

## Building successful home visitor–mother relationships and reaching program goals in two Early Head Start programs: A qualitative look at contributing factors

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### Abstract

This paper presents the results of two qualitative studies, conducted independently in two Early Head Start programs, exploring the reasons given by mothers and home visitors for family success or lack of success in achieving program goals and for engagement in the mother–home visitor relationship. Several patterns pertaining to family issues and program characteristics emerged. The family factors that seemed most important included the press of mild to serious stressors, social support from relatives and romantic partners, and individual parent characteristics such as personality, health, and motivation. On the program side, home visitor conscientiousness, home visitor/mother match in terms of personality and personal history, and efforts to build program loyalty seemed to have particularly strong influences.

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In recent decades, a variety of intervention programs have been implemented in hopes of supporting the development of infants and young children living in poverty. Some of these programs use “home visiting” models: a trained professional or paraprofessional comes to the home at agreed-upon intervals to offer materials, modeling, and suggestions for enhancing the social, emotional, cognitive, and physical development of the children in the family. In many cases, the focus is “two generational”—the aim is to help parents as well as children. Parents’ educational, employment, and physical and mental health needs are addressed. Home visitors in such programs are likely to believe that they are serving children indirectly when they help parents meet their own needs. The underlying premise is that children’s welfare depends on parents’ well-being.

The research on home visiting programs, however, has produced disappointing results; overall the studies indicate little long-term impact on families and children (for a review, see Gomby, Culross, & Behrman, 1999). Rather than dismiss the potential value of home visiting, however, researchers have pointed out that some programs are more effective

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than others, and that variability in the results of home visiting evaluations permits investigation of the dimensions of program design and delivery that contribute to desired outcomes (Gomby et al., 1999; Ispa, 2002). One predictor that has captured considerable interest is the affective quality of the home visitor–parent relationship (Brooks-Gunn, Berlin, & Fuligni, 2000; Klass, 1996). Researchers have used the term “engagement” to describe parents’ emotional reactions to their home visitors and the services they are receiving (Barnard, 1998; Korfmacher et al., 2005).

Theory and research on successful psychotherapist–client relationships may provide a useful framework for understanding contributors to parent engagement. In particular, Bordin’s (1979) concept of the “working alliance” seems applicable. Bordin conceptualized the working alliance as an integrated counselor–client relationship involving three components: therapist–client agreement concerning desired outcomes, agreement and acceptance of responsibility regarding the steps required to reach those goals, and mutual trust and acceptance. Bordin termed the three components, respectively, “goals,” “tasks,” and “bond.”

Research in the home visiting field has supported the importance of these three components. For example, in terms of goal agreement, researchers (Green, McAllister, & Tarte, 2004; Wagner, Spiker, Gerlach-Downie, & Hernandez, 2000) have reported that parents may disengage from services when their purpose in enrolling was to receive child care, transportation, or material resources despite a program emphasis on the teaching of childrearing skills. The importance of tasks was indicated in Dunst, Boyd, Trivette, and Hamby’s (2002) comparison of three service delivery models. These researchers found that parents enrolled in programs involving parents in decision-making about all aspects of the program were more likely to view staff as effective helpers than parents enrolled in programs using direct guidance or expertise models that did not allow for shared authority. Similarly, Korfmacher and Marchi (2002) pointed out the disengagement problems that ensued in a teen parenting program when home visitors proceeded with tasks, or strategies, that upset the young mothers by directly challenging their childrearing beliefs or life choices.

The importance of the bond or affective quality of the relationship between home visitor and parent has received confirmation from studies focusing on the personal characteristics and perceived relationship styles of both parties. These studies show links between mothers’ relationship histories (and hence the security of their working models of attachment relationships and their overall emotional well-being) and their ability to connect with and benefit from home visiting services (Korfmacher, Adam, Ogawa, & Egeland, 1997; Korfmacher, Kitzman, & Olds, 1998; Spieker, Solchany, McKenna, DeKlyen, & Barnard, 2000). Home visitor sensitivity to the nature of their relationships with parents is suggested by Roggman, Boyce, Cook, and Jump’s (2001) findings indicating that home visitor ratings of the quality of their relationships with parents were related to the number of home visits during which parents actively participated.

There is thus reason to identify the quality of the home visitor–parent relationship as critical to the parent’s ability to engage in visits and to profit from them. The nature of the parent–home visitor relationship is likely to involve reciprocal effects, with the engagement of home visitors affecting (and affected by) the engagement of parents, and the quality of the home visitor–parent relationship affecting (and affected by) the engagement of both parties. In the current study, we used qualitative methods to explore factors that seem to impede or strengthen these relationships. Inductive, qualitative methods seemed appropriate because this is a relatively new area of inquiry and we wanted to capture mothers’ and home visitors’ perspectives without the influence of any potentially leading researcher questions (Strauss & Corbin, 1990). The need for qualitative approaches to the study of home visiting relationship is supported by Korfmacher and Marchi’s (2002) observations that quantitative self-report measures of parents’ and home visitors’ perceptions of the strength of their relationships tend to be more positive than their responses to more open interviews.

Our data came from interviews with home visitors and mothers (and some of the mothers’ family members) in two of the 17 Early Head Start (EHS) programs that participated in the national evaluation of Early Head Start (Administration for Children and Families, 2004). EHS began with the 1994 reauthorization of the Head Start Act. The program was designed to “provide early, continuous, intensive, and comprehensive child development and family support services to low-income families with children under age three” (Administration for Children and Families, 1994). EHS administrators may elect to deliver services via high quality center-based care for infants and toddlers, home-based support for child and family development, or a “mixed” model in which some families receive center-based services, some receive home-based services, and some receive a combination of both. Initially, both programs participating in the current study subscribed to home visiting models. The Revised Head Start Performance Standards at the time prescribed weekly 90-min home visits for such programs.

After approximately 18 months, both programs changed to mixed-model programs to meet the needs of parents who needed high quality child care while they were at work. (The implementation of welfare reform had led more

mothers with low incomes to enter the work force.) In both programs, the weekly visits were continued for families who did not have child care arrangements or who were considered to need a more intensive home visiting schedule. Families who used out-of-home child care arrangements were to receive two 90-min home visits per month and the home visitor was to provide two 90-min visits per month to those children's caregivers.

The fact that both sets of researchers were using qualitative methods provided an opportunity to learn of any commonalities in emergent themes related to the relationships between home visitors and families across two EHS programs. In the tradition of grounded theory (Strauss & Corbin, 1990), no a priori hypotheses guided the investigation. However, as will be apparent below, the themes that emerged could be organized according to Bordin's (1979) framework focusing on goals, tasks, and bonds as components of helping relationships.

## 1. Methods

This report synthesizes results from qualitative studies conducted independently by two different investigative teams partnering with Early Head Start sites in two large urban areas. Though both sets of researchers used qualitative methods, the details of their research designs differed markedly. Site A conducted ethnographic case studies involving prolonged engagement (Yin, 1989) with nine families and their associated service providers over the 5 years of the project, utilizing cross-case analysis and constant comparison techniques (Glaser & Strauss, 1967) as the data collection and analysis process unfolded. Site B took more of a post-positivist approach (Cresswell, 2003). In this approach the "case" was the EHS program as a whole. Over the duration of the project, the investigators gathered information from multiple data sources and different samples of families and staff at the EHS program; data from all these sources and stakeholders were used to triangulate findings (Janesick, 1994). Next we present the methodology for Site A (Study 1), followed by Site B (Study 2).

### 1.1. Study 1: Site A

#### 1.1.1. Participants

A sample of nine EHS mothers was randomly selected as case study families at the beginning of the research project. All were single first-time mothers with low incomes. Two had two more children during the 5 years of the study and two had one additional child. Seven were African-American, one was African-American/Hispanic, and one was African-American/European-American. They ranged in age from 15 to 23 years and their educational levels ranged from ninth grade to some college. At study entry, three mothers were unemployed, three were in school or Job Corps, and three were employed. All of the mothers received one or more forms of public assistance. When the study began, six of the mothers and their children were living with family members, one was living with her child and a roommate, two were living with child and boyfriend, and one was living alone with her child. Table 1 provides a description of the Site A participants.

Table 1  
Site A participants

Name	Race/ethnicity	Education level at entry to EHS	Number of children at end of study	Age at entry to EHS	Living arrangements	Employment status
Carly	African-American	Less than high school	1	15	With sibling	Student
Andreya	African-American	Less than high school	3	19	With mother	Unemployed
Roneika	African-American	Less than high school	3	18	With mother	Unemployed
Teresa	African-American	Some college	2	23	With mother	Employed
Destiny	African-American	Less than high school	1	18	With boyfriend	Student
Ophelia	African-American	Less than high school	1	17	With roommate	Student
Shardae	African-American	Some college	1	20	With child	Unemployed
Maria	African-American/ Latino	Some college	1	19	With parents	Employed
Chanika	African-American/ European-American	Some college	2	19	With boyfriend	Employed

We also interviewed the five home visitors who were assigned to these nine mothers. Four of the home visitors were female, three were African-American, and two were European-American. All had college degrees in social work or related fields.

### *1.1.2. Data collection*

Serial face-to-face interviews were conducted with the mothers over a 5-year period, beginning in November 1996. Relatives (mothers' parents, grandparents, and siblings) and romantic partners who were willing to participate in the research were also interviewed once or twice. While the interviews covered a wide range of issues, for the purposes of this article we focus on the conversations that concerned the relationships that were developing between mothers and home visitors and mothers' engagement in and satisfaction with program services (see [Appendix A](#) for sample of interview questions).

The interviews with mothers were approximately 4 months apart and each interview lasted from 1 to 4 h. Eight of the mothers were interviewed 12 times; one mother was interviewed only seven times because we could not locate her after that point. Most of the interviews with mothers were conducted in their homes. There were three two-member research teams; each team interviewed the same three mothers for the duration of the study. All interviews were recorded on audiotape and transcribed verbatim. Mothers were paid \$50 for each interview. Interim phone calls were conducted to maintain close contact with the participants, to develop further rapport, and to get additional information such as address and employment changes. Notes were taken on the content of these phone calls; these notes also became part of the data used in this study.

The home visitors who worked with the nine mothers were interviewed once per year about their impressions concerning the strengths and challenges of the mothers, their relationships with the mothers, and their strategies for helping them. The researchers also attended one case conference during which the home visitors described their work with each of the nine mothers in the study.

Between interviews, all six research team members met to discuss emerging themes that guided subsequent interviews. Analyses of the transcripts included a careful reading of the text, comparing and contrasting across time (i.e., multiple interviews) and across respondents (i.e., across mother, family member, and home visitor interviews). To verify the authenticity and validity of the data collected during the interviews with mothers, during the 5th, 9th, and 12th interviews, researchers shared their impressions regarding emerging themes with the mothers and received feedback from them.

### *1.1.3. Data analysis*

To facilitate data management and analysis, QSR NUD\*IST Vivo, a qualitative data analysis software package, was used (NVivo qualitative data analysis program, 2000; [Richards, 1999](#)). Data were analyzed using [Glaser and Strauss's \(1967\)](#) constant comparative method. This is an inductive approach blending data collection, coding, and analysis. The data were analyzed using open, axial, and selective coding ([Strauss & Corbin, 1990](#)). During open coding, data were broken into categories representing emergent phenomena about home visiting (see [Appendix B](#) for list of codes). Data were reconstructed using axial coding techniques to add strength to the emerging relationships among the categories. Finally, selective coding was utilized to determine core categories and describe relationships among the categories.

## *1.2. Study 2: Site B*

### *1.2.1. Participants*

*1.2.1.1. Focus groups.* During the first 18 months of the study, 12 home visitors and 3 EHS supervisory staff members participated in a series of eight focus groups to describe characteristics of families they were serving and strategies used to enhance their success. In Years 3, 4, and 5 of the study, focus groups were conducted at staff meetings. By this time, two of the home visitors had been promoted to supervise home visits, so the total staff was expanded to 17 (given staff turnover, these were not all the same people). These follow-up focus groups were conducted to present preliminary findings and consider implications. This second series was a type of member checking to determine the accuracy of the emerging results ([Anfara, Brown, & Mangione, 2002](#)). With the exception of two males, all the staff members were female. One staff member was Latino and Spanish-speaking. Six staff members were African-American; the remainder were European-American. All staff members had a minimum of Bachelor's Degrees, either in social work or early childhood education. Supervisors held master's degrees in early childhood education, nursing, and counseling.

*1.2.1.2. Case conference observations.* During the second year of the study, the research team observed 12 weekly case conferences covering the caseloads of eight home visitors (averaging nine families apiece). During each weekly case conference, the four program supervisors systematically reviewed the caseload of one home visitor and problem-solved with the home visitor about unresolved issues. These case observations included an unduplicated count of 73 families. Demographic information about these families was not gathered as the primary focus was on the problem-solving and decision-making process among the staff.

*1.2.1.3. Unstructured family and staff interviews.* During Year 3 of the study, the research team initiated a study to compare families served by the program who were successful versus those who were not. This was a purposive sampling process involving selection of families identified by the research quantitative team on the basis of child outcomes, and identified by the program staff in terms of overall family outcomes. The research team also nominated families on the basis of the child's showing steady increases in intellectual functioning, as reflected in Bayley–MDI scores (four families), or steady decreases in these scores (four families). The team worked with the program staff to develop a definition for “successful” versus “unsuccessful,” and asked the program to nominate families for the study. The staff deliberated as a group and decided not to nominate families who were successful overall, but only those who had shown *improvement* or *declines* in *all four* of the program's outcome areas: child development, health, family well-being, and self-sufficiency. On the basis of these criteria, the program staff nominated 12 families they thought were successful and 8 families they perceived as unsuccessful. Two program-nominated “successful” families were in the research-nominated group for children showing steady increases over a minimum of three of the child's Bayley scores; likewise, one program-nominated “unsuccessful” family was also nominated by the research team as showing steady decreases in the child's score. Thus, the total unduplicated number of research-nominated and program-nominated families was 25. The relative lack of overlap in the research- and program-nominated groups was due to two factors. First, two families in the research-nominated successful group began at a relatively higher level of success and remained there, thus not reaching the criteria of *improvement* established by the program staff. Second, three of the families in the “unsuccessful” research-nominated group had withdrawn from the program altogether and therefore were not considered by the program staff in their nomination process.

The 25 parents included in this analysis included 12 African-Americans, 6 Latinas, and 7 European-Americans. Eight were teen mothers at the time of enrollment in the program. Nine had not completed high school at the time of their interviews; 12 were unemployed at that time. Ten mothers were married or living with their children's father; 15 had no partner or spouse. Numbers of children per family ranged from 1 to 6, with a mean of 2.3 children.

We also interviewed six home visitors who were assigned to the nominated families to gain insight into their views of those families' characteristics and the services they had received. All of these home visitors were female; two were African-American, and four were European-American. Each home visitor we interviewed served three or four of the nominated “successful” and “unsuccessful” families; all of them had at least one successful and one unsuccessful family.

## *1.2.2. Data collection*

*1.2.2.1. Focus groups.* The focus groups conducted in the first 18 months of the study were divided into topics related to (a) child and parent development (2 sessions), (b) health (2 sessions), (c) family support and mental health, (d) self-sufficiency, and (e) issues affecting teen parents. The staff were asked to consider barriers to family success in each of these areas and to describe the practices they used to overcome those barriers. All these focus groups were tape-recorded and transcribed verbatim. Subsequent member-checking focus groups were not tape recorded but were used to correct documents summarizing preliminary findings.

*1.2.2.2. Case conference observations.* During each weekly case conference, the four program supervisors systematically reviewed the caseload of one home visitor and problem-solved with the home visitor about unresolved issues. Each case discussion was structured to consider in turn the family's progress in (a) child development, (b) health, (c) family well-being, and (d) self-sufficiency. The supervisors for each of these four outcome areas reviewed the records presented by the home visitor, asked questions, and then the whole group brainstormed about any issues or barriers that may have arisen. These case conferences were not tape-recorded, but the research team took extensive field notes of the proceedings.

*1.2.2.3. Family and staff interviews.* In Year 3, mothers in families nominated as either “successful” or “unsuccessful” were asked to describe their awareness of the purposes of the program; their perceptions of services and benefits they had received with respect to child development, health, family support and mental health, and self-sufficiency; other supports beside the program available to them, additional help they would have liked to have; and advice about improving the program. Also relevant to this study, these parents were asked what they liked most and least about the home visits. The home visitors were interviewed about the nominated “successful/unsuccessful” families that were on their caseloads; they were specifically asked about the parents’ engagement in and awareness of the program’s goals, the quality of their relationship with the parents, and about their progress or lack thereof in areas of child development, health, family support, and self-sufficiency. These family and home visitor interviews were conducted individually and face-to-face. Interviews with mothers typically lasted about an hour; interviews with staff ranged from 90 min to 3 h, depending on the number of families being reviewed (see [Appendix C](#) for sample of interview questions). All interviews were tape-recorded and transcribed verbatim.

### *1.2.3. Data analysis*

*1.2.3.1. Focus group and interview transcripts.* Transcripts of the focus groups and staff/mother interviews were analyzed as separate projects in NUD\*IST (using the constant comparison method as described for Site A), and later merged to form a single taxonomy related to the primary research questions of the study. For purposes of this study, portions of the data related to the study research questions were analyzed further. These included the general categories of (a) staff perceptions of parent involvement, (b) parent responses about what they liked most/least about the home visits, and (c) comments from both staff and parents about their relationships with each other.

*1.2.3.2. Case conference observations.* For the case conference observations, field notes related to each of the 73 families were coded using a case conference coding form (see [Appendix D](#) for coding form). The program had written 24 desired program outcomes based on its theory of change; approximately 6 each of these outcomes were written for each of the 4 categories: child development (e.g., children will achieve a strong attachment with their parents); health outcomes (e.g., children will have immunizations and regular well-child visits); family support/mental health outcomes (e.g., families will be free of violence and abuse); and self-sufficiency outcomes (e.g., families will have adequate and safe housing). Because these were problem-solving sessions, the focus was on problem areas, with particular emphasis on identifying barriers to achieving particular program outcomes. The coding form included space to indicate whether a specific outcome was discussed in the conference session, and if so, the content of the discussion. The research team coded their notes relative to each of the 73 active cases discussed during the sessions they had observed. For each of the 24 outcomes, the team then identified categories of barriers and tallied their frequency.

### *1.2.4. Synthesis across sites*

For purposes of the current study, investigators from both teams independently extracted facilitators or barriers to successful involvement in the program. Following discussions via telephone conference, we came to consensus about the various barriers and facilitators, and also agreed concerning whether these represented common issues across the two sites, or differences. To arrive at a final taxonomy, we placed each item on an index card. We then convened as a group representing both sites and sorted the cards into categories representing similar concepts. We submitted the resulting categories to a colleague who was not part of either site’s research team. He reviewed the categories and discussed questions and disagreements with the writing team. Based partially on his feedback, we revised our category definitions and organizational structure. Unless noted otherwise, the results presented below represent common factors found in both sites.

## **2. Results**

### *2.1. Family characteristics related to involvement in the program*

Our first broad category concerned family characteristics that appeared to either facilitate or impede effective involvement in the EHS program. These included stressors ranging from mild or chronic problems to crises and/or serious disorganization; social support of the parent; and parent personality factors.

### 2.1.1. Family stressors, crises, and disorganization

Interestingly, family stressors such as frequent moves, phone service disruptions, new jobs, job losses, legal problems, and large numbers of children could affect the amount and quality of contact between mothers and home visitors in both negative and positive directions. The lack of resources to accommodate even modest demands beyond everyday budgets or energy requirements could pitch families into crisis. Stressors and crises reduced some families' involvement in the program, especially when they precipitated moves and telephone disconnections. Home visitors then found it very difficult to maintain contact. On the other hand, a severe crisis often led to an intensive period of involvement with the program until the crisis was resolved. Following are some of the experiences at both sites related to family stressors and crises.

Home visitors had a difficult time keeping track of mothers because they moved so often and because their phone service changed frequently. This is a common problem for intervention programs serving families with low incomes (Daro & Harding, 1999). At the extreme end were mothers and children who did not "live" in any one place, but instead "stayed with" a series of friends and relatives, sometimes sleeping in several different locations in the same week. This increased home visitors' difficulties keeping in close contact. A home visitor explained these problems as they related to one of the families she served,

She says she stays at her grandmother's house but sometimes she's not there. She stays wherever her mom might be, which I don't even know the address there. So in terms of little small gaps of [time], you know, I leave messages but . . . there's probably been something that she could have benefited from, but wasn't able to take advantage of because [I couldn't find her].

Sometimes mothers tried to ensure that their home visitors were aware of their new addresses. One, for example, told us, "I sent her [home visitor] a letter, just to tell her that I moved and everything and where I was located." It was more typical, however, for mothers to move without informing their home visitors.

Changes in phone numbers and disconnected phone service were a related problem. In response to queries about how often their home visitors contacted them, we often heard mothers say, "The phone got cut off . . . . So that's why [she did not call]." When a family's phone got disconnected, home visitors were of course limited in their means to schedule, confirm, or reschedule appointments. As a mother explained to us,

She made one or two appointments, but she never did show up for them, . . . but that's when the phone was cut off and she couldn't get back in contact with me and I didn't have no way to get in contact with her.

When home visitors were asked if there were barriers to the completion of regular and frequent home visits, they often told us of their frustrations regarding interruptions in phone service. Although the U.S. Census reports that 98% of the U.S. population had phone service in the year 2000 (U.S. Census Bureau, 2003), many people who live in extreme poverty have frequent disruptions in their phone service. When they move it may take time for them to save enough money to afford the connection fees. After service is established, it may be disconnected because of delinquent payments.

Changes in mothers' work status also impacted the frequency of home visits. Mothers' entrance or return to the work force tended to result in fewer than the prescribed number of home visits. For example, one mother who should have been receiving weekly visits told us, "Now I'm always at work so [home visitor] doesn't really get to come over as much. We see her like every couple of weeks." Three months later, when this mother was unemployed again, she was receiving more home visits and additional services:

She's [home visitor] helped get diapers and things for [child]. [She] took me to the store and that's very good because I really don't have the transportation right now. She's helped in a lot of ways.

As this example illustrates, mothers seemed to get more attention from home visitors when mothers were readily accessible *and* when there was a clear problem. The experience of a mother who needed help achieving her educational goals but who could not be considered to be "in crisis" shows the flip side; the contrast is additional evidence of the significance of crises for eliciting home visitor involvement. Shardae<sup>1</sup> had some college education before the birth of her child. She now had stable full-time employment and therefore did not qualify for most public assistance programs.

<sup>1</sup> Names of all parents, children, and staff have been changed to protect confidentiality.

One of Shardae's goals was to return to college, but financial issues were an obstacle. When she was asked what her home visitor helped her with and if the visits were more child- or family-focused, she answered:

It's more based on [child]. Every once in a while we talk about what I might want to do. But my goals are just going back to school, you know. There's only so much you can talk about that until it actually happens.

Unfortunately, Shardae's EHS home visitor did not connect her with appropriate resources to continue her education. When we asked Shardae how often her home visitor saw her, she consistently downplayed the fact that she did not get very many visits. "I don't get off until 8:00 p.m. so I can't [do home visits]." She thus appeared to believe that she was receiving few home visits simply because her working hours overlapped with her home visitor's working hours. While we agree that scheduling convenience might indeed have contributed to the infrequency of home visits, we also see a deeper issue: a strong possibility that Shardae's home visitor turned her attention away from Shardae because she saw her needs as relatively minor when compared with the near-emergency-level needs of the other mothers on her caseload.

Other family stressors also affected the family's ability to engage in the program or served as a barrier to their achieving program goals. Numbers of children appeared to be a barrier to the parent's ability to access training or get a job. One home visitor, discussing one of the "unsuccessful" families, said "her participation is sporadic, but to be honest, she's got four little kids . . . the twins are built like Mack Trucks, [and] they are [all four] just cute as little buttons, but they are little stinky-pies! . . . there were lots of times when her circumstances hurt her participation."

Legal issues created instability for some families. Families facing legal problems were unable to address their program goals because they were focused on these issues. Among the 73 families discussed in case conferences, the staff mentioned 10 fathers who were incarcerated, 4 who were illegal aliens; 3 who had lost welfare benefits because of alleged fraud; and 6 who were facing miscellaneous legal and financial problems such as Driving under the Influence (DUI), etc.

Another barrier for Latino families in this program was limited or lack of English proficiency; 11 of the 73 families in the Site B case conference analysis were said to be in need of an English as a Second Language (ESL) program but were not receiving it for various reasons (e.g., demands of employment, illiteracy in Spanish).

### 2.1.2. *Social supports*

Parents' social support networks were clearly factors enhancing or impeding their engagement and participation in the EHS program. In the term, "social support," we include past relationship histories, current relationship patterns, and the amount and availability of social supports previously and currently received. Past and current relationships often seemed to inform parents' ability to form trusting relationships with their home visitors. Such links have also been pointed out in other research (Barnard, 1998).

We examined both partners' and other family members' effects on home visiting engagement. More so in Site A, but also to some extent in Site B, many of the respondents were young and lived at home with family members. Previous studies have shown that the refusal of family members and partners to allow visits can pose a significant obstacle to mothers' successful engagement in home visiting programs (Daro & Harding, 1999). We found, however, that many family members and partners encouraged engagement in EHS.

Some family members and partners actually became involved in the home visits and the parent group meetings. Home visitors told us of grandparents who attended home visits and reminded mothers that they should be grateful for the program because of the advantages it afforded them. One mother said, "My mother and them was saying they didn't have none of this (EHS) when they had us. They said, 'We wish we would have had that.'" Relatives of the respondents also told us that, although they had not met the home visitor, they thought highly of him or her because of the services provided for the mother and child:

She (home visitor) is very concerned about Chloe. Tremendously . . . They set out for her to get a dresser for [child], diapers, anything she needs. They've taken her to the Christmas fund. They have done a lot of things for her, so that [child] did not do without.

One partner revealed that he looked forward to the attention that he received from the home visitor. Comparing the EHS home visitor to a home visitor from another social service agency serving the family, he told us he disliked that program because the home visitor ignored him while working with the child's mother, "When the other lady comes, she don't talk to me. She don't even *try* to talk to me. She be talking to Chloe. Well, I'll be listening. I'll be paying

attention to what they saying.” In contrast, he told us that the EHS home visitor “talks to me all the time. I mean she wouldn’t just talk to Chloe. I ask her questions. She ask me questions, too.” He supported his partner’s participation in the program, telling us that:

It’s good that she a part of it because I mean, for like certain things you don’t know or you don’t understand you can call [home visitor] and talk to [her] about it and she give you a better understanding of what’s going on. Like if you don’t understand something about what [child] is doing or why she doing it, they might have a better understanding than you do, or they give you something to read about it.

Note that this father’s comment suggested appreciation for the home visitor’s knowledge. It is important that we understand that the finding by Dunst et al. (1994) that the “professional-as-expert” model is not favored by families applies to issues of decision-making about the nature of parents’ participation, not to parents’ willingness to learn about child development from home visitors.

We also saw that mothers who had successful relationship histories (e.g., previous successful relationships with family members, friends, or boyfriends) seemed to have an especially easy time forming relationships with their home visitors. Home visitors described mothers who were receptive to the program and to them in ways such as:

I think Carly is just really open in terms of the information that’s shared with her. She’s very receptive to hearing what I have to say . . . I think that it has an effect [on her child] as well because the more that Carly learns . . . [and] the more that she’s exposed to, yes, I think that’s she’s applying it to the baby. She seems to be really eager to learn. She’s young but I think . . . she came in knowing a lot. *I think that probably has to do with her large extended family* (italics added), . . . her personality, her willingness to learn, and her wanting to be the best mom for Tyleishia, wanting Tyleishia to excel and do well.

Carly was 15 when her daughter was born. Her large extended family supported her as she raised her daughter while still growing up herself. Her relationship history may have facilitated her ability to form a bond with her home visitor.

Destiny’s story illustrates the opposite side of this coin. She did not develop a bond with her home visitor. Time after time, when asked if her home visitor was helpful, Destiny told us that she did not ask for help and this was why she did not receive any help. She said she had learned to be very independent, relying on her own wits to survive since she did not have any close family or friends to whom she felt she could go for support. When asked if she ever called her home visitor for advice or assistance, she told us, “I shouldn’t do that. My business is my business. No, I’ve never called her and spoke with her about my problems . . . I’m kind of to myself, which I probably shouldn’t be like this but I am.” In a subsequent interview she told us, “She (home visitor) hasn’t helped me with anything; maybe cause that’s my fault because I haven’t spoke with her. So she hasn’t been helpful because I haven’t called her to be helpful.” Though Destiny blamed her personality for her reluctance to ask for help, our knowledge that she felt rejected by her mother and father and that she had suffered abuse from past boyfriends leads us to suspect that past relationship disappointments may have led to a fear of being disappointed again.

Fortunately, after working with their home visitors for extended periods, some mothers who had troubled social support histories developed strong bonds with their home visitors. Though these relationships were difficult at first, after some time it appeared home visitors were providing positive social support that was not otherwise present in mothers’ lives. For example, one home visitor told us that a mother she worked with was,

. . . like a rabbit in the beginning. It was hard to really catch up with her, but I was very direct with her. I saw her potential. And when she did not stick to that plan I think I tried to put some of my own ideals off into her.

Another mother, who had come from an abusive background, including rejection by her mother and severe abuse from a boyfriend, described her relationship with her home visitor as follows:

She gives me helpful advice. She offers help. She’s easy to talk to and not judgmental. It’s completely different [from other relationships]. I trust her. If I call her she’d be there for me, but since I’m so stubborn and bullheaded I try to not be calling everybody. But she’s there for me when I need her. I know she can’t be there for me if I don’t want her.

This mother’s home visitor told us that being “just someone to talk to” had helped build a positive relationship. It seemed that if the home visitor was particularly dedicated to the job, maintained consistency in service delivery, and was an open and caring listener, successful relationships could eventually be attained despite mothers’ initial hesitancy

to participate based on past negative social support experiences. Below we address these issues in greater detail in the sections on home visitor conscientiousness and program characteristics and strategies.

In another instance, a mother, asked about the secret to her success, said: “I just think having support is the main thing. I didn’t think I had anybody’s support, and then knowing my mother was there for me and the girls – I think they inspired me more. ‘Cause I know I have to take care of them. They’re my responsibility.” In some of the Latino families, fathers were involved, even though they were not always present at the home visit; one mother said that her husband always read the pamphlets and discussed the visit with her when he came home from work. A home visitor described another family: “I think Sylvia had the advantage of having a real stable back-up system, she lived with her parents, had siblings, aunt and uncle across the street, brother and sister – you know, just right there in the neighborhood . . .”

In a few cases, however, families interfered with mothers’ participation in the program. The most frequent impediment was marriage to an abusive spouse. For example, in one case conference, the staff engaged in lengthy problem-solving about a young mother whose parents had thrown her out of the house when she became pregnant. She was now living with her abusive boyfriend whose parents were restricting her access to the home visitor. Home visitors also often described declines in parents’ participation when their significant others were out of jail, and increases when these partners were again incarcerated. In another example, a home visitor described a family in which the mother’s sister, newly arrived from Mexico, was opposed to her participation in the program. This sister would express her feelings about the program by walking into the room when the home visitor was there and turning up the volume on the TV.

### 2.1.3. Parent individual characteristics

Other characteristics serving as barriers or facilitators to families’ participation included some specific personality traits or values, as well as some motivational, cognitive, or health issues that affected parents’ ability to engage in the program.

A personality trait that appeared to distinguish “successful” versus “unsuccessful” families was parents’ degree of self-absorption versus other-directedness—especially their ability to think in terms of their children’s welfare. This was particularly apparent in the Year 3 interviews at Site B, when we probed families regarding their reactions to the introduction of new home visitors due to staff turnover or reassignment. We had noticed that staff were concerned about this issue, but that their concern appeared to apply primarily to those families in the “unsuccessful” group despite the fact that both “successful” and “unsuccessful” families had experienced considerable staff turnover. One mother in the “successful” group, asked why she continued to participate after several staff changes, said, “For whatever reason, somebody is [always] coming or going, and you just have to like . . . go with it, to adjust. *You have to make it exciting for the kids*, to have them look forward to whoever the new person is . . . I guess it didn’t cross my mind to not stay in it” (emphasis added).

In contrast, responses of parents from the “unsuccessful” group suggested that they did indeed interpret staff departures or other changes in the program as a disruption of their personal lives, and turnover was often given by them as a reason for leaving the program or participating less fully. However, these same parents also tended to view the program’s benefits in terms of value to themselves rather than value to their child. They tended to be primarily interested in obtaining child care or accessing other benefits that would make their lives easier. For example, one parent said, “I thought they could help me out with stuff,” and another said, “They have child care.” In contrast to the “successful” families, these parents could not name any specific gains or parenting skills they had learned as a result of their participation in the program. The home visitors described these parents as being self-absorbed or having a “gimme attitude.” In short, the “unsuccessful” parents were not particularly close with any home visitor, and viewed their relationships with the staff primarily in terms of potential benefits to themselves. Therefore, while they may have perceived staff turnover as a cause for their reduced participation, it appears that a more fundamental cause was a failure to form effective relationships with staff and the program in the first place.

During case conferences, home visitors discussed other personal qualities that they saw as barriers to parents’ engagement in the program or to reach specific goals. According to the home visitors, failure to reach goals almost always involved a failure of the parent to follow through on agreed-upon goals or to engage in the activities presented during home visits. Problem-solving and discussion during the case conferences therefore revolved around two issues: (a) why the parent had been unable to engage or follow through, and (b) strategies to overcome those barriers. In the case conferences, 18 of the 73 parents were described as having some kind of health problem, ranging from dental problems to seizures and head injuries. For example, the team problem-solved about getting further

services for one mother who had a severe memory loss as a result of a head injury, who often missed home visit appointments because she forgot them, and could not remember from visit to visit what she was supposed to be doing towards achieving her goals. References to mental health problems were made 58 times during the conferences (some of the families had more than one of these problems), including self-esteem, stress, depression, substance abuse, violence, manic depressive syndrome, anger management problems, and bi-polar disorders. In describing barriers to achieving goals, the case conference participants identified coping issues such as lack of follow-through, poor problem-solving skills, poor social skills, impulsivity, or low intelligence in 24 families. For example, the staff problem-solved about some (usually young) parents who would impulsively choose to visit friends rather than go to work, or who would purchase expensive items rather than stick with a debt-reduction goal they had listed on their Action Plan.

## 2.2. Program characteristics and strategies

Despite the many challenges faced by families, the staff in both programs were, in many cases, able to overcome the barriers to participation presented by resource stressors and individual characteristics. Successful strategies included conscientiousness, persistence and consistency in interactions with families; making appropriate matches between home visitors and parents; and building loyalty to the program rather than to one individual home visitor.

### 2.2.1. Home visitor conscientiousness

Home visitors who were scrupulously dependable, honest, and – perhaps most importantly – *persistent*, were able to overcome parents' distrust and reluctance. As is the case with all relationships, each person's behavior can affect the others' actions and reactions. Perhaps parents' lack of follow-through, as discussed earlier, led some home visitors to be lax in following through on their duties. However, this should not be taken as an acceptable excuse, but rather as a possible explanation for the home visitors' behavior. The home visitor is the professional in this relationship and is therefore expected to be above reproach in her efforts to accomplish her duties.

Mothers told us that they expected the home visitor to be very conscientious. When home visitors did not follow through with promises made or complete services that were expected, the formation or maintenance of the relationship between mother and home visitor was challenged.

When home visitors did not show up for scheduled home visits, mothers felt they were being stood up. One mother who was quite upset when her home visitor did not come at the appointed time said that, "I called complaining about [home visitor]. She didn't come when she said she was going to. She came and she said, 'I am so sorry.' I was like, 'Yeah, right' [sarcastically]." In contrast, mothers praised home visitors who were conscientious about keeping their appointments saying, "If she didn't come, she'd call." Sometimes, even though home visitors attempted to keep all their appointments, it was not possible because of mothers' high mobility. Mothers seemed to take this into consideration and did not become upset with home visitors when appointments were not kept because of a recent move.

Another issue involving conscientiousness was the prompt return of phone calls. Mothers often called their home visitors in times of crisis (e.g., they needed to be connected with emergency assistance) and thus needed their calls to be returned in a timely manner. Mothers told us that home visitors' laxness in returning phone calls affected their relationship. As one mother put it, the relationship "... could be better, but I guess she's busy and sometimes I do leave messages and she doesn't return them. When I do speak with her she's pretty good with me, but it's hard to catch up with her." In a subsequent interview, this mother told us that she continued to be very upset by this behavior:

Basically, sometimes when I call her she doesn't return my calls, and that's kind of frustrating because I feel like O.K. they say that they are there for you, so when she doesn't call me back I'm assuming that, 'Are you or are you not [there for me]?'

Mothers sometimes became disillusioned with the program because their home visitors were not getting in touch with them. One mother reported that, "She hasn't called me or anything, so I just haven't worried about it." In other words, she had given up trying to get the home visitor to assist her in meeting her needs.

Clear and honest presentation of available EHS services at the time of recruitment and thereafter was also critical to relationship development between home visitors and mothers. Mothers were upset when they were assured services that never materialized or took many months to obtain. For example, as a recruitment strategy, some home visitors had

promised mothers places in an affiliated child care program. When this promise was not fulfilled for many months, mothers understandably became very upset with their home visitors.

Parents also described the importance of home visitor persistence—continuing to be there week after week: “[Other program] came out once every six weeks . . . they didn’t do as much with the kids, the visits weren’t as long. They didn’t know the kids, and . . . the kids wouldn’t cooperate with them. So when [EHS program] came more often the kids came a lot closer; they became attached to [visitor].” One parent talked about the reliability of the home visitors: “I could have called [visitor] at 2:00 a.m. if I had an emergency. Some people did; I never did.” Home visitors described meeting at 5 p.m. or on Saturdays for parents who were working, or making an effort to fit the home visit to the parent’s style: “I got to the point where I would try to have clear time on my calendar in the morning, because usually she would be one of your more morning people, and would just try to catch her at home . . . because if there was a time lapse of an hour or two, there was a strong possibility that she would not be there.” A parent described the impact of this kind of consistency: “When I first got into the program, I was working night shift. So [visitor] would come in the morning, and I would go ‘yes, yes.’ She would come in singing and I would not be in the mood . . . but it got to the point where I started looking forward to her coming. It was something that helped keep me on track.”

### 2.2.2. *Home visitor/parent match*

In the home visiting literature, discussions about appropriate matches between the home visitor and parent generally center around the issues of whether the home visitor should be a member of the community versus a professional, or of the same racial, ethnic, or cultural background (e.g., Wasik, 1993). However, our findings from these two sites suggest that successful matches included attention to more subtle, personal history- and personality-based matches between home visitor and parent. The experiences of these two programs suggest careful attention to appropriate matches is a viable strategy for enhancing family engagement.

When home visitors had similar personal histories, sharing such information seemed to facilitate the development of a bond between them. However, when personal histories did not correspond, sharing such information seemed to draw them apart. For example, one home visitor had had her first child when she was a teenager and had herself experienced many of the struggles of the mothers with whom she worked. When asked about one particular mother, she told us that she believed that her own past helped her to relate to her.

I think we’re all good at what we do, but knowing the different staff members . . . I don’t, in my opinion, think that that same relationship would have been formed . . . We had some common things in our lives when I was younger and I’ve shared [that] with her.

In another instance, a mother explained to us that the kinship she felt with her home visitor was due to the fact that the home visitor had recently had her second child and was dealing with raising two children just as she was: “It’s just like she can relate a lot, and now she has two children. Me too . . . What makes it easy is that she’s going through similar . . . stuff like I am.”

Thus, revealing personal information could have positive consequences, but when those disclosures did not match the parent’s own experience, the information could set the stage for difficulties in the relationship. For example, Sherryce’s view of her home visitor’s knowledge was greatly influenced by the fact that the home visitor did not have children of her own. When asked if her home visitor had given her good information about child development, Sherryce said, “Not really, ‘cause she don’t have any children so it’s kind of, she don’t know nothin’.”

There was much discussion among the EHS staff about the importance of matching the personal characteristics of home visitors with those of parents. An example is the case of a European-American mother who had mental health issues (obsessive–compulsive and bi-polar). She experienced many challenges with her first home visitor even though they shared the same ethnic background. After being assigned a new home visitor, who was African-American, she became one of the program’s best “success” stories. The mother described it this way: “Glenda was afraid of my forceful personality. Rachel’s never taken nothing from me. She sees right through me, and the devious thoughts I have, and she puts a stop to them; she makes me fly right . . . Glenda was not good for me, and then Rachel came along, and she was great.” Glenda, the home visitor who was replaced, tells a similar story: “I feel very confident of my skills . . . [but] we just didn’t click, it wasn’t working . . . she was very confrontational. And every time she would do things like that in home visits, I would get very scared, and I would back off.” Rachel, the second home visitor, described how she interacted with this mother: “Once she called me here at work, . . . she started screaming. I told her to calm down, ‘You are at work, I am not talking to you until you calm down.’”

The same trait or strategy that might work well with one parent could have the opposite effect on another. In one instance, a home visitor worried when she “hotlined” a parent whose older son was sexually abusing her younger daughter, “It was like, oh Lord, I’m losing this one! But we kept working at it, and kept working at it . . . just coming in there every week, asking the questions that needed to be asked.” The mother described the crisis this way:

“You know for a minute I felt bad. So I swallowed my pride . . . and I said, Danielle didn’t want to do that . . . they have to do their job. Eventually I was able to take it like that . . . When [she] came she would ask me what did you do about this, and this, and this. They’re like reminders. At first that was a bother to me, and now it’s like, ‘Thank you.’ ”

However, another parent did not appreciate these “reminders.” This mother was a diabetic with two children. She was in poor health but had decided to have a third child. The home visitor was trying to persuade her to consider the consequences of this decision for her health. Her response was anger: “It seems like they’re too personal, too nosy. . . . It’s like, okay, I want another baby. . . . It’s like I’m the one who’s gonna have to suffer the consequences . . . I understand all that.”

### 2.2.3. *Building program loyalty*

The theme of program loyalty emerged primarily in Site B, as the staff attempted to ensure that parents would remain engaged in the program through changes in the program’s organization and through turnover in the home visitors. The program leadership deliberately developed strategies designed to introduce parents to more than one home visitor. For example, each family had a “back-up” home visitor who occasionally made home visits with the primary visitor, and who provided home visits to that family when the primary home visitor was ill or otherwise unavailable. One or more of the program supervisors also made occasional visits in company with the home visitor when it was appropriate (e.g., the Child Development Coordinator might visit a family when a child assessment suggested a concern, or the Self-Sufficiency Coordinator might visit when the family requested help getting vocational training). This strategy appeared to work, as “successful” families we interviewed could name several people in the program and describe in concrete terms what they had done with them. One mother, whose home visitor had been promoted to a supervisory position, said “Glenda is still there. I know I can call her if I want to.” One of the home visitors described her perspective on a parent’s attitude about changing staff: “I think [mother] sees our program as a program, it’s not a [visitor] . . . She’s like, you know, I didn’t join this program to become friends with a [visitor]. I joined it to learn early childhood education.” In contrast, “unsuccessful” families, because they tended to be involved less with the program in general, usually could not name other staff beyond their own home visitors. For example, one mother, asked if there were others in the program who had helped her, said, “Yeah, that lady, you know, came out and gave Marcus a test . . . I don’t remember her name.”

## 3. Discussion

The data analyzed in these studies reveal that there are numerous reasons that home visiting programs have difficulties either completing home visits or fully engaging parents in the program. To understand why home visits are not completed or parents fail to fully engage in the program, there must be an understanding of both the client and the professional because each affects the home visit dynamic. The fact that so many similar themes emerged in studies conducted independently, in two programs with different administrative structures and located in different communities serving families with somewhat different demographic characteristics, underscores the potential validity of our conclusions. While there were a few surface level contradictions or exceptions, there were a number of consistent themes pointing to requirements for developing a successful relationship between home visitors and parents.

The high mobility of our sample hindered completion of home visits, as there were times when it was difficult to locate the mothers. An examination of all the home-visiting programs in the national evaluation of Early Head Start also found that high family mobility reduced parent participation in the program (see Raikes et al., 2006). In both sites, we as researchers experienced this problem ourselves. In Site A, despite the fact that we visited mothers every four months and contacted them by phone in the interim, two participants were “lost.” In Site B, some of the parents who were selected for the study – particularly those in the “unsuccessful” category – could not be located for interviews.

Thus, we know from our own experience that even close contact with families does not guarantee that when they move they will remember to, or choose to, inform the home visiting program about the move. Perhaps this is especially the case when moves are frequent and therefore do not seem of particular note to families. Or perhaps when they move and so many other services or agencies (i.e., utility companies, postal service, social service agencies) must be contacted, they may not place contacting their home visitor in the highest priority category.

When we examined qualities of the home visitor that might impede successful completion of the expected number of home visits per month, it seemed that overwhelmingly the concerns of the mothers could be summed up in one highly valued trait: conscientiousness. Mothers expected to receive what they were promised, whether it was a particular service (e.g., entry into an early childhood program) or a common courtesy (e.g., returning phone calls in a timely manner). The story of one mother who talked about initially not being “in the mood” for her cheerful home visitor, yet who gradually came to depend on those visits, is an illustration of the potential reward awaiting conscientious and persistent staff.

Other characteristics of home visitors were also important. We found, for instance, that careful matching of home visitors with parents was important; some parents welcomed or needed a home visitor with a more assertive style, while others found that style too “pushy.” Some parents wanted to use the home visitor as a sounding board to talk over personal decisions or to think through their actions. Others found that kind of interaction too personal and wanted to confine their involvement to the parenting or child-focused information the home visitor was bringing.

We found that creating a close bond between home visitor and parent was a key ingredient for successfully engaging families in the program. In fact, we suspect that consistency and persistence on the part of home visitors who were interacting with parents who had past experiences with limited or poor social support or negative relationships with programs or family was a key factor in their ability to penetrate the parents’ reluctance to engage. At the same time, our findings from Site B suggest it is not necessarily true that disrupting a close mother–home visitor relationship will result in the loss of the mother or her failure to make progress in the program. We found in Site B that both “successful” and “unsuccessful” families had experienced losses or changes in their home visitors over the course of their involvement with the program. The distinguishing characteristic of the “successful” families was a clear and concrete understanding from the beginning about the purposes of the home visits and their responsibilities for participation. Those who had enrolled with an eye toward gaining more information about parenting and enhancing their children’s education tended to be in the “successful” group, while those who had enrolled with a primary motivation to get more concrete benefits for themselves (e.g., child care, health benefits), tended to be in the “unsuccessful” group. The staff in Site B were convinced that clear discussion of the purposes of the program and specific expectations for the parent at enrollment – followed by consistent and periodic reminders – was an important strategy to ensure involvement by parents.

In Site A, by getting to know the mothers intimately over the course of 5 years, we came to know their relationship histories. This helped us to understand how support from family members influenced the formation and development of the mother–home visitor relationship. There seemed to be three categories of mothers in this regard. Some mothers did not develop strong bonds with their home visitors; histories of low family support seemed at least partially responsible. Other mothers had experienced an unstable past but the commitment of the home visitor nevertheless eventually resulted in a strong relationship. For these parents, the home visitor seemed to be providing a consistent and stable relationship that they had not previously experienced. Finally, there were mothers who had come from supportive families who easily developed bonds with their home visitors.

In Site B, we observed these same types of mothers and concur that histories of low family support and an unstable past contributed to the differences in parents’ ability to bond with home visitors. These underlying characteristics in turn may also have contributed to the ability of parents to weather changes in program staff. That is, parents who clearly understood the program’s purposes to enhance their children’s development and who enjoyed the home visiting activities focused on their child, were also those who did not depend entirely on the home visitor for relationships.

In contrast to other researchers, we found in many cases that mothers’ partners and family members enhanced rather than limited connections between home visitors and mothers. The respondents’ mothers often spoke of their appreciation and even envy of the program their daughters were able to take advantage of, saying how much it would have helped them when their own children were infants and toddlers. Perhaps because home visitors engaged partners and family members during home visits, they accepted and appreciated the program rather than resented it and felt that

it was an intrusion in their lives. This may help explain findings that single mothers who participated in home visiting services in the national evaluation of Early Head Start showed less parent involvement (Raikes et al., 2006). However, in Site B the team also found cases in which other family members interfered with participation. The fact that this pattern was noticed in Site B but not in Site A may be an artifact of the larger number of families included in the study design in Site B. Regardless, however, it is clear that recruiting support from and involving other family members is an important element of creating a successful program engagement.

### 3.1. Implications for practitioners

We come away from the project with eight implications for practice for home visiting programs. These include:

- Improvement in the techniques used to track families who move frequently is important. Programs should work closely with community agencies to ensure continued phone service and reduction in the number of moves that a family must make.
- Because conscientiousness is a key quality for home visitors, training should be offered to home visitors so that they can understand the importance of maintaining a high level of this quality in their work with families. Furthermore, periodic monitoring of home visitors' interactions with their assigned families will assist programs in assuring a high quality program is maintained. Conscientiousness includes following through with commitments made to families, such as making consistent contact with families and showing up on time for scheduled appointments.
- Programs should require home visitors to maintain flexible working hours in order to make visits to working families outside of the family's working hours. Programs may need to provide cell phones or a second staff member on late afternoon or evening visits to help assure safety for the home visitor.
- Families should be given a very concrete description of the goals of the program and their responsibilities for participation should be explicitly defined. Both parents, whenever possible, should discuss these responsibilities with the home visitor, understand the consequences for non-participation (e.g., eventual termination from the program), and sign a written agreement that they will abide by these rules.
- Matching home visitors to specific parents who have similar personal histories or compatible interactional styles may aid in the development of close relationships. Of course the feasibility of this suggestion depends on the individual program's assets (i.e., if the program has several home visitors from which to choose). If home visitors know the relationship history of the mothers they serve, they may be able to adjust their services to avoid pitfalls that may inhibit the development and maintenance of relationships. Perhaps, upon enrollment in the program, parents could complete an interview or questionnaire that would help the program determine which home visitor would be the best match for them. Alternatively, when tension or lack of engagement occurs between home visitors and parents, an option of reassignment to match personality characteristics should be considered.
- Programs need to consider how to avoid losing ground with parents at transitions such as staff turnover. Making sure the parent clearly understands the program's purposes and is committed to the *program* as much as to the *home visitor*, may help stabilize families through program transitions. This might include ensuring that the parent knows several staff members in addition to her assigned home visitor.
- Programs should continue to engage partners and family members in the home visits so that they accept the programs and help mothers to remain engaged in the program. Additionally, some visits could be specifically geared to the needs of family members or partners so that they also receive benefits from the home visiting program. For example, fatherhood and grandparent issues could be explored in the home visits.
- Finally, it should be considered that home visiting programs might not be well suited for some people with certain backgrounds. Families facing multiple mental health challenges, for example, might require more help than a weekly home visit can provide. Further research could help to determine a method to assess families and determine which type(s) of services would be best for which types of people.

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## Appendix A. Sample interview questions: Site A

### A.1. Home visitor interview (selected interview questions)

1. What has helped this mother take advantage of Early Head Start?
  - Is there anything or anyone who helps her to be involved in Early Head Start?
  - Is there anything or anyone who has interfered with her participation in Early Head Start?
2. Compare working with this mother to working with others in your caseload.
  - Is it easier or more difficult to work with this mother? Explain why.
3. Discuss your rapport with this mother.
  - How would you rate your rapport with this mother in comparison to others in your caseload?
4. Have you had any problems with scheduling appointments?
  - Does this mother keep her appointments?
  - Do you keep the appointments that are scheduled?
  - What helps you and her to keep the scheduled appointments?
  - What hinders your ability to keep appointments with this mother?
5. Does this mother participate in other Early Head Start programs, such as the parent meetings?
  - If not, what hinders her from attending these meetings

### A.2. Parent interview (selected interview questions from different interview protocols)

- Has Early Head Start had a positive impact on you? Your child?
- Tell me about ways in which your home visitor has been helpful to you?
- Tell me about ways in which she could be more helpful?
- What suggestions do you have for improving Early Head Start?
- How do you get along with your home visitor?
- Describe your home visitor. Tell me how she is like or different from you.
- Tell me some of the benefits you have received from Early Head Start.
- How often do you receive home visits?
- Does your home visitor always show up for scheduled visits?
- Do you ever have to cancel scheduled visits?

## Appendix B. List of codes

### Early Head Start

- Home visits
- Expectations
- Parent meetings
- Initial application
- Suggested improvements
- Communication style
- Transition out
- Frequency of visits
  - Problems making contact

### Benefits of visits

- Parenting
- Goal setting
- Obtaining social service
- Provision of goods
- Social aspects

## Appendix C. Sample interview questions

### C.1. Parent interview (partial interview protocol)

1. How did you get involved with the program?  
How did you hear about the program?  
Why did you decide to enroll?
2. What your expectations about what the program would be like?  
How did your expectations fit with your experience?
3. Who is your home visitor? How do you get along with her?  
What other people do you know from the program?  
How many other home visitors have you had? Why did they change?
4. What do you like best about the home visits? Least?
5. How often do you have a home visit?
6. What other things do you do with the program? Are there any other resources of the program that you have used?
7. How has the program changed the way you do things as a parent?
8. How has the program helped your child?
9. What kinds of child care do you have? How has the program helped with that?
10. How has the program worked with you about health issues for you and your child?
11. How has the program worked with your children's father?
12. What are the goals on your Family Action Plan? How are your progressing on those goals?
13. What are some of the advantages you have that have helped you get where you are now?
14. What would you like to change about the program?
15. What other kinds of help could you use?

### C.2. Staff interview (partial interview protocol, questions were repeated for each family discussed)

1. How did \_\_\_ get involved with the program?
2. What do you think her understanding is of her responsibilities to the program?
3. How long have you been assigned this family? (If changed) Why were they re-assigned from other staff?
4. How well/how often does she meet with you? How engaged is she in the visits?
5. How do you know when she is engaged?
6. What is her relationship with you like?
7. Does she participate in other aspects of the program? Work with any other staff?
8. Have you observed any changes in her parenting over time? What do you think the program has done to help with that?
9. Have there been any health issues? What did the program do about that?
10. Have there been any issues related to the children's father?
11. Have there been any other mental health issues or problems that you have worked with the family about?
12. On self-sufficiency: What have been the family goals? What progress have they made?
13. What would you say are this family's strengths?

**Appendix D. Case Conference Coding Form (transcripts/notes from quarterly case conference discussions were reviewed; issues discussed were categorized by program outcomes)**

Family ID# \_\_\_\_\_  
 Advocate: \_\_\_\_\_  
 Frequency of home visit: \_\_\_ weekly \_\_\_ biweekly \_\_\_ Other \_\_\_\_\_

Participation rating by Advocate:  
 \_\_\_ Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor

Other comments about participation:

Mental Health/Family Support Outcomes

Father: \_\_\_ Involved \_\_\_ Supportive \_\_\_ Conflictual \_\_\_ Uninvolved/absent  
 \_\_\_ Not mentioned during case conference

Other Significant Other: \_\_\_\_\_

Comments about male partner/father

Other social supports:

Mother's parents: \_\_\_ Involved \_\_\_ Supportive \_\_\_ Conflictual  
 \_\_\_ Uninvolved/Absent \_\_\_ Not mentioned

Father's/partner parents  
 \_\_\_ Involved \_\_\_ Supportive \_\_\_ Conflictual  
 \_\_\_ Uninvolved/Absent \_\_\_ Not mentioned

Program social events: \_\_\_ Teen group \_\_\_ Father group  
 \_\_\_ Parent Policy Council  
 \_\_\_ Other

Other social networks:

Problem-solving skills, rated by advocate: \_\_\_ good \_\_\_ fair \_\_\_ poor \_\_\_ not mentioned  
 Comments:

Mental Health issues mentioned:

\_\_\_ Depression \_\_\_ self-esteem \_\_\_ substance abuse \_\_\_ violence  
 \_\_\_ Other \_\_\_\_\_

Comments:

Health Outcomes

Immunizations/Well-child visits: \_\_\_ up-to-date \_\_\_ behind \_\_\_ not mentioned  
 Comments:

Health insurance: Children covered \_\_\_ Parents covered \_\_\_ Not mentioned  
 Comments

Child health issues: \_\_\_ Problem discussed \_\_\_ Not mentioned  
 Comments

Parent health issues: \_\_\_ Problem discussed \_\_\_ Not mentioned

Comments

Birth control:  No family planning in use  Using some method  
 not mentioned

Comments:

Nutrition:  Problem discussed  Not mentioned

Comments

Safety:  Problem discussed  Not mentioned

Comments

Early Childhood Education

Screening:  up-to-date  need assessment  not mentioned

Comments:

Referral to Part C?  not needed  not mentioned  
 referral discussed  referral made

Comments:

Attachment:  Problem discussed  Not mentioned

Comments:

Language:  Problem discussed  Not mentioned

Comments:

Behavior/Discipline:  Problem discussed  Not mentioned

Comments:

Other Social-Emotional Development  Problem discussed  Not mentioned

Comments

Other child development issues:  Problem discussed  Not mentioned

Comments:

Child care:  not currently using child care  in family care  center care  
 not mentioned

Comments

Self-Sufficiency Outcomes

Employment :  employed  part time  unemployed  
 Problem discussed  Not mentioned

Comments:

School  post-secondary  in high school  in GED  in ESL  
 Problem discussed  Not mentioned

Comments:

Transportation:  Problem discussed  Not mentioned

Comments:

Housing:  Problem discussed  Not mentioned

Comments:

Income Assistance: \_\_\_\_\_ Problem discussed \_\_\_\_\_ Not mentioned  
Comments:

Budgeting: \_\_\_\_\_ Problem discussed \_\_\_\_\_ Not mentioned  
Comments:

Other special issues: \_\_\_\_\_ Problem discussed \_\_\_\_\_ Not mentioned  
Comments:

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