The California Home Visiting Program External Evaluation


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Introduction

In spring 2014, a mailed Family Survey was sent to families from ten home visiting sites across California funded by MIECHV. A series of four family focus groups were also held at select sites during spring 2014. Based on the findings, an Exit Survey was developed in collaboration with the family specialists who conducted the focus groups. The Exit Survey was created to gather data from families who exit services either prior to service completion or following program completion. The Exit Survey contained questions similar to those in the mailed Family Survey (2014) with new questions designed to capture family beliefs about the value of home visiting programs, concerns about services, reasons for leaving the program (either at program completion or early termination), referrals following home visiting, and changes experienced in the family credited to home visiting services.

Basic demographic information including mother’s race/ethnicity, mother’s age group, length of time in home visiting program, frequency of home visits, and period of service (i.e., pregnancy, first year of child’s life, second year of child’s life) was asked at the beginning of the survey. Families were also asked for specific information about family composition and any changes in family composition during the period in which home visiting was received.

Procedure

The Exit Survey packets were assembled similarly to the mailed Family Survey packets that families completed in 2014. The Exit Survey packets included: instructions about completing the surveys, IRB approved consent forms (one for family to retain and one to be mailed back with survey), a survey in either English or Spanish, a mailing label for the family to fill in their name and address for a “Thank You” gift card, a small envelope for the consent form and mailing label, and a large, pre-stamped and pre-addressed manila envelope for all materials to be returned to the evaluation team. Packets were numbered with a pre-assigned site ID only and were issued a participant code upon return for data entry and coding of responses. Based on the number of surveys received per site previously, 35-40 packets (25 in English and 10 to 15 in Spanish) were initially mailed to program supervisors at each site during Fall 2014. Additional Exit Survey Packets were sent to sites as requested on an ongoing basis throughout 2015 and 2016. Supervisors were asked to have home visitors distribute packets to families who either completed or opted out of the home visiting program. Home visitors were given instruction sheets clarifying the process for the family to complete and return the surveys along with copies of the Consent form so that staff fully understood family rights. Home visitors were told that they had no further responsibility except to distribute packets as families exited services (i.e., they did not have to monitor whether the family actually completed the survey and mailed it back once they gave them the envelope). Instructions to families and to the home visitors included information about the value of family input and the fact that families who returned completed surveys would be sent a $25 Target gift card as a thank you for their time and participation in the survey.

Analyses

By the end of the external MIECHV evaluation (September, 2016), two hundred and nine (n=209) surveys had been returned to the program office from the 10 site locations and were entered for analysis. These surveys were managed and tracked for completion by the research assistant, including verification that each parent had included a signed original consent form and that each family who returned a survey was issued a thank you gift card. The surveys were entered into a database created in SPSS. The returned surveys were logged and entered on a daily basis and
securely stored in a project file. Data analyses were conducted using SPSS and by coding themes for open-ended responses. This report presents the comprehensive findings from the Exit Surveys in both quantitative and qualitative format along with the codes and common themes developed and direct family quotations. The results are presented as a whole for the ten sites in the California sample; no family or site identifying information is used.

Sample
The majority of the 209 families who returned surveys to our program office and identified a race were Latino (n=120, 57.4% of sample). Most completed the surveys in English (n=188, 90% of sample). Almost three-quarters of the mothers (73.2%) exiting the program had children between the ages of one and two, 20.1% (n=42) had children between birth and age one, and only 6.7% (n=14) were pregnant women. Most respondents were between the ages of 18 and 24 (50.2%, n=105), with the next largest groups being between the ages of 25 and 29 (22%, n=46) and 30 to 39 years old (20.6%, n=43). See Figures 1 - 4.

Fifty-four said their family size had changed since beginning the home visiting program. Of those, 29 either had another baby or were pregnant, four got married, five are now living with their boyfriends, eight are now living with family, and six reported a combination of those changes. Of the two who reported another type of change, one got divorced and one did not specify the change.

Figure 1. Exit Survey Responses Across Sites
Figure 2. Race/Ethnicity of Family Respondents

- Latino: 57.4%
- African American: 9.1%
- Asian/Pacific Islander: 4.8%
- Caucasian: 13.4%
- Other/Multicultural: 9.1%
- Did not answer: 6.2%

Figure 3. Participant Parenting Status

- Pregnant: 14
- Parent of a newborn to one-year-old child: 42
- Parent of a one to two-year-old child: 153
Family Responses

Families were asked about the reasons for ending services, what services they would add to home visiting programs, their concerns about the existing home visiting services, the period in which they were most interested in home visiting services, interest in services after home visiting ends, awareness of services in their community, what services they would like to have in the community, how services would help families like them, when services should be more or less frequent, how other families might benefit from home visiting services, support families have provided to others using the information they received during home visits, whether they have experienced a crisis while in the program, recommendations for other mothers experiencing crises, how being in the home visiting program changed themselves or their families (open-ended question), level of overall satisfaction with the home visiting program (rating scale), and anything else they would like to share about being in the home visiting program (open-ended).

Reasons for Exiting

The questionnaire began by asking families the main reason they exited the program. Sixty-four of the 209 families who returned a survey (30.6%) chose to end services early, while 145 (69.4%) did not end services early. Of the families who did not choose to end services early, 94.6% (n=139) completed the program based on their child’s age. Four families did not answer a reason, and two said they ended for another reason but did not specify.
Several of the families who ended services early selected more than one response when specifying the main reason for ending home visiting services. The 64 families who ended services prior to completing the program based on their child's age reported being too busy with the child (21.1%, n=15), working during the hours of home visits (16.9%, n=12), moving or relocating to another area or state (15.5%, n=11), not having time during the hours of home visiting services (11.3%, n=8), going back to school (8.5%, n=6), getting a new home visitor (8.5%, n=6), not having a need (7.0%, n=5), and not having privacy in the home (1.4%, n=1). Of the five families who specified another reason, two were starting another program, one experienced a loss of communication, one was in need of daycare, and was being asked “too many personal questions.”

Figure 5. Reason for Ending Home Visiting Services Early

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too busy with child</td>
<td>15</td>
</tr>
<tr>
<td>Work during home visiting hours</td>
<td>12</td>
</tr>
<tr>
<td>Moved/relocated to another state</td>
<td>11</td>
</tr>
<tr>
<td>No time during hours of home visiting</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
<tr>
<td>Busy with school</td>
<td>6</td>
</tr>
<tr>
<td>Got a new home visitor</td>
<td>6</td>
</tr>
<tr>
<td>No need</td>
<td>5</td>
</tr>
<tr>
<td>No privacy in home</td>
<td>1</td>
</tr>
</tbody>
</table>

Program Modifications Needed

Families were asked if they would add any services to the existing home visiting program (multiple responses were allowed). The most frequent response was to offer services to all pregnant women (n=103), followed by providing services for a longer period of time (n=87), and adding groups for fathers (n=84). Seventy-two of the families said they would add family events, 66 would provide gifts, prizes, and other incentives for participation, 38 would provide more information on child development and infant/toddler problems, and 37 would add media materials and outreach about the program.

Other program suggestions included being able to receive services for a second child or during future pregnancies (n=2); focusing on women’s empowerment (n=2); providing gas reimbursement cards for driving to doctor and specialist appointments; providing some transportation (e.g., county cars); arranging more activities for children (n=3) such as play groups,
meet-ups, short fieldtrips to expand child’s mind, and creative arts activities; having a standard handbook where topics that have already been covered can be removed; having more topics for fathers; extending services to first time, single fathers; providing more support for parental/relationship issues; doula referrals; and hiring more capable and knowledgeable/skilled personnel. Table 1 provides an overview of the types of services participants would add.

### Table 1. Types of Services to Add to Home Visiting Programs

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offer these services to <em>all</em> pregnant women</td>
<td>103</td>
<td>20.3%</td>
</tr>
<tr>
<td>Provide services for a longer period of time (beyond the time my child turns 2 years old)</td>
<td>87</td>
<td>17.1%</td>
</tr>
<tr>
<td>Add father groups led by men</td>
<td>84</td>
<td>16.5%</td>
</tr>
<tr>
<td>Hold monthly family groups and meetings</td>
<td>72</td>
<td>14.2%</td>
</tr>
<tr>
<td>Provide gifts, prizes, and other incentives for participation</td>
<td>66</td>
<td>13%</td>
</tr>
<tr>
<td>Provide more information about child development and infant/toddler problems</td>
<td>38</td>
<td>7.5%</td>
</tr>
<tr>
<td>Develop more media materials and outreach about the program</td>
<td>37</td>
<td>7.3%</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

**Total = 508**  
**Total = 100%**

When asked if they had any concerns about the existing services, 76 respondents did not report any concerns. Of those who did, 72 said there are not enough visits, 25 indicated that the schedule of visits is not flexible enough, 18 indicated that there are too many visits, eight said too little focus on the mother’s need, five said too much focus on the baby, four said too little focus on the needs of the baby, and only one said too much focus on pregnancy.

### Transition Planning for Services

More than half of the respondents (67%, n=140) reported that someone had talked to them about a plan for when their home visiting services end, while 32.5% (n=68) reported that this had not happened. One participant (0.5%) left this question blank. One hundred and seven families (51.2%) intend to enroll in additional services when the program ends, while eighty-one families (38.8%) do not plan to enroll in additional services. Twenty-one (10%) of families did not answer this question.
Those who indicated a reason for not enrolling in those services said it is because they do not have the time (n=13); they do not have the information (n=6); they do not feel a need (n=3); they do not qualify (n=2); the services are not available in the county the family lives in (n=2); that they are already enrolled in another program (n=2) such as Early Start, other development-focused services, or home-school; they have a busy work schedule that is not flexible (n=2); they are a military family that is moving; they are going to attend military school; or they do not want a different nurse.

One hundred and seventy-three (82.8%) families believe the types of services they need are available in the community. Only twenty-two (10.5%) of families indicated the services are not available in their community, while fourteen (6.7%) of respondents did not respond to this item. Respondents described other services that they would like to have in their communities. These qualitative responses were coded and grouped into common themes. Some respondents indicated more than one service type that they would like to have in their community. See Table 2 for the key themes reported by families.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parenting skills and parenting development</td>
<td>More services for moms and dads, father classes and programs, services for dads to understand child development, doula services, home visiting services for children beyond age two, more support for breastfeeding</td>
</tr>
<tr>
<td>2. Formal and informal family activities and events</td>
<td>“New Mommies” groups, free activities for mothers, affordable activities for toddler enrichment, exercise of moms and their babies, free museums, clean and safe parks, music, art, dancing and swimming, toddler socialization activities, Swap N Play type facilities</td>
</tr>
<tr>
<td>3. Family and mother support groups</td>
<td>Support groups for parents with disabled children, groups involving prizes for participating, single parent support groups, young parent clubs</td>
</tr>
<tr>
<td>4. Daycare and childcare</td>
<td>Affordable community daycare, weekend childcare, childcare that is sanitary and monitored, community center, more nursery schools</td>
</tr>
<tr>
<td>5. Financial assistance and resources</td>
<td>Parenting classes that also can give money for being more involved, ways for stay-at-home moms to earn money, financial assistance for families living above poverty level, job training barter services, financial aid for education, clothing and toy donations for families in need with their first child, English classes for parents with childcare</td>
</tr>
<tr>
<td>6. Preschool and early childhood education (ECE)</td>
<td>(Bilingual) Head Start/Early Head Start, better preschools</td>
</tr>
<tr>
<td>7. Housing and transportation assistance</td>
<td>Transportation to appointments (medical and non-medical), low-income housing, how to find and accessing housing</td>
</tr>
<tr>
<td>8. Medical and mental health services</td>
<td>Pre and post-natal healthcare, dental and pediatric care, mental health services for toddlers, physical therapy, interpreters, relationship classes, meditation classes</td>
</tr>
<tr>
<td>9. Public safety and legal services</td>
<td>Law enforcement that investigates domestic violence</td>
</tr>
</tbody>
</table>
**Frequency of Home Visits**

Families were asked when visits should take place more frequently. Eighty-four said right after the birth of the baby; 65 said during pregnancy; 54 said during the first year the baby is born; 51 said when the mom is going through problems and needs support; 43 said never – their visits are enough; and 15 said more during the year after the baby’s first birthday (multiple responses were allowed). They were also asked when visits were needed less often. Most families responded that visits are often enough (n=101). Of those who thought visits should be less often, 41 reported during the first year after the baby is born; 35 reported right after the birth of the baby; eighteen said during pregnancy; and seven said either less visits when they are going through problems and need other supports or less visits during first year the baby is born. See Figure 6.

**Figure 6. Time Periods Visits Should be More and Less Often**

![Chart showing frequency of visits more and less often](chart)

**Supporting Other Mothers and Families**

Families described a range of other clients who would benefit from the home visiting program including: teen parents, young parents, first-time moms, new parents, mothers experiencing post-partum depression, single parents, relatives and family members, low-income families who lack education about their children, parents who have children with developmental disabilities, parents who take more responsibility for the children than the other parent, and any mother in general (first time or not).
Close to half the families (46.9%, n=98) reported that they know other mothers or families who would benefit from home visiting services, and 67% (n=140) have provided support to other families in need and listed ways in which they provided support. Families were asked, “Have you provided support or help to any other parents, family, or neighbors based on the support or information you received in home visiting? If yes, please explain what you did.” See Figure 7 for an overview of the ways families support others.

**Figure 7. How Families Support Others in Need**

- Shared information and educated others about child care and development
- Shared program model materials from home visits
- Provided advice and emotional support to those in need
- Educated about the program and what it has to offer
- Referred others to helpful resources
- Referred others to the home visiting program
- Donated items to other children in need
- Provided support and educational materials to other pregnant women

**Family Crises and Resolutions**

Forty-eight (23%) respondents reported that they had experienced a crisis during service delivery and indicated ways home visiting helped them through that crisis. The types of crises they experienced are summarized in Table 3.

<table>
<thead>
<tr>
<th>Types of Crises</th>
<th>Examples</th>
<th>How Services Helped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>• Post-partum depression</td>
<td>Home visitor listened &amp; provided helpful information</td>
</tr>
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<td></td>
<td>• Attempted suicide</td>
<td>Home visitor spent time with family</td>
</tr>
<tr>
<td></td>
<td>• Isolation</td>
<td>Mental health support provided</td>
</tr>
<tr>
<td></td>
<td>• Emotional instability</td>
<td>Gave information on how to help</td>
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<tr>
<td>Medical (Mother and Infant)</td>
<td>Financial</td>
<td>Housing</td>
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<tr>
<td>• Feelings of helplessness</td>
<td>• Hypertension</td>
<td>• Flood damage inside entire home</td>
</tr>
<tr>
<td>• Difficulty adjusting to new roles</td>
<td>• Fainting spells</td>
<td>• Unexpected moves</td>
</tr>
<tr>
<td>• Grief and dealing with loss</td>
<td>• Diagnosis of syndrome during pregnancy</td>
<td>• Homelessness</td>
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<tr>
<td></td>
<td>• Physical Disabilities</td>
<td>• Eviction</td>
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Over half (n=111, 53.1%) of the families had specific recommendations to support mothers experiencing crises, including:

- Taking domestic violence classes
- Seeking medical advice (e.g., breastfeeding)
- Going to counseling, therapy, or group counseling
- Coping skills and suggestions learned from home visits (e.g., walk away and count one through ten during an argument and return to situations in a calm manner)
- Seeking help from family
• Reaching out for community and peer support
• Utilizing resources offered in the community (e.g., Regional Centers)
• Going to the Salvation Army’s office
• Talking about feelings and staying open-minded
• Breathing exercises
• Communicating a desire for home visits
• Being consistent with the visits
• Giving positive affirmations and mantras
• Asking questions, speaking up, and asking for help anytime

Some of recommendations families shared are highlighted in the quotations below:

“I would recommend mothers to explore these home visiting services because I believe they help ease some of the un-expectancies from pregnancy, dealing with a pregnancy, and already having young children.”

“Always call your nurse and ask all the questions you need to ask. Don’t feel scared to make a mistake because you are surely not the first to make it.”

“Counseling or having someone they can talk to and depend (on).”

“Surround yourself with positive people and remember your baby loves you no matter what.”

“You and your baby are the most important and you always have to put your baby in front of everyone else including yourself. So if you’re dealing with a problem or a person you need to ask for help no matter what the situation is. Keep your head up and you’re never alone, remember that.”

“You always have to be strong and not let things get to you.”

“There is always a way out and help. We have the sources. Never feel alone.”

“It helped to be able to talk to someone even if there was no crisis. They are all new experiences that can be shared.”

**Family Changes and Stories**

The respondents were asked to rate their overall satisfaction with the home visiting program. Most families were highly satisfied (79.9%, n=167) or satisfied (14.4%, n=30). The remainder of the families indicated that they were neither satisfied nor dissatisfied (4.3%, n=9), dissatisfied (1.0%, n=2), or highly dissatisfied (0.5%, n=1). See Figure 8.
Families expressed their satisfaction in open-ended responses about how being in the program has changed them. They also shared their thoughts about experiences in the program. Many of the mothers accompanied their responses with drawn smiles and punctuation to express their enthusiasm and appreciation for home visiting services in their open-ended responses. Responses to this question were unique and personal. Although a few families were not in the program long enough to notice an impact, most families listed at least one positive impact the program had on them. The common positive changes are summarized in the list below along with some memorable stories shared by the families highlighting these specific changes.

**Changes Reported by Families**

- Feel informed, prepared, knowledgeable, and able to focus on child’s development
- Provided with valuable resources for stability and care for self and family
- Gained awareness of parenting practices that are preventative health measures for baby
• Learned to be patient, communication skills, and responsibility as a mother and a partner that fosters family bonding
• Boosted confidence as a parent and in personal life and taught responsibility as a mother and a parent
• Improved relationship with partner and child
• Provided with emotional support and guidance to make good decisions for child and family
• Able to provide a secure and less stressful environment for baby
• Learned vital parenting skills and information to share with grandparents and other relatives
• Achieved personal goals involving health, employment, and education

“My nurse showed me a lot of advice giving me information and always so positive. I sometimes wanted to give up but my nurse always stood by my side to achieve my goals. One of them was graduating high school. I thank my nurse, the program, and also WestEd.”

“It helped me get on track with my life and how to set up goals so that I could achieve my dreams and it also helped me know that I can do anything if I put my time and effort into it.”

“It changed my views on a healthy relationship. Helped me grow as a person and my knowledge on how to keep my baby and myself healthy physically and mentally.”

“It’s made me a better person and mom, helped me make better decisions for myself and my family. Helped motivate and empower me to get back in school, get a job, etc.”

“Helped us to be responsible. Taught me how to take care of my baby and to take care of myself. I think better, I know how to help my son on his developmental stages.”

“My stress and (fear) went away. I got married (and) learned a lot of stuff I (would) never know.”

 “[My nurse] has been there for me throughout my pregnancy and my son’s toddler years. She gave me so much information that I use on a daily basis. She has made me become more mature and confident as well as independent. I’m glad I met her and approved to do this program. I’ve noticed I’m more willing to ask for help if I need it. Without my nurse there to reassure me it would have been extremely difficult to navigate through motherhood. It truly does take a village to raise a child.”

Additional Family Comments
Many families used the final question on the survey as an opportunity to acknowledge their home visitor specifically for their positive experience in the program and to provide additional
information about how the services changed them. In order to preserve anonymity, we did not include home visitors’ names referenced by families but it is important to note that many families talked about their appreciation for their home visitors specifically. The types of comments families made included thanking the home visiting program for services, expressing gratitude for the help and support their home visitors provided them, describing specific knowledge and skills they gained that helped them, and talking about their personal development. Several families noted suggestions for the program, such as extending services beyond two years, offering services during late hours so those who work late can access them, having bilingual nurses, and extending visits to outside the home more frequently. One family even included their phone number in hopes that someone would contact them for more visits despite their completion of the program. Others drew smiles and added comments in margins expressing admiration for their nurses and appreciation for the services. More detailed insight can be seen in the families’ quotes below.

“Being in the program changed my life completely since pregnancy. If it wasn’t for my nurse, knowledge, and support my labor wouldn’t have been what it was. I had my baby a month prior to my due date. Thanks to my nurse, my labor was relaxing, and I wasn’t stressed. I had knowledge of the process and if I wouldn’t have had my nurse support, I would’ve been stressed, scared, and paranoid.”

“Offer more programs after 2 years of completion please!”

“We appreciate everyone working with our schedule and keeping in contact with us. This program is valuable to the community and I hope it continues. I wish it wasn’t just available to first time moms though. Thank you!”

“I would just like to say thank you to my nurse and her immediate supervisor/manager. They were always there for me with emotional support and great resources and help when I was in a desperate situation with my car. This program should be offered everywhere.”

“It was a pleasure being in this program. It gave me a lot of information. I started as a person without knowing how to hold a baby to a person that can handle and think outside of the box when it comes to taking care of my child.”

“I would like to thank, very much, the people that had the wonderful idea for this program and also to all the people that are working so hard to make this program possible. Also, I would like to thank with all my heart the people that have been visiting me and taking their time to help me, counsel me and make me strong and happy. Thank you very much to all.”

“If it wasn’t for the program I would have walked into motherhood with my eyes closed. It really helped ease my stress during pregnancy.”
Discussion

In order to gain a deeper understanding of what families experience through home visiting programs and why they remain enrolled or choose to leave early, the external evaluation team created Exit Surveys and asked home visitors throughout California to distribute them to families as they left the programs. There is no way to estimate the return rate since evaluators were not told how many surveys were distributed. However, 209 families did mail the survey to the evaluation offices, providing a significant sampling for analysis. The majority of respondents self-identified as Latino (n=120, 57.4%), and parents of a child between one and two years of age (73.2%). Of these families, 54 reported that their family sizes had changed since beginning the program. (Changes included having another baby, getting married, living with their boyfriend, living with family, and combinations of these changes.) Sixty of the respondents (28.7%) had chosen to end services early. Some of the reasons for ending services early were being too busy with the child, working during the hours of home visiting services, and moving or relocating to another state.

The families provided detailed responses to the open-ended questions, indicating participant interest in giving feedback about home visiting services. The information shared about family changes that they attributed to home visiting and their positive experiences with home visiting services were particularly telling. Key themes included: increased knowledge about their own health and the baby’s development; development of a support system and a healthy relationship with a caring individual; improved interpersonal relationships with spouses, partners, families, and friends; greater personal confidence and personal growth; growth as an adult with the development of more responsibility and better life skills; improved psychological well-being and mood; and increased parenting satisfaction and parenting skills. Almost 80% of the respondents reported being “highly” satisfied and about 15% reported that they were “satisfied” with the program. The families shared their sense of satisfaction by expressing gratitude for the program, the services, and their home visitors. Home visitors were specifically named and acknowledged for the positive experiences families had in the program.

The information captured by the Exit Surveys received during the external evaluation period from 2014 to 2016 indicates positive changes experienced by young children, families, and communities. The types of changes in family lives described by the recipients of home visiting services are a significant outcome not being fully explored as part of national quantitative outcome data gathering or federal benchmarks. These changes are the crucial elements necessary for buffering against adversity and building successful, well adapted, and satisfied families who remain invested in their children and are able to contribute to communities over time. They are indicators of the types of long term, indirect effects of early childhood services that have been demonstrated through longitudinal studies of Head Start and other programs. Recent research has indicated that there may be significant “sleeper” effects of early intervention services that impact health and development across the lifespan and appear at later points in development. Therefore, early indicators of health and relational change are critical to capture and understand when funding programs and making decisions about how to engage and provide services to families of infants and toddlers living in the highest risk conditions and coping with the greatest levels of life adversity. Buffering early childhood adversity through healthy relationships with adults has been documented as a mechanism to alter brain function and change developmental trajectories. While early intervention programs can have a limited impact in changing deep and long standing traumas and previous adversities in family lives, they do have the capacity to help families improve relational...
health and build the buffers necessary to reduce the impact of such adversity on their children and themselves.

A short term examination of improvements in the very broad benchmarks established by federal funders should not be considered sufficient for understanding program impact; instead, the very complex interactions of positive life changes including improved parenting capacity, better relationships, improved psychological well-being in family members, and greater satisfaction with parenting upon the overall health and long term development of infants and young children need to be explored. The investments 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 responses and information provided by over 200 families throughout California demonstrate this potential. We hope these findings will provide a concrete illustration of the high value of maternal, infant, and early childhood home visiting services to program staffs, home visiting funders and leadership, and key stakeholders in the field of home visiting and early childhood services.