



Are Families Getting the Support They Need?

An Evaluation of Outcomes from Help Me Grow Alameda County



An affiliate of the Help Me Grow National Network



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Executive Summary

Introduction

Help Me Grow (HMG) in Alameda County is comprised of a streamlined system of early identification and referral to support children aged 0-5 years and their families with developmental, behavioral and/or social-emotional concerns. First 5 Alameda County provides evaluation resources to assess HMG strengths, challenges and opportunities for quality improvement. A telephone survey was conducted to understand families' experiences as they learn about their children's development and receive phone and in-person family navigation supports from HMG. The survey conducted by Applied Survey Research (ASR) in January 2013 sampled 30 families in three languages: Spanish, English, and Cantonese. This report is the culmination of quantitative and qualitative data analyses of caregiver responses to questions pertaining to caregiver concerns, service referrals, understanding of children's needs, self-efficacy, and ratings of HMG staff. Caregiver language was also investigated to understand whether differences existed, particularly in caregivers' need for support. Evaluation of caregiver feedback through the lens of the *Strengthening Families Protective Factors Framework* is also included to illuminate ways that HMG support may strengthen families.

Survey Findings

Developmental concerns of caregivers

- The top concerns of the 30 caregivers surveyed were: communication/language (73%), social-emotional functioning (23%), physical development (20%), and cognitive functioning (13%).

Ability of HMG referrals to address the developmental concerns of caregivers

- 22 of 30 caregivers (73%) reported successful service linkages to a total of 29 services, with all but two of these reported to be beneficial.
- 25 caregivers (83%) reported satisfaction in the length of time it took to obtain services.
- 8 caregivers (27%) still needed developmental support services.
- Around 2/3 of caregivers expressed interest in support groups with other families, support from a caregiver mentor, ideas for things to do with their child before services were in place, and emotional support for sadness, anxiety, and nervousness.

Gains in caregiver knowledge

- 26 caregivers (87%) now had enough information about their children's needs and diagnoses.
- All but one caregiver (97%) felt that they had a better understanding of services and supports that their child needed.
- 24 caregivers (80%) felt that they knew more about their choices of supports and services.

Improvement in caregiver self-efficacy

- 28 of 30 caregivers (93%) said they could support their child better now than before their contact with HMG. In particular, they reported improvement in their understanding of their children's needs and greater self-efficacy in managing child behavior and communication issues.
- 23 caregivers (77%) reported that they know who to call for assistance with concerns.

- Caregivers felt confident in their ability to get their children the help they needed and communicating their concerns with a pediatrician or other provider.

Caregiver feedback on HMG staff

- Caregiver rated staff as “excellent”, with 25 caregivers (83%) giving staff a “10” on friendliness.
- 29 of 30 caregivers reported that HMG staff understood their concerns.

Preferred method for obtaining HMG support

- 2/3 of caregivers preferred to communicate with a person rather than get information from a website, and 2/3 of caregivers with family navigation services preferred contact in person rather than over the phone.

Impact of language

- Participants interviewed in English began having concerns earlier and for more issues than participants interviewed in Spanish.
- Participants interviewed in Spanish had less knowledge about resources to help them with child development concerns.

Summary

A majority of the caregivers who participated in the interview were successfully linked to beneficial services. Caregivers also reported gains in knowledge and self-efficacy in dealing with their child’s areas of concern. Some caregivers expressed that they still had unmet needs. Caregivers wanted more social contact with other caregivers and HMG staff, as well as information about child development. Even if not under the strict purview of HMG, these needs can be addressed by referrals to community support groups, playgroups, or other services. A few caregivers felt “given up on” by HMG staff. Increasing contact, follow-up, and providing community-based resources can help caregivers experience greater support as they seek the resources their children and families need to thrive.

Recommended next steps:

- Increase **follow-up** with families.
- Provide **in-person contact** when possible.
- Provide more intensive support in **languages other than English**.
- Emphasize to caregivers that they can use **HMG as a resource** for their concerns.
- Share more information with caregivers about **age-appropriate child development**.
- Foster deeper **social connections** for and among caregivers, such as by holding more meetings or parent workshops, or providing linkages to parent groups.
- Coach medical professionals and service providers on how to **engage caregivers in conversations** about their children’s development, including what to expect and what should raise caution flags.

Introduction and Purpose

What is Help Me Grow?

Help Me Grow (HMG) in Alameda County is comprised of a streamlined system of early identification and referral to support children aged 0-5 years and their families with developmental, behavioral and/or social-emotional concerns. Individuals who have concerns about a child’s development are able to call the HMG Linkage Line, discuss their concerns, and receive referrals for various services including screening, assessment, and treatment, as well as community supports to enrich growth and development. Family navigation services are also available to provide enhanced support for families that have high or pervasive need. The HMG system is designed to help ameliorate developmental and/or social-emotional delays of young children in order to support kindergarten readiness and optimal development, as well as to reduce the need for more costly interventions later in life.

Does HMG strengthen family protective factors?

When evaluating the impact of HMG, it is important to ascertain if HMG services are linking families to services as well as impacting families in other positive ways. The Protective Factors Framework authored by The Center for the Study of Social Policy identifies five protective factors (illustrated to the right) associated with building strong and safe families. The impact of HMG on family strength will be discussed in light of these factors at the conclusion of this report.

Five activities that strengthen families:

1. Enhancing **parental resilience**
2. Developing **social connections**
3. Building **knowledge of parent skills and child development**
4. Offering **concrete support** in times of need
5. Fostering **social and emotional competence**

What has HMG provided families in Alameda County?

Since October 2009, children have been referred to the HMG Linkage Line phone referral and support service by early care and education or pediatric providers with concerns about a child’s development, including social-emotional, behavioral, cognitive, and mental health issues. Linkage Line staff provided information by phone and sometimes connected families to a family navigator for additional help accessing developmental supports. Over a three year period, almost 2,200 calls were received by the Linkage Line. Forty-four percent of the families spoke English, 44% spoke Spanish, and 4% spoke Cantonese. Linkage Line staff connected 53% of these families to family navigation support services.

What is the purpose and design of this study?

First 5 Alameda County provides evaluation resources to assess HMG strengths, challenges and opportunities for quality improvement. A telephone survey was part of a multi-pronged evaluation strategy to understand families’ experiences as they learn about their children’s development and receive phone and in-person family navigation supports from HMG. The phone survey conducted by Applied Survey Research in January 2013 sampled 30 families who had

accessed the Help Me Grow system for help with concerns about their children’s development. The interviews lasted approximately 15 minutes. To obtain a representative sample of HMG users, interviews were conducted in English, Spanish, and Cantonese (see Figure 1). Of the caregivers interviewed, seven had contact with HMG exclusively via the Linkage Line; the remaining 23 also had contact with a family navigator.

Figure 1. Number of participants by language and type of contact

Type of contact:	Language			Row Total
	English	Spanish	Cantonese	
Linkage Line (LL)	3	4	0	7
LL+ Family Navigation	10	9	4	23
Column Total	13	13	4	30

What are the main questions addressed by this study?

The questions asked of caregivers involved how HMG impacted their families. During the interview process, caregivers shared their concerns, their experience with HMG staff, what they gained as benefits of service, and what HMG could improve to serve families better. Interview questions targeted perspectives of caregivers in seven areas (see below).

Primary interview questions:

1. What were the **concerns** of caregivers about their children’s development?
2. How well was HMG able to address the concerns of caregivers?
3. What **knowledge** did caregivers gain as a result of HMG support?
4. Did caregivers feel greater **self-efficacy** as a result of HMG support?
5. How did caregivers view **HMG staff**?
6. What were caregivers’ **preferences for contact** with HMG?
7. What did caregivers suggest to **improve** HMG support?

This report concludes with a discussion of whether HMG services strengthened families vis-à-vis the Protective Factors Framework. The interview protocol can be found in Appendix A and interview methodology in Appendix B.

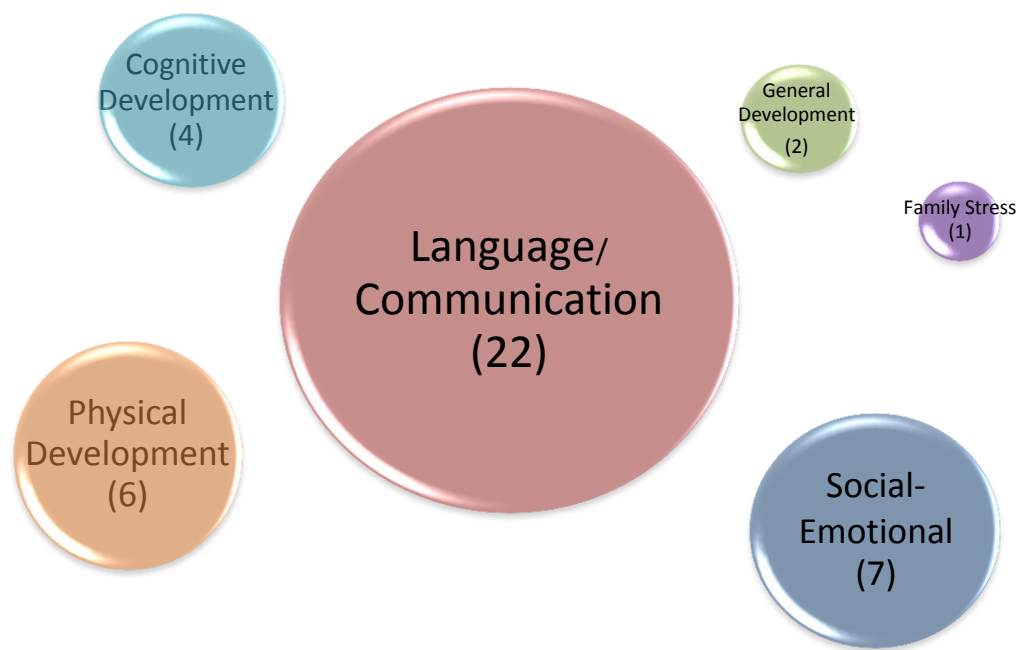
Caregiver Survey

Developmental Concerns of Caregivers

What concerns did caregivers have when they were in contact with the Help Me Grow Linkage Line?

Caregivers expressed concerns to Help Me Grow (HMG) staff predominantly for language and communication concerns (73% of families). Other concerns were in the areas of: social-emotional functioning (23%), physical development (primarily fine motor; 20%) and cognitive functioning (13%, see Figure 2 and Appendix B for more information). A small number of caregivers were referred with concerns about general development and family stress.

Figure 2. Areas of developmental concern and the frequency caregivers expressed the concern



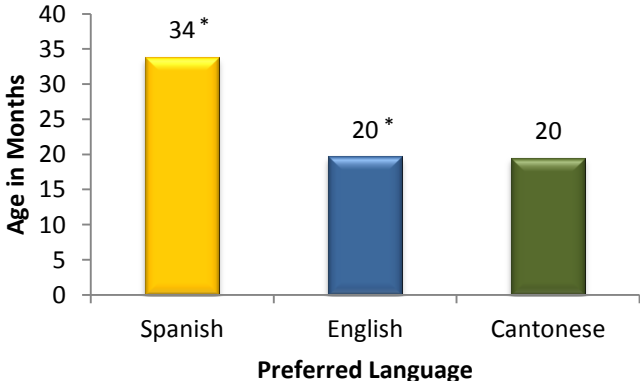
Although a majority of caregivers had a need for help with language and communication issues, caregivers with an English language preference were more likely to express additional concerns (mean = 2.5 concerns, range= 1-5 concerns) than caregivers preferring Spanish (mean=1.31, range= 1-3). As a group, the English interviewees had 32 total concerns compared to 17 for the Spanish interviewees. Although a small number of responses to extrapolate from, the four Cantonese interviewees appear closer to those interviewed in Spanish, reporting only five total concerns for all four families (mean=1.25, range= 1-2).

Caregivers who accessed family navigation services were more likely to report their child had language and communication issues (87%) than those who used the Linkage Line only (60%). The seven Linkage Line caregivers had concerns that spread fairly evenly over a broad range of issues including language and communication, behavioral aggression, feeding issues, physical development, and general development.

When did caregivers begin to have concerns about their children?

Caregivers reported feeling concerned when their child was 25.8 months (just over 2 years) on average, with responses ranging from 8 to 59 months of age. Although caregivers who engaged HMG family navigator assistance tended to recognize issues earlier than Linkage Line only caregivers (mean=24 vs. 32 months), this was not significant above effects found for preferred language. Language was significantly associated with the timing of caregivers’ first concerns (see Figure 3). Further investigation revealed that English-speaking caregivers began to notice issues significantly earlier than Spanish-speaking caregivers. Although there were too few Cantonese interviewees to find significant differences, caregivers in this group tended to recognize issues around the same time as the English group.

Figure 3. Average age of child when caregiver first became concerned, by spoken language



ANOVA, F(2, 27)=4.74, p < .05; *Significant difference, p < .01

Together, these findings indicate that a majority of concerns expressed by caregivers interviewed for this report were centered on communication and language development. The information also suggests that there may be differences in recognition of issues among socio-cultural groups (delineated by language preference), however further investigation is needed to substantiate these findings. If substantiated, differences among language groups may have at least two distinct causes and consequences.

- 1) The children of the English-speaking families selected to be interviewed may have had more severe issues by chance than the Spanish-speaking caregivers, thus caregivers in this group may be more likely to notice their children’s issues earlier. This is supported by the fact that the English group reported more concerns about their children’s development.

- 2) The Spanish-speaking group may have been less apt to recognize mild developmental issues as reasons for concern than the English-speaking group. For example, caregivers may expect some language difficulties when learning new words in a bilingual environment. Therefore, this group may miss early signs of developmental issues which can delay developmental screening and supports for their children.

It is important to know if the latter option is accurate, as the consequences of missed signs are detrimental to the development of the children. If this is the case, outreach and education surrounding “caution signs” of potential developmental issues may be particularly beneficial to Spanish-speaking communities in Alameda County.

Ability of HMG Referrals to Address Developmental Concerns of Caregivers

What service linkages did HMG provide to caregivers?

According to HMG staff, caregivers were referred to a variety of services (see Figure 4). Referrals for entitlement services were the most common (including those to the Regional Center for developmental therapy to address speech, motor control, social skills, etc.), followed by child care and early education. However, offering referrals is only the first step. It is important to know if families were able to take advantage of the referrals offered to them.

Figure 4. Number of HMG staff service referrals and caregiver-reported successful linkages

Referral for:	Number of referrals	Number of successful linkages (success rate)
1. Entitlement Services (Early Start, Special Education, Regional Center, etc.)	22	16 (73%)
2. Child Care/Early Care & Education	10	3 (30%)
3. Mental Health Services	7	3 (43%)
4. Play & Learn/Socialization Playgroup Services	5	4 (80%)
5. Health/Medical Services	1	1 (100%)
6. Caregiver/Child/Community Activity	1	0 (0%)
7. Other (unknown)	1	0 (0%)
Total	47	27 (57%)

Of the 30 caregivers, 19 (63%) reported successful service linkages to a total of 27 services (see Figure 4). Referrals did not result in a service enrollment for five caregivers, and no services could be recollected by four caregivers after prompting about the type of referrals they received. Two families were waiting for services to begin. One caregiver (#4) faced a language barrier in getting services stating, “They evaluated him but they are still looking for a worker who will help him with therapy.” Family navigation did not appear to be more successful in connecting families to services than the Linkage Line in this sample of HMG users. Language preference also did not appear to impact the success of service linkages. According to caregiver report, referrals for child care and early education were the least likely to result in a service linkage.

Did caregivers feel the service linkages were helpful?

The 19 caregivers with service linkages thought that 24 of the 27 linkages were helpful. One caregiver (#3) was very pleased about the mental health services her child received stated, *“They came out, they talked to him; they played with him. They saw what kind of reaction he had. It was actually very, very good.”* Another caregiver explained that mental health services helped show her that her child’s behavior was not normal, that her issues were not something she could solve alone, which helped her feel less confused and bewildered. Another caregiver (#25) whose child received socialization and speech therapy from the Regional Center said *“They have been very helpful because my kid starts to play and makes more sounds, he is friendlier; he is different in everything.”* Another caregiver (#17) who had a home visitor stated that the visitor *“helped me with [my children], it also helped me distract myself and relax.”*

Caregivers reported three of the 27 service linkages were not beneficial, two for playgroup services and one for mental health services. A caregiver tried calling a playgroup provider several times and her call was not returned. A Cantonese caregiver (#34) went to one playgroup but she didn’t like their method. *“I don’t like how they put all the kids with the same issue in the same group.”* Her preference was to integrate her child who had a language issue with typically developing children.

Overall, those caregivers who were successfully linked to services reported a high percent of beneficial service linkages. Caregiver satisfaction with playgroups was mixed.

Were caregivers satisfied with the time it took to get services?

A majority of caregivers (25 out of 30) reported satisfaction with the length of time needed to obtain services. Nine caregivers said that HMG provided services “quickly.” Others reported that HMG kept in touch through the process when it took a while or when service needs were more complex. Two caregivers mentioned that HMG provided valuable information as services were becoming available to them.

Of the five (17%) caregivers who reported unsatisfactory wait times for services, one reported frustration because she was overwhelmed with things happening with her child, two mentioned that it took longer than they were told, and one mentioned a lack of follow-up by HMG staff. This caregiver (#15) stated, *“Things they said were supposed to happen didn’t. They didn’t keep up with it.”* Another caregiver mentioned that ultimately it was the eligibility process that prevented access to services.

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HMG staff helped most caregivers gain access to services in a reasonable time frame and provided valued supports when delays or difficulties were encountered.

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Thus, HMG staff helped most caregivers gain access to services in a reasonable time frame and provided valued supports when delays or difficulties were encountered. A small number of caregivers did express dissatisfaction with the process, which may call for establishing more realistic expectations with caregivers.

Were caregivers now enrolled in the services their children needed?

When asked if they were signed up for the services they needed, five of the 30 caregivers (17%) reported that their concern was resolved and they did not need support or services at that time of the interview. Of the 25 remaining, 17 caregivers reported that they had what they needed and eight (27%) were still in need. Multiple reasons were stated for not obtaining needed services, including lack of knowledge about where to go or how to find a school (2 caregivers), transportation problems (1), failure to qualify for services (1), waiting for diagnosis (1) and some caregivers hadn't registered yet (3).

In summary, nearly a third of caregivers (all with closed case files) had unmet needs for services. The reasons stated above indicate that these families have a better chance to achieve their service goals with greater follow-up and support from HMG.

What other services did caregivers feel would be useful?

Caregivers answered four questions about whether they would like specific services if offered by Help Me Grow, including parent support groups, support from another caregiver, activities for their child before accessing services, or emotional support (see Figure 5). Two out of three caregivers expressed interest in support groups with other families, support from a caregiver mentor, and things to do with their child before services were in place. Caregivers also expressed interest in emotional support for sadness, anxiety and nervousness. These results indicate that many caregivers in contact with HMG are in need of social and emotional support, and desire some kind of immediate intervention.

Figure 5. Number of caregivers interested in other services if offered

Service:	Number (percent) of interested caregivers
Support group with other families	21 (77%)
Support from another caregiver	20 (67%)
Activities for child before services begin	20 (67%)
Emotional support for sadness, anxiety, or nervousness	19 (60%)

N=30

Knowledge Gained from HMG Services

Did caregivers feel that they had received enough information about their children's needs and/or diagnoses?

Twenty-six of 30 caregivers (87%) felt that they had received enough information about their children's needs and/or diagnoses at the time of the interview. One of the unsure caregivers (#6) who was not seeing positive results from therapy replied, *"I guess I would say [I need more information about] his diagnosis. I don't know if they have a diagnosis. In therapy I am not seeing any improvement. I need to find a better fit for my son and me."* Another caregiver wanted more information about her son's child care center, and two others wanted more information about every aspect of development. Caregiver (#9) responded, *"Every time I need more information. I wanna know how to improve every step of his life."*

Altogether, this suggests that caregivers are fairly well-informed and knowledgeable about what their child needs. It is important to gather further information from HMG staff on whether they feel caregivers have an appropriate amount of knowledge, have an inflated confidence in their knowledge, or continue to be in denial about the extent of their child's issues.

Even though caregivers' actual level of understanding can't be determined, an important metric is whether caregivers felt that HMG increased their knowledge and understanding. This is explored next.

Did caregivers feel that they had a better understanding of services and supports that their child needed after contacting HMG?

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“I know more resources and numbers to call. I know where to go now to get all the information I need.”
(parent #18)

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All but one caregiver felt that they had a better understanding of services and supports that their child needed after talking with HMG staff. When asked what helped the most, caregivers primarily responded that seeing the results of the process, with specific mention of language therapy, socialization, and improved behavior was the most helpful in understanding what their child needed. Obtaining access to services such as child care or therapy and explanation/information about their child's issue were also among the top mentions. One caregiver (#20) stated *“Knowing how to control the moment when she loses control and understand why she loses control”* was most helpful. Another caregiver (#22) mentioned that she is more proactive when she has concerns, *“I always call the clinic and talk to his doctor for any concerns I have.”*

In summary, talking to HMG staff helped caregivers feel more knowledgeable about what their child needed, whether it was screening to try to detect a concern, or intervention for a known issue. It was clear from caregiver responses that they hungered for explanations and remediation of their children's areas of concern and seeing results was the primary confirmation that the supports were what their child needed. The next section addresses the role that HMG played in increasing caregivers' knowledge of available services to meet caregiver needs.

Did caregivers feel that they knew more about the choices they have because of HMG?

Of the 29 valid responses to the question, 24 caregivers (83%) felt that they knew more about their choices of supports and services because of HMG. These caregivers primarily commented on two knowledge areas: service access and their changing role as a caregiver. Eight caregivers provided answers about change in their knowledge of services, including having phone numbers to call and knowing about specific services. One caregiver (#25) commented, *“In the beginning I didn't know what to do or who to turn to. Now I know who to call and where to go.”* Another caregiver (#2) answered, *“I have the list that they gave me like child care and different programs.”* Caregivers gained practical knowledge from HMG staff about how to access services.

Five caregivers also discussed gains in knowledge about what they can do to help their child. One caregiver (#9) replied, *“I didn't use to know what I could provide. Now I can go to the social skills program with him. [HMG staff] provided me with the number to the school.”* Other caregivers report that they now know what is wrong and how they can help. It appears that HMG services impacted

caregivers' self-efficacy as well as their practical knowledge about how to access services. Caregiver self-efficacy is explored further in the next section.

It should be noted that five caregivers did not recognize any gains in service knowledge from HMG. Two of the five caregivers were unsure if they knew more. One caregiver recently lost child care and couldn't find an appropriate placement. Another caregiver felt that a language barrier prevented her from understanding her options. One caregiver felt that HMG staff did not help them.

Caregiver Self-Efficacy

Do caregivers know who to call for assistance with developmental concerns?

Of all caregivers interviewed, 23 caregivers reported that they know who to call for assistance with developmental concerns. Of those, 11 said they would call their pediatrician or another medical professional and seven caregivers named HMG as their resource. Two caregivers named a case manager or social worker and two others named other entities.

It is encouraging that a majority of caregivers know someone to reach out to if needed regarding their child's development; however 7 caregivers (23%) did not identify a resource. Further analysis by language found that 5 of the 7 families without support were from the Spanish language group. It is possible that the families who do not have an outlet to express their concerns do not have medical homes or recognize HMG as a potential resource. Emphasizing to caregivers that they can use HMG as a resource for their concerns may help reach out to caregivers who don't know where to get assistance.

Primary resource used by parents to address their concerns about child development:

- #1 Doctor/Hospital (37%)
- #2 HMG (23%)
- #3 Social worker/case manager (7%)
- #4 Other (7%)
- #5 None (7%)

Do caregivers feel that they can support their child better now than before calling HMG?

Overall, 28 of 30 caregivers (93%) said they could support their child better now than before their contact with HMG. Two families did not feel better about how they support their child; one had not received help with schooling and the other was not seeing results from the enrolled services. Both families listed HMG as their resource for their concerns.

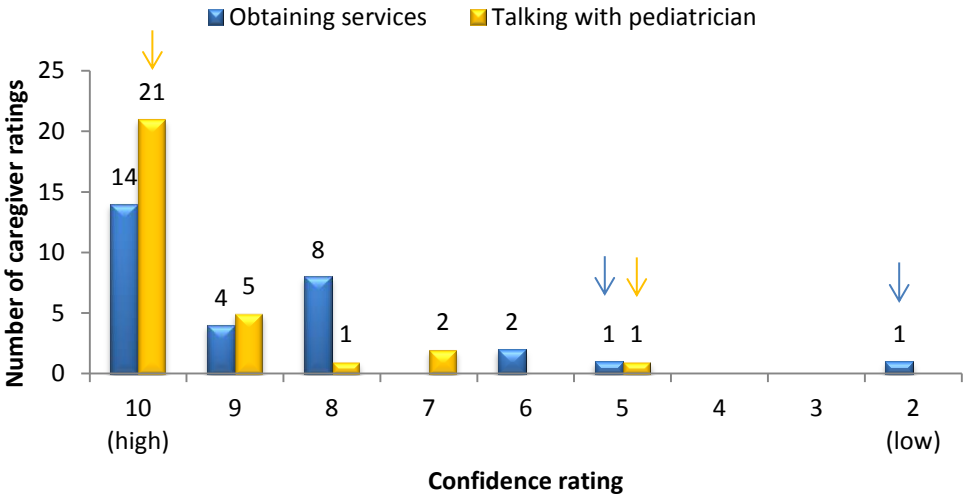
Caregivers who saw improvement frequently reported greater understanding of what their child needed and greater self-efficacy in managing child behavior and communication issues. One caregiver (#20) stated that her *"understanding and tolerance and knowing why she feels that way"* had improved. Another caregiver (#18) found that *"I have the information I need and understand her better, her hyperactivity and focus issue. I know it was not her behavior- there was something going on with her."* Another caregiver (#25) spoke of her new confidence when dealing with difficult behavior, *"I am now more confident and more patient with my son. I was getting real desperate before."*

Two caregivers felt more comfortable now in their ability to support their children. Caregiver (#22) explained, “Before I didn’t go to too many public places like the library. Now I’m more comfortable.” The other caregiver explained that the way HMG explained things and the information about who to call eased her discomfort.

Are caregivers confident in their ability to support their children?

Caregivers were also asked two questions about confidence in their ability to support their child measured on a 1 to 10 scale, with 10 the most confident and 1 the least. The average confidence level reported by caregivers in getting their children the help they needed was 8.6, with a range from 2 to 10. On average, caregivers’ confidence level in their ability to discuss their needs with a pediatrician or other provider was 9.4, with a range from 5 to 10 (see Figure 6).

Figure 6. Caregivers’ confidence in their ability to obtain services for their children and talk with a pediatrician about developmental concerns



Each arrow indicates a rating by a family (n=2 on each measure) that reported no benefit from HMG services

Preferred language did not seem to relate to confidence ratings in this group of 30 caregivers; Spanish, English and Cantonese caregivers did not differ in their confidence. In addition, the seven families reported in the previous section with no resource for their concerns were just as confident in their ability to obtain resources and speak to doctors as families who did state a resource.

Success finding services with HMG was positively associated with confidence in the ability to support their children; the two caregivers who reported no improvement from HMG rated themselves lowest in confidence to get their child help (see blue arrows, Figure 6). Of the two caregivers who rated themselves as only moderately confident (a “6” on the scale), one had a child who just started services; the other was a Cantonese speaker who felt that service dosage was restricted because of her language. She stated (#33), “I would like to say one day of the service is not enough. Maybe because of the language we speak (Cantonese). I feel other languages are open more days than for us.”

Unlike confidence in supporting their children, success finding linkages through HMG was not related to confidence speaking with a doctor; The two caregivers with low confidence in getting services for their child rated themselves as low (5 out of 10) and high (10 out of 10) in confidence talking with their doctor (see yellow arrows, Figure 6). All other caregiver responses to this question were moderately high to very high confidence.

In summary, a strong majority of caregivers have confidence speaking with a doctor about their concerns, and most feel that they can find the services that their children need. Fostering caregiver confidence in speaking with a doctor about concerns is important. However some caregivers lack knowledge of how to identify emerging areas of concern. Thus, opportunities for early identification and remediation can be missed if it is left to parents alone. Efforts focused on early identification must coach pediatric providers on how to engage caregivers in conversation about their children, what to expect developmentally, and what should raise caution flags.



Caregiver Feedback on HMG Staff

What did caregivers report about the degree of friendliness and courteousness of HMG staff?

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“They make things easier for me to understand. They helped me learn how to better deal with problems.” (parent #2)
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Caregivers were asked to rate how courteous and friendly the HMG staff member was on a scale from 1 to 10, with 10 as the highest. Caregiver ratings overall were excellent with 25 of 30 caregivers giving staff a “10” for a mean rating of 9.5 out of 10. It was common to hear praise of the staff. Caregiver (#2) lauded, “Anything that I asked for she would do. Whatever I needed she’s been a great help with.” Another caregiver (#24) commented, “They were really good. They treated me nice and showed me how to help him.” One caregiver (#16) rated staff a “3” and explained, “I was sick and in the hospital and she was kinda rude to me. She didn’t contact me and I had to keep calling her.” With that one exception, the responses indicate that caregivers felt that the HMG staff was very friendly and courteous.

How effectively could the Linkage Line or family navigator staff understand and address caregiver concerns?

Twenty-nine of 30 caregivers (97%) reported that HMG staff understood their concerns. Five caregivers mentioned that all their concerns had been addressed and 18 specifically mentioned language/communication assessment or therapy (see Figure 7). Other met concerns included: Help with difficult behavior such as aggression and acting out, referrals for school or developmental programs, eating habits, and fine motor skills.

Figure 7. Concerns successfully addressed by HMG Staff

Concerns successfully addressed:	# of mentions
All of them	5
Language/communication	18
Behavioral issues	3
Eating habits	1
Fine motor skills	1

Seven caregivers mentioned concerns that could not be addressed by HMG, some of which have been mentioned previously. Two caregivers mentioned that the connected resource was not working or that they had lost eligibility. Another caregiver mentioned that she couldn't get help with some appointments with medical specialists. Another mentioned that HMG staff could answer all of her questions except very specific questions answered only by medical specialists. One family navigator recipient who did not receive any follow-up expressed needing help with SSI and the Regional Center. Another caregiver had concerns for an older child that could not be addressed.

In summary, as a developmental supports referral system, caregiver report indicates that HMG staff fulfilled most needs of caregivers. With only one exception, caregivers felt that HMG Linkage Line and family navigator staff understood their concerns. Although few in number, difficulties encountered with HMG services included a loss of communication from HMG staff. Once linked to services, other difficulties included the inability of services to address the needs of families, some of which were outside the purview of HMG, such as issues with older children, getting access to medical specialists (e.g., oncology), and unsuccessful interventions. Several of these issues should prompt a caregiver follow-up call to HMG to see what other services might be available.

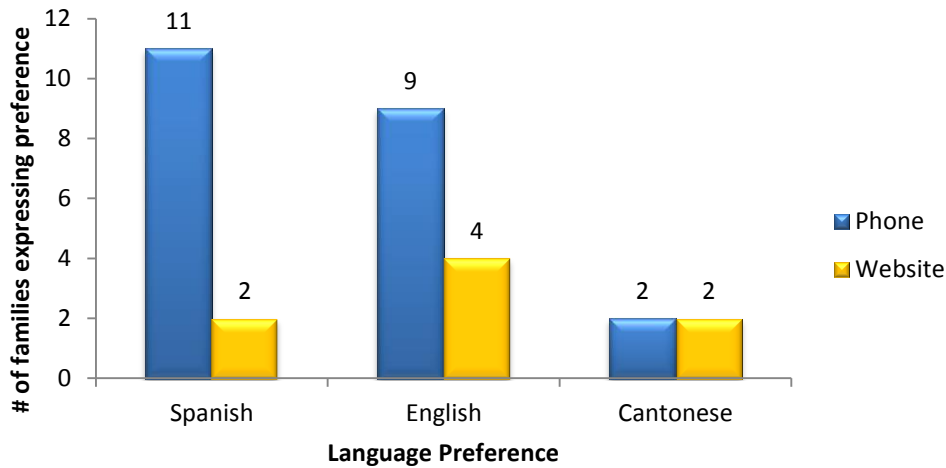
Preferred Delivery Mechanism for HMG Support

What were caregivers' preferences for communicating with HMG staff?

All caregivers were asked if they would prefer access to a HMG resource website over phone contact. Eight (27%) caregivers agreed that they probably would prefer a website, 6 (20%) caregivers said that they would probably not prefer a website, and 16 (53%) caregivers said they definitely would not. Reasons given for wanting a website included all-hours access and availability of information. Reasons for preferring phone contact included a preference for one-on-one contact, problems with internet access or computer skills, and problems with language. The data suggest that there may be a slightly stronger preference for phone contact among Spanish- than English-speaking families (see Figure 8).

The 23 caregivers who received assistance from family navigators were also asked whether they preferred in-person or phone contact. Fourteen caregivers (61%) preferred in-person contact offering reasons that they felt better understood, they could see that the person was interested, and that they could get more information. One caregiver (#8) remarked that it was good to be able to see the person write down what she was saying. Another caregiver (#4) stated, *"The communication is better face to face. I was able to focus better and she explained better."*

Figure 8. Caregiver preference for accessing HMG resources, over the phone or on a website



To summarize, caregivers overwhelmingly prefer talking with a staff member, and in person when possible. However, a website will serve the needs of a minority of caregiver HMG users.

Suggestions for Improvement

Overall, caregivers were highly satisfied with Help Me Grow support services. Fourteen (47%) caregivers were completely satisfied and had no further suggestions. Other caregivers provided 13 suggestions for different types of contact or increased frequency of current forms of contact. For example, caregivers mentioned that more contact among caregivers such as holding more meetings or caregiver workshops would be beneficial. One caregiver (#7) stated, *“So far you are doing very well, maybe you guys could post a newsletter or something having caregivers share their stories in a newsletter and have caregivers read it. Hearing from other caregivers about their experiences is the best way.”*

● ● ●

Caregivers want more contact with other parents and HMG staff, plus information about child development.

● ● ●

Finally, caregivers mentioned a desire for HMG to mail more information about age appropriate development. Caregiver #30 suggested, *“Give parents some tips and teach them how to deal with the kids.”* Increased frequency of phone contact and home visits was also mentioned a few times by caregivers, including perseverance by staff particularly when a family has trouble asking for help.

Did Help Me Grow Strengthen Family Protective Factors?

HMG Alameda County desires to strengthen families through its work. The Protective Factors Framework is frequently used as a benchmark to determine whether services are impacting the health

of families. The five protective factors include: parent resilience, social connections, concrete support in time of need, social and emotional competence, and knowledge of parenting and child development. Given this framework, what did caregivers reveal about HMG's ability to strengthen families?

The protective factor most clearly impacted by HMG support services was the provision of **concrete support in times of need**. A majority of caregivers stated that their concerns were understood and successfully addressed by HMG staff. Evidence of **enhanced parental resilience** was found in the measures of caregiver self-efficacy. In general, caregivers felt confident in their ability to find resources and talk to pediatricians and educators about their concerns. HMG staff increased **social connections**, but could be improved to create more permanent support structures for families. Caregivers voiced their interest in building social connections through support groups and other means.



The remaining protective factors are primarily indirectly impacted by successful linkages to services. **Building knowledge of parenting and child development** and **fostering social and emotional competence** were both factors impacted by HMG linked services. Caregivers report improved understanding of the causes of their child's behavior, behavior management strategies, and caregiver-child communication. However, caregivers clearly felt the need for more information regarding parenting and child development.

In sum, families become stronger and healthier when protective factors are strengthened. HMG is strong in its ability to provide concrete support. Social and emotional competence and healthy relationships are frequent outcomes of good services, thus connecting families to services helps to strengthen these aspects. Caregivers asked for more social support and knowledge of parenting and child development, thus these are areas that should be targeted to further strengthen families.

Summary and Conclusions

Children aged 0-5 years, particularly those at-risk for or already experiencing developmental issues or delays, need access to early screening, assessment, and developmental support services in order to help children and their families thrive. Prevention and early intervention supports early in development can mitigate problems before the child starts school already behind, before the caregiver-child bond is weakened, and before the child has difficulty with their peers or feels self-conscious about a speech issue. Help Me Grow works to get these services to families as soon as concerns are raised by caregivers or medical or education professionals. The system of developmental assessment and service delivery is complex for any caregiver, but the difficulty is amplified for families with limited means, those without a medical home, and non-English speakers. The need for HMG services is well-documented, but has HMG had a significant impact on the families who have reached out for help?

Help Me Grow Alameda County serves as a bridge between families searching for support and the services that can meet their needs. The 30 families interviewed for this report provided insight on how successfully HMG is serving this need. Overall, HMG is achieving its main goal of referring families, but there is also evidence that the impact is deeper, in that support is increasing caregiver knowledge about child development and the system of service delivery, as well as self-efficacy in caregivers' ability to support the needs of their children. Through the lens of the protective factors framework, many caregivers who utilized HMG services report that their families had been strengthened in the process.



Spoken language emerged as a barrier to services in a few areas. Cantonese and Spanish-speaking families reported not being able to access some services because they were not available or available on a limited basis in their respective language. Some evidence suggests that Spanish-speaking families may be less likely to know who to contact if they have a developmental concern. Although preliminary, other evidence suggests that Spanish-speaking caregivers may delay reporting or not recognize early signs of developmental issues compared to English- and Cantonese-speaking families. Language will likely continue to be a barrier to services, so more attention should be paid to identifying issues early, as well as the role that HMG can play in obtaining access to services for non-English-speaking families. HMG can also help guide medical and educational professionals how to talk to families about developmental milestones and warning signs that a child's development is not progressing as well as it should.

Help Me Grow can step up efforts to maintain contact with families. Sometimes referrals don't work out, thus second and third waves of follow-up are required to eventually get the family to the services and supports they need. A few caregivers felt like they were forgotten by HMG staff. A policy of making follow-up calls to families even after cases have closed may help to provide the extra concrete and social support families need and desire. If this is not possible, staff may encourage caregivers to contact them and use HMG as a resource for any new concern or difficulty that arises, such as loss of eligibility.

Caregivers want more social support and information about child development. A significant number of caregivers wanted support groups and newsletters sent to them discussing child development issues and what other families have found to deal with common caregiving issues. Quite a few caregivers in this group do not access the internet very frequently which shuts them out to an important source of information and support used by many caregivers. Help Me Grow may be able to provide these families an alternative outlet to ask questions, grow knowledge, and receive social support.

It should be noted that this sample of 30 caregivers is limited in size and is not population-based. The sample is relatively small, thus results of this study should be substantiated by other data to inform significant HMG policy and programmatic change. In addition, HMG has been operating on a limited roll-out with a small group of referring providers and agencies, thus concerns and referral needs

expressed here may not represent the full range of needs of families in Alameda County who will use this service in the near future.

Help Me Grow is an asset to caregivers and the communities within Alameda County. HMG fills an important need, with far-reaching implications for the children receiving developmental supports, and strengthens families in the process.

Recommended next steps:

- Increase **follow-up** with families. Parents recommended increasing the frequency of phone contact and home visits, particularly when a family has trouble asking for help.
- Provide **in-person contact** when possible. Most parents prefer talking live with a staff member over accessing a web resource or via the telephone.
- Provide more intensive support in **languages other than English**.
- Emphasize to parents that they can use **HMG as a resource** for their concerns. Some parents didn't know where to get developmental support assistance.
- **Share more information** with parents about age-appropriate child development.
- Try to foster deeper **social connections** for and among parents, such as by holding more meetings or parent workshops, or providing linkages and encouragement to attend parent groups.
- Educate medical professionals and service providers on how to **engage parents** in conversations about their children's development, including what to expect and what should raise caution flags.

Appendix A: Family Survey (English version)

Introduction

Hello, my name is [INTERVIEWER NAME]. I am calling on behalf of the Help Me Grow program (you may know it as SART) [the program was called SART before it became Help Me Grow]. We would like to get your feedback about the services you received from Help Me Grow so that we can improve the way we support families. We are offering a \$25 Target gift card to each family that completes this confidential survey. Do you have about 15 minutes to complete this telephone survey?

[If NO] Can we call you back at a better time?

[If YES] Great! Please stop me if you need me to repeat or clarify a question. Also, feel free to skip any question you feel you are not able to answer.

[Start timer, when reach 15 minutes, ask for permission to go longer]

Initial Call and Contact

1. Do you remember getting a call from or making a call to the Help Me Grow or SART Linkage Line for a concern you or your child’s medical provider had about your child?
[YES, NEXT QUESTION]
[NO, SAY “from my records, it looks like (STAFF NAME) helped direct you to services related to concerns you had about your child’s development. Do you remember this?”
[IF YES, NEXT QUESTION]
[IF NO, SAY “You talked about (CONCERNS). Does this sound familiar?”]
[IF YES, SKIP TO Q3]
[IF NO, SAY “Thank you, but we don’t have enough information to continue the survey at this time. Have a good day!” END CALL.]
2. a. [IF SERVICE= PHONE]
 - i. Do you remember getting services from [STAFF NAME] over the phone?
 - ii. What were your concerns about your child when you called the Linkage Line?b. [IF SERVICE= NAVIGATOR]
 - i. Do you remember getting connected with a Family Navigator called [STAFF NAME] to help you?
 - ii. What were your concerns for your child at the time? [CHECK CONCERNS LIST. IF CALLER DID NOT MENTION A CONCERN ON THE LIST, PLEASE PROMPT “What about _____?”]
3. When did you first have concerns about your child’s development?
 - a. How old was your child at that time? Years ____ Months ____
 - b. Were you satisfied with how long it took to get help? Why do you feel that way?

Ratings of Staff

4. How would you describe your experience while working with [STAFF NAME]?
 - a. From 1 to 10, with ten being the highest , how courteous and friendly was [STAFF NAME]?
#_____
 - b. You said that your concerns were [read list of CONCERNS]. Did you feel that she understood them?
 - i. Which concerns was she able to help you with?
 - ii. Which concerns was she NOT able to provide help? Why not?
 - c. [IF SERVICE WAS NAVIGATOR]
Do you feel that it was more helpful to meet with [STAFF NAME] in person rather than over the phone? Or do you feel that you could get the same support over the phone? Why do you feel that way?
 - d. [IF SERVICE WAS PHONE]
 - i. How did you feel about talk with someone over the phone about your concerns?
[PROMPT IF NEEDED: “nervous, relieved, happy, scared?”]
 - e. Would you prefer to go to a website for help instead of calling if you had the choice? Definitely, probably, probably not, or definitely not? Why do you prefer the [IF ANSWER DEFINITELY OR PROBABLY] website [IF ANSWER PROBABLY NOT OR DEFINITELY NOT]: phone]?

Ratings of Service

5. Now we would like to know if the services you were linked to through Help Me Grow were helpful and useful.
 - a. Do you remember which services you were connected with? Please tell me which ones and if they have been useful. [PROMPT TO GET AN ANSWER FOR EACH SERVICE] [IF CALLER UNCERTAIN ABOUT LINKED SERVICES, PROMPT WITH SERVICE LIST]
 - b. Some caregivers were interested in other services. Are there other services you think would have been helpful to you? What are they?
[PROMPT WITH THE FOLLOWING IF NOT INCLUDED IN CALLER’S RESPONSE]
 - i. Would you have wanted activities for your child while you waited for your child’s first appointment? YES/NO
 - ii. What about a support group of other families with similar experiences? YES/NO
 - iii. How about support from another caregiver? YES/NO
 - iv. How about emotional support to help you with sadness, anxiety, or nervousness? YES/NO
 - c. Do you feel that you now have enough information about your child’s needs and/or diagnosis ? YES/NO
 - i. [IF NO] What do you wish you knew more about?
 - ii. Would you like the Help Me Grow number for help? [IF YES] It’s 888-510-1211.

- d. Do you feel that you better understand what services and supports your child needs now? [IF YES] What helped the most?
- e. On a scale from 1 to 10 (with 10 meaning extremely confident), how confident (or sure) are you that you can get the services your child or family need?

- 6. Are you now signed up for the supports you and your child needs?
 [IF NO] What problems have you had in getting signed up?
 [IF YES] If you have started these services, how long have you been getting them?

Caregiver Self-Efficacy

Please tell me how you are able to support your child’s development now.

- 7. Do you know who to call for assistance or referral if there is a concern with your child’s development? YES/NO
 [IF YES], who do you prefer to call if you have a problem?
- 8. Would you say that you can support your child better now than before your call to Help Me Grow ? YES/NO
 [IF YES] What changed for you?
 [IF NOT] Why don’t you think so?
- 9. Do you feel that you know more about the choices you have for child development supports in your area because of Help Me Grow? YES/NO [PROMPT TO ELABORATE]
- 10. From 1 to 10 (10 meaning extremely confident), how confident do you feel about talking to your pediatrician or child care provider about your child’s development? # ____

General Feedback

- 11. What else could Help Me Grow do to help families get the support they need?
 [IF NEEDED PROMPT “What would you recommend Help Me Grow do to improve the experience for families who are concerned about their child’s development?”]

Thank you for taking the time to give us feedback. I have an address for you at [read ADDRESS]. Please tell me if you would like your \$25 Target gift card sent here or to a different location. [Enter new address if needed]

Name: _____
 Street: _____
 City, state, & zip: _____

Again, your responses are confidential. If you have any questions or concerns about this survey, please call Chris Hwang at First 5 Alameda County, 510.875.2436 or Kim Carpenter from Applied Survey Research at 408.247.8319.

Appendix B: Interview Methodology

Sample Characteristics

First 5 Alameda prepared and delivered to Applied Survey Research (ASR) an Excel database of Help Me Grow users who had exited the system no more than 6 months prior to Jan 1, 2013. The participant pool consisted of 239 unique families, 104 (44%) speaking English, 119 (50%) speaking Spanish, and 16 (7%) speaking Cantonese. The Help Me Grow Linkage Line Report (Help Me Grow Alameda County, 2012) found that the preferred language of families accessing the Linkage Line between October 2009 and September 2012 was 44% for Spanish, 44% for English, and 7% Cantonese. In an attempt to obtain a stratified interview sample of Help Me Grow participants, First 5 and Applied Survey Research agreed to conduct 13 interviews each in English and Spanish (43% each) and four in Cantonese (13%). Cantonese was slightly over-represented in order to obtain feedback that was minimally affected by fluctuations in individual experiences.

In the participant pool, 77% (n=183) accessed family navigator support, 19% (n=46) accessed Linkage Line support and 4% (n=10) could not be determined based on available records. Of the caregivers interviewed, seven (23%) had contact with the HMG Linkage Line only and the remaining 23 had contact with a family navigator. Based on available records, a majority of callers access family navigator support. These families are well-represented in the interview sample.

Help Me Grow users in the participant pool and interview sample came primarily from Oakland and Hayward (see Figure 9.) The Help Me Grow Linkage Line Report (Help Me Grow Alameda County, 2012) indicated a similar geographic distribution of users who accessed the system from October 2009 to September 2012. Thus, although only 30 participants, the interview sample provided a good geographic approximation of the entire sample of HMG users.

Figure 10 contains a list of concerns expressed by 1066 families in the Help Me Grow database since program inception along with concerns expressed by interview participants. The frequency that the concern was mentioned and the percent of families who expressed the concern is displayed for both groups. The top three concerns of the full sample are well-represented in the interview sample: Language/communication, social-emotional functioning, and physical development. Thus, the relatively small interview sample provided a well-matched distribution of issues of highest concern among HMG callers.

Procedure

Participants in the interview pool of eligible families were first contacted via a postcard by mail announcing the survey and its general purpose of obtaining caregiver's feedback on the HMG system of service. Telephone calls were attempted within a two week timeframe in the latter half of January 2013 until the stated quota for each language was obtained.

Participants were offered a \$25 gift card for their participation. Cards were mailed to participants by ASR within two weeks of survey completion.

Data entry during the interviews and transcripts produced from audio recordings were used for qualitative and quantitative analyzes of caregivers' responses to the interview questions (see Appendix A).

Figure 9. Help Me Grow users' city of origin demographics for the participant pool (n=239) and interview sample (n=30)

City	Participant Pool		Interview Sample	
	Frequency (n)	Percent	Frequency (n)	Percent
Alameda	4	1.7	1	3.3
Berkeley	4	1.7	0	0
Castro Valley	3	1.3	1	3.3
Emeryville	1	.4	1	3.3
Fremont	3	1.3	1	3.3
Hayward	54	22.6	5	16.7
Livermore	3	1.3	1	3.3
Newark	1	.4	0	0
Oakland	128	53.6	15	50.0
Pleasanton	1	.4	1	3.3
San Leandro	23	9.6	2	6.7
San Lorenzo	5	2.1	2	6.7
Union City	9	3.8	0	0
Total	239	100.0	30	100.0

Figure 10. Developmental concerns expressed by Help Me Grow Linkage Line (LL) callers from October 2009-Sept 2012 and from Interview Participants

Categories of Developmental Concern	LL callers (n=1066)		Interview Participants (n=30)	
	Frequency	Percent	Frequency	Percent
Communication/Language, Overall	811	76	22	73
Social-Emotional, Overall	312	29	7	23
Tantrums/aggression	171	16	1	3
Compliance/following directions	83	8	2	7
Dangerous/risky behavior	30	3	1	3
Social skills	123	12	1	3
Crying/ consoling issues	63	6	2	7
Coping skills/frustration tolerance	85	8	3	10
Shy, withdrawn or clingy	35	3	0	0
Temperament	0	0	0	0
Child Mental Health Issue (NOS)	0	0	2	7
Physical, Overall	384	36	6	20
Fine motor	279	26	4	13
Gross motor	184	17	2	7
Feeding/nutrition issues	45	4	2	7
Toilet training issues	21	2	0	0
General physical concerns	0	0	0	0
Cognitive Functioning, Overall	273	26	4	13
Sensory, Overall	35	3	0	0
Vision or Hearing	24	2	0	0
Oversensitivity to stimulation (light, touch, foods, etc.)	12	1	0	0
Caregiver-Child Relationship, Overall	97	9	0	0
Discipline/creating boundaries	79	7	0	0
Relationship or interaction problem	57	5	0	0
General Development (NOS), Overall	75	7	2	7
Self-help/adaptive behavior	71	7	0	0
Self-care and play	5	<1	0	0
Biological insult/medically fragile	0	0	0	0
Other	0	0	2	7
Life Stressor, Overall	74	7	1	3
Family stress	74	7	1	3
Child abuse	0	0	0	0
Child trauma	0	0	0	0
Other	67	6	2	7