

# EXECUTIVE SUMMARY

## DATA COLLECTED

- ⦿ Between June and August, we collected data from two sources: Parents/caregivers living in Santa Clara county and receiving home visiting services from the county's multitude of providers; and managers or supervisors of home visiting programs.
- ⦿ **Family Survey:** We collected data from parents/caregivers using an online survey that was sent via the Home Visiting Collaborative partners. Families received a \$20 e-gift card and a children's book for completing the survey. 
  - A total of 93 parents/caregivers responded to the survey.
  - The majority of parents/caregivers who responded were Hispanic/Latinx (66%), some were Asian/Pacific Islander (14%), multi-racial (8), or other ethnicities (4%), with only a minority of respondents identified as white (5%).
  - The plurality of parents/caregivers was in the age range of 30 to 39, and about a half have three or more children.
  - A quarter were from single family households.
  - A third of the parents/caregivers did not finish high school.
  - Almost half lived in poverty.
- ⦿ **Family Interviews:** As a follow-up to the survey, we interviewed 10 parents/caregivers who expressed interest in being contacted to give a fuller account of their experiences, challenges, and inform FIRST 5 Santa Clara County about other services and resources that families may need. Six of the interviews were conducted in Spanish and four were conducted in English. Interview participants received a \$50 e-gift card for their participation. 
- ⦿ **Provider Survey:** A total of 27 home visiting program supervisors responded to an online survey. 
  - Survey topics included home visiting model; characteristics of home visitors and families served; intake, assessment, and referral procedures; and data collection procedures and systems.
  - Respondents' job roles included facility owner, executive/program directors, supervisors, and managers, speech therapists or speech language pathologists (SLPs), nurse managers, home visitors, clinical coordinators, and case managers.
- ⦿ **Provider Interviews:** Eight survey respondents also participated in follow-up interviews. Interviewees provided more in-depth views on the topics discussed in the survey related to their home visiting model, outcomes, processes, family recruitment, staffing or capacity issues, funding, and their vision for a collaborative network in Santa Clara County. 

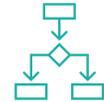


## HOME VISITING PROGRAM AND MODALITIES

- ⦿ As a function of the way the survey was distributed (via partners), **ParentChild+ was the most typically cited programs in which parents/caregivers participated** (39%). Related to that, families most often heard about the programs from their engagement in Family Resource Centers (38%).
- ⦿ Parent/Caregiver Interviewees were also asked to describe how they view the role of their home visiting program. Common responses included:
  - Preparing for preschool or kindergarten
  - Support learning to read
  - Ensuring that children are meeting their milestones
  - Working on parent-child interactions
- ⦿ Parents/Caregivers mentioned **receiving support, tips, or strategies to facilitate better interactions and support children's learning**. Many also mentioned tangible skills they and their child were working on with their home visitor, such as learning colors, numbers/counting, sounds, and vocabulary. Parents/Caregivers also mentioned working on socialization and speech as well as other individual and family goals to address basic needs, mental, and physical health.
- ⦿ Similar to what parents/caregivers described, **most providers mentioned targeting parent-child interactions** (92%) and **child development and well-being** (92%). Many (71%) also focused on the **family functioning** domain.
- ⦿ Providers typically **tailored program expectations to the needs of the family**, with a focus on **strengthening the parent-child relationship** and **getting children ready for school**.
- ⦿ Parents/caregivers reported that their **sessions were typically conducted via video calls** (71%), and only a minority had in person visits during the pandemic (17%). **Yet almost half of the parents/caregivers (44%) indicated they preferred in person visits**, whereas video calls were preferred by about a quarter of respondents (29%). Phone calls were least frequently preferred (10%). Others did not have any preference (17%).



## PROGRAM PERCEIVED OUTCOMES



- ⦿ The vast majority of those who receive home visiting services were very satisfied with the home visiting program overall.
  - Survey respondents indicated that their home visitor speaks to them clearly in a language they understand, respects their culture, spends enough time with the family, and taught them useful parenting skills (72-80% strongly agree).
  - Many also noted that they like working with the home visitor (78%) and that **they felt more confident in managing stress and life challenges as a result of their participation in the program (68%)**.
- ⦿ Interviewees further mentioned that their home visitor **listened to them, connected with them as well as their child, and generally cared about their lives on a deeper level**. The home visitor gave them space to ask questions, was flexible with the time spent and strategies used, and **allow the parents/caregivers to feel as active partners**.
- ⦿ Most parents/caregivers surveyed (73%) felt that **they as well as their children benefitted a lot** from the home visiting program.
  - Parents/Caregivers who benefitted a lot often mentioned that they **received helpful resources and tools to help their child and have learned much about their child's behavior and needs**.
- ⦿ Parents/Caregivers who felt their child benefitted a lot often expressed that **their child has become more social**, has learned a lot and/or is **more ready for kindergarten**, and **can manage behaviors more effectively**.
- ⦿ Interviewed parents/caregivers often mentioned that as a result of home visiting, **their child has become more social**, learned numbers, colors, puzzles, and **developed a love for learning**. Parents/Caregivers have also seen **improvements among all members of the family**.
- ⦿ The home visiting programs **supported children's social development during COVID-19**. The fact that the program was cultural and linguistically appropriate helped parents/caregivers connect with the home visitor.
- ⦿ Interviewed providers also discussed insights gleaned from their data evaluation about their program's long-term impact for clients.
  - Families that **are less engaged will not have as successful outcomes** as those that remain engaged and committed to the process for the duration of the service period.
  - During the pandemic providers see **success in parent-child connection measures** but some **drop in social cooperation measures**, as the pandemic reduced many social opportunities for families and children.



## NEEDS OF FAMILIES

- ⦿ **Half of survey respondents reported that they experienced challenges** or issues within the past 30 days. The number of needs families experienced positively correlated with the number of children in the family: **Parents/Caregivers who take care of more children also experienced more challenges in their daily lives.**
- ⦿ Of those with needs, many parents/caregivers reported **worrying about their child's development** (45%) or **managing their child's behavior** (38%). Parents/Caregivers also **worried a family member might get COVID-19 at their job** (24%), or that **their income will be reduced** (24%).
- ⦿ When matching expressed needs with referrals received, **only about 50% of the needs were met with appropriate referrals.**
- ⦿ When talking to parents/caregivers directly, more needs surfaced:
  - **Issues related to schooling came up several times** as capacity of day cares was limited, information about available schooling was not readily available, and families needed support with back-to-school supplies.
  - Parents/Caregivers also experienced **varying degrees of economic/financial impacts related to the pandemic.** Several interviewees mentioned going to food banks and other places for fruits and vegetables and signing up to the diaper program. Some were struggling to pay bills or cover their rent.
  - Another common theme was the **need for mental health support** for themselves and for the entire family.
  - Parents/Caregivers noted **difficulties accessing services and navigating the system**, even after receiving a referral. Appointments take a long time (e.g., six months) or they cannot find the services needed.
- ⦿ Similar to families, the majority of providers surveyed (80%) **viewed worries about their child's development to be parents'/caregivers' most pressing need**, followed by **worries about managing their child's behavior** (60%). To address these concerns, typically services are offered in-house.
- ⦿ More than half of the providers also reported **reduced wages/income** (56%) and/or **social isolation/loneliness** (52%) as a pressing need. Interviewees added that a large portion of their families had pressing concerns related to basic needs, such as **loss of housing**, or **lack of enough healthy food**. In these cases, providers often referred families to community resources such as food banks, social services, CalWORKs, and other donation resources.



## INTAKE AND REFERRALS

- ⦿ Overall, the majority of providers who use assessment tools follow up with education materials. **Service referrals were slightly less common yet provided by about 40% or more of providers.** 
- ⦿ Interviewed providers described a range of methods for **incoming referrals**, with large variation due to their distinct program structure or model requirements.
  - **Most mentioned they engage in some form of outreach**, such as attending community events, talking to other service providers, or using canvassing and marketing materials.
- ⦿ Two common themes emerged regarding program procedures when a family cannot be served, whether due to capacity or eligibility criteria.
  - First, provider interviewed state that **they rarely turned families away due to capacity issues**; “They would find some way to make it work.”
  - Second, they stated that they refer families to other services. This typically occurs when families do not meet eligibility criteria. In these cases they would **provide the family with resources that would be good for them or go through a referral process to connect them with another agency.**
- ⦿ Home visitors frequently helped families get connected to additional services and the **vast majority of providers surveyed (91%) track completions of referrals**, or “close the loop.”
- ⦿ Interview participants provided additional insights into this process, which includes a variety of direct support (making calls for families), engaging in internal referrals and/or warm handoffs with other agencies, or following up directly with the family. They noted, however that warm-handoffs and direct engagement with the family may be **effective strategies but can also be time consuming.**

## AREAS FOR IMPROVEMENT

- ⦿ Parents/Caregivers raised several aspects that can strengthen the programs, in their view:
  - Focusing more on **working with toys and materials children will be using in preschool** to gain familiarity.
  - Including **group visits, so children learn to socialize** and share toys.
  - **Extending the program to last until preschool** and/or to **expanding the age requirement** for participation.
  - Receiving **more guidance and feedback to aid in their confidence** and increase their ability to carry on their role outside of home visiting.
- ⦿ Other issues raised were related to the process of receiving services: parents/caregivers mentioned **calling several times to get information** as it was unclear when they can join the home visiting program, **waiting several months for services** because of eligibility requirements, and **not getting a diagnosis or referrals in a timely manner.**
- ⦿ Despite the many benefits and support that the home visitors provide to their engaged families, there may be remaining gaps between their referrals/information and the ability for families to receive tangible support from outside resources in the community. While some of the participants noted having few needs outside of the educational and parenting support that home visiting provides, others were **experiencing several compounding needs which may be more challenging for home visitors to support more directly.**

## PARTICIPATION BARRIERS AND SERVICE GAPS

- ⊙ Providers surveyed cited **cancelations** (55%) and **schedule conflicts** (32%) most frequently as barriers for engagement in the program. About a quarter (27%) of providers also stated that some **families are not interested in the services**, or that **travel time to the home is a barrier** to providing services. Another quarter of providers (23%) reported that **eligibility for services** is a participation barrier as well as **capacity issues** (not enough available slots to serve families).
  - Provider survey respondents also reported other barriers such as families with shared or challenging/unstable housing situations, limited outreach to underserved communities, and organizational regulations that are not flexible to meet family needs.
- ⊙ On top of these multitude of barriers, **the emergence of the pandemic added another layer of challenges**. Indeed, the COVID-19 pandemic was primarily cited by interviewees as the source of barriers impacting program delivery and participation.
  - In particular, **the situation for families who often had complex needs was exacerbated by the pandemic**.
  - Some providers reported that **referrals drastically decreased with fewer families engaging with their primary referral sources** during the shelter in place orders.
  - Providers also noted **challenges engaging families due to the transition to virtual services**, such as fewer opportunities for outreach/interactions with potential clients or clients' access to technology.
  - Other barriers reported included **Zoom burnout** as well as the **"fear of potential exposure to COVID-19" during face-to-face sessions**. This dichotomy further highlights the double-barreled impact of COVID-19, with families facing barriers to both virtual and in-person services as our communities continue to navigate the uncertainties and challenges of the pandemic.
  - For providers in medical-based facilities, the pandemic has had a particularly unique impact on program delivery as many nurses were rerouted to prioritize COVID-19 emergency response and may have had **less availability for home visiting**.
  - Some program staff left their jobs throughout the pandemic to navigate things like the added responsibility of having children without childcare. As a result, programs may **experience staffing challenges** as they return to full capacity.
- ⊙ Forty percent of providers reported having a **wait list for receiving home visiting services**.
- ⊙ Providers interviewed mentioned gaps in the community related to **insufficient availability of mental health services** (and in particular substance abuse support), **limited housing resources**, **limited offerings of specialized medical providers**, and **not enough support for undocumented persons**.
- ⊙ Providers also commonly noted that **even when services are available, accessing them remains challenging and** that a more robust system is needed. Specifically, they mentioned that:
  - Families have **challenges navigating medical services and systems**. For certain types of insurance, families may need multiple referrals, then they may encounter out-of-network providers and/or long wait lists to engage in therapy services.
  - There is **high need for developmental resources for children, but few resources available**.



## PERSPECTIVES ON THE HOME VISITING COLLABORATIVE

- ⦿ The majority of home visiting providers surveyed (88%) coordinate with other home visiting programs to some extent or as much as possible. Yet, none of the participants mentioned utilizing a shared software system or database to coordinate on referrals.
- ⦿ Other than referrals for out-of-scope or support services, providers interviewed did not typically mention an extensive relationship with other home visiting programs.
  - Indeed, they mentioned that engagement typically involves incoming, rather than outgoing, referrals.
  - They want to be more engaged with other programs, but they have limited time and restricted funding; They primarily focus on their funder's strict requirements so that they would not risk losing funding due to the timelines of outside services.
- ⦿ Providers envisioned a coordinated system of care as the importance of fostering and growing partnerships for collaboration. This includes:
  - Families being referred to the right resources
  - Tightening the referral process by having a one-stop-shop
  - Having a continuum where providers could maintain their own programs while focusing on where they can come together, such as establishing a curriculum that is best for all programs and shared strategies within reason.
  - Team building, mentorship, and social connections between programs.
- ⦿ Seven of the ten parents/caregivers interviewed expressed interest in participating in the Santa Clara Home Visiting Collaborative meetings to contribute a family's perspective to the overall group.
  - Interest in participation included both English and Spanish interviewees, so it may also be important to identify the accessibility of engagement in participants' preferred language.
  - A clear description of responsibilities, expectations, and benefits may be necessary to secure parent/caregiver interest.
  - Parents/Caregivers typically prefer morning meetings over Zoom or within a short distance and noted needing support with childcare.
  - Some expressed that compensation would be helpful if it is available.



## HOME VISITING STAFF QUALIFICATIONS AND RETAINMENT

- ⦿ In terms of background and education, most providers surveyed **want their home visitor to have at least an associate degree** (88%) and have knowledge or experience in early childhood education or development (83%); about a quarter do not require experience working with families.
- ⦿ All interviewed providers reported that their **home visitors met or exceeded their program's minimum requirements**. Some also mentioned they provide training to home visitors during the onboarding process and make them get certified in assessment tools.
- ⦿ About half of the providers surveyed (44%) reported one or more **vacancies for home visitors**. Yet, some interviewees reported **no problems hiring or retaining home visitors**.
- ⦿ **Challenges varied among those that did report difficulties hiring and/or retaining home visitors**, including:
  - Their pay rate does not meet the cost of living in Santa Clara County,
  - Low application rate, and those who do apply might not meet all qualifications
  - Not enough applicants are bilingual
  - Hold ups in the administrative hiring process
  - Needing to adapt and accept work/lived experience in lieu of schooling
  - Needing to pull potential staff from the communities in which they are serving because of shortage

## MATCHING HOME VISITORS TO FAMILIES

- ⦿ Almost all providers completing the survey **(96%) reported matching home visitor's ethnicity with that of the families served to some extent or as much as possible**. Most (72%) considered several aspects when matching families to home visitors (e.g., language spoken at home, staff availability). Others (20%) accommodated as many factors as possible while also assigning staff to specific census tracts. A minority (8%) matched home visitors to families based on staff availability.
- ⦿ **Interviewed participants typically reported that their facility employed bi- or multi-lingual staff**. Otherwise, providers most commonly utilize the Language Line to support families with languages they were not able to serve directly, so they can serve families in their preferred language to the extent possible.



## STAFF PROFESSIONAL DEVELOPMENT

- ⦿ **Most providers offer professional development opportunities (84%).** Most frequently they cover early childhood mental health (86%) and serving children or parents/caregivers with disabilities (81%). About two-thirds (67%) offer professional development on trauma informed practices, and about half (52%) cover maternal mental health.
  - ⦿ Interviewed providers added that their program **included coaching requirements** on top of professional development opportunities. Coaching requirements varied by program but typically involved some form of review or one-on-one meetings with managers, performance reviews, weekly supervision hours, and in-depth trainings.
- ⦿ Interviewees also mentioned some challenges in utilizing the professional development opportunities offered. These include:
  - ⦿ Needing support or follow-up to trainings to **ensure information learned is integrated into practice.**
  - ⦿ Staff not accessing the funds available for professional development due to their **workload and/or prioritizing mandatory tasks.** Programs appear to be **more successful when considering professional development as a part of home visitors' workload and adjusting schedules** accordingly, rather than as an additional, voluntary option.
  - ⦿ Programs may also be successful with professional development when **leadership identifies, offers, and supports trainings that are closest to the program scope and/or the specific interests of the staff being trained.**



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