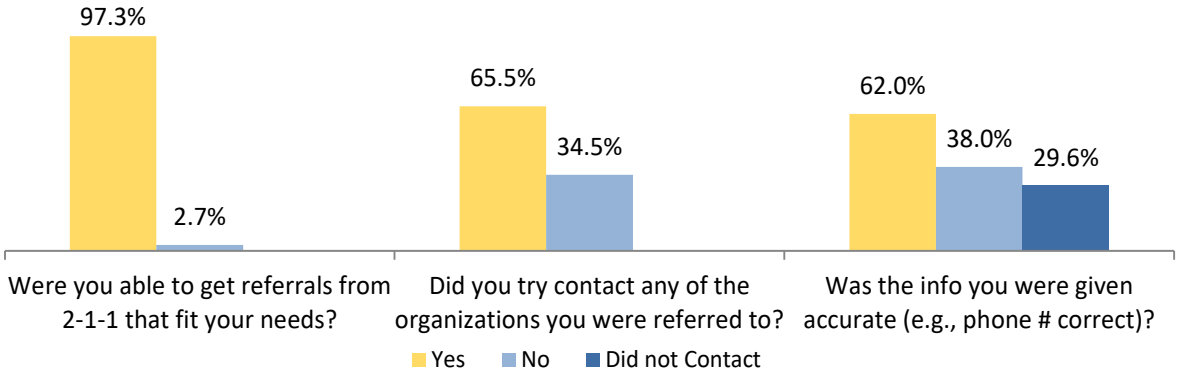
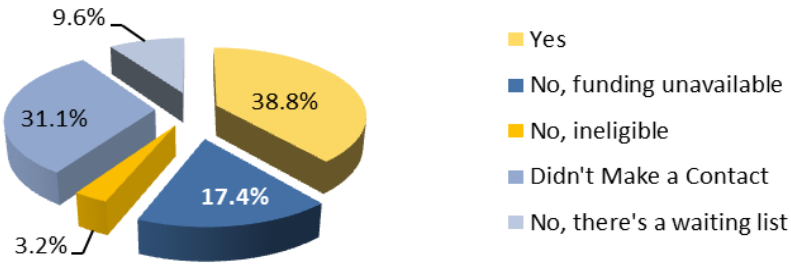


Figure 5. Callers' Ability to Receive Services from Referral Organizations (n=219)



Child Development Issues

Twenty-seven callers with a child age 0-5 (representing 11.9% of the 219-persons caller sample) stated during the initial call they had child developmental concerns—and were willing to have staff make a follow-up call (most callers decline, according to 2-1-1 staff) regarding those concerns.

The parents expressed concerns related to behavior, learning, social and speech (in that order) and given one or more referrals depending on the issue, with none identifying concerns related to movement or health (Figure 6). At the follow-up call, five (62.5%) of the parents indicated they had been able to receive the help or resources they needed, while the other three were not successful (Figure 7). Of particular importance—because it shows up consistently in our parent surveys—the lease likely need to find help/resources for was child behavior.

Figure 6. Area of Concerns Regarding Child's Development (n=27)

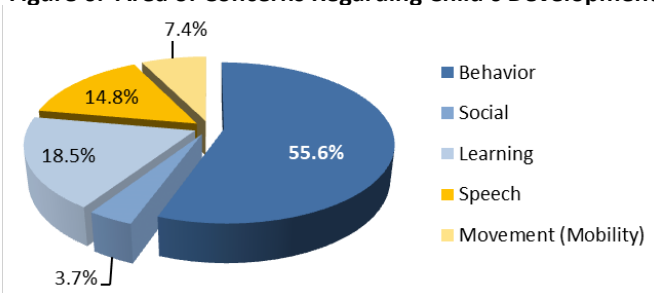
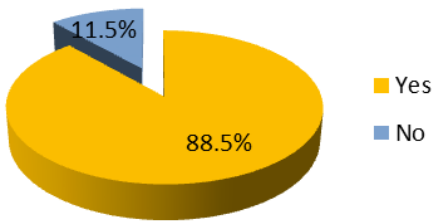


Figure 7. Success Receiving Help/Resources (n=27)



This year, First 5 staff added certain questions from the Ages & Stages Questionnaires for each 0-5 age group so that the call center could make an appropriate identification and referral for any identified developmental concerns. As Table 1 indicates, only one of the children (associated with the 27 parents interviewed at follow-up), in the age 25-36 month group, was found to have a developmental concern.

Table 1. Parents Who Answered "No" to 2 or more Assessment Questions for Children Ages 0-5

	# of Children
Age 0-6 Months	0
Age 7-12 Months	0
Age 13-24 Months	0
Age 25-36 Months	1
Age 37-48 Months	0
Age 49-60 Months	0

Client Feedback

Nearly all of the 2-1-1 callers were" very satisfied" (86.3%) or "somewhat satisfied" (12.8%) with the services they received (Figure 8). Virtually all of them found the call specialists courteous and able to understand their needs and had no hesitation to use 2-1-1 services again if needed (Table 2).

Figure 8. Caller Satisfaction Level (n=219)

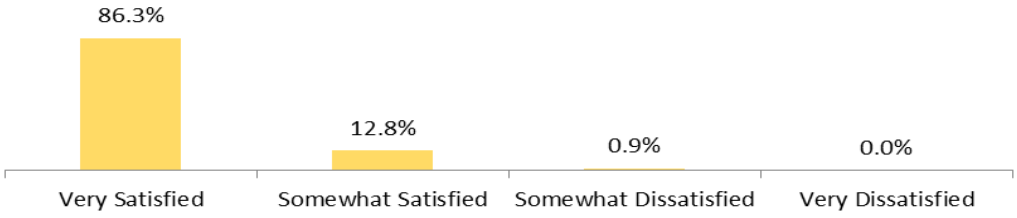


Table 2. Feedback about Staff and Likelihood to Use the Service Again (n=219)

	Yes	No	Somewhat/Maybe
Did the call specialist seem to understand your needs?	99.5%	0.0%	0.5%
Was the call specialist courteous?	100.0%	0.0%	0.0%
Would you use 211 again?	98.6%	1.4%	0.0%

Only three (1.4%) of the callers indicated during the follow-up call they needed additional resources or help now. All of these reported needing assistance with utilities cost.

Conclusions/Recommendations

The families who accessed 2-1-1 services rated their experience favorably, confirming the continuing value of this community resource. The call specialists have always been viewed as courteous, informative, helpful and clear about understanding callers' needs.

The program met its evaluation goal of 50% of callers being able to obtain a *referral* for the services they were seeking. However, it is disconcerting that close to 60% of the referrals did not lead to a *solved problem*. That is, the same issues that were the main problems identified in the families' initial calls remained the main problems at the time of the follow-up calls, seemingly with no resolution for those who made contact with the referral source. Again, it is likely that some of these high need issues for help represented community-wide resource gaps that were scarce and/or in high demand, possibly the result of agency staffing shortages and other impacts of the COVID-19 pandemic. We again recommend United Way call specialists/supervisors remain as up to date as possible about local agency eligibility requirements and capacity to accept clients so that a greater proportion of the referrals can result in successful linkages to assistance.

SAVE THE CHILDREN FEDERATION

"This program has really helped support me through all these years. I learned more than I could have imagined." - Parent participant

Project Purpose and Evaluation Design

The organization offered a comprehensive range of services through Early Steps to School Success (ESSS), a language development and pre-literacy program. Early Steps provided services through home visiting and parent support and parent-child groups.

Primary Objective	Measured by
Parent understanding of importance and engagement in early literacy activities	Parents completed the *CA-ESPIRS* Family Literacy Project survey as a pretest within the first month of program enrollment and again as a posttest at the end of the program year or upon exit.
Early identification of developmental delays and referral	Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3,* designed to screen children from 1–66 months for early identification and intervention and to identify strengths as well as areas that need work.
Assess child understanding of spoken language	PPVT-4/PLS-5, diagnostic and screening tools designed to appraise the early stages of language development and maturational lags, strengths, and deficiencies by testing auditory comprehension.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of parents who are concerned their child is at risk of developmental delay.*
- *The percent of reports of suspected child abuse and neglect and the percent of substantiated cases.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

A key component of success in this program is the encouragement and resources home visitors provide families beginning, in some cases, from pregnancy. "Gayle," the mother of 8 children (one of whom had special health needs) and lives in a household of 13 was such a client. The referrals to link the family to early intervention support, along with books that helped build their home library, helped the children develop foundational learning skills to one day be successful in school and life. Continuing support helps equip this mother with the necessary reassurances, skills and activities to be her children's first and most important teacher.

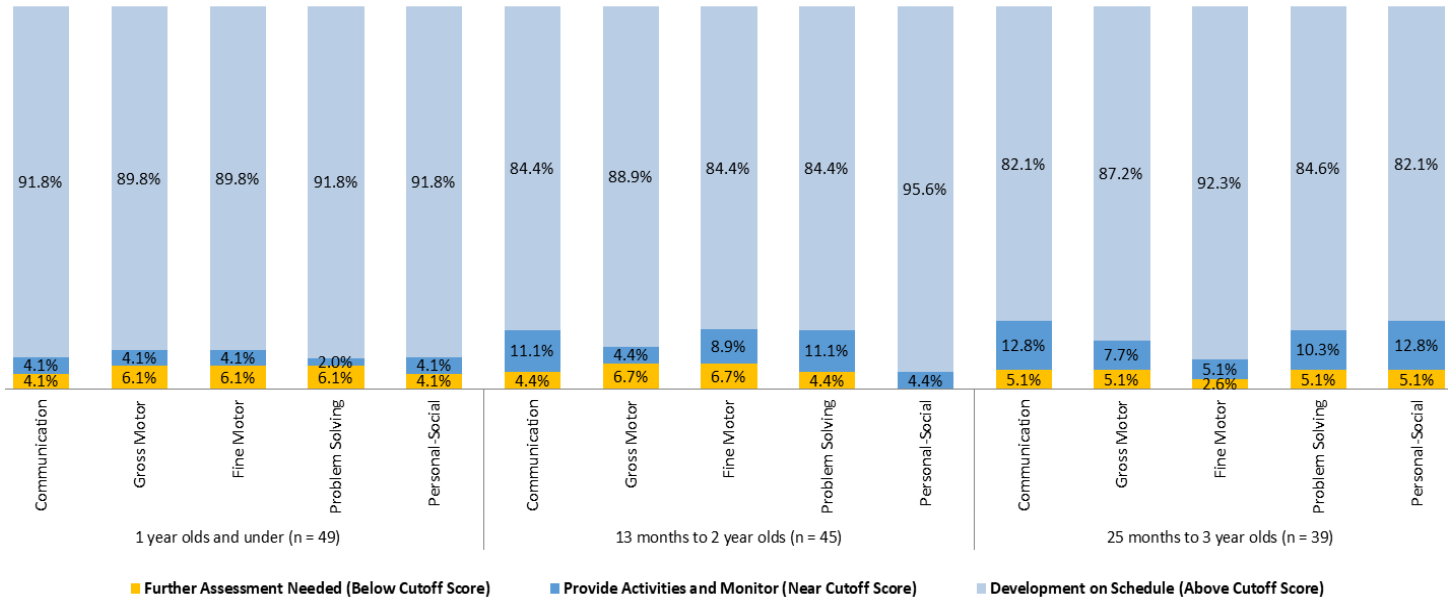
Evaluation Results

To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

This year we received results for a total of 125 children who were assessed for their overall development with the *ASQ-3* All Ages questionnaire. Children were scored on 5 different domain areas such as Communication and Problem-Solving. Dependent upon the child's age, cutoff scores were established for each domain area. For this ASQ version, children who scored below the cutoff (coded as yellow) were behaving at a level of concern to the caregiver and were to be referred for further developmental evaluation and offered use of additional resources. Children who scored in the midrange were to be monitored closer (coded in darker blue) and children scoring above this range did not need further evaluation (coded in light blue).

As Figure 1 indicates, though most of the 133 children scored above the cutoffs and were considered to be developing on schedule (from 86.5% of the children in the Communication domain to 90.2% of the children in the Personal Social domain), there were a small number of children who did score close or below the cutoffs, as would be expected, and who required additional monitoring or professional assessment. This was essentially the case in each of the age groups. There were children above the 36-months group this year.

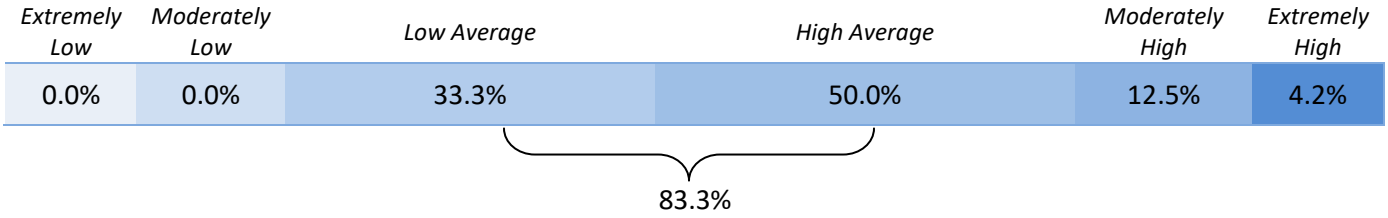
Figure 1. Percentage of Children Below, Near, or Exceeding Cutoff Score on the ASQ-3 (n=133)



The *Peabody Picture Vocabulary Test (PPVT™-4)*, used as a diagnostic, universal screening and progress monitoring tool, measures a child's listening and understanding of single-word vocabulary beginning at age 2 years, 6 months. The child listens to a word uttered by the interviewer and then selects one of four pictures that best describes the word's meaning. (An example might be, "Can you show me a fly (age 3)?" or "….a cobweb?" for age 5). Raw scores are converted to standard scores which allow for comparison with a

reference group - children of the same age group in this case. As Figure 2 shows, 85% of the children tested fell into the range of average, with 50% of them scoring at the high end of the range. Four (16.7%) of the children tested at the moderately high to extremely high level.

Figure 2. Peabody Picture Vocabulary Test, Standard Scores (n=24)



Early Steps to School Success uses the *Preschool Language Scale (PLS-5)* Spanish Edition to assess developmental language skills of children whose primary language is Spanish. The program administers the test at age 3 to children who have received at least 1 year of home-based services. (An example of a task might be the teacher asking, "Show me all the things we wear" when pointing to a chart of animals, foods, articles of clothing and pieces of furniture.) Standard scores between 85 and 115 are considered to be within normal limits. Nationally, about two- thirds of all children with typical language development obtain PLS-5 scores in this range. Scores for three-quarters (75.7%) of the Tulare County children who were tested fell within the normal limits—higher than the national average; another 21.6% scored above the normal limit and 2.7% below (Figure 3). The range of standard scores was 64 to 148, with an average standard score of 107.7 (very close to last year at 108.6)

Figure 3. Preschool Language Scales/Spanish Edition, Standard Scores (n=37)

Below Normal Limits	*Within Normal Limits* (n=28)	*Above Normal Limits*	*Average Standard Score*
2.7%	75.7%	21.6%	107.7

To what extent did parents increase their understanding of the importance of and engage in early literacy activities with their children to improve children's readiness for school?

Being surrounded by lots of books where in the home helps children build vocabulary, increase awareness and comprehension, and expand horizons—all of which benefit school achievement. At the time of the pretest, 44.3% of the parents reported in the *ESPIRS* questionnaire having 26 or more books at home, but at the posttest the proportion rose to 66.1%, a statistically significant improvement (Table 1).

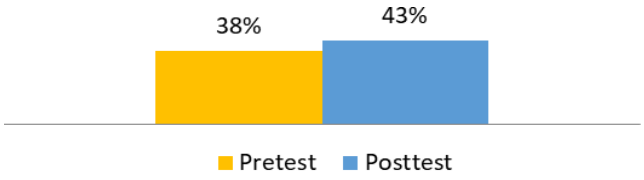
Looking at how often parents read books and told stories to their children, there was also a pattern of positive behaviors that occurred after parents participated in the literacy program. There were statistically significant changes with almost all of the parents on the posttest (93.3%) responding that they were reading books to their children at least 3 times a week (up from 80.8% on the pretest) and almost 60% of the parents were telling stories to their children at least 3 times a week (up from 49.1% on the pretest).

Table 1. Parents' Experience with Books/Reading to Children, Matched Set (n=232)

Survey Question	Pre %	Post %
During the past week, about how many children's books did your child have at home (include books that you own as well as library books)?		
1 - 2 books	5.0	0.8
3 - 10 books	23.4	7.1
11 - 25 books	27.2	25.9
26 - 50 books	27.6	32.6
51 + books	16.7	33.5
About how often do you read books or stories to your children?		
Never	0.8	0
Several times a year	4.6	0.4
Several times a month	6.7	2.9
Once a week	7.1	3.3
About 3 times a week	33.9	27.2
Every day	46.9	66.1
How often do you tell your children a story (e.g., folk and family history)?		
Never	8.6	0.9
Several times a year	7.3	2.6
Several times a month	14.2	10.8
Once a week	20.7	25.9
About 3 times a week	23.7	25.4
Every day	25.4	34.5

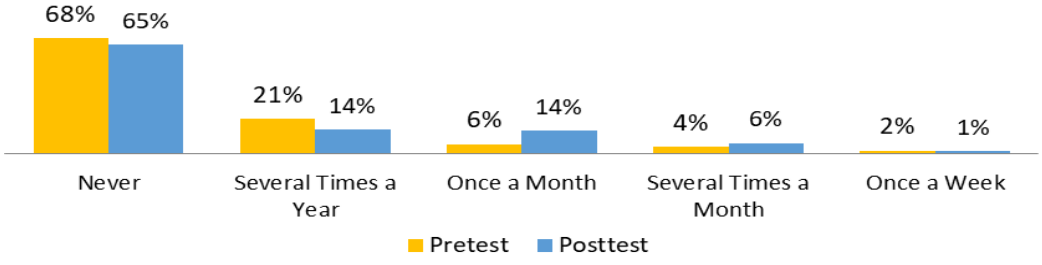
With regard to the library experience for the 232 parents with both a pre/posttest, there was no statistically significant change, with only slightly more parents possessing a library card at the posttest (43%) than at the pretest (38%). (Figure 4).

Figure 4. Percent of Parents Posssessing a Library Card, Matched Sample (n=232)



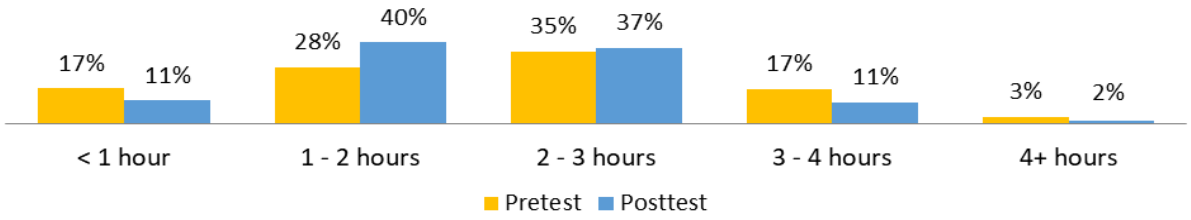
Based on the matched responses, about 12% of the participants initially reported that they went to the library once a month or more. Figure 5 indicates that this situation changed significantly by the posttest with approximately 21% of the group reporting that they visited the library at least once a month or more. At the same time, the proportion of the parents who reported "never" going to the library did not substantially change between the initial and the post-survey.

Figure 5. Frequency of Going to the Library, Matched Sample (n=237)



Television-watching habits, in addition to reading and visiting the library, are also of interest in early literacy programs. Despite more children at home during the day because of the pandemic, only small changes were reported in children's TV viewing from the pre- to posttest, and these were not statistically significant (Figure 6).

Figure 6. Hours of TV Watched Per Day, Matched Sample (n=239)



Some of the parents reported at the pretest they were already engaging in positive parental behavior related to managing certain TV experience of their children. For example, over half (56.6%) was already *always* selecting the TV programs their children watch before taking the class, nearly the same proportion as after participating in the class. The behavior change that was statistically significant was that a little over one-fifth of the parents reported that they *always* watched the TV program with their children (22.2%) with the proportion slightly increased to 29.4% after the program.

Table 2. Family TV-Watching Experience, Matched Sample (n=238)

Survey Questions	Pre			Post		
	Never	Sometimes	Always	Never	Sometimes	Always
When your children watch TV, do you select the TV programs your children watch?	4.1%	39.4%	56.6%	1.8%	40.7%	57.5%
When your children watch TV, do you watch the TV programs with your children?	6.8%	71.0%	22.2%	0.9%	69.7%	29.4%
When your children watch TV, do you ask your children questions about the TV program?	8.3%	52.8%	38.9%	1.4%	59.3%	39.4%

Conclusion and Recommendations

Growing up in a houseful of books has been strongly linked to academic achievement. The grantee demonstrated positive changes in parents reading to children, having books in the home and telling stories to their children, and increasing the frequency of parents using the library, meeting the objective "Parents of children ages 3-5 will read together an average of 10 times per month." It is unfortunate that such a large percentage of parents (65%) still did not ever go to the library when asked that question at the time of the post-survey. We are aware that some of the Tulare County library branches in the communities served by the grantee have very limited operating days/hours, though when the libraries *are* open—except for the couple that have Saturday hours—they are open until 5:30 p.m. To encourage more use, reminding parents of this might give some the opportunity of occasionally going at the end of a typical work day if transportation allows.

A review of a sample of the developmental assessments showed the project met its evaluation plan objective that "100% of age 0-3 children assessed for risk factors and developmental status who exceed the cutoff score [on the *ASQ*] will be referred for further evaluation as appropriate."

WOODLAKE FAMILY RESOURCE CENTER

"I was lost and did not know what to do until I came to this Family Resource Center where my stressors were resolved." - Parent participant

Project Purpose and Evaluation Design

The project offered a comprehensive range of early childhood education services, including facilitating access to preventive, primary, and specialty health and dental services, actively engaging parents in early development activities with their children, and helping parents have access to information about services, child care, substance abuse, and other topics to improve family functioning. The project collects evaluation data through the following 5 tools.

Primary Objective	Measured by
Early identification of developmental delays and referral	Children were screened for developmental delays using the parent-completed *Ages & Stages Questionnaires: Social-Emotional (SE-2) and ASQ 3,* designed to screen children from 1–66 months for early identification and intervention and to identify strengths as well as areas that need work.
Parent knowledge about child health and home safety	The 3-module *SafeCare*, an evidence-based home visitation program was used to increase positive parent-child interaction, improve how parents care for their children's health and enhance home safety and parent supervision. Trained observers rated various factors associated with the modules on a pre/post basis. Parents completed a satisfaction survey at the end of each module.
Build protective and promotive factors that strengthen families	*Protective Factors* focused on building protective and promotive factors to reduce risk and create optimal child and family outcomes. Parents responded to a 20-item pre/post questionnaire about their family such as Family Functioning/ Resiliency, Knowledge of Parenting and Child Development and Nurturing and Attachment.
Identification and referral for maternal depression	The *Edinburgh Postnatal Depression Scale* was used to screen for how women were coping with the life changes of pregnancy and childbirth. Their answers were quantified and summed to produce a depression score, including suicide risk.
Identify adverse childhood experiences and refer or provide intervention	The *ACES Screening* tool asked parents about 10 different children's experiences, as well as their own childhood experiences, and was administered once during the year.

Strategic Plan Indicators

- *The percent of parents who are concerned their child is at risk of developmental delay.*
- *The percent of reports of suspected child abuse and neglect and the percent of substantiated cases.*
- *The percent of parents who report satisfaction with the content and quality of services.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

Through successful collaboration between Family Services Early Mental Health, Family Law Facilitator, preschools and the Central Valley Regional Center children like "Rosie" have been helped to not only be linked to counseling and special education support services but with safe and stable homes. When screening results from ASQs and other tools are used to develop clear service plan goals and communication is maintained between partner agencies children have received the specific services they needed. In the case the grantee shared of one particular child who arrived at the FRC with multiple needs—including child welfare and custody issues—major behavioral and eating problems were successfully reduced through such intervention; follow through with the First 5 home visiting program helped to sustain the child's home stability and school success.

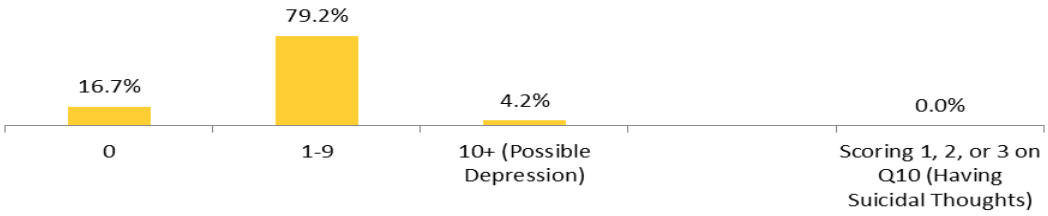
Evaluation Results

To what extent did women at postpartum or perinatal exhibit signs of depression?

Postpartum depression, which is under recognized and under treated, is a major public health problem that carries substantial risk for women, children, and families.[6] The *Edinburgh Postnatal Depression Scale* is commonly used as a screening tool to see how women are coping with the life changes of pregnancy and childbirth. Their answers are quantified and summed to produce a depression score. Women who score 10 or greater, with a maximum possible score of 30, are considered as having possible depression and to be referred to their primary service provider. If a woman answers with a 1 ("hardly ever"), 2 ("sometimes"), or 3 ("yes, quite often") on *Question 10* (the one about harming oneself), an immediate assessment is required. Respondents can also choose the option of 0 ("never").

Of the 24 women evaluated by the project with this tool, 1 (4%) scored over 10 which indicated possible depression (Figure 1). The majority of the women (79%) scored below a 10 but above a 1, indicating mood swings that new mothers may normally experience. None of the mothers responded to Question 10 on the tool in a manner to suggest that *possible suicidal thoughts* had occurred.

Figure 1. Edinburgh Postnatal Depression Scale (*n* = 24)



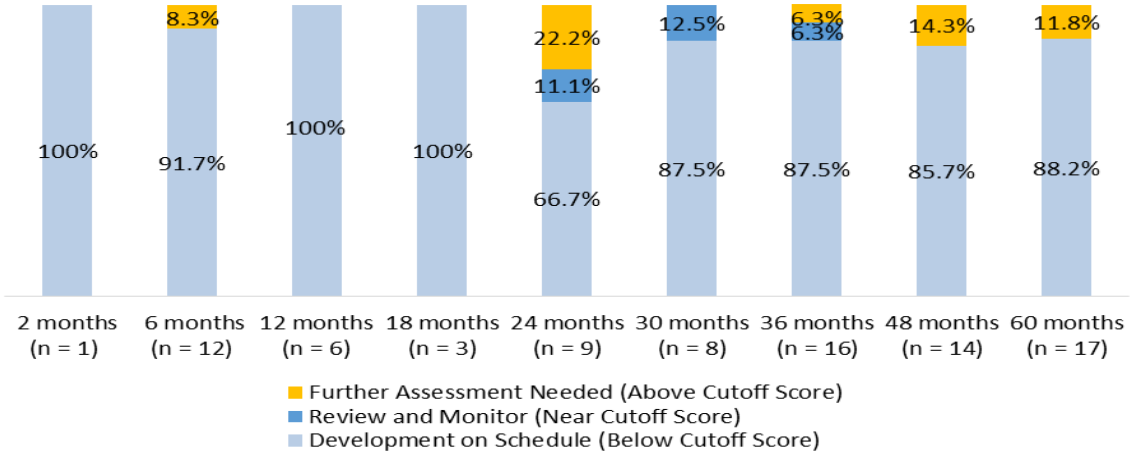
[6] http://www.apa.org/pi/women/resources/reports/postpartum-depression.aspx

To what extent were developmental delays identified and parents referred to early intervention resources for follow-up?

Figures 2 and 3 show the results of the parent-completed *Ages and Stages* questionnaires described above. Looking at the entire sample of 86 children from this year, 75 of them (87.2%) scored below their age group's cutoff score on the *ASQ:SE-2* and were considered to be on schedule with their social and emotional development (bars in light blue), 3 of them (3.5 %) scored near the cutoff and were to be reviewed and monitored closer (darker blue), and 8 of them (9.3%) scored above the cutoff and warranted further professional assessment (yellow).

Looking at these children by age group, all in the 2-, 12- and 18-months groups scored below the cutoff and were considered to be developing on schedule. Contrary to that, there were a few children in the other age groups whose scores indicated the need for further professional assessment as indicated in the bar graph; for example, 22.2% of the children in the age 24 months group.

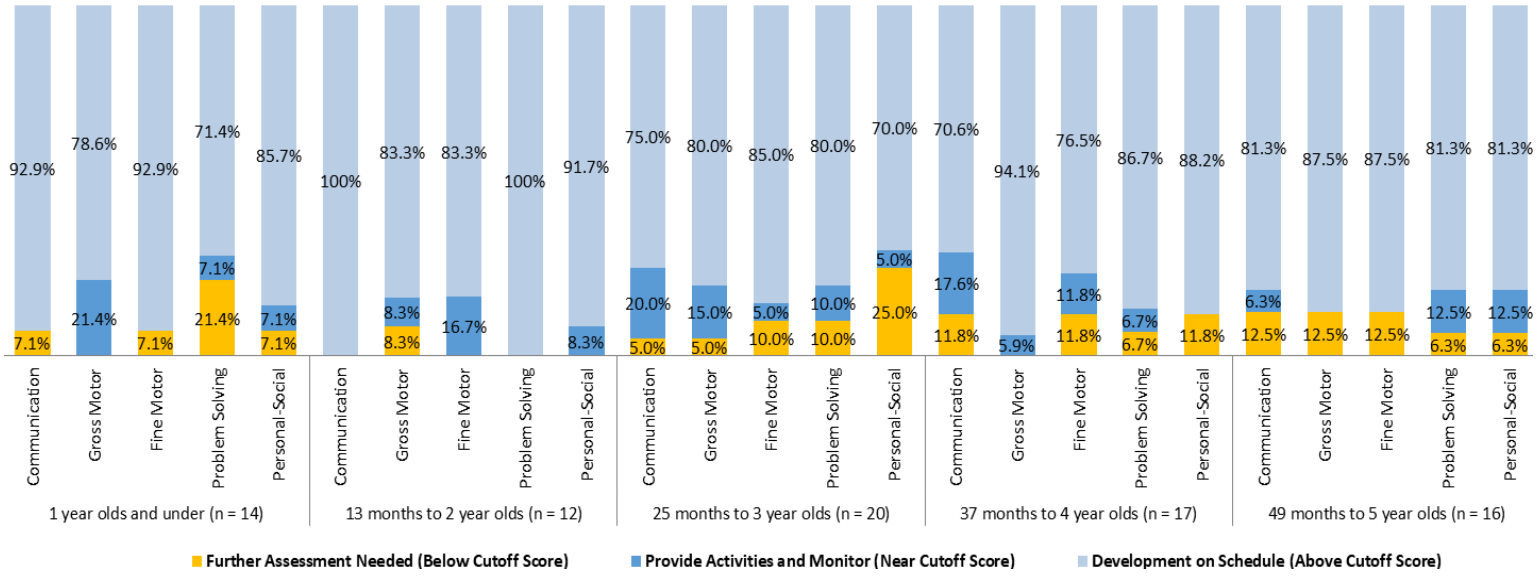
Figure 2. Percentage of Children Below, Near or Exceeding the ASQ:SE-2 Cutoff Scores (n=86)



The *ASQ-3* is a developmental screener that evaluates communication, gross motor, fine motor, problem solving, and personal-social development. The 66 children were also assessed for their overall development using this tool. The color coding of the cutoff levels in the more detailed Figure 2 on the next page is the same as for Figure 1 above.

Although most of the 79 children from this year scored above the cutoffs and were considered to be developing on schedule (from 82.3% of the children in the Communication domain and in the Personal Social domain to 84.8% of the children in the Gross Motor domain and in the Fine Motor domain), there were children who did score close or below the cutoffs and required additional monitoring or professional assessment. For example, the 25 months to 3-year-olds had children with difficulty in all of the domains with the largest percentage of children scoring below the cutoff in the Personal Social domain (25%). The oldest age group of 49 months to five-year-olds had one to two children scoring below the cutoff on every domain as well.

Figure 3. Percentage of Children Below, Near or Exceeding the ASQ-3 Cutoff Scores (n=79)



To what extent did parents demonstrate building protective and promotive factors that strengthen families?

Parents completing the *Protective Factors Survey* were asked how much they agreed or how often they or their family did a number of things regarding family functioning, social support, concrete support, nurturing and attachment, and child development/knowledge of parenting—all of which are considered protective factors that strengthen families. Score ratings were on a 7-point scale with higher scores more desirable as they represented a higher level of protective factors.

Because the parents for the pretest and posttest were not matched, the data are not able to speak to changes in the responses of individuals. However, there was a general trend of parents reporting an increase in protective factors from pretest to posttest on all of the Protect Factors subscales (Figure 4) and on the items in the Knowledge of Parenting area with the exception of one item: "I lose control when I discipline my child" (Figure 5).

Figure 4. Mean Scores for Parents' Protective Factors

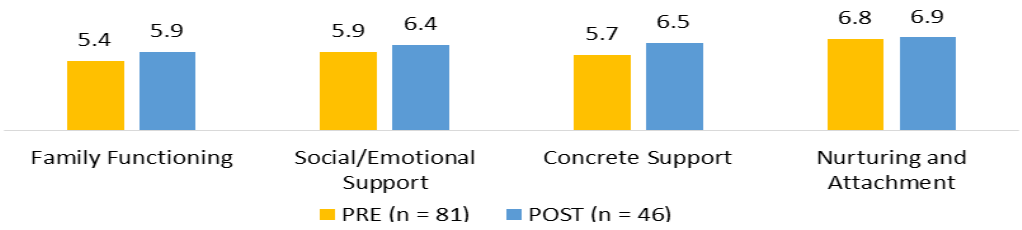
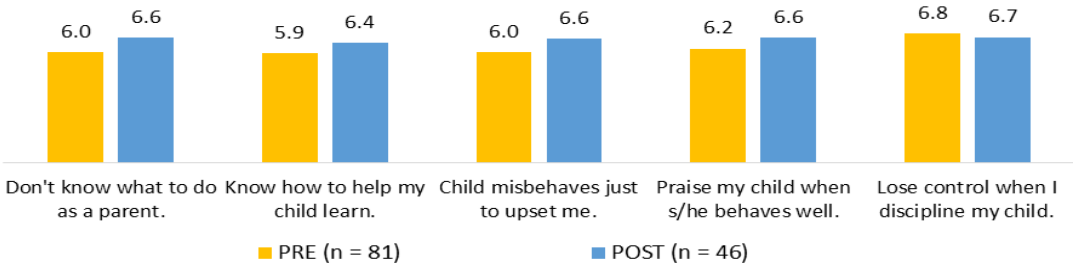


Figure 5. Mean Scores for Knowledge of Parenting



To what extent did children and adults present with adverse childhood experiences (ACES)?

For the introduction of ACES and its importance, please see the information we presented in pages 10-13 of this evaluation report. Grantee-specific findings are described below.

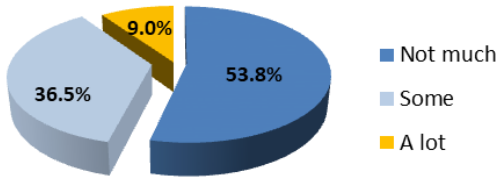
Adults

Seventy-five adults were screened for ACES experience this year. While close to three-quarters of them reported having no ACES incidents during childhoold (Table 1), 25.4% reported experiencing 4 or more ACES which, according to the tool, indicates a high level of toxic stress physiology. The ACES tool also asks respondents whether they believe these experiences affected their health. About half (53.8%) of the parents viewed the impact as minimal ("not much"), but 36.5% said the experiences had "some" effect, and 9.0% thought they had greatly ("a lot") affected their health (Figure 6).

Table 1. Number of ACES Experienced by the Parents (n=75)

Number of Aces	Percent of Parents
0	42.7%
1	9.3%
2	13.3%
3	9.3%
4	9.3%
5	2.7%
6	2.7%
7	4.0%
8	2.7%
9	1.3%
10	2.7%

Figure 6. Extent to Which the Adults Believed the ACES they Experienced Affected their Health (n=52)



Because Woodlake FRC uses the identified version of the ACES tool, counselors and case managers are able to see which adverse life events individual clients have experienced – and which are most common among its clients. In the case of the Woodlake FRC clients, loss of a parent for various reasons, and the impact of substance abuse on the family significantly contributed to the distress of these parents' childhoods (Figure 7).

Figure 7. Percent of Parents Who Experienced Each Type of ACES Life Event[1]

[1]Clients were instucted to read the questions and "check each ACE category you experienced prior to your 18th birthday."

Children

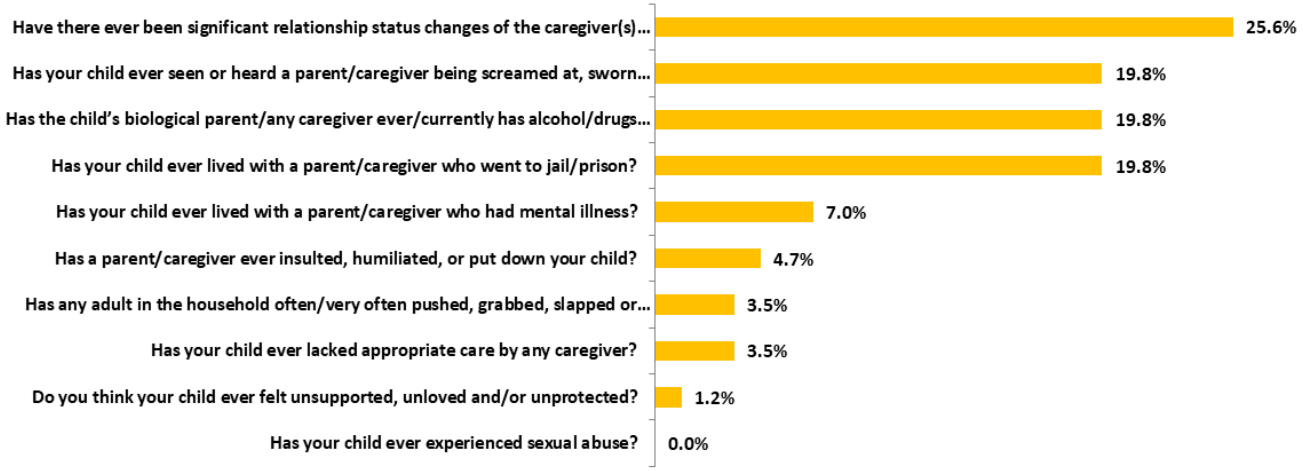
Eighty-six parents/caregivers also provided ACES screening information about their children. Three-quarters (75.3%) of them reported their children having no ACES experiences; however, 10.5% of them reported their children had experienced 4 or more ACES (considered as high risk for toxic stress physiology).

Table 2. Number of ACES (Part 1) Experienced by the Children of First 5 Parents/Caregivers (n=86)

Number of Aces	Percent of Children
0	75.3%
1	2.3%
2	9.3%
3	4.7%
4	7.0%
5	0.0%
6	3.5%
7	0.0%
8	0.0%
9	0.0%
10	0.0%

There are 2 parts to the pediatric ACES screening tool. For the life events asked about in Part 1, the most commonly reported ACES was a significant change in the relationship status of the child's caregiver(s) such as divorce, separation or a romantic partner moving in or out, reported by 25.6% of parents. This was followed by a child witnessing their parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult (19.8%), living with a parent/caregiver with drug and alcohol problems (19.8%) and living with a parent who went to jail or prison (19.8%) as Figure 8 shows.

Figure 8. Percent of Children who Experienced Each Type of ACES Life Event – Part 1 (n=86)[1]



[1]Parents were asked, "At any point in time since your child was born,have they seen or been present when the following experiences happened?"

Only a fraction of the parents reported life events in Part 2 of the pediatric ACES: a household with food insecurity or that their children had lived with a parent with significant physical illness/disability or been separated from them due to foster care or immigration (data not shown).

To what extent did parent-child interaction and recognition about children's health and illness and home safety improve, and how satisfied were parents with the program?

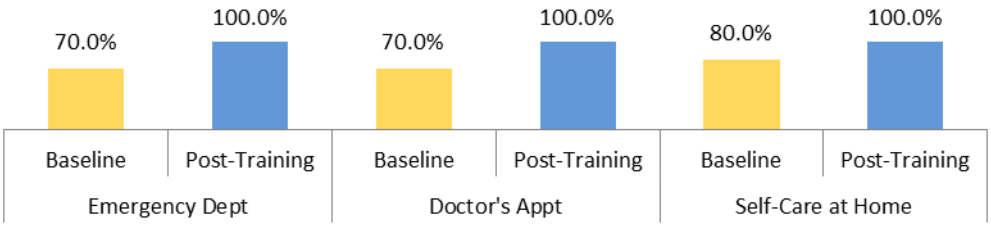
This year, 2 parents participated in the Home Accident Prevention (Safety) module of the *SafeCare program,* a home visiting model. This component assessed 3 different rooms in the home, as chosen by the family, and measured the environmental and health hazards accessible to children. The observer noted the number of hazards at the baseline visit (helping the parent also to identify these hazards) and again at the end of the module after training. As Table 3 shows, an average of 95.5 hazards per family were observed during the initial assessments but dropped to zero at the end of the module, a 100% reduction.

Table 3. Reduction in Home Hazards Following Safety Intervention Training, Matched Sample (n=2)

	Baseline	Post-Training
Total number of hazards	191	0
Average number of hazards per client	95.5	0
Mean percent reduction	100%	

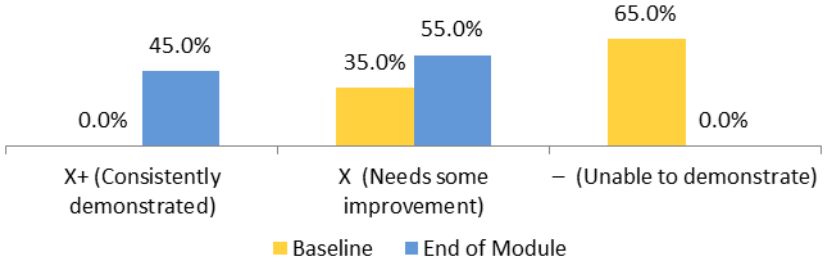
To provide training concerning behaviors related to children's health, parents role-played "sick or injured child" scenarios and had to decide whether to treat the child at home, call a medical provider or seek emergency treatment. Both parents had a little difficulty initially with the scenario of the emergency department and the doctor's appointment. After successfully completing this module they were able to identify symptoms of illnesses and injuries, and determine and seek the most appropriate health treatment for their child (Figure 9).

Figure 9. Average Correct Baseline and Post-Training Scores on Health-Related Training, Matched Sample (n=2)



The purpose of the parent-child interactions module of SafeCare is to teach parents to provide engaging and stimulating activities, increase positive interactions, and prevent troublesome child behavior. Staff observes parent-child play and/or daily routines and codes for specific parenting behaviors. Positive behaviors are reinforced and problematic behaviors are addressed and modified during the in-home sessions. As is evident in Figure 10, the improvement in these parents' ability to consistently demonstrate the desired behaviors was significant.

Figure 10. Average Competency Ratings for Parent-Child Interactions, Matched Sample (n=2)



In order to gauge participants' satisfaction with the SafeCare training they received, the parents were asked to provide their opinions about it. Each of the surveys focused on a specific training module the parents had completed in the program. Some of the questions were specific to the actual module, and other questions were repeated across the 4 surveys. Parents were asked to rate their level of agreement with various statements using a 5-point scale.

Overall, parents "strongly agreed" with the positive statements related to the home visitors, skills, and information they received from the training program and "strongly disagreed" with the statements that the Home Visitor was negative and critical or that the training did not give them new or useful information. The favorable scores in Table 4 indicate that parents and caregivers were very satisfied with all of the SafeCare Training Modules.

Table 4. Parents' Ratings of Satisfaction with SafeCare

Module			
Health (*N* = 2)	Home Safety (*N* = 2)	Parent Child Interactions (*N* = 2)	Parent Infant Interactions (*N* = 2)
Mean	*Mean*	*Mean*	*Mean*
1.09	1.03	1.00	1.04

Note. Item mean scores reflect the following response choices: 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Neutral*, 4 = *Disagree*, and 5 = *Strongly Disagree.* Ratings were coded so that a lower mean score represented greater satisfaction about the training.

Conclusions and Recommendations

The general trend of parents reporting an increase in protective factors on all of the items in the *Protective Factors Survey* is encouraging and validates the importance of this component of the program. Because needing help with child discipline, as the Woodlake FRC parents indicated, is such a commonly identified issue in parent needs assessments, we suggest staff consider spending a little more time on this topic in the curriculum.

The parents who completed the *SafeCare* modules appreciated and responded positively to the program training, demonstrating impressive evidence across all four modules in knowledge change about parenting practices and child health and safety information. The *Edinburgh Postnatal Depression Scale* scores suggest it was effective in detecting maternal postpartum mood swings and/or depression in the women evaluated, demonstrating the value in identifying women who may need extra psychological or emotional support after giving birth.

The implementation of the *ACES* screening tool this year seems particularly valuable in documenting the parents'/caregivers' negative childhood experiences. Many of the life events they experienced mirrored other Tulare County First 5 parents, and the detailed information we provided in the graphs should help guide the counseling staff in developing prevention strategies and program interventions.

RESULT AREA Part 2:

Child Health

Three grantees with goals of promoting increased breastfeeding rates and improved access to oral health services helped further the Child Health goals of the Commission's Strategic Plan.

Much has been done in the past few years to strengthen the sources of support for women to breastfeed. The Baby Friendly Hospital (BFHI) Initiative, which First 5 Tulare supports, is an internationally recognized program to change practices that promote breastfeeding. In 2019, 70.0% of women statewide—and 55.7% in Tulare County, up from 53.0% the year before—chose to exclusively breastfeed at the time of delivery according to in-hospital breastfeeding initiation data.[7] Tulare County's average exclusive rate, which has been rising, still places the county in the 45th of 49 county rankings (2018 data).[8]

While early childhood caries (dental decay) is a preventable disease, it remains the most prevalent unmet health care need for children. Children with the highest prevalence of dental disease, including children with Medi-Cal, are the ones least likely to visit the dentist, however.[9] In 2020, only 49.9% (age 3-5) and 54.5% (age 6-9) of Tulare County children utilized their Medi-Cal dental benefits ("annual dental visit" as the measure).[10] Of women who had a live birth in Tulare County in 2019-20, only 39.9% reported a dental visit during their pregnancy.[11] First 5 Tulare was one of the first Commissions to recognize the importance of making sizeable community investments in oral health and continues to make this issue a priority.

[7] https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/CDPH%20Document%20Library/Breastfeeding/Breastfeeding-In-Hospital-Data-2019-Hospital-by-Race.pdf

[8] https://www.calwic.org/wp-content/uploads/2020/01/2020-State-Sheet-Hospital-Report-005.pdf

[9] Vargas CM, Ronzio CR. Disparities in early childhood caries. *BMC Oral Health* 2006, 6(Suppl 1):S3 doi:10.1186/1472-6831-6-S1-S3

[10] Dental Utilization Measures and Sealant Data by County and Age Calendar Year 2013 to 2020. California Department of Health Care Services, Medi-Cal Dental Program.

[11] California Department of Public Health; Center for Family Health; Maternal, Child and Adolescent Health Program, *Maternal and Infant Health Assessment (MIHA) Survey, 2019-2020*, March 2022.

FAMILY HEALTHCARE NETWORK
KINDERCARE DENTAL PROGRAM

Project Purpose and Evaluation Design

This year, FHCN was able to provide a limited number (about 2% of their usual number) of oral health screenings for children 0-5 years in selected Tulare County schools, preschools, and Head Start and WIC sites. The visits also included treating children with an application of fluoride varnish. Project services also included distributing oral health information and other presentations to about 12,880 participants/viewers.

Primary Objective	Measured by
Early identification and referral for evidence of dental disease	The results of children's screenings were submitted to First 5 using the Milestones e-format, and the data shared with the evaluation consultants.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of children with a dental visit in the last 12 months.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

COVID dealt a blow to most oral health services, especially school-based dental screening services. However, FHCN was able to use its mobile dental unit and continue to partner with some schools that gave permission for students to board the van for oral assessments and teeth varnishing. In addition, the implementation of Zoom presentations, and introduction of new educational tools to help Kinder Learners feel more comfortable with the dentist, has allowed FHCN to remain present and engaged within its service communities. An especially creative material the community health educator introduced was Doctors Leo and Lilly Lion; the "dentist" lions show the children what they can anticipate while at a dental check-up.

Evaluation Results

To what extent were oral health outcomes achieved for pregnant women and children?

This year, staff provided dental screenings and fluoride varnish for 129 children. Just over one-third (34.9%) of the children—essentially the same percentage as each year for the past decade—were determined to have visible evidence of tooth decay; this is a higher proportion than the prevalence of dental caries among all children aged 2–5 in the U.S. at 23% (note: caries prevalence is higher among Hispanic children).[12] Of the children with evidence of dental disease, 24.0% were reported to be referred for treatment for "urgency 2's" – some level of treatment needed, but not urgently. However, 10.9% of the children with visible decay were determined to have the need for *urgent* dental care because of pain, swelling or infection.

No screenings or referrals of pregnant women were reported.

Table 1. Oral Health Screening, Varnish and Referrals for Care

	Number	Percent
Oral health screenings provided	129	100.0%
Fluoride varnish provided	129	100,0%
Children with visible evidence of tooth decay referred to a dental treatment source	45	34.9%
Children referred for dental treatment who received treatment at FHCN	0	0.0%
Children with visible tooth decay referred for treatment (urgency 2's)	31	24.0%
Children with visible decay referred for *urgent* treatment (urgency 3's)[1]	14	10.9%
Children at a well child exam receiving an oral health assessment and fluoride varnish	NR[2]	--
Pregnant/postpartum women assisted to connect with dental provider	0	0.0%

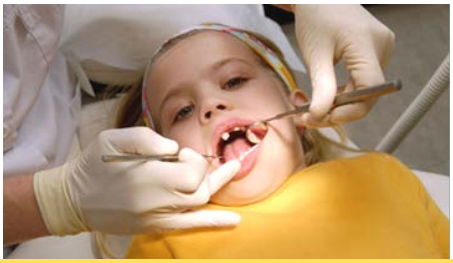
[1]Defined as pain, infection, swelling.
[2]NR = Not reported.

Conclusions/Recommendations

This program serves an extremely vulnerable population as evidenced over previous years by the proportion of children assessed with visible evidence of tooth decay, i.e., over 32%. While virtual connections have served an important purpose, with children returning to school campuses in-person dental screenings should resume for more children in FY 2022-23.

Oral care during pregnancy is especially important as pregnancy may make women more prone to periodontal (gum) disease and cavities. Providers like FHCN have an important role to play in promoting oral health and providing accurate information as dental care during pregnancy is often avoided and misunderstood by patients as well as physicians and even dentists. The project provides an important and unique community service of screening and connecting pregnant and postpartum women with dental providers and we hope this activity will be resumed/increased during the next program year.

[12] Dental Caries and Sealant Prevalence in Children and Adolescents in the United States, 2011–2012. http://www.cdc.gov/nchs/products/databriefs/db191.htm



ALTURA CENTERS FOR HEALTH
ORAL HEALTH AND BREASFEEDING PROGRAMS

"Thank you for all your help. I didn't get this kind of help at the hospital, and wasn't sure I was going to be able to breastfeed but now I will keep trying."- New mom

Project Purpose and Evaluation Design

For the oral health program at Altura, dental hygiene staff was to visit school sites to provide screening and fluoride varnish to preschool and kindergarten children. The project scope also included offering oral health education to the children, parents and teachers including demonstrating how to properly brush and floss their teeth. Due to COVID-19, this program was not able to be implemented again this year; thus, no oral health data were available for FY 2021-22.

Altura also administers a breastfeeding support component. Staff works closely with pediatricians and obstetricians to ensure providers are trained to support and promote breastfeeding, and with the WIC program to ensure continuity of care for breastfeeding patients.

Primary Objective	Measured by
Early identification and referral for evidence of dental disease	The results of children's screenings were recorded on a standard State Oral Health form and submitted quarterly to the evaluation consultants.
Promote initiation and support continuation of breastfeeding	Data recorded from hospital records and staff's visits (or telephone calls, in some cases) to Kaweah Delta where the newborn follow-up appointments are made are sent to the evaluation consultants on a form we designed.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of children with a dental visit in the last 12 months.*
- *The percent of women who initiate breastfeeding after childbirth, and the percent of women who continue breastfeeding for at least 6 months.*

We report first on the **oral health program**, followed by the **breastfeeding program**.

Evaluation Results: ORAL HEALTH

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

Despite scheduling all school-based oral health screenings in fall 2021, the spike in COVID cases and schools' restriction of visitors on campus required cancelling the screenings. Nevertheless, Altura—with support from First 5 for a budget revision—purchased packs for all of the preschool and kindergarten children that included toothbrushes, toothpaste, flossers and "Going to the Dentist" coloring books. The partnership with Tulare City School District also played a role in turning this disappointment into a success.

Evaluation Results: BREASTFEEDING

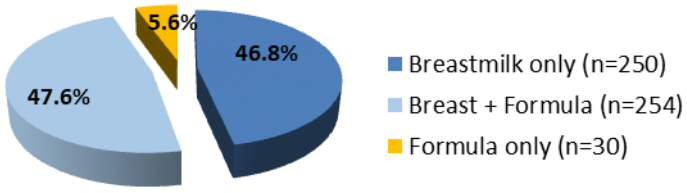
The grantee's program highlight below describes one of the benefits of its breastfeeding project.

Some clients have seen the lactation specialist with previous children and know to ask for her when they need help with their second child. Another factor that contributes to the program's success is the availability of the specialist to see unscheduled patients throughout the day, so when a pediatrician has a patient who needs help with breastfeeding she can see them that day.

To what extent did new mothers initiate and maintain exclusive breastfeeding?

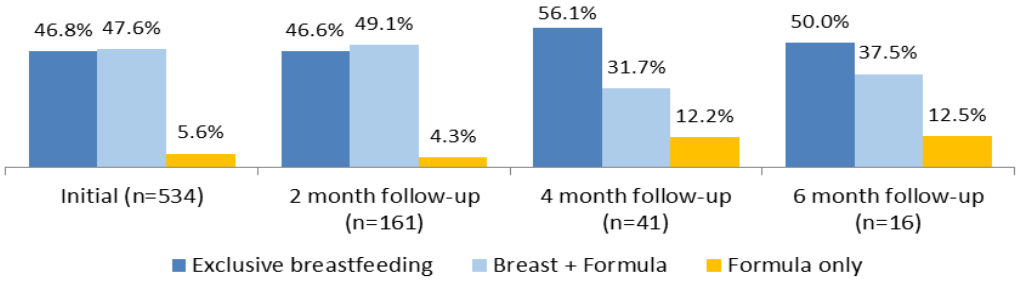
During FY 2021-22, we received data for 534 women enrolled in the program. Of these women, 46.8% (up from 43.3% last year) chose to exclusively breastfeed at the time of hospital discharge or newborn visit,[13] lower than the reported overall county rate of 53.0%.[14] Another 47.6% of the women elected to use both breast- and bottle feeding, while 5.6 (down from 11.1% last year) chose formula-only feeding (Figure 1).

Figure 1. All New Mothers' Initial Infant Feeding Choices (n=534)



Altura attempts to connect with the new mothers at 2-, 4- and 6-month intervals to learn about feeding choices and offer support regardless of feeding method used. Of the women enrolled this year, just under half or 46.6% (52.8% last year) of the women reached at 2 months women were exclusively breastfeeding, 56.1% of women were at 4 months, and 50% of women were at 6 months (Figure 2). Although these are relatively small sample sizes, especially at 4- and 6-months, and represent *un*matched clients,[15] the rates are positive.

Figure 2. New Mothers' Infant Feeding Choices Initially and at 2, 4 and 6 Months, Un-Matched Sample[1]



[1]All women, regardless of initial feeding choice, who could be found at the time of contact.

[13] The initial feeding choice was recorded from either the patient's chart at the time of hospital discharge or by the project nurse at the newborn visit which could occur any time after birth up to the infant's 6-week well-child visit.

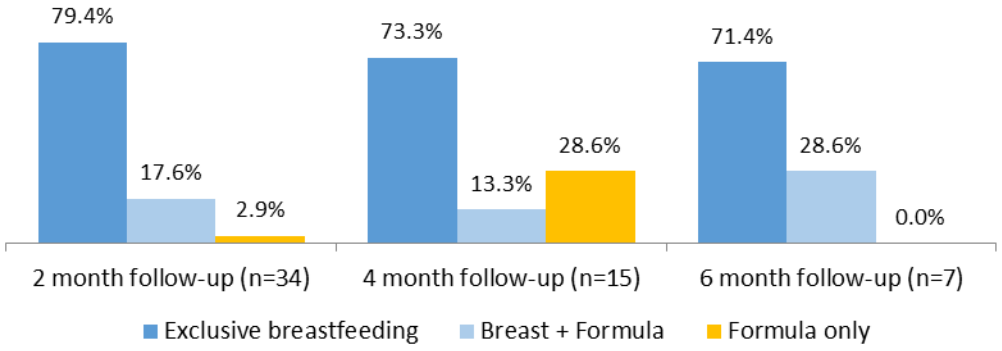
[14] California Department of Public Health, In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence, 2019.

[15] Women at follow-up are not always the same women who initiated exclusive breastfeeding after giving birth and some may have changed their feeding practices, some more than once, during the 6-month interval.

Because Hispanic women make up such a large proportion of the enrollment in this project, 82%, their infant feeding choices dominate the overall results. Nevertheless, we examined the data by ethnicity to look for any important differences between the non-Hispanic and Hispanic women; the initiation of exclusive breastfeeding between the two groups was essentially the same (about 47.5% on average).

The results of a *matched* sample—the women exclusively breastfeeding at delivery/newborn visit who were available for contact at all three follow-up periods—are shown in Figure 3. Again, these are very small numbers across time, but the results are impressive. Almost 80% of the women maintained exclusive breastfeeding at 2 months; at 4 months the proportion decreased to 73.3%, and reduced again by 6 months, but only to about 71.4%. While these are positive retention rates, we noted they are an average of 6% lower over the follow-up periods than last year's findings.

Figure 3. Percent of Women Exclusively Breastfeeding Initially and their Feeding Choices at all Follow-up Periods, Matched Sample (n=56)[1]



[1]The same women during the entire 6-month interval.

Conclusions/Recommendations

Altura provides a valuable community service of identifying the prevalence of early dental decay in young children and we would like to think that because most school campuses are open the grantee can re-start its in-person oral health screening and referral program in FY 2022-23. While dental supplies and educational materials are helpful for promoting oral health, the disproportionately high tooth decay rates among young children in Tulare County—and what we know about the relationship between tooth pain and missed school days—should be compelling reasons to return to school- and community-based dental screenings.

Although the COVID-19 situation likely impacted the breastfeeding program's inability to deliver in-person support services, Altura continued to ensure that women received information and breastfeeding support services. The proportion of women reachable at the follow-up periods, particularly at 4- and 6-month contacts, remains disappointingly low. While initiation of exclusive breastfeeding at the time of delivery is still lower than hoped for (55.7% Tulare County average),[16] a large majority of new moths who do choose this infant feeding practice stay with it due in large part to the support they receive from this project.

[16] https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance.pdf

SIERRA VIEW MEDICAL CENTER (SVMC)

"I have never felt so cared for and loved. If there was a way I can stay longer in this place I would give anything to do that." — Very young teen who gave birth at SVMC

Project Purpose and Evaluation Design

Breastfeeding is well recognized as the optimal method to nourish newborns and is beneficial to both the developing child and the mother. An exclusively breastfeeding baby for at least six months is widely viewed as a significantly healthier choice. According to the Centers for Disease Control and Prevention, 81% of mothers start breastfeeding immediately after birth, but only about 22% of those moms are breastfeeding exclusively six months later. Hospital practices are critical to determining whether mothers exclusively breastfeed their babies, however. Baby-Friendly hospitals, such as Sierra View Medical Center, demonstrate practices that promote and support breastfeeding. This project integrated breastfeeding classes into its Childbirth Education Series and provided breastfeeding education to expectant parents via childbirth classes. Staff tracked and recorded in-hospital exclusive and any breastfeeding rates and attempted to reach women by telephone at 3- and 6-month intervals to learn and document the extent to which breastfeeding continued.

Primary Objective	Measured by
Promote initiation and support continuation of breastfeeding	Data recorded from hospital records and staff's follow-up telephone calls are sent to the evaluation consultants on a form we designed.

Strategic Plan Indicators

The following indicators have the most relevance to this project within the Commission's Strategic Plan Primary Result Areas.

- *The percent of women who initiate breastfeeding after childbirth, and the percent of women who continue breastfeeding for at least 6 months.*

Program Highlight

The program highlight below, submitted by the grantee, describes a success or challenge or a particular impact the agency's services had on children and families in Tulare County this year.

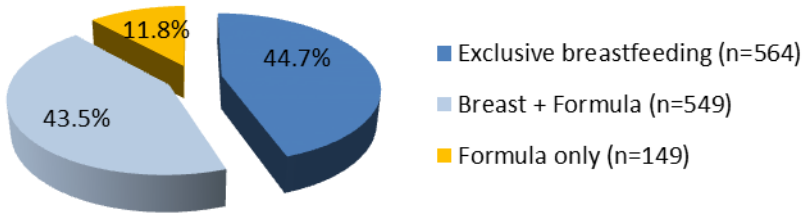
This year, the grantee focused on the challenges of trying to provide hospital services during the time of COVID against the misinformation and lack of understanding on the part of patients and families despite COVID information/education provided by the county health department. Nevertheless, SVMC women's services reported it obtained a very high patient satisfaction score (98%) from its recent consumer participation survey. It also shared that it is in the process of re-designation as a Baby Friendly organization (i.e., breastfeeding promotion and support services). The quote above is from a very young teenage girl who was helped, along with Child Protective Services, to avoid a separation from her baby.

Evaluation Results

To what extent did new mothers initiate and exclusively breastfeed during their stay at the hospital and continue any or exclusive breastfeeding?

During FY 2021-22, the results of infant feeding choices were available to us for 1,262 deliveries at SVMC. [17] Looking at this year's sample of women, 564 or 44.7% of them (48.3% last year; 52.5% the previous year; and 59% the year before that) elected to exclusively breastfeed at the time of hospital discharge;[18] 43.5% of women elected to both breast- and bottle feed, while 11.8% (9.2% last year) chose formula-only feeding (Figure 1).

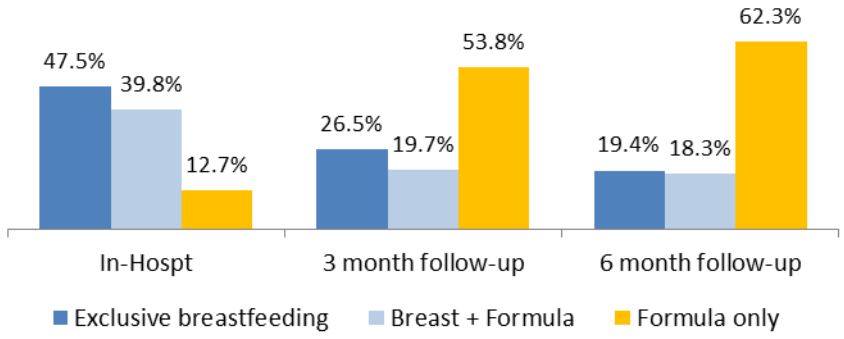
Figure 1. All New Mothers' Infant Feeding Choices at the Time of Hospital Discharge (n=1,262)



SVMC makes up to 2 contacts to try to connect with new mothers at 3- and 6-month intervals to learn about current feeding choices. Of the total sample of 1,262 women, 427 or 33.8% of the women, regardless of feeding choice at hospital discharge, eligible to be contacted for follow up (i.e., at least 6 months had passed since delivery),[19] were successfully contacted during the 6-month contact period.

Of these 427 women the staff reached—some who reported changing infant feeding practices within that period— about half (47.5%) had initiated exclusive breastfeeding in the hospital; at 3 months, 26.5% of the sample reported exclusively breastfeeding, and by 6 months the proportion dropped to 19.4% (Figure 2). This is to say, the exclusive breastfeeding proportion among contactable women (and not always the same women throughout the 6-month period) dropped 44% at 3 months and 59% at 6 months from in-hospital initiation; the "drop" percentages are similar as last year and the year before that.

Figure 2. New Mothers' Infant Feeding Choices at Hospital Discharge and at 3 and 6 Months, Un-Matched Sample[1] (n=427)

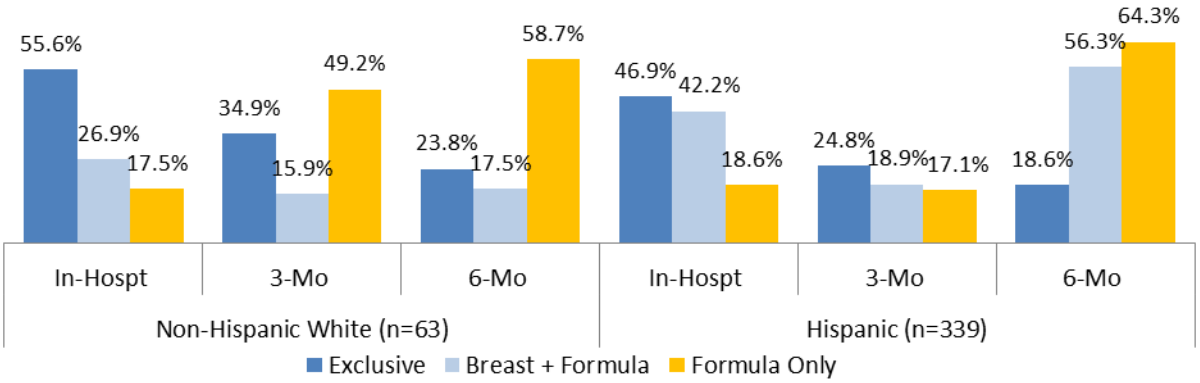


Note: Excludes women unavailable for contact.
[1]All women available for follow-up regardless of in-hospital feeding choice.

[17] Women with newborn deaths were excluded from the sample.
[18] The in-hospital exclusive breastfeeding rate SVMC reports to the State is 60.5%. Data source: California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence: 2019.
[19] SVMC submitted full 12-month data on breastfeeding at the time of hospital discharge for 1,262 births. The evaluation data—to obtain the full 6 months post-discharge period, i.e., the follow-up dataset—includes only the months of July – December 2021.

Hispanic women make up 81.1% of the deliveries at SVMC (and 73.3% countywide)[20] but represent 84.3% of the women with full follow-up information in this evaluation. Some of the differences in infant feeding practices by ethnic group across the 6 months were large again this year. Non-Hispanic white women initiated breastfeeding at a higher percentage, 55.6%, than Hispanic women at 46.9%, and maintained it at a higher proportion at the 3-month follow-up, 34.9% vs. 24.8%. At the 6-month follow-up there was less of a difference between the two ethnic groups, though, again, non-Hispanic women reported higher rates of exclusive breastfeeding. At 6 months, about 10% more of the Hispanic mothers had switched to formula-only feeding (Figure 3). Recall that these ethnic group data are an unmatched sample of deliveries; that is, women at follow-up are not necessarily the same women who initiated exclusive breastfeeding in the hospital.

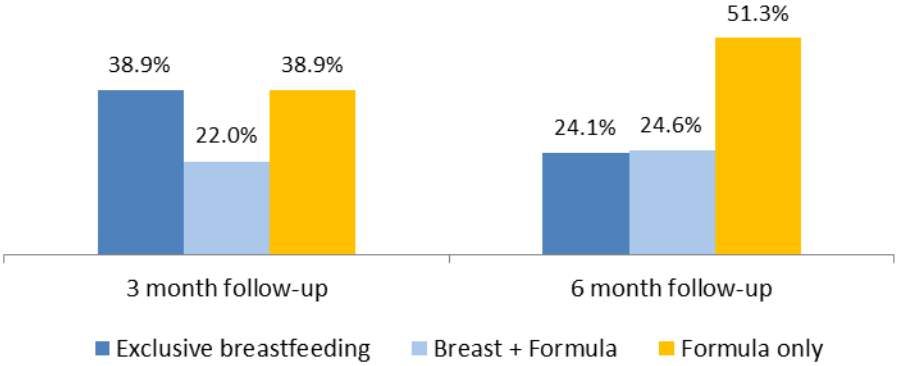
Figure 3. Breastfeeding Status at Hospital Discharge and 3 and 6 Months Follow-Up, By Ethnicity, Un-Matched Sample[1] (n=402)



Note: Excludes women unavailable for contact.
[1]All women available for follow-up regardless of in-hospital feeding choice.

Looking at a *matched* sample of 203 women exclusively breastfeeding at hospital discharge and available for contact at each follow-up period, 38.9% of the new mothers (42.4% last year), reported continuing to exclusively breastfeed at 3 months. The percentage dropped at 6 months to 24.1% (figure 4), and when compared to 35.2 % last year was a larger drop over the 6-month period. The proportion of women who at 3 months were formula-feeding only, 38.9%, jumped to 51.3% (48.8% last year) after 6 months.

Figure 4. Percent of Women Exclusively Breastfeeding at Hospital Discharge and Their Feeding Choices at Follow-up, Matched Sample[1] (n=203)



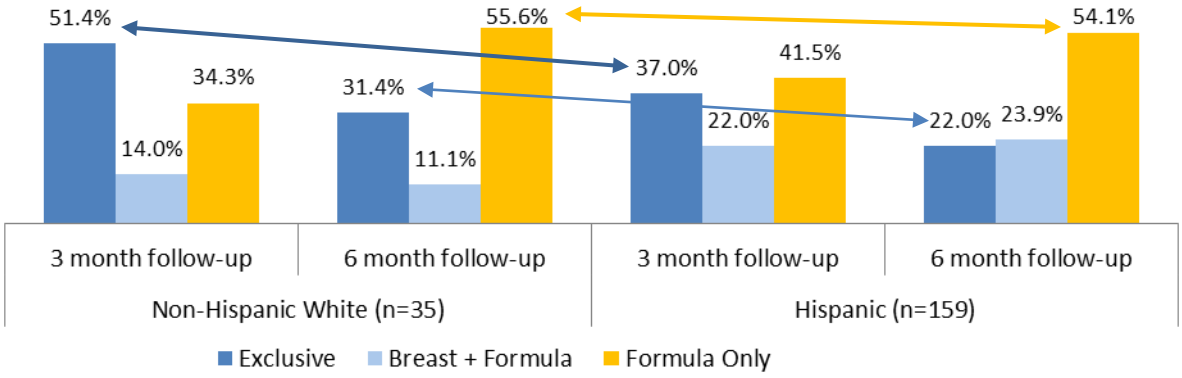
[1]The same women during the entire 6-month interval.
Note: Excludes women unavailable for contact.

[20] California In-Hospital Breastfeeding as Indicated on the Newborn Screening Test Form Statewide, County and Hospital of Occurrence by Race/Ethnicity: 2019. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/CDPH%20Document%20Library/Breastfeeding/Breastfeeding-In-Hospital-Data-2019-Hospital-by-Race.pdf

Again looking at the matched sample— women with exclusive in-hospital breastfeeding successfully contacted at both 3 and 6 months—this time by ethnic group, there was a large percentage difference between the women who maintained exclusive breastfeeding for 3 months: 51.4% among non-Hispanic women vs. 37.0% for Hispanic women (dark blue arrow in Figure 5). The proportion who maintained exclusive breastfeeding for 6 months differed to a less degree between the two groups (lighter blue arrow), though about one-third more of the non-Hispanic women maintained exclusivity of breastfeeding than the Hispanic women. Note, however, that this finding is the opposite of last year's finding for a matched sample by ethnic group.

While both ethnic groups continued to use breastfeeding + formula at about the same percentage at 6 months as they had at 3 months, at 6 months twice the proportion of Hispanic women had given up exclusive breastfeeding and switched to breast + formula. At 6 months, both ethnic groups of women had given up breastfeeding to switch to using only formula feeding (yellow arrow).

Figure 5. Percent of Women Exclusively Breastfeeding at Hospital Discharge and Their Feeding Choices at Follow-up, by Ethnic Group, Matched Sample[1] (n=194)



[1]The same women during the entire 6-month interval.

Conclusions/Recommendations

Overall, a slightly lower proportion of women initiated in-hospital breastfeeding this year than did last year (44.7% vs. 48.3%), similar to the finding the year before. The finding that Hispanic women (the greatest majority of SVMC's birthing clients) had less favorable rates of maintaining exclusive breastfeeding for 6 months than non-Hispanic women is a little surprising as this has generally not been the case in recent years as Hispanic mothers' attrition has nearly always been lower.

It should be noted that the evaluation dataset again covered the period affected by the continuing impact of COVID-19 when there were hospital and home visit restrictions; and even when there weren't some clients may have been reluctant to make in-person visits to SVMC. SVMC continues to offer supportive resources to new mothers after delivery to make it easier to maintain exclusive breastfeeding even if that support had to be altered due to the restrictions of the pandemic. While offering virtual breastfeeding support and guidance through telehealth and other platforms clearly offers benefits to clients, we will be interested to learn if a return to more in-person visits next year can help increase the proportion of women who choose and stick with exclusive breastfeeding.

SUMMARY CONCLUSIONS AND GENERAL RECOMMENDATIONS

The FY 2021/22 evaluation (Year 1 of 3) represents the 13th annual evaluation report we've presented to the Commission. The results continue to demonstrate that First 5 Tulare and its network of partners have continued to positively impact the lives of young children and their families throughout Tulare County. Nearly all of the projects we evaluated largely met their Evaluation Plan objectives—one of the school-based oral health projects was an exception that we hope will be temporary—many implementing hybrid approaches to work around staffing shortages and other effects of the lingering COVID-19 pandemic. The grantees' success/challenges stories we included in this report demonstrated the various ways they stayed connected with families—and enrolled new clients—to meet their basic concrete needs as well as address associated educational, emotional and behavioral health concerns.

Evaluation is intended to assess the effectiveness of programs. Despite the need for certain service adjustments, including the use of virtual delivery systems, there were nearly always sufficient evaluation data for us to look for knowledge gain, increases in skill and confidence building, and in some cases behavior change. That is largely because this year there were more matched sets of data (pre/post surveys and assessments from the same participants) as the grantees have increasingly understood the importance of "finding" enrolled clients when it is time to look at post-program effects. The quality of the raw data we received this year was especially high. There were a few exceptions; some grantees required more help or were overly ambitious in applying evaluation instruments that were too complex or client demand didn't occur to the level it was hoped for. Accordingly, some adjustments have already been made for FY 22/23.

As trauma-informed care has gained traction, more providers and community-based organizations are screening adults and children for exposure to adverse childhood experiences (ACEs). Five of the grantees have now incorporated ACES screening into their parenting programs. The ACES tool asks respondents, in addition to individual past events, whether they believe the adverse experiences have affected their health. Overall, close to 11% of the parents thought that it had "to a great extent." Knowing this is important. For instance, the link to mental illness and substance abuse risk from these experiences can directly affect an adult's ability to parent well—helping their child develop, thrive and learn. First 5-funded interventions of therapy, counseling, parent classes and support groups can offer these adults the opportunity to heal and build stronger families. We hope the information we provided in the report overview and the individual grantees' ACES results will be used to guide local services as well as provide strategic direction for future Commission support.

Early childhood caries continues to be a serious health problem in Tulare County, and the rate of dental decay we've documented every year remains worrisome. We hope grantees receiving oral health-related grants will be fully allowed to conduct school-based *screening and referral* in FY 2022/23—in addition to providing community and school oral health education—so that children with evidence of dental disease can be quickly referred for further evaluation and appropriate treatment. We recommend

the Commission highlight this issue when the next Strategic Plan is being planned for, and consider offering its leadership capacity to address this critical area.

We also recommend, until a new grant cycle opens and fatherhood projects could be prioritized, urging grantees to look for more opportunities to integrate fathers into their current projects. While fathers can sometimes be "tough customers" to engage—due to reasons not always in their control, such as work hours—the value of their involvement is significant. We know from the literature high levels of father contribution are correlated with higher levels of sociability, confidence, and self-control in children. Studies also show us that kids who grow up with very-present fathers have stronger cognitive and motor skills, enjoy elevated levels of physical and mental health, become better problem-solvers, and are more confident, curious, and empathetic.

As part of the Commission's strategic child health priorities, the Commission approved our Breastfeeding and Workplace study completed this spring. The challenges of breastfeeding we described, especially in the workplace, were centered on the experiences of the 599 Tulare County women who responded to the survey. We've included the report in the Appendices as the work complemented our other evaluation activities. It offers 6 recommendations the Commission can consider supporting to promote breastfeeding strategies, such as lactation support and social marketing, that can be revisited prior to the next grant cycle or through strategic planning.

Our plans for 2022-2023 include conducting an updated Parent Survey and updating the Data Dashboard in preparation for the new strategic plan. Part of the purpose of the Parent Survey will be to substantiate what we learned from the ACES screening—for example learning of current needs around concrete support (e.g., food and housing)—and verify commonly reported emotional health concerns of parents, which we anticipate will be consistent with findings from our previous First 5 Parent Surveys.

Our team is always appreciative of the collaborative working relationship and camaraderie we've established with the stellar First 5 staff. Their responsiveness in facilitating access to the grantees, providing timely information and updates, and being open to our suggestions for improvement conveys the value of this partnership. Thank you.

APPENDICES

The following report, *Breastfeeding in Tulare County, Experiences of Women Served by First 5 Tulare*, was commissioned by First 5 Tulare County to support the work of its child health strategies, and was presented to the Commission in May 2022.

Breastfeeding in Tulare County

Experiences of Women Served by First 5 Tulare

BARBARA AVED ASSOCIATES

February 2022

INTRODUCTION

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants. The science-based benefits of breastfeeding are so numerous – the right food in the right proportions; antibody protection; healthy weight gain; protection from illness; and possibly lower risk of learning difficulties later on – the American Academy of Pediatrics and other healthcare professionals recommend exclusive breastfeeding for 6 months, and continuing even after solid foods are introduced, until at least age 1 year. At the end of the day, however, the choice is really up to each individual woman within the circumstances that support or constrain it.

Although the value of breastfeeding is well understood, there are many challenges that can make it difficult for women to start and continue breastfeeding. Research of mothers participating in the Supplemental Nutrition Program for Women, Infants, and Children (WIC), for instance, cited lactation complications, early return to work or school, embarrassment toward breastfeeding in public, limited family and social support, and unsupportive childcare as the main barriers.

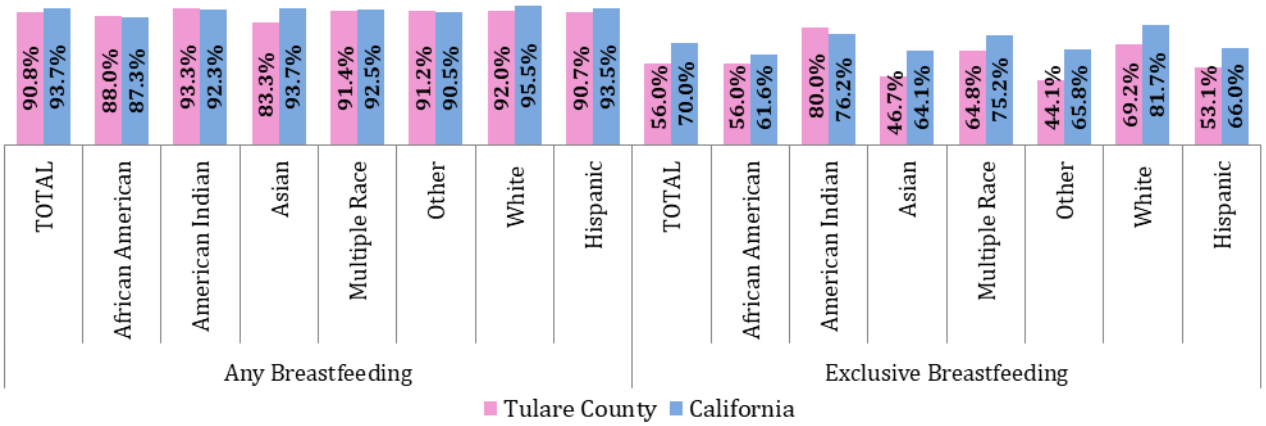
As an early champion of breastfeeding, the First 5 Tulare Commission has long included breastfeeding among its strategic child health priorities. While funded programs have shown favorable results in initiation of breastfeeding, *duration*—whether exclusive or mixed-feeding breastfeeding—continues to be shorter than recommended. The Commission supported this study* that reached nearly 600 Tulare County women to learn more about their breastfeeding attitudes and experiences, including their knowledge about workplace breastfeeding rights. The aim was to provide insights into breastfeeding intentions, practices and problems, to ultimately identify approaches that might increase the choice to breastfeed and the support needed for sustaining it.

Background

Looking at the First 5 grantee data, Tulare County women of all race/ethnic groups generally initiate breastfeeding at least to some extent as women do statewide (Figure 1). However, with the exception of American Indian women, the county's other race/ethnic groups lag somewhat behind when it comes to exclusively breastfeeding; the difference in rates between the county (lower) and statewide average (higher) is most notable for Hispanic and non-Hispanic White women.

* We wish to acknowledge the contribution of Sarah E Beck, MD, who reviewed and provided helpful comments to this report.

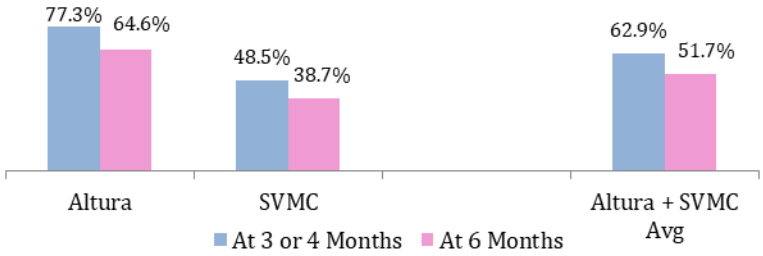
Figure 1. In-Hospital Breastfeeding, Tulare County and Statewide, by Race/Ethnicity, 2019



Source: CA Department of Public Health, 2019 Hospital Data by Race.

Breastfeeding support programs like First 5's can reduce barriers to breastfeeding allowing mothers to breastfeed longer. A 3-year analysis of women served by the breastfeeding grants—Altura Centers for Health and Sierra View Medical Center—who initially breastfed exclusively and were available for contact afterward showed, on average, that 62.9% of them maintained exclusive breastfeeding at the first follow-up period, and 51.7% were exclusively breastfeeding 6 months later (Figure 2). These 3-month follow-up rates are more favorable compared to the rate reported for all Tulare County women reported in the state Maternal and Infant Health Assessment (MIHA) Survey (Table 1) for a relatively similar period.

Figure 2. Percent of First5 Tulare County Women Who Exclusively Breastfed Initially and Where Available at Two Follow-up Periods (Matched Samples), 2018-2021 3-Yr Average



Source: First 5 Tulare County Evaluation Report, Barbara Aved Associates, September 2021.

Table 1. Percent of Women Breastfeeding after Delivery at Follow-up, 2016-2018

	Tulare County	California
Any, 1 mo. after	73.6%	86.0%
Exclusive, 1 mo. after	41.3%	47.8%
Any, 3 mos. after	51.8%	70.6%
Exclusive, 3 mos. after	22.8%	33.5%

Source: Personal communication with California Department of Public Health, special request for early release of Maternal and Infant Health Assessment (MIHA) Survey data. February 1, 2022.

The Study

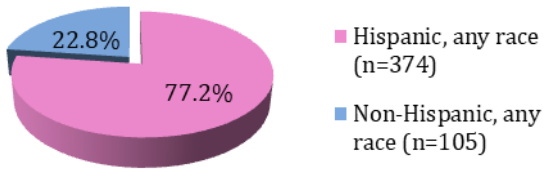
We designed a Breastfeeding Survey in English and Spanish and made it available online and in hard copy for First 5 to send to grantees (primarily the Family Resource Centers) for circulation. The survey ran from mid-November 2021 to mid-January 2022. The study protocol allowed any women in Tulare County who gave birth "within about the last year," regardless of breastfeeding status, to participate. To encourage a broader reach, the host organizations were also asked to inform other clients about the survey so their friends, wives/partners, sisters, cousins and other women would be made aware of it. Boosts through social media by First 5 and the grantees helped to promote awareness.

STUDY RESULTS

Characteristics of the Women

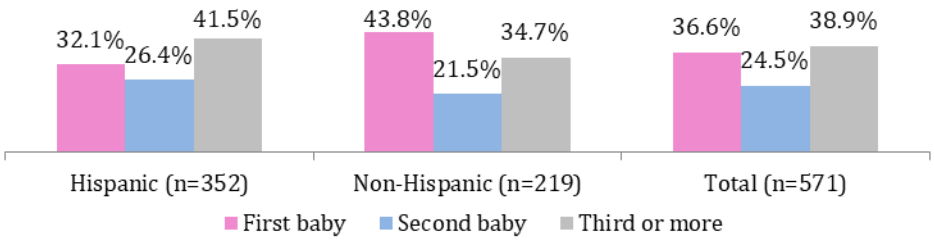
A total of 599 women responded to the survey, 580 (97%) using the English and 19 (3%) using the Spanish version. Because of the unexpectedly small number in the latter group, we could not include information about these respondents. Looking at ethnic group (vs. survey language type), about three-quarters (77.2%) of the women identified as Hispanic (of any race) and close to one-quarter (22.8%) as non-Hispanic (of any race) (Figure 3).

Figure 3. Ethnic Group of Respondents (n=479)



Because mothers having their first child could be different in knowledge, attitudes and experience related to infant feeding and care from those having subsequent births, we asked about parity (Figure 4): for 36.6% of the women, this was their first baby; 24.5% their second baby; and 38.9% their third or higher number of births. Non-Hispanic women represented just over one-third (36.0%) more of the women with first births and Hispanics 16.4% more of those with second births.

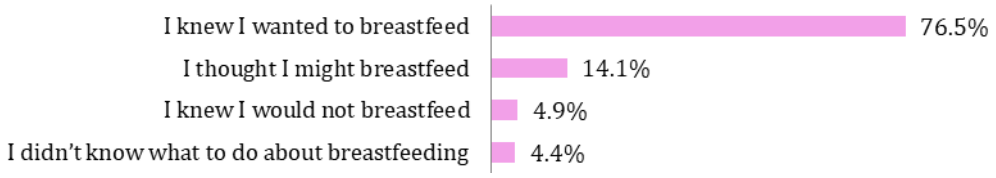
Figure 4. Most Recent Pregnancy (n=571)



Breastfeeding Intentions

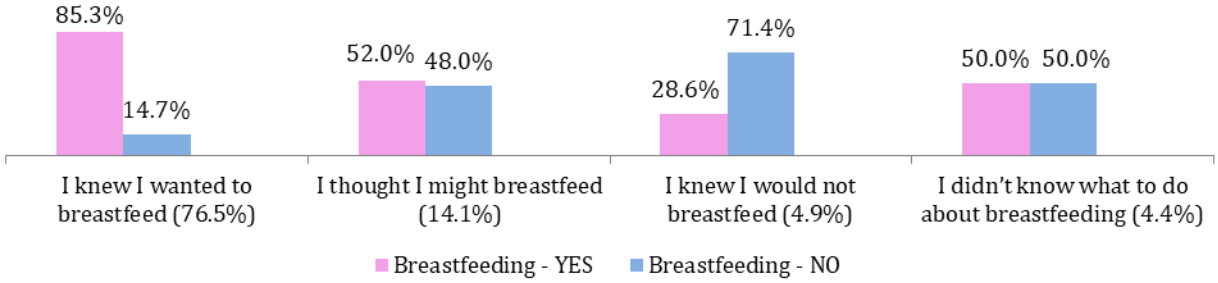
Women's plans around breastfeeding are influenced by a wide range of socio-cultural and physiological factors and can change from their intentions prior to childbirth. During the most recent pregnancy, 76.5% of the mothers said they knew they wanted to breastfeed, while 14.1% were unsure but thought they might, and 4.9% were sure they would not breastfeed (Figure 5). The differences between the ethnic groups were very small.

Figure 5. What Women Thought about Breastfeeding during the Most Recent Pregnancy (n=568)



The women's breastfeeding intentions did not always correlate with what they did ultimately decided to do, however, as indicated by the graph in Figure 6. While 76.5% said they *knew* they wanted to breastfeed after the birth of the baby, a greater proportion, 86.7%, actually ended up doing so. Thinking that they *might* breastfeed didn't always lead to the decision to initiate it; only about half (52%) did. Interestingly, of the small group who said they knew they would *not* breastfeed, 28.6% chose to do so after delivery. The mothers who were unsure or ambivalent at the outset were evenly split in breastfeeding or not.

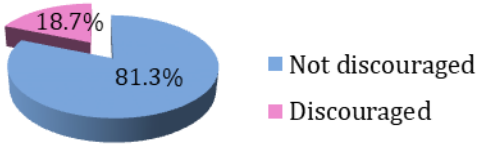
Figure 6. Women's Intentions about Breastfeeding during the Most Recent Pregnancy Compared to their Actual Breastfeeding Decision (n=543)



Family and Social Support

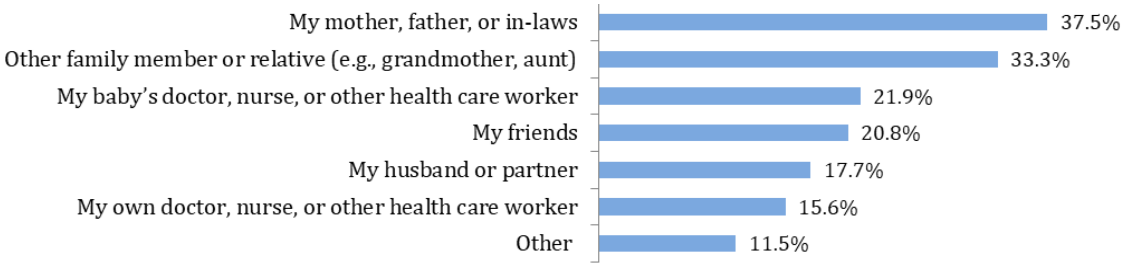
Lack of support from close family and friends can affect decisions about feeding. Negative attitudes and beliefs about breastfeeding by others (partners, family members, support people and the general public) can be discouraging. Close to 1 in 5 of the women—about the same proportion for Hispanic and non-Hispanic women—reported "someone suggested I not breastfeed my new baby" (Figure 7).

Figure 7. Percent of Women Discouraged from Breastfeeding (n=578)



Close family members (mother, father, and in-laws), followed by other family members were the most common source of discouraging women from breastfeeding (Figure 8).

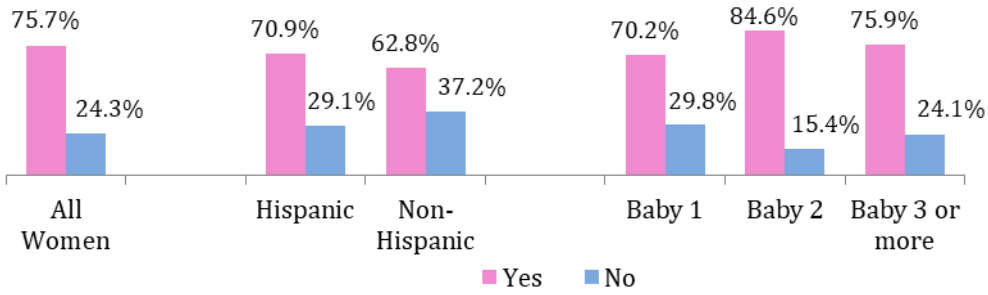
Figure 8. Sources of non-Support for Breastfeeding (n=93)



Breastfeeding Experience

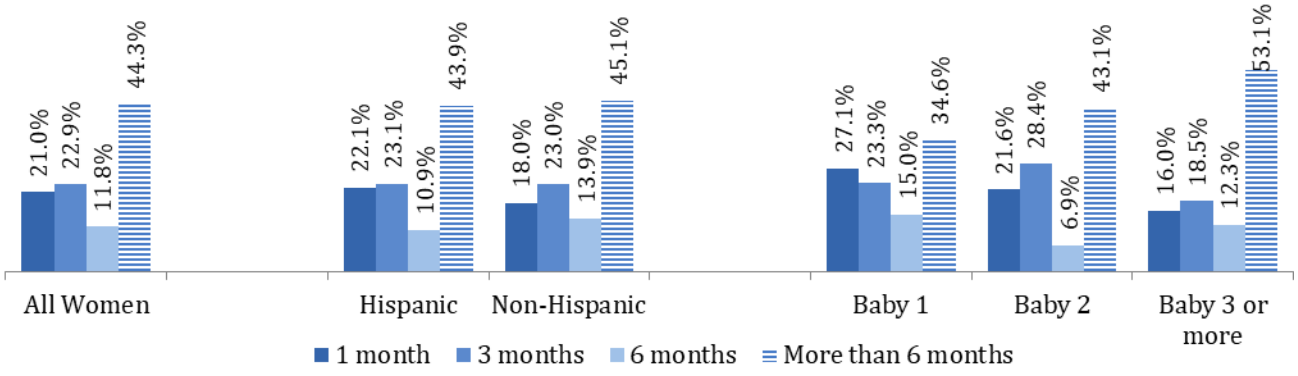
Overall, three-quarters of the women responding to this survey were currently breastfeeding or had breastfed any amount of time during their last pregnancy, with Hispanic women doing so in a higher proportion than non-Hispanic women (Figure 9). While not necessarily predictive of breastfeeding, multiparous women (those with more than one live birth), reported the highest proportions of breastfeeding experience.

Figure 9. Percentage of Women Reporting Breastfeeding, by Ethnicity and Number of Births (n=548)



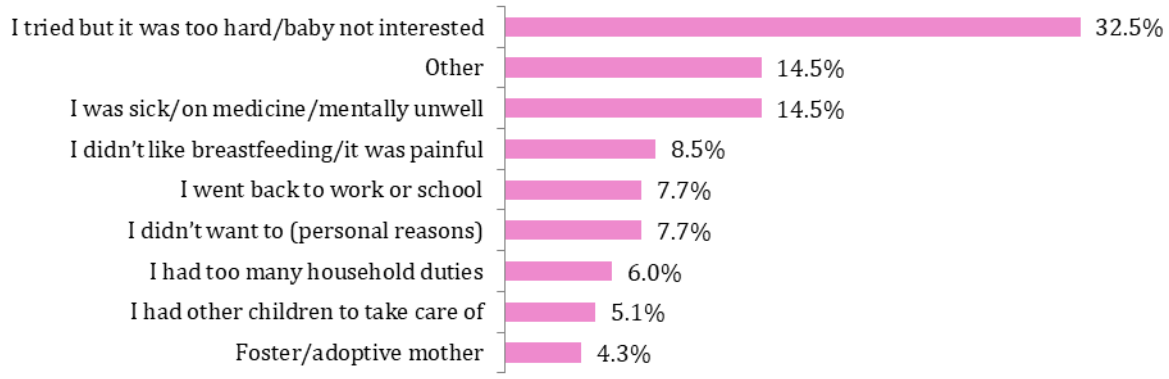
The share of women in this study who were currently or had breastfed their last baby, including mixed-feeding with formula, at various follow-up periods was slightly lower than in the population-based MIHA Survey referred to earlier. Of particular interest, however, was the high proportion of women in this survey who reported breastfeeding *past 6 months*, highest among women with three or more births—a very favorable finding (Figure 10).

Figure 10. Length of Time Women Breastfed Most Recent Baby, by Ethnicity and Number of Births (n=415)



Women's main reasons for not breastfeeding were related to the difficulty of the experience, cited by 32.5% of the women: feeling unsuccessful, not producing enough milk, not having enough information about breastfeeding, baby not adequately latching.

Figure 11. Reasons Cited by Women for not Breastfeeding (n=117)



The comments below written by women for "Other Reasons"—which are verbatim—also have important implications for breastfeeding support programs:

- "It was my personal choice and we should not be told by WIC staff upon enrollment we have to the first month because formula will not be provided."
- "I could not produce, WIC workers were very condescending about it."
- "The Early Steps/Save the Children home visitor suggested I shouldn't breastfeed my baby."
- "I struggle with mental health issues such as depression and PTSD the thought of having a pump or a child attached to me often did not feel right to me considering all the stress I already have."
- "I was positive for cocaine and was told not to breastfeed until I tested negative and by then, I had given up and my milk was gone."

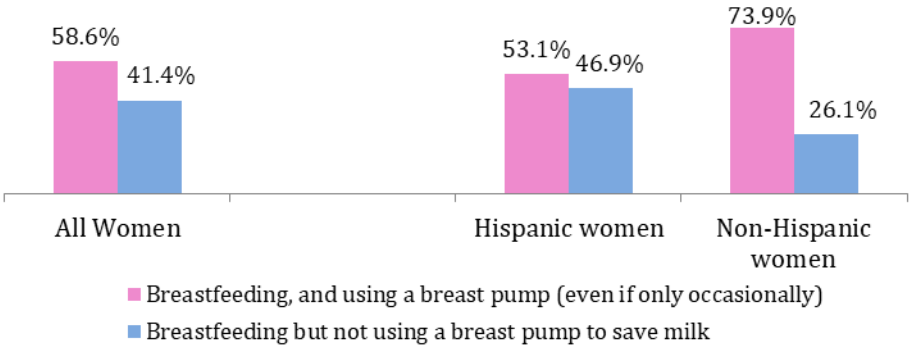
Research shows women who have problems breastfeeding in the early weeks are less likely to continue breastfeeding unless they access help from professionals or trained counsellors. This seems to be true for the women in this study. About 40% of the women who answered the question said they had started to breastfeed but then stopped. Their reasons for stopping were similar to their reasons for never starting except that a larger percentage of them specifically mentioned the baby's difficulty latching or nursing (56.8%) and nipple pain (35.1%) as the primary reasons.

Workplace Environment

Many mothers who are trying to balance breastfeeding and work depend on pumping to store milk for when they are away from the baby. In this study, 58.6% of the women were using a breast pump, independent of being employed, even if only occasionally. The graph in Figure 12 shows a higher proportion, 73.9%, of non-Hispanic women reported using a breast pump. The extent of

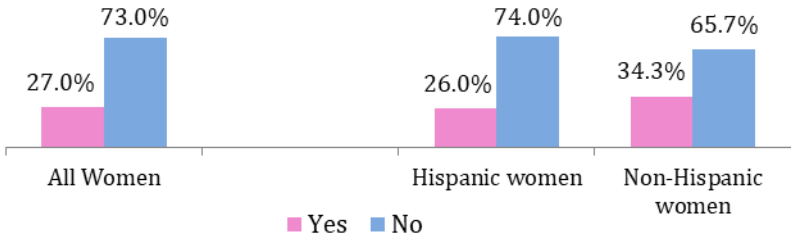
use by this group could reflect having more time to pump, having better access to pumping equipment and places to pump, different perceptions about acceptance, less embarrassment at pumping, or other factors.

Figure 12. Use of a Breast Pump when Breastfeeding (n=261)



Pumping milk *while at work*, particularly for women in service/agricultural industries who do not have the benefit of private office space, can pose a particular challenge. Just over one-quarter (27%) of the women in this survey said they had ever pumped milk while at work (Figure 13). Although a very small sample, of the 19 women who took the survey in Spanish, only 1 (5.3%) reported ever pumping at work. The higher proportion (34.3%) of pumping experience at work by non-Hispanic respondents could reflect some of the same positive factors that facilitate pumping in general. One factor includes having more adequate workplace support such as a private area to pump and a place to store expressed milk. *

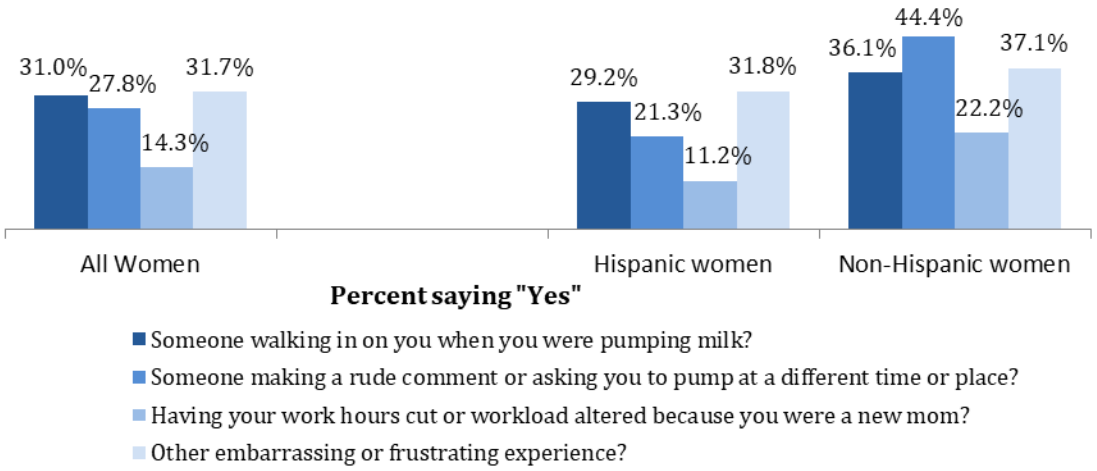
Figure 13. Ever Pumped Breast Milk at Work (n=455)



Despite federal and California laws, not all workplaces have a private area with an outlet (not a bathroom) for mothers to pump their breast milk, and stories of embarrassment or frustration related to this are very common. On average, about one-third of the women had experienced discourteous situations when pumping breast milk at work; for instance, someone walking in on them when they were pumping (Figure 13). Overall, non-Hispanic women reported a higher incidence of rude or inappropriate behavior; this could reflect their actual experience or might indicate having less tolerance for such situations or less hesitancy in recognizing it. A relatively low percentage of the women, particularly the Hispanic women, said they had not had their work hours cut or workload altered because they were trying to combine breastfeeding with employment.

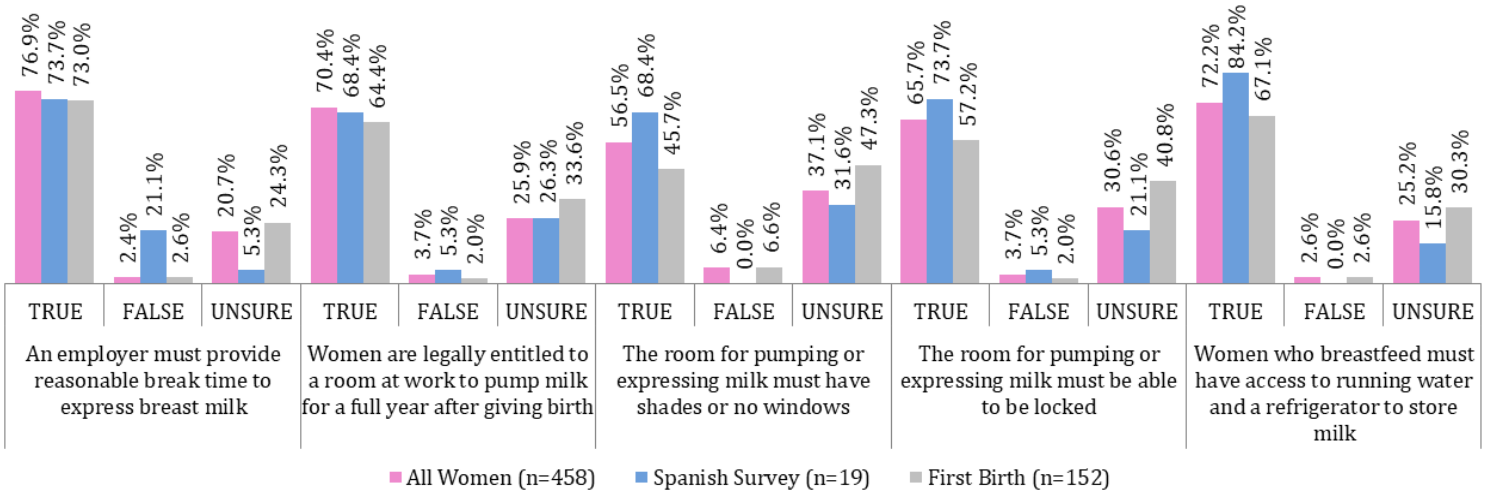
* We cannot know for sure, however, as the survey did not ask for type of work or work setting—an oversight that should be corrected in future breastfeeding surveys.

Figure 13. Women's Experiences when Pumping Breast Milk at Work (n=132)



Because workplace environments can also affect breastfeeding duration, we asked 5 questions about breastfeeding rights. Studies show fewer than 1 in 5 working mothers who breastfeed know their rights in the workplace, influencing how long a woman will breastfeed.* Between 70% and 76% of the women, on average, answered most of the workplace breastfeeding questions correctly; a lower proportion, about half to two-thirds, knew that employers are supposed to provide women with a room with specific features for breastfeeding or pumping. Women who took the survey in Spanish (although a very small sample size) were generally correct more often than women who took it in English. The first-time mothers were the least likely to answer correctly and the most often to be unsure of their rights (Figure 14).

Figure 14. Women's Responses to Breastfeeding Rights



* While the Affordable Care Act included requirements for coverage of breastfeeding support, supplies, and counseling, it left room for coverage variation among insurance policies. For example, the provision generally covers hourly workers but not salaried employees. Hourly workers face greater barriers to breastfeeding compared with salaried workers as they have less control in their schedules. (Source: U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding.* Washington, DC: U.S. Department of Health and Human Services; 2011.)

SUMMARY

Promoting breastfeeding is an important public health intervention, with benefits for infants and mothers. Even modest increases in prevalence and duration may yield considerable benefits. The findings in this study support the continuation of breastfeeding promotion as a strategic priority for the First 5 Tulare Commission, and suggest the following for consideration:*

- The difficulties associated with breastfeeding (pain, insufficient milk, latching problems) are the likeliest barriers to continuing to breastfeed once initiated, making women feel unsuccessful and contributing to quitting. More intensive breastfeeding supportive services such as frequent live virtual visits for the first month, especially for first-time mothers, and making products more accessible to treat nipple pain and/or latching problems would increase maintenance.
- Early childhood providers and teachers influence the health of the families they serve and can be an important source of support for mothers who want to breastfeed, including those who work. The Tulare County ECE programs could increase the distribution of printed materials and resources to pregnant clients and their partners that communicate the benefits *and rights* associated with breastfeeding and welcome mothers to breastfeed on-site and provide a space.
- Funded lactation support programs should routinely include return to work consultation with ongoing support for maintaining breastfeeding in the workplace; studies show that such anticipatory guidance can have a positive impact on duration of breastfeeding. Building confidence is especially important for first-time mothers who are less experienced and, if this study is any indication, less sure of their workplace rights.
- Healthcare providers, case managers, home visitors and other staff with inadequate knowledge about breastfeeding or negative personal attitudes and experiences can lead to inappropriate advice, such as what a few women in this study shared. Breastfeeding support training could be incorporated into professional development or other continuing education opportunities that are funded for staff of these programs.
- Social marketing has been established as an effective behavioral change model for several public health issues, including breastfeeding. It can also be used to educate decision makers. The Commission could consider a campaign that raises more visibility of the topic through social marketing, promoting the many benefits of breastfeeding and making it seem like the norm, which in turn would make it seem a more feasible and attainable goal for many women. Because African American women—though a relatively small population in Tulare County—have the lowest rates of breastfeeding, appropriate campaign strategies could be especially effective for these families.
- The Commission could consider recognition strategies that highlight Tulare County employers with exemplary breastfeeding friendly programs.

* Some of the recommendations are adapted from *The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies,* available at https://www.cdc.gov/breastfeeding/pdf/bf-guide-508.pdf