



Family Support and Coaching Programs

Crafting the Message for Diverse Stakeholders

Overview

The field of early childhood home visiting has two primary audiences with which it must communicate effectively in order to be successful in improving outcomes for vulnerable children and families. The first includes those who are essentially responsible for regulating and funding programs: policymakers and voters. Home visiting advocates and practitioners must be able to communicate the value of their services to this audience to ensure sustainable program funding and political support. The second audience consists of the families that are invited to enroll in programs. Because home visiting is voluntary, families that do not clearly understand how they would benefit from participation are more likely to decline.

The Pew Charitable Trusts set out to develop language that would most successfully communicate to each audience an explanation of home visiting services and providers, the programs' achievements, and the types of families that can benefit. Recognizing that the audiences have different frames of reference and goals—policymakers are charged with supporting programs that are proved to have a positive impact on society, but parents are primarily focused on the welfare of their own families—we conducted the research in two phases. Working with a bipartisan team of national research firms—Public Opinion Strategies and the Mellman Group—Pew surveyed policymakers, voters, home visitors, and mothers who were eligible for or had participated in home visiting.

Surveys, interviews, and focus groups conducted in 2014 and 2015 revealed the distinctive language that works best with each audience about home visiting programs, as well as areas of overlap.

Most significantly, the research found that both voters and prospective participants respond negatively to the widely used name for these services: “home visiting.” Concepts such as “family support and coaching” were much better received.

Researchers found that voters were most receptive to:

- An emphasis on training of service providers and on local implementation of the programs.
- A description of those receiving services as “vulnerable” and “motivated parents who want to do well by their children.”
- A focus on increased participant self-sufficiency; this outcome was the most popular with voters across the political spectrum.

Prospective participating mothers were most receptive to:

- Messages focused on their personal needs, such as career goals, stress reduction, and referrals to services (e.g., child care).
- The idea of working with a “family support provider” rather than a “home visitor” or a “nurse.”
- Programs that demonstrate flexibility and an understanding that each family is unique.

Prospective participating mothers who were unlikely to participate said they:

- Worried about being negatively judged, with some concerned that such judgment might affect custody of their children.
- Were uneasy about strangers coming to their homes.
- Already had the kind of support they needed in their lives.

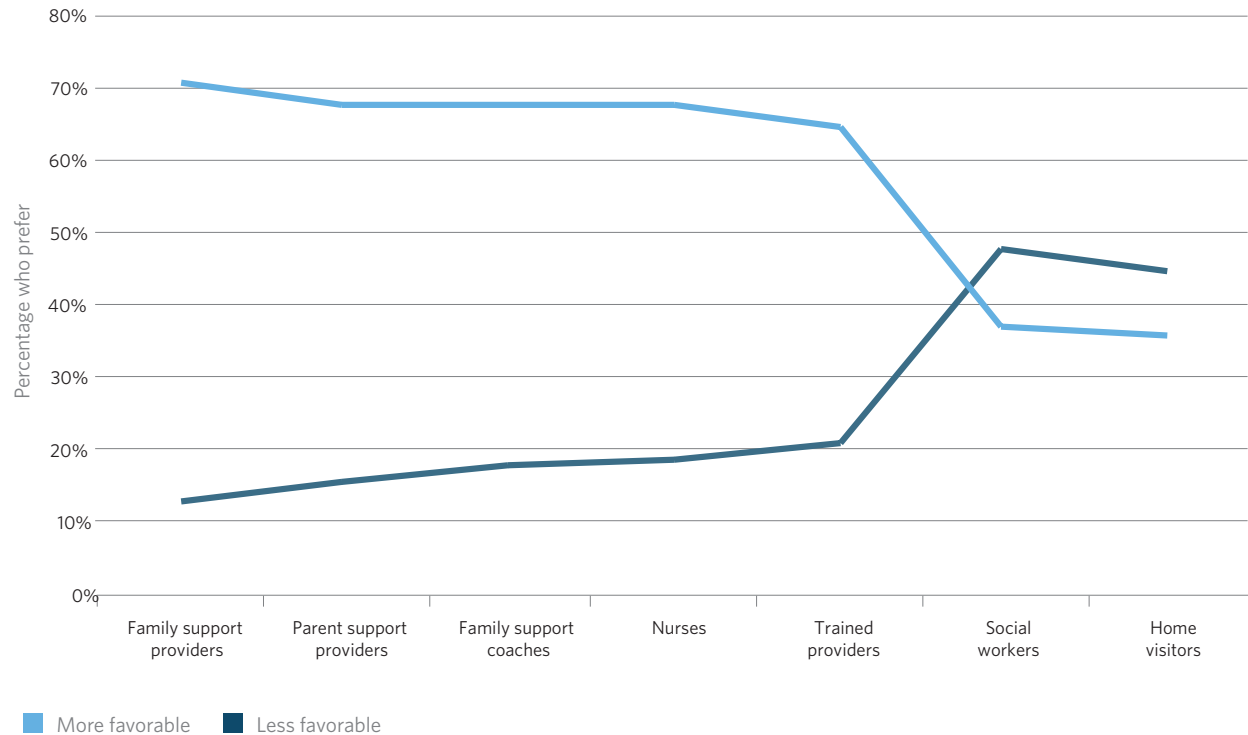
This brief looks at the survey findings in detail and offers the following recommendations to help advocates and service providers improve their outreach to key audiences and more effectively communicate the value of their services for children, families, and taxpayers:

- For all audiences, change the name of the services from “home visiting” to “family support and coaching” and refer to the people who deliver services as “family support providers” rather than “home visitors.” (See Figure 1.)
- Focus on different outcomes, depending on the audience:
 - For policymakers and voters, stress increased family self-sufficiency.
 - For prospective participating mothers, emphasize help with setting career and educational goals, reducing stress, accessing services, and obtaining referrals for services such as affordable day care or reduced-price car seats.
- Produce literature for mothers that is simple, personal, and to the point and stresses flexibility, with equal emphasis on the mother’s and child’s development.

Figure 1

Mothers Want Program Providers Who Focus on 'Support'

"Indicate whether you would feel more or less favorable toward this program if you knew this type of person was providing services or if it would make no difference."



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Naming the program

Voters and prospective participating mothers had negative reactions to the name "home visiting." (See Figure 2.) Among voters, Republicans showed the strongest resistance to the name. Without hearing any description of the program beyond the name, respondents described "home visiting" as:

- A program of last resort.
- An intrusion into the home in extreme cases.
- Punitive.
- "Big Brother."
- Child Protective Services.

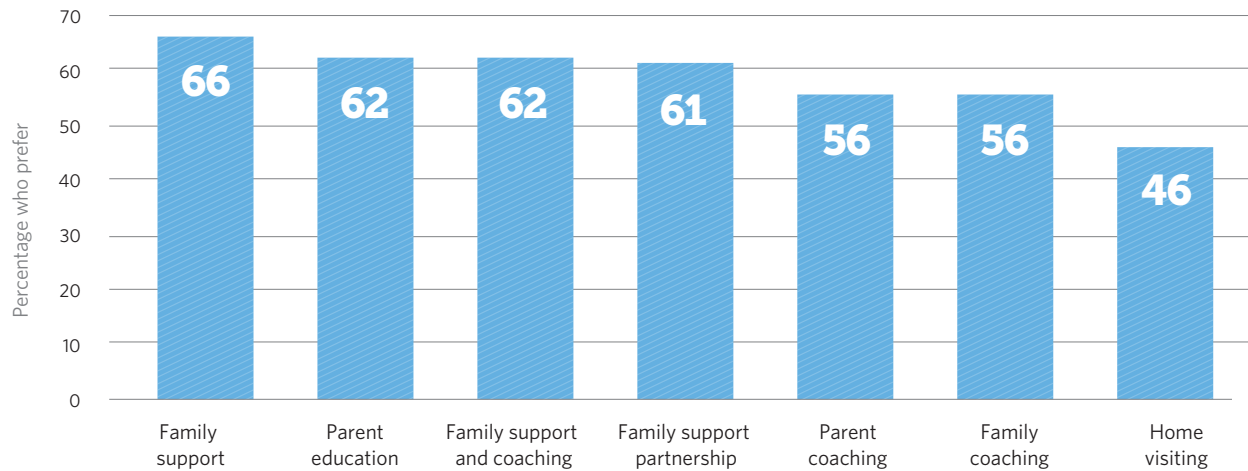
Both groups preferred the same alternatives to "home visiting," particularly "family support and coaching."

Figure 2

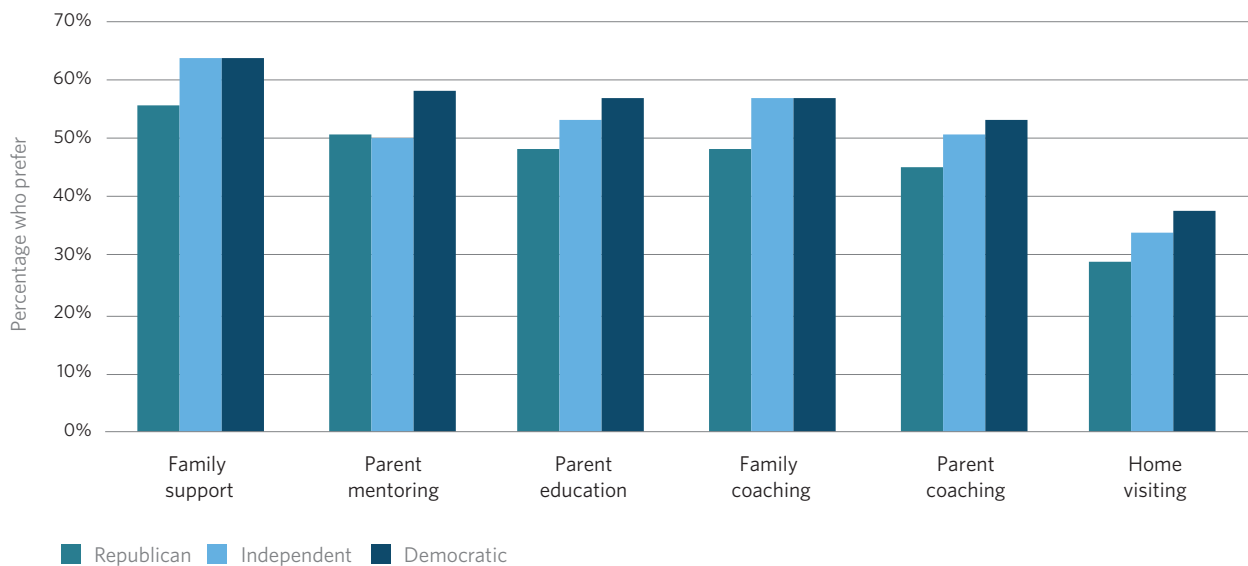
Eligible Mothers and Voters Prefer 'Family Support' to 'Home Visiting'

"Please consider a government-sponsored, locally administered voluntary program in which specially trained people work with parents and children in their homes and help teach them parenting techniques and skills. Rate your reaction to the names in terms of how unfavorable or favorable they make you feel."

Mothers



Voters, by party affiliation



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What voters want

In surveys, voters expressed strong opinions about who should receive and deliver services, and they responded very differently depending on the language used to describe program participants and providers.

(See Table 1 and Figure 3.)

Table 1

Voters Favor Services Aimed at New Parents Without Support

“Because of limited funding, these programs can only be offered to a certain number of people. Which should be the highest priority for this program to serve?”

Target populations	Republican	Independent	Democratic
Families that do not have the experience or the support to provide basic parenting skills	51%	39%	45%
Low-income families	26%	28%	31%
Teenage parents	22%	18%	24%
Families that live in areas with high rates of domestic violence	19%	19%	19%
Families that live in areas with high rates of unemployment	15%	19%	19%
Families that live in high-crime areas	15%	21%	18%
Families that live in areas with a high rate of infant mortality	7%	9%	5%
Families in which the parents don't have high school degrees	8%	8%	6%

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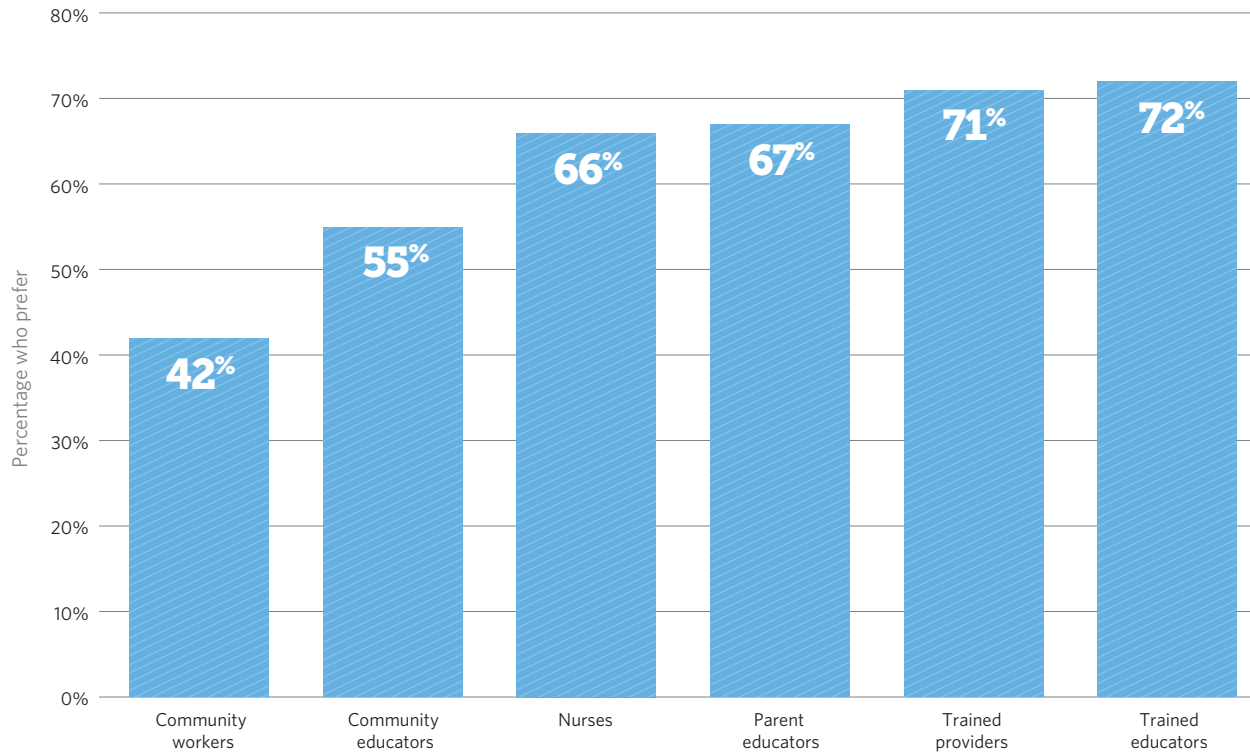
The word ‘support’ implies that the program will guide and assist families, rather than providing them with rules and control.”

Voter

Figure 3

Voters Want Well-Trained Service Providers

“Below are some types of people who could provide these services. Indicate whether you would feel more or less favorable toward this program if you knew this type of person was providing services or if it would make no difference.”



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The term coaching implies that the program will be a team effort to help parents. A coach wants you to succeed.”

Voter

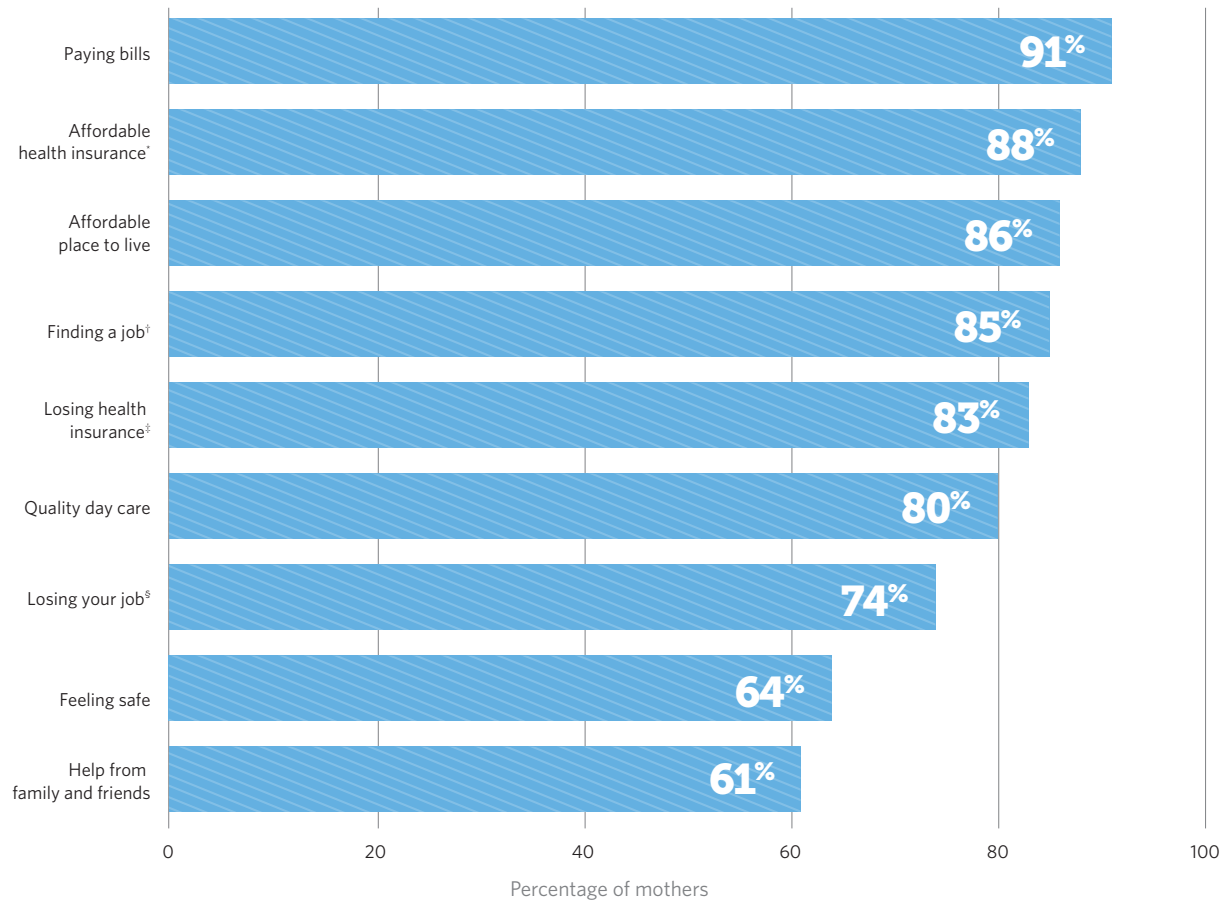
What mothers want

In focus groups and a national survey, mothers consistently said they were most stressed by “pocketbook” issues and were looking for practical and emotional support. (See Figure 4.)

Figure 4

Meeting Basic Expenses Is Mothers’ Top Priority

“For each one, please tell me if you are very concerned, somewhat concerned, not too concerned, or not at all concerned about that issue.”



■ Total concerned

* Among those without health insurance.

† Among those without a job.

‡ Among those with health insurance.

§ Among those with a job.

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“That hour of the day they come in is like an hour of release and relaxation because you know that someone is there to listen to you, talk to you, and help you out with resources.”

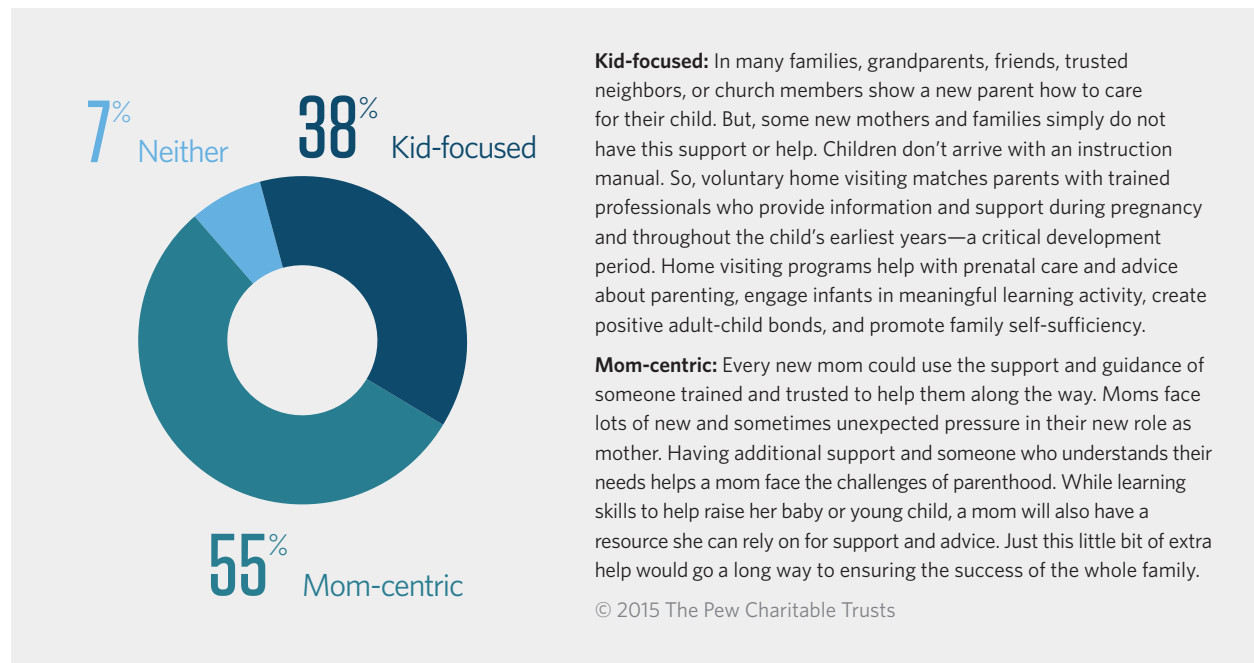
Mother who had participated in a family support and coaching program

Mothers in the survey read two different descriptions of home visiting programs, one child-focused and one mother-centric, and were asked which they preferred. Overwhelmingly, these respondents wanted a program that focused on their immediate needs rather than on long-term outcomes for their children. (See Figure 5.) To more vulnerable mothers, practical problems such as paying for diapers are more pressing than emotional bonding or a stimulating environment. The youngest mothers—those who have not graduated from high school and have lower incomes and no insurance—rated help accessing services as especially important. For slightly less vulnerable mothers, receiving personal and emotional support took on increasing importance once their basic needs were met. Mothers with only one child and those with a child under 1 year old expressed greater interest in infant development.

Figure 5

Mothers Overwhelmingly Prefer Program Descriptions That Acknowledge and Prioritize Them

“Of the two descriptions, which gave you the most favorable impression of this program?”



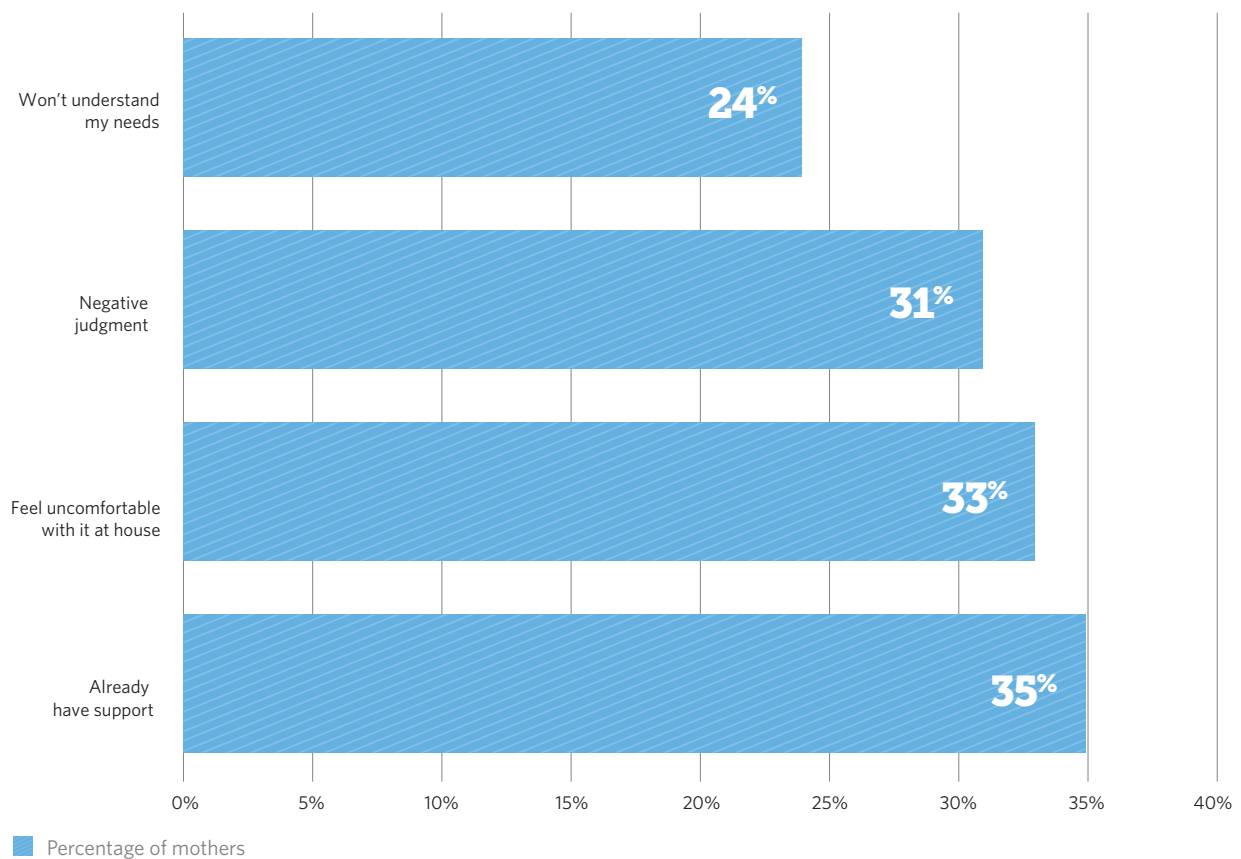
Home visitors also said that mothers' needs are paramount. In interviews, they largely reported that although they try to serve the entire family, if forced to choose between focusing on the mother's finances, education, and personal circumstances or the development of the baby, they generally favored the mother's concerns. As one home visitor put it, "When you meet the needs of the mother, you empower her to meet the needs of her child."

Mothers also expressed significant concerns that could cause them not to participate in family support and coaching programs. (See Figure 6.)

Figure 6

Already Having Support Was Mothers' No. 1 Reason to Opt Out

"Please mark the strongest reasons not to participate in this type of program."



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Addressing mothers' skepticism about programs

Home visitors are very aware of the common reasons that cause mothers to choose not to enroll in programs, and they shared some strategies to address them. Chief among these are working to be nonjudgmental and making it clear to mothers that parents and home visitors are a team "on an even playing field" and would work together in the best interest of the child and family. One home visitor said: "The population I work with have enough people constantly telling them what to do or what they're doing wrong. To create a strong foundation to the relationship, I believe it is important for our clients to understand that our job as home visitors is not to judge them."

Home visitors cited another important strategy for building strong relationships: flexibility in their approach to working with families and addressing the multiple challenges in their clients' lives. For example, one home visitor said, "If a family is losing electricity [or a boyfriend is] going to jail, it is impossible to sit and focus on potty training." The home visitors said they built flexibility into their visits by:

- Treating each family as unique.
- Creating plans that target the specific needs of each family.
- Focusing on the quality rather than quantity of their visits with each family.
- Recognizing and tackling families' urgent needs.

Effective literature

The focus groups tested many types of program literature with mothers. Figure 7 shows a simple piece from B'More for Healthy Babies in Baltimore that was rated the most effective in every focus group.

Figure 7

Literature That Works



Would you like some support during your pregnancy or with your new baby?

We can answer your questions and help you stay healthy during your pregnancy and after your baby comes. Our home visiting program can help you to . . .

- Know what to expect each month of pregnancy
- Be the best parent you can be
- Talk out your problems and stress
- Find help with paying bills or getting to a clinic
- Get back to school

This is what one woman from Baltimore said about the program:

"The best part is having someone to talk to. Everything I want to discuss gets discussed."

We will meet you at your house or at a place you choose.

Find out more by calling HealthCare Access Maryland at **410-649-0526 today.**

HealthyBabiesBaltimore.com



Every baby counts on you

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Some of the reasons cited for the popularity of this flier were:

- Mom-centered.
- Personal.
- Real-life support—talking about problems and getting help.
- Basic and to the point.

Mothers frequently pointed to one line—“We will meet you at your house or at a place you choose”—as especially inviting. They said it showed flexibility and put them at ease about meeting with a stranger.

Recommendations

Program administrators, advocates, and agency personnel should develop messages tailored for the various audiences examined in this research. In doing so, they should follow three key recommendations:

- Change the name of the services from “home visiting” to “family support and coaching” and refer to the people who deliver services as “family support providers.”
- Focus on different outcomes, depending on the audience: Emphasize increased family self-sufficiency when addressing policymakers and voters. When speaking to prospective participant mothers, highlight help with setting career and educational goals, reducing stress, and accessing services such as affordable day care.
- Produce literature for mothers that is simple, personal, and to the point and stresses flexibility, with equal emphasis on the mother’s and child’s development.

Embracing this short list of recommendations can help build support for and participation in these essential programs, expanding their reach and the potential to improve outcomes for more children and families.

Methodology

Pew commissioned a bipartisan pair of national polling firms—Public Opinion Strategies and the Mellman Group—to research opinions of two primary audiences on language used to describe home visiting. Pew was interested in learning two things:

1. Describing home visiting in a way that would draw support from constituents and policymakers.
2. Identifying the language that would most effectively compel eligible mothers to want to participate.

The research was conducted from September 2013 to April 2015 with voters from across the political spectrum (with an oversample of likely primary voters) and with mothers who would qualify for home visiting in most states. Voters were considered to be “engaged” if they voted in party primaries, made donations to political candidates, or advocated for policy change. Mothers were identified as qualified based on their household incomes, levels of education, and insurance status.

Research with policymakers and voters occurred in four stages:

- Two in-depth interviews with state policymakers who champion home visiting.
- Four focus groups with engaged voters, two in suburban Detroit and two in suburban Dallas.

- An online survey of 802 voters, with an oversample of 405 parents.
- A telephone survey of 800 likely voters, with an oversample of likely primary voters.

Research with mothers included:

- Eight focus groups with eligible mothers.
 - Groups were held in Albuquerque, New Mexico; Detroit; Los Angeles; and Memphis, Tennessee.
 - Two groups consisted of African-American women; three included women from different racial and ethnic backgrounds; one group consisted of Caucasian women; and two groups—one conducted in English and one in Spanish—were composed entirely of Latinas.
- 21 in-depth interviews were held with mothers in New Mexico who had participated in home visiting. The interviews were conducted in both English and Spanish.
- One online national survey was conducted with 600 mothers who qualify for home visiting.

To complement the perspectives of families, the research firms held online discussions (often known as “qualitative boards”) with home visitors. In two separate research panels they surveyed:

- 23 home visitors from nine states.
- 12 home visitors from New Mexico.

For further information, please visit:
pewtrusts.org/home-visiting

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