The California Home Visiting Program External Evaluation

Summary Findings from the 2014 Site Visit
Family Focus Groups: Family Experiences & Transition Planning

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About the Follow-Up Family Focus Groups

Family members from the California MIECHV funded competitive program sites across the state were recruited to participate in family focus groups during the follow-up site visits in 2014. These were anonymous focus groups designed to collect qualitative information from families participating in home visiting program services. During the follow-up period, 10 site visits were completed, with 12 family focus groups conducted. All sites followed a national home visiting model.

An updated focus group interview tool was created for this purpose based on the responses from the four focus groups conducted during the interim period (spring 2014) and from the results of the mailed family surveys (2014). The Family Focus Group Questions About Home Visiting tool included 27 open-ended items with a few demographic questions and a few program status questions. The 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 for seven of the groups (where one asked the questions and the other was responsible for recording responses or querying when responses were not clear). For three of the groups only one interviewer conducted the entire focus group (due to scheduling) and at the other three focus groups a trained interviewer conducted the focus group while a data transcriber was used for the purposes of transcribing the responses. The evaluation team made a decision not to use any type of tape or video recording of the sessions to increase the comfort level of families providing responses.

The focus groups were set-up to include a quick introduction of the interviewers and families to each other and to ensure that informed consent was obtained. Consent was voluntary and written consent was obtained from all participants in the language of their choice. Copies of the consent forms were also provided in advance to all of the home visitors to assist with recruiting families for participation and to insure that they understood the process. A total of 52 CHVP clients participated in this set of focus groups representing 52 different families being served. Some clients brought additional family members with them such as parents, guardians, partners, spouses, grandparents, and siblings. Because of this, there were 64 total participants who consented and provided responses. Groups were conducted in English and Spanish. Table 1 depicts information for all of the focus groups and indicates the number of clients and total number of participants by site.

The interviewers asked all of the questions during each focus group and collected responses onto tablet computers, mostly as key points and summary bullet points. When key points were made, some quotations were recorded. Written notes were typed into a Word Document interview protocol and submitted after each site visit. Sometimes the interviewers also included anecdotal field notes and these were collected as supplemental notes. As a thank you for their time and effort, all families were given a Target gift card for $50 at the end of the group session. On an as needed basis, the families were reimbursed for costs such as childcare and transportation to the focus groups with an additional $25 Visa card. Sites that chose to provide small snacks for the families during the 2-hour focus group were reimbursed with a $25 Visa card.
Table 1. Overview of Follow-up Family Focus Groups

<table>
<thead>
<tr>
<th>Focus Group</th>
<th>Date of Focus Group</th>
<th>CHVP Clients Represented</th>
<th>Total Participants</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Group A</td>
<td>August 13, 2014</td>
<td>7</td>
<td>8</td>
<td>Bilingual</td>
</tr>
<tr>
<td>Focus Group B</td>
<td>August 27, 2014</td>
<td>5</td>
<td>5</td>
<td>Bilingual</td>
</tr>
<tr>
<td>Focus Group C</td>
<td>September 11, 2014</td>
<td>6</td>
<td>7</td>
<td>English</td>
</tr>
<tr>
<td>Focus Group D</td>
<td>September 24, 2014</td>
<td>3</td>
<td>3</td>
<td>Bilingual</td>
</tr>
<tr>
<td>Focus Group E</td>
<td>September 25, 2014</td>
<td>2</td>
<td>2</td>
<td>English</td>
</tr>
<tr>
<td>Focus Group F</td>
<td>October 7, 2014</td>
<td>3</td>
<td>5</td>
<td>English</td>
</tr>
<tr>
<td>Focus Group G</td>
<td>October 8, 2014</td>
<td>4</td>
<td>4</td>
<td>Bilingual</td>
</tr>
<tr>
<td>Focus Group H</td>
<td>October 22, 2014</td>
<td>6</td>
<td>9</td>
<td>Bilingual</td>
</tr>
<tr>
<td>Focus Group I</td>
<td>November 12, 2014</td>
<td>7</td>
<td>9</td>
<td>Bilingual</td>
</tr>
<tr>
<td>Focus Group J</td>
<td>December 2, 2014</td>
<td>4</td>
<td>5</td>
<td>Bilingual</td>
</tr>
<tr>
<td>Focus Group K</td>
<td>December 3, 2014</td>
<td>3</td>
<td>4</td>
<td>Bilingual</td>
</tr>
<tr>
<td>Focus Group L</td>
<td>December 4, 2014</td>
<td>2</td>
<td>3</td>
<td>Bilingual</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>52</strong></td>
<td><strong>64</strong></td>
<td></td>
</tr>
</tbody>
</table>

Evaluation Objectives for the Follow-up Family Focus Groups

1. To evaluate retention strategies for high risk and hard to engage families
2. To identify community barriers to retaining families
3. To identify family factors related to retention rates
4. To identify socio-economic factors related to retention rates
5. To identify maternal factors related to retention rates
6. To describe factors impacting the length of time families remain in the CHVP
7. To determine reasons for termination

Focus Group Question Topics

Interview questions were developed with a total of 27 items asked of all families. The interview questions fall into nine Topic Areas. These question topics and their operational definitions are described below.

- Program and Service Importance: the most important aspects about the program services
- Frequency of Home Visits: client input about the scheduling of home visits
- Communication and Social Media: the forms of communication that families use and their access to social media
- Family Concerns: issues with the program and their concern for others in need and provision of support to others
- Crises Resolution: examples of how families handle crises with help from home visiting services and what they would do to support others in a similar situation
- Client Attrition: the reported reasons for termination and how to prevent client drop out
- Transition Planning: discussions of transition and knowledge of other services
- Additional Services: the need for additional services and ideal program features
- Family Changes and Experiences: a description of the positive family changes as a result of the program and personal family stories

Figure 1. Follow-up Focus Group Topics and Sample Questions

<table>
<thead>
<tr>
<th>Category</th>
<th>Sample Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program &amp; Service Importance</td>
<td>• What do you think are the three most important things about home visiting services?</td>
</tr>
<tr>
<td>Frequency of Home Visits</td>
<td>• When do you think visits should be more often and be less often?</td>
</tr>
<tr>
<td>Communication &amp; Social Media</td>
<td>• How much do you use media such as text messaging, Instagrams, tweeting, Facebook, email or other similar means of communication?</td>
</tr>
<tr>
<td>Family Concerns</td>
<td>• What is your biggest concern about the existing home visiting services?</td>
</tr>
<tr>
<td>Crises Resolution</td>
<td>• Have you experienced any crises while in the home visiting program?</td>
</tr>
<tr>
<td>Client Attrition</td>
<td>• What might make you think about ending home visiting services?</td>
</tr>
<tr>
<td>Transition Planning</td>
<td>• If services are offered from a different program after the home visiting program ends, would you be interested?</td>
</tr>
<tr>
<td>Additional Services</td>
<td>• What other kinds of services would you like to have in your community?</td>
</tr>
<tr>
<td>Family Changes &amp; Experiences</td>
<td>• Is there anything else you would like to share with us about being in the home visiting program?</td>
</tr>
</tbody>
</table>

Data Analysis

Analyses were done through the ATLAS coding process. The raw data interviews were converted into rich text format and then moved to the research manager’s computer. The 12 focus group interview files were organized and managed for each form by the site name, date, and interviewer initials. These were then uploaded into the HU file as primary documents (ATLAS project file for analysis). They were assigned to the appropriate primary document families (PD Families), which are variables of the project. All of the interview documents were assigned to the same two PD Families for this period as Timeframe of Follow-up 2014, and Informant type of Family Focus Group (FFG), and respectively for each site they were assigned for - Site by Site Name, and for Model by Model Type. Once this process was completed, additional comments were added such as details on the focus group, and any unique notes about the process of conducting these focus groups. This information was useful in managing the data. After all the files were added and assigned correctly, a memo was created for the codebook to be
used in analyzing these groups, and an analysis memo was created to report findings. The codebook was developed after consulting with the PI and interviewers and updating the previously used codebooks for the project. New codes were created inductively and put into a memo called "FFG 2014 Codebook."

Interviews were read and coded by question into the topics described. Codes were assigned by list; as new codes merged, they were created deductively. Findings were pulled together into a memo organized by the nine topics. Within the analysis itself, quotations (i.e., data segments) were highlighted, linked to memos, and assigned to codes. Further levels of analysis were also done including querying the codes, creating network views of how codes were related, and looking at statistical counts, frequencies and groundedness. Summaries and paraphrases were made about the findings and, when relevant, quantitative findings were tallied and summarized in figures and tables.

The focus group questions are an updated version of those used previously during the interim period (4 select groups conducted in spring 2014). Building upon those findings, a handful of additional questions were added resulting in new topic areas of crises resolution and transition planning, which are the focus of this follow-up report.

Participants

The demographics of the program participants were recorded at the beginning of the focus groups. This set of questions asked about the participants’ age range, race/ethnicity, and parenting group. They were also asked about their length of time in the program and the frequency of home visits. This data was collected only for the 52 clients (mothers enrolled in the program) and excludes information on the additional adults who attended the focus groups. The majority of the clients, 63%, identified as Latino (n = 33), followed by 17% (n = 9) as Caucasian/Euro-American. A few identified as the Other racial category (n = 3) and reported they were biracial. Figure 2 displays this data.

Most of the clients were between 18-24 years old (n = 30). Figure 3 details the age ranges of the parents. As for parenting status, 9 mothers were currently pregnant, 27 were parents of a newborn to a 1-year old child, and 16 were parents of a 1 to 2 year old child. The majority of the clients had been in the program for 6 to 24 months. There were those in the program for 18 to 24 months (n = 14), some for 12 to 18 months (n = 14), and others 6 to 12 months (n = 13). Only 8 were in the program for less than 6 months and 2 had been in the program for more than 2 years (more than 24 months). Overall, most reported that home visits occur biweekly (n = 25), followed by the next highest frequency of weekly visits (n = 14).
Figure 2. Race/Ethnicity of Focus Group Client Participants

- Latino: 63%
- Caucasian/Euro-American: 17%
- Asian/Pacific Islander: 4%
- Other: 8%
- African American: 2%
- Native American: 2%

Figure 3. Number of Client Participants in each Age Range

- Under 18: 5
- 18 - 24: 30
- 25 - 29: 9
- 30 - 39: 8
Family Focus Group Findings

Findings are organized first on the topic of Crises Resolution and then on Transition Planning. These two new topic areas were important to explore as the crises questions capture risk characteristics of the families and how they have dealt with situational crises. The topic area focused on transition planning was timely as it addressed the potential plans for when the current program ends and measured family knowledge of other community services.

Topic Area: Crises Resolution

In this set of focus groups, families were asked some new questions. Families were asked the following three questions about crises:

1. Have you experienced any crises while in the home visiting program?
2. If yes, how did home visiting services help you through the crises?
3. Would you recommend anything specific to support mothers experiencing crises?

The families were asked all of these questions during the focus groups scheduled at each site. At all but one site, families shared crises they had experiences and discussed what had happened and how it affected them. They also shared how the home visiting services and home visitor helped them get through their crises. Some common types of crises came up across the sites and Table 2 below highlights the types of crises at each site and provides some examples the families discussed.

In terms of how the home visiting services helped each family get through their crises, all of the families indicated that both the services, and the home visitor helped them get through their hardship. The families shared specific examples of these stories that are highlighted below.

“I had personal issues with my husband. The nurse was helpful in counseling and helped me communicate with my husband. I don’t know what I would have done if I didn’t have her help me figure it out.”

“I lived at the Ronald Mc Donald house with my daughter and my home visitor was my only support. She would call me daily for 5 months.”

“I was in the program before and something happened with my previous pregnancy and she (home visitor) gave me a lot of information telling me I was okay and helped me to understand what had happened.”

The home visitor’s advice helped me to know I could continue to breastfeed even though I had an infection.”

“She (home visitor) told me that it happens and not to worry and to just be more careful because they (the babies) are little and fragile.”

“My home visitor said I need to make my own decisions because others were not providing for me during my pregnancy when they would make comments.”
Table 2. Family Experiences with Crises

<table>
<thead>
<tr>
<th>Family Focus Group</th>
<th>Crises</th>
<th>Types of Crises</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus Group A</td>
<td>Yes</td>
<td>Relational, Legal</td>
<td>Separation from boyfriend, Filing a Restraining Order &amp; Court</td>
</tr>
<tr>
<td>Focus Group B</td>
<td>Yes</td>
<td>Relational, Financial, Health</td>
<td>Personal issues with spouse &amp; family, Insufficient funds- no food/resources, Car broken and/or no car transportation, Baby sent to hospital after birth, illness</td>
</tr>
<tr>
<td>Focus Group C</td>
<td>Yes</td>
<td>Health, Financial, Relational, Housing, Resources</td>
<td>Baby was premature with health issues, Money struggles, Marital issues, Social isolation, No transportation, Unpaid utilities shut off</td>
</tr>
<tr>
<td>Focus Group D</td>
<td>Yes</td>
<td>Health, Parenting</td>
<td>Infant crying and medical issues, Baby falling a lot when learning to walk</td>
</tr>
<tr>
<td>Focus Group E</td>
<td>Yes</td>
<td>Mental Health</td>
<td>Mom’s severe clinical depression and episodes</td>
</tr>
<tr>
<td>Focus Group F</td>
<td>Yes</td>
<td>Family Loss, Housing, Resources</td>
<td>Mom’s sibling and father’s dad passed away, Almost evicted from home, Running out of food during pregnancy</td>
</tr>
<tr>
<td>Focus Group G</td>
<td>Yes</td>
<td>Health, Parenting Safety</td>
<td>Mom was unaware of pregnancy and lacked medical care, Mom fell asleep while feeding baby, baby fell hit head so CPS was called</td>
</tr>
<tr>
<td>Focus Group H</td>
<td>Yes</td>
<td>Mental Health, Health</td>
<td>Difficult period of depression, Infant crying excessively</td>
</tr>
<tr>
<td>Focus Group I</td>
<td>Yes</td>
<td>Housing Safety, Medical Resources, Mental Health, Personal Safety</td>
<td>Kitchen fire at home, displacement to hotel, MediCal almost stopped before due date, Mom’s anxiety and paranoid symptoms, Client’s car was chased and destroyed by broken windows, flat tires by others</td>
</tr>
<tr>
<td>Focus Group J</td>
<td>No</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Focus Group K</td>
<td>Yes</td>
<td>Health</td>
<td>Child having seizures, Breast infection while breast feeding</td>
</tr>
<tr>
<td>Focus Group L</td>
<td>Yes</td>
<td>Mental Health</td>
<td>Emotional issues from others due to 16 year age difference with father of baby</td>
</tr>
</tbody>
</table>

Families shared recommendations about how to help others deal with crises such as:

- Home Visiting Services and other community services
- Talking to and sharing with someone else, and asking questions
- Finding a support system and resources such as a shelter and food bank
**Topic Area: Transition Planning**

The interviewers asked the families several questions about transition planning, including:

1. Has anyone talked with you about a plan for when the home visiting services end?
2. If services are offered from a different program after the home visiting program ends, would you be interested?
3. Do you know anything about services for families whose children are between ages two and five?
4. If yes, please list the types of services you know about?

In general, families reported that there was little discussion about a specific plan for them when the home visiting services end. The only specific plans that the families were able to share were at a site where one family stated “When I asked for a program (to the nurse) that I can get to receive services for children at 2 they said they will provide me the information,” and at another site where they mentioned the home visitor had discussed Head Start as the next program and put the family on a waiting list.

Families were concerned about this topic and were unsure of what they would do and what the options are. For example, one family stated, “I’m now concerned that there is no funding and my baby will only be like 7 months. I am a person that has been a victim of abuse (sexually abused) and this program can help me identify if there is something going on. And I don’t think there is another program out there that can help me as much as this program.”

However, they mentioned that the general topic of services ending was discussed in terms of pending funding, that it would end in summer 2015, and that it was only for 2 years. Other related topics that came up were that the nurse had discussed it at enrollment only (families waiting for follow-up), they were aware of a graduation event (i.e. BBQ, graduation ceremony), they were told the child was too young (to wait until closer to timeframe), and that there were other home-based Early Head Start services.

Almost all of the families were interested in a different program and services if it was offered once the current home visiting program ends. For example, one family member said, “Yes, any other program that is going to help me or my child. It would help me learn and prepare for the next stage of my child. My mom helps me a lot but kind of want to do it on my own so the services help me and guide me the right way.” Only a few remarked that it would depend on if it offered similar services, education, and similar level of support as home visiting. Another family member said, “If it is similar to this program to provide me the support and for the baby.” Even more telling, one family indicated they would “especially continue if it was my own nurse home visitor.”

If and when families indicated they knew about other services for children ages 2 to 5 years old, they knew of only a few programs and had limited knowledge about these. The families that did mention some services reported common things like WIC, HBO, parenting classes, socialization groups, First5, 211 hotline resources, public library toddler program, county community events, traditional daycare, Head Start, Regional Center, preschool, prep for preschool, a teen mom program, fatherhood groups, court mandated programs, and Birth & Beyond classes.
Discussion

The 12 focus groups were conducted in California MIECHV funded sites during the follow-up phase of the external evaluation. We were interested in finding out the family evaluations of services at this time along with gathering new data on certain topics. Focus groups were conducted during the follow-up site visits from August to December 2014 where key informants at each site were also interviewed. The focus group data collected from these families adds to the previous findings (in previously submitted reports) but focused mainly on experiences with crises, support for crises, support from home visiting services, transition planning (for when services end), additional services and the overall family experiences with the home visiting program and services.

Sixty-four family members from 52 families participated in the 2014 follow-up focus groups. The majority of the participants identified as Latino (63%) with the next largest group being Caucasian (17%). This compares closely with the families who participated in the previous four focus groups during spring 2014 (75% Latino, 15% Caucasian). The age group of those participating was also similar to the previous focus groups, with the largest group being 18-24 years old (58%, n = 30). Most of the families had a newborn to a 1-year old child (52%, n = 27), again comparing closely to the families who previously participated (72%).

Families who participated in the family focus groups were given gift cards for their participation. Most indicated that they liked and appreciated the gift cards but would have come to the focus groups even if the cards were not provided. Many indicated that it was important for them to talk about how much the home visiting services meant to them and mattered to their families and that they really liked being asked to participate in this evaluation.

This group of families openly shared personal crises they had experienced while being served by the home visiting program. Families at all but one site reported experiencing crises and felt comfortable in sharing their struggles and the challenges they faced (for some this was the first time ever sharing these stories). Families have experienced crises ranging from severe mental health depressive episodes to dealing with legal issues in court to lacking immediate medical attention for self and baby and to ongoing need for financial, housing and transportation support in order to eat, live in a safe environment and have a means to get to doctors appointments, school and work. Even while facing these daily struggles, the families stayed with the program, rescheduled visits, relocated visits (i.e., in hotel while displaced from home), and all indicated that the home visitor and the services helped them get through it. Even more so, these families were able to reflect back on their own stories, and recommend some things they would do to support other mothers in crises.

A few of the families who participated in the focus groups reported having discussions with their home visitors about services after home visiting ends. Although a few of the families had such discussions, most of them did not know anything about additional services specifically for two to five year olds. From what they did report, they seemed to have just a general knowledge about resources and programs and limited information about each. They were able to list popular programs such as WIC, HBO, preschool, and Head Start. Clearly, this is an issue that should continue to be addressed within programs since many of the families express concerns about what will happen when home visiting services end.

These families were eager and committed to participating in the focus groups and were willing to share deeply personal information with evaluation team members whom they had never met. Mothers shared information about serious mental health concerns, relationship issues with their partners, and their families, extreme isolation, struggles with poverty, and their lack of a support system. The focus group information is 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. Mothers talked about having changed their lifestyles, seeking out help and support and putting their baby first.