

Kindergarten Readiness Parent Focus Group Summary

Portland, Multnomah County

Focus Group Snapshot



12 participants



Have lived in the Portland area from 2 years to over 20 years



Have children ages birth to 18



Live in an urban area¹, Portland city population 620,589²

“When I look at my kids, I want to put so much information and knowledge to them...and keep teaching them to that next step to be ready to face whatever they will face.”

What does it mean for you and your child to be ready for school?

Ready Children

Foremost, parents emphasized the importance of being able to focus their attention and “behave appropriately” in the classroom. Related, parents also stressed the importance of social-emotional skills, as well as having developed independence to do their own personal care activities, in addition to coming in with some early literacy and numeracy skills.

Executive functioning skills such as being able to focus attention, remember instructions, and self-regulate.

“Be able to say ‘please’ and ‘thank you’, ask questions and be appropriate in the classroom. Be able to get in a line.”

¹ Oregon Office of Rural Health designation file, www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/index.cfm

Social-emotional skills such as sharing, being able to identify and verbalize their feelings, caring for others, and enjoying playing with other children.

“That they don’t pick a fight because they don’t get things their way. I’m just trying not to get called [by the school].”

Personal care skills such as being able to use the bathroom, wash their hands, and tie their shoes independently.

Pre-academic skills such as knowing letters, numbers, shapes, and colors.

Ready Families

Parents needed to be able to offer concrete supports such as establishing routines, developing strategies to support children’s learning at home, meeting school staff, and ensuring their children have the tangible materials needed to start school.

Establish routines such as a regular bedtime and waking time in order to attend regularly.

Develop ways to support their child’s learning at home, so they can feel confident and comfortable with their child starting school.

“Getting their minds ready for school, getting them in touch with colors, shapes, numbers, whatever so they won’t be too far behind other kids.”

Meet school staff to know who they can talk to and turn to with questions, as well as understand daily and school year schedules. This includes the child’s teacher, school principal, behavior specialists, and counselors.

² U.S. Census Bureau, 2012-2016 American Community Survey 5-Year population estimate factfinder.census.gov/faces/nav/jsf/pages/community_facts

Provide tangible materials such as school supplies and school uniforms.

What are trusted sources of information about school readiness?

Parents identified a range of people and resources that serve as trusted sources of information about school readiness.

People in professional roles such as teachers and other school staff, early learning providers, parent educators, and health care providers.

Personal connections, including family members, friends, and peers, especially including those involved in the parenting series together.

Additional resources included **online resources** such as parent or school Facebook groups and parenting vlogs and books such as *What to Expect When You're Expecting* and *Baby's First Year*.

"It is hard for people like us to go to just any parents who don't understand what we go through at times. That is what I feel sometimes when I go to talk to somebody, do they understand what I'm going through or how they can direct me for help for my kids?"

What kind of early learning supports have you participated in and how do they support school readiness?

Parents have participated in a wide range of early learning programs or services for families with children ages birth to 5.

Parenting education series and **support groups** offered through SEI.

Home visits through Early Intervention, Healthy Families Oregon, and Healthy Birth Initiative (HBI).

Preschool programs such as Head Start and other Employment Related Day Care (ERDC) funded early learning settings.

Nutrition supports through the Women, Infants & Children (WIC).

Other family fun and learning activities include library story times and activities.

How do these early learning programs help you and your child be ready for school?

Ready Children

Gain comfort and confidence with daily routines and activities through experiences in a classroom setting.

"Head Start helps model what you do in a school day – riding the bus, eating breakfast, classroom routines."

Opportunities to have time away from parents was seen as helpful so children can learn to express their individuality and experience a sense of growing independence.

Executive functioning and social-emotional skills development through opportunities for children to interact and play with other children in a group setting, and practice listening to an instructor. One parent talked about these benefits for her children in early learning programs:

"I think it is nice that [children] can learn how interact and have communication. It kind of gets them ready for the classroom."

Ready Families

Opportunities to build relationships with both providers and other parents was important for families to be able to **problem-solve and share strategies** for addressing their child's challenging behavior in more effective ways.

"[Parenting series] gives me personal tools to help my children. [We were] talking about spanking and getting me to ask myself why I get so angry, before I react. It made me pause and I understand that I'm angry because [child] is frustrated, and he's frustrated because he's tongue-tied."

Other participants emphasized the benefit of parenting education and support as helping families **work together better as a family.**

“Making sure that it’s not just one person carrying the load. More teamwork.”

What would help improve early learning programs to support school readiness?

Parents largely had positive experiences with the early learning programs they have accessed. The main suggestion for improvement was **to expand availability and access** of early learning programs, especially those at no- or low-cost, those available during evenings and weekends, and those prepared to handle challenging child behaviors.

“More locations, extended hours, weekend care, nights. They should have more of those.”

More recreation and enrichment activities

available for no- or low-cost was also important to participants. These included sports, art, and music activities for young children. Participants also talked about free online programs or Apps to support learning at home.

Programs and services that are provided by diverse staff. It was important for parents to be able to see a range of cultures and backgrounds reflected in programs they access, including providing interpreters and translation for families who speak languages other than English.

“It is nice if there is representation in staff. It is nice to see not just White folks, but to see Black folks, Pacific Islanders, Africans.”

What kind of health services have you participated in and how do they support school readiness?

Parents described a range of health care services and support they have accessed in the area. Some participants described accessing private payer

health care services, and others utilized Oregon Health Plan.

Participants accessed **in-office** health care services (including mental health) at the following locations:

- Doernbecher Children’s Hospital with Oregon Health & Science University
- Gresham Family Medicine
- Kaiser Permanente clinics
- Kinship House
- LifeWorks Northwest
- Multnomah County Mid-County Health Center
- Oregon Pediatrics
- Providence Portland Medical Center
- Salmon Creek Medical Center in Vancouver, Washington

Home visiting was utilized by some participants, consisting of nurse and other family support worker home visiting and supports.

Nutrition supports WIC were described as both an early learning program as well as health and wellness support.

How do these health services help you and your child be ready for school?

Parents primarily talked about health services supporting their child’s physical health and development through monitoring and check-ups. However, participants also described ways that health services helped them as parents monitor their child’s growth and support their development.

Having health insurance meant that families and children could be more likely to access regular services.

“If [children] are getting sick, [parents] can take care of them and have medicine if necessary.”

Healthy development and nutrition supports through WIC help children be healthy and therefore more likely to be ready for school.

“[WIC] makes sure they have proper nutrition and will be able to think and be physically able to participate in activities.”

Home visiting, especially through programs designed to serve families of color such as HBI, were described as **supporting a healthy pregnancy and birth**, to work with the entire family and build health and wellness from the earliest stages. Breastfeeding support was also identified as a benefit of these programs and a way to promote infant health and nutrition.

Maintaining up-to-date immunizations was described by parents as a key role of health services, to ensure that children could participate in early learning programs and attend school.

Supporting parent-child attachment and mental health was noted by some participants as a key element of overall family health and wellness. Mental health programs provided key support to improve parent-child relationships and strengthen parenting strategies to support positive child behavior. One participant also described how she was able to share her strategies with the child’s early learning provider, which was effective in that setting as well.

“[Mental health program] helped me learn how to communicate with [children] and praise them and redirect them.”

Follow-up with families after and between visits to check in on progress and referrals was helpful to parents. Some participants described positive experiences with Doernbecher Children’s Hospital, for example, where they received follow-up calls after visits, ranging from emergency to routine, to find out if “everything is working out like we planned it to.” The follow-up call provided an opportunity for the parent to raise any questions or concerns that may have arisen since the visit, and to feel that their family mattered.

“It was just them asking how my child was doing. That was nice.”

What would help improve health services to support school readiness?

Parents largely focused on improving the quality of parent-provider interactions, improving communication, and expanding services as ways to improve health services and the system overall in supporting school readiness.

Spend more time with families to get to understand their individual child and family needs, strengths, and values. Participants did not have experience completing ASQs in health care settings, for example, and described the general sense of feeling rushed at each well-child visit.

“They get us in and make sure that everything is good and that’s it. It is not like they say, ‘Hey, maybe you should consider this or that.’”

Further, participants wanted to **develop a stronger relationship** between the family and their child’s provider, which would make it easier for families to raise questions and concerns about their child. Participants described feeling that they could not generally turn to their child’s provider to talk about parenting challenges because of feeling judged or lacking trust.

“I feel that [health care providers] haven’t necessarily made it a safe environment for parents to ask. If I don’t feel I’m accepted, that is not someone I would go to and ask, because that takes a relationship. You love your child and you want to make sure you are getting the best information, and you can’t really ask if that relationship isn’t there.”

Know, recommend, and use referral sources so parents can connect with additional supports, when needed, for themselves or their children. Participants wanted to hear more from health care providers about **what resources and supports are**

available to them, rather than being asked ‘What do you need?’ or ‘Do you need anything from me?’ One parent described the feeling:

“I don’t know what I need, or I don’t know what exists.”

Especially for first-time parents, or parents new to the community, participants wanted to hear more about resources or parenting strategies from providers.

“When you are a first-time parent, you don’t know what to expect. Everything is all new. You don’t know what resources there are because you haven’t been through this before.”

Further, parents wanted to be able to **learn about and enroll in other services** through their health care setting. Some participants had the experience in other places they have lived, of being able to enroll in WIC, for example, through their health care setting.

Other participants had not had that experience but wanted to be able to look-up or connect with other community resources through their child’s health care setting, such as finding school supplies, books, or clothing. Communication tools included newsletters, resource lists, or information displayed on screens in waiting areas.

“Just having up-to-date information...something that is kept in the doctor’s office that you can flip through.”

Offer group workshops or series for parents through health care settings. Parents valued the opportunity to connect with each other, as well as providers, to understand their child’s health and development, and ways they can support their child. Suggested topics included preparing healthy meals and nutrition or dealing with a colicky infant.

Make clinic settings feel more warm and welcoming by creating child-friendly and school-ready spaces so children become familiar with the look and feel of objects they will encounter at school. Participants described things that would be helpful, like small chairs, tables, and books.

Focus Group & Community Profile

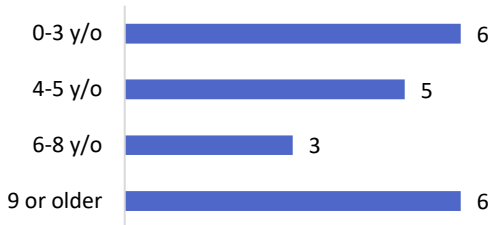
On February 6, 2018 Self Enhancement, Inc. (SEI) hosted a Kindergarten Readiness Parent Focus Group in Portland with 12 parents, including 7 moms, 4 dads, and 1 stepparent. Two participants also identified as foster parents. Seven reported parenting with a partner.

Participants were invited by the SEI Parenting Skills Building Educator, who facilitates a 20-week parenting series. Parents participate in the series as a requirement of other services their family is involved in, but participation in the focus group was voluntary and made explicit that participation was not part of their required services.

The **average participant age was 33** and ranged from 21 to 46.

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

Ages of Children of Focus Group Participants



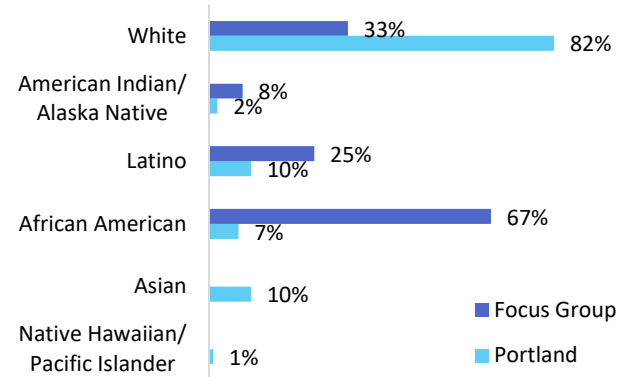
“All these activities and knowledge-building resources for your kids, so your kids can have a better and more successful future.”

Participants reported that they like raising their children in the community because of the **range of free or low-cost resources** for families, including libraries, playgrounds, and family support programs,

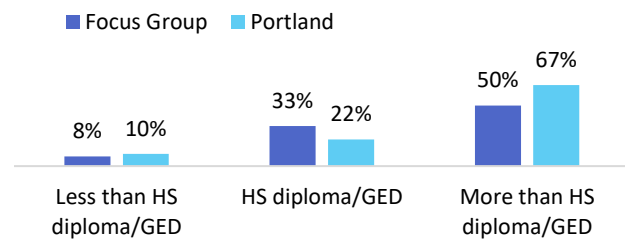
³ U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates, Race alone or in combination with one or more other races, Total may not equal 100% because individuals may endorse more than one category factfinder.census.gov/faces/tableservices

as well as experiencing a sense of **not being negatively judged** by SEI staff nor in the community.

Race/Ethnicity of Focus Group Participants & Portland³



Educational Attainment of Focus Group Participants & Portland⁴



Services Utilized by Focus Group Participants	% Yes
Public library	67%
SNAP	33%
TANF	33%
OHP	50%
WIC	33%
Early Head Start	17%
Head Start	8%
EI/ECSE	25%

⁴ 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; Note, 1 focus group participant did not provide educational attainment information