

**Home Visiting Services for Young
Latino Families**
Challenges and Choices

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King County Children and Family Commission



King County Children and Family Commission
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Home Visiting Services for Young Latino Families Challenges and Choices Executive Summary

Latinos are the fastest growing ethnic group in the United States and 65% of Latino families with children under three years old have an annual income of less than 200% Federal Poverty Level (FPL). Nationally, Latino children represent 21% of the early childhood population, which is an amount larger than all other ethnic groups of that age combined. At two to three years old, some low-income Latino children's word comprehension and language skills are starting to fall six months behind the middle class white non-Hispanic children.¹ When they reach kindergarten, some Latino children are not placing as well in kindergarten readiness measures as their non-Latino peers. This achievement gap between very young Latino children and their non-Latino peers calls for community interventions and services to reduce the gap and improve the optimal health and development outcomes for all children.

One promising and effective service delivery option is home based services or home visiting. Research confirms that providing health and developmental services to Latino families in their homes helps promote nurturing relationships and stimulating environments in which young children develop.² Latino children who receive an early learning home visit intervention were shown to have comparable performance in early literacy, social competence, counting, and book knowledge as their non-Latino peers. So the achievement gap can be narrowed.

The King County Children and Family Commission (CFC) considered these national data as background to their exploration of the needs of young Latino families. King County has experienced a 51% increase in the Latino population since 2000³ and the number of Latino* children under five years old has also been increasing. In King County the birth rate is higher among Hispanic girls 15-17 years old than among Black and white (non-Hispanic) girls of the same age.

Locally three home visiting programs focus on serving young parents and engage many pregnant and parenting young Latinas and their families. The Nurse Family Partnership is an evidence based program while Parents as Teachers used in Healthy Start is a promising evidence based program. Next Generation is an innovative culturally specific program informed by research. The Commission learned what the young Latino families need by a research review and community input process that

- Elicited the views of young Latino parents and extended family members on the needs of young families and their preferences for community resources and home visiting services
- Reviewed the status of health and family support programs that presently serve young Latino families living in King County

* The term Latino is preferred by some to the term Hispanic and is used in this report. The term Hispanic is retained when the primary data source, including the US Census uses that term.

- Extracted relevant lessons from evidence-based and promising programs to guide the planning of future home visiting services for young Latino families in King County

Young Latino parents and their extended family members participated in 17 focus groups and follow-up sessions where they discussed and affirmed the young parents' needs and resources:

- Overall 82% of participants agreed that most young Latino parents need to improve their parenting skills and they desired to be better parents.
- Parents prioritized that the lack of affordable housing, including emergency housing, is a common need. Parents also are challenged to access and navigate available health and human services due in part to language differences and lack of transportation.
- Families differ in their available sources of social and tangible support. Some mothers may experience social and linguistic isolation. More than 60% of Latinas in Healthy Start, 20% of the Latinas in Nurse Family Partnership, and 80% in Next Generation speak Spanish, with limited or no English.
- Parents who wish to return to complete high school or attend GED classes may not know how to access information about school completion and also may not have access to child care if they try to return to school.
- The parents identified their strengths as their cultural identity, love and commitment to their children, partner support, self-esteem and resilience, and spirituality and faith.
- The parents indicated a preference to have bilingual, bicultural providers including home visitors who were well educated and prepared to offer parenting education and related services.

The children of these young Latino parents would benefit from home visiting programs in many ways. Home visitors encourage parents to stimulate language and literacy engagement with their children as well as to respond to their children's cues, which are behaviors that positively influence young children's development. Home visiting programs that offer social and informational support, case management with referrals, and parenting education address service needs and also support the culturally influenced practices that positively affect young children's development. The diversity among the Latino families who have complex and connected problems calls for innovative approaches in home visiting that are culturally-specific and linguistically acceptable. The research on home visiting supports a dual direction for program approaches. One is the provision of innovative culturally acceptable models that have the potential for positive maternal and child outcomes. A second approach is the provision of the evidence informed and evidence based home visiting programs that have documented results but have not been as thoroughly implemented and evaluated with diverse groups of families.

1. Fuller, B., Bein, E., Bridges, M., Halfon, N., Jung, S., Rabe-Hesketh, S., & Kuo, A. (2010) Maternal Practices that Influence Hispanic Infants' Health and Cognitive Growth. *Pediatrics* 125(2), 324-332.
2. Shonkoff, J.B. (2010) Building a New Biodevelopmental Framework to Guide the Future of Early Childhood Policy. *Child Development* 81 (1):357-367. Pew Hispanic Center. (2010) King County Data based on the 2000 Census. Accessed online: <http://pewhispanic.org/states?countyid=53033>

Home Visiting Services for Young Latino Families Challenges and Choices

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Section 1

Introduction and purpose

King County has experienced a 51% increase in the Latino population since 2000⁴ and many of these residents are less than 35 years old. The number of Latino[†] children under 5 has also been increasing and Latino children represent approximately 20% of the early childhood population. The King County Children and Family Commission (CFC) identified that the increasing proportion of young Latina/o parents calls for local efforts so that these families will experience overall well-being and their children will have positive developmental outcomes. The Commission is focusing attention on studying home visiting as an option for services for young Latino families. The King County Children and Family Commission (CFC) has considered local and national data along with family input to explore the needs of young Latino families in King County. The Commission completed a community input process to learn more about what the young Latino families need and the results from the discussion groups, interviews, and program reviews are presented here.

Purpose of this report on young Latino families in King County

- Elicit the views of young Latino parents and extended family members on the needs of young families and their preferences for community resources and home visiting services

[†] The term Latino is preferred by some to the term Hispanic and is used in this report. The term Hispanic is retained when the primary data source, including the US Census uses that term.

- Review the status of health and family support programs that presently serve young Latino families living in King County
- Extract relevant lessons from evidence-based and promising programs to guide the planning of future home visiting services for young Latino families in King County

Report Overview

This report presents a snapshot of the relevant local and national data in Section 2. Section 3 highlights the situations of young Latino families in King County through the perspectives of professionals serving this population. Section 4 reports the community input process held in October through December 2009 that engaged young Latino parents and their extended family members in focus groups and follow-up sessions to describe their needs and resources. Section 5 documents relevant research with implications from other programs that serve Latino families. Section 6 has recommendations for home visiting services for young Latino families in King County.

Section 2	Setting the context using local and national data
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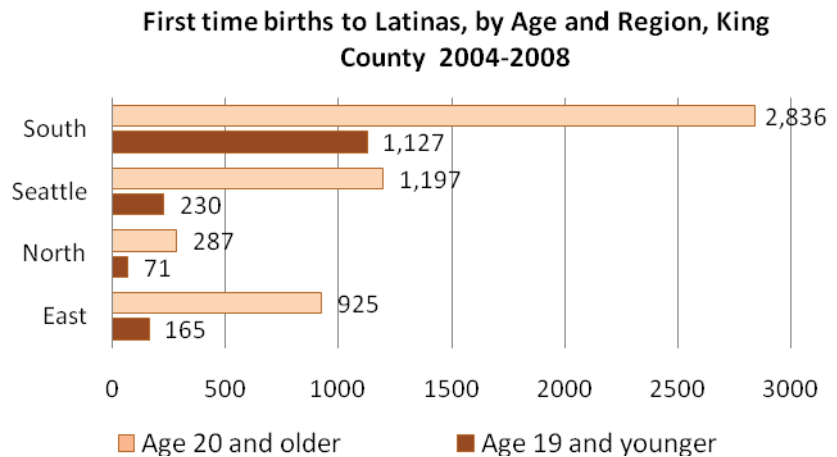
To set a context for home visiting for Latino families, selected data on Latinos in King County are highlighted in this section. These data are followed by national Latino data that are relevant to home visiting for Latino[‡] parents. Lastly there is an overview of home visiting as a service delivery option that has had favorable outcomes in several programs for Latino families.

Latinos or Hispanics in King County

In King County, Latinos are 11-13% of the total population in SeaTac, White Center, and Burien and are approximately 8% of the total King County population.⁵ More Latinos are living in the 14 South King County cities than in Seattle. The 2008 Latino population in South King County was 64,307 and that was more than the combined Latino population in Seattle and North King County. In King County the majority of the Latinos were born in Mexico while smaller proportions are from Puerto Rico, Cuba, El Salvador, Guatemala, Honduras, Colombia and other Central and South American countries.

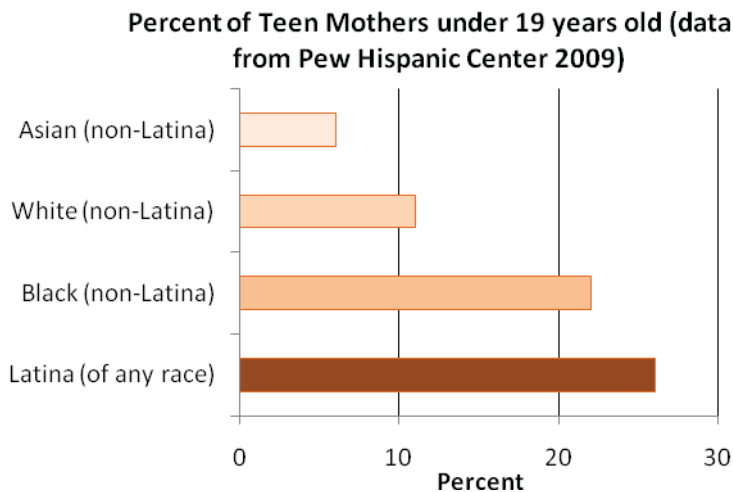
[‡] The term Latino is used as inclusive of male and female parents. The term Latina is used in referring to mothers and female caregivers. The term Latino refers to persons who identify their ancestry in Latin American countries including Mexico, Puerto Rico, Cuba, and Central and South American nations. The term Latino is preferred by some to the term Hispanic and is used in this report. Additional terms including Chicano or Tejano may be preferred by some groups to the word Latino.

In King County the birth rate among Hispanic girls 15-17 years old was 57 per 1,000 compared to 20 per 1,000 among Black (non-Hispanic) girls and 9 per 1,000 for white (non-Hispanic) girls of the same age. The biggest proportion of first-time births to young Latina women, aged 19 or younger, was in South King County as shown in the adjoining chart.⁵



Snapshot of national data on young Latina mothers

The findings on high birth rates and first time births to young Latinas that have been noted in King County are also evident in national data. The national data confirm young Latina mothers start having children at a younger age than their non-Latina peers and give birth to more children.



- In the U.S., 26% Latina females are mothers by age 19 compared with 22% blacks, 11% white and 6% Asians.
- Young parenthood is more common among the immigrant generation than the second generation; 26% foreign-born Hispanic females ages 18-19 were mothers compared to 16% second generation females.

⁵ Data Source: Birth Certificate Data: Washington State Department of Health Center for Health Statistics. Prepared by: Public Health Seattle King County. A note about the data: In 2004-08 there were a total of 5,214 births of unknown Hispanic ethnicity, 3,710 where the mother's parity was unknown, 51 of unknown maternal age, and 46 births to Latina that were not assigned to a region within King County. Were these data known the numbers reported above could be increased.

In 2007, 82 of every 1,000 Hispanic females ages 15-19 gave birth compared to 43 of every 1,000 females the same age in the general population.⁶ Among all Latinos aged 16-25 years old, 15% are married, including 22% of immigrants, compared to 9% of non-Latinos in the same age group.

National data on Hispanics

Hispanics** are the fastest growing ethnic group in the United States, and the proportion of Latinos in the young adult population has tripled since 1970.⁷ Nearly one-third of low-income families with children in the United States are Hispanic. Longitudinal research led by University of California researchers has shown that most immigrant low-income Hispanic mothers give birth to healthy babies; however, at two to three years old, the young Latino children's word comprehension and language skills are six months behind the middle class white non-Hispanic children.⁸ The researchers identified that several factors including low levels of maternal education, larger family size, and uneven learning practices contributed in part to the findings.

Quick facts about Hispanic children and families in the United States

- 25% (approximately 5.5 million) of U.S. children under the age of 5 years are Hispanic
- 45% of Hispanic children enrolled in preschool through third grade are English language learners
- 64% of Hispanic children are in immigrant families, however 97% of these children under three years old are U.S. citizens
- 65% of Hispanic families with children under three years old have an annual income of less than 200% Federal Poverty Level (FPL)
- 55% of Hispanic families that live in poverty have at least one adult who is employed full-time
- 39% of Hispanic children under three years old have a mother who has not completed high school
- 25% of Hispanic children live in linguistically isolated households

*(Source: U.S. Census Bureau, Race and Hispanic Origin Population Profile of the United States)
Lazarin, M. (2006) Improving Assessment and Accountability for English Language Learners in the No Child Left Behind Act.. Washington, D.C.: National Council of La Raza, 2006)*

** The term Hispanic signifies ethnicity and individuals may be Hispanic and be of any race. Ethnicity refers to a commonality that is more than race, geographic origin, or national boundaries. In this document when a data source such as the US Census used the term Hispanic that term has been retained.

More Hispanic children than non-Hispanic white children did not place as well in school readiness measures such as recognizing letters. This result was related to patterns in Latino families to engage in fewer literacy, reading and storytelling activities with their young children.⁹ Research supports that providing health and developmental services to Latino families in their homes helps promote nurturing relationships and stimulating environments in which young children develop.¹⁰ Latino children who receive an early learning home visit intervention were shown to have comparable performance in early literacy, social competence, counting, and book knowledge as their non-Latino peers.¹¹

Home visiting as a service delivery approach

The U.S. Department of Education identified factors affecting young children's learning patterns, and the key factors linked to how well infants learned to speak and develop motor skills are the amount of time parents spent reading, telling stories, and interacting with their children. The interaction mattered more than the education or income level of the parents. Home visiting models that delivered focused educational services to the parents of young children positively influence the parents' interaction and communication contributing to the development of the child's social skills for improved school readiness.

Home visitors encourage parents to stimulate language and literacy engagement with young children as well as to respond to their children's cues. These are important parenting behaviors across language, cultural, and ethnic groups that influence young children's development.¹² Home visiting is a prevention service delivery approach that assists families to develop positive parenting practices, have safe homes, and connect to community resources. Home visiting programs typically offer: (1) social and informational support provided by a trained home visitor, (2) case management with information and referral to link families to community services, and (3) education about parenting and child development. Home visiting has been implemented in different models with variations in the target population, the objectives of the program, the intensity and duration of the in-home visits, and the training and education of the home visitors. Home visiting programs have focused on preventing child abuse and neglect, promoting optimal child development, preventing negative developmental outcomes, and supporting young children's social, language, and cognitive preparation for kindergarten. The benefits of home visiting programs are well documented through research evaluations that have led to descriptions of home visiting programs as evidence-based practices and evidence informed practices.

Home visiting outcomes are typically clustered as short and long-term, parent and child focused:¹³



Parent short-term outcomes:

- Improved birth outcomes
- More appropriate use of health services

Parent long-term outcomes:

- Reduced child maltreatment
- Reduced welfare dependency
- Increased high school completion
- Parent involvement in child's learning



Child short-term outcomes:

- Early literacy skills
- Emerging social competence

Child long-term outcomes:

- Increased Kindergarten readiness
- Reduced behavior problems

While the outcomes and benefits of home visiting have been identified, less information is available about what components of home visiting are most relevant, specifically to young Latino families. Scarce research describes how home visiting could be best implemented for young Latino families, some of whom are experiencing poverty, language and social isolation, low parental education, and limited employment. The perceptions of the home visitors who interact with the young Latino families are presented in the next section followed by the voices of the young Latino parents who convey their views on programs, services, and service providers.

Section 3

Providers' perceptions of parents' needs and strengths

In King County, there are several home visiting programs that support young Latino families to meet their needs. This section highlights selected components of those programs. The programs and their outcomes are described in more detail in the supplement to this report. We interviewed program managers and home visitors in three programs who work with young parents and see high proportions of pregnant and parenting Latina clients. We asked these providers their views of the characteristics, living situations, and presenting needs of the young Latino parent population and the providers' comments are summarized here.

The programs (as highlighted in the table below) are (1) the Nurse Family Partnership (also known as Best Beginnings), implemented by registered nurses from Public Health – Seattle & King County, (2) the Healthy Start Program, implemented by a multi-agency collaborative that uses the *Parents as Teachers Born to Learn* curriculum, and (3) the Next Generation Program, with home visitors who follow the *Partners for a Healthy Baby* bilingual curriculum. The programs differ somewhat in the parent education and family services they provide to the parents, the duration and focus of the content, and the

expectation on achievements in maternal and child health outcomes, child development, and parenting skills.

In the Nurse Family Partnership, Healthy Start, and Next Generation programs young parents are typically visited weekly to monthly, with more frequently scheduled visits when the mother is due to deliver or immediately after delivery. The home visitor provides health information, models age-appropriate and stimulating interaction and responsive relationships for the parent with the infant/toddler, and makes referrals or guides the parent in accessing community resources.

Home Visiting Programs in King County focused on young parents

Home visiting program	Target population	Services	Home visiting staff
Healthy Start (Friends of Youth, Youth Eastside Services, Center for Human Services, Northshore Youth and Family Services, Renton Area Youth and Family Services). Program caseload capacity- 400 families, 340 in King County (60 Snohomish)	Young families with one parent under the age of 23, first time parents living in N, E, SE King County (extends into Snohomish County) <ul style="list-style-type: none"> • 50% (n=197) of all mothers are Latina, 55% fathers are Latino, 61% of Latina mothers speak Spanish, 33% are bilingual, 6% speak English 	<i>Parents as Teachers Born to Learn</i> curriculum <ul style="list-style-type: none"> • Weekly to monthly home visits • Parent education • Child developmental screening • Group activities and events • Engaging Fathers program • Linkage to support services Low risk families visited by trained parent mentors. (10% of all clients)	Professional staff with BAs, some with MAs visit high risk families. Most staff are bilingual, some are bicultural. Mentors are matched to clients.
Next Generation (Children’s Home Society of Washington El Centro de la Raza) Staff caseload capacity- 50 families. 111 have enrolled since the project started September 2005.	Pregnant or parenting teens under 19 years of age at enrollment who live in Central, South Seattle, SE Seattle, South King County White Center, Skyway to Auburn, Kent, Federal Way. <ul style="list-style-type: none"> • 94% are Latina 	<i>Partners for a Healthy Baby</i> curriculum <ul style="list-style-type: none"> • Home visits and group services scheduled to fit parents’ needs • Parenting and life skills education • Vocational, work training, educational support • Linkages to community resources 	Two professional staff with BA in social work or related field, PhD director also visits families. All home visitors bilingual.
Nurse Family Partnership (also known as Best Beginnings) Public Health - Seattle & King County Total staff caseload capacity- 450 families, a total of 18 nurses each have 25 on a caseload.	Pregnant first time mothers under 24 years old (focus on mothers 19 and under) Enrolled by 27 th week. Approximately 100 Latina clients in Seattle, White Center, & Kent. <ul style="list-style-type: none"> • 20-25% of all clients are Latina 	Nurse Family Partnership model, uses Partners in Parenting Education (PIPE), some nurses also trained in Promoting First Relationships <ul style="list-style-type: none"> • Child developmental screening • Maternal health screening • Parenting education • Engaging Fathers Program • Linkages to support services 	Four bilingual Registered Nurses each serve 25 Latina Spanish speaking clients, other nurses may have clients who identify as Latina & speak English.

In King County, the three home visiting programs that target young parents including pregnant teens are included above. Several additional programs also provide home visiting services. The Early

Head Start Program (Children’s Home Society of Washington), the Outreach Doulas (Open Arms Perinatal Services), and the Parent -Child Home Program (Atlantic Street Center, Neighborhood House, Southwest Youth and Family Services) provide home visiting services to parents regardless of age. In these programs, 20-50% of each program’s participants are Latina and a smaller proportion are young Latina parents.

Home visiting programs that serve some young parents

Home visiting program	Target population	Home visiting services	Home visiting staff
Early Head Start (Children’s Home Society of Washington)	Eligible families in South King County and in North King County <ul style="list-style-type: none"> • 70% are Latina, 10% are young Latinas in South King County 	Weekly home visits or center based services or a combination model <ul style="list-style-type: none"> • Parent education and employment assistance toward self-sufficiency • Parenting education, Family Activities 	All have BA degree in early childhood or related field, 3 are bilingual in S King County
Outreach Doulas (Open Arms Perinatal Services)	<ul style="list-style-type: none"> • Pregnant and parenting Latino and Somali families in White Center with child up to 2 years old • 50% are Latina, fewer are young Latinas 	<ul style="list-style-type: none"> • Home visits to provide pregnancy and post-partum support • Parenting education • Self-empowerment supported by local respected women who are recruited and trained to be doulas 	Paraprofessionals from Latino and Somali communities prepared to serve their communities
Parent -Child Home Program (Atlantic Street Center, Neighborhood House, Southwest Youth & Family Services)	<ul style="list-style-type: none"> • Low income families with 2-3 year old child serves all ethnicities, • 20% are Latina and fewer are young Latinas 	<ul style="list-style-type: none"> • Twice weekly home visits modeling parent-child interactions and early learning activities • Weekly Play and Learn groups • Summer group events and activities 	Community members with an early childhood background

While there are programs that emphasize services for young parents and other programs that include young parents in their client population, there are also young parents who are not engaged in any services. In this section, the emphasis is on the home visitors’, program managers’ and directors’ views of the experiences and situations confronting the young Latino parents who are participating in available program services. The program staff members also identify what they view as the parents’ strengths and sources of support, as well as the resources that would help the young Latino parents to develop skills so the parents and their children achieve well-being. The following remarks provide a context for Section 4 which has the input from young Latino parents as well as their extended family members when they describe their experiences, needs and sources of support.

YOUNG LATINO PARENTS IN KING COUNTY DIFFER IN THEIR LIVING SITUATIONS

- **Some mothers may experience social isolation but others have sources of support.**

Young Latina mothers in King County may differ from each other in their family backgrounds; some women are recent arrivals to King County and may be isolated from their families of origin or have few contacts with peers or relatives; others may have come to the area with extended family members who are seeking work and struggling financially; and still others may have lived here long enough to be enrolled in school and have some tangible support from their immediate or extended family members. Approximately one third of the Latino fathers are more than five years older than the mother.

Young mothers may live with their own parents, their partner's family, or may live with their partner if the baby's father is employed. A young mother living alone or a young couple may move between relatives' homes or share an apartment with friends. Some teen parents have younger siblings at home or live with their own mother who is a single parent. Other teen parents may not have economic options other than to live in a situation that puts them at-risk for emotional or physical abuse.

Among the different living situations that young mothers experienced there were two examples of social isolation.

A 16-year-old mother is here alone from Mexico and sleeps on a friend's sofa.

A 15-year-old came with her family from Mexico to be a migrant worker but was left here because she was pregnant and her family moved to work in the fields.

Some clients are initially reluctant to engage in services but eventually become receptive to the offered help, information, referrals, and tangible resources. Some providers report that it is challenging to provide personal health information to young mothers living in crowded conditions so they problem solve how to meet with the teen parent in an appropriate setting.

- **Young parents have unmet needs for food as well as infant/toddler supplies.**

Interviewed service providers tend to agree that many young Latino parents feel stigmatized for being young parents, and some parents experience low self-esteem when they feel judged as being too young by the general public. Young parents may feel emotionally supported by their immediate and extended family members. Their families of origin, however, may have low or very low income, live in crowded conditions, and may be limited in providing tangible support to teen parents. Program staff members refer and assist young parents in accessing food banks as well as procuring infant and toddler necessities, furnishings, and clothing through several agencies (e.g. Salvation Army, Goodwill) and other sources. Young parents under 18 who are living on their own are not eligible to apply for Basic Food (i.e. Food Stamps) and their own parents may or may not include them on the families' food benefits.

YOUNG LATINO PARENTS FACE BARRIERS IN ACCESSING AVAILABLE RESOURCES OR SERVICES

- **Young mothers who receive program services may speak Spanish as their primary language and may be unfamiliar with accessing available health, education, and support information.**

More than 60% of Latinas in Healthy Start, 20% of the Latinas in Nurse Family Partnership, and 80% in Next Generation speak Spanish, with limited or no English. A number of parents in each program are recent immigrants, some of whom lack legal documentation for residency, further limiting access to services or programs that provide tangible or financial support. Several program home visitors described many young Latinas who speak little or no English as being socially isolated with very few peer contacts and little meaningful interaction with supportive others. The young mothers who would not leave their rooms or apartments were living much differently from their expectation and were at risk for depression.

- **Young parents who wish to return to complete high school or attend GED classes may not know how to access information about school completion and also may not have access to child care if they try to return to school.**

Some young mothers who speak Spanish only may have had less than an eighth grade formal education in Mexico. If so, they are additionally challenged when they take English classes and high school classes. If the mothers are 18-19 years old, they are older than other freshman students. Parents under 18 years of age who might wish to return to school or work are not eligible to apply for child-care subsidies which may deter them from going to school or work. Several program staff members believe that providing more child care resources that are accessible and affordable for young parents, would remove the barrier for completing their education.

If more English as Second Language classes are available and readily accessible at community sites, this would remove another barrier. Some parents are often isolated and do not have transportation. Some young mothers who speak English and who were attending high school or GED classes before they were pregnant are more likely to return to school if they have a family member to provide child care.

A young mother who was pregnant at 16 is ready to graduate from high school and attend college. She completed her senior project on resources and services for teen parents.

- **Young Latino parents could use information and referral resources to guide them to services available. More resources are needed for affordable housing, health care, food and nutrition services, parenting skills, transportation, and tangible support.**

The program home visitors and managers identified that parents need information on parenting a young child and typical child development. They also need tangible resources of housing, access to Basic

Food, and affordable health care for the parents. Expectant mothers have health care coverage from the state. Once the mother is no longer pregnant, she typically does not receive employer-based health benefits since she often works limited hours, usually for cash. Home visitors take time from teaching parenting skills to assist the young Latino parents to identify possible sources of help, complete applications or determine eligibility or problem solve how to access available community resources, including health care.

SOME YOUNG LATINO PARENTS HAVE ACTIVE SUPPORT SYSTEMS AND STRONG RELATIONSHIPS

- **Young parents could learn from interactions and share their experiences with their peers.**

The young parents' love and commitment to their infants and toddlers is typically very evident to the visitors working with the parents. Some young parents have resources in the support offered by their families and extended family members who provide child care, parenting advice and tangible resources. Some parents develop their own social peer network. Many would benefit from having more contact with peers who could help each other to get a job or share information about available resources.

The focus shifts from the providers' views to the parents' responses in Section 4. The young Latino parents and their families share their reactions and responses about their needs, strengths and resources in the next section.

Section 4	Perspectives from the young parents and their families
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In October-November 2009, 199 young Latino parents participated in one of ten focus groups in Bothell, Bellevue, Seattle, Tukwila, SeaTac, Des Moines, Auburn and Burien. The young parents were invited from the Healthy Start and Next Generation programs as well as from contacts with local human service agencies, faith based organizations, Latino community associations, and Latino community *promotores*. The parents represented young families that are engaged in programs as well as those that are not. In addition, 64 of the young parents' extended family members, including their parents or guardians and 25 older adult male partners of the young Latina mothers, participated in one of four additional focus groups. See Attachment A in the Young Latino Families Report supplement for further description of focus group participants. Nearly 54% of the young participants were 12-19 years old and 46% were 20-22 years old. The median age of the young parents was 19 years.

The majority of the participants, 94%, spoke Spanish as their primary language and less than half of the participants, 45%, were bilingual in Spanish and English. Focus groups were conducted primarily in Spanish, with English interpretation as needed. One parent focus group was conducted in Purepecha with interpretations in Spanish and English as needed.^{††}

School and work

- 85% reported attending school at some time
- 31% of young parents reported they currently attend school.
- 42% were currently working.

Parents in the focus groups were asked about sources of support, services they received, services they would like to receive, challenges they faced in accessing services, parenting, their needs and strengths. The participants’ responses were compiled from the ten focus groups and were analyzed to extract common themes and shared experiences. Three follow-up sessions were held after the focus groups. In the follow-up sessions the parent focus group participants and their extended family members were invited to express their agreement or disagreement with the summary themes from the focus groups.

The results below are the combined input from ten focus groups with young parents plus the three post-focus group sessions of parents and extended families. In the follow-up groups both the parents and their family members responded so they are referred to as participants in the statements below. The results also include additional input from the parents when they were asked to describe the topics that were identified during the focus groups. Expanded results from the focus group discussions and the follow-up sessions are in Attachment A of the Young Latino Families Report Supplement.

PARENTS WANT TO IMPROVE PARENTING SKILLS TO BE BETTER PARENTS

Overall 82% (123 of 149) of participants agreed that most young Latino parents need to improve their parenting skills and desired to be better parents.^{††}

*79% of participants
in Bellevue*

*88% of participants
in Burien*

*82% of participants
in Federal Way*

Parents described their biggest challenge as not having parenting skills.

- Two-thirds of the parents responded they needed parenting education.
- 76% (124 of 164) agreed that parents were overwhelmed with the responsibility and challenges of parenting, but were confident they can learn and become good parents.

^{††} Purepecha is the language of the original inhabitants of the state of Michoacan in central Mexico. Purepecha is spoken by approximately 200,000 indigenous Mexicans.

^{††} The statements in **bold** type and the percentages are compiled from the three sessions that were held after the focus groups when a total of 115 young parents and 63 extended family members were asked if they agreed or disagreed with the summary statements from the focus group discussions.

- Parents felt parenting required a new level of commitment and responsibility that can be stressful.
- One third of the parents expressed the benefits of parenting as blessings and pride, and one of three parents described positive feelings of being a parent.
- One third of the parents expressed concerns of a lack of preparation and resources in caring for a child.
- The parents requested culturally-specific parenting classes for Latinos that were also age-appropriate. Specifically they want these topics or skills:
 - Child development
 - Mental health, stress management, anger management for parents
 - CPR and First Aid Training
 - Prevention of domestic violence and family violence

The young parents identified their strengths as their cultural identity, love and commitment to their children, partner support, self-esteem and resilience, and spirituality and faith.

MANY YOUNG LATINO PARENTS NEED HELP TO MEET BASIC NEEDS ESPECIALLY HEALTH CARE

Overall 82% (137 of 166) of participants agreed young Latino parents need help to meet basic needs and access to affordable health care was a priority.

79% of participants in Bellevue

100% of participants in Burien

76% of participants in Federal Way

- One of three parents responded they needed health care coverage, including health insurance for baby, mother and father.
- One-third of the parents indicated they accessed health care services.
- One third of the parents indicated a need for nutrition services through WIC (Supplemental nutrition for Women, Infants and Children) or Basic Food and 28% were currently receiving nutrition support through Basic Food.
- 64% of participants in the follow-up groups in Bellevue, Burien, and Federal Way reiterated that the young parents were not typically able to access health and nutrition services.
- Parents want accessible health and nutrition services provided in Spanish by providers who are prepared to work with young Latino families.
- Parents also identified they needed family planning information from a trusted community source.

Approximately 20% of parents stated that they could use mental health services, counseling, and referrals, including the following:

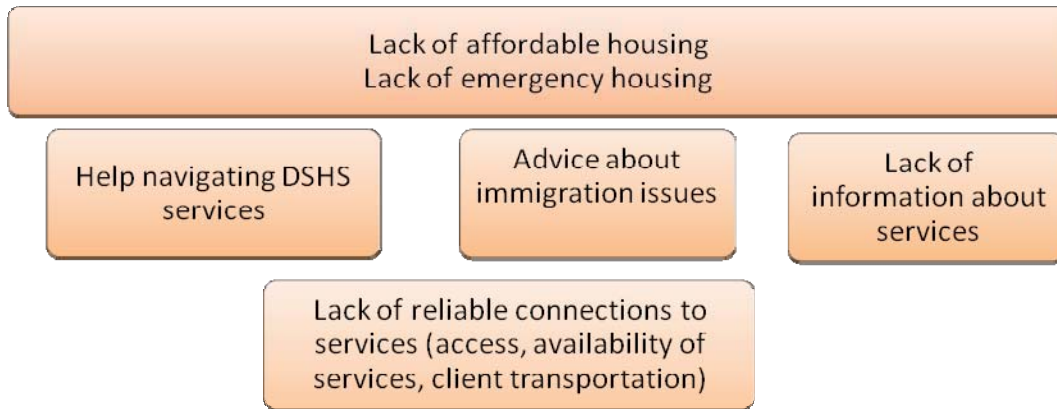
- Opportunities to socialize with other young Latino parents such as young parents in other communities
- Emotional support
- Motivational and psychological support for young parents
- Peer-to-peer support groups for young parents
- Relationship classes, couples support groups
- Services for stress and post-partum depression

In addition to health, nutrition, and mental health services, parents identified they needed help with child care. (Parents also identified they needed housing and that is described below as a significant challenge faced by parents).

- Parents need affordable child care and need help accessing available child care subsidies to pay for child care during the parents' working hours.
- Participants also need child care at accessible locations when they were in training or going to school. Of the three sites, only the Bellevue participants ranked child care as their top challenge.
- Parents who were homeless or undocumented find it difficult to find child care, as do parents of children with special needs.
- Parents sought safe infant and child care by trained and certified providers as well as more support and training for family and friends who provided child care.

PARENTS FACE CHALLENGES IN FINDING HOUSING AND ACCESSING SERVICES

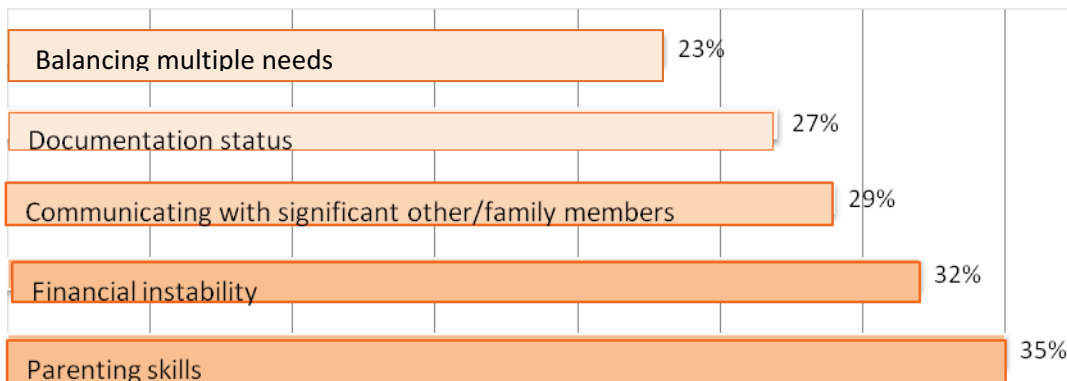
- Lack of affordable housing, including emergency housing, was what parents prioritized as the most common need. The parents' challenges are represented as priority needs in the figure below.
- Parents also are challenged to navigate services at the Department of Social and Health Services (DSHS). Parents need advice to deal with immigration issues and help to learn about services.



PARENTS ARE ALSO CHALLENGED BY LIMITED KNOWLEDGE, INCOME, AND SKILLS

- The parents more often expressed that finding affordable housing and accessing services were their needs as indicated above. One-third of the parents identified they needed parenting skills.
- Nearly one of three parents experienced financial instability
- Less than 30% experienced communication difficulties or problems with their documentation status.

Challenges faced by Young Latino Parents (n=199)



- A smaller percent of parents were challenged in different ways; 14% felt they lacked moral support, and 13% felt challenged in becoming an adult.

PARENTS SEE EDUCATION AND EMPLOYMENT AS A HIGH PRIORITY

80% (131 of 163) of participants agreed that education and employment are the most important needs.

87% of participants in Bellevue

90% of participants in Burien

71% of participants in Federal Way

- Parents needed support to finish high school and to secure employment.
- Parents wanted information about financial assistance, scholarships, or child care assistance including resources available to parents who are undocumented. Young parents who are undocumented and finish high school find that they can not apply for financial assistance if they planned to attend college.
- Parents identified they need English classes, as well as vocational training, work permits, and employment programs to help them obtain and retain jobs.
- Parents also needed to acquire computer skills and English skills or have interpretation available.

BARRIERS TO SERVICES INCLUDE THE YOUNG PARENTS' LACK OF DOCUMENTATION

73% (116 of 159) of participants agreed that the lack of documentation keeps parents from getting needed services.

69% of participants in Bellevue

85% of participants in Burien

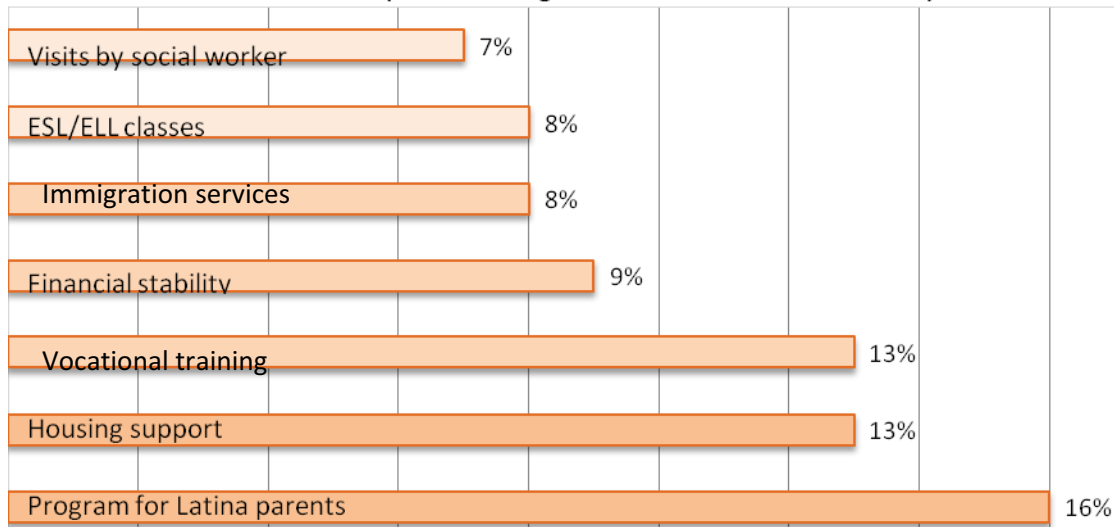
69% of participants in Federal Way

- 20% of parents stated that the lack of knowledge about services deterred them from using needed services
- 21% of parents indicated they lacked access to a service. 21% did not access services due to lack of child care.

SOME YOUNG PARENTS ARE CONNECTED TO SERVICES. OTHERS IDENTIFIED MULTIPLE NEEDS AND ARE NOT ENGAGED IN SERVICES

- While one third of participating parents indicated they received health services, others identified a need for health, nutrition, housing, vocational and financial support.
- Young Latino parents want to receive services provided by culturally competent providers and seek support services provided by bilingual/ bicultural Latino providers who have degrees in health care or human services.
- While one of four young parents accessed nutrition support services, smaller percents of parents are engaging in other services as shown below.

**Percent of Young Latino Parents (n=199) receiving services
(not including medical and nutrition services)**



Most parents want parenting education and employment training. Smaller groups of parents also identified they would like these additional services:

- Child care support
- Information and referral services
- Social and recreational activities
- Food and nutrition resources
- Financial assistance
- Purepecha Community Service Center
- Peer support groups
- Counseling support

MANY PARENTS FEEL THEY HAVE SOURCES OF SUPPORT

64 % (103 of 162) of participants agreed that young Latino parents feel supported by their families and communities.

*76% of participants
in Bellevue*

*92% of participants
in Burien*

*43% of participants
in Federal Way*

- The proportion of parents in Federal Way who felt they had family and community support was less than half of the proportion of parents in Burien.
- 44% of parents most often identified their family as a source of support, followed by 34% who felt supported most by friends or neighbors.
- 28% of parents received support from community organizations and churches. 28% received support from public agencies.

- 6% or fewer of the parents identified that they were their own support, or their spouse or their school was a source of support.
- Parents indicated that the type of support they most typically received was guidance or financial support, followed by child care or help with housing.
- Parents acknowledged that the support they received relieved their stress or offered them security. More parents received financial support or parenting guidance more often than mental or emotional support.

Section 5

Relevant findings and implications from programs that serve Latino Families

The Centers for Disease Control and Prevention (CDC) research on healthy parenting practices across cultural groups identified the importance of developing effective programs for parents of all cultural backgrounds.¹⁴ What is evidence of effective programs that have been implemented for Latino families and more specifically for young Latino parents? To best understand what services are most effective for young Latina parents, we can refer to the research or the evaluation findings about different home visiting models and innovative programs focused on services and interventions with Latino parents in order to derive implications for services for young Latino parents.

There are several categories of programs differentiated by whether the program model is a research based model with accumulated evidence of effectiveness or a locally developed innovative culturally specific approach with promise of effectiveness. Programs are further categorized as to the service delivery approach and the site of services, whether home-based or center-based. The relevant results from primarily home-based programs that are either national models or local culturally-specific approaches are briefly cited here, with application to young Latino families. The evidence from programs within King County as well as programs located in other regions of Washington or in other states are also cited to draw implications for services for young Latino families.

IMPLEMENTATIONS OF MODELS THAT ARE EVIDENCE BASED PROGRAMS

Early childhood development and family support home visiting programs have been widely implemented across multiple states, that have served sectors of the Latino population along with groups of non-Latino white, Black or Asian populations. Several programs selected for their relevance to this report have typically focused on improving maternal and child health outcomes, infant and toddler

developmental outcomes, and parental life skills, including education and employment. Most programs hire staff to reflect the diversity of participants and translate materials. Programs' curricula are adjusted to be culturally relevant. Locally, the Early Head Start, Nurse Family Partnership, Parents as Teachers, and the Parent-Child Home Program are models implemented in multiple sites that have served diverse populations for sufficient time with evaluations using rigorous methods.

The Nurse Family Partnership is rated as an evidence-based program^{§§} and is well supported by research with consistent positive results across multiple randomized controlled trials (RCT).^{***} Early Head Start, the Parent-Child Home Program, and Parents as Teachers are considered promising evidence based programs. Each is rated on the scientific evidence of the effectiveness of high quality research-supported services rigorously evaluated in randomized controlled trials.⁺⁺⁺ The Healthy Families America model has not been rated as demonstrating consistent positive effects, however the randomized controlled trials of Healthy Families New York had stronger evidence. This section highlights selected findings from the evaluations of these different programs relevant to planning services for young Latino families. Additional descriptive information about the national evaluations is in Attachment B of the Young Latino Families Report Supporting Documentation.

EARLY HEAD START

The Children's Home Society of Washington (CHSW) implements an Early Head Start (EHS) program serving families in North and South King County. Neighborhood House and the First A.M.E. Child and Family Center conduct EHS programs that serve diverse populations in Central and Southeast Seattle. Each program's enrollment includes all age groups of parents who represent diverse racial, ethnic and cultural groups living in the targeted local neighborhoods. The CHSW Early Head Start Program enrollment is 10% young Latina mothers. Families receive home-based, center-based or a combination

^{§§} There is no universal definition of evidence based programs but the term refers to organized, multi-faceted interventions that are based on a theory of change and have a specified curriculum and a defined set of elements that when followed with complete fidelity have been documented with research evidence of effectiveness. The term evidence based programs is differentiated from evidence based practice that refers to the approach or framework based on principles and strategies that are supported by research.

^{***} Ratings from SAMHSA's National Registry of Evidence-Based Programs and Practices and the California Evidence Based Clearinghouse for Child Welfare. Other organizations have created criteria to rate program effectiveness including the Promising Practices Network on Children, Families and Communities.

⁺⁺⁺ The policy statement of evidence-based practices in psychology adopted by the American Psychological Association (APA) in 2005 is that evidence based practice includes the integration of (1) the best available research with (2) clinical expertise in the (3) context of patient characteristics, culture, and preferences. The California Evidence-Based Clearinghouse on Child Welfare adapted the Institute of Medicine definition of evidence based practice to refer to best research evidence and best clinical experience that is consistent with family/client values.

of child-centered, family focused services including parenting education, child development and community referrals as needed.

Evaluation results: In a randomized controlled trial across 17 sites the Early Head Start program showed that program services had favorable patterns of impact on participating Latino children and parents. Parents who were pregnant when they enrolled, teen parents, and parents with depressive symptoms had stronger changes than other groups of parents. Latino families were at increased risk for a number of reasons, including home environmental conditions and families’ limited access to services. Latino children were in families that were less likely to have health insurance (73%) than African American/Black children (92%) and White children (90%). Latino children were also less likely to have a regular health care provider (88%) than other children (96%).

Locally, the Children’s Home Society of Washington’s (CHSW) Early Head Start Program has analyzed child and parent outcome data from all enrolled families. Both Hispanic and non-Hispanic children consistently met the age-appropriate behaviors and skills identified in several domains including cognitive, language, motor, self-help, social-emotional and pre-literacy skills. The analysis identified that Latina parents’ values underlying their parenting behavior influenced the mothers’ strong nurturing roles and preferences for children to show less self-help skills. CHSW Early Head Start outcomes are below:

Increased parenting skills and knowledge	<ul style="list-style-type: none"> • 79% of parents report that they know what to expect about their child’s behavior at different stages and ages • 82% of parents report feeling more confidence as a parent
Increased life skill development	<ul style="list-style-type: none"> • Parents complete education through GED and high school completion programs. Mothers and fathers are referred for job training
Improved child health outcomes	<ul style="list-style-type: none"> • 100% of families have a medical home. More than 90% of infants and toddlers are up to date on immunizations
Improved parent-child interaction	<ul style="list-style-type: none"> • 83% spend more time playing, singing, and talking to their children

PARENTS AS TEACHERS (PAT) (HEALTHY START)

Healthy Start is a multi-agency collaboration led by Friends of Youth and partners Youth Eastside Services, Renton Area Youth and Family Services, Northshore Youth and Family Services, and Center for Human Services. Healthy Start serves young families in north, northeast and east King County. The Healthy Start Program home visiting offers parenting education and support using the Parents as Teachers Born to Learn curriculum in a visit schedule designed to meet each family’s needs. The program also offers group activities that increase peer relationships and decrease social isolation. The

program is having success in engaging Spanish speaking fathers with the Siempre Papa program and the services of a Latino Case Manager.

Evaluation results: The results of the Parents as Teachers (PAT) model evaluation are found in Attachment B in the Young Latino Families Report supplement. In an evaluation of the PAT home visit intervention program done in California, when Latino families in the program were compared to non-Latino program families and to Latino control group families, the results were that Latino program families accrued greater benefits in acquiring knowledge of appropriate discipline and child development than did non-Latinos.¹⁵ The children in families receiving PAT showed small positive impacts in cognitive, social and self-help development.

Locally, the Healthy Start program tracks several outcomes shown below but is not conducting a formal evaluation.

Increased parenting skills and knowledge	<ul style="list-style-type: none"> 95% of parents demonstrated improved parenting skills
Increased life skill development	<ul style="list-style-type: none"> 90% of participants were making progress on independence goals
Improved maternal health outcomes	<ul style="list-style-type: none"> 3% of families in 2008 gave birth to a second child compared to data that one third of births to teen mothers are second births
Improved child health outcomes	<ul style="list-style-type: none"> 98% of infants and toddlers were on time for immunizations, well-child check-ups, and were within normal limits for height and weight
Improved parent-child interaction	<ul style="list-style-type: none"> 4% of families were referred to CPS in 2008 compared with 18% of parents in this age cohort statewide

NURSE FAMILY PARTNERSHIP

Public Health-Seattle & King County implements a Nurse Family Partnership (NFP) program and approximately 25% of the clients are Latina. Nurse visitors show flexibility in interacting with the young families and the client identifies parenting education and life course goals. The program adheres to the model components, monitors the quality of data, and reports on the details of service provision and client progress that is required of an implementation site of this model.

Evaluation results: The results of three NFP trials are reported in Attachment B in the Young Latino Report supplement. The NFP evaluation study in Denver had the highest proportion, 46%, of Hispanic mothers. The researchers at the NFP National Service Center indicated the Denver evaluation team completed analyses by race and ethnicity of participants and found no differences in outcomes for subgroups, including Hispanic parents, in relation to the entire sample. Results from the Denver study are shown below.

Improved child development	<ul style="list-style-type: none"> In the subsample of children with mothers with low psychological resources the children had notable gains in language, behavior adaptation,
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	and executive functioning but not in emotional regulation
Increased interval between births	<ul style="list-style-type: none"> The nurse- visited mothers had a longer interval between first and second births than did the mothers in the control group

PARENT - CHILD HOME PROGRAM

The Southwest Youth and Family Services, Atlantic Street Center, and Neighborhood House conduct the Parent -Child Home Program (PCHP). The PCHP differs from Healthy Start, Early Head Start, and Nurse Family Partnership programs by targeting families with children who are two to three years old rather than young, first time pregnant or parenting mothers. The PCHP focused on serving families with parents who had low-literacy, limited education, limited English proficiency, or were teen parents.

Evaluation results: The results of the PCHP in Seattle showed positive changes in behavior for participants who completed two full years of the program. In the Seattle PCHP evaluation in 2007, 20% of participants were Latinos.

Increased parent child interaction	<ul style="list-style-type: none"> Parents increased in 12 items of enhanced interaction with child in the first and second years 51% of parents reported greater likelihood of reading to their child 22% of parents reported they are more likely to play with their child
Increased child development	<ul style="list-style-type: none"> Children showed positive change in accepting help from adults, being attentive and able to concentrate, cooperating with adults, and completing developmentally appropriate activities.

INNOVATIVE RESEARCH INFORMED PROGRAMS WITH A CULTURALLY SPECIFIC FOCUS

Apart from the above models, different programs exist that are culturally-specific and based on the underlying cultural norms and values of the targeted populations. These research-informed programs are based on accumulated research, practice results, and practitioner wisdom combined in the implementation of innovative programs. The research-informed programs aim to produce positive change and illustrate what works best for what groups under what conditions. In King County, the Next Generation program is an example of a research informed program.

NEXT GENERATION

The Children’s Home Society of Washington and El Centro de la Raza implement Next Generation, a program targeted to Latina mothers and other young women under 19 years old in Seattle and South King County. The program has ten service components, provided directly by the bilingual, bicultural staff or through agency partners including health care referrals, family life education, as well as vocational and employment services through the King County Work Training Program. The program engages

fathers in groups and provides employment and education services to fathers and extended family members.

Evaluation results: An external evaluator using a quasi experimental design compared the Next Generation participants to a comparison group of young mothers similar in age and ethnicity. The results below are from the annual evaluation reported in November 2009.

Increased parenting skills and knowledge	<ul style="list-style-type: none"> 63% of parents reported increasing their knowledge of child development and parenting compared to 48% in the comparison group
Increased life skill development	<ul style="list-style-type: none"> 85% of parents participated in education and employment services 82% made progress by enrolling or advancing in school or being employed 64% of parents at the 12 month follow-up were employed, which was an increase from 18% who received employment income at enrollment
Increased father engagement	<ul style="list-style-type: none"> Fathers are spending increased time with their children. 78% of fathers are contributing to parenting 63% of fathers were contributing to family income
Improved health outcomes	<ul style="list-style-type: none"> 86% of mothers have not had a second pregnancy 98% of infants and toddlers are up to date on immunizations

OTHER PROGRAMS SERVING LATINA AND LATINO CLIENTS

Other research-informed programs that serve Latino families suggest how to outreach successfully and interact with young Latino parents and their children:

- Avance in San Antonio, Texas**, conducted several child- centered, family-focused interventions that have evolved over decades of serving low-income Latino families. The Avance Family Support and Education program provided education and job training for parents, while the children received early childhood experiences. The services were based on local Latino cultural norms and values and included social events for families while educational sessions were conveniently scheduled for parents. The results include positive changes in parents’ child-rearing behaviors, roles as their children’s first teacher, parental efficacy, and use of community resources.
- Los Niños Bien Educados** in California is a Spanish language parent education curriculum to strengthen parenting skills and build on traditional cultural values for immigrant families. Latino parents with children from birth to 18 participate in 12 three-hour sessions or one-day seminars. Program evaluation findings include: (1) Parents with higher levels of formal education and those who lived in the United States longer showed more gains in parenting skills than less educated, less acculturated parents. (2) Parents who completed eight or more sessions were more satisfied with their children’s behavior and better understood their children’s needs than did parents who did not complete at least eight sessions.
- Promotoras** are trusted community members who speak Spanish and share the same life experiences of the local residents they serve. The *promotoras* are natural leaders who are trained in program content areas. *Promotoras* promote peer education and are being used in

early childhood and family support programs. In the *Promotores de Salud* Program in Quincy, Washington, the *promotoras* function as family support workers and complete health screenings and outreach to Latinos. The *Promotoras Comunitarias* program in Los Angeles has *promotoras* who provide education on teen pregnancy prevention, family communication, child abuse and domestic violence to Spanish speaking clients at Planned Parenthood Centers.

- **The Maternal Infant Health Outreach Worker Program** in five states trains local mothers to visit pregnant women and mothers of infants and toddlers. The workers model positive parenting skills, provide child development information, and refer mothers to other services. Participants report improved connections with their children, use of prenatal care, and knowledge of community resources.

While evaluations have not been widely conducted, one meta-analysis of 24 studies showed that community health workers are effective in increasing access to health services, knowledge, and behavior change among ethnic women of color. Several Washington programs for Latino teens and young adults are potentially effective, but are not yet thoroughly evaluated. Examples of three locally- developed, innovative programs are shown below.

Program, Location, Population	Program service	Outcomes
Bonding Right from the Start, Catholic Family & Child Services, Richland, WA Serves 70% Latina pregnant and parenting teens	Hope Home with crisis management, case management, education in 13 week class for mother-baby pairs, bilingual staff.	Provides prizes, meals, and speakers as incentives. Small number of clients to measure outcomes.
Teen High School Completion Program Centralia, WA Serves pregnant and parenting teens under 21 years old, 12 % are Latina	High school education, parenting education, career exploration, counseling, transportation, support network, links to other resources. Bilingual worker.	Latinas have lower high school completion but have positive changes in Adolescent Parenting Inventory. Undocumented students find it hard to attend college or access child care.
Welcome Family Connections, Educational Service District 112, Vancouver, WA Served Spanish speaking families with children under 5, 48 parents, 38 children in a year, 50% are recent immigrants	Bilingual worker makes 3 home visits a year to new parents to provide information, complete the Ages and Stages Questionnaire, makes referrals, invites families to story times.	Parent self-reports on the Parenting Ladder survey show positive change in knowledge of child development and home activities to promote school readiness. Long-term follow up is limited due to client mobility.

IMPLICATIONS FROM THE REVIEWED PROGRAMS FOR YOUNG LATINA AND LATINO PARTICIPANTS

Many of the programs serving Latino families had features in common including the qualifications of the staff and the focus on a culturally appropriate curriculum that was consistent with the families’

values and expectations. The implications from the programs are stated below because these are relevant to consider for future services to young Latino families in King County.

Bilingual staff are preferred to using interpreters - All of the described programs have bilingual staff to reduce the communication barriers and the miscommunication that is encountered by Spanish speaking clients who seek family support, health or education services.

Bicultural and bilingual staff may be better accepted - Hiring skilled bicultural staff is generally regarded as the ideal standard of practice since the bicultural staff likely have insights into understanding the young clients' culturally influenced behavior and parenting practices. Attention should be given to ensuring that the home visitor is prepared and knowledgeable in the culture of the program participants and local residents. There are inter-group and intra-group differences among Latinos, so even bilingual, bicultural home visitors may benefit from cultural competency preparation.

Cultural integration is necessary - Several successful programs have identified that the clients' cultural values and norms should be incorporated in planning and implementing services. Culture and related cultural values influence the young Latino parents' communication, child-rearing practices, nutrition and food preferences, parenting expectations, and behavior. The parents' behavior should be understood relative to their home culture and to the host culture to which they may be acculturating or assimilating in some ways while retaining some traditional beliefs and values. Effective programs that recognize the influence of culture modify the content, teaching materials, handouts, and the interaction styles of the home visitors to be acceptable to the underlying values and expectations of the Latino clients. Integrating an understanding of the clients' culture extends to meeting the individual needs of the young parents in the language and the location they prefer as well as including extended family members in group interactions when it is consistent with the norms and expectations of the local community and is beneficial for the young Latino parents and their children.

Accommodate literacy levels - Parents as Teachers and the Nurse Family Partnership are adjusting the reading levels of program handouts for participants with less than sixth grade education. Translating handouts and teaching materials in Spanish is not sufficient so home visitors should be creative in checking for client understanding and should present information through demonstration.

Meet priority needs - Home visitors in effective programs initially helped young parents to access resources to meet their basic and immediate needs including health care and nutrition services so that the parents could then focus on hearing child development or parenting information.

Identify that lack of documentation affects access - Program home visitors identified that when their clients were not legally documented residents they could not access some educational, child care, or job resources. The home visitors may offer information, be persistent to keep in contact with undocumented clients who are mobile, and be flexible to maintain communication.

Address the developmental needs of teen and young adult parents - Effective home visitors identified the developmental needs of the adolescent pregnant and parenting participants who are themselves transitioning to being parents and learning to care for a young infant or toddler while often trying to complete their own education or find employment. Effective services are appropriate to the language, learning style and the capabilities of the young Latina mother and Latino father.

Prepare to overcome the social isolation of young parents - Effective program staff also identified that young Latina mothers may be socially isolated and disconnected from community resources so home visitors were creative to refer and motivate young mothers to engage in available resources. Effective home visitors assisted young parents to identify short and long term goals for parenting and their own life course, including taking steps to complete education or obtain employment or job skills.

Section 6	Recommendations for home visiting services for young Latino families in King County
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The above implications in Section 5 that were derived from many programs that serve Latino families should be considered along with the following recommendations to develop and plan future services. The recommendations blend the input from the young Latino families and their extended family members, the perceptions of the home visitors who interact with this population, and the results from effective programs that serve Latino families. Results from earlier evaluations of home visiting models and programs also support the recommendations below.

Briefly, the research indicates the success of home visiting as a service delivery model is influenced both by program components including characteristics of the home visitor, such as flexibility or a caring attitude, as well as the familial and contextual factors. Among families who received child- focused services, the quality of the home visitor- parent relationship predicted family engagement. The level of stress in the family as well as the quality and quantity of social supports also influenced the family engagement and the quality of the parent-home visitor relationship. The parents' beliefs in the need for services and the mother's perceived level of control, along with the presence of non-participating adults in the household, also

determined the quality of parent engagement in home visiting.¹⁶

The recommendations below include approaches to engage participant, elements of program design, organizational values, and systemic issues surrounding the development and implementation of programs and services to meet the needs of young Latino parents. Young Latino parents provided input that they want parenting classes and need medical/health, nutrition, housing, employment and education resources. This finding indicates that at least some of these parents are not connected to available resources; conducting outreach to these potential clients is a starting point for future services.

ENGAGING PARTICIPANTS CALLS FOR CREATIVE OUTREACH APPROACHES AT MULTIPLE LEVELS

1. **Conduct peer recruitment** - Past and current program participants may recruit their peers as they are trusted and can relate their common experiences.
2. **Do inter-agency outreach** – Agencies that provide Latino family services should do outreach to other service providers in education, health, and employment so that local service providers are aware of programs for young Latinos and can refer parents or distribute information so parents self-refer. Building inter-agency alliances will facilitate referring young Latinos for services. Programs may encourage Latino parents to advocate to community providers to consider that services such as customer call-in numbers be available in Spanish.
3. **Involve fathers and extended family members** - The role of Latino fathers has been largely left unexplored. Include male partners/fathers, along with supportive female caregivers, including grandmothers or aunts. Local programs were successful in involving fathers in employment, training, or education information and referral services and also invited fathers into life skills and parenting classes. Engaging extended female family members (e.g. grandmothers) may also keep young teen or young adult mothers participating in services.
4. **Identify parents' strengths** - Assess parents' personal resources, knowledge and available sources of support that help the parent in coping with challenges and caring for a young child.

MATCH PROGRAM SERVICES WITH THE CLIENTS' CHARACTERISTICS TO ENSURE SUCCESS

1. **Assess clients' needs** - Parents with higher risks were better served by more intensive home visiting services provided by professionals. While services were targeted to first time parents the providers also indicated that parents experiencing a second pregnancy or who had a second child were also receptive to learning parent education skills.

2. **Match Intensive or less intensive services to client need** - A less intensive level of parent education and support could be effective for parents who have lower risk factors, have some social support, or who attend school.
3. **Use several approaches to retain participants** - Parents who were engaged in services longer had better outcomes so programs will want to use incentives and elicit client input regularly in order to revise services to keep clients satisfied and engaged.

CHARACTERISTICS OF THE HOME VISITOR AFFECT PARENT PARTICIPATION

1. **Select home visitors with qualifications to fit population needs and program resources** - The young parents indicated a preference to have bilingual, bicultural providers who were well educated and prepared to provide parenting education and related services. Experienced, empathetic, non-judgmental and flexible home visitors were also desired. Some programs described in this report are staffed by registered nurses or other college educated professionals or paraprofessionals or community members trained to provide home visiting services. Program costs may be lower when services are provided by trained local community members, but the quality of the services, the long-term retention of the workers, and the participants' benefits may not be at the same level as when services are provided by professional home visitors. Programs may determine the most appropriate qualifications of the home visitors to fit the overall program goals and the needs of the local targeted population.
2. **Retain quality staff** - Retention of qualified staff helps to maintain quality services and positive program outcomes. Programs that provide frequent reflective supervision and promote home visitor morale and self care tend to retain experienced home visitors.

PROGRAM SERVICES SHOULD BE DESIGNED TO MEET YOUNG PARENTS' COMPLEX NEEDS

1. **Initiate services early** - Initiate services during pregnancy if possible when parents are open to education and home visitor-parent relationships can be established.
2. **Address complex and interconnected needs** - Program staff have to address the unique needs of each family including socioeconomic need, possible substance abuse, domestic violence issues, social isolation, or maternal depression to identify if referrals and assistance are needed.
3. **Offer mental health services** - A comprehensive array of preventive mental health services including counseling on domestic violence, depression, and partner relationships that are directly provided by the program or are brokered through collaborative partnerships seem required to address young parents issues and needs. Those services should be offered along

with the providing parent education, child development, health, nutrition, education and employment services to achieve positive parent and child outcomes.

4. **Strengthen social and peer support-** To reduce social isolation young parents requested peer support groups and social networking opportunities in order to meet, exchange information, share experiences, and offer emotional support with other young Latino parents.
5. **Build community alliances-** Home visiting may increase the Latino parents' access to community services, but the home visiting program needs to work with community agencies, organizations and providers to reduce barriers including language and service eligibility requirements to accommodate to young parents to ensure services are accessible.
6. **Develop partnership agreements-** Home visiting programs working directly with young Latino parents should establish formal letters of agreement and/or interagency working partnerships to ensure that young Latino parents will be able to access services and be equitably served.
7. **Set a flexible frequency and duration of visits -** Programs varied in the number and frequency of home visits from two visits a week to weekly visits to monthly visits. There was no single schedule for frequency and duration of visits, but adjusting the schedule to meet the families' needs (within the program resources) was the common standard. Home visitors wished to have more time with their clients and the young parents identified that they needed parenting skills, assistance with basic needs, and help with education and employment that all require time for discussion during home visits.
8. **Offer multiple service formats -** Offer services in individual family focused visits and also in several formats including group sessions, peer to peer groups, social events with extended family members, and work sessions that may engage fathers.

IMPLEMENT A HIGH QUALITY APPROACH APPROPRIATE TO THE NEEDS OF THE POPULATION

1. **Achieve program standards -** Program standards are recommended in three areas that are aligned with the standards for Early Head Start and Head Start: early childhood development and health services, family and community partnership, and program design and management.
2. **Maintain program fidelity -** The programs that achieved better outcomes had fidelity to program components including the number, frequency, duration and content of home visits. Programs that are evidence based or programs that are innovative local efforts can each identify the level of services that should be provided consistently to best measure client progress and achieve program outcomes.

ADOPT ORGANIZATIONAL VALUES AND PRINCIPLES TO SUPPORT QUALITY PROGRAMMING

1. **Keep a focused approach** - Programs had a child centered, parent focused approach that engaged the mother in setting goals for herself and her child. Nurse home visitors described the parent as the expert and other program home visitors referred to the parent driving the visits and setting steps to achieve goals.
2. **Offer opportunities for parents to contribute** - Program home visitors described ways that parents could demonstrate their organizational skills in clothing banks or as volunteers where they could meet other parents and share information and experiences.

ADDRESS THE SYSTEMIC ISSUES TO FACILITATE PROGRAM CLIENTS SUCCESS

1. **Provide parenting classes** - Parents wanted more parenting classes in Spanish and if transportation or child care was available that could increase attendance by both parents.
2. **Improve access to transportation** - Parents identified the lack of transportation as hindering their access and use of services including health care, education and employment resources. Some home visitors assist parents to use public transportation while programs try to acquire resources so that transportation could be offered for program events.
3. **Assess families' basic needs** - Programs that build relationships with community agencies can help clients to meet their basic needs for health care, shelter, food, utilities and clothing. Parents need information and assistance to apply for Temporary Assistance for Needy Families (TANF), Basic Food, medical coupons, emergency housing and affordable housing.
4. **Expand options for child care** - Families identified that the lack of child care slowed their entrance in the job market or to attending school. Home visitors refer eligible clients for child care subsidy programs but undocumented parents may have limited access to obtain child care.
5. **Assess and expand education completion options in the community** - Young parents options are limited to attend school if they have completed few years of formal education and if they do not have child care. Programs may want to assess if any remedial education can be offered through community agencies to prepare young parents to attend high school so they could develop skills for the job market.
6. **Expand options for English classes** - Young parents who were not familiar with using public transportation or who were socially isolated did not enroll in English classes. If classes were available weekends and weeknights in community locations some parents might attend.

7. ***Provide access to job readiness and job search classes*** – Young parents who are legally documented might access classes on searching for a job, preparing to enter the work force, and keeping a job.

Summary- The data that document the achievement gaps among very young Latino children and their non-Latino peers require community interventions, including home visiting services, to reduce the gaps and improve the optimal health and development outcomes for all children. The benefits attributed to the evidence based and promising evidence home visiting models would support continuing these models to meet goals of improving maternal and child outcomes.^{***} Ongoing evaluation is necessary about how well these models generate positive outcomes for young Latino families who have their unique cultural, developmental, socioeconomic, and linguistic needs and situations.

The diversity among the Latino families, with complex and connected problems, also calls for innovative approaches in home visiting that are culturally-specific and linguistically acceptable. Support for the inclusion of innovative approaches that will meet the complicated and comprehensive needs of families comes from at least two well known researchers and experts.

In a recent publication, Jack Shontoff, of Harvard University, identified that given the somewhat modest effects described in the longitudinal studies of child development interventions, including home visiting, there is still a need for more effective intervention strategies.¹⁷ He suggests that two paths are desirable: one path is to continue to bring the state-of-the art services such as evidence based home visiting programs to greater numbers of children and families; a second path is to allow for the development and implementation of well-designed innovative services that are responsive to variations in the cultural context that will also include evaluations of intra-group variability in young children's development. Lee Schorr, a fellow at the Center for the Study of Social Policy, also endorsed well designed research supported innovative approaches that are targeted to reduce complex human problems that are not amenable to randomized controlled trials.¹⁸ She affirmed the use of approaches that are based on accumulated empirical evidence from similar or related efforts that are supported by the consensus of informed observers who refer to theory, research, and practice experience. These two positions lend support to the provision of innovative home visiting services developed to meet the

^{***} Zero to Three Policy Network recommended (1) Expanding access to high quality home visiting programs that have a proven track record of success and (2) Ensuring that services delivered through home visiting are linguistically and culturally appropriate. Source: DiLauro, E. (2009) Supporting Parents and Child Development through Home Visiting. Reaching Families Where they Live. Zero to Three National Center for Infants, Toddlers, and Families Policy Network.

extensive and connected needs of culturally diverse groups. An opportunity and a challenge exists for the growth of innovative programs that do not yet have an accumulated body of scientific evidence but show the potential to address the complex needs as well as the culturally influenced practices that affect young children's development.

Conclusion – Young Latino families who participated in the community input process shared their challenges and needs for family support services, education, and sufficient income to help provide for their children. The families differ in their living situations, level of education and acculturation, available resources and support systems, skills and readiness for employment. Many expressed their social and linguistic isolation and lack of meaningful connections with others, but others did feel supported through their local communities. The young Latino parents described challenges to access health, nutrition, employment, education, and housing resources. They also identified strengths in their personal relationships, love for their children and support from their families.

Thoughtful and deliberate planning is necessary to meet the cultural and the developmental needs for home visiting services for these young families. When services are not available, two generations, the young parents and their children will have less than optimal developmental outcomes. With home visiting services the focused educational services for parents will positively influence the parents' interaction and communication contributing to the development of the child's social skills for improved school readiness. The research supports a dual direction in the provision of both the innovative culturally acceptable models that are consistent with family values and have potential for positive outcomes along with the evidence informed and evidence based home visiting programs that have documented results but have been less thoroughly evaluated with diverse families.

Endnotes

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² Shonkoff, J.B. (2010) Building a New Biodevelopmental Framework to Guide the Future of Early Childhood Policy. *Child Development* 81 (1):357-367.

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⁴ Pew Hispanic Center. (2010) King County Data based on the 2000 Census. Accessed online: <http://pewhispanic.org/states?countyid=53033>

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- ⁸ Fuller, B., Bein, E., Bridges, M., Halfon, N., Jung, S., Rabe-Hesketh, S., & Kuo, A. (2010) Maternal Practices that Influence Hispanic Infants' Health and Cognitive Growth. *Pediatrics* 125(2), 324-332.
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- ¹⁴ Lubbell, K.M., Lofton, T., Singer, H.H. (2008) *Promoting Healthy Parenting Practices across Cultural Groups: A CDC Research Brief*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
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- ¹⁷ Shonkoff, J.B. (2010) Building a New Biodevelopmental Framework to Guide the Future of Early Childhood Policy. *Child Development* 81 (1):357-367.
- ¹⁸ Smyth, K.F. and Schorr, L. (2009) *A Lot to Lose: A Call to Rethink What Constitutes "Evidence" in Finding Social Interventions that Work*.