

# Florida Maternal, Infant, and Early Childhood Home Visiting Program Evaluation

## Staff Perception of Engagement and Retention: 2016 Site Visit Report



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## EXECUTIVE SUMMARY

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Engagement and retention of enrolled families is important for success in a home visiting program; thus it is essential to understand the multitude of factors that can affect these indicators of participation. Through on-site focus group discussions with Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs in 2016, program staff shared their views and experiences related to participant engagement and retention.

Engagement was defined by staff as having a good rapport and connection with program participants; participants being actively involved in all aspects of the program; and participants meeting the expectations of the different home visiting models (Nurse-Family Partnership, Parents as Teachers, and Healthy Families Florida). Characteristics of engaged home visitors and participants were positive communication, commitment, active participation, and having positive outcomes. Participants were said to be retained when they stayed in the program up until completion, as defined by the program model.

Promoting factors that were common to both engagement and retention included commitment, positive and effective communication, active participation, timing of enrollment, and a length of time in the program that is conducive. Promoting factors that were unique to engagement included the use of teaching aids/props and utilizing an individualized approach. Unique facilitators for retention were engagement; staff retention; use of incentives; having a positive, supportive relationship; and the higher level of education among participants.

Challenges to both engagement and retention included staffing issues, conflicting priorities, change in the participant's relationship status, loss of contact with the participant, and housing instability. Barriers that emerged that were unique to engagement included issues with mental health, substance abuse, and intimate partner violence, and the existence of high-pressure situations. Challenges to retention included low level of connectedness between the home visitor and participants, paperwork demands, and situations where participants felt they were not learning anything new.

Strategies home visitors discussed that they used to address these barriers/challenges included conducting unscheduled visits, providing resources and referrals to tackle housing issues, meeting in public places when the home environment was not conducive, flexible scheduling, and giving participants personal time. Discussions provided insight into specific factors that facilitate or inhibit engagement and retention of MIECHV participants. There is a need to enhance facilitators, such as relationship-building skills and tailoring programs to participants' interests and needs, as well as identify ways to reduce barriers, including staff turnover, family crises, and competing demands, to increase the overall effectiveness of the program.

## INTRODUCTION

Successful participation and engagement in home visiting programs can lead to increased program retention and program effectiveness (Ammerman et al., 2006). However, achieving and sustaining participant engagement is one of the greatest challenges that home visiting programs face (Ammerman et al., 2006). In 2016, Florida MIECHV recorded an average of 1.2 completed monthly visits per family while the program target is two visits per month. The participant retention rate was 70% in 2015 and 89% in 2016 (Florida MIECHV Program, 2016 & Florida MIECHV Program, 2017). Identifying factors that impact engagement and retention can inform modifications to better meet the needs of program participants.

## METHODS

To explore perceptions of home visiting staff regarding participant engagement and retention, MIECHV site visits were conducted during August and September of 2016 in 3 of 11 MIECHV sites – Hillsborough, Manatee, and Escambia. Six focus groups were conducted in total, with separate home visitor groups and staff/administrator groups in each site. Flip charts were used to facilitate conversations. All discussions were audio recorded and transcribed verbatim. Each transcription was reviewed for accuracy, and common themes that were related to definitions, characteristics, facilitators, and barriers to engagement and retention were identified.

## RESULTS

### Staff Characteristics

There was a total of 23 participants, including 16 home visitors, 2 administrators/directors, 1 supervisor, and 4 staff who specified another role within the program (e.g., manager, therapist, or assistant) (Table 1). A diverse group of program staff were present at the focus groups with participant's age ranging between 25-67 years. Most participants were female (95.7%) with a bachelor's degree (56.5%) and were White (65.2%), non-Hispanic (78.3%).

**Table 1. Characteristics of Program Staff.**

Staff Characteristics	N (%)
<b>Age (years)</b>	
18-25	2 (8.7)
26-35	6 (26.1)
36-45	8 (34.8)
46-55	3 (13.0)
56-65	2 (8.7)
66-75	2 (8.7)
<b>Gender</b>	
Male	1 (4.4)
Female	22 (95.7)

<b>Race</b> White Black Asian Other	15 (65.2) 4 (17.4) 1 (4.4) 3 (13.0)
<b>Ethnicity</b> Hispanic Non-Hispanic	5 (21.7) 18 (78.3)
<b>Organizational role</b> Administrator/Director Supervisor Home visitor Other	2 (8.7) 1 (4.4) 16 (69.6) 4 (17.4)
<b>Number of years in profession*</b> < 1 year 1-5 years 6-10 years 10+ years	1 (4.3) 8 (34.7) 4 (17.4) 9 (39.1)

\*One respondent did not provide information.

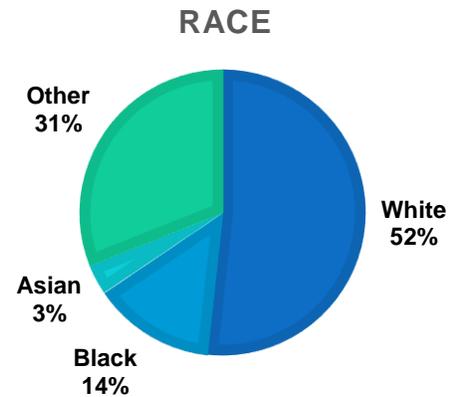
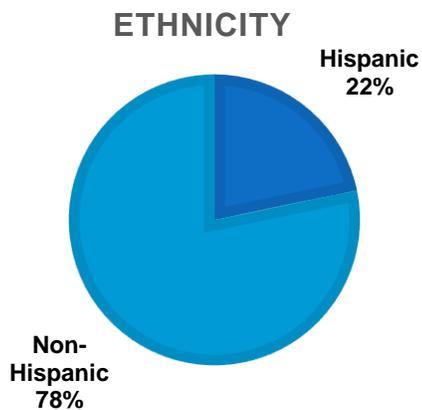
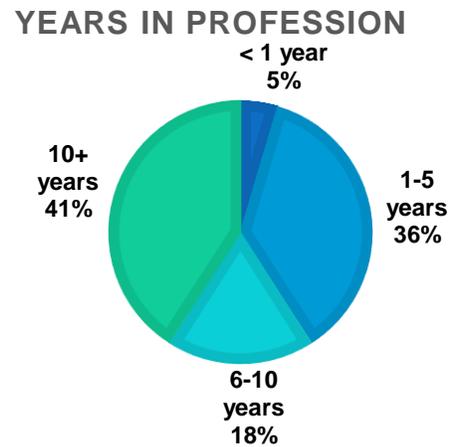
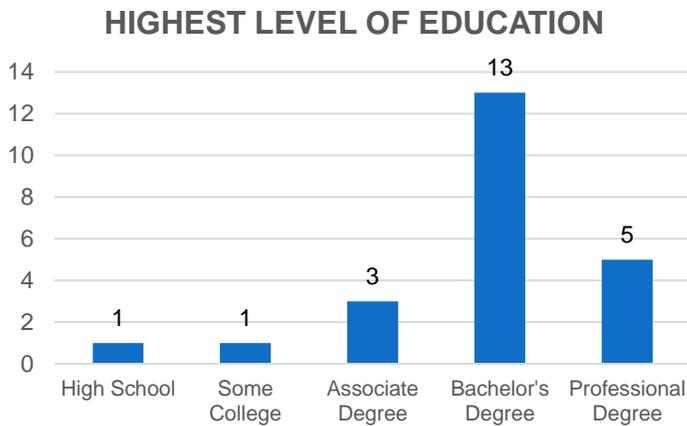


Figure 1. Characteristics of Program Staff.

## Definition of Engagement

Staff defined engagement as connectedness between the home visitors and program participants, participants actively participating in the program, and the degree to which participants meet the expectations of the different home visiting models.



In terms of connectedness, program staff discussed having a good rapport with the families and letting them know that the home visiting program is there to support them and work with them. Another key element in the definitions of engagement was the family's active participation, as demonstrated by participants being involved in all aspects of the program such as: home visits, attending group events, completing surveys, the involvement of the fathers, completing tasks/homework, and asking questions. Engagement was also defined in terms of participants' ability to meet the program expectations, for example, if the program requires twice monthly meetings, participants were engaged when they met this expectation. Furthermore, program staff recognized that engagement is fluid or changing, that the quality of visits is important, and that trust remains a significant element.

*"They act excited and then after you've done a visit, they will call you on something that you said or repeat it... Like, they want you to be in their home when you go to home visits."*

## Definition of Retention

*"Being able to get them to stay... Continue and finish out the program."*

Retention was described as keeping visits and not rescheduling or canceling visits, staying with the program, and graduating from the program; additionally, being able to get participants to begin, engage, and complete the program. Most agreed that retention and engagement are interrelated. Retention was further described by program staff as when participants stay actively involved in the program until graduation (i.e., for a duration of two years). Furthermore, retention was described as when participants complete the leveling system when the child is between 3-5 years old. Home visitors check that their participants have attained stability at home, that the child's immunization is up-to-date, and that the child has consistent well-child care.

## FACILITATORS AND BARRIERS

Facilitators and barriers/challenges to engagement and retention were discussed by program staff. Because engagement and retention are closely related, some of the facilitators and barriers described by program staff overlapped for both engagement and retention.

### Facilitators

Several factors that promote both engagement and retention were discussed by home visitors, supervisors, and administrators. These factors were categorized into commitment, communication, active participation, and timing and length of enrollment.

**Commitment:** Commitment on behalf of both the program participant and home visitor was identified as a facilitator for engagement and retention. Participant commitment was demonstrated by rarely or never cancelling appointments with their home visitors and preparing for scheduled home visits. Committed home visitors were described as those who went the extra mile to find resources for their families and talked with their peers to get advice and recommendations for a specific participant. Additionally, showing up to visits prepared and having good work attendance, as well as ensuring they make out time and are flexible when scheduling visits with a participant, were features of committed home visitors. When a home visitor was committed, they followed up with their families and fulfilled promises made to their participants leading to participant engagement and subsequently retention.

**Communication:** Two-way communication was identified as an important factor to promote engagement, and subsequently retention, in the program. For program participants, positive communication included initiation of contact with their home visitor outside of the home visits, as well as contacting the home visiting supervisor/administrators when they had additional questions about the program. On the part of home visitors, communication was aimed at remaining in touch with the participant – calling outside of visits, checking in on them, texting, and sending letters in a manner that is consistent and positive without overstepping boundaries.

**Active Participation:** Another key facilitator for engagement was active participation of program participants and home visitors. According to staff, during the visit the family members' and home visitors' body language shows that they are both actively involved and engaged. Program participants also participated actively by asking questions; carrying out recommended activities; modeling taught activities; utilizing information, resources, and referrals provided by their home visitor; and attending various group meetings and events separate from the home visit.

*“So, like your facial expression, the tone of your voice, really be interested in what they’re interested in.”*

**Timing and Length of Enrollment:** Timing of enrollment was found to be a factor that influences participant engagement, depending on the families' other priorities. Additionally, length of enrollment is a factor. Program staff discussed that even though engagement starts to wane after six months of being in the program, participants who remained in the program up to a year after enrollment were more likely to remain engaged and complete the program.

## ***Facilitators of Engagement***

Although some of the facilitators of engagement were also discussed as facilitators of retention, some factors were discussed as facilitators of engagement alone. These factors are the use of teaching props and having an individualized approach.



**Use of Teaching Props:** Staff discussed that using aids during their visits with program participants helped to promote learning and increase engagement. These aids were mostly used when teaching parenting skills or facilitating activities between program participants and their children. Participant engagement was facilitated by using these aids, such as brochures and videos, as well as props, including dolls and pictures.

*“I use a lot of props [laughter] with my teachings, like baby dolls and pictures of things and things like that. I think the fact that I’m thinking about them and thinking about their learning styles and bringing videos and things, and it’s showing that ‘I’m engaged with you. I’m bringing things to help you understand things, so I’m thinking about you.”*”

**Individualized Approach:** Staff also talked about how an individualized approach helps to increase engagement among program participants. Individualization shows that a home visitor attends to a particular participant’s needs and preferences. Furthermore, when utilizing an individualized approach, home visitors were able to identify program participants who were not engaged and to identify strategies they could use in engaging them. Discussions on individualization also included that home visitors were able to remember information that is specific to certain program participants without relying on notes.

### Facilitators of Retention

Factors that were discussed as facilitators of engagement alone were staff retention, incentives, positive supportive relationship,



and the participant’s educational level. Both home visitors and supervisors/administrators talked about staff retention, incentives, and a positive supportive relationship.

*“...because if they’re not engaged, they’re not going to meet with you, and then good luck with keeping them in the future retaining them.”*”

**Engagement:** Being engaged in the first place affects participant retention. Program staff discussed that when a participant was engaged and receptive to program activities, it usually led to retention. A participant who was not engaged will be difficult to retain in the program.

**Staff Retention:** Staff retention was another factor that program staff perceived as a facilitator to retention. Having a high staff retention can reduce the need to rebuild trust with new staff. When a home visitor takes the time needed to connect and build relationships with a family, that participant naturally becomes more attached, making transitions to new staff difficult when there is turnover in home visiting staff.

**Incentives:** Incentives were discussed as a factor that could promote retention among program participants. These incentives were given to program participants as a reward for certain achievements in the program. These incentives ranged from tangible resources, such as diapers to certificates demonstrating accomplishments.

*“I think that’s a way to retain them. Pampers, wipes-- because some of them, they can’t afford that, so they wait for that visit, so they can get their pampers.”*”

Regardless of the type of incentive used, program staff discussed that this reward system helped to make program participants feel fulfilled, gave them a sense of accomplishment, and retained them in the program.

**Positive Supportive Relationship:** A positive and supportive relationship between the home visitor and participant was also discussed as a facilitator of retention. Staff discussed that it is important for program participants to have a good relationship with their home visitor – a positive rapport and a feeling that their home visitor will always be supportive. Staff described numerous examples of when home visitors attend appointments or other activities with program participants and situations where the family receives additional wraparound support from the home visiting team (both home visitors and supervisors).

**Participant’s Educational Level:** Program staff discussed that they noticed that program participants with higher levels of education were more likely to complete the program.

## Barriers/Challenges

Barriers/challenges to engagement and retention included staffing issues, conflicting priorities, change in participant’s relationship status, loss of contact, housing issues, and involvement with the Child Welfare System.

**Staffing Issues:** One important theme that emerged in most focus groups was the effect that staffing issues, such as high employee turnover and home visitor workload and stress, had on both engagement and retention. Staff discussed that it interfered with the ability to form a

rapport with the program participants, and this could affect engagement and retention. There was one exception to this, a situation where a participant stayed in the program despite having had four different home visitors. She was referred to as the longest retained participant.

*“They have to empower themselves, and then back to empower the family.”*



**Competing Priorities:** The families’ other commitments and priorities presented an additional challenge to engagement and retention of participants in the program. These priorities included employment, income and housing situation, and the birth of the baby. While it is positive that participants are able to find gainful employment and earn an income, this dynamic leads to changes in their schedule or even a situation where they do not have a set schedule and a resulting decrease in their ability to meet up with their home visitor. A busier schedule following the birth of their baby could also limit the amount of time that participants have to meet with their home visitors. A change in priority could even mean a situation where things are going so great that participants do not believe they need their home visitor anymore.

*“[Program participant remarked] ‘I don’t think I can be in the program because I’m working five days a week’... So, I offered the weekend just so she would stay in the program.”*

**Relationship Dynamics:** Relationship changes, such as a divorce or break-up, reuniting with an ex-husband or partner, or having a new person in their life can also interfere with participants' engagement or retention. Staff explained how breaking up with a previous partner can lead to a feeling of embarrassment which prevents participants from meeting up with their home visitor. Sometimes, the partner the participant reunites with could be abusive or an otherwise unhealthy partner; a controlling partner may discourage the mother from seeing the home visitor, or she may feel that the home visitor will judge her negatively for the decision to reunite and thus pull away from the program.



**Loss of Contact:** Another common challenge that exists is loss of contact with the program participant. Disconnected phone lines, change in phone contact, change in living situation, and moving out of town are all situations which lead to a loss of contact with the participant and subsequent decrease in engagement and retention.

**Housing Issues:** Issues with housing was another factor that has a negative impact on engagement and retention. These issues included unstable housing where participants did not have a consistent living arrangement or living with relatives and/or friends.

*“Our visit sometimes... it gets personal and sometimes they don't want their other family members knowing how they feel or what's going on inside their brain. I mean just that, can interact with the engagement of you and mom.”*

**Involvement with the Child Welfare System:** Another determining factor is mode through which participants were enrolled in the program. Being referred through Child Protective Services or Department of Children and Families, or having contact with those agencies, usually result in poor engagement or non-completion of the program.

## **Barriers to Engagement**

Some barriers were specific to engagement, such as issues with mental health, substance abuse, and intimate partner violence, and high-pressure or crisis situations.



**Issues with Mental Health, Substance Abuse, and Intimate Partner Violence:** Staff described many situations in which mental health, substance use, or intimate partner violence issues affect participant engagement. Mental health issues can impact the parent's participation in conversations and interactions with the home visitor and with their child. Additionally, staff expressed that home visitors routinely bringing up certain topics, such as substance use or intimate partner violence, may make the participant uncomfortable in situations where it is present, and can interfere with their engagement in the program.

*“We can definitely go into mental health, substance abuse, intimate partner violence. Things can be great and then all of a sudden, maybe mom relapses and she pulls away.”*

**High-Pressure Situations:** Staff explained that when participants are living in high-pressure conditions – which is frequently the case – their engagement in the home visiting program can be negatively impacted. Examples of these high pressure conditions included economic or community stressors, personal or family crises, and lack of a sufficient support system for the parent or family.

### **Barriers to Retention**

Some barriers to retention for the full duration of the program identified by program staff included low levels of connectedness, static knowledge/saturation, and paperwork demands.

**Low Level of Connectedness:** Low levels of connectedness between home visitor and program participant could occur due to participant expectations not being met, lack of connection and trust between home visitor and participant, and issues around respecting boundaries. Some home visitors expressed the opinion that there needs to be clear boundaries with the participant. While some home visitors earlier had discussed constant communication outside of the job as a facilitator of engagement and retention, one home visitor said that contacting participants when the home visitor was off work was overstepping boundaries and could affect retention. “We’re not there to be their best friend.” Furthermore, discussing personal issues with the participant was also identified as overstepping of boundaries.

*“Calling them when you’re off, talking to them about your personal life, all that is boundary issues when you do leave this job, you are not to contact them. Some people still do [such] boundary issues, and it hurts the rest of us that get those [participants] also because they are also going to be, ‘So and so did this with me.’ ‘Well, that’s not part of the program.’”*

**Static Knowledge/Saturation:** It was expressed during the focus groups, that static knowledge/saturation can occur in some instances where the home visitor feels like the program participants are not learning anything new from the curriculum. This can also occur where participants maybe have had their baby for a couple of months and feel that they have a handle on things, and as such, believe they do not need home visiting services anymore.

*“I think, like, knowledge level of some because for some [participants] that they do their own studying of reading books and using other resources to educate themselves on things.”*

**Paperwork Demands:** Staff discussed that paperwork demands can also be a burden to program participants. Having different forms and questionnaires that the participant has to fill out at different time points sometimes take away from the visit and could affect participants’ continued participation. Sometimes, paperwork demands interact with the stage at enrollment. For example, participants who enroll in pregnancy are able to complete a lot of paperwork at that time and tend to have less paperwork after the baby comes, which is a really busy time for the family.

*“It becomes a burden to the [participant]. It’s no longer seen as a fun program. It’s seen as homework or a chore because it’s lacking in activities.”*

## Strategies to Address Barriers

During discussions, staff identified various strategies that they already used to address some of the challenges to engagement and retention described above. These strategies included conducting unscheduled visits, providing resources and referrals, scheduling visits to fit the family's unique situation, and giving participants some personal time.

**Unscheduled Visits:** When a lack of commitment was identified (e.g., participants canceling visits and not showing up for a scheduled visit), home visitors explained that they may stop by the home to check in with the participants. This “drive-by” refers to stopping by and checking in on a participant when there has not been adequate contact. Home visitors discussed that a “drive-by” could result in a visit if the program participant is available, and in cases where the participant is not there they leave information for the participant. Despite the benefits of unscheduled visits, it was explained that this strategy also has a downside because it could lead to home visitors walking in on a less than ideal situation like a fight in the home.

*“They’re cancelling every once in a while is one thing, but some of them cancel almost every visit... we do drive-bys. Sometimes you can stop by randomly [laughter] and catch them, and they’re willing to do a visit which works.”*

**Providing Resources and Referrals:** Home visitors provide a multitude of resources and referrals to support the families they work with. Specifically, they mentioned multiple situations where there was a problem with housing issues or living arrangement; home visitors helped by providing resources and referrals for housing, or financial assistance for rent during difficult times.

**Flexible Scheduling and Location:** One theme that was mentioned across all focus groups was flexibility in scheduling visits. Most home visitors work around their participants’ schedules to ensure that they implement the minimum recommended number of visits for that participant. This was seen as a particularly useful strategy in cases where there are conflicting priorities. Sometimes, family members within the home could interfere with home visiting by acting as a gateway to the participant; home visitors found that engaging those gatekeepers helped to smoothen provision of services to the program participant. Home visitors are also flexible and sometimes meet up with participants in public places in situations where the home environment is not conducive for the visit.

*“Sometimes they might live with some relative and they don’t want us to go to the house, so we’ll have to meet somewhere else...”*

**Giving Participants Personal Time:** For individuals with substance abuse, mental health issues, and intimate partner violence, besides providing resources for these particular issues, program staff mentioned sometimes giving the participant time to process their situation after an intense discussion or intervention. After providing this brief period of time, the home visitor “re-engages” with the program participant.

## CONCLUSION AND RECOMMENDATIONS

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Home visiting staff discussed their perceptions of engagement and retention, as well as facilitators and barriers to engaging and retaining participants in the Florida MIECHV program. Additionally, strategies that were already being implemented to facilitate participant engagement and retention were also shared. The use of various strategies to engage and support participants shows a certain level of commitment to keeping participants in the program and subsequently improving family outcomes. Engagement and retention are crucial aspects of home visiting programs, and it is necessary to enhance facilitators and minimize barriers to engagement and retention of participants in the program. Specifically, it is recommended that MIECHV programs promote:

1. Relationship-building skills to foster a connected and trusting relationship between home visitors and participants by increasing positive and effective communication and facilitating active participation.
2. A supportive environment (i.e., available resources and supervisor/administrator support) that enables home visitors to provide individualized services to participants.
3. Ways to address factors that affect staff retention to minimize turnover or disruption in participant-staff relationships.
4. Effective crisis management strategies and provisions made so home visitors are trained and empowered to support parents during periods of stress or crises.

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