



# Home Visitor Perspectives on Engaging Families

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# Background Information

- ▶ High dropout rates are common among home visiting programs – 20-67% common (Gomby, Culross & Behrman, 1999)
- ▶ Questions have been raised regarding what factors impact client engagement and retention
- ▶ Developing literature on factors related to enrollment, engagement, and attrition

# Three Types of Variables Impacting Engagement to be Explored in this Study

- ▶ Demographic factors
- ▶ Home visitor and program-related characteristics
- ▶ Personal characteristics of client and family

# Demographic Factors

- ▶ Low SES predicts attrition (Brand & Jungman, 2014)
- ▶ Younger age predicts dropout (Ammerman, 2001) and older age predicts retention (McGuigan, Katzev, & Pratt, 2003)
- ▶ Less education predicts both engagement (Goyal et al., 2013) and dropout (Roggman et al., 2008)
- ▶ Married mothers more likely to engage than unmarried mothers (McGuigan et al., 2003; O'Brien et al., 2012)

# More Demographic Factors

- ▶ Teenage mothers who did not finish high school are more likely to accept services (Duggan et al., 2000)
- ▶ Unemployment predicts greater duration and number of home visits (Daro et al., 2003), whereas length of employment predicts number of completed home visits (Olds & Korfmacher, 1998)

# Home Visitor and Program-Related Characteristics

- ▶ Client perception of costs and benefits relates to engagement (Corso, Fang, Begle, & Dumas, 2010; McCurdy et al., 2006)
- ▶ Greater client satisfaction with services predicts service completion (Damashek et al., 2011)
- ▶ Stronger working alliance predicts retention (Ammerman, 2001)
- ▶ Client confusion about what participation entails and logistical barriers to scheduling and keeping appointments decreases engagement (Ammerman, 2001)

# More Home Visitor and Program-Related Characteristics

- ▶ Need home visitor flexibility and adaptation of strategies to meet families' needs (O'Brien et al., 2012)
- ▶ Need home visitor emphasis on client goal achievement, information about pregnancy and parenting, and emphasis on the helpfulness of the program (O'Brien et al., 2012)
- ▶ Need home visitor-client personality match to facilitate engagement (Beasley, Silovsky, Ridings, Smith, & Owora, 2014)

# Personal Characteristics of Client and Family

- ▶ Criminal history, mental illness, substance abuse, and increased likelihood of multiple crises and stressors predicts greater number of home visits (Ammerman et al., 2006)
- ▶ Higher number of drug and alcohol symptoms predicts lower likelihood of service completion (Damashek et al., 2011)
- ▶ Maternal cognitive abilities predicts number of home visits and duration (Booth, Munsell, & Doyle, 2014)

# More Personal Characteristics of Client and Family

- ▶ Greater maternal sense of control predicts number of completed home visits (Olds & Korfmacher, 1998)
- ▶ Domestic risk predicts number of home visits (Booth et al., 2014)
- ▶ Duration of home visits predicts parent support for language and literacy (Raikes et al., 2006)
- ▶ Dropout parents have lower quality of home environment (especially language and literacy), less consistent use of bedtime routines, less support for children's play, and lower child vocabulary scores (Roggman et al., 2008)

# Purpose of Study

- ▶ There is a large quantitative literature on home visitor engagement.
- ▶ No study has explored home visitors' perspectives on engagement through qualitative methods.
- ▶ This study enables an in-depth analysis of how home visitors view engagement of different types of families.

# Methodology

- ▶ Early Head Start home visitors in Northeastern Pennsylvania county asked set of five questions regarding engagement in an interview format
- ▶ Interviews were transcribed
- ▶ Data was collected between 2000 and 2006
- ▶ Not all questions were asked for all home visitors in all years
- ▶ Coding of responses using open coding in NVivo 11
- ▶ Use of constant comparative method to abstract broader themes for each question

# Results: Question 1

- ▶ What is your experience of working with different families? – General impressions and experience (2000-2003)
- ▶ Six emergent themes:
  - ▶ Rapport building and engagement
  - ▶ Variations in involvement by family
  - ▶ Home visitor challenges with work
  - ▶ Positive changes in and characteristics of clients
  - ▶ Problems and challenges faced by families
  - ▶ Positive home visitor experiences

# Rapport Building and Engagement

- ▶ “Some families really latch on to you”
- ▶ “families really maintain their distance”
- ▶ “problem the FDS has is when families cancel”
- ▶ “but they just don’t seem interested in getting involved which makes it hard to pull them in on stuff”
- ▶ “families are generally responsive to home visits”
- ▶ “Some parents just want someone to talk to”

# Variations in Involvement by Family

- ▶ “Every family is different at a different level”
- ▶ “FDS can ‘never expect the same things to happen’ either with one family or between families”
- ▶ “Every visit goes differently”
- ▶ “FDS finds that she needs to ‘switch gears’ as she moves between cases”
- ▶ “You have to be flexible to work with different types of families”

# Home Visitor Challenges with Work

- ▶ “[families] not yet ready for the challenges of change”
- ▶ Families with marital problems
- ▶ Low-income families
- ▶ Younger parents
- ▶ “difficult to change gears of home visitation with one families to what would be the least difficult for different families”
- ▶ “You sometimes take this stuff home with you”

# Positive Changes in and Positive Characteristics of Clients

- ▶ “when families see their own success they are encouraged to continue”
- ▶ “Most important is helping them achieve their first goal”
- ▶ “working with the parent to become economically independent”
- ▶ “Good to see them do things for themselves”
- ▶ “most want their children to succeed in life”
- ▶ “all want their children to have better lives than they had”

# Problems and Challenges Faced by Families

- ▶ “their adult lives are in crisis”
- ▶ “family whose father died of a drug overdose”
- ▶ “Some of these families can’t even do what they need to do for personal hygiene”
- ▶ “had no idea that some families could be so poor”
- ▶ “making sure they clear up their head lice infestation”

# Positive Home Visitor Experiences

- ▶ “I’ve really enjoyed working with my families”
- ▶ “I had great families this year; they really helped me get my things done during the home visit”
- ▶ “nice to develop new relationships with new families”
- ▶ “It is really fulfilling”
- ▶ “It is really rewarding”
- ▶ “It is wonderful to be involved with parents who want to do and be better for their children”

# Results: Question 2

- ▶ What kind of families do you find easiest to work with? Why?
- ▶ Three emergent themes:
  - ▶ Importance of family structure/demographic characteristics
  - ▶ Importance of family functioning, attitudes, and behaviors
  - ▶ Challenges of home visiting work

# Importance of Family Structure/Demographic Characteristics

- ▶ “None anymore different than other – all easy”
- ▶ “Family structure makes no difference”
- ▶ “There’s not really any particular family structure that is easiest”
- ▶ “no blueprint for the perfect/easy family”
- ▶ Lower education harder to work with
- ▶ Five references to younger parents being easier
- ▶ Nine references that single parents are easier; three that they are harder
- ▶ 14 references to two-parent families being easier

# Importance of Family Functioning, Attitudes, and Behavior

- ▶ “The easiest family is the one who is ready to make changes in their lives”
- ▶ “Families with the least amount of problems are better”
- ▶ “most needy are the easiest to work with”
- ▶ “what matters is whether the parents are willing to be involved”
- ▶ “really want to learn are the easiest to work with”
- ▶ “that seem genuinely interested in your suggestions”

# Challenges of Home Visiting Work

- ▶ “Can’t figure out role in families that are doing well”
- ▶ “hardest are the ones that you never get to see”
- ▶ “fathers present can sometimes be a barrier”
- ▶ “the hardest are the ones who think I’m there to do everything”

# Results: Question 3

- ▶ What kinds of barriers do you encounter in working with EHS families? (2000)
- ▶ What are the three most common barriers that you encounter in working with EHS families? (2001)
- ▶ What are the five most common barriers that you encounter in working with EHS families? (2002-2006)
- ▶ What strategies have been used by the program to overcome the barriers? (2006)

# More Results: Question 3

- ▶ Five emergent themes:
  - ▶ Client feelings and attitudes about Early Head Start
  - ▶ Negative family behaviors and challenges
  - ▶ Family level of need/crisis
  - ▶ Home visiting work challenges
  - ▶ Commitment and scheduling

# Client Feelings and Attitudes About Early Head Start

- ▶ “lack of trust for agencies”
- ▶ “Some parents do not see the value”
- ▶ “wall of distrust with the outside agency”
- ▶ “trouble seeing the benefits of the program”
- ▶ “parents seem not to want to be bothered by FDS”
- ▶ “People who are new to the EHS idea are sometimes resistant”
- ▶ “Once they understand the program if they like it they will stay with it”

# Negative Family Behaviors and Challenges

- ▶ “Parents who lack communication skills”
- ▶ “Parents who don’t share/disclose”
- ▶ Six references to younger parents being more difficult to work with
- ▶ “unset priorities of parents”
- ▶ Poor parenting:
  - ▶ “Rigid ideas about parenting”
  - ▶ “parents don’t understand that the babies are meeting milestones”
  - ▶ “parents don’t understand importance of learning at a young age”

# Family Level of Need/Crisis

- ▶ “High risk families are often difficult”
- ▶ Words “family crisis” mentioned six times
- ▶ Domestic violence mentioned three times
- ▶ Substance abuse mentioned four times
- ▶ Low education mentioned nine times
- ▶ Low income mentioned seven times
- ▶ Four references to child health issues

# Home Visiting Work Challenges

- ▶ “Difficult to get the families used to me”
- ▶ “Too much paperwork to complete on visit”
- ▶ “It takes too much time to plan a good home visit”
- ▶ “difficult to get them to understand that direct ABC is not the only learning”
- ▶ Five references to young children: “attention span, so visits can be harder”
- ▶ “FDS has ‘value differences’ with some families”

# Commitment and Scheduling

- ▶ Child illness mentioned four times – “infants and toddlers cancel due to illness more so than HS families”
- ▶ Commitment mentioned seven times
- ▶ No shows mentioned six times
- ▶ Five references to general scheduling difficulties: “hard to work around the parents’ schedules”
- ▶ Nine references to cancellations – “they are quick to cancel meetings”
- ▶ 23 references to working and work schedules – “we would have to work around a new schedule every week”

# Results: Question 4

- ▶ Do you face more barriers initially – is there a pattern? What would be the characteristics of families you have more problems with? (2000)
- ▶ Do you face more barriers initially – is there a pattern? (2001-2003)
- ▶ What would be the characteristics of families you have more problems with? (2001-2003)

# More Results: Question 4

- ▶ Four emergent themes:
  - ▶ Rapport barriers
  - ▶ Long-term family behavioral and demographic barriers
  - ▶ General descriptions of barriers
  - ▶ Program involvement barriers

# Rapport Barriers

- ▶ “There is an initial barrier until staff establishes rapport with families”
- ▶ “There are initial communication barriers”
- ▶ “she can always find some way to connect with families”
- ▶ “This depends greatly on the personality match between the FDS and the family”
- ▶ “Families who do not disclose their problems are difficult”
- ▶ “If there is not a good match, then initial barriers can take longer to resolve”
- ▶ “time goes on, they get more relaxed”

# Long-Term Family Behavioral and Demographic Barriers

- ▶ Domestic violence mentioned seven times
- ▶ Nine references to drugs – “they may not open up about it, so you can’t always help them”
- ▶ Six references to families in crisis – “Harder to work with families who are in crisis”
- ▶ Four references to low education level – “because it is hard for these parents to retain information and/or follow through with the information that FDS gives them”
- ▶ Seven references to low income – “lower income working parents are very stressed”
- ▶ Four references to mental health issues

# General Description of Barriers

- ▶ “Some parents are difficult in the beginning”
- ▶ “There are initial barriers not only at the beginning of the program year”
- ▶ “Do not face barriers initially”
- ▶ “There is no consistent pattern of timing for barriers”
- ▶ “rather it depends on what each family is going through at any given time point”
- ▶ “I haven’t faced barriers with people”

# Program Involvement Barriers

- ▶ “there is a wall of distrust with the outside agency”
- ▶ “Also become disinterested once they become familiar with the program”
- ▶ “Once they realize that they will have to do work as part of the program, barriers start to pop up”
- ▶ “no longer see need for it”
- ▶ “Some of the parents try to do things like laundry and phone calls while I’m there on home visit”
- ▶ “changing from one HV to the other more barriers initially”

# Discussion

- ▶ Demographic barriers mentioned across all four questions – support previous literature on difficulties engaging different types of families
- ▶ Rapport building mentioned for questions 1 and 4 – supports literature on importance of building therapeutic alliance and having a good personality match between home visitor and client
- ▶ No shows and cancellations as well as lack of commitment quotations support literature that engagement is difficult
- ▶ Quotes on higher risk families (drugs, domestic violence) supports literature on crisis and risk factors

# More Discussion

- ▶ Clients' needs to feel they are learning from EHS supports previous literature on need for satisfaction with services
- ▶ Parenting issues findings are novel in literature
- ▶ Findings that no one family is most difficult to engage contrasts literature supporting specific types of families
- ▶ Engagement challenges vary between home visitors – different home visitors reported different challenges with different types of families

# Implications for Practice

- ▶ Home visitor training needed on how to engage high-risk families (substance abuse, domestic violence, mental health issues)
- ▶ Supervision session focus on rapport and level of commitment of family
- ▶ Home visitor flexibility in scheduling visits