Best Start LA
Pilot Community Evaluation
Focus Group Report 1

A Good Start for Best Start in *Metro LA*: Focus Group Insights from Parents, Home Visitors, and Community Stakeholders

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For more information about First 5 LA and its programs, go to http://www.first5la.org. For more information about Best Start LA, go to http://www.beststartla.org.

Contents

EXECUTIVE SUMMARY I

I. INTRODUCTION 1

II. METHODS 4

III. FINDINGS 7

A. WHAT DO PARENTS SAY ABOUT *WELCOME BABY!* HOME VISITING? 7
B. WHAT DO HOME VISITORS SAY ABOUT SERVING FAMILIES UNDER BEST START LA? .. 19
C. WHAT DO COMMUNITY STAKEHOLDERS SAY ABOUT BEST START LA? 30

IV. CONCLUSIONS 36

REFERENCES 38

Executive Summary

Parents and other members of one Los Angeles community are the appreciative beneficiaries of Best Start LA (BSLA), a place-based investment by First 5 Los Angeles (F5LA) designed to improve the wellbeing, development, and care experienced by children ages 0 through 5 and their parents. Based on a series of focus groups conducted in Best Start LA's pilot community, referred to as *Metro LA*, the investment appears to be well received in the community and off to a good start in achieving its goal of creating an environment where young children are born healthy and grow up eager to learn, with the ability to reach their full potential.

Best Start LA is composed of multiple interwoven strategies designed to strengthen the capacity of families to raise children, and the capacity of communities and broader systems to support families. While BSLA will ultimately operate in 14 communities across Los Angeles County, F5LA launched the model first, as a pilot, in a seven-square-mile neighborhood designated as *Metro LA.* F5LA has contracted with a variety of community-based organizations and service providers in *Metro LA* to implement the following core strategies:

- ***Welcome Baby! Home Visiting:*** This family-level activity brings visitors into the home to visit families prenatally, at birth, and postpartum.
- ***Community Mobilization and Place-Based Strategies:*** This community-level activity aims to mobilize community members and to facilitate their identification of community needs, as well as of strategies and services to address those needs.
- ***Systems Change Activities:*** System-level investments promote the development of family-friendly services, policies, and systems at the community and county levels.

This report presents findings from the first round of focus groups conducted as part of the Urban Institute's six-year evaluation of BSLA in *Metro LA.* A total of five focus groups were conducted across three groups of participants: mothers receiving *Welcome Baby!* home visiting services; *Welcome Baby!* home visitors; and community members involved in mobilization effort. The focus groups explored parents' views of how *Welcome Baby!* home visiting has helped them in raising their newborn children, home visitors' views on the design of the program and early experiences rendering services, and community stakeholders' views of early efforts to mobilize residents of *Metro LA.* Key findings from the focus groups include the following:

- **Mothers receiving *Welcome Baby!* home visiting** indicated that the service is highly valued. Mothers expressed great satisfaction, reporting that home visitors provided them with critical information and education about their children's health and development, and connected them to important resources and support services in their community. Mothers also described having close and trusting relationships with their home visitors;

for many mothers, these relationships offered tremendous emotional support as they dealt with the stresses of childbirth and raising a newborn. Mothers' only critique of the program was a strong desire for additional home visits overall.

- ***Welcome Baby!* home visitors** echoed many of the sentiments expressed by their clients. Home visitors were highly committed to the children and families they served, and reported forming strong bonds with their clients. Home visitors were also well educated and well trained, and displayed flexibility and creativity in making their service family-centered. Yet, home visitors felt that the *Welcome Baby!* model did not always meet the needs of the high-risk families they served; home visitors, like mothers, felt that the model could be strengthened by increasing the number of visits in the protocol.

- **Community stakeholders** in *Metro LA* revealed that the community strategies component of BSLA has been slowly making progress. Stakeholders reported that while they were still in the early stages of establishing a structure and process for mobilizing larger numbers of community members and identifying community needs, they were enthusiastic and optimistic about the potential of BSLA to effect important and positive change. Community stakeholders also shared a common vision that community change should be led by parents in the community rather than by professionals, providers, or other stakeholders.

The findings of this first round of focus groups – with families, providers, and community members targeted by the investment – provide an encouraging early look at the progress being made under BSLA in *Metro LA*. The findings also reinforce those from the evaluation's first case study and reveal important lessons for F5LA and future members of the other 13 communities in Los Angeles County where Best Start LA will be implemented.

I. Introduction

In June 2009, the First 5 Los Angeles (F5LA) Board of Commissioners approved its FY 2009-2015 Strategic Plan (First 5 LA 2010). This strategic plan represents a new commitment by the Commission to direct funding to specific communities in Los Angeles County, called "Best Start Communities." F5LA has identified 14 Best Start communities throughout Los Angeles County. Through the Best Start framework, F5LA hopes to make Los Angeles' diverse communities places where young children are born healthy and raised in supportive environments that allow them to grow up eager to learn and with the ability to reach their full potential.

The Best Start Communities' investment represented a shift in F5LA's grant-making from primarily funding programs based on specific initiatives, to a community-based approach known as "place-based." The place-based approach enables F5LA to focus its human and financial resources in entire communities to improve the lives of children and families, and works to effect change at three levels: child and family, community, and systems. The investment thus includes multiple interwoven strategies designed to strengthen the capacity of families to raise children, and the capacity of communities and broader systems to support families. Ultimately, BSLA aims to achieve four outcomes for children—specifically, that they are:

- Born healthy;
- Maintain healthy weight;
- Protected from abuse and neglect; and
- Ready to learn upon enrollment in kindergarten.

Best Start LA was first launched in a "pilot" community referred to as *Metro LA.* *Metro LA* encompasses parts of four downtown Los Angeles neighborhoods: Pico-Union, Koreatown, the Byzantine Latino Quarter, and South L.A. (See Figure 1). F5LA's intent is to use lessons from implementation of BSLA in *Metro LA* to inform the future scaling up of the initiative in other communities in Los Angeles County.

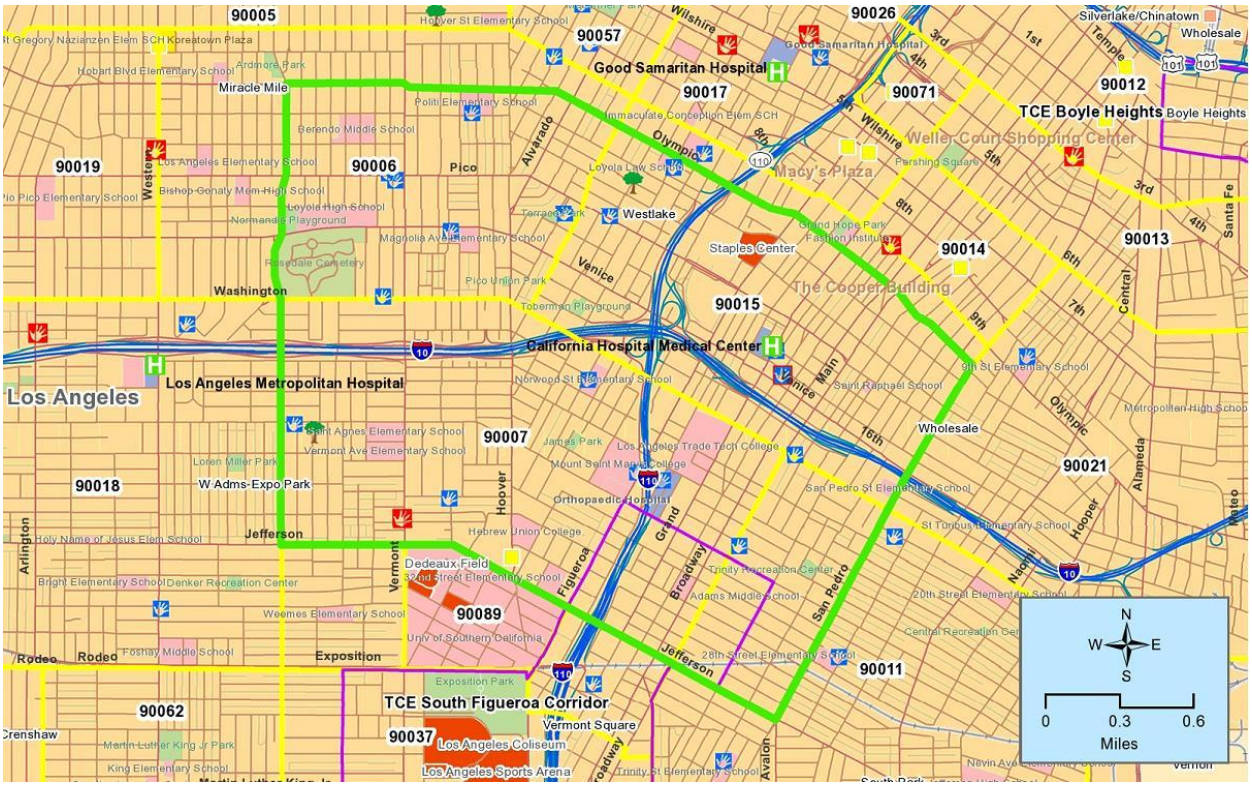
To achieve its goals, F5LA has contracted with a variety of community-based organizations and service providers in the pilot community to implement the following core BSLA strategies:

- ***Home visiting:*** This family-level activity brings nurses, college-educated "parent coaches," and paraprofessionals to visit families in the home prenatally, at birth, and postpartum to provide breast-feeding support, guidance on infant health and development, and referrals to needed resources and services.

- ***Community Mobilization and Place-Based Strategies:*** This community-level activity empowers a community-based "lead entity," supported by Community Based Action Research methods, to mobilize community members, to facilitate their identification of needs in their neighborhoods, and to provide strategies and services to address those needs.

- ***Systems Change:*** Investments at the system level promote the development of family-friendly services, policies, and systems at the community and county levels.

Figure 1: Map of *Metro LA* Pilot Community



This report was developed as part of the Best Start LA Pilot Community Evaluation under a six-year contract between F5LA and the Urban Institute. The evaluation was launched in 2009 to document and assess the implementation and impacts of the program. The Institute and its partner—the University of California, Los Angeles—are conducting a broad range of evaluation activities over the life of the contract, including case studies of implementation in *Metro LA*, a longitudinal household survey of parents, and analysis of secondary community data. In addition, the evaluation includes three rounds of focus groups with families and community members in *Metro LA;* this report summarizes the findings from our first round of focus groups.

Three types of focus groups were conducted—with parents of children receiving BSLA's home visiting intervention, with home visitors working with families, and with community representatives involved with community mobilization efforts. Focus group discussions were designed to explore participants' early experiences with BSLA, their opinions about how well the program met their needs, and their ideas for how it could be improved.

We were particularly interested in learning how parents' and community members' views compared with those of key stakeholders involved with BSLA in *Metro LA* that were interviewed for the evaluation's first case study. That case study, conducted in the summer and fall of 2010, synthesized results of in-depth interviews with 35 providers, community-based organizations, and program administrators and found that BSLA was off to a slow but generally positive start. Specifically, we found that, after nearly one and a half years of implementation experience, BSLA's home visiting component—*Welcome Baby!*—was operating quite well; initial delays surrounding the launch of the service were overcome, and home visiting services had been provided to nearly 750 mothers and their infants by the end of 2010. The investment's community mobilization component, however, had some trouble gaining traction, but was beginning to make tangible progress by late 2010. Meanwhile, many systems-level efforts had proceeded on schedule, though largely took a back seat while the core building blocks of home visiting and community strategies were launched. BSLA in the pilot community had, indeed, experienced many of the "fits and starts" that might be expected in a pilot program (Hill, Benatar, Adams, and Sandstrom 2011).

The remainder of this report summarizes the findings of our focus groups in relation to the three categories of participants:

- Parents' views of how *Welcome Baby!* home visiting has helped them in raising their newborns;
- Home visitors' views on the design of the *Welcome Baby!* program and early experiences rendering services; and
- Community stakeholders' views of early efforts to mobilize residents of *Metro LA* to organize, identify community needs, and develop a structure and process for improving community supports for families with young children.

A summary of our research methods precedes and provides context for the focus group findings.

II. Methods

In December 2010, five focus groups were conducted in Los Angeles, California with three different types of participants.

Three focus groups were held with *Welcome Baby!* clients; two were conducted in Spanish, and one in English. Clients were eligible for participation if they had received at least the 3- to 4-month postpartum home visit by the date of the focus groups. *Welcome Baby!* clients were recruited for participation with the assistance of *Welcome Baby!* parent coaches (i.e., home visitors) employed by Maternal and Child Health Access (MCH Access), the agency contracting with F5LA to render the service. In November 2010, researchers provided home visitors with a set of materials to assist in the recruitment process. These materials included an information sheet about the BSLA evaluation and the focus groups, a list of "talking points" to guide their discussion of the focus groups with clients, and a client sign-up sheet. During November and early December of 2010, *Welcome Baby!* parent coaches introduced the study to clients receiving the 3- to 4-month or 9-month home visit. Parent coaches supplemented in-person recruitment by contacting other eligible clients via telephone. Mothers interested in participating in the study were added to the sign-up sheet by the parent coach. After signing up, participants were sent letters to confirm their intent to participate. On the day before each focus group, parent coaches also placed reminder calls to the clients. As detailed in Table 1 below, a total of 24 *Welcome Baby!* clients participated in these three focus groups.

Another focus group was held with *Welcome Baby!* home visiting staff. Home visitors were recruited directly at MCH Access with the assistance of agency supervisors. A total of eight home visitors—seven parent coaches and one nurse—participated in this focus group.

Finally, one focus group was held with members of *Metro LA*'s Community Guidance Body (CGB). CGB members were recruited with the assistance of managers at Para Los Niños, the lead entity in *Metro LA* facilitating the community mobilization component of Best Start LA. A total of five CGB members participated in this focus group.

Each focus group lasted approximately two hours. *Welcome Baby!* clients and CGB members each received a $50 cash payment in appreciation for their participation. Light refreshments and on-site child care (for clients) were provided during the focus groups.

Table 1. Focus Group Composition and Participation

Focus Group Participant Type	Number of Groups	Total Number of Participants
Welcome Baby! English-speaking clients	1	7
Welcome Baby! Spanish-speaking clients	2	17
Welcome Baby! Home Visitors	1	8
Community Guidance Body Members	1	5
Total	**5**	**37**

During the focus group design phase, the evaluation team developed three moderator's guides tailored for each type of focus group. The *Welcome Baby!* clients moderator's guide was translated into Spanish by Spanish-speaking staff at the Urban Institute and UCLA. The *Welcome Baby!* clients moderator's guide included questions about the following topics:

- clients' backgrounds
- recruitment experiences with *Welcome Baby!*
- content and characteristics of home visits
- clients' relationships with home visitors
- most and least helpful aspect of home visiting
- clients' unmet needs
- clients' perceptions of their community

The *Welcome Baby!* home visitors moderator's guide included questions about the following topics:

- home visitors' background and training
- recruitment of clients
- characteristics of clients
- home visitor caseload
- content and characteristics of a typical home visit
- retention of clients in the program
- data collecting and reporting systems
- rewards and challenges

The Community Guidance Body members moderator's guide included questions about the following topics:

- members' personal and professional background
- perceptions of *Metro LA* community
- formation and composition of the CGB
- roles and responsibilities
- progress in community mobilization efforts
- challenges facing the community and the CGB

All focus group participants were given an informed consent form in accordance with Urban Institute Institutional Review Board (IRB) rules, regulations, and prior approval, emphasizing that participation was voluntary and that participants' privacy would be protected. All focus group proceedings were digitally recorded and transcribed. Bilingual staff translated transcripts of groups conducted in Spanish into English.

To analyze the results of the focus groups, the evaluation team utilized commonly accepted qualitative research methods. Unabridged transcripts, along with field notes, served as the basis for the analysis. Evaluators carefully reviewed each transcript and categorized participation responses using a data analysis sheet that mirrored the content and structure of the focus group moderator's guides. Two evaluation staff independently reviewed each transcript and categorized responses. Categorizations of participant responses were compared, contrasted, and checked for consistency. Dominant themes and divergent opinions and experiences of participants were noted, discussed, and summarized. Finally, relevant quotations were selected to illustrate key points based on frequency and richness to illustrate key points.

Focus groups represent a qualitative research method. As such, they can provide valuable and nuanced insights into individuals' experiences with a particular product, process, or program (in this case, the *Welcome Baby!* home visiting program, and the community strategies component of Best Start LA). By their nature, however, focus groups obtain information from a relatively small number of individuals and, thus, cannot be presumed to be representative of the entire population of interest.

It is also important to note that the method used for recruiting focus group participants may have introduced some bias into the findings. Specifically, recruitment of *Welcome Baby!* clients was conducted by the home visiting staff, and we limited recruitment to clients who had received the 3- to 4-month postpartum home visit; consequently, we may have been more likely to involve parents who had positive, longer term experiences with the program. Thus, our focus groups do not capture the experiences of *Welcome Baby!* clients who may have dropped out of the program at an earlier time point (after the in-home nurse visit, for example).

Also, during recruitment, we were unable to use the clients' residence within the *Metro LA* pilot community boundaries as a criterion for their participation. Thus, clients who participated in our focus groups did not necessarily reside in *Metro LA*, although the *Welcome Baby!* program is offered exclusively to women who live within a five-mile radius of *Metro LA*'s California Hospital Medical Center, which encompasses the *Metro LA* Pilot Community's seven square mile area).

For the other two types of focus groups (the home visiting staff and the CGB), it made sense to work through the lead organizations' managers to recruit participants given the relatively small pool of potential recruits to draw upon at each organization. We recognize that this may also have introduced some bias into the findings for these groups.

III. Findings

The following discussion synthesizes the major findings of our focus groups. The presentation is organized to address, in turn, findings related to parents receiving *Welcome Baby!* home visiting, parent coaches and nurses rendering home visiting services, and community stakeholders involved in *Metro LA's* Community Guidance Body.

A. What Do Parents Say About *Welcome Baby!* Home Visiting?

Once again, the *Welcome Baby!* program is the child/family-centered component of BSLA in the *Metro LA* pilot community. Maternal and Child Health (MCH) Access, a community-based organization in downtown Los Angeles, administers the program under a subcontract with the California Hospital Medical Center (CHMC). *Welcome Baby!* is a free, voluntary family engagement program offered to pregnant women who give birth at CHMC, the only birthing hospital located within *Metro LA*. The program was launched in November 2009 and, by the end of 2011, nearly 750 mothers had received its home-visiting services. Women may enroll at one of two engagement points: prenatally (at various clinics, agencies, and WIC sites in the community), or after delivery, at the hospital. The home visits are conducted by parent coaches and nurses.

The goal of the *Welcome Baby!* program is to "enhance the wellbeing of mothers and their families" (MCH Access 2011). The *Welcome Baby!* protocol includes the following contacts (all or some of which may occur, depending on whether women drop out before completing the program):

- a prenatal home visit at between 16 and 26 weeks gestation
- a phone call at between 24 and 28 weeks gestation

- a prenatal home visit at between 32 and 36 weeks gestation
- a hospital visit, following delivery (conducted by "hospital liaison" staff)
- a nurse home visit within 72 hours of discharge from the hospital
- a phone call two weeks postpartum
- a home visit one to two months postpartum
- a home visit three to four months postpartum
- a final home visit nine months postpartum

The actual content of each *Welcome Baby!* visit varies. As discussed in the Year 1 Case Study, visits generally center on the following topics:

- Prenatal *Welcome Baby!* home visits focus on strategies for a healthy pregnancy (including prenatal care, nutrition, health education, preparation for child birth, labor and delivery, and warning signs of pre-term labor).
- At the hospital, breastfeeding instruction and support begins, as well as information on the importance of parent/infant bonding.
- The 72-hour nurse visit focuses primarily on the health of mother and infant, checking on how breastfeeding is going, family planning strategies, screening for maternal depression, and making sure mothers have a source of health care for themselves and their babies.
- Postpartum visits continue to provide education, guidance, and support on a broad range of issues, including breastfeeding, parent/child attachment, child health and development, home and environmental safety, baby sleeping positions, maternal depression, and referrals to community resources. Home visitors also administer developmental assessments at both the 3- to 4-month and 9-month visits, utilizing the Ages and Stages Questionnaire (ASQ) instrument.

1. Profile of Welcome Baby! Clients

The *Welcome Baby!* focus groups were composed almost entirely of women, with the exception of one man who attended with his female partner. The majority of focus group participants were Latina; in addition to the 17 who participated in the Spanish-speaking groups, all but 3 individuals in the English-speaking group were also Latina. More than half of the participants reported having fewer than three children. For many mothers, the child enrolled in the *Welcome Baby!* program was their first. The age of the clients' enrolled children ranged from three or four months to nine months (as would be expected given that recruitment targeted mothers who had completed at least the 3- to 4-month postpartum home visit). Almost all participants had lived in the Los Angeles area for six years or more, with several stating that they had lived in Los Angeles their entire lives.

2. Clients' Early Experiences with the Welcome Baby! Program

Our focus groups revealed that clients generally first heard about *Welcome Baby!* at the point at which they enrolled into the program, with the exception of one mother who had heard about the program at a prenatal clinic but signed up only after she heard about it again after she gave birth at CHMC.

Overall, focus group participants were evenly split between those recruited prenatally versus those recruited immediately after delivery. Of those who were recruited prenatally, all were recruited at clinics in the community, when they were seeking prenatal care.

> *"I went to my clinic when I was five months pregnant…a girl that worked at the clinic said, 'Oh there's a program that can help you and you should sign up for it, it's really good.' So I signed up for it and they came to my house…."*

> *"The day after giving birth, some people came to talk to me and told me they were from Welcome Baby! They asked me if I would like for them to come and visit me, and that I would be signing up for nine months. I told them 'Okay, that sounds good.'"*

When asked why they decided to participate in *Welcome Baby!*, many mothers cited the appeal of receiving helpful information. Mothers reported having an interest in obtaining information about breastfeeding, their baby's health and nutrition, their own health, and community resources and programs that could help their families.

> "*[I wanted to sign up because of] all of the information they give you …although you may [already] be a mother, there are a lot of things we need to know because not all babies are the same. So they give you more information…"*

> *"For me, what I wanted was to be able to help my daughter, and to be able to find her programs where I would help her get a good start to her life. More than anything, that."*

For several mothers, the allure of receiving information was especially pronounced because they were having their first child, or many years had passed since they'd had their last child. These mothers saw the program as an opportunity to learn, or re-learn, information about raising an infant. This finding suggests that *Welcome Baby!* may be particularly helpful for mothers in these circumstances.

> "*It was very interesting [to me] because it's my first child, and it has been 18 years since my mother had a child. It seemed good to me because they taught me how to breastfeed him and how to tend to him. Because it's your first, you don't know what to do, and it's very difficult."*

"[My expectation was to receive] information, more information about babies because it's been practically eighteen years since my daughter was born, and it's like the first time again."

A few mothers told us that the program was attractive because of the emotional support it could provide during pregnancy and after the birth of their baby. This was particularly important for one mother, who had endured a traumatic miscarriage in her previous pregnancy, and was facing another potentially high risk and difficult pregnancy.

"I feel that Welcome Baby! appealed to me specifically because of the parent coach. In her, I found a friend. I knew that she was going to guide me through this pregnancy which would be, for me, a very difficult pregnancy because of [my] previous miscarriage."

Several mothers said that *Welcome Baby!* initially interested them specifically because it could provide them with material goods, such as diapers and pillows. These supplies are essential for taking care of a new baby, but may be difficult for some families with young children to afford.

For the vast majority of the clients participating in our focus groups, the *Welcome Baby!* program was their first experience with this type of social service. Only one woman reported ever having received home visiting services previously, through an Early Head Start program. The rest of the participants told us they never received home visiting services before; a few clients commented that they had never even heard of home visiting until *Welcome Baby!* One woman remarked,

"Before, they [home visiting services] didn't exist. Or I didn't know about them, because I'd never heard of it before. My first daughter, I had her here in this hospital, and I'd never heard of this program."

When participants were asked whether they had any worries or concerns prior to beginning home visiting, and if they felt comfortable with someone visiting them in their homes, many mothers revealed that they initially felt unease and distrust at first. Their concerns centered around the home visitors potentially criticizing or judging them, particularly in relation to their home environment and their ability to appropriately care for their baby. However, these mothers explained that these feelings of unease vanished after they got to know their home visitors and understood that they were there for the positive purpose of helping and supporting mother and baby.

"The distrust you feel is because a person is going to come and….say something about how my house is, or 'that isn't for the baby.'"

"[My concerns were] they're going to criticize me, that 'your house is dirty' or 'you don't care of it well.' But after they came and they were very nice, they didn't criticize me, more than anything they just made me informed. Nothing negative like that, everything positive."

"I felt nervous because if they see something that's not right with the children's health, they have the right to speak with child and family services. For me, because of my daughter's condition, I thought that if she had a nosebleed they would think I wasn't treating her well and so I was nervous. But my parent coach gave me confidence and I explained my daughter's condition to her. She told me 'Don't worry, we understand what happens with that condition,' so I felt more confident to ask for advice and receive advice for her."

In contrast, a handful of mothers reported minimal concerns in advance of the nurses or parent coaches coming to visit them in their home. Reasons offered by these mothers included their experiences with friendly program staff and their trust in the home visitor's professional knowledge and experience. This may suggest that these mothers had a positive recruitment experience that instilled confidence in the program and its staff.

"No, I didn't have any concerns about someone coming into my home, because they were nice to me. They had experience with handling babies."

"I felt safe because I knew that she was someone who would be able to give me good answers."

"They are very well trained…they come into your house and they help us, just raising our kids and doing different things with them."

A few women specifically attributed this comfort to the fact that they had previously met their parent coach when they were recruited and enrolled into the program. Thus, the *Welcome Baby!* staff member who had recruited them into the program also happened to be the same person that became their parent coach who would see them through the sequence of home visits.

"I didn't feel unease that [my parent coach] was coming to my house because I met her in the clinic [when I was recruited] and she won my trust from the start. She won my trust because for me, it was like gaining a friend."

3. The Home Visits

The mothers participating in our focus groups had, by the time we spoke with them, all received at least three home visits through *Welcome Baby!*, thus giving them multiple experiences from which to draw in discussing their experiences with the program.

All mothers recalled receiving a home visit by a nurse shortly after they gave birth at CHMC, "in the first week that your baby is in the house." At this visit, they recounted that the nurse weighed and measured their babies and checked over the mothers. In the cases of Cesarean delivery, a few mothers reported that the nurse checked the abdominal incision. One woman recounted the nurse treating her mastitis, which her own doctor hadn't correctly diagnosed. Clients reported that, during this visit, the nurse assisted them with breastfeeding by showing them different positions to hold the baby, and troubleshooting problems they were having, such as difficulty in getting the baby to latch. Others also recounted that, during this visit, the nurse showed them how to bathe the baby and how to treat a jaundiced baby.

"*The nurse came to check the baby, to see how she was, and how much she'd grown, how much she weighed and she explained to me how to clean her, to wash her."*

"She showed me how to clear his nose, because I didn't know how to do it."

"The nurse asked me how I was because I'd had a Cesarean. She checked the incision to see how it was."

"The nurse told me of various positions for how to breast feed. I had heard of that, but she taught me how to do it hands-on."

"She asks you if you feel okay….she checks over you, she touches you to make sure that nothing hurts. She looks to see if the milk is okay."

When asked to identify the kinds of help they received from parent coaches, mothers reported getting assistance with understanding and monitoring their child's health and development, stress and depression, breastfeeding, child safety (including baby-proofing and poison control), and how to manage a new baby with older children.

"The parent coach checks to see if the baby is already beginning to grab onto things, if he's able to turn over, if he's able to sit. She sits with him and plays a little bit with the baby to see how the baby's reflexes are."

"When they go to my house, they give me a lot of emotional support. It's difficult having a two year old son and another that's four months old….the two year old feels jealous and grabs the baby. So, when the parent coach came, she told him that he had to hold her very gently, and had to care of her. She helped me a lot."

For the most part, mothers reported feeling that the visits happened at the right time, although they expressed a desire for additional visits beyond the protocol. A few women said that they would prefer more visits in the months immediately following the baby's birth; others said that they'd prefer more visits, more frequently, overall; and still others said they would like an additional visit specifically at 6 months postpartum. Based on the current visit schedule, there is a five to six month gap between the 3- to 4-month visit and the 9-month visit. Several mothers emphasized that this is a challenging time when babies start transitioning to solid foods, and expressed confusion and a desire for guidance from their home visitor at this crucial developmental turning point.

"My son was ready to start solids and I didn't really know what to give him or at what age, so I called her and asked her and she gave me some advice."

"I notice that you see changes [in the baby] like every two months…so [having a visit] every two or three months would be good. But that period between three and nine months…there's a huge difference…"

Mothers told us that it was especially helpful when parent coaches were able to refer them to resources and programs in their community. The list of services mentioned by mothers was long and diverse: housing assistance, mental health services, Food Stamps, food banks, Early Head Start, couples counseling, employment agencies, support groups for new mothers, First 5 LA, the Regional Developmental Center, genetic testing, Medi-Cal, pediatricians, child care, 2-1-1 (a social service hotline), poison control, and WIC.

"The place where I live is small. It's just one room, and we're very crowded, and I asked my parent coach to give us a phone number for where I could apply for a low-income housing apartment. She gave me the phone number, and we applied. Thank God…"

"They gave me the telephone numbers for a psychologist to go to with my family [after domestic violence]."

"I needed a little more help….so they referred me to a program called Head Start which comes every two weeks, so it helped me a little more 'cause I'm a new parent, and my baby was premature. So it's like a little hard for me, so this is a little extra help."

"My parent coach is trying to help me find a program that I could go to, to help me go back to school."

"They helped me file a report [against my violent ex-husband] and how I ought to deal with him."

Many mothers also were happy to report having received a variety of material goods from their parent coaches to assist them in the raising of their child. These goods included diapers, toys, baby-proofing materials, clothes, educational DVDs, pillows, a crib, slings, and books describing the different stages of a child's development.

"God bring them there every time, every time when I need diapers, my parent coach would come with them. I'd be like 'oh my God how did she know?'"

"I had a bassinet, and my twins barely fit because they couldn't fit together. I said 'I can't afford a crib' so she said she said she would provide me with one."

Mothers reported that *Welcome Baby!* home visits generally lasted between one-and-a-half and two hours. Several women clarified that the length of the visit depended on the particular problems or issues that the mother and baby were experiencing at the time.

Welcome Baby! clients described meeting with their nurse or parent coach alone with their baby during visits, with a few exceptions. One woman mentioned that her partner was present at some of the early visits soon after the baby was born, but was not able to attend later visits because he was at work. Another reported intentionally scheduling her home visits for the days that her partner was not working, so that he could be involved. One mother reported that, occasionally, her mother and/or grandmother would also attend the home visit. Finally, yet another mother said that she often had her other children around during the home visit with the parent coach, stating,

"Sometimes they participate in the conversation and [the parent coach] helps them too."

4. Clients' Relationships with their Parent Coaches

Most mothers reported seeing the same parent coach for each visit, even prenatally, which appeared to lend comforting continuity to the program. Only one mother recounted having her parent coach changed after a few months, which temporarily disrupted communications between the mother and the program. Also, two mothers reported having other home visiting staff-in-training attend their home visits with their parent coach. One of these moms said that having a

new person coming into their home was uncomfortable at first, but that the trainees were polite and that they became more comfortable after getting to know them.

> *"It's a little uncomfortable at first, 'cause you don't really know them and it's a new person coming in. But then, 'cause they're really polite, so you get to sort of know them so that you're comfortable with them. Then afterwards you know you [are] gonna see them again so it's going to be like comfortable."*

It was striking to hear mothers describe their close relationships with their parent coaches. During the focus groups, several spoke at length about the depth and significance of this relationship, and about the level of emotional support and security that this relationship offered during the journey through pregnancy and the first several months of their children's lives. Importantly, one mother contrasted her experience with *Welcome Baby!* parent coaches with her past experiences obtaining information from case workers at social services agencies. The mother noted the lack of a sustained connection with these traditional case workers; she felt that she was not being listened to and understood by them. Given that many of these mothers likely derive support from these kinds of agencies, this finding may suggest that the relationship that mothers have with *Welcome Baby!* parent coaches is particularly important, as it allows them an opportunity to receive one-on-one personal feedback as they process new information about their child's development.

Several mothers likened their parent coach to a friend or even a family member. For mothers, their parent coaches seemed to offer a source of emotional support that they otherwise might not have, given their personal and family circumstances. Mothers reported feeling highly trusting and comfortable with their parent coaches.

> *"Basically my coach, she is like family to me. That's how close we are. I could talk to her about anything. My coach is very confidential. What you tell her, she keep to herself. So I feel like she's more than my coach, she's my family, basically. That's what I feel deep down inside, seriously."*

> *"Our [parent coach] is around our age, so…we can communicate with her and the interaction between us is very comfortable."*

> *"My nine siblings and my mom and dad are in Mexico, and it's just me here, so it feels very nice to be with somebody."*

Along similar lines, nearly all mothers indicated that they would feel comfortable calling their parent coach if they had a question or needed help; indeed, many had done so and several even reported doing so with some frequency. One woman commented that, since her pregnancy resulted in a premature birth, her parent coach called her to check in on occasion.

"My baby was premature, I had her two months early, so she calls to check on me sometimes."

"I'm constantly calling her. And then when she refers me to certain places, I'll call her back and let her know how my day went or if I found the place okay."

5. Overall Perceptions of the Welcome Baby! Program

When mothers were asked about the most helpful aspect of *Welcome Baby!* home visiting, many mothers pronounced that "everything" about the program was useful to them; in all three groups, no mothers were able to identify a single aspect of the program that they didn't consider to be helpful.

"Everything they do is helpful for me."

However, more specifically, some mothers indicated that the information and emotional support that they received through the program was the most helpful.

"Because it's my first baby, I wouldn't know a lot of things before, that [my parent coach] told me."

"Your parent coach gives you the encouragement to keep moving forward…they make you feel like you're not alone."

Overall, mothers had glowing reviews of the *Welcome Baby!* program, and clearly had gained a great deal from their participation, specifically in terms of information and support that they might not otherwise have received.

"*She explained everything to us, and she had the patience to bring us through all the information one-on-one. What benefits exist, where you can go, where you shouldn't go, everything. Incredible—the times that the parent coach came, I learned so much from Welcome Baby!"*

"All your needs, with these parent coaches, there's the opportunity in those nine months to get what you need from them…you just say what you need; if you stay quiet, they aren't going to be able to help you. You just have to say it, and open your heart."

Many mothers were sad at the prospect of the visits ending when their child turned nine months old, and almost all mothers wished for more visits.

"When the nine month visit came, I thought 'Ay, why so soon!'"

"I wish they would extend the visits…at least help us until the children can enter Head Start….to help us in those three years that are so important."

"I would like if they do more visits, and they keep on coming for a year….that they continue for a year so that they can see the baby grow."

6. Community Support for Mothers Receiving Welcome Baby! Home Visiting

We asked mothers about the various challenges they face in their community, whether they believe sufficient supports and services are available in their community, and whether they had heard of BSLA and its community-level contractors.

Most mothers had not heard of BSLA, except for a few who said that they recognized it from television. Similarly, few mothers had heard of other BSLA contractors in *Metro LA,* including Para Los Niños. Given that the community strategies component of the initiative had encountered delays during its first year of implementation, it is not necessarily surprising that mothers had not yet heard of BSLA nor seen tangible improvements in their community.

When mothers were asked about the biggest challenges they faced as parents of young children, many reported that the area in which they lived is unsafe due to pervasive crime and violence. Mothers felt that this kind of environment was not where they would like to raise their children.

"Where I stay is kind of rough, I really don't want to raise my baby there. But that's the only place I can be right now because…my money's a little tight…and my daughter's father left me when he found out I was pregnant, so it's just me and my grandmother and my mother trying to raise my baby."

"When I want to take my children out to the park…the area where we live at, the parks are not safe…I can't take my children to the park, because there's a lot of violence and everything."

"We are in an environment that's not too good. You're always scared when you're on the streets, and when you're even in the [apartment] building you're still scared because some of the people there are crazy."

A few of the mothers also felt that the schools in their community were unsafe and not good for their children; concerns about gangs, bullying, and inadequate teaching all arose.

"I'm really worried about the school to put him in, because I don't want him to be in a school that's violent…"

Mothers in one of the Spanish-speaking focus groups reported that a major challenge they faced in raising their children was the language barrier, particularly in health care settings. Mothers struggled to communicate with doctors in English, and expressed frustration in not being able to fully express themselves in their non-native language.

"A barrier…with the doctors [is that] I understand a lot of English, but when I get nervous it all goes away…The doctors speak another language and I have to be more relaxed to be able to understand. A lot of times my biggest challenge is the language. I would like to be able to speak [English] the way that I understand fluent Spanish."

When mothers were asked if there were any key services that were missing in their community, mothers' responses included a library, a park, transportation, and more security and police surveillance.

"This area doesn't have a library to bring children to."

"I don't bring my children to a park because there isn't a park close by to me. There are a lot of stores and there isn't enough space for a park. They haven't built anything."

"I think providing transportation for us [would be good] to [help us] get to safe places, like to a park, or the market."

In addition, mothers also reported that obtaining child care could be a major challenge, as it is often a huge expense and inflexible in relation to their working hours; mothers described how many child care centers are open only during normal business hours. Several mothers felt it was better to forgo an income in order to stay home with their children, given that any wages they might earn would be consumed by childcare costs.

"In those first three years of my daughter's life I couldn't do anything because I'd have to pay daycare…so it was better that I stayed home because it's the same to be paying a lot…so those three years are practically zero income for a mother."

"I tried to enroll him in Crystal Stairs [a child care agency in Los Angeles] but they said that I had to be on welfare. But I'm not on welfare, [so I couldn't get child care]. I am a part-time student….they should have it more in the schools."

"*For a baby at a childcare place it costs $80 or $90 each day only from such and such a time to such and such a time."*

B. What Do Home Visitors Say About Serving Families under Best Start LA?

To implement the *Welcome Baby!* home visiting component of Best Start LA, MCH Access developed a staffing plan that involved hiring four teams, composed of five staff each:

- One "level 3" team supervisor, who would carry her own caseload while coordinating and overseeing the work of the rest of the team;
- Four "level 2" parent coaches, who would work mostly in the field visiting mothers prenatally and postpartum; and
- One "level 1" paraprofessional (or promotora) who would concentrate on outreach, intake, and referral to parent coaches.

In addition, MCH Access aimed to hire four full-time registered nurses to conduct all 72-hour post-discharge home visits.

A finding from this evaluation's first case study was that it took longer than expected for MCH Access to find persons who possessed the desired combination of skills and hands-on experience with community-level home visiting; hiring thus happened more slowly than planned. In the end, MCH Access scaled back its staffing plan to three teams (of five), and redirected some of its resources to create a new, full-time "outreach coordinator" position to bolster the model's ability to recruit women into *Welcome Baby!* while they were pregnant. MCH Access officials, in our case study, expressed great satisfaction with the caliber of staff they hired to carry out the needed work.

Our Year 1 Case Study also revealed that client recruitment into *Welcome Baby!* had proceeded more slowly than expected. MCH Access staff had found that pregnant women, in particular, were reluctant to sign up for the home visiting intervention, speculating that mothers-to-be either didn't perceive the need for help or were not open to the idea of inviting "strangers" into their homes during this busy time. Interestingly, though, hospital liaison staff at CHMC reported much greater success in recruitment at the hospital immediately after birth (estimated at 40 percent), suggesting that new mothers, overwhelmed by the prospect of bringing a new baby home, were suddenly much more open to the offer of help (Hill, Benatar, Adams, and Sandstrom 2011).

1. Background and qualifications of Welcome Baby! home visitors

Of MCH Access' 20 *Welcome Baby!* home visitor staff, 9 participated in our focus group, including one nurse and eight parent coaches. The majority of participants—all women in their 20s and 30s—had lived in Los Angeles their entire lives. Two, however, hailed from the Dominican Republic and Guatemala. Roughly half of the visitors with whom we spoke had received Bachelor's degrees from four-year colleges, while the other half had attended or completed studies at the Graduate level. Psychology, sociology, child and family therapy, social work, and community health were among the disciplines that home visitors had earned degrees in. All home visitors were bilingual English/Spanish speakers. Home visitors were generally quite experienced—while most had only been working at MCHA for a year or less, a majority had been involved with the provision of home visiting services for one to five years. The nurse in attendance had been a practicing Registered Nurse for 15 years. Participants learned of the job opportunity at MCHA through a variety of sources—advertisements posted on the internet, in newspapers, and at a college employment office; from friends or family members; and from a former employer.

2. Training for Welcome Baby!

We asked home visitor staff whether they had received any training from MCHA after being hired for the *Welcome Baby* program. They responded that they had; indeed, there was universal high praise expressed for both the broad content and multi-pronged approach of the training that was received.

Our focus group revealed that all home visitors, upon being hired, underwent a two-month training regimen that was described as "intense…all day, every day." (Three different training sessions were provided by MCHA, as employees were brought onto the program over time.) Topics covered during training included such substantive areas as maternal and child health, child development, effective child rearing practices, home and environmental safety, maternal depression, and domestic violence. All nurses and parent coaches also received training to become Certified Lactation Educators. The training included modules on skills needed to be an

effective home visitor, such as communication skills, reflective listening, counseling techniques, and motivational interviewing, which was described by one participant as,

> "*Showing empathy and reflecting things you hear from the client back to them…to make sure you're hearing what you're hearing."*

While most training occurred in a classroom setting, some was more hands-on. For example, "shadowing" supervisors or nurses to observe how they conducted visits was an important component of the training and gave parent coaches a frame of reference for how to conduct visits themselves. Indeed, shadowing is part of ongoing quality improvement; as one visitor described,

> *"There's always…shadowing going on…"*

We asked home visitors about their expectations regarding what home visiting would be like, and whether they were surprised by or unprepared for things they've experienced. Some visitors admitted to being a bit frightened after the training highlighted such intense issues as child abuse, domestic violence, safety, and maternal depression.

> *"Great…what have I gotten myself into?!?"*

> *"[I thought to myself], 'I think I need to re-evaluate what I'm doing here…'"*

Indeed, several home visitors expressed surprise that the women, children, and families with whom they've worked have displayed such high risks. One parent coach remarked:

> *"We've had more high risk clients…than any other program that I've worked on."*

The nurse concurred:

> *"I didn't expect to have such high, high risk populations…not just the living conditions, the psychosocial issues in the community, but also some very high risk medical issues."*

This nurse explained that premature birth and complications from pregnancy were two of the medical risks that she had encountered.

Still, these participants expressed relief that they found themselves well prepared for the challenge.

> *"Thankfully, it hasn't been as terrifying as the training made it seem it was going to be…"*

"I was like, 'Alright, let's do this!' I felt prepared."

3. Outreach and recruitment

We spoke with home visitors about the extent to which they conducted outreach and recruitment for *Welcome Baby!* We learned that the bulk of recruitment is carried out by the Parent Coach I (PC I) staff person on each of the three teams. The PC I we spoke with said that her outreach efforts—which comprise roughly 40 percent of her work—are concentrated on a handful of private obstetrical providers and the largest public family clinic in the area—South Central Clinic. This is reflective of MCH Access' push in recent months to try to recruit more women into *Welcome Baby!* while they are still pregnant, and not just after delivery. In the private practice, given lower patient volume, the parent coach is able to meet one-on-one with pregnant women, describe the home visiting service, and solicit their interest. At South Central Clinic, a more chaotic environment, she "squeezes in" time with patients as best she can.

"I sit with a client for a minute or so…talk about the program…and if they say 'yes' I get her name and telephone number (so that I can call her back later)…"

Home visitors reported that recruiting pregnant women is challenging, a finding that was consistent with that key informant interviews conducted for this evaluation's Year 1 Case Study.

"A lot of mommies tend not to want the service. You just know that they need a lot of help…but for some reason when you present them with home visitation, they tend to deny it."

When asked the reasons why pregnant women turn down the service, home visitors explained that many seem reluctant to have someone come into their homes. More generally,

"They don't see the benefit of what home visiting is and how it could help them…"

However, this Parent Coach I said that she would often see some of the same women several times, and repeated conversations appear to build trust and help the recruitment process.

"It's good, because if they see you again you kind of start talking and grow a type of bonding…and sometimes they say 'yes'."

Consistent with our case study findings, home visitors told us that the majority of women recruited into *Welcome Baby!* are signed up in the hospital, immediately after delivery, by CHMC's Hospital Liaison staff. At that point, the realities of raising a newborn have set in for new mothers, explained one home visitor, and their new attitude is, *"Help me!"* Furthermore, mothers are a "captive audience" at that point, and have more tangible "incentive to get help," as one parent coach described.

4. Caseloads, workflow, and attrition

Generally speaking, home visitors told us that they carry caseloads of approximately 50 mothers, though these caseloads constantly ebb and flow. Some reported spikes as high as 70 and dips as low as 25 mothers. When asked how many visits per week they perform, most visitors answered that they conducted between 5 and 10. For most of the staff, this level of caseload felt about right, but for some it felt heavy.

"Sometimes I feel like I'm stretched a little thin…"

Many visitors expressed the feeling that their workload was heavy not strictly because of the number of women and families they were helping, but because of all their other responsibilities.

"Not only do I have to go out and see the clients…I have to do progress notes, the case management part of it… I have to supervise other staff, do time sheets, mileage sheets, and meetings…"

"I've never been in an organization that had so many meetings!"

"In my perfect world, I would not have any paperwork, and I would not have any meetings to go to, so that I could do 10 visits a day!"

One negative factor that apparently holds caseloads down is attrition. Home visitors told us that attrition could be particularly high among mothers shortly after they are discharged from the hospital. As the registered nurse participating in the group told us,

"I would say that 25 to 30 percent of mothers decline the program after they go home from the hospital."

Reasons given by mothers vary, and include changing their minds about wanting the service, feeling they no longer need it, or believing that they're not having any problems that they need help with. Other home visitors, however, said that much of this attrition occurs because visitors simply cannot contact mothers.

"I find that it's really hard to get hold of (mothers); either their phone numbers are disconnected, they won't return calls, or their voicemail is full so I can't leave a message."

"(These families) switch numbers a lot...they tend to move around a lot…"

Another point where attrition was noted is around the 3- to 4-month home visit. At this time, many mothers are going back to work or school, and no longer seem to have time for home visits.

"Trying to figure out days and times for visits becomes a lot harder, and then we tend to start noticing a wave of mothers that might be lost to contact…."

Of particular concern is that home visitors told us that they fear that some of the highest risk mothers are the ones dropping out.

"They might have a partner who doesn't want them to have services, like if it's domestic violence. Or sometimes it's homeless mothers; you know, it's hard to do a home visit if they don't have a stable house."

5. What do Parent Coaches and Nurses help clients with during visits?

As this evaluation learned during its first case study, *Welcome Baby!* home visitors have a series of protocols that they follow when conducting visits, whether prenatal or at various points postpartum. Our focus group revealed, however, that while these protocols provide a useful framework, they do not provide a definitive script for what transpires during any given visit. In fact, the content of visits is client-driven and can vary tremendously depending on the issues and factors a mother and her infant are experiencing.

"Every visit is very different, because you never know what you're going to see when you get there!"

"I may read a progress note from a Hospital Liaison that says I should address A, B, C, and D with this client; I get there and I have to deal with Z!"

According the focus group participants, the 72-hour postpartum nurse visit is very focused on infant and maternal health. But visitors also use this visit to assess the home environment and emphasize proper baby sleeping practices.

"I'll do vital signs of the mom…and see if there are any complications. I'll take blood pressure and temperatures, check the incision if there was a C-Section…"

"As far as safety, are there bars on the windows, a fire extinguisher, smoking in the home, any immediate hazards that I can see?"

"We have to check where the baby is sleeping…give them information…make sure that the baby is sleeping in a safe place, no big gigantic pillows or blankets or stuff like that…"

The original protocol called for a telephone call two weeks after hospital discharge. But several parent coaches explained that they preferred to conduct a home visit at that point, if their schedules permitted. (MCH Access changed the protocol to officially permit home visits at two weeks in November 2010.) This seemed especially important for women recruited into *Welcome Baby!* in the hospital, since this would actually be the first contact between the parent coach and the client.

"If they're from the hospital, it's harder because you just don't know them…"

"The phone is just not a real effective way (to meet a client for the first time)…"

This contact explores a number of issues, including the baby's health and mother's state of mind. But a major emphasis is breastfeeding.

"Two weeks is a big crisis point for breastfeeding…it's a growth spurt that moms are not ever prepared for…so there's almost always not enough milk [and mothers think they] need to start formula feeding. So we end up doing a visit just to help out with the breastfeeding…"

The next visit, occurring between one and two months postpartum, continues with its focus on breastfeeding support, introduces discussion of family planning and birth control, and often entails making referrals to services in the community for mother, infant, or other children in the family. Home visitors told us they often referred clients to Early Head Start, Food Stamps, and pediatric providers or public clinics to keep up on childhood vaccinations. The 1- to 2-month visit is also one in which mother/child attachment and child development are addressed.

"I like to actually get the baby and explain…things that they can do to help [the] baby's development, like tummy time…"

At the 3- to 4-month visit, child development becomes an even larger component of the protocol, as coaches begin administering the ASQ with parents.

Considerable time during the focus group was spent discussing the home visit protocol's gap between the 3- to 4-month and the 9-month visits.

"I have to say…when I tell [my clients] at the 3- to 4-month visit, 'OK, next time we see you the baby will be 9 months old,'…their reaction is just, like, 'WHY?!?"

Several parent coaches expressed a strong desire to add another visit at the 6-month point.

"That big gap toward the end…things actually start happening with the kids when they are around 6 months old, you know, they start eating solids, they start sitting up, they start crawling. I think that if we could squeeze in another visit in that period…we would be even more successful…"

Coaches described how their supervisors often characterized *Welcome Baby!* as a "low risk model with a high-risk population." Even the program's end at 9 months postpartum felt "arbitrary" to parent coaches.

"It's sort of an odd place to end things…you would think that…we'd go til the baby was a year [old]."

To compensate for this perceived shortcoming of the model, nurses and parent coaches often add extra visits and phone contacts to the standard protocol. The nurse with whom we spoke told us that she typically spoke with clients about the various issues—medical or otherwise—that can come up during an infant's first year of life, adding that they are always welcome to call her or their parent coach at any time. This nurse said her message is always,

"Listen, okay, I'm only coming out this once, but you can talk to me anytime within the 9 month period…"

If a parent coach wants to make an extra visit during the course of a client's nine-month enrollment, she contacts her supervisor, discusses the client's situation, and considers whether there's room in the coach's schedule. Depending on these circumstances, additional visits are authorized on a case by case basis. When asked what proportion of their clients received additional visits beyond the protocol, coaches placed the estimate at between 25 and 40 percent.

When asked about whether it was difficult to end a case at nine months, there was general consensus that it was.

"It's pretty difficult, I think…just because I feel like there's so much more still to do from a developmental standpoint, and to…help families work through…"

Coaches and the nurse agreed that every client and family is different; some may be ready to take what they've learned and thrive, but many are not.

"If everything's fine, nine months, you've taught them everything and the kid's running around already… 'Okay, love ya, miss ya, kiss ya, goodbye!'"

"But for moms who may not have much support…there's that feeling that we could be of so much more service to them…that there's so much more to come. But you're just sort of left saying, 'Right, well, good luck!'"

There was near consensus that an additional visit at 12 months would be of great value to the majority of *Welcome Baby!* clients. Ideally, coaches felt that discharge from the program should be client-centered, and based on their needs and prospects moving forward.

6. Referrals to services in the community

A critical function of *Welcome Baby!* home visitors is to identify child and family needs and make referrals to services in the community that might help address these needs. Indeed, during our focus group, nurses and parent coaches identified a wide range of services to which they commonly refer families. Some forms of assistance are readily available, including Food Stamps, Medi-Cal (or other forms of public health coverage, such as Healthy Families or Healthy Kids), Early Head Start, WIC, and various food banks.

"Another big one is home safety. We have some really, really, really sad living situations, so there's an organization [called Esperanza] where we refer and they'll come out and do an assessment and do a cleanup if there's a roach infestation or mold or bed bugs."

Other service needs are much harder to meet.

"Housing and child care are unmet needs…"

"I'd say…mental health…is a really hard thing to get support [for]…"

When asked whether their clients ever need help with issues related to immigration, we heard two different messages.

"I've given referrals for immigration help [to families] that were in crisis…when a family member was in threat of being deported…"

But beyond such crisis situations, few families ever bring up issues related to immigration or citizenship.

"I don't think they want to openly say that they need help, they don't want to admit, you know, I think it's a very touchy subject…"

"These people are very knowledgeable…if you're not in crisis there's nothing for you to do, there is no path to citizenship…so it's really sort of a moot point."

Unfortunately, the larger BSLA investment and its community mobilization component did not appear to constitute a tangible resource for *Welcome Baby!* home visitors, at least not yet. Some parent coaches had never heard of BSLA. Others knew that various community fairs had been convened under the name of "Best Start," and some were handing out fliers to their clients. One parent coach had attended a BSLA community meeting with her supervisor. One coach said that she had referred families to Para Los Niños in the past, but had not had any direct contact with the organization.

7. Data reporting under DCAR

The Data Collection and Reporting (DCAR) system that supports *Welcome Baby!* home visiting continues to pose challenges to its users, a finding that echoed that of this evaluation's first case study report. While some parent coaches felt the system had become "a little bit easier" to use, the majority applied adjectives such as "frustrating" and "archaic" to it. One coach remarked playfully that DCAR was,

"Driving us all to drink!"

According to the home visitors we spoke with, data entry is time consuming, yet the system seems challenged in its ability to produced useful reports.

"There's no effective real way to get the information out…"

Home visitors were frustrated that DCAR reports that can be produced don't seem to fully reflect the level and amount of work they are doing with clients, nor does it produce program management information, such as plans that identify "…what visits are coming up…", which would make their jobs easier.

8. Lessons and achievements of home visitors, thus far

Our focus group with home visitors concluded with a discussion of "lessons learned" during the first year-and-one-half of helping families through *Welcome Baby!* and the extent to which nurses and parent coaches felt like they were making a difference in the lives of their clients. Indeed, home visitors described how they derived much gratification from the work they were doing. When asked what some of their most rewarding experiences were, home visitors shared the following:

"I want to say it's making strong mommies…"

"I think it's empowerment…when you walk into a home…and sort of get that connection going and feel important in that relationship…"

"It changes [the mother's] trajectory, because she begins to recognize that, yes, she can effect change, and she can take care of her children and she can grow. It's just a remarkable…cool change to watch people go through."

"It's making a difference for them, in terms of educating them, giving them that one piece of advice that they were so much in need of…"

"[One client] was really depressed when we first got there and by the time our visit was over, you could just see the relief…in her posture…and she even said, 'I'm so happy you guys came out.' I mean, THAT is rewarding right there…"

Home visitors were also surprised, and gratified, that fathers were so involved with *Welcome Baby!* and the raising of their children. Such involvement was usually quite positive, and parent coaches estimated that fathers were in attendance at visits approximately 30 percent of the time.

We also discussed challenges home visitors faced and circumstances where they felt frustrated in their ability to help mothers. The nurse in the group honed in on occasions when she couldn't help mothers with breastfeeding.

"When I can't get a baby to latch onto a breast is when I feel like I've failed miserably…"

Some parent coaches felt less effective when attempting to address the mental health issues of their clients.

"We're filling a therapeutic role in a lot of ways [but] we're not therapists... There are some visits where…[I am] sort of winging it…hoping I did a good job and not really…sure if I did…"

When asked whether the *Welcome Baby!* model could be improved in any way, parent coaches expressed the sense that mental health capacity could be strengthened.

"I think incorporating mental health into the program…like a therapist on site…so that we wouldn't have to refer families out…"

Other ideas for strengthening the model included building more expertise in child care systems (so that coaches could better assist mothers in navigating that system), and having more

money and resources to share with families as incentives. Finally, coaches circled back to the focus group's earlier discussion and re-emphasized that *Welcome Baby!* would serve mothers more effectively if it incorporated into the protocol both a 6-month and a 12-month visit.

C. What Do Community Stakeholders Say about Best Start LA?

Para Los Niños (PLN) is a not-for-profit family service organization in Los Angeles that is serving as the lead entity working in the pilot *Metro LA* community to build cohesion and facilitate change under BSLA. As documented in this evaluation's Year 1 Case Study, PLN encountered some delays during its first year of implementation due to a combination of factors, including a need to clarify its work plan and strengthen its relationships with existing community agencies (Hill, Benatar, Adams, and Sandstrom 2011). However, the agency was able to launch its community engagement strategy, conducting outreach and education with individuals, groups, and agencies in the community. During the first year, PLN hosted three "information sessions" in *Metro LA* designed to introduce BSLA to the community, describe the goals that BSLA hopes to achieve, and invite individuals and organizations to get involved and join the BSLA Partnership. The agency shifted its strategy at the beginning of 2010 to more directly target parents; the Parent Engagement Event that took place in February of that year was, by all accounts, the most successful community event to date, and it brought together an estimated 160 parents and community members at San Pedro Elementary School. By June 2010, PLN reached an important milestone by convening a "retreat," attended by 25 community stakeholders, with the goal of forming a "community guidance body" to provide direction for future community activities and to form a charter and governance structure for moving forward.

1. Who are the community stakeholders with whom we spoke?

One goal of this evaluation's focus groups was to speak directly to members of the *Metro LA* community, persons who might have witnessed or felt the effects of BSLA's investments there. At this early stage of implementation, however, and given delays encountered during year one of implementation, it was unlikely that members of the general public would have had enough exposure to BSLA to have formed opinions of it. On the other hand, community members who had been recruited to participate in its nascent CGB would represent stakeholders that had stepped forth to be a part of the community's mobilization. Therefore, for our Year 1 focus groups, we recruited participants from this group with the assistance of officials from PLN.

Five individuals from the CGB joined us for our discussion. One was a director of education at a not-for-profit science center in downtown Los Angeles, a museum whose mission is to stimulate curiosity and inspire learning in the sciences among children, youth, and families. The center has a long history of partnering with Los Angeles schools not only to work with students, but also to conduct professional and curriculum development with teachers. A second

participant in the group was involved with health education and outreach for a 100 percent volunteer-staffed community-based agency that promotes education and literacy among disadvantaged families, particularly Central American and Mexican immigrant families. A behavioral health professional from the county agency responsible for substance abuse prevention and treatment programs was our third participant. Our fourth participant was a chief executive officer of a prominent speech and hearing clinic in the community, well known not only for its professional audiology training programs and clinical services, but also for extensive community outreach and screening efforts targeting low-income Los Angeles families.[1] The fifth participant was a parent from the community, a life-long resident of Los Angeles, and a social worker at a local elementary school. Her professional focus is on supporting high academic achievement by promoting healthy family functioning, and involves working with children and families struggling with mental and socio-emotional health issues.

Together, this small group brought a range of perspectives—parental, professional, volunteer, educational, physical and behavioral health—to the table.

2. What are the strengths and weaknesses of the Metro LA community?

The focus group began with a discussion of the *Metro LA* pilot community: its diversity, its strengths and resources, and its challenges. Participants described how local demographics had shifted in recent years.

> *"It used to…have a balance between African American and Latino populations. [But] I think the last 10 years we've seen a big shift in that, now it's more predominantly Latino…and it's only certain sections of Metro L.A. that are highly populated by African Americans."*

Another participant described how the area has a large immigrant community, noting that the 1980s saw a "big wave" of Salvadoran immigrants, followed by Guatemalan immigrants, and a significant community of Mayan indigenous peoples. This participant noted that the Salvadorans were,

> *"Coming from a country that was in war…there was a big need for mental health services and PTSD…"*

Participants believed that *Metro LA* possesses significant resources that give it potential to be a good place to raise children.

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[1] This individual, it should be noted, was previously the BSLA project director at Para Los Niños and, thus, brought a particular knowledge, perspective, and potential bias to her discussion of community mobilization efforts in *Metro LA.*

"This is a community that is very rich in that it has…a lot of resources…a lot of programs and community agencies, non-profits, whose vision are to enrich the community…"

One remarked that, while the community is traditionally underserved,

"They do help each other very much and are a very close-knit community…"

But challenges facing families in the community are numerous, including high levels of poverty, illiteracy, violence, and domestic violence. And while participants acknowledged the large number of community agencies serving disadvantaged families, they also noted that they're often underfunded.

"I think the problem is that although there's all these resources, all of these programs and agencies are highly limited in terms of their funding, and so the amount of services or the amount of people that they can really target is highly limited."

3. How did these stakeholders get involved with Best Start LA?

When asked how they became aware of, and involved with BSLA, some participants pointed to the personal relationships they and their organizations had had with Para los Niños, the lead entity in *Metro LA.*

"We had partnered with Para Los Niños at the science center, and we've been dedicated to serving the community. So when [they] called me, it sounded very exciting…because it would help us have greater reach within the community, to get our resources out there."

Participants also mentioned attending one or more of the community information sessions that were convened by PLN in the prior year.

"Yes, we probably had two or three introductory meetings so I could become fully versed on what this is all about…"

Our parent participant learned of BSLA through her school; PLN was working to reach parents in the community and approached the principal of her school to see if he would be willing to host a parent engagement session. The principal agreed and put the school social worker in charge of coordinating arrangements with PLN. After working closely with the social worker, PLN leadership approached her, confirmed that she was a parent of young children, and asked whether she'd like to become more involved on an ongoing basis.

"I was offered to get involved as a parent, on a personal level…[but] it was just a natural fit for me because as a professional that's what I do… I was just excited to know that my parents were going to be getting this really rich opportunity of getting involved with something that can really make a mark in the community…"

4. What has the Community Guidance Body been working on, and how is it going?

By the time of our focus group, the CGB had been in existence for approximately six months, meeting on a monthly basis. As described in this evaluation's Year 1 Case Study, early work of the group focused on developing a governance structure, engaging with larger numbers of community members, forming and launching task forces, and beginning to identify needs in the community that might be addressed by placed strategies developed by the CGB. When asked to comment on the first six months of activity, focus group participants said that an Executive Board of the CGB was formed to provide a focus for leadership; one participant added that,

"I think the first goal was to really develop the structure. We worked a lot on establishing the charter, which really identified a lot of the structure for what we're going to do…"

From the beginning, CGB members acknowledged the special role they believed parents should play in the overall effort.

"We all come from it in our heart…we want the parents to be privileged and benefit the most from this effort…"

Indeed, a parent (the individual participating in our focus group) was appointed Chair of the Executive Board. As one professional who participated in the focus group explained,

"Anyone of us could take over and lead the process, but that wasn't the idea… There was no discussion about [a parent] being our president; it was the best way to do it…and it's working, very well."

At all costs, CGB members expressed the desire to avoid the mistakes made by previous community-level efforts that paid lip service to parent involvement but didn't really commit to their full-fledged involvement.

"I would hope…that parents are not used sort of as a token and that [BSLA] stays true and honest to the philosophy of having the community be the ones making decisions, leading… I've seen so many other groups [where] parents are sort of used…and then it backfires…the community resents what goes on because they felt they were really used…"

When asked how they would avoid this pitfall and accomplish true parental involvement, a participant said,

> *"I think we need to be very honest in designing some checks and balances, so we keep getting our own biases and needs and angles out of the way…checking ourselves on a regular basis to make sure we're staying true to the principles that the community needs to be the leaders."*

Not surprisingly, therefore, the CGB's efforts to form task forces focused first on the creation of the Parents Task Force. In late 2010, another parent engagement event was held to continue the strategy of reaching out to and involving more families in BSLA. The event was viewed as quite successful.

> *"We had over 82 children who we provided child care for, and a total of 70 registered parents (but more than that showed up). Out of that, we had 10 parents sign up to be part of the Parents Task Force."*

In keeping with the goal of having community efforts parent-driven, one activity at the engagement event involved distributing surveys and asking parents what types of place-based activities or services should be developed. Some of the early ideas generated included farmers markets, park clean-ups, and infant and toddler parenting sessions. The parent in our focus group, chair of the Executive Board of the CGB, had her own vision of future investments.

> *"My vision is really to provide a lot of resiliency building, capacity building, and really empowering parents and give them the skills that they need to learn, so that they know what to do in situations where they have issues… A lot of parents unfortunately feel powerless…but parents are BEYOND powerless, you know?"*

After discussing parent empowerment, focus group participants were asked if they were aware of the *Welcome Baby!* component of BSLA, a home visiting program whose primary goals include building mothers' capacity to effectively raise their children. The parent participant said "yes" and described how she invited a representative from MCH Access to make a presentation on *Welcome Baby!* at the parent engagement event.

> *"She [came to] educate the parents on the wonderful resources that as an organization and as a program they…provide within our community."*

While the Parents Task Force was becoming well established, progress on launching other task forces was occurring more slowly. One of our participants was anxious to get started with the Community Mobilization Task Force, which would involve BSLA's Community Based

Action Research contractor, Special Service for Groups (SSG). We heard some frustration expressed at the slow progress, but participants agreed that they were engaged in a new and sometimes complex process, and that momentum was starting to build.

> *"It's been interesting… First you just kind of try to learn about each other…who we are and what we are trying to do… Then there starts to be a structure and certain people and relationships [form], definitions of 'oh, here's what we need to do'… We're getting there. I really feel like in the past couple of weeks, we're starting to grow some legs."*

> *"It was kind of frustrating for a while, [but] we are finally on the right track."*
> *"[Now that] the parents are in place, things are going to roll…"*

Related to this process, one goal of PLN is to recede to the background, as a "neutral convener" of community mobilization efforts rather than the leader organization. Indeed, the comments of our focus group participants indicate that this is shift was already occurring.

> *"I think this group—we have to take ownership and leadership of this whole process, and so, Para Los Niños can kind of be on the sidelines…"*

5. What early lessons have been learned about community mobilization?

To close out the focus group, participants were asked whether they had any early "lessons learned" to share with other community guidance bodies that will be formed as BSLA expands to 13 new communities in the coming years. One participant offered that BSLA is a complex model whose multiple facets and goals are sometimes hard to understand. Her advice to other communities was,

> *"If they truly want to involve parents from the very beginning, they need to tone down the terminology and make things simple and accessible for people…make it parent friendly, taking all the professional lingo out of it, and all the acronyms…"*

Another participant observed that the early efforts at community outreach were not very successful (a comment that supports findings from this evaluation's Year 1 Case Study), and that things began turning around when parents became the focal point.

> *"My best recommendation is…always target schools… Whenever we've had outreach meetings take place at schools we have over 100 parents… We have to stay realistic and honest to what the purpose of this initiative is, which is to be parent driven."*

In keeping with this theme, another participant recommended that future communities resist the temptation to involve too many outside experts.

"Look for the parents, because they have the expertise."

Finally, participants agreed that they felt the CGB had been successful and effective thus far.

"[It has been] just so smooth… And although we all have different backgrounds and different expertise, I feel like we're all very open in communication… That's one thing I feel we can definitely show the other programs—how our community guidance body has really functioned in a very positive and cooperative manner."

IV. Conclusions

The findings from our focus groups with consumers, home visitors, and community stakeholders are encouraging both for F5LA and for the children and families the agency is striving to help. Policymakers and managers who have devoted considerable energy and resources to designing and overseeing the launch of BSLA in the *Metro LA* pilot community can take heart in knowing that the child and family component of the effort—*Welcome Baby!* home visiting—appears to be providing a promising, highly valued service to parents with young children. Meanwhile, the community mobilization component of the place-based investment—which has encountered some frustrating delays during start-up—is showing tangible signs of progress, gaining momentum as parents and other community members have become more involved and invested in BSLA. Specific, important "takeaways" from the focus groups include the following:

- ***Mothers receiving Welcome Baby! home visiting*** expressed great satisfaction with the service. The program appears to be providing critical information and education about their children's health and development, and has played a valuable role in connecting mothers to available resources and services in their community. Close relationships are evident between mothers and their parent coaches; these relationships offer tremendous emotional support as parents dealt with the stresses of childbirth and raising a newborn. Logistically, the program seems to be working well, as mothers generally report seeing the same parent coach for each visit and having steady and reliable contact with their visitors. Mothers are also comfortable with and trusting of their nurses and parent coaches; almost no complaints were expressed about the program, while almost all mothers wished for additional visits by their parent coaches, expressing sadness and regret about the home visits coming to an end after nine months.

- ***Welcome Baby! home visitors*** appear to be well educated, well trained, and highly skilled practitioners. Both nurses and parent coaches expressed high levels of commitment to the families they serve, embraced flexibility and creativity in making their service family centered, and often went beyond the intervention's protocol to better meet families' needs. Home visitors' reflections on the strong bonds they've formed with clients and the benefits they see accruing to new mothers, fathers, and infants reinforce comments made by the parents themselves. The primary tension that persists is the general feeling that the high-risk families in *Metro LA* need more ongoing assistance than the *Welcome Baby!* home visiting model affords.

- ***Community stakeholders***, represented by members of the new Community Guidance Body, expressed great optimism and enthusiasm for the potential of BSLA to make a difference in *Metro LA.* While admitting that they are "just getting started," these stakeholders seem excited to further organize community members, identify and address community needs, and assume control for the process moving forward. Critically, stakeholders share a common vision that community change should be family focused, and thus parents must be nurtured as leaders and given special status as the initiative grows. This was the most important lesson identified by CGB members at this point in the initiative.

Focus groups, by their nature, provide rich qualitative insights into how a program (like BSLA) is being implemented and may be affecting its target populations and communities. Inherently, though, the small numbers of people with whom we spoke limits the extent to which we can reach definitive conclusions or generalize our findings.

However, the strong and consistently positive comments we heard from families, providers, and community members about their early experiences with BSLA are promising and reveal important lessons for F5LA and members of the other 13 communities where Best Start LA will be implemented.

References

First 5 LA. (2010). "Strengthening Families and Communities in LA County." First 5 LA Strategic Plan FY 2009-2015. Los Angeles: First 5 LA. http://www.first5la.org/files/FINAL%20APPROVED%20STRATEGIC%20PLAN.pdf

Hill, Ian, Sarah Benatar, Fiona Adams, and Heather Sandstrom. 2011. *"Implementing Best Start LA in Metro LA: Slow but Steady Progress for this Place-Based Community Initiative."* Washington, DC: The Urban Institute. May 2011. http://www.urban.org/publications/412407.html

Maternal and Child Health Access. Welcome Baby! Program web page. http://www.mchaccess.org/welcome_baby.htm (accessed June 1, 2011).