



Methodology Summary

Description of a qualitative exploration of parent retention and engagement in early childhood home visiting

An extensive body of research has linked home visiting programs with a wide variety of child development and parenting outcomes. These benefits are strongest when there is regular and frequent contact between the parent and the home visitor and full implementation of the curriculum. However, many eligible parents do not enroll in home visiting, while others drop out of services, or receive fewer visits than are recommended. In 2014, as part of their federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding, the Minnesota Department of Health contracted with Wilder Research to explore issues related to parent engagement and retention in home visiting.

This brief provides an overview of the project itself, including the background and rationale, methods used, and lessons learned. To learn about the findings, see the Executive Summary and the topic briefs (Home visiting referral process, Relationships between parents and home visitors, Parent perceptions of program benefits, and Promoting retention in home visiting).

Project background

Previous projects have explored home visiting engagement and retention. Most analyses have relied on administrative program data to explore engagement patterns. While the results vary, these projects have found some variability in engagement and retention based on participant, family, staff, or program characteristics. Aside from the lack of consistency, analyses based on administrative data describe patterns but only limited explanations of why these patterns occur.

This project was designed to provide deeper information from the perspective of parents. The need for this kind of qualitative approach had been identified by several researchers. For example, McCall and Green (2004) recommended that existing analyses be supplemented with “qualitative methods that have the potential to get inside the ‘black box’ of what really makes a program work.” Others have noted the importance of participant voices to provide valuable information about how programs affect parents and where improvements should be made. “There is a pressing need to learn directly from mothers why they join, remain, or leave home visitation programs. Designing effective strategies to maximize engagement is all but impossible without the input of those who are making the decisions to stay or leave” (Ammerman and colleagues, 2006).

Interviews with parents

The primary focus for the project was parents. Outreach to families occurred in partnership with Minnesota's MIECHV program sites. Sites provided lists of parents, using a combination of active and passive consent processes. They also provided background information about each parent, such as age, race/ethnicity, and number of home visiting sessions received. Wilder staff called families, explained the project, obtained consent, and conducted the interviews. We completed 320 interviews with parents (exceeding our target of 300 interviews). We designed our outreach and recruitment efforts to ensure diverse perspectives based on:

- **Race/ethnicity** – 103 White/Caucasian parents, 86 Latinx/Hispanic parents, 46 Black/African parents, 26 Karen parents, 17 multi-racial parents, 14 Somali parents, 11 American Indian/First People parents, and 17 other parents
- **Enrollment and completion status** –189 parents who graduated from services or were enrolled with significant levels of participation, 57 parents who enrolled but did not complete services, and 74 parents who were referred to services but did not enroll
- **Geography** – 199 parents from the Twin Cities metro and 121 from greater Minnesota
- **Service model** –153 parents enrolled in Healthy Families America (HFA) and 91 enrolled in the Nurse Family Partnership (NFP)
- **Age** - 67 parents aged 19 or younger, 127 parents aged 20-24, 66 parents aged 25-29, 30 parents aged 30-34, 26 parents aged 35-39, 2 parents aged 40-44, and 2 parents aged 45-49.

Parents were interviewed over the telephone. Interviews lasted 15-30 minutes and were conducted at the convenience of the parents, including weekends or evenings. Interviews were conducted in English, Spanish, Hmong, Karen, and Somali. At the conclusion of the interview, parents were offered a small gift card (\$25 gift cards, with participants able to select from Target, Walmart, or a local gas station chain).

Guiding questions

- How do parents describe their experiences with home visiting services?
- What are the most important/salient factors and characteristics of engagement and retention from the perspectives of staff and family?
- What are the similarities and differences among perspectives of staff and families regarding the most important/salient factors and characteristics of engagement and retention?
- What strategies are home visiting staff currently using to promote participant engagement and retention? How successful are these strategies?
- What strategies would most help increase engagement and retention rates? How do these strategies align with the existing service models? What would it take to implement them?

Interviews with home visitors and supervisors

We interviewed 98 program staff (exceeding our target of 75) about current referral and outreach strategies, and staff perceptions of factors that influence family engagement and retention. Those interviewed represented a good cross-section of the staff working in Minnesota's MIECHV-funded programs, representing a broad array of experience levels and experience providing both HFA and NFP. All staff at these sites were invited to an interview, and at least one person from each site was interviewed. Overall, just over half of the staff (54%) worked at sites located in the Twin Cities metro area; the rest were from greater Minnesota. Interviews lasted approximately 30-45 minutes.

Interviews with referral partners

We interviewed 28 people who make referrals to home visiting services, such as Supplemental Nutrition Program for Women, Infants, and Children (WIC) staff, school staff, and medical providers (exceeding our target of 25). These interviews were used to assess their perceptions of factors that may influence parents' decisions whether or not to participate in services, as well as barriers that may make it more difficult for them to participate. We worked with funded sites to identify some of their most consistent referral agents. Interviews lasted approximately 15-20 minutes.

Successes and challenge

Overall, the evaluation was conducted successfully, despite some challenges. A number of strategies helped promote the project's success, including:

- **Close coordination between Wilder Research and the Minnesota Department of Health staff** – We worked together to establish priorities, review data collection materials, and address implementation challenges.
- **Opportunities for MIECHV-funded sites to provide input** – Sites provided useful information about the availability of existing program data and the feasibility of various recruitment strategies.
- **Close coordination and monitoring across the evaluation team** – Nearly two dozen Wilder Research staff played roles in the project, including working with sites, conducting interviews, and coding responses. The team met regularly to review progress and implement strategies to ensure quality and consistency.

As would be expected from a project of this size and complexity, there were some challenges. Challenges were navigated successfully, and tended to impact timeline and budget, rather than data quality or usefulness. Some of these challenges included:

- **Working with 19 different sites** – We worked with programs to set up data sharing agreements, establish recruitment protocols, and obtain contact information. To navigate this, we established consistent points of contact between the team and sites, accommodated site-level requests/needs, and provided parent outreach/consenting templates that sites could adapt as needed.
- **Defining eligibility criteria**– Relatively few parents in the sample “graduated” based on formal model criteria. We needed to expand our eligibility to parents who were currently enrolled and showing consistent and sustained participation.
- **Recruiting parents who never enrolled in services** – A few sites tracked this information. We worked with others to build recruitment into their work, so that they could refer people to the project at the time parents decided not to enroll.

Overall, this project represents a significant effort to gather parents’ first-hand experiences with home visiting, and it provided a number of key recommendations for promoting parent engagement and retention. However, the project also has a number of limitations. Interviews covered many topics and time limitations and a desire to avoid “leading” informants prevented us from exploring all topics in depth. As is common in qualitative approaches, informants shared responses that were most salient for them. It is not possible to assess the actual consistency of these perceptions, as perspectives raised by some informants may or may not have been experienced by other informants who volunteered other perspectives.

References

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