



# Executive Summary

## *Highlights from 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 benefits for children and parents. 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 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.

Previous research has explored home visiting engagement and retention. Most analyses have relied on administrative program data to explore engagement patterns. While the results vary, these studies 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 provide only limited explanations of why these patterns occur.

This project was designed to provide deeper information from the perspective of parents. Semi-structured telephone interviews were conducted with 320 parents from 19 MIECHV sites across Minnesota. These parents included people who graduated from programs or who were enrolled with long-term participation, parents who enrolled in the program but left early, and parents who were referred to the program but did not enroll. Interviews were conducted in English, Spanish, Karen, Somali, and Hmong.

This project also gathered information from 98 program staff from the 19 MIECHV programs, and 28 people who provide referrals to the home visiting programs. The evaluation was focused on the following 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?

A full description of the methods can be found in the project Methodology Summary.

## Findings

The strongest theme that emerged from this project was that most parents, even those who discontinued services early, had very positive perceptions of their home visitors and found the services to be beneficial.

### Parents enroll and stay in home visiting because they find it valuable and supportive

**Parents said the programs helped them gain valuable parenting skills and gave them access to expert advice and resources.** Most parents who enrolled in home visiting (67%) said they did so because they wanted to learn parenting skills and thought it would be helpful for first-time parents. Thirty-one percent said they wanted access to expert knowledge, and 20 percent wanted access to additional resources.

This desire to learn more about parenting also motivated parents to stay in the home visiting program over time. Forty-six percent of parents said that they continued in the program because they wanted to learn more about parenting, while 32 percent continued because they liked having someone to talk to and to answer questions.

Fifty-four percent of the parents who had enrolled in services said that the most helpful aspect of the program was gaining information about parenting. Parents described benefits related to having someone to go to for advice, learning about how to take care of a baby, learning about child development, and having someone else monitoring their child's development.

*I wanted to do this program because this is my first child. I wanted to learn more about having a child. I knew that we would get professional help and advice. – Parent*

*Every day she introduced me to something new. I learned a whole lot, for example baby eczema, swaddling, changing babies. She also prepared me for future things like for teething. She brought me the gates and other things to baby proof the house. – Parent*

*Some of the activities opened my eyes to how she was developing and how I could help her make the most of that stage and age in her life. – Parent*

Parents also valued the emotional support that they received from their home visitors, with 24 percent saying that this was the most helpful aspect of the program. They appreciated having someone who will really listen and talk with them.

*It built up my confidence to a place that I knew I could do it on my own, even though it started really rough for me. She helped remind me that I was strong enough to do it. – Parent*

*In my family, I feel really pressured by my boyfriend, his family, and my family about keeping or placing the baby. [The home visitor] is an unbiased person I can go to. [Home visitor] just gives me the facts and information if I'm worried, is an ear that's just there to listen if I need to talk to, and is just really understanding and a really nice person. – Parent*

*The emotional support. I was very depressed during my pregnancy, but the nurse helped me get over it. I was thinking about my relationship with my boyfriend and other stressful things in my life. I don't feel that way anymore. She would listen to me and cared what happened – Parent*

### **Differences among racial and ethnic groups**

Overall, findings were mostly consistent among different racial and ethnic groups. Some small, but potentially notable differences were:

- Karen parents were more likely to say that help with paperwork was one of the most helpful aspects of the program. Many said this was helpful because they are new to the country or because they do not speak English.
- Latina parents were more likely to mention emotional support as the most helpful aspect of the program. They were also more likely to say their home visitor helped with their mental health.

## Parents value their relationships with their home visitors

Thirty percent of parents said they continued the program because they liked their home visitor. Parents described their home visitors as friendly, helpful, knowledgeable, and respectful. This was true for all subpopulations of parents, including those who had dropped services. Staff described very intentional strategies they use to build strong relationships with parents.

Positive relationships with home visitors were reported by all sub-populations of parents, including those who had dropped services. In fact, among parents who dropped out of the program early, almost none said they dropped out because they did not have a good relationship with their home visitor. Relationships were also positive across different groups of parents (e.g., rural versus urban, various racial/ethnic groups, parent age).

Home visiting staff identified a number of attributes that they intentionally try to build within their relationships with parents. Parents often highlighted these features when describing their relationships with their home visitors as well.

*I would say she's really friendly. When I first met her, I thought it was going to be somebody who was real stern, but she's really outgoing and happy. She makes me feel comfortable. – Parent*

*I was young and pregnant and scared. I couldn't really talk to my parents about it because everybody was judging me for having a baby so young. So I think it was that sort of support that I was seeking. – Parent*

*She's friendly and has patience with me and all my problems. She sees that I am stressed and overwhelmed with my family life, and she understands what we're going through. I like the way she keeps me going with her encouragement. – Parent*

## Several strategies could help promote enrollment and long-term retention in home visiting

While parents greatly valued their experience in home visiting programs, some parents never enrolled in the program, or left the program early. A goal of the project was to learn what could be done differently to get more eligible parents enrolled, and to help parents stay in the program longer. The results suggest that enrollment and retention could be strengthened by considering changes to service models, referral processes, and outreach to families.

### *Accommodate parents with busy schedules*

While frequent home visits may be more effective for providing parent education and support, the length and intensity of services is a significant barrier for some families. Thirty-three percent of the parents who did not enroll felt that they had too much going on in their lives and they couldn't engage in an intensive program. Similarly, 30 percent of parents who discontinued services early did so because they could not work home visiting into their busy schedule. An additional 18 percent said they left services because their lives got too busy, or because they were going through a crisis.

Parents who never enrolled or who dropped services early were also more likely to be working part time or full time than parents who were enrolled in services.

To serve more eligible parents, programs should consider creative ways to better accommodate busy parents. Some programs talked about strategies they use when parents are too busy to maintain their weekly visits, such as temporarily reducing the frequency of visits, scheduling visits in the evenings or on weekends, or allowing parents to take temporary breaks from home visiting.

*I started school and I also started working. I could not find time, I would've loved to continue. – Parent*

*I thought that it was easier the more he got older. I couldn't really fit it into my schedule anymore. And I felt more comfortable having a family member here with me at home during the time. It just became too much with work. – Parent*

*I think flexibility [is important], and I think most people do that. Some agencies do not allow overtime and keep all visits during work hours, but that's difficult so that flexibility is good. – Home visiting staff*

#### **Differences between urban and rural parents**

Overall, there were not major differences between parents in the Twin Cities metro area and parents in rural areas. Parents in rural areas more frequently cited moving or getting a new job as the reason for leaving the home visiting program, compared with urban parents.

### ***Prevent disengagement and help families recognize benefits of home visiting services***

#### **Consider ways to market the program to parents who feel they may not need home visiting.**

Twenty-seven percent of parents who never enrolled in services, and 30 percent of parents who left the program early said they did not think they needed the program. While some parents feel they have the support they need, home visiting may still be beneficial for them. Some options for marketing home visiting to these parents include:

- **Framing home visiting as a program that helps parents enhance their own skills.** Sixty-seven percent of parents who enrolled in the program said they did so because they wanted to learn parenting skills. In addition, 54 percent of parents said that gaining information about parenting was the most helpful aspect of the program.
- **Focusing on how the program helps parents as their needs change over time.** For example, some parents did not feel they needed the program when their child got older. Focusing on how the program can enhance parenting skills at various stages of child development may be helpful.

*The program topics are most helpful, because it helps me learn how to tackle situations and recognize attitudes with the child's behavior and to know how to react to that. The child is not an adult. You have to take care of them differently depending on their age. – Parent*

*Just having that person that could answer any questions about the child or the pregnancy - things that sometimes you don't feel comfortable talking to a doc about. She made me feel really comfortable and that's what I liked. I had someone I could connect with. – Parent*

### ***Strengthen the process for referring parents to home visiting***

Any program or agency that serves pregnant women or parents of young children, such as maternal health services, parenting support programs, child welfare agencies, schools, or pediatric clinics, can recommend home visiting. In Minnesota, many referrals come through the Supplemental Nutrition Program for Women, Infants, and Children (WIC). Home visiting programs are frequently operated by the same public health agency as WIC, and the two services are often co-located in the same building.

Home visitors and referral partners found this proximity made it easier for WIC staff to have relationships with the home visiting program and to refer eligible parents. WIC was the most common referral source for parents who successfully enrolled and stayed in services. In contrast, interviewed parents who were referred to home visiting programs but did not enroll were most likely to have been referred from outside the public health system. This may be because there are more challenges for people making referrals from other service systems such as health care or education. However, the findings also suggest a number of ways to strengthen the referral process and to increase the likelihood of eligible parents enrolling in services.

**Build personal relationships across agencies.** Home visitors consistently emphasized the importance of identifying a primary contact at each referral agency. Relationships are also strengthened by face-to-face contact and regular and ongoing communication.

*Find a primary contact to have someone you can touch base with and someone who will feel comfortable reaching out to you for referrals. – Home visiting staff*

*Make the contact personal, not just over the phone. Having that personal, face-to-face time providing information on the program is crucial. – Home visiting staff*

*I think it's just the idea of putting a face with a name, rather than just making phone calls or sending letters. – Home visiting staff*

**Strengthen referral partners' knowledge about home visiting services.** In building relationships with referral sources, home visiting staff emphasized providing education about home visiting, including who it serves, what services are provided, and how it benefits parents. It can be helpful to use multiple approaches to share information, including providing referral sources with scripts so that they can accurately describe home visiting services in an understandable and engaging way.

*Our outreach with WIC is very valuable and effective. They understand our model and our program. It helps to communicate what our program is and what the benefits are, so more people have buy in and will refer clients. – Home visiting staff*

*Sometimes when I get a referral, parents don't have a clear understanding of what the program is or if they want to participate. Talking a bit more about the program [is important]. – Home visiting staff*

**Promote proactive and consistent strategies for identifying eligible parents and making referrals.** Referral sources do not always have a clear understanding of eligibility requirements, and as a result, find it difficult to identify parents who may be appropriate for a referral. Strong referral networks often build in mechanisms to screen all participants for potential eligibility, rather than making referrals after parents express concerns that suggest home visiting might be helpful.

*Eligibility requirements are all different. I have to know all that to not give my patients false hope of joining the program. – Medical staff/referral source*

*I need a clear way to understand what clients are eligible for. The enrollment criteria is vastly different for sites and I want an easier way to determine a parent's eligibility for the home visiting program. – Social worker/referral source*

**Streamline referrals through co-location and data sharing.** Referral sources and home visiting staff also found it helpful to co-locate home visiting staff at referral sites. The ability to meet parents directly makes it easier for staff to explain what home visiting is, address questions and concerns, and streamline the process for enrolling families. Data sharing pathways, such as formal partnerships and data sharing agreements, can support ethically and legally sharing information to streamline the referral process.

*It helps to meet the person, to see the face. If the WIC clinic is here, they can bring them over to meet the nurse. It can be intimidating, but then they meet us, and it's not as intimidating anymore. – Home visiting staff*

*[It would be helpful if] someone from the [home visiting] agencies would come to the hospitals so I can introduce them to families right then. It could be a personal connection and warmer hand off. – Hospital staff/referral source*

*[We could try] letting patients fill out [the] form. It would save time and we don't have to deal with HIPAA when parents give their consent by filling out the form themselves, expressing interest in the program and wanting to be contacted by the family home visiting program staff. – Medical staff/referral source*

**Be flexible and persistent in reaching out to parents.** Many home visiting staff felt that texting is the most effective method for reaching parents, because it is convenient and many younger people prefer texting to phone calls. Sometimes it takes a few conversations before parents develop the relationship or trust to enroll.

*If I'm doing outreach to engage families, I've been consistent with calling, and I will say on my voicemail if texting is better, then feel free to text this number. Lots of our families are young and that's just how they communicate now. – Home visiting staff*

*Sometimes I'll have a couple of visits to gain their trust and gain that relationship and trust in me before offering it long term. – Home visiting staff*

*It's about getting your foot in the door, having a little carrot you can use to interest them enough so that they start to trust you and things can proceed from there. – WIC staff/referral source*

**Provide information back to referral sources.** Most referral sources do not receive information about whether parents that they referred ultimately enroll in home visiting. Knowing the outcome could help referral sources better understand eligibility or help to improve the way that they initially describe services. If it is not feasible to provide information for individual parents, program staff could consider sharing aggregate information, including feedback about the appropriateness of the referrals.

*It's been a little bit of a mystery to me. What happens after we make the referral? Is there anything we can do better? – Medical provider*

Supporting parent enrollment and retention in home visiting is a complex issue. To learn more, please see the other briefs in this series: Referral processes, Relationships between parents and home visitors, Parent perceptions of program benefits, and Promoting retention in home visiting.

**Wilder  
Research**  
Information. Insight. Impact.

451 Lexington Parkway North  
Saint Paul, Minnesota 55104  
651-280-2700  
[www.wilderresearch.org](http://www.wilderresearch.org)



AMHERST H  
**WILDER**  
FOUNDATION  
ESTABLISHED 1906  
**Here for good.**

**For more information**

For more information about this report, contact Cheryl Holm-Hansen at Wilder Research, 651-280-2708.

Authors: Darcie Thomsen, Cheryl Holm-Hansen, and Sophak Mom  
December 2017