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Understanding Program Engagement and Attrition in Child Abuse Prevention

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Understanding Program Engagement and Attrition in Child Abuse Prevention

Home-based parenting programs have become a promising approach for prevention of child abuse and neglect.* Home-based parenting services provide prenatal and early childhood interventions to families in need of support. By engaging families in home-based services early in the child's life, providers are able to improve family functioning through enhancing parenting skills, social support, coping skills, and linkage to community resources (Filene, Kaminski, Valle & Cachat, 2013; Guterman, 2001). Although there are significant potential benefits of home-based services, outcomes are less than desired in the highest-risk populations or those characterized with parental substance use, intimate partner violence, and parental depression (Barth, 2009; Chaffin, Bonner, & Hill, 2001; Duggan, et al., 2004; Duggan, et al., 2007; Infante-Rivard, 1989; Klevens & Whittaker, 2007; Marcenko & Spence, 1994). The aforementioned high risk factors can also lead participants to face many barriers to engaging in services.

Delivering services in the home is designed to reduce the barriers to engagement that many families with young children face (i.e., transportation, child care, cost). Despite efforts to address these barriers, high rates of program attrition continue (i.e., 20-67%) (Duggan et al., 2000; Gomby, Culross, & Behrman, 1999; McGuigan, Katzev, & Pratt, 2003; Navaie-Waliser et al., 2000). Examining factors that impact engagement and attrition in home-based parenting services is an important next step in implementation research.

To address this issue of program engagement and attrition, McCurdy and Daro (2001) developed the Integrated Theory of Parent Involvement (ITPI). This theory proposes that multiple factors interact to explain parental enrollment and retention in home-based services. The current study sought to test this theory by providing context with qualitative (i.e., interviews and focus groups) data following a previous quantitative

* "Home-based parenting programs" is an alternative term for what are commonly called "home visitation" programs. Recent research has shown that families often make negative associations with the term "home visitation," as compared to more positive interpretations of terms such as "home-based parenting" (Bard, Wilson, Silovsky, Beasley, & Beasley, 2013; McClintruff, McCleskey, & Bloomfield, 2014)

study of factors impacting engagement and attrition within home-based services. Qualitative interviews and focus groups from families involved in home-based parenting programs were conducted to create a deeper understanding of the quantitative results and to enhance clarity and applicability of engagement results.

Integrated Theory of Parent Involvement (ITPI)

McCurdy and Daro's (2001) ITPI is an integrated model that proposes multi-level proximal determinants of enrollment and retention in home-based parenting programs. Four domains, 1) individual characteristics, 2) provider attributes, 3) program characteristics, and 4) neighborhood context, are proposed to impact intent to enroll in services, enrollment, and retention. According to ITPI, intent to enroll is influenced by factors in all four domains: individual factors (e.g., attitude toward service, past program experience, readiness to change), provider factors (e.g., cultural competence, service delivery style), program factors (e.g., timing of enrollment, auspices), and neighborhood factors (e.g., social capital, social disorganization). Enrollment is influenced by individual factors (e.g., subjective norms) and program factors (e.g., duration between program acceptance and first service contact). Finally, retention is influenced by individual factors (e.g., objective and subjective program experience), provider factors (e.g., cultural competence, service delivery style, caseload, training), program factors (e.g., supervisory caseload, funding, staff turnover, participant incentives), and neighborhood factors (e.g., social cohesion, concrete resources). The ITPI illustrates the interplay between each of these systems, thus explaining the progressive linkage between families' intent to enroll in services, actual enrollment, and retention.

The ITPI utilizes aspects of ecological systems theories similar to Belsky's (1984) and Bronfenbrenner's (1979), such that the integration of systems (e.g., individual, family, community, etc.) explains the phenomena, in this case parent engagement in home-based services. Others have used the ITPI model as a guide in their research toward understanding other factors contributing to parent involvement in services (Damashek, Doughty, Ware, & Silovsky, 2011; Korfmacher et al., 2008; Raikes et al., 2006). Researchers have expanded the ITPI, emphasizing the need to consider the interaction between quantity (i.e., frequency of program participation) and quality (i.e., program engagement) of home-based services (Korfmacher et al., 2008; Raikes et al., 2006). These studies underscore the importance of considering the interplay among

systemic variables in understanding parent involvement in home-based services.

Engagement and Attrition in Home-Based Parenting Programs

Previous research on enrollment and engagement in home-based parenting programs identify several parent demographic variables that impact enrollment including age, marital status, ethnicity (Moore et al., 2005; McCurdy, Gannon, & Daro, 2003), as well as risk factors such as high stress (Duggan et al., 2000). Other factors include program and provider factors such as use of in-person assessments (Duggan et al., 2000) and perceived program helpfulness (McCurdy et al., 2006). Daro, et al. (2003) found that caregivers who were older, had never been married, were unemployed, and/or had limited education were more likely to not only enroll, but also remain in services. However, the relationship of these demographic factors to service engagement has been inconsistent across studies.

To address this literature gap, Damashek, Doughty, Ware, & Silovsky (2011) studied the influence of program factors, provider factors, and individual factors on engagement in home-based parenting services for families at high-risk for child abuse and neglect. The study examined engagement and retention in services in a randomized clinical trial of SafeCare® compared to services as usual (SAU).

SafeCare® (Lutzker & Bigelow, 2002) is an empirically supported child maltreatment prevention program designed to prevent child abuse and neglect and enhance family protective factors (see www.nstrc.org/homvee.acf.hhs.gov/document.aspx?sid=18&rid=1&mid=1; www.cebc4cw.org/program/safecare/; for more information). SafeCare® utilizes an ecobehavioral approach to teach caregivers of young children (ages five and below) parenting skills most proximal to child neglect, specifically parent behavior to enhance home safety, health care, and parent-infant/child interaction. SafeCare® utilizes modeling of skills, practice and feedback, and measurement of criterion of learned skills. The same method is applied to provider training and supervision.

SAU for the previous study (Damashek, Doughty, Ware, & Silovsky, 2011) was community home-based behavioral health services. A variety of services were available, including individual or family therapy, and case management, and were determined by the parent and the assigned therapist. Both SAU and SafeCare® as provided in this study were home-

based, short-term, and designed for families with multiple life stressors and barriers to clinic-based services. SafeCare® differed from SAU on several program (e.g., use of motivational interviewing, funding source, tangible goods, and supports) and provider-level (e.g., background education, training, service delivery style) variables included in the ITPI. These differences are detailed in the previously published manuscript (Damashek, Doughty, Ware, & Silovsky, 2011).

Results from the previous study by Damashek, et al. (2011) found that families receiving SafeCare® services were 4 times more likely to enroll and 8.5 times more likely to complete services compared to families receiving SAU. These findings lend support to the concept that program and provider variables are instrumental in predicting parent engagement in services. The specific aspects of the program and provider qualities that enhanced engagement cannot be directly discerned from the study. Possible reasons include SafeCare's skills-based format for teaching parenting skills, service delivery (e.g., providers' flexibility, calling families, making unscheduled visits, etc.), and routine use of motivational interviewing—areas of distinction from SAU. The latter explanation is consistent with the ITPI, which argues for the importance of readiness to change in predicting enrollment in services.

Thus, Damashek, et al. (2011) provided support to further examine provider and program variables toward understanding family engagement and attrition. The test of the ITPI model applied to the SafeCare® program illuminated “what” factors are key to engagement and attrition within home-based services but the question remains regarding “how” and “why” these factors are integral in the engagement and retention relation. The caregiver's perspective and story regarding the key aspects of the provider and program that enhance engagement in home-based parenting programs remains unclear and is the focus of this follow up qualitative study. Therefore, the purpose of the current study was to determine if there are specific participant factors related to families choosing to enroll and complete the SafeCare® program at a significantly higher rate than SAU.

Overview of Current Study

The present study was designed as a follow-up qualitative study to previous research examining the ITPI model (Damashek, Doughty, Ware, & Silovsky, 2011) examining home-based parenting services for families with children at high risk for experiencing adversity. More specifically, the

previous quantitative research examined individual provider, and program variables predicting program enrollment, completion, and goal attainment, while the qualitative portion consists of individual interviews and focus groups with families who engaged or failed to engage either in SafeCare® or Service As Usual (SAU) to gather the context of the provider and program variables impacting attrition.

It is important to note that in the current study engagement is defined as participants moving past initial enrollment and engaging in home-based parenting services by attending multiple sessions. Caregivers were considered as unengaged in services when dropping out of services early (less than five hours of service). Reasoning for this focus was to understand the ITPI model more thoroughly and determine what factors are at play after intent to enroll and enrollment occurs and before attrition takes place. Additionally, the study was designed to provide context surrounding the previous results regarding the role of program and provider characteristics predicting engagement and attrition.

Methods

Sample

A purposive sampling method was used to select caregivers who participated in a randomized clinical trial of SafeCare® (SC) and SAU on child maltreatment prevention. SAU was a community mental health program that offered individual and family therapy within a home setting. SAU was a fee-for-service program delivered by master's level providers and licensed mental health professionals. In comparison, providers in the SC program were salaried, bachelor's level staff trained in the SC model.

Participants of the larger randomized clinical trial (Damashek, Doughty, Ware, & Silovsky, 2011) were 562 female caregivers who had at least one child in the home who was 5 years old or younger. Additional inclusion criteria were that the caregiver was English-speaking and had: (a) a substance abuse issue (not including caffeine or nicotine), (b) major depressive disorder symptoms, and/or (c) partner violence in the home within the last 6 months. Ineligibility criteria included: (a) an open child welfare case, (b) a child welfare report under investigation, and/or (c) two or more previous child maltreatment referrals that were not screened out.

Approval from the University Institutional Review Board was obtained prior to administration of the study. Enrollment and attendance

service data were examined to determine if the participants were considered to have successfully engaged or failed to engage in services. Contact data were examined to determine if the participant continued to reside in the community and current contact information was available. Engaged participants were defined as those who had completed any module of SC (i.e. parent-child/infant interaction, child health, or home safety training) or remained in SAU services for multiple hours (at least eight). Unengaged participants were defined as those who completed five or fewer hours of services. Participants from each group (SC engaged, SAU engaged, SC unengaged, SAU unengaged) were contacted by phone to be recruited into separate focus groups for each group. Researchers attempted to contact each person who participated in the larger RCT, resulting in a total of 562 participants. Due to several barriers, however, recruitment was not successful for all participants with whom contact was attempted for a number of reasons. The majority of participants had disconnected or alternate telephone numbers since initial contact for the RCT. The families were quite mobile (e.g., over 57% had moved three or more times in five years). Other recruitment barriers included participants' relocation to other states, and scheduling conflicts for focus groups. Thus, while contact was attempted to reach all RCT participants, 34 caretakers participated in the current study. Individual interviews were conducted when planned group participation was less than three. A total of 34 participants participated in a focus group or individual interview, with participants including 9 SC engaged (Median service hours = 64.17), 7 SC unengaged (Median service hours = 4.59), 7 SAU engaged (Median service hours = 19.50), and 11 SAU unengaged (Median service hours = 0). Interviews lasted approximately one hour with a trained moderator and note taker present at all focus groups.

Focus Group Guides

The purpose of the focus groups were to capture the characteristics of the program and approach that impacted engagement and attrition to the programs, thereby examining the ITPI model. In order to avoid contamination of themes, separate focus group meetings were conducted by program (SC and SAU) as well as level of engagement (engaged and unengaged). Separate semi-structured focus group guides were developed for groups containing engaged versus unengaged participants. Both interview guides (engaged and unengaged) began with questions assessing reasons for pursuing services, program experience and beliefs, and how participants were connected to services. Further, unengaged participants were asked about factors they believed would have helped

them remain in the program and experiences they might have had during their short time involved; while engaged participants were asked to reflect on reasons parents may drop out of home-based parenting services.

Procedures

Caregivers attended qualitative interviews at a local service agency for children. Interviews and focus groups lasted from 45 minutes to 1 hour and were recorded to insure all comments were captured. Recordings were double transcribed and cross-checked to ensure accuracy by a team of research assistants. During transcription, all identifying information that could be linked to participants was removed. Participants received a \$20 gift certificate and a \$10 gas card as compensation for their time and travel costs, respectively. Additionally, babysitting and light refreshments were provided. Research methods were approved by the university's Institutional Review Board.

Statistical Analysis

Qualitative data analysis of the transcriptions was conducted using NVivo 10 software. A template approach (Patton, 2002) was used to identify broad themes within a selected sample of both the engaged and unengaged transcriptions. More specific themes were also identified and were coded as sub-codes within the broader categories with a codebook developed collaboratively by three trained qualitative researchers. Training in developing the coding scheme and codebook took approximately two days. Upon completion of the codebook two qualitative researchers coded every transcription separately using the created templates. Once coded, transcriptions were compared for inter-coder reliability. To assess for reliability, we used simple percent agreement between the two coders. Simple agreement is a commonly used method for assessing reliability in qualitative studies (Lombard, Snyder-Duch, & Bracken, 2002; Stemler 2004). A criticism of simple agreement is that it does not account for coding agreement that may occur by chance (Lombard, Snyder-Duch, & Bracken, 2002). However, answers given to the semi-structured questions in this study were plentiful, varied, and not always mutually exclusive to one code, making the probability of coding by chance more unlikely (Stemler, 2001). Average inter-coder reliability was over 85%.

Percentages were then calculated for every specific and broad theme within the transcription. First, the percentage was found for

participants who made at least one comment about each particular theme. This allowed researchers to identify what proportion of participants spoke about a particular subject. Second, the percentage of total comments for each theme was calculated. This gave an indication of the emphasis that each theme received during the interviews.

Results

Qualitative Findings: Themes

Factors for Engaging and Not Engaging in Services. Themes emerged regarding factors for engaging and not engaging in home based parenting across programs (SAU and SC) and engagement status (engaged and unengaged).

Theme One: Engagement of Services- Role of Providers. Across all groups (SC engaged, SAU engaged, SC unengaged, SAU unengaged) the most frequent comments on engagement were related to providers. Participants from all groups indicated key areas of provider impact on program engagement such as provider personality, how providers approached service provision, and what kind of supports the provider shared with families they served. Further, 100% of participants commented on the relation between providers and engagement in programs. It is important to note that although the unengaged group did not complete services, they were asked what would potentially impact their program engagement.

(a) *Personality/Characteristics.* Specific to comments about providers, provider personality or characteristics was described as the most important aspect to engagement with 100% of participants describing desirable provider characteristics. Many of the groups had overlap in provider characteristics that impact engagement. Each group (SC engaged, SAU engaged, SC unengaged, SAU unengaged) will be discussed separately but overlap will be referenced throughout.

SC Engaged. Among SC engaged participants there were several characteristics that were described as related to service engagement. Specifically, participants indicated that being good with children (44% participants), caring or supportive (33% participants), reliable (33% participants), and trustworthy (33% participants) were important provider traits. Representative quotes for these characteristics include in the same order as above: "Oh yes, my boys loved (provider), I think even more than

I did”, “she did care and she would call to check up on me sometimes.”, “her showing up during the time that you need her.”, and “It was like, I can trust this girl I think.” Other traits discussed by SC engaged participants were the provider being motivational (33% participants), friendly (33% participants), happy (22% participants), knowledgeable (22% participants), and attentive (22% participants). Examples of quotations from participants include, in the same order as above: “...she kinda pushed but not too hard. So it made you keep going, it made you try harder”, “if you are going to be there (physically), actually be there (fully present)”, “she’s a very friendly, and my daughter loves her (provider)”, “(provider) was very happy, I’ve never seen (provider) without a smile, ever. She was always smiling and happy, and she never let her problems or her situation get into her work.”, and “and she’s just very knowledgeable, she has very, very vast knowledge of resources and phone numbers and places to call and people who knew what I needed.”

SAU Engaged. SAU engaged participants had several provider characteristics that they explained impacted service engagement. Specifically, SAU engaged participants indicated that a provider being able to handle stressful situations was a key aspect to engagement with 45% participants discussing. A representative quote was “And I need somebody that is actually gonna be able to battle the days. You’re never gonna have a good day every time you come in here.” Additionally, 27% of participants indicated the importance of several other characteristics including being knowledgeable (similar to SC engaged), non-judgmental, patient, trustworthy (similar to SC engaged), and speaking the same language as the participant. Examples of quotes for each characteristic are as follows in the same order as above: “someone that knows what they are doing”, “not being judgmental...know your boundaries”, “Patience, very patient.”, “someone that is going to act upon what they say and do”, and “I really prefer somebody that could speak English.”

SC Unengaged. Among SC unengaged participants it was explained that a provider having children or experience with children is important to service engagement (71% participants). An example of a participant quote is: “Somebody that has experience with children and all different types of children. And not easily upset by them.” Another provider characteristic discussed was the provider being friendly (similar to SC engaged) with 28% of participants making comments. An example comment is: “...not any mean ones really, just a nice worker.” It was also indicated that it is important for the provider to be respectful with 43% of

participants endorsing this quality. A representative quote is: “As long as you make me your equal, as long as you’re respectful.”

SAU Unengaged. For SAU unengaged, 29% participants reported the importance of a provider being caring or supportive (similar to SC engaged), reliable, trustworthy, and having children or experience with children (similar to SC unengaged). Examples of participant quotes are as follows in the same order as above: “You know, I can’t wait to go to that (session) because I get to really be myself or I get cared about”, “and be consistent...and on time, too”, “I agree with (participant) because if you can’t trust you to not necessarily keep your word, but at least attempt to”, and “someone who has been there (with kids).”

(b) Approach. The approach of the provider and program (as related to actions of the provider) was also discussed as important by participants.

SC Engaged. Among SC engaged participants, 44% reported that when providers approached their job in a way that made evident they enjoyed it, it positively impacted service engagement. A specific representative quote is: “when she was around it wasn’t about the money...it was about what she’s doing, she loved it.” Additionally, 33% of SC engaged participants explained the importance of the provider approach of being available and persistent. Participants (22%) also indicated that the approach of being flexible, providing transportation, and engaging with other individuals in the home was important to engagement. Examples of participant comments, in the same order as above, include: “If I had an appointment, she would rearrange our meeting, and we would have our meeting on our way to the appointment,” “and she would take me, and she would sit with me, and she would bring me back. And it was like, where were you all my life?”, and “she even listened to my mom!”

SAU Engaged. Similar to SC engaged, SAU engaged participants (27%) indicated the importance of the provider being available and flexible in terms of provider approach. Representative quotes for both are: “If I ever needed anything, like if I was stressed out or anything, it was just a phone call away.” and “she let me pick the days, the times, it was convenient.” It was also indicated that provider approach of creating individualized services for participants was important to service engagement (18% participants). An example of a participant quote is: “I

want somebody that's going to...be completely open to everything that's going on in our house...that way they can know exactly what we need."

SC Unengaged. SC unengaged participants (43%) indicated that being interactive with children in the home as well as being persistent was vital to service engagement. Representative quotes for both are as follows: "My son loved her, like he would climb and just sit in her lap the whole time ..." and "even though the lady could have been like I don't want to deal with this lady anymore...they stuck with me." It was also indicated by SC unengaged participants (29%) that provider approach of being flexible (similar to SC and SAU engaged) and working well with challenging children is important. Examples of what participants shared in these areas: "be able to work around their schedule" and "and not just the good kids (working with), kids that are nightmares...from the good to the bad to everything."

SAU Unengaged. For 29% of SAU unengaged participants it was indicated that a providers approach to creating individualized services for participants was important to service engagement (similar to SAU engaged). A representative quote is: "So something that works for my kids won't work for them (other people's children)..."

(c) Support. Participants also discussed the importance of provider support in engaging families (SC engaged, 78%; SAU engaged, 55%; SC unengaged, 57%; SAU unengaged, 43%). All four groups discussed general support from the provider (SC engaged, 44%; SAU engaged, 27%; SC unengaged, 14%; SAU unengaged, 29%) as well as a supportive relationship with the provider (SC engaged, 33%; SAU engaged, 27%; SC unengaged, 14%; SAU unengaged, 14%). Both engaged groups as well as SAU unengaged explained that receiving assistance from the provider to connect to community resources (SC engaged, 22%; SAU engaged, 9%; SAU unengaged, 14%) was important to participant engagement.

Theme Two: Engagement in Services- Other Factors. All groups expressed factors other than provider characteristics for engagement in home-based services.

SC Engaged. Participants in the SC engaged group indicated that an additional reason for engagement in the program was receiving education and materials with 56% of participants commenting. Specific to SC, these comments surrounded assistance with and materials for

childproofing the home and other supports. Representative quotes include: “The benefits of getting your house childproofed. Some people can’t afford it at that point in time.” and “They bring you a lot of pamphlets, and little books. She brought a lot of toys and stuff. It’s awesome.” It was also described that provision of services in the home was important to service participation with 44% of participants discussing. A specific participant comment was: “Yes her coming to the house, for me, it was the best thing. Because I never have a working car.” Participants (11%) also indicated that stress management was a reason that they engaged in the program. Representative quotes were: “My husband was dying and I don’t think that stress and with the kids and my job and everything...I could have got through it without (provider), I really don’t.” and “So the program showed me how to vent without ...I came from a family that hit...for me, it was like, how do I handle the stress, how do I handle my anger? I get angry a lot because of the stress that I was under. But she showed me how, number one, to step back, and when I get overwhelmed, that I was supposed to go off to myself, and to play the whole picture out. So it made me think about what I was doing before I did it, instead of acting on impulse.”

SAU Engaged. Similar to SC engaged, SAU engaged participants discussed the importance of education/material (36%) and the provision of services within the home (18%). A representative quote for education was: “She taught us how to interact with our children...” and for in-home services was: “I like the fact that she came to my house, I didn’t have to go anywhere.” SAU engaged participants also indicated the importance of the program being free of charge (27%). An example of what participants said regarding the program being free was: “I think the fact that I didn’t have to pay for the program – it was there when I needed it and it was free of charge. Just knowing that I didn’t have another bill, but could still get the help that I was needing.”

SC Unengaged. SC unengaged participants also noted the education/material provided by the program (43%) as important. A specific example by participants was: “I actually did like some of the stuff like the little booklets that she would send ... actually was cool.”

SC and SAU Unengaged. One specific theme emerged in both SC and SAU unengaged groups at a low frequency but due to being expressed across both groups should be considered as possibly impactful to engagement. Participants in both groups indicated that incentives or

perks (14% of participants in both groups) might impact service engagement. A representative quote is: “And I did appreciate the little gift card things that helped with diapers.”

Theme Four: Service Attrition- Role of Providers. Similar to findings among groups regarding engagement in services, possible reasons for service attrition across all groups (SC engaged, SAU engaged, SC unengaged, SAU unengaged) were most frequently related to providers, with participants from groups indicating key areas of provider impact on program attrition. Reasoning for questioning engaged participants on possible reasons why parents may drop out of services is the understanding that at some point most families had to make an intentional decision to stay in services, even when they felt it would be easier to discontinue. Therefore, valuable information can be deducted from the experiences and beliefs of both engaged and unengaged participants.

(a) Provider Personality/Characteristics. Both SC and SAU engaged participants provided comments regarding the importance of provider personality and characteristics as it relates to program attrition. Many of the comments of attrition are mirrored reflections of the provider qualities that lead to engagement. For example, while being reliable and non-judgmental were provider characteristics related to engagement, being judgmental and unreliable were provider characteristics related to service attrition. There were similarities and distinctions between the two groups regarding specific characteristics that might impact service attrition.

SC Engaged. SC engaged participants indicated that one of the most important characteristics that could lead to attrition was being a male provider (44% participants) with a representative quote being: “Men make me uncomfortable. I know that sounds horrible, but as a single mom, sitting at home all by myself, a guy shows up at my door, I’m not going to want them to come in.”[†] Other negative characteristics discussed were a provider being judgmental (33% participants) or unprofessional (22% participants) with examples of what participants said respectively: “I don’t want people to judge me...” and “ If they don’t care enough to be

[†] None of the SC or SAU providers in this study were male. Participants in the focus groups and individual interviews were reflecting on hypothetical provider qualities that would cause them to discontinue services.

presentable coming to your house, imagine how they're going to treat your kids ..." Lastly, participants mentioned provider unreliability (22% participants) as possibly impacting service attrition with a representative quote being: "Like I said, the no call no show thing, that's a pet peeve. At least give me a courtesy call, a text message . . . and don't leave my son hanging because he was waiting to see you walk through the door because you're a weekly fixture now..." Other characteristics mentioned briefly were providers being pretentious and unprofessional.

SAU Engaged. SAU engaged participants indicated several specific provider characteristics that might impact service attrition. One of these characteristics was having a negative attitude (18% participants) with examples including: "I've always been the type of person to like to leave your attitude at the door, to put yourself in check when you walk in." and "Just somebody with a negative output, as soon as they hit that door it's going to be a problem..." Similar to SC engaged, SAU engaged participants indicated that a provider being judgmental (27% participants) might correlate with service attrition. A representative quote includes: "Judgmental...but then we broke down some barriers and we got where we needed to be."

SC Unengaged. For SC unengaged a provider characteristic that was reported by 71% of participants as relating to service attrition was being judgmental (a similar characteristic that emerged in SC and SAU engaged). Representative quotes include: "Somebody who is not coming in and make you look around to see what's not clean and what you forgot to clean up." and "One thing that I thought about is that having somebody that came out to my house without worrying about if your child's dressed a certain way or anything..." Another provider characteristic reported by 29% of participants was being easily irritated. An example of a participant comment is: "or when they get easily irritated with the children..."

SAU Unengaged. A provider characteristic relating to participant service attrition among 43% of SAU unengaged participants was a provider being unsupportive (similar to SC unengaged). A representative quote is: "I guess someone that – who really just doesn't care...you really have to have your heart in it to do any type of counseling work." Additionally, providers being judgmental (57% participants) emerged (a similar theme among SC and SAU engaged and SC unengaged) with an example quote being: "I guess someone – someone who would come in

your home and instead of trying to get to know you, just starts pointing at your flaws.”

(b) Provider Approach. Both SC and SAU engaged participants discussed the importance of provider approach and how this might relate to service attrition.

SC Engaged. SC engaged participants mentioned briefly the idea of provider approach impacting service attrition with a focus on the approach being forceful or demanding. A representative quote is: “Just real pushy and overbearing, and calling you and you have to have done this, or you have to work on this. It’s like, can’t we work on this together?”

SAU Engaged. Engaged participants in SAU had a stronger belief in the importance of provider approach with them sharing the same idea as SC engaged that having a forceful or demanding approach (45% participants) would impact service attrition. An example of a participant quote is: “Pushy people. People that say you should do it this way.” SAU engaged participants also explained that providers being inflexible (18% participants) in their approach would negatively impact staying in services with an example of a quote from participants being: “If it can’t be worked around my schedule, then that’s a big thing.”

SC Unengaged. Provider approach being intrusive or invasive (43% participants) was a theme that emerged related to service attrition among SC unengaged participants. Representative quotes include: “I would say not interfering with things that they don’t need to be a part of.” and “just too intrusive is the word I was looking for. Like they’re my cousin or something, you’re not my family, you’re somebody that’s here to help me better my family and to give me steps to do that...” Another area of concern was provider approach of engaging in unexpected visits (43% participants) with some participant quotes being: “Nobody likes somebody just to pop up.” And “...it’s just giving me a heads up before you want to come over so I can clean up my house.”

SAU Unengaged. Similar to SC engaged and unengaged, SAU engaged participants shared that a provider having forceful or demanding approach (29% participants) would impact service attrition negatively. An example of a participant quote is: “I wouldn’t like for somebody to just basically tell me what to do or how to do...” Additionally, similar to SAU engaged, SAU unengaged share the approach of lack of provider follow-

up (29% participants) as being related to service attrition. This theme varied some in that it related more to the provider simply not staying in contact with the family whereas the previous theme was more related to a change in provider creating lost follow-up. A participant example quote is: “the only reason why I didn’t pursue anything further is because I didn’t hear anything back.” SAU unengaged also described a provider approach of being unavailable (29% participants). Representative quotes include: “you can never get in contact with them...” and “I know it’s hard to keep in contact with a lot of people, like we didn’t have direct people to contact.”

Theme Five: Service Attrition- Other Factors. Among all groups participants indicated other factors that might have impacted service attrition.

SC Engaged. Participants indicated that the possibility of child welfare reporting might impact families engaging in services (22% participants). An example of a participant comment is: “...is DHS (child welfare) going to start checking in on me and my kid? Or are they going to take her away because this happened?”

SAU Engaged. SAU participants that engaged in services indicated that there are overall program aspects that might impact service attrition (36% participants). These included the fear of child welfare reporting (18% participants) and several other program factors (inadequate resources, provision of services in the home). A representative quote regarding child welfare involvement is: “I just know how government programs are, I just wouldn’t want it to be a situation where we’re coming in to find out what you guys are doing, and then we’re going to strip you of everything.”

SC Unengaged. Another factor that was reported as impacting service attrition among SC unengaged participants was issues with time (57% participants). Some participants reported that this was related to being busy (43% participants), whereas some reported this was due to services being time consuming (14% participants). A representative quote for being busy is: “Yea I just was so busy and school and just everything.” Other issues related to attrition are having a transient or unstable life with 43% participants discussing. An example of what a participant shared is: “I think it was just things were just changing and I was moving and stuff like that ... it had nothing to do with the people, it was mostly on my part, just things were changing so that’s why.” It was also explained in SC unengaged that specific program factors impacted engagement (43%

participants). These included participants commenting on child welfare reporting (43% participants) and service being provided within the home (14% participants) with participants explaining that some people do not feel comfortable with other people coming in their home. A representative quote regarding in home service is: “and sometimes at home settings you don’t feel too comfortable with.”

SAU Unengaged. SAU engaged participants indicated similar to SC unengaged that issues with time impacted service attrition with 14% of participants discussing that being busy made it difficult to stay in services. Specifically it was said that: “I was in school full time and there was no way that I could do it. It wasn’t that I wasn’t interested, I was just in school at the time, just couldn’t do it.” Like all other programs, program factors also were reported as impacting service attrition. Similar to all other groups (SC engaged, SAU engaged, SC Unengaged) the possible threat of child welfare reporting was a possible deterrent to program involvement (14% participants).

Discussion

The current study adds to the literature on engagement and attrition of high-risk families with services delivered within the context of home visitation. Results of the current study correspond with McCurdy and Daro’s (2001) integrated theory of parental involvement (ITPI). Particularly, our findings emphasize the importance of provider factors (personality, approach, support) related to engagement and attrition. Additionally other factors are proposed in the relation of engagement and attrition.

Based on the ITPI model, Figure 1 provides the original ITPI model with additional components we propose, given the findings of this and the previous study. Specifically, we propose that provider factors should be emphasized as critical in engaging and retaining participants in home based parenting services. Additionally, we suggest that program factors such as provision of education/materials, providing services within the home (convenience), services being free of charge, focusing on stress management, and providing participant incentives are important to service engagement. Important variables to service attrition include fear of child welfare reporting, inadequate resources provided for participants, issues with time (both too busy to engage and services take up too much time), chaotic participant life, and in-home services (feeling invasive).

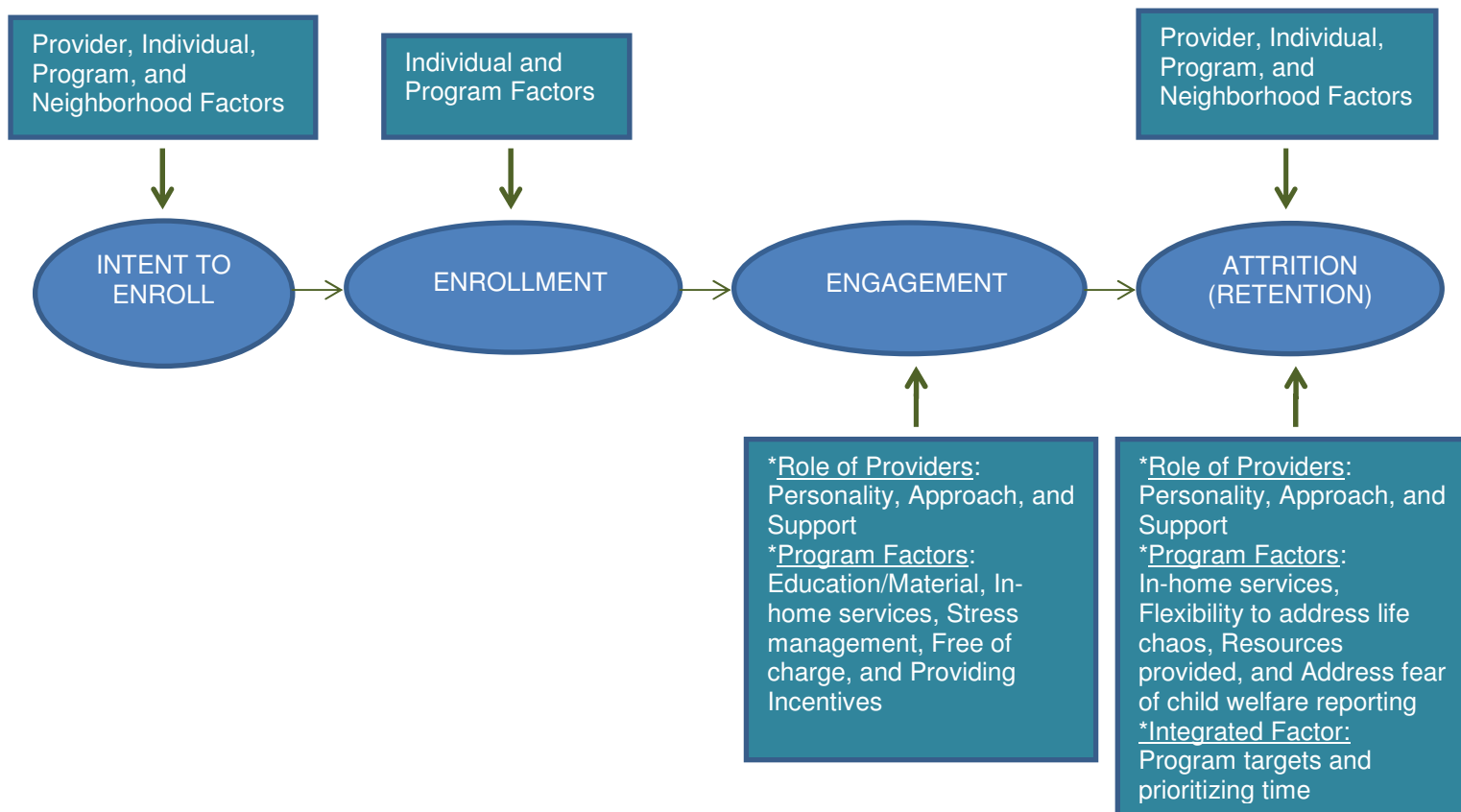


Figure 1. Proposed adaptation of Integrated Theory of Parent Involvement (ITPI) model with proposed factors at the lower portion of the figure.

Our findings propose an additional pathway of “engagement” to the previous ITPI model that focused on “intent to enroll” and “enrollment.” The addition of engagement is proposed to precipitate attrition (retention) due to qualitative interviews indicating that factors related to engaging or getting families to attend actual sessions might be different than intent to enroll and enrollment. Our data would suggest that providers impact this early engagement. Further, service attrition or retention is largely related to provider factors, as suggested by the previous ITPI model and current qualitative data helps illuminate important provider aspects. Therefore, results indicated that providers are key to engagement and attrition for participants in home-based services. The important elements of providers were based on their characteristics, approach, and support of the family.

In terms of service engagement, across all service delivery groups (SC engaged, SAU engaged, SC unengaged, SAU unengaged) being caring/supportive and having experience with children are important provider characteristics. Three of the four groups added provider characteristics of being friendly, nice, knowledgeable, and trustworthy.

For service attrition, across all service groups provider characteristics were again critical - with judgmental and arrogant providers affecting parents' willingness to stay in services. Further, across three groups it was discussed that providers being unreliable and being male would impact service retention. It was interesting that participants were at times hesitant to share their perspective on a male provider. Descriptions clarified that as a female (often alone with children), they were hesitant to allow a male into their home and also indicated their intimate partner would not be receptive to male providers.

In the initial quantitative study, Damashek et al. (2011) found caregivers randomly assigned to SC were 8.5 times more likely to complete services than those assigned to SAU. While most of the provider characteristics reported in the qualitative interviews were consistent across groups, "motivational" was unique to the SC engaged group. The SC providers were trained to routinely use Motivational Interviewing to encourage a range of positive behavior change.

Program characteristics that impacted service engagement were education and material provided by the program. This suggests that it may not be enough for the provider to have specific characteristics, approach, and support, it is also important to have a program that provides the education and material that the family needs.

Supporting home-based parenting programs' intent to remove barriers to services, most participants stressed the importance of provision of services within the home from both an engagement and attrition perspective. Engaged caregivers felt that in-home services were convenient and helpful in engagement. Interestingly, a few caregivers (all unengaged) felt that in-home services were invasive and related to program attrition. This highlights the importance of providers exploring participant preference of services being home-based or clinic-based and helping those families that would prefer clinic-based but might have barriers in attending clinic based services (i.e., transportation, child care). By being aware that for some families home-based services can feel intrusive, providers can work to address these issues early in services.

Another specific factor of the provision of services related to engagement was the program being free of charge.

“Home-based parenting program” has been used in this manuscript intentionally due to previous research suggesting negative connotations to the term “home visitation”, with specific concerns about the implications of child protective services involvement (Bard, Wilson, Silovsky, Beasley, & Beasley, 2013; McInturff, McCleskey, & Bloomfield, 2014). These previous findings were echoed in the results of this study with fears about reports to child protective services notable across groups. It was interesting that this was discussed among both the engaged and unengaged groups, indicating that all participants had concern at some point of this being an issue. This highlights the importance of providers discussing with families their role in the home, their relationship with the child protective services agency, and their policy on reporting suspected child maltreatment. Helping the families feel secure with their provider appears imperative to engagement and attrition.

In relation to service engagement, it was indicated that programs including connections and direct access to resources is key. Further, participants indicated that incentives made a program more attractive. Additionally, participants indicated that with regard to service attrition, having inadequate resources was problematic. These dimensions had overlap in that inadequate resources often involved the program not providing resources to families. This illuminates the importance of programs to have discretionary funds to help engage and retain families by addressing needs. This relates back to the importance of basic needs being met for child abuse prevention efforts (Chaffin, Bonner, & Hill, 2001; Duggan et al., 1999).

Time is an important contributing factor to attrition and retention. Participants indicated experiencing multiple demands on their time and difficulty determining whether they should prioritize the program or other demands. Embedded in this is understanding chaos in the caregivers’ lives and the need to assess ways to reduce chaos and stress to better engage in services. Our data suggest it is necessary for the program to be flexible regarding such demands, maintain contact, and problem solve to reduce contributing difficulties in order to increase retention. Factors regarding time were merged with program factors to propose an additional integrated factor that impacts service attrition. Therefore, it appears that meeting the balance of program demands and availability of time is vital to avoid service attrition.

While this study provides rich details on provider and program characteristics influencing engagement and retention in home-based parenting programs, limitations to the findings exist. The sample size was not large; however, saturation of major themes was evident among participants. The findings may or may not generalize to the breadth of home-based parenting programs designed to prevent child maltreatment. The participants were assigned to SC or SAU. Other home-based parenting programs may have unique characteristics that facilitate engagement that are not adequately captured by this study. Interestingly, characteristics of nurses who successfully retained families have been found to be similar to the characteristics noted in this study (e.g., flexible, supportive, reliable) (O'Brien et al., 2012). SafeCare® is a relatively short program (about six to nine months) in comparison to many other child abuse prevention services (often designed for two to five years). Retention in longer programs may involve additional factors not captured by this study.

This study was designed to capture the context of the factors that impact caregiver engagement and retention (vs. attrition) in home-based parenting programs. Caregivers in SC and SAU who engaged and failed to engage in services were successfully recruited for qualitative interviews. Reliability of coding was high (over 85%) and consistent themes emerged, with provider characteristics and approach being dominant themes for all groups. The results support significantly broadening ITPI's provider characteristics from those originally proposed. This implies that investigations in work force development, including provider selection, training, and ongoing supervision, may be informed by these results.

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