May 2, 2018

Dear Partners and Stakeholders,

Children’s Institute is pleased to share findings from our Kindergarten Readiness Family Focus Group Project. Children’s Institute envisions an Oregon where every child is prepared for success in school and life. We believe that families and communities are the experts in determining needs and solutions, so we strive to keep family and community voice front and center in all our work.

The purpose of this project was to collect data from parents and caregivers about what kindergarten readiness means for them and their children to inform statewide initiatives aimed at improving kindergarten readiness. In particular, Children’s Institute is collaborating with the Oregon Health Authority to convene a technical workgroup that will recommend one or more health metrics related to kindergarten readiness to be applied within the health system. Find more information about the technical workgroup here. This project has provided invaluable data that will inform the technical workgroup process and recommendations.

Children’s Institute contracted with a research team at the Center for Improvement of Child & Family Services at Portland State University (PSU) for this project. The PSU research team engages in research and evaluation to promote socially just systems that support children, youth, and families. Between January and March 2018, the research team conducted 8 focus groups with parents and caregivers statewide.

The communities and participants selected for the focus groups were identified purposefully to represent cultural, linguistic, and geographic diversity. Focus group participants came from these counties: Multnomah, Lane, Douglas, Jackson, Josephine, Wallowa, and Baker. Children’s Institute, the Center for Improvement of Child & Family Services, and stakeholder partners already had relationships in selected communities and outreach was conducted through our existing networks. Most participating families were engaged in, and recruited through, high-quality early learning programs and services, which is not representative of all families in Oregon.

Thank you for your interest in the project. We hope you find this information as rich and useful as we do!

Warmly,

Elena Rivera
Senior Health Policy and Program Advisor, Children’s Institute
Kindergarten Readiness Parent Focus Group Summary
Cross-Community Report

Cross-Community Snapshot

- 87 parents/caregivers
- Have lived in their community from less than 6 months to over 20 years
- 57% have children ages 0-3 years old
- 54% have children ages 4-5 years old
- 18 participated in Spanish with simultaneous translation
- 69 participated in English
- Came from communities across the state, including urban and rural locales

What was the Purpose of the Project?

Parent focus groups were designed to explore questions related to:

- What does school readiness mean to you?
- Who are your trusted sources of information about school readiness?
- What early learning supports and health services have you participated in?
- How have these helped you and your child be ready for school?
- What do you wish early learning supports and health services would do differently to better support you and your child be ready for school?

The project goals were to:

- Ensure that family voice is informing discussions about how to measure the health sector’s role in kindergarten readiness.
- Collect a range of family perspectives to inform the development of a state-level early learning strategic plan.

What does school readiness mean to families?

Ready Children

- Having children with strong social-emotional skills was most important to many families.
- Having children with strong executive functioning skills was also very important.
- Helping children to be familiar with the school and understand classroom and school routines.
- Pre-academic skills were not seen as critical to readiness for most families, but were seen as more important by families whose home language was Spanish.
- Some participants described child readiness in terms of additional skills such as being able to be independent and comfortable being away from parents, being able to do personal care, having fine motor skills, and discovering their interests and a love for learning.

Ready Families

- Provide support for children’s learning at home from birth.
- Establish routines at home such as regular bedtime and schedule.
- Build relationships, and regularly talk with, early learning providers and teachers about child’s learning.
- Obtain information about kindergarten transition and expectations.
- Put health supports in place. This was particularly salient for families with children with special health needs to ensure that children, early learning providers, and teachers know how to manage and support health needs appropriately.
Some participants described additional ways that families can strengthen readiness, such as providing tangible materials, learning about and accessing existing supports, and connecting with other parents to understand the range of parenting values, strategies, and challenges that families face.

### Who are trusted sources of information about school readiness?

- People in professional roles, e.g., early learning providers, teachers, principals, Early Intervention (EI) specialists, home visitors, service coordinators and advocates, librarians, and health care providers
- Personal connections, e.g., family members, friends, and other parents
- Online and other resources such as books, Apps, and websites, e.g., Vroom, ParentCue, ABCMouse, ClassDojo, *What to Expect*..., Series, school websites, and Educational or enrichment television or videos

### What kind of early learning supports have you participated in?

- Prenatal-to age 3 supports include parent-child groups, parenting education series, and home visiting programs.
- Preschool programs include Head Start, private and public PreK, childcare, including those subsidized through Employment-Related Day Care (ERDC), and kindergarten round-ups and transition programs.
- Additional family and community supports include the Women, Infants & Children (WIC) program, Supplemental Nutrition Assistance Program (SNAP), peer support and social groups, family fun community activities, and family activities through churches or other faith-based groups.
- Bilingual programming was highly valued by Spanish-speaking families.

### How can early learning programs continue to improve their supports for school readiness?

- More services and greater access to preschool and early learning programs.
- More specific information about how parents can support children at home and what is expected to be school-ready.
- Provide more help finding additional services and advocating for needs, e.g., linking with Early Intervention or other early childhood supports.
- Some participants also suggested improvements related to retaining staff who have established trusting relationships, supporting the K-12 system to have better communication with families, and ensuring programs are welcoming and inclusive by attending to and reflecting families’ culture and language.

### How do early learning programs support school readiness?

- Build children’s social skills, help with executive functioning, support child independence, and build confidence in a classroom setting.
- Provide time for parents and children to play together.
- Provide connections to providers, teachers, and other parents to learn from other parents and providers by sharing information and resources.
- Address additional needs of families such as tangible supports for participation, e.g., transportation, childcare, food; or connect families to other resources like WIC, SNAP, EI.
- Programs and supports were seen as most helpful when provided in families’ home language and when early learning settings and providers reflect families’ cultures.
“[Early learning providers] provide resources and tools for parents. They give us ideas, they guide us, they support us. Therefore we are doing better for our own children.”

What kind of health services have you participated in?

- Health insurance, which means families can more easily access care
- Preventative services include well-child checks, immunizations, dental services, and developmental screenings
- Specialized health services, e.g., speech and language therapy
- “Alternative” medicine such as acupuncture, massage, and homeopathic treatments
- Emergency medical services
- Home-, school-, and community-based services include home visiting, breastfeeding and nutrition supports, school-based health services, and mobile clinics and health fairs

How do health services support school readiness?

- Most importantly, through relationships with health care providers who take the time to build trust and listen to families.
- By providing comprehensive prenatal and postpartum care, as well as parental health services, the health sector helps families build a healthy and stable foundation. Parental health services include physical, behavioral, and mental health supports.
- Conducting developmental screenings and monitoring child development.
- Providing additional kinds of developmental supports such as timely immunizations, nutrition supports, and encouraging literacy.
- Making referrals to other health, early learning and family supports.

How can health services continue to improve their supports for school readiness?

- Spend more time with families and develop trusting relationships.
- In the context of a trusting relationship, share expertise, information, and guidance.
- Identify and communicate developmental concerns earlier, with referral to services.
- Follow-up on referrals.
- Some communities had additional suggestions for improvement, including diversifying health care providers; reflecting families’ home language through providers and/or translation services and translated materials; increasing local access, especially in rural areas and including specialty providers; and approaching health care holistically and across the life span.

“It’s a really healthy mix of conversation, resources, handouts, websites, Apps. It opens doors. You establish a relationship [with health care provider] and they you know you can call and get help if you need it.”

What are families’ perceptions of best practices for the health sector to support school readiness?

- Provide referral coordination and case management support
- Coordinate services across health, early learning, schools, and specialty care providers
- Promote early literacy by encouraging reading at home
- Provide anticipatory guidance on what milestones are coming up and how parents can support future development
- Have up-to-date information about early learning and developmentally supportive activities, and provide opportunities to enroll in services while families are in-office
Focus Groups & Oregon Profile

Between January 23 and February 16, 2018 the research team from the Center for Improvement of Child & Family Services (CCF) at Portland State University (PSU) facilitated 8 focus groups with parents/caregivers across the state. The project actively sought participation of Black/African American and Latino families, families with low resources, and families with children with special health needs. Most participants (77%) were mothers, but also included fathers (21%) and caregivers in other roles, e.g., stepparent, foster parent, grandparent, aunt. Most (81%) were parenting with a partner.

The average participant age was 33 and ranged from 19 to 70.

The average number of children per household was 2 and ranged from 0 to 6.

Ages of Children of Focus Group Participants

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<tr>
<th>Age Range</th>
<th>Focus Groups</th>
<th>Oregon</th>
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<tbody>
<tr>
<td>0-3 y/o</td>
<td>57%</td>
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<tr>
<td>4-5 y/o</td>
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<tr>
<td>6-8 y/o</td>
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<tr>
<td>9-18 y/o</td>
<td>35%</td>
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Participants came from communities across the state:

- 11 Baker City
- 9 Enterprise
- 5 Eugene
- 8 Grants Pass
- 16 Gresham-Fairview
- 16 Medford
- 14 Portland
- 8 Yoncalla

Race/Ethnicity of Focus Group Participants & Oregon

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<tr>
<th>Race/Ethnicity</th>
<th>Focus Groups</th>
<th>Oregon</th>
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<tbody>
<tr>
<td>Asian</td>
<td>1%</td>
<td>6%</td>
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<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>2%</td>
<td>1%</td>
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<tr>
<td>American Indian/Alaska Native</td>
<td>4%</td>
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</tr>
<tr>
<td>African American</td>
<td>3%</td>
<td>11%</td>
</tr>
<tr>
<td>Latino</td>
<td>12%</td>
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<tr>
<td>White</td>
<td>61%</td>
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Educational Attainment of Focus Group Participants & Oregon

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<tr>
<td>Less than HS diploma/GED</td>
<td>16%</td>
<td>13%</td>
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<tr>
<td>HS diploma/GED</td>
<td>26%</td>
<td>30%</td>
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<tr>
<td>More than HS diploma/GED</td>
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<td>57%</td>
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Services Utilized by Focus Group Participants

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<tbody>
<tr>
<td>Public library</td>
<td>84%</td>
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<tr>
<td>SNAP</td>
<td>54%</td>
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<tr>
<td>TANF</td>
<td>24%</td>
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<tr>
<td>OHP</td>
<td>70%</td>
</tr>
<tr>
<td>WIC</td>
<td>59%</td>
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<tr>
<td>Early Head Start</td>
<td>17%</td>
</tr>
<tr>
<td>Head Start</td>
<td>21%</td>
</tr>
<tr>
<td>EI/ECSE</td>
<td>29%</td>
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1 U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, Race alone or in combination with one or more other races, Total may not equal 100% because individuals may endorse more than one category, factfinder.census.gov/faces/tableservices

2 U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, Educational Attainment among 18 to 24 year olds, factfinder.census.gov/faces/tableservices