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Increasing Participation and Improving Engagement in Home Visitation: A Qualitative Study of Early Head Start Parent Perspectives

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Abstract

Home visitation programs are designed to provide comprehensive services that promote parents' abilities to create stable, nurturing care environments for their children. In order for program goals to be met, parents must participate actively and be engaged with the programs' mission. However, promoting engagement and participation are complex processes that have been understudied in research on home visitation. The current qualitative study examined how a national, federally funded home visitation program, Early Head Start (EHS), engaged and retained families so that potentially helpful preventative interventions could be delivered. The study also identified barriers to active engagement. Semistructured interviews were conducted with 10 parents of children enrolled in EHS. Findings suggest that engagement increased when EHS reduced social isolation by forming connections among parents and when the program focused on involving parents in fostering their children's meeting of important developmental milestones. Barriers to engagement identified included logistical and organizational challenges as well as parental biases and differences in values and attitudes. Practice and policy recommendations for improving EHS and other programs that serve similar populations to increase engagement are discussed.

Keywords: Early Head Start, engagement, home visitation, qualitative

Because of unfortunate but undeniable and far-reaching economic and social inequality, many children in America are born into circumstances that place them at a disadvantage in terms of later achievement in social, educational, and occupational spheres and at risk for significant physical and mental health difficulties. Challenges facing many American families, such as maternal depression, substance abuse, exposure to domestic violence, and child abuse, along with broader contextual factors often associated with poverty, such as inadequate housing, limited social resources, and social isolation, are particularly damaging to children in the early years of life (e.g., Azzi-Lessing, 2013). Recent estimates suggest that nearly half of all children in the United States have experienced one of these adverse life events, placing them at risk for later challenges in functioning (Sacks, Murphey, & Moore, 2014).

Home visitation programs have been designed to reduce the occurrence of early childhood adversity in order to prevent negative consequences and improve outcomes for high-risk families. These programs offer services across multiple domains and may be focused on broad early childhood development (e.g., Early Head Start [EHS]), improved parenting skills (e.g., Parents as Teachers), or maltreatment prevention (e.g., Nurse-Family Partnership). The importance of comprehensive intervention that begins early in children's lives has also drawn attention from researchers and policy makers. In particular, home visitation programs have been identified as an effective strategy for supporting at-risk families (Daro, 2006). Since 2010, more than $1.5 billion in funding has been allocated by the U.S. Department of Health & Human Services for the Maternal, Infant, and Early Childhood Home Visitation initiative (Haskins & Margolis, 2014). The goals of home visitation programs are typically broad and require complex changes among parents and family members, many of whom may be struggling with high levels of stress characteristically associated with economic and social disadvantage. Many of the stressors associated with poverty and family adversity have been implicated in research on home visitation as barriers to engagement (Azzi-Lessing, 2013). Although it is important to understand barriers that reduce program impact, it is equally critical to improve understanding of the factors that lead to greater engagement in home visitation programs so that children and families receive maximum benefit.

Home Visitation Programs

Home visitation programs have received increased attention in prevention literature because of their ability to offer directed and personalized services to families experiencing interrelated difficulties and chaotic lifestyles associated with poverty (Daro & Donnelly, 2002). These programs grew out of a need to increase accessibility of preventative services, particularly for high-risk families that often experience barriers to treatment seeking (e.g., lack of transportation) or may be less aware of when help is needed (Daro, 2000). Many models exist for delivery of home visitation services, but they all share the common goals of providing parents of young children with education, emotional support, access to community services, and instruction on improving parent-child interactions (Howard & Brooks-Gunn, 2009). While numerous community services exist that aim to ameliorate the problems that high-risk families face, parents who are intended recipients of these services

often have difficulty anticipating their needs for assistance or accessing services, especially when limited resources pose additional barriers to service access (Daro, 2000). Home visitation programs attempt to address this difficulty by reaching families in their homes, identifying potential needs, and offering a comprehensive and individualized program of services (Astuto & Allen, 2009).

One of the evidence-based home visitation programs identified by the federal Maternal, Infant, and Early Childhood Home Visitation initiative is EHS. Early Head Start provides both center and home-based multidisciplinary services for low-income pregnant mothers and children from birth through 3 years of age (U.S. Department of Health & Human Services, 2009). The EHS approach to serving families targets not only multiple domains of child competence but also the broader contexts within which development occurs, through promotion of family well-being and community involvement (Fantuzzo, McWayne, & Bulotsky, 2003; Yoshikawa & Zigler, 2000). Overall, EHS seeks to promote school readiness by enhancing cognitive, social, and emotional development, building positive parent-child relationships, and improving family well-being (U.S. Department of Health & Human Services, 2009). Annually, EHS serves approximately 125,000 children and families nationwide (Raikes, Brooks-Gunn, & Love, 2013). The current study focused exclusively on the home-based elements of EHS.

Engagement in EHS and Home Visitation

The goals of EHS and other home visitation programs are broad and the effectiveness of components delivered often vary greatly from family to family because of differences in needs, variability in the ability of service providers to detect areas for intervention, and parent's level of engagement in the program (Love et al., 2005). Engagement, in particular, is a complex phenomenon that is difficult to define and measure. Broadly, Korfmacher et al. (2008) defined parent engagement as "the process of the parent connecting with and using the services of a program to the best of the parent's and the program's ability" (p. 173). This multidimensional process of utilizing program's resources incorporates enrollment, physical presence at visits, participating and demonstrating interest during visits, using session content in-between visits, and becoming involved in additional programming outside of the visits themselves (Prinz & Miller, 1991; Wagner, Spiker, Linn, GerlachDownie, & Hernandez, 2003). Others have argued that the level of emotional and behavioral involvement in the program is critical to engagement (Lefever, Bigelow, Carta, & Borkowski, 2013). The Parent, Family, and Community Engagement Framework, which was developed by the National Office of Head Start to set standards for family engagement for Head Start and Early Head Start programs, states that "Parent and family engagement in Head Start/Early Head Start . . . is about building relationships with families that support family well-being, strong relationships between parents and their children, and ongoing learning and development for both parents and children." The national standards of the Parent, Family, and Community Engagement further describe engagement as achieved through "activities that are grounded in positive, ongoing, and goal-oriented relationships with families" (U.S. Department of Health & Human Services, 2011, p. 1).

Regardless of how engagement is defined, programs tend to be more effective and families receive maximum benefit when active parental engagement leads to higher dosage (Galindo & Sheldon, 2012; Korfmacher et al., 2008; Peacock, Konrad, Watson, Nickel, & Muhajarine, 2013). Dosage, in the literature on implementation of programs for young children, refers to the "amount of an intervention that is provided to children or to the adults who care for them . . . in order to change their behavior" (Wasik, Mattera, Lloyd, & Boller, 2013, p. 6). At the most basic level, when parents are engaged in a way that means they are more likely to enroll in program services and be physically present at home visits and other program events, it is expected that they will receive a greater amount of the intervention delivered through home visiting. Moreover, when parents are engaged in a way that means they actively participate in home visits and other program activities, use the information and try the activities suggested by the home visitor outside of visits, begin to independently work toward goals of the home visiting session outside of scheduled program time, and are emotionally connected to the home visitor, it is expected that the behavioral changes intended to be produced by home visiting interventions will be more likely to occur and be maintained (Lefever et al., 2013; Wagner et al., 2003).

Barriers to Engagement

While home visitation programs are an increasingly popular method of delivering preventative services to young children and families, one consistent challenge in implementation has been the engagement of families (Ammerman et al., 2006; Gomby, Culross, & Behrman, 1999; Korfmacher et al., 2008; McCurdy et al., 2006). Despite the ease of access that home visitation provides, families often participate in offered services inconsistently, infrequently, or for only a short period of time (Ammerman et al., 2006; McCurdy et al., 2006; Roggman, Cook, Peterson, & Raikes, 2008). Evaluation research conducted by a New England EHS program revealed that, despite high reported levels of comfort with staff and program, convenient scheduling, and varied and enjoyable activities, family attendance and involvement in scheduled home visits and other family activities were minimal (Golas, Horm, & Caruso, 2006).

Understanding the factors that contribute to lower levels of engagement is particularly important; shorter duration of enrollment and low dosage due to dropout can reduce the impact of home visitation and EHS and have been associated with poorer quality of home language and literacy, less consistent use of bedtime routines, and less supportiveness of child's play (Raikes et al., 2006; Roggman et al., 2008; Spoth & Redmond, 2000).

The literature on engagement in home visitation has suggested that families' reasons for resistance to intervention are complex. A diverse range of factors, including children's birth weight, families' ethnicity, comfort with a provider in one's home, parental isolation, and parental mental health difficulties, has been identified as factors influencing parental engagement in home visitation (Ammerman et al., 2006; McCurdy et al., 2006; McGuigan, Katzev, & Pratt, 2003). This problem is confounded even further as the early childhood and family adversity that leads to difficulty with engagement is the same adversity that EHS and other home visitation programs are designed to treat. Numerous factors associated with extreme poverty, including homelessness and receiving government assistance, make

families automatically eligible for participation in EHS under the Eligibility, Recruitment, Selection, Enrollment, and Attendance standards. Children with higher levels of need, including those with developmental disabilities, are also more likely to be enrolled in EHS (U.S. Department of Health & Human Services, 2009). Families that experience greater risk across these domains have tended to drop out of program services earlier and display lower levels of participation throughout enrollment (Azzi-Lessing, 2013; Raikes et al., 2006).

Characteristics of EHS services providers (hereafter referred to as family service workers [FSW]) may also contribute to the challenges associated with parent engagement. Engagement may be particularly difficult during the early stages of the parent-home visitor relationship; parents may be more comfortable discussing basic needs rather than the complex personal and social problems they may be experiencing (Tandon, Mercer, Saylor, & Duggan, 2008). In particular, the complexity of challenges faced by families that participate in EHS and home visitation programs may exceed the education and training of service providers, who in many cases enter into their profession with a bachelor's degree or less in terms of education on working with children and families and often have received minimal specific training related to complex problems faced by families such as those involved in the child welfare system (Chaffin, 2004; Duggan et al., 2004; Tandon et al., 2008). The FSWs may be unable to adequately address the issues associated with low engagement, especially parental mental health concerns, substance abuse, or family violence (Tandon, Parillo, Jenkins, & Duggan, 2005). As a result, FSWs may not be able to effectively engage the families most in need of services.

Current Study

Although research has demonstrated that engaging parents in home visitation services is a challenging and complex task, little is known about program elements that help parents effectively use the supports they need to best care for their children (McCurdy & Daro, 2001). Several large-scale, sophisticated examinations of home visitation programs, including EHS, have examined the *quantity* (i.e., number of visits attended) of parent's participation, but much less is known about parent's *qualitative* responses to program's activities and services (see Korfmacher et al., 2008 for a review). The current study sought to explore how EHS engages and retains families by addressing the following research questions: (a) "*What about EHS programming supports and encourages parents to participate in services on a regular basis?*"; (b) "*What about EHS programming poses barriers or discourages parents from participating?*"; and (c) "*How can EHS components be improved to help parents be more actively and regularly involved in the program?*"

Methods

Participant selection

Participants were selected from a list of the 183 families that were currently enrolled and had been participating in a Midwestern EHS program for at least 3 months. A "random-purposeful" sampling procedure was used to select participant families from this list to contact for possible inclusion in the study, with the goal of recruiting parents with similar

basic demographics to those of the larger sample (Creswell, 2013, p. 158). As described by Creswell (2013), random-purposeful sampling procedures allow for researchers to increase the external validity of qualitative work while attending to the need to collect data from members of important subgroups of the population. Twenty-five families were selected at random from this list and FSWs were asked to provide information about current engagement for these families. The FSWs rated family engagement during home visits on a 4-point scale (where 1 = *not involved in visits* and 4 = c*onsistently highly involved in visits*) and overall engagement on a similar 4-point scale (where 1 = *not involved in program at all* and 4 = *consistently highly involved in program*). These ratings were averaged to create a total engagement rating. Families were purposely selected from the list of 25 families with the intent of creating a sample representative of the demographic characteristics of the local EHS population and a subsample of the range of overall engagement ratings. Families with an overall engagement rating of 1 ($n = 2$) were excluded from the sample with the intent of creating a sample of families that were moderately to highly engaged in the program. A subsample of nine parents of children who were currently enrolled in EHS were recruited and invited to participate in the current study. One demographic characteristic of interest (having a child with a developmental disability) was not represented in the randomly selected subsample. Therefore, families were selected randomly from the original list until a family with this characteristic was identified. The FSW worker for the selected family with a child with a developmental disability rated this family's overall engagement as greater than 1, and this family was recruited and invited to participate in the study. All families that were contacted regarding the study agreed to participate.

Participants

The random-purposeful sampling procedure that was employed in the study resulted in a total sample of 10 participant families. Demographic data for participant families in this study are presented in Table 1. When participant families consisted of two cohabitating primary caregivers, both primary caregivers were invited to participate in the study. In two of the 10 conducted interviews, both a male and a female primary caregiver participated in the interview. The remaining eight interviews were conducted with female primary caregivers. All participant families were enrolled for a full school year in a home-based EHS program that served a midsized midwestern city and a predominantly rural county. The programing delivered by the EHS program in which participant families were enrolled consisted of weekly home visits with an FSW focused on improving parent-child interactions and building on child development, monthly offsite socialization groups with other families and children, and opportunities to participate in program governance. All parent participants were eligible for EHS due to their poverty status (< 100% federal poverty level). The EHS program was tuition-free for participant families.

Table 1. Demographic Information for Participants in Qualitative Interviews ($N = 10$)

	n	%
Child race/ethnicity		
European-American	4	40
Hispanic/Latino	2	20
African-American	2	20
Multior biracial	2	20
Primary language spoken in the home		
English	7	70
Spanish	1	1
Middle Eastern language	2	2
Caregiver education		
Less than high school degree	3	30
High school diploma/GED	3	30
Some college/associates degree	2	20
Bachelors or advanced degree	2	20
Child with a developmental disability		
Yes	1	10
No	9	90

Procedures

Semistructured interviews focusing on engagement in the EHS program were conducted. The lead author developed the interview protocol specifically for the current study following recommendations by Creswell (1994) and Ulin, Robinson, and Tolley (2005). The interview was developed on the basis of three primary areas of inquiry that were the focus of the current study. These three primary areas of inquiry were used to develop three main questions for the interview protocol (i.e., What about EHS programming supports and encourages parents to participate in services on a regular basis?; What about EHS programming poses barriers or discourages parents from participating? and; How can EHS components be improved to help parents be more actively and regularly involved in the program?). The interview protocol used open-ended questioning followed by probes to generate conversation. Copies of the interview protocol, which includes the study's three main questions and associated probes to generate conversation, can be obtained from the lead author upon request.

The lead author conducted all study interviews. Interpreters were utilized for telephone recruitment and interviewing as needed. Interviews were completed at a location convenient for the family and where privacy could be ensured, including a private room in the local program's office building or the families' homes. Interviews were conducted using a conversational style, beginning with the first main question and using follow-up questions and probes to ask for more details, clarify points, and pursue ideas (Ulin et al., 2005). Each interview lasted approximately 1–1.5 hr. All participants were willing to answer all interview questions and participate in the full length of the interview. At the completion of the interview, families received $25 in reimbursement for their time.

Interviews were audiotaped with the permission of the family. Paid staff at a university-based research service center later transcribed all interviews, and transcriptions were

checked for accuracy by the lead author. Transcriptions were entered into a text database for analysis.

Data analyses

Analyses were performed using Dedoose (Dedoose Version 5.0.11), a qualitative data analysis tool that employs a web-based interface that allows for efficient data coding and database searching and retrieving. Dedoose allows the process of identifying and exploring coding patterns in qualitative data to be automated via program-generated tables and user-defined output.

Using the process described by Ulin et al. (2005), the lead author reviewed all interviews and assigned an initial list of codes for each interview. An open coding process was used to divide the large amounts of data gained in interviews into smaller segments and descriptors were attached to individual segments (Leech & Onwuegbuzie, 2008). A coding sort was performed in which collections of similarly coded blocks of text from interview transcripts were organized into separate data files. Memos were used to identify themes within the sorted and coded data, and the data were reviewed to identify evidence in support of each theme (Ulin et al., 2005). Throughout this process, important quotes relating to the questions guiding the interviews were identified. Three strategies were employed to validate the credibility of interpretations of qualitative data generated by the lead author: (a) peer review, in which a group of other researchers with experience conducting outcome/program evaluation research in EHS and other community settings were asked to provide an external check on the meanings and interpretations of the qualitative data as they were generated; (b) member checking, through meetings with EHS FSWs and administration where their views of the credibility of the findings and interpretations were solicited; and (c) rereview of the data with the goal of identifying possible instances of disconfirming evidence for preliminary themes (Creswell, 2013; Ulin et al., 2005). Because of limited funds available for participant compensation, the participant families were not contacted a second time for the purposes of completing member checks with EHS parent participants.

Results

Four themes emerged from analysis of the qualitative data collected from EHS parents through interviews on program engagement. First, engagement was facilitated when the program reduced isolation and created a community within which parents felt that they were an important part. Second, engagement increased when the program let parents know that they were helping their children stay "on-track" developmentally. Third, parents saw certain logistical and organizational challenges as barriers to engagement. Finally, differences in values and attitudes, as well as biases of parents, sometimes led to decreased engagement. Evidence of each of these themes was generated from multiple participant interviews, and rereview of the data did not identify instances of disconfirming evidence related to these key themes.

A community

Parents saw the community created by EHS as a major benefit to participation. One parent spoke about EHS's ability to create a community by saying:

> They have the parent committee, so first time parents like myself, we learn stuff that, oh I didn't know that or, I never would've thought of that, or thanks for sharing because we're you know, first time parents. And then being the community projects they do once a month, we can go out and she can interact with other kids, not necessarily younger than her but also older than her. It gets her building in the community, and gets her you know, to interact, not just physically but also motor skills also.

Many of the interviewed participants were first-time parents or knew few other parents and often felt isolated or alone in the parenting role. One parent spoke about how weekly visits with a FSW helped reduce isolation she felt as a single, stay-at-home mother:

> It is nice to meet new people, it's also better when [FSWs] stay and you get to do that rapport with them, and they just become like, well not family, but just like somebody else that can help you relate with your child and everything.

Families saw their FSWs as capable of informing them of helpful opportunities and connections-to-be-made in their communities. They saw activities held by EHS in the community as ways to meet, learn from, and help other parents and for their children to make new friends. As stated by a participant questioned about how EHS helps their family become part of a community of parents:

> We're able to go out in the community, like go out to the Children's Museum, . . . like they've gotten a [large group of parents together] for a couple years, so you know, they're able to give us stuff like that [and] we can go out to be with the kids. They've also, in their newsletters, they've been trying to put stuff in, you know, for ideas for what to do with your kids that are low-cost or no-cost. Like we learned that Barnes and Nobles does book readings on Saturdays, so we started taking him to that so he could get out and socialize as well.

Parents helping their children

Parents talked about being interested and excited about the program's ability to help their children prepare for kindergarten. Parents also voiced concerns about their children's learning and behavior and saw EHS as a way to learn more about how to help their children succeed. Overall, when the program was capable of increasing parents' sense of efficacy in the parenting role by helping them appreciate their ability to foster their children's healthy development, engagement increased. One mother spoke to the program's ability to make her feel like a more capable parent by saying:

> There were things that I was not aware of as a parent in the past, like setting up a schedule to do an activity with my child. And the importance of doing an activity with my child whether it's in the home or outdoors. And to pay attention to what my child's needs are as far as activities or what kinds of sports he likes to do. And being in this program has taught me how important it is to do an activity with my child for his educational development and his intellectual development. And when I do the activities with him, how it will benefit him in the future, so right now I teach him, I help him learn English as well as Arabic because Arabic is our primary language and he's two and a half. And he knows how to count from one to five in Arabic as well as in English and I'm helping him through repeating my words, so if I write it down and I repeat it to him he'll repeat, and this is a big change for me as a parent.

Multiple parents spoke positively about the benefits they saw in the regular developmental assessments conducted by the program. The following quote from a parent illustrated the way that engagement increased through helping parents to be an important part of keeping their children "on-track" developmentally:

> . . . and that's how I heard about it, and I thought, wow, I should check this out. Because you know I want her to be developed, I want her on her scale, I want her to be the proper area when it's time to go to school, I don't want her to be behind if we can get her to where she needs to be ahead of time.

Logistical and organizational challenges

When questioned about barriers to program engagement, interviewees often brought up problems with transportation and scheduling. Parents described busy schedules, lack of access to reliable transportation, and events being scheduled at times that were not convenient for their families. The area served by the local program (including a midsized midwestern city and a predominantly rural county) is fairly geographically dispersed while sparsely populated in many areas. Thus, for some parents, the distance between events and their homes was a barrier to participation. Illustrative of how transportation can be a barrier to engagement, one parent said:

> Like I said before, some people don't have transportation, some do. So transportation would be another thing. Where they have their activities sometimes can be inconvenient if they don't have a car or you're struggling financially, I mean to drive from [one part of the county] to [another part], when the activity is only a half an hour sometimes . . . it doesn't always work.

Many parents expressed a desire for the program to provide transportation to events and for home visits and events to take place during hours that fit better with their schedules (including on the weekends). Parents also talked about being discouraged from participating when their FSW seemed disorganized (e.g., by being late to home visits) or when events seemed poorly planned (e.g., not having enough supplies for all families). As one mother

described, parents were discouraged from participating when they felt like their time and efforts as program participants were not recognized or valued by program staff:

> Sometimes [the FSW] wouldn't come on time, sometimes they would do things really fast and spend less time here, they would just tell her, "here, do it, do it" and they would wait till she did it, many things like that, like just throwing things. Sometimes they wouldn't answer the phone, the first one gave me the cell but sometimes she wouldn't answer. The second one I only had [the program's] number and she told me she wouldn't give me cell number. And if I needed anything to call the [agency] and she would return my call. Sometimes I would make an appointment and I would have to cancel it, and it was very hard because she would come to the appointment. I would cancel it but she would come anyway.

Given hectic schedules and limited funds for transportation, parents expressed a desire for events they made an effort to attend to begin on time and be well organized, as is illustrated in the following quote:

> Sometimes at [events] they ask the parents to participate, the parents don't want to participate or they start talking on the phone. Or, sometimes we're waiting for the parents to come and they come really late, and I don't like that. And sometimes they say it's going to start at a certain hour and the parents don't come, we should start without them. Some of them come early and on time and then we have to wait for the other ones that are late. So yeah, they said they were going to do that, because they asked us to make comments or complaints or whatever, they're doing it like that, if they say one hour that's the hour it's going to start.

Differences in values and attitudes

The EHS serves a diverse group of families with varied attitudes, beliefs, and values. When explaining barriers to program engagement, parents talked about seeing differences between their own families and other families participating in the program. At times, these differences were a barrier to engagement. For example, one parent talked about being discouraged from interacting with other families at events because of differing values regarding family size:

> I'm just like, wow, how many kids a single parent could have! I'm just like wow. That really, I just feel like, you know being a single parent either way with that many children just seems like it would be a burden. Other than that I don't really have any issues. But, I'm just like wow. I've seen ladies just load up kids by the dozen, I'm just like, really?

Parents also described personal values and priorities that interfered with engagement. For example, some parents talked about wanting to get other things done and canceling home visits when their schedules were particularly busy. Parents often had to make difficult choices about keeping up with conflicting obligations and, at times, saw other tasks as

more important than attending or participating in EHS programming. This seemed to be a particular barrier to engagement for parents who saw home visits from FSWs as a chance to avoid, rather than engage in, interactions with their children. The following quote is illustrative of how a parent's desire to complete housework and other chores interfered with engagement in the program broadly and in home visits:

> It was a lot harder [when I was working] and sometimes I would get off work and completely forget about it. Sometimes I got off and didn't feel like going. Different stress and different days, and um, but I would always forget she was coming so no matter what she would come and I was here and be cooking supper, and I'll clean the house and do what I have to do. And those day she'd do her activity with the kids by herself, and I wasn't involved, and I felt guilty a little bit but I also felt relieved like: oh good I can cook and I don't have them under my feet.

Discussion

Overall, parents voiced interest in and excitement about efforts made by the EHS program to connect them with other parents and foster their children's healthy social and emotional development. When the program was successful in encouraging parents to contribute to and receive needed help from the EHS community, engagement increased. While the tangible aspects of the services offered by EHS, such as assistance with basic necessities, were certainly helpful to parents, the social relationships and support that parents gained through the program were also highly valued benefits of participation. Young parents and parents living in poverty are often challenged by tending to the needs of their growing families with few resources to rely on, leaving little time for them to focus on their own well-being and interests (Easterbrooks, Chaudhuri, Bartlett, & Copeman, 2011). A connection to a community of supportive and knowledgeable parents and program staff is especially important for populations of vulnerable families such as those served by EHS. As was voiced by the participants in this study, opportunities to interact with other parents and understanding adults can reduce the sense of isolation that sometimes accompanies the transition to parenthood. Although the families served by EHS often face numerous adversities, seeking out and using personal relationships can promote family resilience (Easterbrooks et al., 2011). Moreover, the social support provided by the program is especially important given that parents enrolled in services often have experienced a history of personal challenges, life stressors (e.g., exposure to child maltreatment, negative interactions with social service professionals), and personal and family isolation that can lead to difficulty with forming adaptive adult relationships (Wagner et al., 2003). On the whole, the EHS program goal of reducing family isolation seemed consistent with the values and needs of EHS parents and, when this program goal was met, parental program engagement increased.

Program engagement also improved when staff promoted parental self-efficacy and showed parents that they are capable of utilizing resources to care for their families and help their children learn. Promoting parental self-efficacy and self-sufficiency is also a key

EHS program goal, again evidencing the importance of a match between program goals and parental values in increasing engagement. As is consistent with previous research on home visitation programs, when FSWs demonstrated a genuine dedication to a participant child's healthy development by teaching parents about development, monitoring child progress, and providing regular feedback to parents, engagement increased (Wagner et al., 2003). All the parents who participated in interviews for this study were facing many stressors and were under a great deal of pressure to provide for their children's basic needs with very few financial resources. For example, one of the mothers interviewed was struggling to pay for gas to attend an out-of-state funeral and relied on a free pantry for weekly groceries for her family. Despite these challenges, all of the parents interviewed consistently voiced interest in and dedication to their children's health, development, and well-being. The EHS FSWs and other home visitation program staff who serve families living in poverty often face the challenge of balancing the need to attend to family crises and parental stress with the need to deliver services focused on child development (Cleek, Wofsy, Boyd-Franklin, Mundy, & Howell, 2012). Results supported the importance of meeting the challenge of balancing provision of necessary services with those designed to promote parental selfefficacy and self-sufficiency in creating nurturing early care environments for their children. Logistical barriers to engagement, such as problems with transportation and scheduling, were not surprising given the variety of challenges associated with living in poverty. This study points to the importance of continual and creative efforts to provide parents with assistance in overcoming these barriers. Creative strategies employed by EHS and other similar interventions have included offering dinner, childcare, and transportation to non-home-based activities (Connelly, Begle, Felton, & Dumas, 2012; Webster-Stratton, 2014). Scheduling flexibility and available evening appointments can also help families balance multiple obligations (Prinz et al., 2001). As other researchers examining implementation of preventative interventions have noted, it also can often be helpful for program staff to directly discuss problems, solutions, barriers, and benefits to participation with parents in an effort to help them manage priorities and plan to avoid logistical barriers to participation (Webster-Stratton, 2014). The numerous challenges faced by families in poverty can be demoralizing, especially when coupled with the feelings of isolation and blame that parents often feel when problems interfere with their children's healthy development. Direct discussions of the benefits and barriers parents perceive to participation can help increase self-motivation for active program engagement and reduce stigma parents may feel related to experiencing problems with transportation and other basic needs that can interfere with attendance (Chaffin, Funderburk, Bard, Valle, & Gurwitch, 2011).

It appears that, at times, the wide range among EHS parents in values and attitudes leads to challenges in creating a connected community of engaged parents. Education and activities aimed at increasing parent's knowledge and tolerance of different family values and attitudes may be a helpful way to promote program engagement. Other qualitative research on promoting low-income parents' engagement in interventions for their children has found that connectedness among parents and active participation increases when all participants recognize genuine and shared motivation for participation (Bolívar & Chrispeels, 2010). Activities that promote parents' sharing of their dedication to their children's

healthy development, a value that was voiced by all parents who participated in this study's qualitative interviews, may help reduce biases that decrease engagement. When parental attitudes regarding the importance of intervention activities seem to interfere with active participation, it is important to remember that home visitation programs are asking families to allow visitors to enter their private homes, often when families have not necessarily identified a need or desire for health promotion services. If program staff perceive that parental attitudes are interfering with active participation in visits, conversations that focus on a mutual exchange of ideas may help staff and participants align regarding appropriate intervention goals and benefits of participation (Jack, DiCenso, & Lohfeld, 2005).

Strengths and limitations

The rich qualitative data collected during the interviews conducted in this study provided very helpful information about the complex process of engagement in home visitation services. These results fill an important gap in the literature on how EHS and other home visitation programs targeting low-income children can more effectively engage targeted families. In particular, these findings included parental attitudes, beliefs, and experiences that relate to engagement but could not have been easily captured through quantitative data. Furthermore, results provided support for program elements that can help parents effectively use the services to care for their children.

However, this study was limited to individual interviews, mainly with female parent EHS participants. Although the sampling strategy used led to a sample that was representative of the EHS program studied in many respects, there were some population subgroups that were not included whose opinions might have added additional richness to the data, especially parents identified as in child welfare-involved families, teen parents, and single fathers. It is likely that this reflects the specific difficulty of engaging these subgroups. The sample was also fairly small, and the data were coded by a single coder, which might limit the generalizability and reliability of the findings. Given these limitations, the findings from this study should be considered as preliminary research intended to examine engagement in EHS services among a small number of families participating in a midwestern EHS program. Qualitative studies examining similar questions with EHS parents in different locales will be needed to complete our understanding of the questions investigated here.

Practice and policy recommendations

Findings from this study can be used to improve EHS and other programs that seek to support at-risk families. It seems particularly important for programs to develop strategies to increase social support by incorporating programming that can more intentionally help parents develop social relationships with parents facing similar challenges but equally devoted to their children's welfare. Although this could more easily be done with parents who share similar values, additional, targeted programming can seek to link parents who may not otherwise have opportunities to connect and share their experiences. Furthermore, home visitation services should increase support for service providers through supervision designed to reduce the barriers to engagement identified previously. In

particular, supervision might seek to more directly help service providers address the competing demands with which enrolled families tend to present, ensuring that they are able to address immediate family needs and crises without losing focus on the importance of targeting child development. Programs might also consider additional training for service providers in building rapport and professional alliances to further develop the sense of community and reduce potential organizational roadblocks.

Related to policy, results of this study suggest that it may be beneficial to improve certain program components (e.g., group socialization activities) in order to better engage families. This may be achieved by changes to program structure on a site-by-site basis, or it may necessitate an examination of the Head Start Performance Standards, the regulations that dictate program design and implementation. These directives are developed by the Administration for Children and Families within the federal Department of Health & Human Services (U.S. Department of Health & Human Services, 2009) and are currently undergoing revision. In addition, the receipt of federal funding from the Maternal, Infant, and Early Childhood Home Visitation initiative requires comprehensive evaluation of program outcomes, and engagement should be incorporated into these evaluations.

Finally, further research is needed to identify whether the factors that improve engagement for families that are already identified as somewhat engaged will generalize to families that, for whatever reasons, participate minimally or are completely disengaged. It will also be necessary to explore whether research on engagement in EHS can generalize to other home visitation models with more specific program aims, including those that seek to prevent maltreatment. In particular, longitudinal research designed to measure the extent to which parent engagement mediates or moderates the effects of adverse childhood experiences on long-term outcomes is needed.

Conclusion

The interviews conducted in this study provided perspective into the multidimensional nature of EHS program engagement that likely would have been missed by quantitative examination alone. This observation is consistent with conclusions by previous researchers examining engagement in preventative services who have noted that program engagement is a complex process (McGuigan et al., 2003). One encouraging conclusion that can be drawn from the interviews conducted with EHS parents is that parents are overwhelmingly appreciative of services designed to promote their children's development, committed to helping their children achieve the best outcomes possible, and interested in learning from a community of other parents and helping professionals. This match between values expressed by parents and universal goals of preventative intervention serves as a promising reminder that parents' motivations to nurture and provide for their children can be the underlying determinate of the effectiveness of a wide variety of services aimed at decreasing the enormous disadvantage associated with poverty. Although barriers that interfere with program engagement, such as hectic schedules and negative parental attitudes, can be persistent and discouraging, home visitation practitioners should remember that parents share their goals of providing the best possible environment for children's healthy development. These results provide valuable information to service providers regarding

factors that will maximize engagement and increase dosage in order to more effectively serve families in need.

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