

EVERY CHILD SUCCEEDS

HOME VISITATION PROGRAM

*Focus Groups to Understand Factors Related to
Participant Enrollment and Retention*



EVERY CHILD[®]
SUCCEEDS



ECS Home Visitation Program:

Factors Related to Participant Enrollment and Retention



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INTRODUCTION



Every Child Succeeds

Every Child Succeeds (ECS) is a voluntary prevention program with the mission to ensure an optimal start for children living in the Greater Cincinnati area. ECS includes provider agencies whose social workers, child development specialists and nurses provide services for first-time, at-risk mothers from the time of pregnancy until the child's third birthday.

ECS Home Visitation Program

ECS uses an evidence-based home visitation strategy to promote positive parent-child interaction, healthy child development and family self-sufficiency. At the core of the approach is a caring, trusting relationship between a home visitor and a mother. ECS moms are young, low-income, single and/or receiving inadequate prenatal care, factors that tend to put their children at higher risk for delayed development, abuse and neglect, and poor academic achievement. ECS provides home visits to families in seven counties in Southwest Ohio and Northern Kentucky using one of two national models: 14 Healthy Families America® sites and one Nurse Family Partnership® site. To date, ECS has provided more than 450,000 home visits and has served more than 19,000 families. At any one time, close to 2,000 families are receiving home visits.

ECS Home Visitation Program Services provided to moms include:

- Information regarding healthy prenatal care
- Parenting support and guidance
- Stimulating activities for baby
- Tracking and supporting baby's development
- Health and nutrition education
- Assessment of the home environment to ensure that it is safe and stimulating
- Goal setting to help parents achieve self-sufficiency
- Referrals to community resources when additional assistance is needed
- Transition support for families at program graduation
- Parent-aid bags to distribute educational and useful items, including books and developmental toys, health and safety items

Focus Group Study Purpose

For continuous quality improvement and program retention purposes, the program administered the maternal version of the Reasons for Participation Discontinuation Inventory survey to first time mothers who had been enrolled in the ECS Home Visitation Program. Survey participants were asked questions regarding barriers and facilitators to participating in the ECS Home Visitation Program. Survey results provided useful feedback for program enhancements, but also informed program administrators that many parents and families often do not continue in the ECS Home Visitation Program. The purpose of this project is to further explore parents' and families attitudes and perceptions about the ECS Home Visitation Program through focus group participation. Findings from the focus group study will be used to obtain a greater understanding of parent and family needs, for planning culturally-competent services that will help to overcome barriers to participation and to increase program retention rates.

Specifically, this project targets first-time mothers/families currently or previously enrolled in the ECS Home Visitation Program who live in the Greater Cincinnati/Northern Kentucky area. Participants will be recruited across all of the Hamilton County area, including; Price Hill, Avondale, Beechmont, Corryville/Mt Auburn, Madisonville, Winton Terrace, and from the Northern Kentucky area. The study will assess facilitators and barriers to program participation and perceptions about the ECS Home Visitation Program, and also provide information about programmatic or supports needs for this population.

More information and research are needed to better understand enrollment and retention of first-time mothers in the ECS Home Visitation Program. There is also strong interest from participating agencies to assess and improve services provided to this population. The specific aims of the current study are to (1) identify factors related to retention in the program; (2) assess program provider issues; (3) assess cultural issues; and (4) provide feedback about the program to improve services to children and families.

Brief Literature Review

Previous findings indicate a positive association between home visitation participation rates and family outcomes. Home visitation programs have proved to be efficacious for first-time mothers to support the emotional, psychological, and educational needs for this population. ECS contributes to the home visitation field by addressing the many needs of mothers and families through programmatic scientific studies that generate new and more effective ways to implement practices.

In 2005, a study was conducted to explore reasons for and barriers to engagement in the first six months of home visitation parenting programs¹. Noted consistent themes of reasons for participation in these programs included social support, psycho-education, and tangible assistance. Barriers to participation included perceived invasiveness of the assessments, maternal concerns about being reported to child protective services, and mismatches between maternal needs and home visitor characteristics. Results suggest new areas in need of further inquiry by researchers and practitioners to increase engagement.

A subsequent study assessed 515 first-time mothers receiving services from Every Child Succeeds who were followed through the first year of service to determine predictors of engagement in the home visitation program². Results indicated that remaining active in the program was associated with race and increased parenting risk (e.g., mental health/substance abuse history, low social support, increased stress, etc.). Most mothers completed fewer home visits than prescribed and early engagement in home visitation was associated with lower levels of functioning and acute needs. Findings suggested that increased adversity promotes engagement in prevention programs in general, and home visitation programs in particular. Based on the findings from previous studies and a lessened retention rate over time, there continues to be gaps in understanding the specific factors that impact enrollment and retention in home visitation programs that warrant further examination to optimize the development and well-being of children and families through improved interventions.

The goal for this project, therefore, was to conduct the focus group to further assess and address gaps in the literature about mothers/families experiences, perceptions, and barriers to enrollment and retention in the ECS Home Visitation Program.

METHODS

Participant Recruitment

ECS identified over 200 mothers and families currently or previously enrolled and since dropped out of the home visitation program within the last 1-2 years. Identified ECS participants were mailed an informational flyer about the study. The mailing was followed up with contact by phone to potential participants. Any mother or parent currently or previously enrolled in the ECS Home Visitation Program through Cincinnati Children's Hospital or program affiliated community agency was eligible to participate in the study. All the interested mothers or parents were invited to participate, with a maximum of 20 participants in any of the three focus groups that were to take place in March 2013.

Eligibility:

Inclusion criteria: Any mother or parent currently enrolled or previously enrolled for at least 6 months or more in the ECS Home Visitation Program. Families that do not speak English as a primary language were not excluded. No arrangements for an interpreter were necessary. All participants were 15 years of age or older, if any were under the age of 18 they provided signed consent from a parent or legal guardian.

Exclusion criteria: Any parent who did not successfully complete the home visitation enrollment process with ECS.

The initial recruitment period was from the beginning of March through the end of March 2013. The three focus groups were conducted on March 13, March 19, and March 26 2013. Focus group activities were completed within three hours.

Focus Group Design

The focus groups presented no more than minimal risk to the privacy of individuals and did not include any study interventions, drugs, or devices. A consent form was prepared for the focus groups since participants shared their feelings in a confined group or focus group; however all data collected were subsequently de-identified. These data included participant demographics as well as specific knowledge related to facilitators and barriers to participating in the ECS Home Visitation Program.

Each focus group participant completed an informed consent process whereby a member of the research team reviewed the consent form in detail but in plain language that the participant could easily understand. Participants were asked to repeat what they were being asked to do, when they could withdraw from the study, and what would happen if they withdrew from the study before they signed the consent form.

Focus groups were held at local community agencies across several neighborhoods in the Greater Cincinnati/Northern Kentucky area at a time convenient for the majority of participating mothers and families. All focus groups were facilitated by Dr. Janelle Hines and Sarah Theodore of Cincinnati Children's Hospital Medical Center, based upon the recommended focus group methodology and the experience of this team in clinical studies and focus groups.

The focus group process took approximately 3 hours. Childcare was provided by Cincinnati Children's Hospital Child Life and dinner, both free of charge, were provided to participants.

Planned format:

| | |
|------------|---|
| 30 minutes | Participants sign-in, complete a demographic survey |
| 30 minutes | Dinner |
| 90 minutes | Focus group question discussion and Focus group flipbook completion |
| 30 minutes | Wrap up and Participant payment |

The focus group was audio-taped and video-taped for note-taking and transcription purposes. Following the focus group, the data were transcribed, analyzed and summarized.

STUDY FINDINGS

Across the Avondale, Madisonville, Price Hill communities 45 parents participated in Retention and Non-Retention focus groups. These focus groups included engagement in discussion, survey/booklet completion and dinner. Childcare was also provided for participating parents. Group participation was as follows:

| Focus Group Participation Across Communities | | |
|--|----------------------------|--------------------------------|
| Community | Parents in Retention Group | Parents in Non-Retention Group |
| Avondale | 11 | 4 |
| Madisonville | 7 | 3 |
| Price Hill | 11 | 8 |

Based on established methods of qualitative research, a thematic analysis was conducted on each question, using a notes-based strategy³. Focus group data were organized and analyzed by question, capturing the frequency of topics, extensiveness of the response across participants, and the intensity of the response. Notes are supplemented as needed with the audiotapes to glean details from the focus group discussions. The investigators met to discuss and reach consensus on response categories to identify both common and differing themes across groups. Descriptive qualitative statements were also extracted from the data.

Summary of Themes Across Retention and Non-Retention Groups

A number of ideas relative to focus group questions were common within and across both retention and non-retention groups. These “themes” were similar in context and therefore, determined to be key points of consideration for continuous quality improvement for the home visitation.

| Summary of Themes Across Retention and Non-Retention Groups | | |
|---|---|---|
| Question | Retention Group Themes Across Neighborhoods | Non-Retention Group Themes Across Neighborhoods |
| 1. Describe your social support system at the time you enrolled in the ECS Home Visitation Program. | <p>Common social support systems across neighborhoods included:</p> <ul style="list-style-type: none"> • Immediate and extended family • Friends • Church | <p>Common social support systems across neighborhoods included:</p> <ul style="list-style-type: none"> • Immediate and extended family • Significant other (boyfriend) • Friends |
| 2. How did you first find out about the ECS Home Visitation Program? How did you become enrolled? | <p>Participants commonly found out about the Home Visitation Program through word of mouth from:</p> <ul style="list-style-type: none"> • Family and friends • Former participants • School • Prenatal care <p>Common facilitators for enrollment:</p> <ul style="list-style-type: none"> • Family and Friends • ECS Counselor • Healthcare Provider (clinic, doctor, hospital, midwife) <p>Participant enrollment commonly occurred:</p> <ul style="list-style-type: none"> • During pregnancy or shortly after the birth of their child | <p>Participants commonly found out about the Home Visitation Program through word of mouth from:</p> <ul style="list-style-type: none"> • Social Services or Social Worker • Medical Professionals (OB/GYN or nurse) • Family and/or friends already involved with ECS <p>Participant enrollment commonly occurred:</p> <ul style="list-style-type: none"> • During pregnancy or shortly after the birth of their child |
| 3. How do you usually get information about programs and services that you need for you and your child? What forms of communication? | <p>Common sources of communication across neighborhoods include:</p> <ul style="list-style-type: none"> • Family • Churches • ECS Home Visitors/Groups • Medical Professionals (doctor) • Gov. Offices (WIC, Hamilton County Developmental Disabilities, Library) <p>Forms of communication:</p> <ul style="list-style-type: none"> • Word of Mouth • Internet (e.g., Moms365, Email) | <p>Common sources of communication across neighborhoods include:</p> <ul style="list-style-type: none"> • Pediatrician • Health care worker • Gov. Office (WIC, etc.) <p>Forms of communication:</p> <ul style="list-style-type: none"> • Internet |
| 4. What were your first impressions of the home visitation or ECS program? | <p>Common first impressions of ECS:</p> <ul style="list-style-type: none"> • Was not sure what to expect, but turned out well • A lot of paperwork/questions | <p>Common first impressions of ECS:</p> <ul style="list-style-type: none"> • Expected social group support and the chance to engage with other first time mothers • Impressions were formed |

| Summary of Themes Across Retention and Non-Retention Groups | | |
|---|--|--|
| Question | Retention Group Themes Across Neighborhoods | Non-Retention Group Themes Across Neighborhoods |
| | <ul style="list-style-type: none"> • Challenging (adjustment from out-of-state, personality mismatch, multiple rescheduled appts.) • Caring Home Visitor/Immediate bonding | <ul style="list-style-type: none"> based on how well first time mother related to her home visitor • Workers are viewed as an additional social/mentor support • Expected more group support and opportunities to engage with other first time mothers • Overwhelmed with the amount of information at one time provided by home visitor and the amount of paperwork to complete |
| 4a. What made you want to join the ECS Home Visit Visitation Program? | Common reasons for joining: <ul style="list-style-type: none"> • Incentives • Assistance with insurance, Food Stamps, paperwork • Great support (e.g., phone) • The need for independence from family • Education/Resources • Support parent with child development | Common reasons for joining: <ul style="list-style-type: none"> • Information and connections to other resources for my child • Support and to get questions answered as a first time mother • Desire to be a good mother |
| 4b. If you stayed in the program, what made you stay? Was there one main reason or several reasons that made you join or want to stay involved with the program? | Common reasons for staying in the program across neighborhood: <ul style="list-style-type: none"> • Information/Resources • Support (someone to talk to, concern) • Help with child development • Received more up-to-date information about raising children • Mental Health Assessments • Referrals (e.g., MIDIS2) | Common reasons for not staying in the program: <ul style="list-style-type: none"> • Scheduling inflexibility on the part the home visitor • Financial ineligibility • Relocation ineligibility • Hectic family schedule • Lost contact with home visitor • Length of home visit appointments (too long) |
| 5. What did you expect to happen when you enrolled in the home visitation program? | Common expectations upon enrollment: <ul style="list-style-type: none"> • A lot of paperwork • Before she had her baby she was terrified • Support through pregnancy • Information about labor and | Common expectations upon enrollment: <ul style="list-style-type: none"> • Did not know what to expect • Clear objectives for each home visit • More social support and the opportunity to engage with |

| Summary of Themes Across Retention and Non-Retention Groups | | |
|--|---|---|
| Question | Retention Group Themes Across Neighborhoods | Non-Retention Group Themes Across Neighborhoods |
| | what to expect with various scenarios | other mothers and children |
| 5a. How would you compare what you expected versus what happened? | Expectations v Reality: <ul style="list-style-type: none"> • Amount of Paperwork • Pregnancy/Delivery Process | Expectations v Reality: <ul style="list-style-type: none"> • Disappointed about lack of particular resources (e.g., assistance with housing, jobs, etc.) • Did not realize the expectation to share so much personal information |
| 5b. What was the same and what was different? | Supplemental Question/No comments | Supplemental Question/No comments |
| 5c. Was there something that you thought was going to happen and it did not happen? | Unmet expectations included: <ul style="list-style-type: none"> • Securing a residence (e.g., an apartment) • Other (unspecified) resources | Unmet expectations included: <ul style="list-style-type: none"> • Group support with other first time mothers • Other (unspecified) resources |
| 5d. Did you have unexpected pleasant surprises? Any unexpected disappointment? | Expressed unexpected pleasant surprises: <ul style="list-style-type: none"> • Didn't expect that they would go above and beyond to help with the child • Didn't expect that the visitor would make an impact with the child that would last Unexpected disappointments: <ul style="list-style-type: none"> • Paperwork | Expressed unexpected pleasant surprises: <ul style="list-style-type: none"> • Home visitor brought useful play and educational items for my child to use Unexpected disappointments: <ul style="list-style-type: none"> • Consistency of home visitor making contact and keeping scheduled appointments |
| 6. How would you describe your relationship with your home visitation agency that recruited you into the program? | Home visitation agencies mentioned: <ul style="list-style-type: none"> • Beech Acres • Children's Home • YWCA Comments about agency across neighborhoods: <ul style="list-style-type: none"> • Worker's agency is unknown • Home Visitor/Agency is always doing something for you • Home visitors keep moms informed about events | Home visitation agencies mentioned: <ul style="list-style-type: none"> • Was not aware of the agency that the home visitor was affiliated with, did not have a relationship with the agency |
| 6a. How did the relationship | Importance of relationship with | Importance of relationship with |

| Summary of Themes Across Retention and Non-Retention Groups | | |
|---|--|---|
| Question | Retention Group Themes Across Neighborhoods | Non-Retention Group Themes Across Neighborhoods |
| with your agency or the person who recruited you play a role in your decision to continue in the home visitation program? | <p>agency/recruiter for continuing:</p> <ul style="list-style-type: none"> • The relationship with the home visitor is really important • Relationship with the agency was not important for deciding to continue in the program • Agency was unknown for some moms <p>Importance of relationship with home visitor for continuation:</p> <ul style="list-style-type: none"> • Child development • Flexible scheduling • Home Visits (convenient) • Child bonding with Home Visitor | <p>agency/recruiter for continuing:</p> <ul style="list-style-type: none"> • Positive relationship with the home visitor was essential to the decision to continue in the program |
| 6b. If you did not have a strong relationship with the agency or the person, what would you need to be different to make that relationship stronger? | Ideas for strengthening relationships with agency across neighborhoods: <ul style="list-style-type: none"> • Ensure good match for visitor and mom • Improved communication of activities/events (e.g., verbal, internet, etc.) • Improved communication regarding agencies in general • No issues – strong relationship | Ideas for strengthening relationships with agency across neighborhoods: <ul style="list-style-type: none"> • Home visitor should be open-minded and non-judgmental to build a strong relationship • Good communication |
| 7. How important is/was having a working relationship with the home visitor to you staying in the home visitation program/ECS? | Importance of home visitor relationship for retention across neighborhoods: <ul style="list-style-type: none"> • Most/Very important for: • Education • Trust • Relationship Building • Resources and referrals • Comfort (in home) • Convenience (home visits) | Importance of home visitor relationship for retention across neighborhoods: <ul style="list-style-type: none"> • Having a working relationship with the home visitor is extremely important to staying in the program • Important in building trust and a positive bond |
| 8. What are some of the reasons that made it convenient or assisted families to participate in | Common facilitators for participation: <ul style="list-style-type: none"> • Childcare • Transportation | Common facilitators for participation: <ul style="list-style-type: none"> • Visitors come to the home, which is convenient • Materials and resources |

| Summary of Themes Across Retention and Non-Retention Groups | | |
|--|--|---|
| Question | Retention Group Themes Across Neighborhoods | Non-Retention Group Themes Across Neighborhoods |
| the ECS Home Visitation Program? | <ul style="list-style-type: none"> • Scheduling • Information/Education/Resources • Impact on Family • Support/Communication • Convention Location (home, church) • Incentives/Gifts | <ul style="list-style-type: none"> provided are easy to understand • Support from the home visitor |
| 8a. What made it convenient/assisted families to participate in the ECS Home Visitation Program: Scheduling? Transportation? Childcare Assistance? Financial? Ease of Understanding information presented? Responsibilities of program participants? Resources provided by program? | <p>Common facilitators for participation:</p> <ul style="list-style-type: none"> • Scheduling • Group meetings • Home visitors • Gave enough time to be available and participate in events • Information/Resources easy to understand | <p>Common facilitators for participation:</p> <ul style="list-style-type: none"> • Scheduling • Ease of understanding information presented • Resources provided by program |
| 8b. Why did you choose to stay in the program? | <p>Reasons for continuation:</p> <ul style="list-style-type: none"> • Accommodating to needs | <p>Reasons for continuation:</p> <ul style="list-style-type: none"> • Convenient • Helpful for both mother and child |
| 8c. How important was scheduling/other conflicts to you staying in the program? | <p>Importance of scheduling/other conflicts:</p> <ul style="list-style-type: none"> • Scheduling was a very important factor, specifically flexibility in scheduling | <p>Importance of scheduling/other conflicts:</p> <ul style="list-style-type: none"> • Scheduling was very important to staying in the program • Conflicts were an important challenge to manage, especially to a new mother |
| 9. What are some of the reasons that made it difficult/challenging to participate in the home visitation program? | <p>Common barriers to participation:</p> <ul style="list-style-type: none"> • Unmet expectations because of budget cuts • Scheduling (e.g., visits, events) • Communication (e.g., social events) • Other support needed (e.g., classes, employment, etc.) | <p>Common barriers to participation:</p> <ul style="list-style-type: none"> • Mother's work schedule • Time constraints • Other personal life challenges |

| Summary of Themes Across Retention and Non-Retention Groups | | |
|---|---|--|
| Question | Retention Group Themes Across Neighborhoods | Non-Retention Group Themes Across Neighborhoods |
| 9a. What made it difficult/challenging to participate in the ECS Home Visitation Program? Scheduling? Transportation? Childcare Assistance? Financial? Ease of understanding information presented? Responsibilities of program participants? Resources provided by program? | <p>Barriers to participation:</p> <ul style="list-style-type: none"> • Scheduling • Personal financial challenges • Participant living environment (e.g. other family members) | <p>Barriers to participation:</p> <ul style="list-style-type: none"> • Scheduling • Financial • Responsibilities of program participants |
| 9b. Why did you choose not to stay in the program? | *Supplemental Question Asked Only During Non-Retention Group | <p>Common reasons for dropping out:</p> <ul style="list-style-type: none"> • Personal reasons unrelated to the ECS home visitation program • Program was not a high enough priority at the time • Was not receiving enough new knowledge • Challenges experienced in relating to the assigned home visitor |
| 10. How would you say your child is developing? | <p>Common developmental milestones for children of participating moms:</p> <ul style="list-style-type: none"> • Walking and talking • Functioning above average than age level • Physical/Developmental improvements • On-track in terms of development • Reading/Completing hands-on activities • Brushing teeth • Building things • Improved verbal communication | <p>Common developmental milestones for children of participating moms:</p> <ul style="list-style-type: none"> • Children are developing well and in some cases perceived as advanced for their age • Some behavioral concerns |
| 11. How much of this do you attribute to you and your child's involvement in ECS? | Comments across neighborhoods concerning child's involvement in ECS: | Comments across neighborhoods concerning child's involvement in ECS: |

| Summary of Themes Across Retention and Non-Retention Groups | | |
|--|--|--|
| Question | Retention Group Themes Across Neighborhoods | Non-Retention Group Themes Across Neighborhoods |
| | <ul style="list-style-type: none"> • ECS helped one-on-one with children, interactions (with children) would be different (without ECS) • Child development is attributed somewhat ("half and half") • Extra support made parents want to work harder • ECS helped with learning about child development easier • ECS helps with physical development/therapy • ECS as it helps parent to be better engaged (e.g., homework) • ECS has not challenged child | <ul style="list-style-type: none"> • A small portion of children's development can be attributed to involvement with ECS but observed beneficial developmental progress for the duration of time in the program |
| 12. What are ways that ECS can best meet the needs of participants in the home visitation/ECS program? | <p>Ways that ECS can meet participant needs:</p> <ul style="list-style-type: none"> • Program and home visitor consistency • Reliable communication between participant and home visitor • Flexible scheduling • Flexible meeting location options | <p>Ways that ECS can meet participant needs:</p> <ul style="list-style-type: none"> • Widen eligibility criteria to include more mothers • More contact and follow-up on the part of the home visitors with participants who have dropped out of the program • More resources |
| 13. What are the best ways to keep mothers, fathers, and babies in the home visitation/ECS program from birth to age 3? | *Supplemental Question Asked Only During Non-Retention Group | <p>Ways to retain participants from birth to age 3:</p> <ul style="list-style-type: none"> • More social and support group opportunities • Increased flexible scheduling • Increased communication between mothers and home visitors |
| 14. What ways would you prefer to receive information about services for you and your child? | *Supplemental Question Asked Only During Non-Retention Group | <p>Communication preferences:</p> <ul style="list-style-type: none"> • Email • Text messaging • Social Media |

| Summary of Themes Across Retention and Non-Retention Groups | | |
|--|---|---|
| Question | Retention Group Themes Across Neighborhoods | Non-Retention Group Themes Across Neighborhoods |
| 15. We know that parents have dropped out of the ECS Home Visitation Program within the first several months of enrolling. Why do you think that is? | *Supplemental Question Asked Only During Non-Retention Group | Possible reasons for program drop-out: <ul style="list-style-type: none"> • Challenging personal schedule • Lack of working relationship with home visitor • Too much responsibility of program participants |
| 16. How can we do a better job of keeping parents and their babies in the program? Or getting them back in the program after they have dropped out? | *Supplemental Question Asked Only During Non-Retention Group | Ideas for retention: <ul style="list-style-type: none"> • Provide participant incentive • Improved follow-up for participants who have dropped out • Create monthly group sessions • More flexible appointment scheduling hours |
| 17. What moms/parents do you think are at the greatest risk for dropping out of the home visitation/ECS program? | *Supplemental Question Asked Only During Non-Retention Group | Perceived greatest risk of drop out: <ul style="list-style-type: none"> • Adolescents and teenagers • Older aged mothers • Mothers who are overwhelmed with personal challenges |
| 18. Do you have any other thoughts that you would like to share about your experiences in the home visitation/ECS program or any of the topics that we discussed? | Additional thoughts/comments: <ul style="list-style-type: none"> • Follow-up or contact after culmination of program as a friendly check-in • Extending the program beyond first-time mothers | Additional thoughts/comments: <ul style="list-style-type: none"> • Enjoyed the aspect of the program that provides a person to share thoughts and concerns with regarding their child • Providing support services and follow-up with mothers in the event of the loss of a child |

Survey Data Across Focus Groups

Demographics

Survey data collected from 44 of the 45 participants across both retention and non-retention focus groups showed that the average age for participants was 26 for the retention group and 24 for the non-retention group. One hundred percent of participants in both groups were female and the majority of them identified themselves as Black/African-American. The average number of adults in the household was 2 for both the retention and non-retention group. The average number of children and their ages in the household for the retention and non-retention group were 2 and 1 respectively. In terms of employment and income status, 66% of participants in the retention group and 53% in the non-retention group worked full-time and greater than 70% received less than \$10,499 annually in both groups.

| Demographics Across Retention and Non-Retention Groups | | | |
|--|-----------------------------------|---------------------------------------|--------|
| Demographic | Retention N= 29 m = average | Non-Retention N= 15 m = average | |
| Age | | m = 26 | m = 24 |
| Gender (Female) | | 100% | 100% |
| Race/Ethnicity | White/Caucasian | 35% | 25% |
| | Black/African-American | 57% | 75% |
| | Hispanic/Latino | 4% | 0% |
| | Appalachian | 4% | 0% |
| Number of Adults in Household | | m = 2 | m = 2 |
| Number of Children in Household | | m = 2 | m = 1 |
| How old is your first child? | | m = 2 | m = 1 |
| Employment Status | Work Full-Time | m = 19 | m = 8 |
| | Unemployed | m = 10 | m = 7 |
| Income | Less than \$10,499 | 70% | 80% |

M = Mean or Average

ECS Program Questions

Focus Group participants shared their thoughts about the Every Child Succeeds Home Visitation Program by answering a number of questions related to enrollment, satisfaction with services received and retention. A summary of responses for both groups is provided in the table below.

| Survey Responses Across Retention and Non-Retention Groups | | | |
|---|--------------------|--|---|
| Questions | Response | Retention N=29 | Non-Retention N=15 |
| 1. How would you describe your social support system (family, friends, etc.) at the time you enrolled in the home visitation/ECS program? | | m = 7 | m = 8 |
| Rating Scale of 0-10 (0 = Very Negative, 10 = Very Positive) | | | |
| 2. How did you first find out about the home visitation/ ECS program? | Prenatal Clinic | 35% | 33% |
| 3. How do you usually get information about programs and services that you need for you and your child? | Friends and Family | 78% | 78% |
| | Social Media | 67% | 22% |
| 4. List the top three reasons that you decided to join the home visitation/ECS program. | | - First time parent - Early intervention - Personal interaction - Support | - Support - Caring and positive people - Resources - Learning new things |
| 5. How well did the home visitation program/ECS meet your expectations? | | m = 8 | m = 8 |
| Rating Scale of 0-10 (0 = Not at all, 10 = Very Much) | | | |

| | | | |
|--|---|--|--|
| 6. What were your first impressions of the home visitation/ECS program? Rating Scale of 0-10 (0 = Very Negative, 10 = Very Positive) | | m = 8 | m = 8 |
| 7. How easy was it to stay involved with the home visitation/ECS program once you joined? Rating Scale of 0-10 (0 = Not at all, 10 = Very Much) | | m = 8 | m = 6 |
| 8. What things made it hard to stay in the program? | Scheduling | 30% | 56% |
| 9. Rate how easy these things were in your participation in the home visitation/ECS program. Rating Scale of 0-10 (0 = Very Negative, 10 = Very Positive) | Scheduling Family Support Childcare Relationship with Home Visitor Personal / Baby Supplies | m = 8 m = 9 m = 9 m = 10 m = 9 | m = 8 m = 9 m = 7 m = 8 m = 8 |
| 10. Rate how important these things are to staying in the home visitation/ ECS program. Rating Scale of 0-10 (0 = Not Important, 10 = Very Important) | Convenient time/Scheduling Working relationship with home visitor Family Support/ Childcare | m = 9 m = 9 m = 7 | m = 8 m = 9 m = 9 |
| 11. What things made it easy or helped to facilitate you staying in the program? | Scheduling by home visitor Working relationship with home visitor | 68% 63% | 70% 56% |
| 12. If you left the program, was it because... | Unable to continue Did not need the program anymore | 6% 57% | 14% 80% |
| 13. How would you say your child is currently developing? | Excellent | 76% | 77% |
| 14. How much of your child's development do you attribute to you and your child's involvement in ECS? | A lot | 48% | 56% |
| 15. How can we keep parents and their babies in the program? | <ul style="list-style-type: none"> - Keep communication open - Make access to program easy - More flexible scheduling - More funding - More program events - More support | | <ul style="list-style-type: none"> - Continue to follow-up - Offer other resources - More communication |
| 16. I prefer to receive information | Email | 55% | 78% |

| | | | |
|---|---------------------|--|--|
| about services for me and my child by way of... | Postal Mail | 65% | 75% |
| | Social Media | 13% | 43% |
| 17. How can we get parents and their babies back in the program after they have dropped out? | | <ul style="list-style-type: none"> - Ask why they dropped out - Alternative meeting locations - More resources to keep participants motivated | <ul style="list-style-type: none"> - Follow-up - Call/Email and ask why they dropped out |

m = Mean or Average

SUMMARY AND RECOMMENDATIONS

Summary

The ECS Home Visitation Program focus group study provided insight into the enrollment and retention of participants. Discussions across neighborhoods and groups emphasized the significance of the home visitor's role and how the relationship established between the mother and home visitor can impact services received and ultimately, retention in the program.

Community structure and support including resources and services from affiliate agencies can help to provide additional support to mothers in the program. Additionally, the dissemination of information to mothers through various electronic communication mediums (e.g., text messages, emails and social networks, etc.) is useful as mothers often receive information electronically. Furthermore, strengths and limitations of the program were revealed for continuous quality improvement. Key program strengths were related to the overall program structure, participant access to information and resources, interpersonal support, social events and ultimately, impact on child/family development. Limitations upon which to improve include participant awareness about affiliate agencies, amount of paperwork, visitor-mom matching, communication regarding agency events and continued outreach (e.g., relocated participants). Specific highlights for retention and non-retention groups across neighborhoods are provided below:

Highlights of Retention Groups

- **Support System**
 - In the absence of family and peer support, the Every Child Succeeds Home Visitation program provided tremendous support services for a newly expecting mother.
- **Program Referral Source**
 - Most parents were referred to the Every Child Succeeds program through either medical professionals or by word of mouth from current Every Child Succeeds participants; such as family or friends.
- **Program Expectations**
 - The Every Child Succeeds Home Visitors helped to prepare new parents on what to developmentally expect and what to look for in their child. Overall ECS was noted as a significant contributor to their child's proper development.

- First impressions of the Every Child Succeeds Home Visitation program are often based on initial interactions with the home visitor at the initial home visit as well as the amount of paperwork required to complete for services/assessments.
- Given the added financial needs involved in becoming a new mother it would be helpful if the ECS program could provide more assistance with job search resources.
- Parents also expected more tangible supports (incentives) in support of their child's development and family life.

➤ **Sources of Information and Services**

- The most common means mothers accessed information regarding child rearing was via the internet/websites or from other mothers they know.

➤ **Program Benefits**

- Incentives provided by Every Child Succeeds provide a lot of the additional support and resources needed for new mothers including books, play items, etc.
- The agencies the home visitors are affiliated with provide fun social events/activities for the entire family to enjoy and provide an opportunity to interact with other mothers.

➤ **Relationship with Home Visitor and Agency**

- Parent's relationship with an affiliated agency while beneficial is not the most important factor in the decision to stay in the ECS Home Visitation Program, but rather the relationship with the home visitor is essential to participation in the program.
- The relationship with the home visitor is additionally very important because they are coming into the home and interacting with other family members, which are all very personal. Participants noted it took time to feel comfortable having someone new come into their home.

➤ **Retention Challenges**

- Opportunities to learn about and participate in different events with moms across agencies would be helpful since all agencies do not offer the same events.
- The flexibility of scheduling home visits made it convenient to participate, especially when the home visitors could work around the often hectic schedule of the new mothers in the program. When flexibility on the part of the home visitor was not possible willingness and motivation to stay involved in the ECS program was diminished.

Highlights of Non-Retention Groups

➤ **Support System**

- Family and close friends are the primary means for support prior to enrollment in the ECS Home Visitation Program.

➤ **Program Referral Source**

- Parents were typically referred to or heard about ECS through medical professionals (e.g., doctor) or social worker.

➤ **Program Expectations**

- Expectations when initially enrolled in the ECS program were to have the opportunity to participate in mother/parent support group and have more social

interaction with other mothers. There was disappointment when group support was not offered as part of the overall program.

- For persons who have dropped out of the ECS Home Visitation Program or have lost contact with ECS would benefit from some type of follow-up or attempt at contact before being removed from the ECS contact lists.
- Providing more information on focus of each home visit and the expected goals for each visit.
- Parents also expected more tangible supports (incentives) in support of their child's development and family life.

➤ **Sources of Information Regarding Child Health and Development**

- Primary source of information regarding child rearing and child development was through their doctor or internet/websites.

➤ **Relationship with Home Visitor and Agency**

- Good communication with the ECS home visitors was essential to their participation and perceived benefits of the program.
- First impressions of the ECS Home Visitation Program were based on the relationship with their home visitor. Poor first impressions were based on cancelled appointments and unreliable scheduling with home visitor. Positive good first impressions were based on comfortable relationship and open communication with the home visitor.
- A very essential component in continuing to participate in the program was the relationship with the home visitor versus the relationship with the home visitor's affiliated agency. Additionally the importance of the home visitor is to be open-minded and non-judgmental with regard to the information being shared with the home visitor.
- Expressed difficulty maintaining a good relationship when home visitors have to play dual roles such as reporting to child protective services and involvement in legal matters regarding the participant's family.

➤ **Program Benefits**

Parents expressed that some of the incentives and resources provided by ECS and by their home visitors exceeded expectations.

➤ **Retention Challenges**

- Participants expressed some of the reasons they were no longer in the ECS program was due to ineligible status for ECS services based on relocation or changes to income. Therefore widening eligibility requirements for enrollment for the ECS program, preventing home visitors from dropping participant cases unexpectedly.
- Participants expressed some of their reservations to continue in the ECS Home Visitation Program was due to feeling uncomfortable being asked a lot of personal questions by the home visitor and having someone to come into their home with whom they were not familiar.
- Flexible scheduling and follow-up was an important factor in considering whether to continue to participate in the program.
- For many mothers, retention in the ECS Home Visitation Program was based upon how they felt their child was developing. In some cases, mothers did not perceive any benefits to continuing in the program as they felt their children were

developmentally advanced. Additionally numerous mothers felt they were already adequately knowledgeable regarding the information/resources being provided.

Recommendations for Enrolling and Retaining Participants

Common threads across groups and neighborhoods helped to identify areas of focus for enhancing the complete participant experience in the ECS Home Visitation Program:

- *Effective, Culturally-Sensitive Recruitment and Enrollment:* As word-of-mouth was a key method for program awareness, the Home Visitation Program should solicit the support of previous program participants (peer/mentor recruiters) to share information about the Home Visitation Program with family and friends who may be eligible to participate. Participants seemed more willing to participate when encouraged by trusting source (e.g., family, friends, medical professionals, etc.). ECS should also solicit the help of program/community partners who are in constant contact with potential participants to get the word out (e.g., schools, clinics/hospitals, governmental agencies, etc.). Furthermore, program administrators and staff should increase the utilization of technology including internet, phone (text) and social media (Facebook, Twitter, etc.) for recruitment and program updates as these are the most commonly used methods for participants to learn new information/stay current.

In terms of initial enrollment, ensure that all forms of communication are culturally relevant to diverse interests, needs and backgrounds. A number of participants expressed concerns with divulging personal information to the Home Visitor. The program should take steps to build and maintain trust between program staff and participants through establishing boundaries and ensuring privacy. Furthermore, program administrators and their affiliates should consider restructuring the visitor-participant match process to ensure that participants feel comfortable and well connected to the program.

- *Agency Involvement:* Several participants were not aware of any affiliated agency from which their home visitor was employed. Consequently, there were missed opportunities for personal connections with agency and any additional information/resources to be shared. Due to lack of awareness in many cases, participants did not deem a relationship with the agency as necessary when in essence it might have been of great benefit. To improve agency visibility and connection with those whom they serve, affiliated agencies should consider a formal introduction (e.g., meet and greet, joint home visit), hosting programs (e.g., family fun nights, service fairs, etc.) to engage participants as well as to consider collaborating with other ECS partners to help bridge any potential gaps in service.
- *Program Expectations:* Overall, participants in both the retention and non-retention groups expressed receiving benefits from the Home Visitation Program. They did, however, highlight that they often did not know what to expect from the program. Ambiguous expectations might have had implications for program retention. ECS should provide clear but flexible program services and expectations with participant. Early identification of participant needs, interests and child development would be helpful for establishing a foundation and clear direction for services. The program should also offer regular agency/social and group events, which was of interest to several participants

and deemed helpful for learning about child development, peer bonding and learning about what to expect from the program and the relationship with home visitors.

- *Perceived Program Benefits:* Participants listed a number of facilitators for participation, but one in particular was of most importance: the home visitor. Participants often view home visitors as mentors, extended family, friends and/or confidants. As value-added, the services take place in the home or in many cases, the home visitor has been flexible to meet in other safe locations. Educational resources are also benefits and the Program should consider exploring additional educational/informational resources/exercises designed to challenge both the parent and child (age/developmentally appropriate). The incentive program is very well received and can be expanded to include additional social services support when possible.
- *Participant Retention:* A significant element for program retention was the relationship between the participant and the home visitor. The Program should develop a variety of programs and activities to thoroughly engage both parties that build trust, a sense of ownership and investment in the program. Opportunities for peer mentorship and giving back (e.g., mentoring) should be considered for bonding between the program and participants. Also, home visitors should regularly clarify the needs and expectations of the relationship and services provided so that there is a two-way, give and take model. This model will also help to ensure that the participants' needs are met and that she will be retained.
- *Other Administrative Requirements:* Program staff should consolidate/reduce required paperwork and/or improve the paperwork completion schedule when possible as participants were overwhelmed with completing paperwork. Additionally, staff should ensure confidentiality of personal information and provide participants with an adequate storage system for large quantity of materials/papers.

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