

# The California Home Visiting Program External Evaluation: Family Survey Findings 2014

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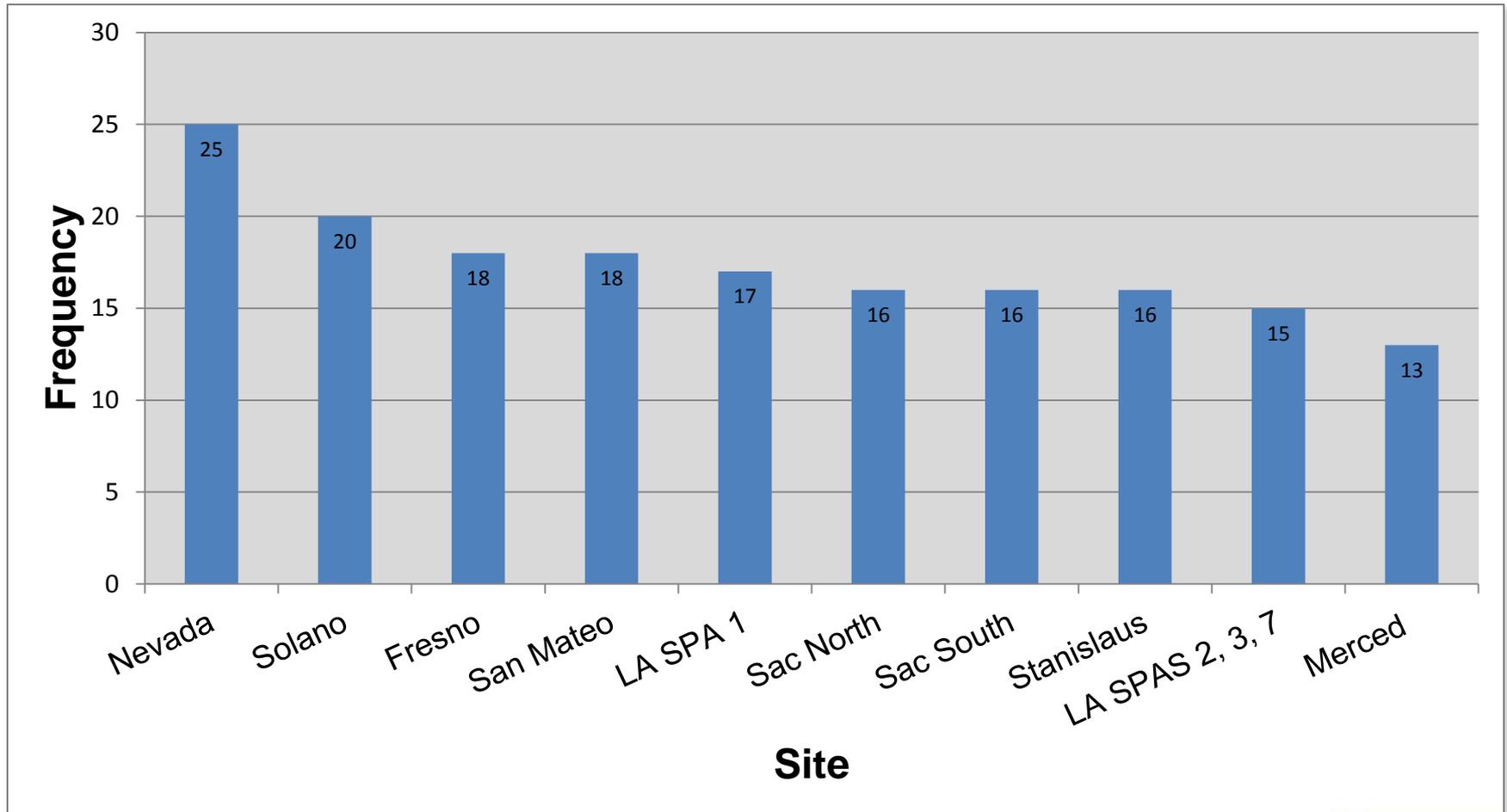
# Background Information

- 30 packets were assembled (ten to fifteen in Spanish and 15-20 in English) and mailed to program supervisors
- Supervisors were asked to have home visitors distribute 20 packets to the next 20 families visited
- Home Visitors were not expected to do any further follow-up after giving a packet to a family who agreed to participate

# Background Information cont'd

- Based on prior experience with mailed surveys of family satisfaction or family experiences in programs, we hoped for a 50% response rate, or 100 surveys returned throughout the state
- We estimated the need for a 6 week window in order for surveys to be received in program offices, distributed by home visitors, and returned by families (This window was slightly extended based on site need)

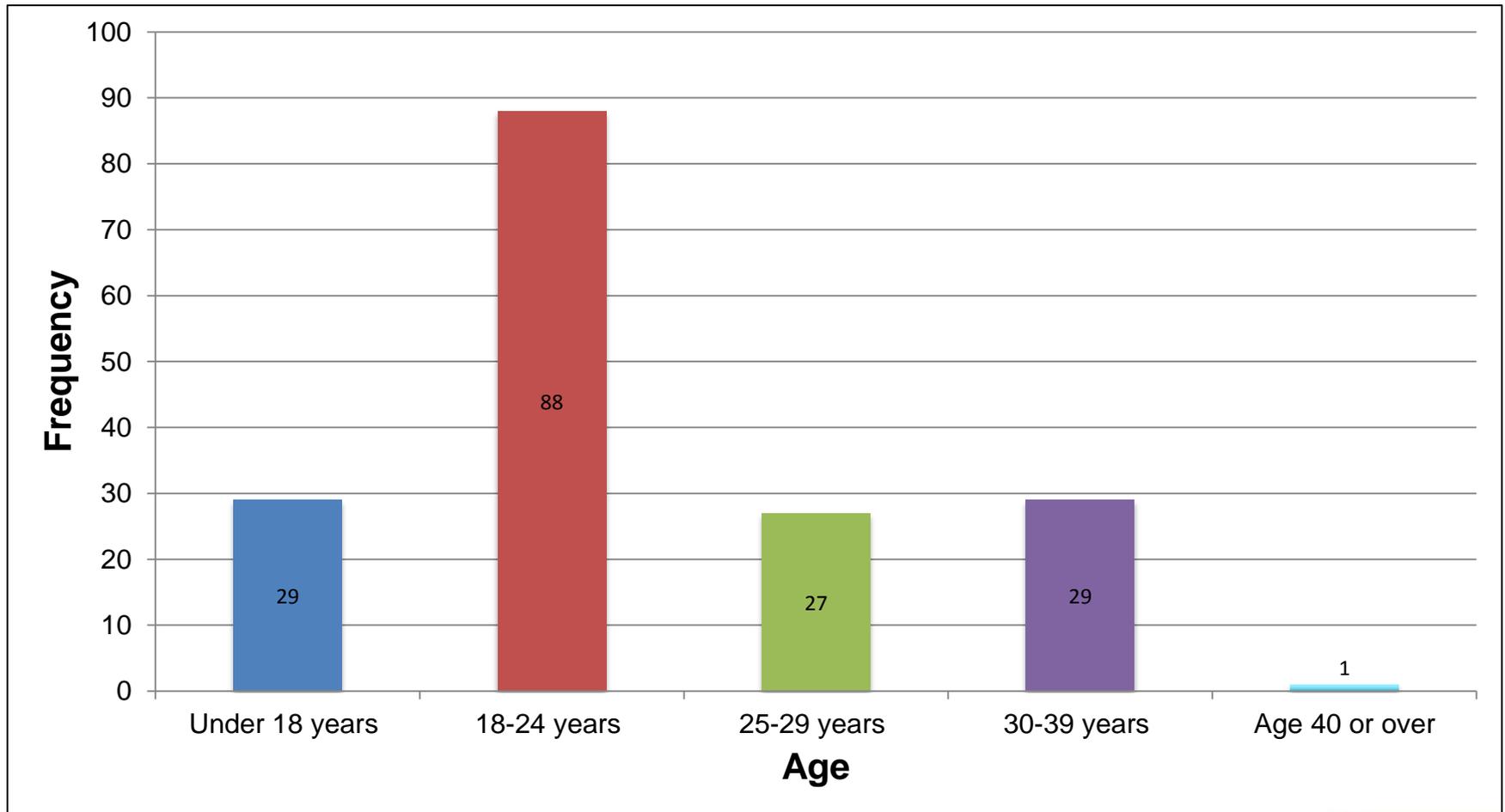
# PARTICIPATION RATES



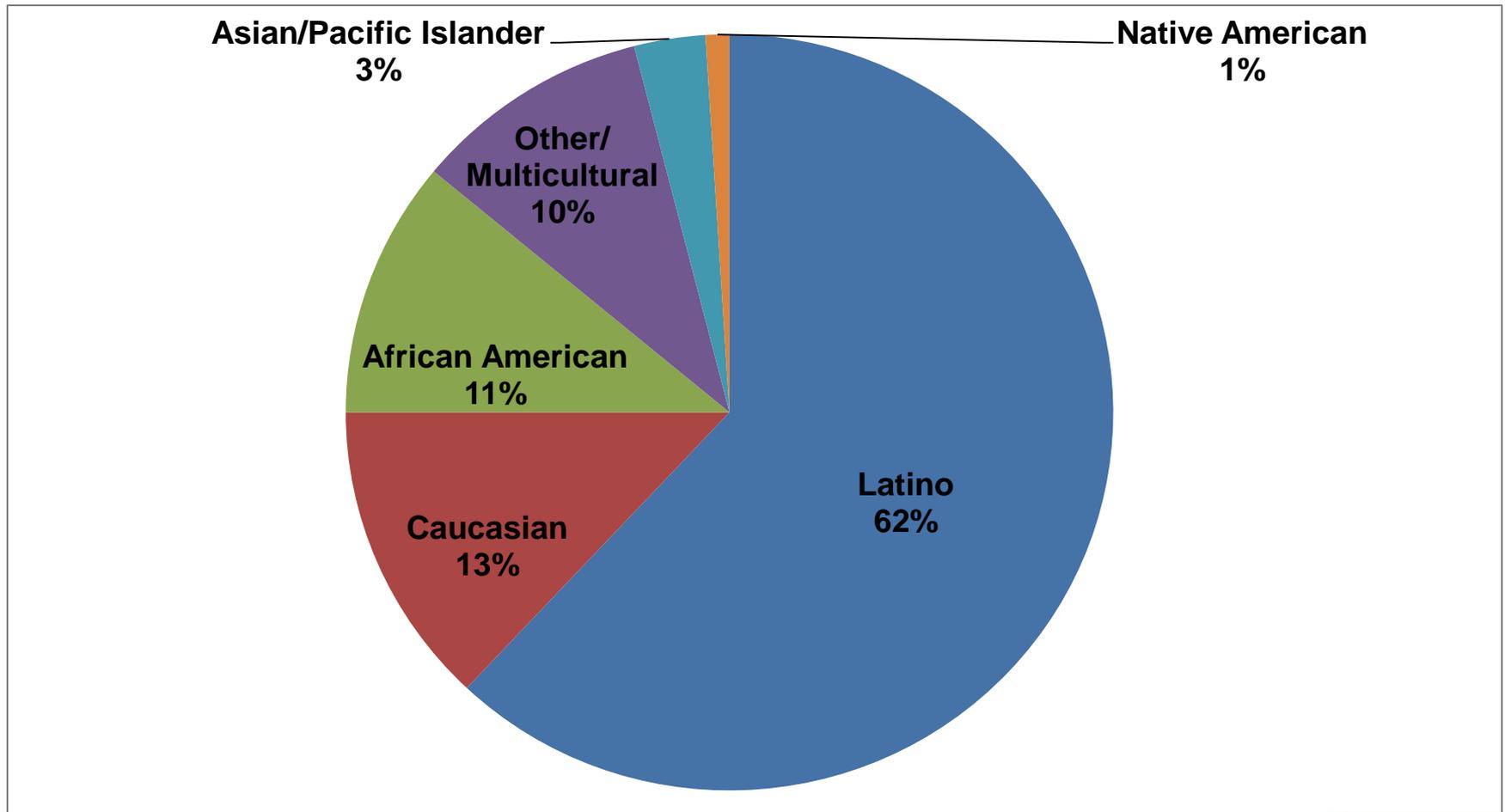
# Participant's Parenting Status

PARENT GROUP	Frequency	Percent
Pregnant	35	20%
Parent of a newborn to one-year-old child	117	67%
Parent of a one to two-year-old child	18	10%
Did not indicate a group	4	2%
	<b>Total= 174</b>	<b>Total= 100%</b>

# Participant Age



# Race/Ethnicity of Family Respondents



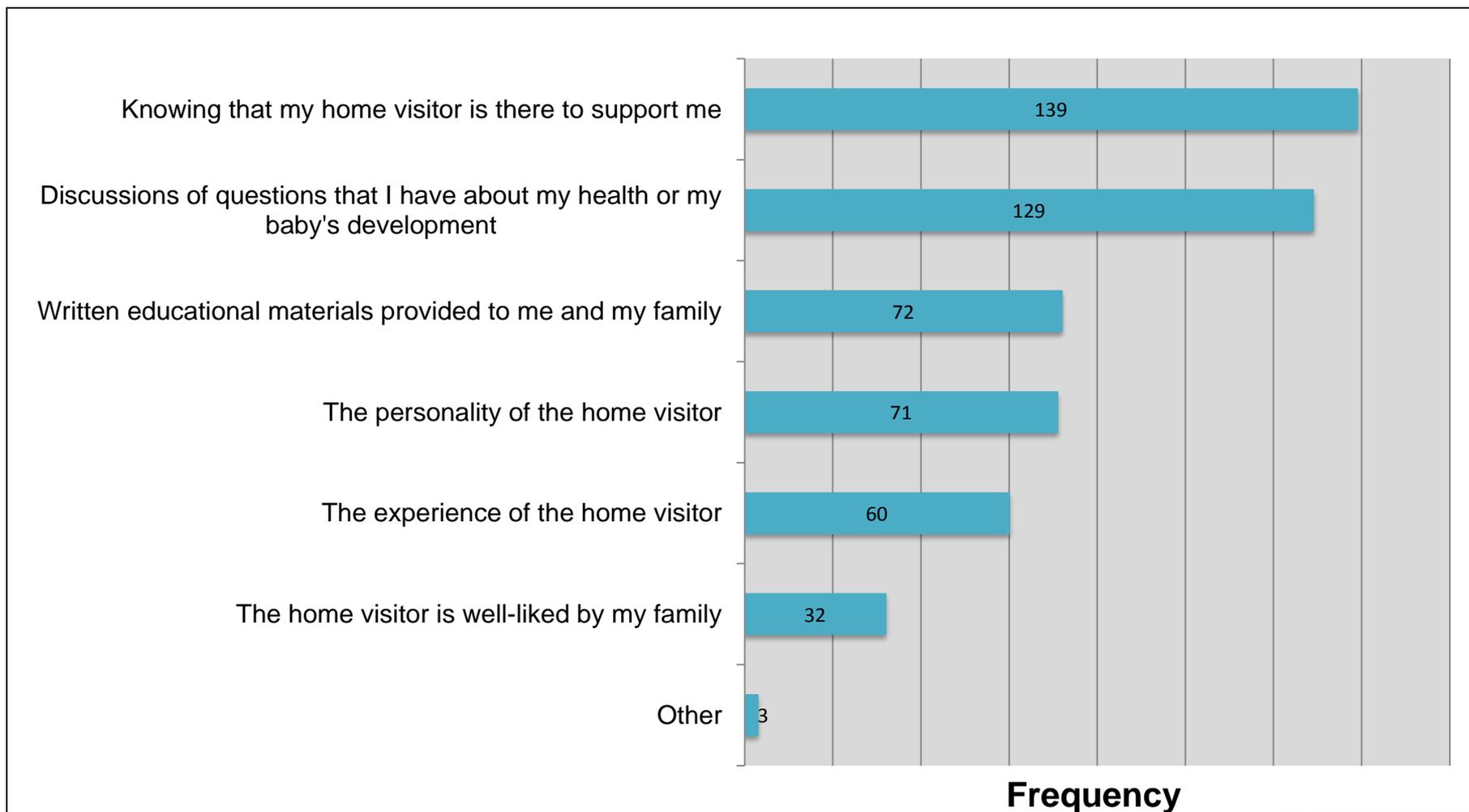
# SURVEY QUESTIONS

- What families liked about services
- What services they would add to the program
- Concerns about home visiting
- Period in which they were most interested in home visiting services
- Interest in services after home visiting ends
- Knowledge of community services for young children

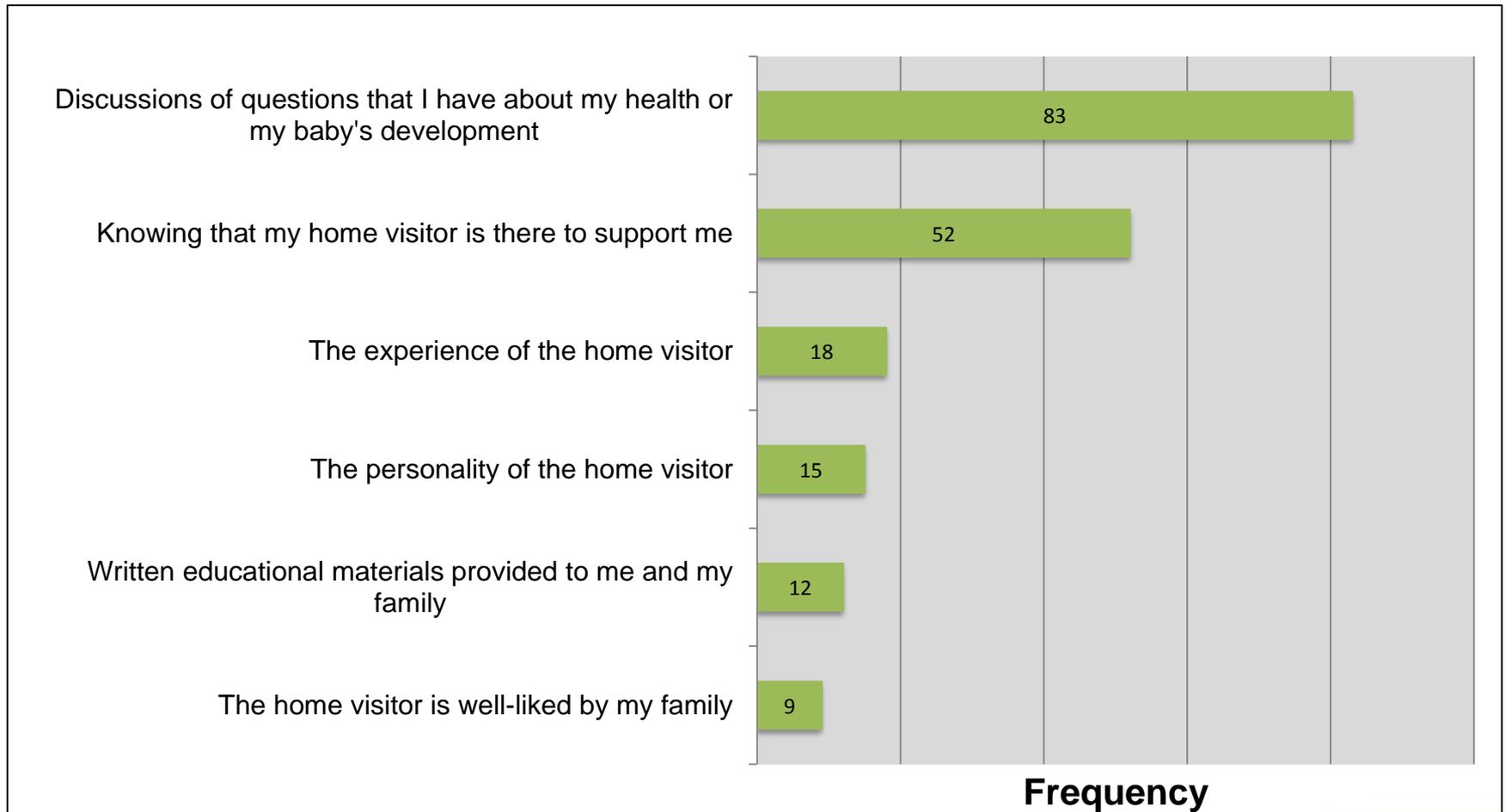
# SURVEY QUESTIONS

- Factors that might make them end services & ideas about what would help when families consider ending services
- Use of social media & how social media could be used to improve home visiting services
- Worries about home visiting services
- Whether respondents believe other families could benefit more from home visiting than themselves
- How being in the home visiting program has changed mothers or their families (open-ended)

# Most Important Things About Home Visiting Services



# Single Most Important Thing About Home Visiting Services



# Types of Services to Add to Home Visiting Programs

<b>SERVICE</b>	<b>Frequency</b>	<b>Percent</b>
- Offer these services to ALL pregnant women	93	21.3 %
-Provide gifts, prizes, and other incentives for participation	77	17.6 %
- Provide services for a longer period of time (beyond the time my child turns 2 years old)	70	16 %
- Add father groups led by men	59	13.5 %
- Hold monthly family groups and meetings	50	11.4 %
-Provide more information about child development and infant/toddler problems	45	10.3 %
- Develop more media materials and outreach about the program	34	7.8 %
- Other	9	2.1 %
	<b>Total=437</b>	<b>Total=100%</b>

# SERVICES AFTER HOME VISITING ENDS

- 68.4% (n=119) of the respondents indicated that no one had talked with them about a plan for when home visiting services end
- When asked whether they would be interested in services from a different program once home visiting ends, 49.4% (n=86) said “Yes” and 48.3% (n=84) said “Maybe”
- When asked if they knew anything about services for families whose children are between ages two and five, 80.5% (n=140) said “No” and only 19.5% (n=34) said “Yes, a little.” (No one indicated that they knew “a lot” about services)

# Knowledge of Services for 2-5 year olds

<u>Type of Service</u>	<u>Frequency (n)</u>
▪ WIC	12
▪ Parenting Classes	7
▪ Head Start Programs	7
▪ Preschool/Early Childhood Education	6
▪ Other Community Services and Non-profits	5
▪ Daycare	5
▪ Public and Government Social Services	4
▪ Family Activities	2
<b>Total n = 48</b>	

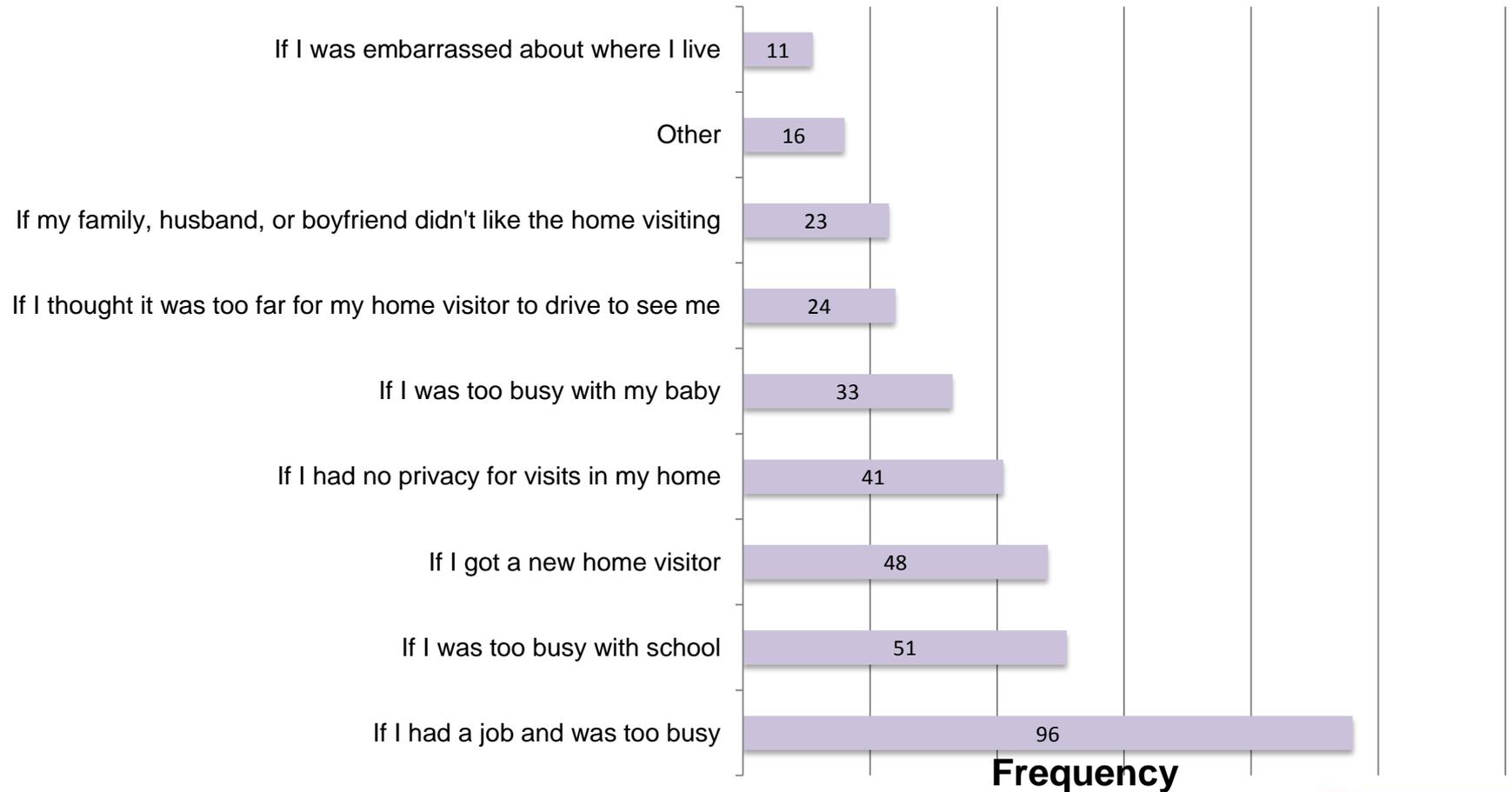
# COMMUNITY SERVICES NEEDED

- Ten themes were common:
- Parenting skills and parenting development [21.8% (n=29)]
- Formal and informal family activities [17.3% (n=23)]
- Family and mother support groups [15.0% (n=20)]
- Childcare [12.0% (n=16)]
- Personal health and relationship development [9.0% (n=12)]
- Preschool and early childhood education [6.8% (n=9)]
- Financial assistance and resources [6.8% (n=9)]
- Housing and transportation [4.5% (n=6)]
- Workforce issues [3.8% (n=5)]
- Accessible medical and mental health services [3.0% (n=4)]

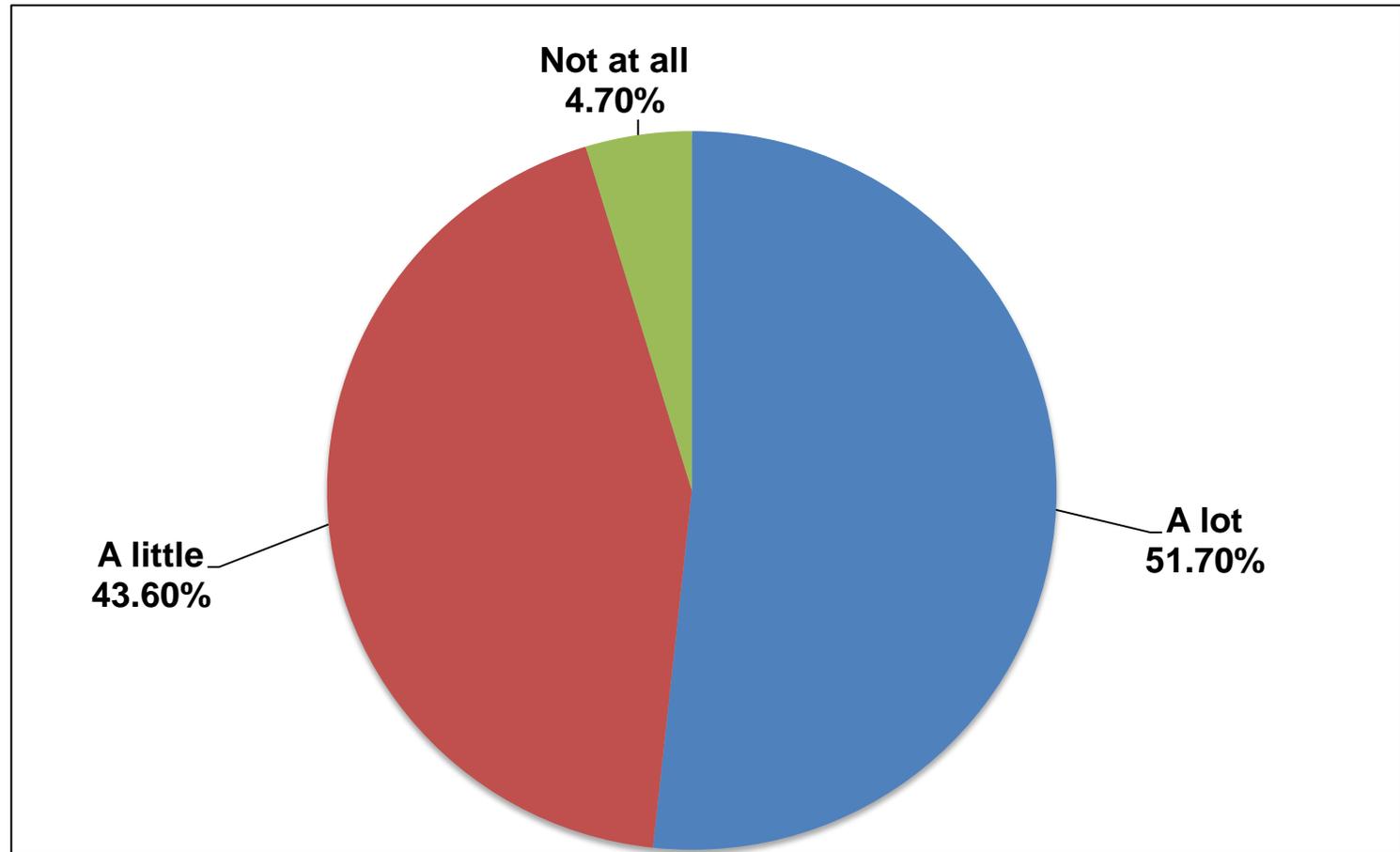
Type of Service	Examples	Frequency	Percent
1. Parenting skills and parenting development	CPR and emergency classes for infants and children, fatherhood classes, infant and child development courses, childrearing, discipline and behavioral techniques, skills and development for children beyond age 2, Babies First, breastfeeding courses	29	21.8 %
2. Formal and informal activities and events	Mommy & Me, family activity centers, family play groups, social events, parks for families, banquets and luncheons, games and activities for children	23	17.3 %
3. Family and mother support groups	Online support groups, mother groups, father groups, adolescent and young parent support groups, postpartum depression support groups	20	15 %
4. Daycare and Childcare	Nurseries, daycare, babysitting	16	12 %
5. Personal health and relationship development	Healthy cooking classes, fitness classes, sewing classes, marriage management, maintaining a healthy home environment, maintaining relationship with baby, workshops	12	9 %

<b>Type of Service</b>	<b>Examples</b>	<b>Frequency</b>	<b>Percent</b>
6. Financial Assistance and resources	Scholarship funds, gifts to families, material necessities, single-income assistance	9	6.8 %
7. Preschool and early childhood education (ECE)	Tutoring services for children, (bilingual) Head Start/Early Head Start	9	6.8 %
8. Housing and transportation assistance	Improving public transportation, housing assistance	6	4.5 %
9. Work force issues	Budgeting, taxes, debt reduction, job preparation/services	5	3.8 %
10. Medical and mental health services	Free or affordable medical and mental health assistance, midwife program covered by insurance	4	3 %
		<b>Total= 133</b>	<b>Total= 100%</b>

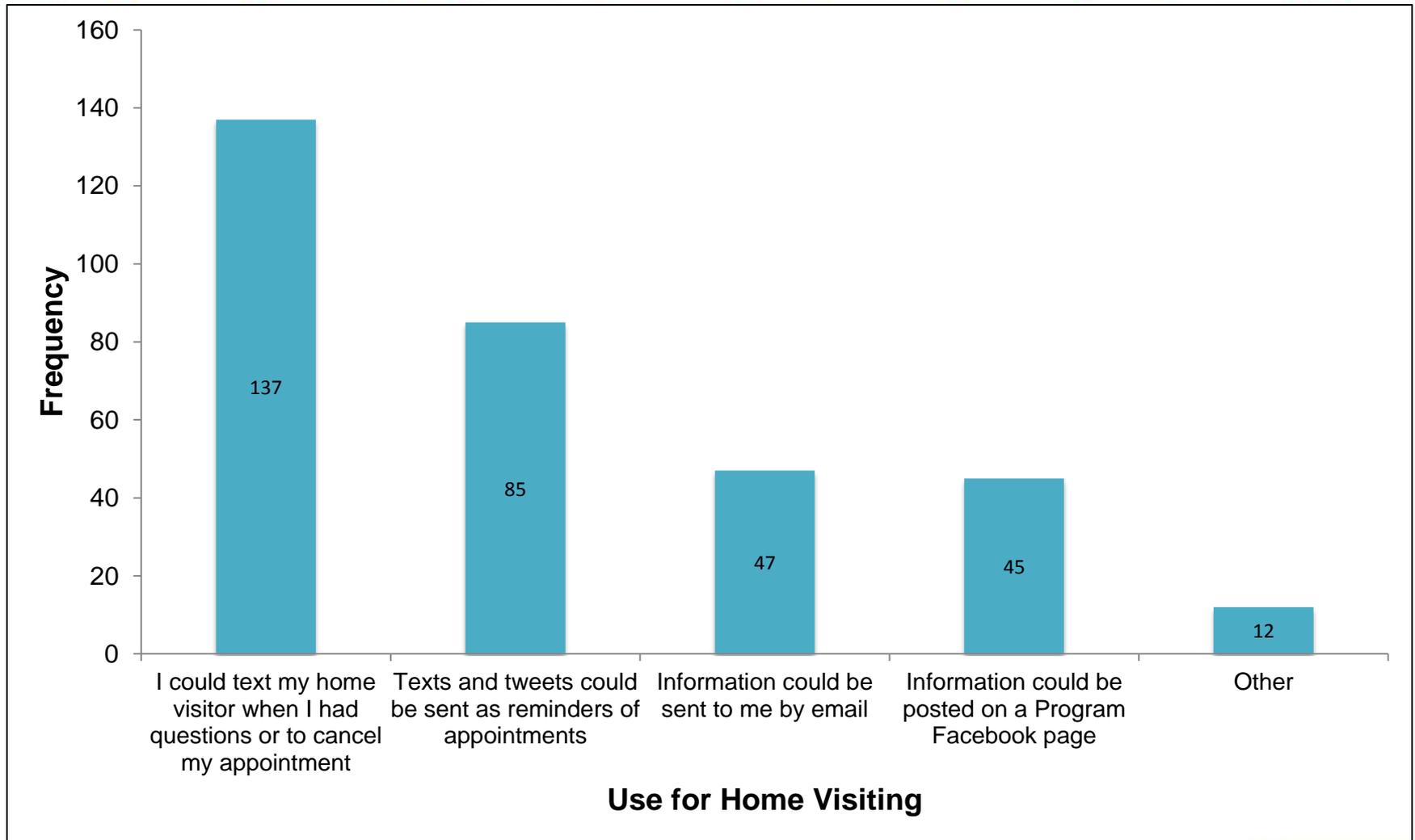
# Top Reasons for Ending Services



# USE OF SOCIAL MEDIA



# HOW I COULD USE SOCIAL MEDIA WITH HOME VISITING SERVICES



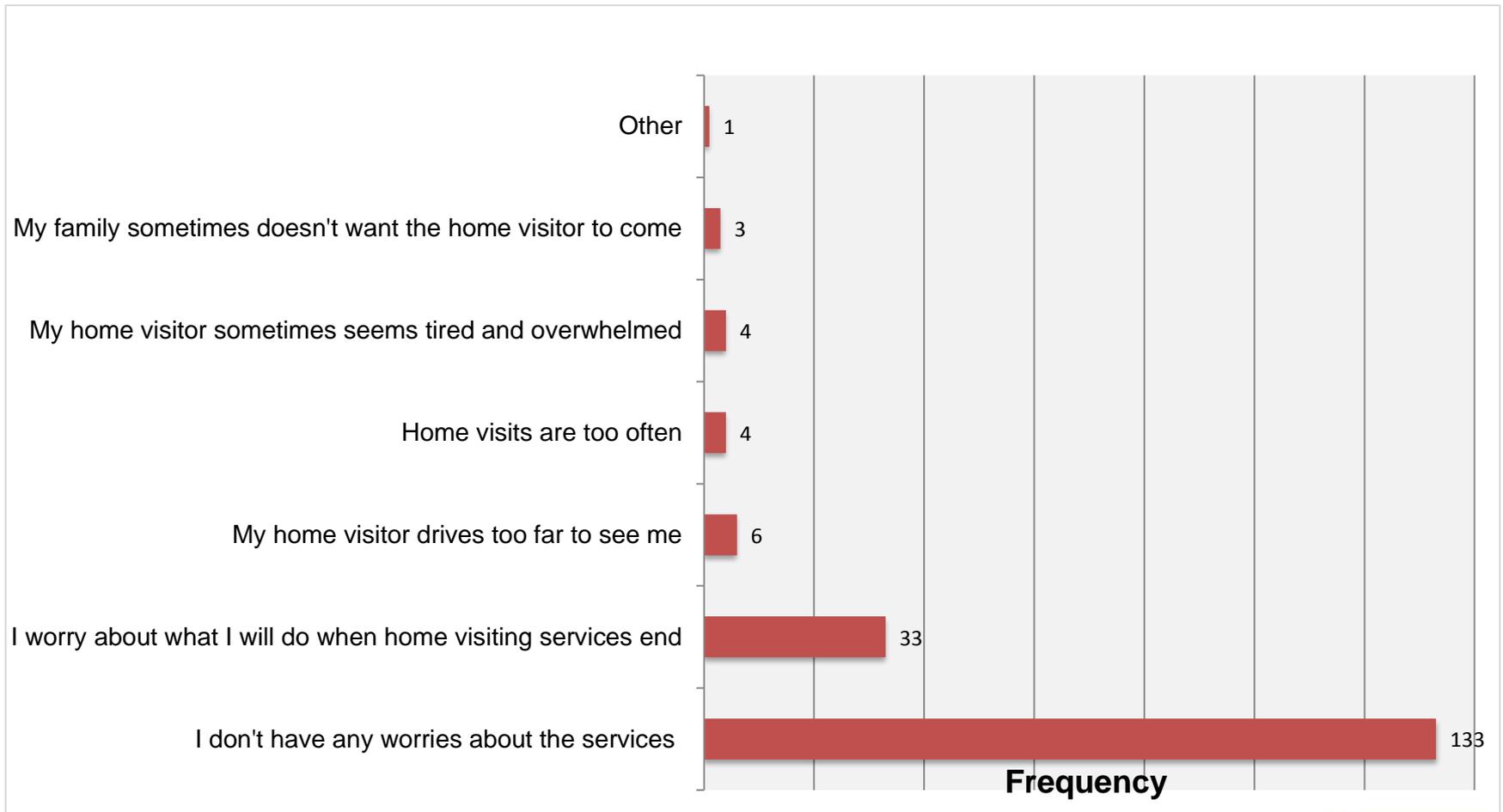
# DO OTHER FAMILIES NEED HV SERVICES MORE THAN YOU?

- One hundred five mothers (60.3%) responded that they did not believe other families needed home visiting services more than they did

# WHO ARE THE FAMILIES WHO NEED HV SERVICES?

- Families without the resources, access to information, or support to get their questions answered
- Very young mothers (ages 13-18) who might not know how to care for a baby
- Depressed mothers
- Mothers without family support
- Single parents
- Families with many children
- Families with a “more hectic life”
- Women experiencing domestic violence
  
- One mother summarized, “I have a lot of help and there are mothers out there with no support and no help at all and I got what they wished they had.”

# WORRIES ABOUT HOME VISITING



# HOW BEING IN THE HOME VISITING PROGRAM HAS CHANGED THEM OR THEIR FAMILY

- Of the 174 participants, 167 families (96%) responded to this question
- Most families took from half a page to an entire page to answer this question in either English or Spanish

# COMMON THEMES

- Gained knowledge and information about personal health and child development
- Provided with helpful resources and support for raising an infant and child
- Become a better parent, learned parenting skills, and a happier parent
- Taught responsibility, life skills, time management and growing into an adult

# COMMON THEMES

- Provided an invaluable support system, and person who cares and healthy relationship
- Improved personal relationships with partner, father of baby, relatives and friends
- Instilled confidence in self, experienced personal growth, and taught a lot
- Improved health, medical skills, psychological well-being, and personal mood

# KEY POINTS

- The high rate of return of the written family surveys was very surprising & reflected family passion about the services and their home visitor
- Even though almost all questions provided response choices for circling, many families wrote lengthy comments in the margin after circling their responses
- Responses to open ended questions were thoughtful, lengthy, and reflected passion and conviction about the value of home visiting services
- Important to talk with families early in the program about the range of services that exist in their community to help them after their child turns two. Such discussions would reduce family anxiety about what will happen when home visiting ends & insure that families who leave services early know about other options

# KEY POINTS: Ending Services Early

- Re how to avoid early termination of services: 21.2% suggested meeting the home visitor somewhere outside of their homes or having home visits scheduled during the weekend (16.1%).
- The inflexible nature of most programs around scheduling and the 8 to 5 nature of most service delivery clearly impacts mothers struggling to work, attend school, and to meet their babies' scheduling needs. High attrition in families who have a choice between a job that provides for their family needs and a home visit during the same hours would not be unexpected

# KEY POINTS: Use of Social Media

- Almost 52% of respondents indicated that they use social media “a lot” and 44% said they use it “a little.”
- Less than 5% responded that they do not use social media at all
- This is a generation raised on social media and such platforms must be carefully considered as an essential element of communication. The era of postal reminders and hard line telephone calls is probably gone forever and organizations must adapt to this new reality of communication.

# CHANGES IN FAMILY LIVES

- The types of changes in their lives described by mothers who are receiving home visiting services are a significant outcome that is not being fully explored as part of national quantitative outcome data gathering.
- These are the crucial differences that create positive changes for very young children as they grow and can lead to more successful, well adapted, and satisfied families who contribute to society in positive ways.
- The investment being made in home visiting services for very high risk families has the potential to pay back to society in powerful ways over the next decades, and the stories and responses provided by nearly 200 families in California show this potential.

# The California Home Visiting Program External Evaluation: Family Focus Group Findings 2014

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# OBJECTIVES OF FOCUS GROUPS

- To examine social marketing strategies used to reach high risk and hard-to-engage families
- To identify community barriers to retaining families
- To identify family factors related to retention rates
- To identify qualitative aspects of the home visitor family relationship that may impact enrollment and retention
- To describe the characteristics of the home visitor

# DESCRIPTION OF FOCUS GROUP PROCESS

- Family members from the California MIECHV competitive funded sites were recruited in four select counties to participate in family focus groups during 2014. Of the four sites, three were NFP programs and one was an HFA program.
- Focus group interview tool was created based on the responses in the family focus groups during baseline site visits
- Focus groups were scheduled for 2 hours at each site to allow time for set-up, obtaining consent, questions and wrap-up. Four trained interviewers conducted the focus groups in teams of two.

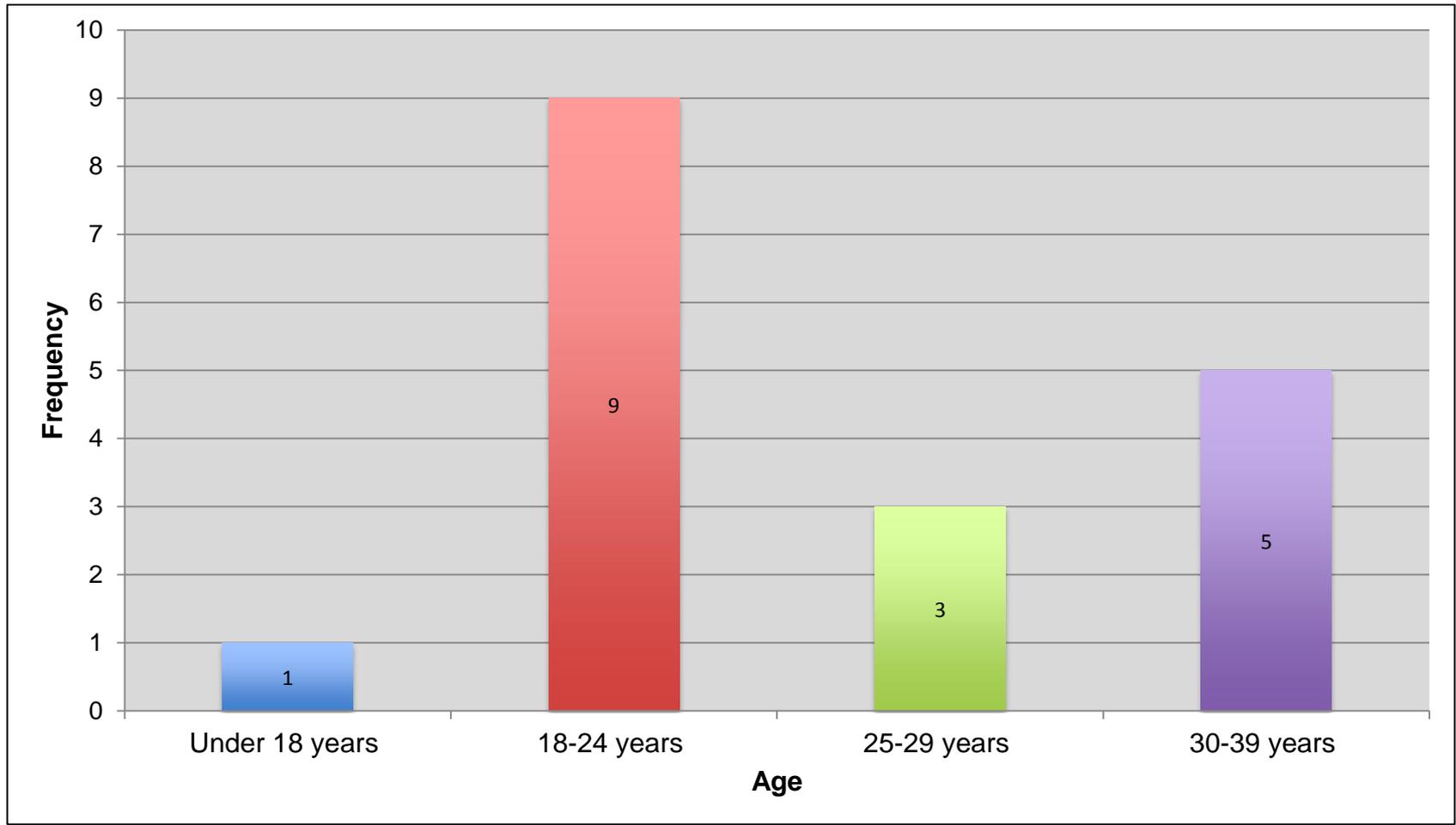
# PARTICIPATION

- LA SPA 1 Antelope (5 families) HFA site
- San Mateo (5 families) NFP site
- Fresno (5 families) NFP site
- Sacramento North (3 families) NFP site
- *TOTAL: 18 families*

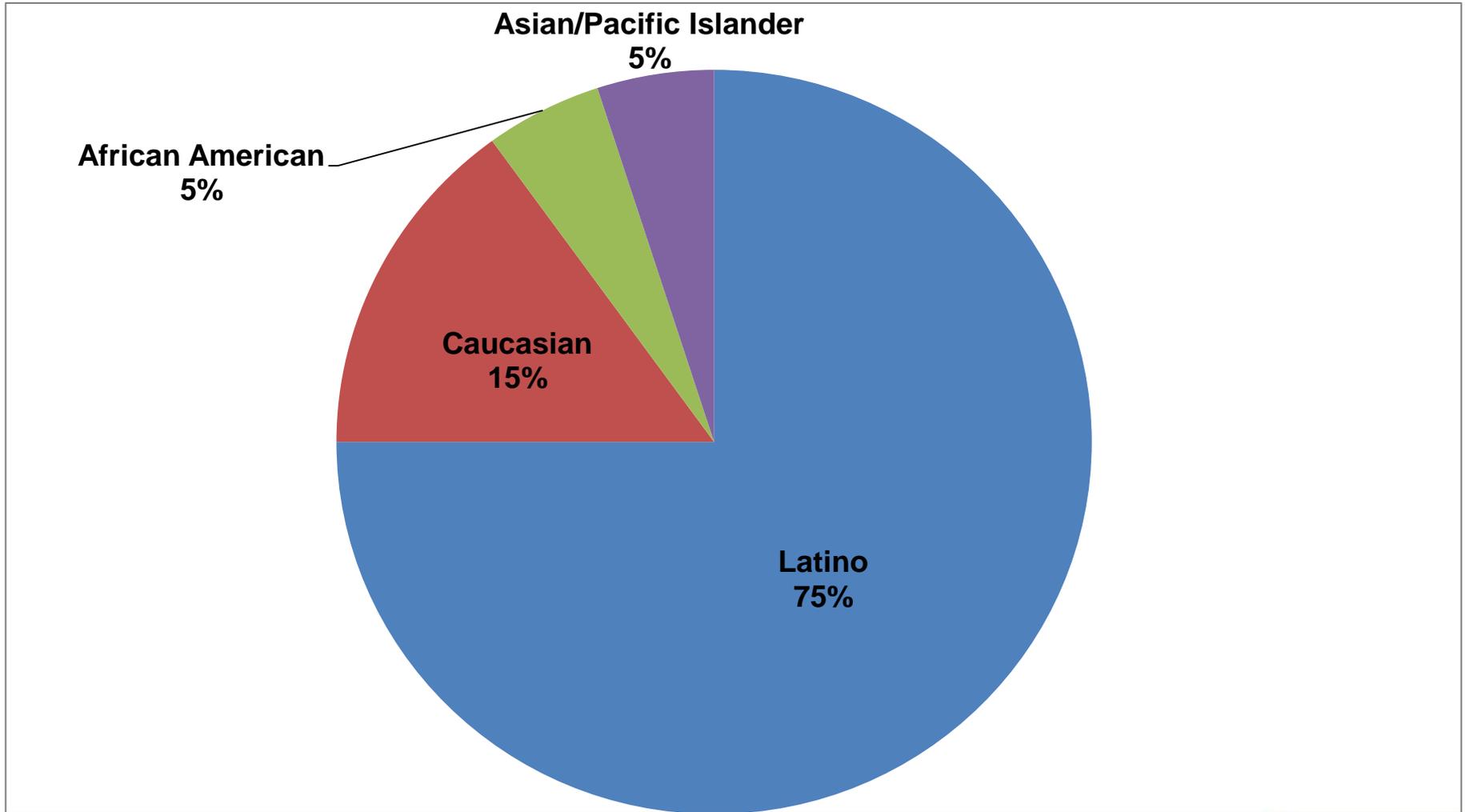
# Participant's Parenting Status

- 13 of the participants were mothers of a newborn to a 1-year old child
- 3 women were pregnant
- 2 were mothers of a 1 to 2 year old child.

# Participant Age



# RACE/ETHNICITY OF PARTICIPANTS



# FOCUS GROUP QUESTIONS

## Program & Service Importance

- *What do you think are the three most important things about home visiting services?*

## Additional Services

- *What other kinds of services would you like to have in your community?*

## Frequency of Home Visits

- *Visits should be more often when? Visits should be less often when?*

## Client Attrition

- *What might make you think about ending home visiting services?*

## Communication & Social Media

- *How could such communication be used to improve home visiting services?*

## Family Concerns

- *Do any things worry you about home visiting services?*

## Family Changes & Recommendations

- *How has being in the home visiting program changed you or your family? If you could design your own program what would you include?*

# Most Important Things About Home Visiting Services

- Information and knowledge provided about the baby, nutrition, medication, development
- Support and trust of the home visitor and the relationship established
- Resources provided and all of the resources given (materials, videos, information)
- Personalized, individualized, and flexible service that meets the needs of families

# Types of Services to Add to Home Visiting Programs

## SERVICE TYPE

- Baby transportation assistance
- Bilingual nurses
- More chances for child-visitor interaction
- More frequent and direct mother-visitor interaction
- More “hands-on” help with baby’s first bath
- More visits during the week of baby’s birth

# TIME WHEN THEY WERE MOST INTERESTED IN SERVICES

## All Periods

During  
Pregnancy

"There is more curiosity when you are pregnant such as what the baby will be like and you don't know what to expect."

(Sacramento North)

Birth to  
6 months

"Right after the baby was born due to baby blues. And once the baby came home at 1 month due to being hospitalized after birth."

(San Mateo)

6 to  
12 months

"The first year period is more helpful but the rest is always interesting and good to have."

(LA SPA 1 HFA)

12 to  
24 months

"After, now that the baby is moving around, sitting, and to help with the baby care and development, safety, and bonding time."

(Fresno)

# SERVICES AFTER HOME VISITING ENDS

- None of the families who participated in the focus groups had had any discussions with their home visitors about what services might be available after home visiting services end

# COMMUNITY SERVICES NEEDED

- Activities for babies, moms, and moms and babies
- Support groups
- Preschool programs
- Affordable daycare

# Top Reasons for Ending Services

- Scheduling Issues: work conflict, too busy with school, going back to school
- Relocation: moving out of service location, moving to another area
- Home Visitor Personality: unfriendly or rude personality
- Program Concerns: program not meeting needs, waste of time
- Family Changes: age of child, child attending school, having another child

# PREVENTING FAMILY ATTRITION

- Flexible scheduling (weekend visits, visits earlier or later in the day, shorter visits) was suggested as one solution to preventing attrition from programs.

# USE OF SOCIAL MEDIA

- Almost all participants indicated they use social media to a great extent
- The families primarily use cell phones, text messaging, e-mail, Face Book, social media websites, and Instagram on a daily and frequent basis
- Only, one family indicated that they never use media because they do not have the time

# HOW I COULD USE SOCIAL MEDIA WITH HOME VISITING SERVICES

- *“I would present my nurse home visitor and their program and the services that they offer on a Face Book page and get ‘likes’ from people and then that way you can keep the nurses longer and also promote the program”*
- *“Texting would be good. I would be more comfortable with asking questions so I don’t forget because it would be easier”*
- *“Texting would be used and easier because sometimes you can’t answer the phone or be on the computer. And a Face Book group page with information for those in the program would be beneficial”*

# DO OTHER FAMILIES NEED HV SERVICES MORE THAN YOU?

- Although families did not seem to believe that others needed the services more than them, they reported that all families should have access to this type of service

# WHO ARE THE FAMILIES WHO NEED HV SERVICES?

- *“I have seen other people with a lot more problems and things that aren’t right for pregnant women to go through such as homeless women. This should be available to all people and they should make it clear to everyone”*
- *“There should be more information to the community for these types of programs to help others. Other people that have never received any information or education about their babies such as parents who may not know English and teen parents”*
- *“Yes, all the time (feel that other families need services more than me). My sister has four kids and needs information to learn how to be a better mother and strategies for discipline, and how to be patient. Some families have no support and have no positive people around. My cousin is pregnant and has no idea of what to do with a baby”*
- *“Yes, the single moms, parents that live on their own (no family support), and new parents that don’t get the information or complete information from the hospital staff need the services more in general because they do not have the support from family and they do not know about services”*

# WORRIES ABOUT HOME VISITING

- Services being cut due to budgeting and staffing limits
- Services ending and early termination
- Being judged based on living situation and cleanliness of house
- About CPS getting involved due to mother's mental health problems
- Being judged by others (neighbors, tenants) in community because a car comes with a county logo on it

# HOW BEING IN THE HOME VISITING PROGRAM HAS CHANGED THEM OR THEIR FAMILY

- *“It has educated my husband and I. It has been very helpful; I have learned to be patient, sure of myself, and I learned techniques on how to calm a baby, and we practice soothing techniques rather than losing it; the educational videos are awesome”*
- *“It helped me mature, learn how to be a mom, and be responsible”*
- *“ I don’t feel alone anymore. When I was pregnant I felt alone and didn’t know what was going on with my body—my nurse has supported me and continues to do this so I don’t feel alone”*

# HOW BEING IN THE HOME VISITING PROGRAM HAS CHANGED THEM OR THEIR FAMILY cont'd

- *“This program provided gifts at Christmas and it was so helpful and I was able to give something to my children. This changed my children’s Christmas and helped me feel appreciation. It was so cool my kids had something to open!”*
- *“It has changed me to be a better mom and (understand how to insure) the safety of babies”*
- *“It changed me a lot—made me open to things, made me wiser; helped me be able to spread my knowledge to other people”*

# SUGGESTIONS FOR DESIGN OF HOME VISITING PROGRAMS

- Family Events: monthly gatherings with ice breakers; gathering with other moms to meet people and their babies; getting to know all the moms
- Child Development Classes: infant and baby care; hands on learning with a doll to learn how to change diaper, bathing, etc.
- Group Sessions: putting together a group of mothers with babies to discuss issues; group discussion on feeding and diet/nutrition; hands-on group classes
- Father Involvement: provide fathers information on what to do when they have to care for the baby without the mother around; programming for dad and baby; more time with father of baby; home visits scheduled later in the day so dad can participate
- Use of Videos: for parents, tutorial videos on cooking and activities; “The Business of Being Born” video; use multimedia to teach
- Ongoing Nurse-Client Relationship: ongoing communication with home visitors when services end; allow nurse to be in the hospital during delivery
- Provide Feedback: nurse provide feedback to family; provide questions ahead of time; extra time to help with questions; more hands-on support (especially when baby first comes home from hospital)

# If families could design their own programs what they would include

- *“I would allow the participants to have on going communication and friendship with their home visitors after the program ends, because it provides a model for building positive relationships and you have someone to look up to”*
- *“Have a specialized person (in the office as a resource) for any legal issues (abuse, child custody, breastfeeding, etc.)”*
- *“I think it would be nice to be able to meet at a park or somewhere else”*
- *“Putting together a group of mothers with babies so that the mothers could discuss and help pregnant or new mothers”*
- *“I would have at least one visit per month in which all the family will be able to join in and actively participate”*

# If families could design their own programs what they would include cont'd

- *“Use videos for parents on things you can do at home (foods, activities, etc.)”*
- *“Have groups to be able to bring a friend (without a child) so that they can see what the new parents are going through”*
- *“More time & information for fathers. More programs for dads and babies”*
- *“I would allow the nurse to be with their client during the hospital and delivery period”*
- *“Gatherings with moms to meet people and the babies; getting to know all the moms that a nurse has on her caseload and you could learn from the other moms what they are doing”*

# COMMON THEMES

- Top responses to the question about the most important things about home visiting services mirrored the responses on written surveys
- Services that families would like to see in their communities were also the same types as those described in written surveys
- Responses provided to the question about what might make families consider ending home visiting services were also very similar to those provided on the written family surveys

# KEY POINTS

- The focus group information and written family survey information are a powerful demonstration of the value of home visiting services to recipients and of the many positive changes that they see in themselves and their family members as a consequence of home visiting.
- Young women talked about having changed their lifestyles from focusing solely on themselves (i.e., partying, using drugs) to thinking about and putting the baby first. Their commitment to making better lives for their children, their partners, and themselves was impressive.
- The increased self-confidence and maturity described by participants was also powerful to hear about and is a critical outcome of relationship-based home visiting programs that is often unmeasured.

# KEY POINTS

- Past research has indicated that the most powerful predictor of change in very high risk families is through development of a new, positive, and trusting relationship with the provider.
- The responses received from families about the relationships being forged with their home visitors are a great indicator of the ripples into the relationships being developed with their infants and toddlers and the enormous changes in the lives of families being served.
- The long term impact of these services is likely to be considerable. More effort should be made to capture these indirect and powerful societal benefits to insure continued funding for this difficult and important work.



For further information or any question you have, please feel free to contact our WestEd Evaluation Team (213 383 5967) or Dr Finello by email.

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