I. Introduction

Home visiting is a commonly used intervention to assist families with children who are at risk for poor development due to being raised in poverty or having developmental delays, the Early Head Start (EHS) program being one of the most well-known. During a home visit, a trained home visitor provides guidance and support for expectant parents and parents of children under the age of 5. Home visitors may discuss such items as child development and health, and what other services may be available to the parents and/or children that may be beneficial.

These home visiting programs result in positive effects on children’s social-emotional and cognitive functioning at various stages of childhood. The more heavily involved families are in the EHS programs, the more positive the outcomes are on the child’s development. As a result, it is imperative that we understand how we might increase enrollment and retention.

II. Method

Sample: Home visits were video recorded for 65 families of various backgrounds. Information on these families, particularly the primary caretakers (mothers), as well as the children, was gathered to better understand the diverse population.

Measures & Procedures

HOVRS: Each of the 65 families’ videos were coded using the Home Visiting Rating Scales version 2.0 (HOVRS A+ v2.0), measuring a home visit’s effectiveness across 7 different domains.

Table 1: Breakdown of HOVRS A+ v2 scales and corresponding scale averages. Each scale can receive a score between 1 (needs support) and 7 (excellent).

III. Results

It was discovered that the quality of the home visit (determined using HOVRS) did not have a significant effect on the duration for which the family engaged in the EHS programs. Instead, the data suggests that a higher concentration of visits for a shorter period of time corresponds to higher quality visits.

Figure 1: Associations between HOVRS A+ v2 scales and on time spent involved in the EHS program.

IV. Discussion/ Future Research

It is possible that the results could have been affected by our relatively small sample size, as only approximately one-third of the participants did not engage in the EHS program for the maximum possible time, thus skewing results.