

Exploring the Influence of Home Visit Quality on Program Retention

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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.

Demographics	Percentage
Teen mothers	37%
Part C (Disability)	12%
Mother Education	
Less than GED	41%
GED	32%
Greater than GED	27%
Mother Employment	
Employed	24%
School	19%
Other	57%

Purpose: The purpose of this project is to explore the effect that high-quality home visiting has on retention and family engagement.

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.

	HOVRS Measurement	Description	Mean	SD	Min	Max
Home Visitor Practices	Responsiveness to family	Plans with parent input, identifies family strengths to support child development	4.09	0.93	2	6
	Relationship with family	Interacts with family members with warmth, positive emotions, and respect	4.73	1.00	3	6
	Facilitation of parent-child interaction	Elicits positive developmentally supportive parent-child interactions	3.55	1.15	1	5
	Non-intrusiveness and collaboration	Fully supports parent(s) in primary teaching role without interrupting	3.89	1.09	1	6
Home Visit Practices Overall		An average of all Home Visit Practices scales	4.07	0.84	2	5.5
Engagement	Parent-child interaction	Parent and child interact in positive developmentally supportive ways	4.55	1.47	1	7
	Parent engagement	Parent is interested, participates, and initiates interactions, discussions, and activities	4.58	1.18	2	7
	Child engagement	Child is interested, participates, and initiates interactions	5.24	1.41	1	7
Engagement Overall		An average of all Engagement scales	4.79	1.21	2.33	6.67
HOVRS Overall		An average of all HOVRS scales	4.37	0.90	2.57	5.86

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).

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.

Duration Statistics				
Duration Statistic	Min.	Max.	Mean	SD
Total enrollment duration in months	7	44	30.87	7.25
% of qualified time remained	30%	100%	91%	.17
Total number of visits	1	133	72	30.93
Avg. number of visits/month	1.39	6	3.9	.84

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.

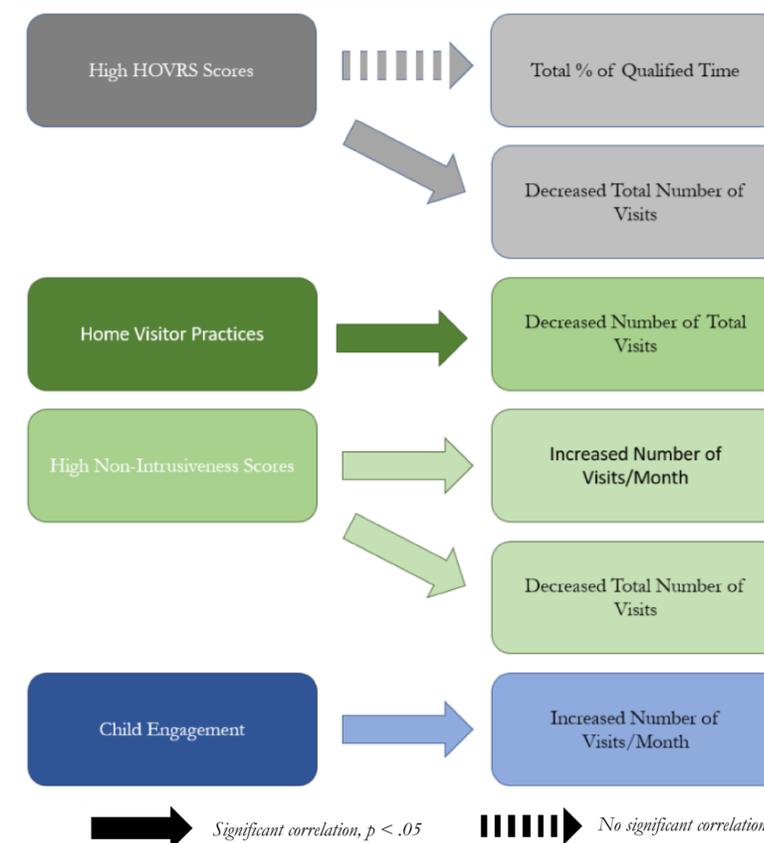


Figure 1: Associations between HOVRS A+ v2 scales and on time spent involved in the EHS program.

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.