The California Home Visiting Program External Evaluation

Family Focus Groups in 2014

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About the Four Family Focus Groups

Family members from the California MIECHV competitive funded sites were recruited in four select counties to participate in family focus groups during 2014. All four sites followed a national home visiting model. A new focus group interview tool was created for this specific purpose based on the responses in the family focus groups during baseline site visits. The Family Questions About Home Visiting tool included 21 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.

The focus groups were set-up to include a quick introduction of 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 prior to the focus group session starting. The total number of participants with signed consent was 24, with numbers at each site ranging from four to eight participants. The participants represented 18 different families. Some families had multiple members attend the focus groups. Groups were conducted in English and Spanish. The table below depicts this information as a whole for the four focus groups.

The interviewers asked all 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. As a thank you for their time and effort, all families were provided a Target Gift Card for $50.00 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 a $25 Visa Card. The sites provided snacks for the families during the 2 hour focus group and were reimbursed with a Visa card for the snacks.

Table 1. Overview of Four Family Focus Groups Conducted in 2014

<table>
<thead>
<tr>
<th>Focus Group</th>
<th>Date Conducted</th>
<th>Families Represented</th>
<th>Signed Consents</th>
<th>Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>February 3, 2014</td>
<td>5</td>
<td>6</td>
<td>Bilingual</td>
</tr>
<tr>
<td>2</td>
<td>February 25, 2014</td>
<td>5</td>
<td>6</td>
<td>Bilingual</td>
</tr>
<tr>
<td>3</td>
<td>March 21, 2014</td>
<td>5</td>
<td>8</td>
<td>Bilingual</td>
</tr>
<tr>
<td>4</td>
<td>March 24, 2014</td>
<td>3</td>
<td>4</td>
<td>English</td>
</tr>
<tr>
<td>Total</td>
<td>March 24, 2014</td>
<td>18</td>
<td>24</td>
<td></td>
</tr>
</tbody>
</table>
Evaluation Objectives for the Family Focus Groups

1. To examine social marketing strategies used to reach 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 qualitative aspects of the home visitor family relationship that may impact enrollment and retention
5. To describe the characteristics of the home visitor

Focus Group Question Topics

Interview questions were developed with a total of 21 items asked of all families. The interview questions fall into seven Topic Areas. These question topics and their operational definitions are depicted below.

- Program and Service Importance: the important aspects of services and any concerns families have
- Additional Services: knowledge about transitional and additional services
- Frequency of Home Visits: issues about the scheduling of visits
- Client Attrition: the reasons for and how to prevent client drop out
- Communication and Social Media: an examination of the methods of communication that families use
- Family Concerns: family experiences with programs and concern for others in need
- Family Changes and Recommendations: a description of the family changes and experiences with the program and family recommendations for designing programs

Figure 1. Focus Group Topics and Example Questions

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Example Questions</th>
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<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>Additional Services</td>
<td>• What other kinds of services would you like to have in your community?</td>
</tr>
<tr>
<td>Frequency of Home Visits</td>
<td>• Visits should be more often when? Visits should be less often when?</td>
</tr>
<tr>
<td>Client Attrition</td>
<td>• What might make you think about ending home visiting services?</td>
</tr>
<tr>
<td>Communication &amp; Social Media</td>
<td>• How could such communication be used to improve home visiting services?</td>
</tr>
<tr>
<td>Family Concerns</td>
<td>• Do any things worry you about home visiting services?</td>
</tr>
<tr>
<td>Family Changes &amp; Recommendations</td>
<td>• How has being in the home visiting program changed you or your family? If you could design your own program what would you include?</td>
</tr>
</tbody>
</table>
Data Analysis

Analysis was done through the ATLAS.ti coding process. The raw data interviews were converted into rich text format and then moved to the research manager’s computer. After the hermeneutic unit (HU) was created (project file in ATLAS), the four focus group interviews were organized by site, date, and interviewer initials. These were then added into the HU file as primary documents (files for analysis). They were assigned to the appropriate primary document families (PD Families), which are variables of the project. The PD Families they were assigned to were: for all of them –Timeframe of Interim 2014, and Informant type of Spring 2014 Family Focus Group (FFG), and respectively for- Site by Site Name, and 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 the focus groups. This information was useful in managing the analyses and data. After all the files were added and assigned correctly, a memo was created for the codebook to be used in analyzing these four focus groups, and an analysis memo was created to report findings. The codebook was developed after consulting with the PI and interviewers and developing an evaluation objectives chart. (This chart was mentioned above in the evaluation objectives and interview questions.) Codes were created inductively and put into a memo called "FFG 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 seven 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 objects were related, and looking at statistical counts, frequencies and groundedness. Summaries and paraphrases were made as conclusions about the findings and, when relevant, quantitative findings were tallied and summarized in figures and tables.

Findings are presented next, grouped by the Topic Areas of Program and Service Importance, Additional Services, Frequency of Home Visits, Client Attrition, Communication and Social Media, Family Concerns, and Family Changes and Recommendations. The findings are presented as a whole. (Note: no identifying information was collected so data presented will refer to the overall group.)

Participants

The demographics of the participants were recorded at the beginning of the focus groups. Questions asked about the participants’ age range, race/ethnicity, and parenting group. They were also asked about their length in the program and the frequency of home visits. The majority of the families identified as Latino (n=15), and most of the families represented were between 18-24 years old (n=10). As for parenting status, 13 of the participants were parents of a newborn to a 1-year old child followed by 3 mothers currently pregnant, and 3 parents of a 1 to 2 year old child. Most of the families had been in the program for either 12 to 18 months (n=8) or 6 to 12 months (n=7), and only 2 were in the program for less than 6 months. Overall, most parents reported that home visits occur once every two weeks (n=12), followed by the next frequency of weekly visits (n=4). See Figures 2 and 3 for this information.
Figure 2. Race/Ethnicity of Focus Group Participants

- Latino: 75%
- Caucasian: 15%
- African American: 5%
- Asian/Pacific Islander: 5%

Figure 3. Participant Age Range

- Under 18 years: 1
- 18-24 years: 10
- 25-29 years: 4
- 30-39 years: 5
Family Focus Group Findings

Findings are organized first on the topic of Program Importance, then Additional Services, Frequency of Home Visits, Client Attrition, Communication and use of Social Media, Family Concerns, and Family Changes and Family Recommendations for designing programs.

**Topic: Program and Service Importance**

The family focus groups began with the initial topic area of Program and Service Importance. Specifically families were asked the three most important things about home visiting services. This was structured in a way to introduce the objectives of the focus groups and to allow families to gradually provide responses. Families were next asked to identify the single most important aspect of home visiting services, what services they would add to their existing program, and any concerns they had about services. In terms of what families mentioned, there were some similarities across the sites. The following were the important aspects found across the four sites, highlighted by some of the quotations given during the focus groups.

- 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

“They provide information on medications that are safe for the baby. They provide information on how to care for the baby.”

“Her support and how she always has something positive out of something negative and she gives me options when I am stressed. She always tells me she understands what I am going through.”

“The videos they show us on safety, the teaching of developmental milestones and they teach and model how to be accountable for your own actions.”

“It’s personalized to the parent, and they are sensitive to what I am comfortable talking about. It is very understanding and flexible to parent’s time and it meets my needs because we can see her at school and she is available to answer questions right away.”

The families were also asked about what services they would add to their existing home visiting program. Table 2 highlights the types of services that families suggested adding.
Table 2. Services to Add to Home Visiting Programs

<table>
<thead>
<tr>
<th>Service Type:</th>
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</thead>
<tbody>
<tr>
<td>▪ Baby transportation assistance</td>
</tr>
<tr>
<td>▪ Bilingual nurses</td>
</tr>
<tr>
<td>▪ More chances for child-visitor interaction</td>
</tr>
<tr>
<td>▪ More frequent and direct mother-visitor interaction</td>
</tr>
<tr>
<td>▪ More “hands-on” help with baby’s first bath</td>
</tr>
<tr>
<td>▪ More visits during the week of baby’s birth</td>
</tr>
</tbody>
</table>

As far as concerns about home visiting services, the families at one site reported no concerns. The families at the other sites identified a few concerns related to the program timeline, such as the program ending due to lack of funding, that the program will end when the baby is 2 years of age, and about where to seek support if the services ended.

**Topic: Additional Services**

The families were next asked a series of questions on the topic of Additional Services. The main focus of these questions was to understand their knowledge about transitional services for when the program ends and gather information on additional services they would like. Families were asked specifically about the timeframe when they were most interested in the current services. Figure 4 depicts this information for each time period with some quotations.

**Figure 4. Interest in Services**
This question was followed with one asking if they had discussed a plan for when the current services would end, and if they would have an interest in different programs upon completion and/or termination of the current home visiting program. None of the families reported having talked with anyone about a plan for when services would end, only that they knew that services would end when the child turned 2 years old. Interestingly, all families expressed high interest and enthusiasm for a different program once the home visiting services would end, saying things like, “yes, it would be helpful to have someone else outside the family to continue to give information,” and, “yes, we think it is very important and we would like to continue to learn.” They were also asked if they knew about specific services for two to five year olds and what those services were in order to gage their understanding about transitioning out of this program and into another one in the near future. For the most part the families knew little and what they did know focused on common programs in communities such as First5, Early Head Start/Head Start, immigration services, caring services, low-income daycare, WIC, and a program called Family Connections.

Lastly, in this Topic Area, each family was asked, “What other kinds of services would you like to have in your community?” in order to gather information on additional family needs in each of the four sites. The common services mentioned were activities, daycare, preschool, and mother-baby groups. Table 3 lists the services they would like to have.

### Table 3. Desired Community Services

<table>
<thead>
<tr>
<th>Type of Service</th>
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<tbody>
<tr>
<td>- Activities for babies (dance classes and art classes)</td>
<td></td>
</tr>
<tr>
<td>- Activities for mothers and babies (Mommy &amp; Me, fitness classes; Mommy &amp; Me night out; Mom &amp; Baby club)</td>
<td></td>
</tr>
<tr>
<td>- Daycare that is affordable</td>
<td></td>
</tr>
<tr>
<td>- Donation center for baby clothing, toys, and bathtubs</td>
<td></td>
</tr>
<tr>
<td>- Preschool and Head Start programs</td>
<td></td>
</tr>
<tr>
<td>- School lunch programs</td>
<td></td>
</tr>
<tr>
<td>- Sex education classes for teens</td>
<td></td>
</tr>
<tr>
<td>- Support groups for pregnant mothers</td>
<td></td>
</tr>
</tbody>
</table>

**Topic: Frequency of Home Visits**

This Topic Area focused on scheduling and gathered input about the program structure and design from families. The two questions asked were categorical and asked families when visits should be more often and when visits should be less often. Families were given a range of choices and asked to respond. At two sites, families indicated that visits should be more often
“all of the time” and “throughout all of the child’s life.” Families at the other two sites provided more specific time frames such as pregnancy, right after birth, in the first year after the baby is born and one family mentioned “when I am going through problems and need support.” As for when visits should be less often, the greatest response was “never.” Families stated that “the visits are always needed” and that, “it really helps when you are going through problems. It helps me with my relationships with my baby and gives me another relationship, too.” It is clear from these statements that these families believe that services should be available often and more frequently during times of need.

**Topic: Client Attrition**

Families in the focus groups were next asked about issues related to client attrition and retention. In order to identify factors related to client retention, families were asked, “What might make you think about ending home visiting services?” and “What could help families with any of the problems above?” A few ideas on attrition prevention and some of the key examples are provided below for the four groups combined.

**Reasons Families Might Choose to End 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

**How to Prevent Attrition from Programs**

- Flexible Scheduling: weekend visits, earlier/later visits, shorter visit time
- Change Home Visitors: introduce family to another home visitor

**Topic: Communication and Social Media**

This topic area covered family use of social media such as text messaging, Instagram, Twitter, Facebook, and email. All of the participants indicated that 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. In response to the question of how such communication could be used to improve home visiting services, families shared the following specific ideas on how text messaging and Face Book could help programs:

“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.”

**Topic: Family Concerns**

The topic of Family Concerns measured whether or not families had any concerns or worries about the current home visiting services. In addition, families were asked to share if they were concerned that others in the community might need services more than they do and, if so, to explain their reasoning. 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. In reflecting upon how families who have more need might be different from them, some quotations are highlighted below.

“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.”

As for themselves, the vast majority of respondents indicated that they did not have any major worries about home visiting services specifically, but more so about programmatic issues. The most common worries reported were:

- 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
**Topic: Family Changes and Recommendations**

The last topic area was designed to have the respondents describe how being in the home visiting program has changed them or their family and how they would design an ideal home visiting program. All of the families had personal stories about changes to share with the group and had very creative and unique insight into designing programs. Some of the memorable family changes are exemplified in the quotations below.

“*That both my husband and I are learning together about the baby’s growth and development, and about programs.*”

“*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.*”

“*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 appreciated. It was so cool my kids had something to open!*”

“*We got information on medications, natural remedies, and other things that are okay or not okay to use and it helps parents be more cautious.*”

“*Made me have a better relationship with my son and to have my baby—I didn’t know a lot of things and she helped with all the things I needed (for example, what I needed to take to the hospital, what you need for a baby).*”

“*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.*”

The final question asked of all the families during the focus groups was, “*If you could design your own home visiting program, what would you include?*” (Note, this question was not asked in the mailed family surveys but was added to the focus groups in order to gather qualitative data on what families would include in their ideal program and how they would envision such a program.) Families were able to provide important and unique feedback about their thoughts about what an ideal program would look like. To summarize the key points that were shared across the sites see the list below, which is followed by specific family quotations.
Elements of an Ideal Home Visiting Program

1. Family Events: monthly gatherings with ice breakers; gathering with other moms to meet people and their babies; getting to know all the moms
2. Child Development Classes: infant and baby care; hands on learning with a doll to learn how to change diaper, bathing, etc.
3. Group Sessions: putting together a group of mothers with babies to discuss issues; group discussion on feeding and diet/nutrition; hands-on group classes
4. 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
5. Use of Videos: for parents, tutorial videos on cooking and activities; “The Business of Being Born” video; use multimedia to teach
6. Ongoing Nurse-Client Relationship: ongoing communication with home visitors when services end; allow nurse to be in the hospital during delivery
7. 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)

“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.”

“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.”

Discussion

Focus groups were conducted in a sampling of California MIECHV funded sites in order to compare oral, open-ended responses with written responses to questions with response options provided (mailed surveys collected from all 10 sites). We were also interested in finding out whether family evaluations of services might be more positive during oral interviews in contrast to confidential written responses.

Twenty-four family members from 18 families participated in the 2014 focus groups. The participants were primarily Latino (75%) with the next largest group being Caucasian (15%). This compares closely with the families who returned written surveys (62% Latino, 13% Caucasian). The age group of those participating was also similar to those returning written surveys (largest group within 18-24 years). Most families had a child under one year of age (72%), again comparing closely to the families who returned written surveys (67%).

Families who participated in family focus groups for the initial site visits and as part of this round of data gathering 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 the evaluation. One young mother and her boyfriend used public transportation to get to the program site for the interviews, walking nearly a mile from the last train stop with their young baby in a stroller. They arrived late and she was very worried that she would not be able to talk about her experiences with home visiting (she and her boyfriend were given time to relax and then answer all of the questions and talk with other mothers who were present).

Top responses to the question about the most important things about home visiting services mirrored the responses on written surveys: information provided about the baby, nutrition, and development, the relationship with the home visitor, resource materials, and individualized services. Services that families would like to see in their communities were also the same types as those described in written surveys: activities for babies, moms, and moms and babies; support groups; preschool programs; affordable daycare.

The 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. Again, the most common responses were being too busy with a job or school or having a home visitor who was unfriendly or rude. Focus group participants also talked about moves out of the service location or having another child as reasons people might chose to end services. Flexible scheduling (weekend visits, visits earlier or later in the day, shorter visits) was suggested as one solution to preventing attrition from programs.
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. Although a few of the families who responded to the written surveys had had such discussions, most of them did not know anything about additional services for two to five year olds. Clearly, this is an issue that should be addressed within programs since many of the families express concerns about what will happen when home visiting services end.

Family responses indicated enthusiasm and passion about the value of home visiting services to themselves and other members of the community. Again, many participants encouraged advertising these services and their value more (one suggested hosting a FaceBook page where she could describe her home visiting services and receive “likes” from others that might help insure continued funding) and expanding them to all women (not just pregnant or first time mothers). Many women described others who had great needs for similar services but were not eligible.

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, histories of drug addiction in themselves, their partners, and their families, histories of domestic violence, early abandonment by families of origin or little family support, and extreme isolation. The loneliness and fears about parenting were clearly shared in the stories mothers told during the focus groups and in experiences they shared about their histories. A mother talked about having suffered postpartum depression in two previous pregnancies but learning from her home visitor to “deal with my depression with knowledge, not guilt.” Another powerful quote by a mother was related to allowing continued contact between home visitors and families after services formally end “because (the relationship with the home visitor) provides a model for building positive relationship(s) and you have someone to look up to.” Several mothers talked about the importance of having someone who could help them learn how to be a parent and take care of a new baby as they had no one like this in their lives. One mother said, “I don’t feel alone anymore.” And most powerfully a young mother said, “She (home visitor) turned me from knowing nothing to something---she is the mom I never had.”

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. 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 is 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.