Engagement and Retention in Home Visiting Programs

Overview of Findings and Recommendations

March 2007

The Ounce of Prevention Fund of Florida

Engagement and Retention in Home Visiting Programs: Overview of Findings and Recommendations

To be effective, a voluntary long-term program that provides home visits and other services to families to prevent child abuse and neglect must be able to engage and retain families. However, home visiting programs of every nature have historically struggled to engage and retain participants to the degree specified by the program design (Gomby, Culross, & Behrman, 1999; Sharp, Ispa, Thornburg, & Lane, 2003; McCurdy & Daro, 2001; Daro, McCurdy, & Nelson, 2005). In one source addressing program engagement and retention, it was found that 10 to 25 percent of the families eligible for a program and invited to participate do not enroll (Gomby et al., 1999, p. 16). Participants leaving the program prior to completion has also been identified as a shortcoming in home visiting programs, with the percentage of families not completing some programs as high as 67 percent (Gomby et al., p. 16). Participant enrollment and retention can vary widely for the same program across sites with different administering agencies. To illustrate this variation, the percent of families leaving a program during a single year has been as high as 64 percent at one program site and as low as 38 percent at another (Gomby et al., p. 17). ***If families do not receive services at the intensity and duration intended by the program model, the program and its participants may face increased difficulty in achieving intended outcomes.***

In most of the relevant research literature, engagement of families is conceptualized as occurring in three major phases. Engagement in the initial phase of program involvement ensures that an assessment to determine program eligibility can be conducted. Initial engagement of the family leads to actual enrollment in the program. Ongoing engagement, or the retention of families, occurs during services through completion. All three phases are important.

Recognizing the need for more information on engagement and retention over the past two decades, theoretical models have been developed and ambitious analyses of the factors related to engagement and retention have been conducted. These theoretical models and related analyses have taken us a step further. However, some recent results have been mixed or inconsistent with theoretical assumptions. Findings have also varied across analyses. Some of these inconsistencies raise additional questions and may present additional hurdles in attempts to respond programmatically. Thus, the need to learn more about engaging and retaining families has continued.

Interest in improving the retention of participants in Healthy Families Florida (HFF) was evident early in the implementation of the program and has been ongoing. An initial example of this interest was an HFF Quality Improvement Committee which convened in the fall of 2002 to discuss and develop "best practices" for improving engagement and retention. This was followed by a study conducted by an external consultant, Williams, Stern & Associates, in 2003 on participants who leave the program before completion. Findings based on this study identified factors that were related to shorter stays in the program.

A recent five-year evaluation of the Healthy Families Florida program concluded that the program is successful in preventing child abuse and neglect (Williams, Stern & Associates, 2005) but the retention of families is still considered a challenge that deserves further attention. In the HFF Five-year Evaluation Report, two methods for calculating retention were used, with one calculating higher

rates than the other. For the more recently served families, 3 month retention rates of families ranged from 77 percent to 89 percent. At 6 months, retention rates ranged from 63 percent to 72 percent and at 12 months, retention was 45 percent to 50 percent. These percentages are similar to those calculated by Healthy Families America in an analysis of data from Healthy Families program sites throughout the country (Harding, Reid, Oshana, & Holton, 2004).

Objective of this Overview

This overview shares information from a comprehensive research report that is considered most useful for Healthy Families projects in improving the engagement and retention of families in Healthy Families Florida (HFF). Thorough technical documentation of the research is included in that report, *Engagement and Retention in Home Visiting Programs: Healthy Families Florida, The Technical Report*. Major findings based on the review of relevant topics and the research conducted during the 2005-06 fiscal year with HFF participants are highlighted. Recommendations linked to the major findings and observations are also presented. The recommendations are offered for the consideration of HFF central office and HF project staff as they continue efforts to improve the engagement and retention of families.

Major Findings

Major Findings based on a Review of National Research on Engagement and Retention of Families

1. Factors related to engagement and retention include participant characteristics, provider characteristics and interaction between home visiting staff and participants, program attributes and neighborhood or community resources, levels of distress or social disorganization.

2. Not all findings were consistently significant across multiple studies or analyses.

3. Participant characteristics that were significant in their relationships with engagement or retention across more than one study or analysis were: age of the participant, with older participants retained longer; race/ethnicity of the participant, with Black (non-Hispanic) and Hispanic participants retained longer than White (non-Hispanic) participants; and infant health risk, with higher risk related to higher retention.

4. Among the program factors, the matching of Black participants with Black home visiting staff was related to higher retention across more than one study or analysis.

5. There was no provider, neighborhood or community factor that was significant in its relationship with engagement and retention across more than one study or analysis.

Major Findings based on an Analysis of Engagement and Retention of HFF Participants Enrolled in State Fiscal Year 2003-2004

1. Among the HFF participants who enrolled in 2003-2004 and closed during the study period, the closure reasons with the highest percentages were “Moved out of the Service Area (MOOSA)” (16.5 percent), “Not Interested” (14.6 percent), “Vanished (Lost Contact)” (9.9 percent) and “Parent School/Work Full-time” (8.3 percent).

2. “MOOSA” and “Not Interested” were the

predominant reasons for closing within 3 months of enrollment in HFF.

3. Retention rates in HFF for the entire 2003-2004 enrollment cohort were 91.5 percent at 3 months, 79 percent at 6 months, 66.2 percent at 9 months and 56.4 percent at 12 months.

4. Compared to retention in other home visiting programs, retention in HFF at 3 months, 6 months, 9 months and 12 months is above the average.

5. Retention rates across enrollment cohorts based on quarter of enrollment during fiscal year 2003-2004 remained relatively stable.

6. Retention rates did not vary significantly across the type of community served based on population size.

7. The participant characteristics that were significantly related to retention were number of children at intake, with higher number of children related to lower retention; participant race, with Black and Hispanic participants having higher retention and White participants having lower retention; age, with participants who were older at enrollment having higher retention; and marital status, with single parents having lower retention.

8. Participants with higher *Healthy Families Florida Assessment Tool (HFFAT)* total scores had lower retention. The specific HFFAT concerns or items related to lower retention were little or no prenatal care (< 5 visits) or poor compliance with treatment/ medication, continued smoking/tobacco use during pregnancy, limited awareness of discipline options, a history of alcohol/ substance abuse, mother or significant other committed 3 or more victimless crimes and active substance abuse in the home by someone other than the mother of the baby.

9. Participants who were pregnant at the time of assessment had higher retention at 3, 6 and 12 months.

10. Participants with a higher number of completed home visits on Level 1 had higher retention at 3, 6 and 12 months.

11. In one multivariate model identified as the "best fit," significant predictors of number of days in the program based on enrollment and closure dates were the following:

    - The higher the number of completed home visits on Level 1 the higher the number of days in the program.
    - The higher the number of children at intake the lower the number of days in the program.
    - If a participant was pregnant at the time of assessment, the number of days in the program was higher.
    - The higher the *Healthy Families Florida Assessment Tool (HFFAT)* score of a participant the lower the number of days in the program.
    - The higher the number of days between assessment and enrollment the lower the number of days in the program.
    - If a participant was White, the lower the number of days in the program.

Major Findings based on a Review and Analysis of Healthy Families Florida Participants who Left the Program

1. For the 748 participants who left the program between December 1, 2005 and March 23, 2006 and were included in this sample, it was learned that:

    - Almost half (49 percent) of closed participants in this sample received services from Healthy Families projects located within small city communities while just over a fourth (26 percent) of closed participants received services from Healthy Families projects serving major cities.

    - The average age at time of closure was 24 years.

    - 43 percent of these participants identified their race as Black, 29 percent as White and 26 percent as Hispanic.

    - At the time of intake, the highest level of education completed was less than 12th grade for 48 percent of closed participants in the sample.

    - 61 percent of the sample was pregnant at the time of assessment and 78 percent was single.

    - Almost half (47 percent) of closed participants had more than one child.

2. Referring to information on the *Healthy Families Florida Assessment Tool (HFFAT)*, it was learned that:

    - The average HFFAT score for the closed participants was 25.

    - 43 percent experienced abuse and/or neglect as a child and 23 percent witnessed domestic violence as a child or adolescent.

    - 33 percent reported substance abuse not resulting in treatment or substance abuse present by someone in the household other than the mother of the baby.

    - 32 percent had a childhood caregiver who abused substances or was mentally unstable.

    - 28 percent were experiencing maternal depression.

3. Referring to information on their program services, it was learned that:

    - An average of 40 days passed from the time of assessment to enrollment in the program.

    - The average length of the time in the program was approximately one and a half years (555 days).

    - Almost two-fifths of the participants (38 percent) were on Level X at the time of closure and almost a third (32 percent) was on Level 1 or a special status of Level 1.

4. The most common closure reason was “Moved out of the Service Area (MOOSA)” (24 percent), followed by “Vanished (Lost Contact)” (20 percent), “Not Interested” (18 percent), “Completed HFF” (15 percent), ”Parent School/Work Full-time” (11 percent), “Other” reasons (7 percent) and the remaining closure reasons (6 percent).

5. A statistical analysis of participants who closed indicated that there were several significant differences across closure reasons when considering community size, participant demographic characteristics, *Healthy Families Florida Assessment Tool (HFFAT)* concerns and program experiences. Several of these differences are listed below:

   Significant Differences Across Size of Community Served

   - The highest percentages of participants who closed due to "Not Interested" were in major cities or mid-sized cities.
   - The highest percentage of participants who closed due to "Vanished (Lost Contact)" were in mid-sized cities.
   - The highest percentage of participants who closed due to "Other" reasons were in small cities or towns.
   - The highest percentage of participants who closed due to "Parent School/Work Full-Time" were in rural communities.

   Significant Differences in Demographic Characteristics Across Closure Reason Groups

   - A higher percentage of those closed due to "MOOSA" were White.
   - A higher percentage of those closed due to "Vanished (Lost Contact)" were Black, while a lower percentage were White.
   - A lower percentage of those closed due to "Other" reasons were Hispanic.
   - A lower percentage of participants who completed the program were single at intake, while a higher percentage of those closed due to "Vanished (Lost Contact)" were single.
   - A lower percentage of participants closed due to "Parent School/Work Full-Time" had less than a high school education at the time of closure.
   - Program completers had a significantly higher average age at the time of closure than all other closed participants.

   Significant Differences in Child Abuse and Neglect Risk Factors Across Closure Reason Groups (risk factors based on concerns on the Healthy Families Florida Assessment Tool (HFFAT))

   - Participants closed due to "Not Interested" had a lower odds of having committed violence against another person.
   - Those closed due to "Vanished (Lost Contact)" had a lower odds of having current or prior mental illness or substance abuse requiring treatment or hospitalization and experiencing abuse or neglect during their childhood.
   - Those closed due to "Other" reasons had a higher odds of witnessing domestic violence during childhood or adolescence; having committed violence against another person; experiencing abusive relationships and expressing a physical response to anger. They had a lower odds of fearing violence in their home.
   - Those closed due to "Moved out of the Service Area (MOOSA)" had a higher

odds of receiving treatment or being hospitalized for mental illness or substance abuse and current or recent substance abuse by a member of the household other than the mother of the baby.

Differences in Program Experience Across Closure Reason Groups

- The number of home visits completed on Level 1 varied significantly across closure reason groups. Participants closed due to "MOOSA" and "Not Interested" received the fewest home visits on Level 1 while those in the "All Remaining Reasons" closure group received the highest.

- The number of days in the program varied significantly across closure reason groups. Participants closed due to "Not Interested" spent the lowest number of days in the program while those who completed the program spent the highest.

Major Findings based on a Survey of Healthy Families Florida Closed Participants

- For this survey, the sample included 183 closed participants with a closure date between December 1, 2005 and March 23, 2006 and a closure reason that was "Not Interested" or "Other." These 183 closed participants were included in the survey in order to gain a better understanding of their subjective experience with the program.

  1. While our response rate was lower than expected (20 percent) and the results should not be generalized to all participants who close for those two reasons, the survey yielded useful information and set the stage for future efforts to collect information from HFF closed participants.

  2. Based on the responses received, the closed participants appeared to be satisfied overall and with each specified aspect of program experience in Healthy Families Florida. It was also learned that:

     - Respondents indicated that they believe it is important to have a home visitor who has experience as a parent.

     - Respondents agreed that they would recommend the program to a friend.

Major Findings based on the "Ask the Experts" Project: Engagement and Retention from the Perspective of Healthy Families Local Project Staff

1. Using a modified Delphi Technique with three rounds of data collection from HF project staff, consensus was reached on top reasons for families not agreeing to be assessed, enrolling in the program and staying in the program (2 reasons for assessment, 3 reasons for enrollment and 3 reasons for retention).

   - Top reasons for not agreeing to an assessment relate to an individual not seeing a personal need to participate in Healthy Families and to potential participants feeling uncomfortable about someone they do not know entering their home.

   - Top reasons for not enrolling refer to families being discouraged from participating by people they live with or being uncomfortable with home visits. Project staff also agreed that too much

time between assessment and enrollment can prevent engagement.

- Top reasons for families not being retained relate to families moving away, participants losing interest in the program and participants refusing to receive services from a new home visitor.

2. Using a modified Delphi Technique with three rounds of data collection from HF project staff, consensus was reached on top tips for encouraging families to agree to be assessed, to enroll in the program and to stay in the program (3 tips for assessment, 2 tips for enrollment and 10 tips for retention).

   - Top tips for assessment include providing incentives, including tangible items and referrals to community resources and services, and being engaging when interacting with potential participants.

   - Top enrollment tips include following up with the family no more than one week after assessment and respecting and involving all family members in the home visit.

   - Top tips for retention relate to the way the program is presented initially, the provision of needed referrals, correspondence with families, staff interaction style, reliability and receipt of support from supervisors.

3. Some but not all of the top reasons for not assessing, not enrolling and not staying in the program had corresponding top tips (1 of 2 top reasons for not agreeing to be assessed had a corresponding top tip, 2 of 3 top reasons for not enrolling had a corresponding top tip and 2 of 3 top reasons for not staying with the program had a corresponding top tip).

Recommendations on Engagement and Retention

Before presenting recommendations from the current study of engagement and retention, suggestions and recommendations to improve engagement and retention in HFF that were proposed prior to this project are presented. ***Quality Improvement Groups have been convened in HFF to address challenges and develop suggested best practices to overcome challenges and improve performance.*** Project staff are invited to participate in these groups and often represent different regions of the state. Among several groups convened in the past to address issues to improve performance, one focused on engagement and retention in 2002. The objective of this group was to develop "suggested best practices for increasing retention/ engagement." Following is a list of the best practices identified by this group:

- *Enrolling families as early as possible in pregnancy*

- *Adopting curricula that is culturally appropriate, can meet the special needs of a family and child and allows a delivery that is compatible with the preferred "learning style" of the family*

- *Decreasing the time interval between the assessment and the first home visit through a tracking system that allows the Family Assessment Worker (FAW), the supervisors and the Family Support Worker (FSW) to which the family is assigned to work in an efficient and coordinated fashion*

- *Involving Family Assessment Workers*

(FAWs) in the initial engagement of families that are hesitant to participate in the program

- *Reducing Family Support Worker (FSW) attrition by reducing compassion fatigue, providing incentives for increasing performance in outcomes such as home completion rates and having opportunities to advance to a higher-paying position within the program*

- *Increasing contact between the family and project staff other than the Family Support Worker (FSW) completing the home visits in order to allow undisrupted coverage of a family when an FSW is unavailable and to improve the family's connection to the project*

- *Creating an evening shift for Family Support Workers (FSWs) to visit families in the evening with different evenings assigned to different FSWs*

- *Developing ways to make the home visits more interesting, such as introducing toys in the administration of the* Ages and Stages Questionnaire*, videos and projects that are fun and free*

A more recent effort to address engagement and retention was undertaken during the Healthy Families Florida Program Managers' Meeting held in July 2005, shortly after the release of the Healthy Families Florida Five-year Evaluation Report. Program managers and other project staff discussed several different categories of program features and staff procedures that needed attention including participant engagement and retention. Some suggestions for improving participant engagement and retention presented during this meeting included the use of incentives and other ways to recognize families for participating in home visits and completing each level of the program. Some examples of incentives and recognitions offered at the meeting were taking photographs of the families and giving them copies of these photographs or videotaping the families and making the tapes available to the family at the completion of the program. Other suggestions for improving engagement and retention that were proposed during this meeting included:

- *Increasing contact between families and supervisors when families express a lack of interest*

- *Encouraging Family Support Workers (FSWs) to work together to cover families when one FSW is not available*

- *Developing incentives for staff when their performance is exceptional as an incentive to retain FSWs, which is helpful in retaining families*

- *Allowing Level 1 to be completed within a shorter time frame*

- *Asking program graduates to be mentors for new families*

- *Offering a group component for parents*

- *Developing "special teams" or hiring high-risk specialists to assist in service delivery for very "high-risk" families that have mental health, substance abuse and domestic violence issues*

Some of the recommendations developed through the earlier efforts overlapped and several led to the implementation of new approaches or tools for serving families in HFF. The adoption of

Growing Great Kids in 2004 as the home visiting curriculum was one example of an improvement. The Level Completion Quality Improvement Group in 2006, in which several changes to the leveling criteria were made, was another example. Training modules were developed to improve the capacity and expertise of project staff in engaging families and retaining them in the program. Examples of the training modules added in 2005 were *Strategies for Effectively Re-Engaging Families*, *An Overview of Domestic Violence: Strategies to Assist Healthy Families Staff* and *The Impact of Child Abuse and Neglect: What Can be Done?* Requests for additional funding have also been submitted and tied to several of the needs identified for improving family engagement and retention. This report continues efforts to improve engagement and retention of families by offering suggestions or recommendations that correspond with the major findings.

Recommendations based on a Review of National Research on Engagement and Retention

1. Ongoing review of relevant research on participants in home visiting programs will continue to be important in our understanding of engagement and retention and identification of predictive factors. To the extent possible, an ongoing review of published research should be conducted. Findings that are relevant to current policies, procedures and trainings should be identified.

2. Ongoing monitoring and research of engagement and retention in HFF will continue to be important in our understanding of engagement and retention and the identification of predictive factors. To the extent possible, ongoing monitoring and research of engagement and retention in HFF should be conducted. Findings that are relevant to current policies, procedures and trainings should be identified.

Recommendations based on Analysis of HFF Participants who Enrolled in State Fiscal Year 2003-2004

1. Develop and use new retention rates that are more meaningful in measuring project success in retaining families at your project. Web-based reports have been created by Research, Evaluation and Systems (RES) staff that will allow retention rates to be calculated using a cohort methodology. There will be two major types of rates generated with this report: 1) based on Date of Enrollment in the Program (DEIP) and closure date and 2) based on first and last home visit dates. The report will allow flexibility in the selection of a cohort and the retention interval (1, 3, 6, 9, 12, 18, 24, or 36 months). The cohorts will be set by date parameters that will indicate the time period for the DEIP or the first home visit. It is recommended that special attention be focused on retention during the first 12 months of participation when using these Web-based reports.

2. HF project staff should be familiar with the reasons their participants close. The HFF Web-based report, *Aggregate Report for Closure Reasons* and Table 12 in the *Healthy Families Florida Quarterly Performance Report (QPR)* indicate the number of closed participants by closure reason. A high number of participants closing due to completion of the program is desirable.

3. HF project staff should continue to consult the *Healthy Families Florida Quarterly Performance Report (QPR)* to understand more about the length of time closed

participants were in the program. Table 13 in the QPR indicates the percentage of those who closed who were participating in the program for <3 months, 3-6 months, 6-12 months, 12-24 months, 24-36 months and 36+ months. Unless participants in a project complete the program prior to 36 months, higher percentages for the 36+ months are desirable. Table 14 in the QPR indicates the percentage of closed participants who were on each level of the program. Lower percentages closing on Level 1, 1P and Level X are desirable. Consulting Tables 15 through 23 in the QPR might also be helpful. These tables display percentages for lengths of stay for each level in the program.

4. HF project staff should review the participant characteristics and *Healthy Families Florida Assessment Tool (HFFAT)* concerns that are related to retention or the number of days in the program based on the statewide analysis conducted in the current study. Selected participant characteristics significantly related to lower retention are race (White), younger age and single. HFFAT concerns related to lower retention are high-risk behaviors such as smoking during pregnancy, poor prenatal care, alcohol or substance abuse and limited awareness of discipline options (Refer to page 4 in this Overview).

5. HF project staff should review their experience serving mothers who have higher *Healthy Families Florida Assessment Tool (HFFAT)* scores (higher than 25 or the average for the participants in their project) and consider innovative ways to retain these families in the program that are consistent with HFF program policies and procedures.

6. HF project staff should be aware of the importance of assessing potential participants while they are pregnant.

7. HF projects should attempt to enroll participants as soon as possible after an assessment is completed.

8. HF project staff should attempt to complete the expected number of home visits on Level 1.

9. HF project staff should review their experience serving mothers with non-target children at intake and consider innovative ways to retain these families in the program that are consistent with HFF program policies and procedures.

Recommendations based on Analysis of Healthy Families Florida Participants who Left the Program

1. HF staff should be familiar with the descriptions of each closure reason, as specified in the *Healthy Families Florida Data Collection Forms and Guidelines*. HF projects should review the closure reasons and ensure that the staff understand each reason and apply them consistently.

2. HF projects should be familiar with the reasons that families close and identify those reasons that occur with the greatest frequency. Refer to Table 12 ("Reasons Families Left HFF") in the *Healthy Families Florida Quarterly Performance Report (QPR)* or to the HFF Web-based report, *Aggregate Report for Closure Reasons*, for the number of families closed for each closure reason.

3. HF staff should review the results of the statistical relationships tested in which

community size levels, demographic characteristics, *Healthy Families Florida Assessment Tool (HFFAT)* concerns and program experiences were related to closure reasons. Each project should determine if their understanding of their participants is consistent or inconsistent with the statewide results. If there are inconsistencies, the project should attempt to determine why. Some of the differences might be related to the characteristics of the participants served by that project, the HFFAT concerns identified for their participants, or special circumstances experienced in their project compared to other projects.

4. Participant closure reasons should be reviewed in a Quality Improvement Group. In particular, the "Not Interested" and "Other" reasons should be reviewed carefully. This group should identify and clarify the conditions for specification of the reasons or develop new closure reasons in order to avoid the designation of "Other" for a closure reason.

5. HF projects should utilize the *Aggregate Assessment Concerns* Web-based Report in order to better understand abuse and neglect risk for those closing from their project, as suggested by *Healthy Families Florida Assessment Tool (HFFAT)* item frequencies. When running this report, closure reason can be specified in order to determine frequencies for each HFFAT item for those closing due to the closure reason of interest. HFF project staff should identify innovative ways to address particular HFFAT concerns that are common among former participants served by their project.

Recommendations based on the Healthy Families Florida Closed Participant Survey

1. In order to obtain useful feedback from previous participants, HF projects should use the closed participant survey tool to survey the families who close. If projects want additional information that is not addressed in current questionnaire items, they may add questions to the end of the questionnaire. It is suggested that all existing items remain intact. Projects are advised not to add more than a few questions, as closed participants may be less likely to respond as the length of the survey questionnaire increases.

2. If HF projects use the closed participant survey tool, they should share their survey method and their opinion of whether the survey was useful with Research, Evaluation and Systems (RES) staff and HFF central office staff. If projects want assistance in implementing the survey, they may contact RES staff for assistance.

Recommendations based on the "Ask the Experts" Project: Engagement and Retention from the Perspective of Healthy Families Local Project Staff

1. Review the lists of all reasons and tips submitted by the HF project staff to identify similarities with the experience of your project staff and identify new ideas for addressing the problems with engagement and retention that are consistent with HFF policies and procedures.

2. Consider the application of the modified Delphi technique with your project staff to identify reasons for not assessing, enrolling

and retaining families and for developing ways to address these reasons. If projects want assistance in applying the technique, they may contact Research, Evaluation and Systems (RES) staff for assistance.

Summary of the Overview

To be effective, a voluntary long-term program that provides home visits and other services to prevent child abuse and neglect must be able to engage and retain families. Recognizing the need for more information on engagement and retention over the past two decades, theoretical models have been developed and ambitious analyses of the factors related to engagement and retention have been conducted. These theoretical models and the related analyses have taken us a step further. However, some recent results have been mixed or inconsistent with theoretical assumptions.

In order to make further advances in our understanding of engagement and retention in Healthy Families Florida, the Research, Evaluation and Systems unit (RES) in the Ounce of Prevention Fund of Florida conducted several research projects during state fiscal year 2005-2006. A lengthy research report, *Engagement and Retention in Home Visiting Programs: Healthy Families Florida, The Technical Report,* documents this comprehensive review of previous and current research on engagement and retention in home visiting programs designed to prevent child abuse and neglect. Recommendations based on the research findings were also developed for consideration and possible implementation by Healthy Families Florida.

Among the extensive array of findings, some of the most noteworthy referred to participant characteristics and programmatic experiences that are related to retention and number of days in the program. Race, age and martial status were related to retention with Black and Hispanic participants having higher retention and White participants having lower retention. Older participants and single parents had lower retention. The total score on the *Healthy Families Florida Assessment Tool (HFFAT)* and several individual concerns were also related to retention. The higher the HFFAT score, the lower the retention. A few of the individual concerns related to lower retention were continued smoking during pregnancy, limited awareness of discipline options and history of alcohol or substance abuse. Being pregnant at assessment and having a higher number of home visits completed on Level 1 were related to high retention and number of days in the program.

All closure reasons are important but some of the reasons are used more frequently than others and there are some differences in the characteristics of closed participants across closure reasons. For all of the participant groups and study periods, the most common closure reasons were “Moved Out of the Service Area (MOOSA),” “Not Interested” and “Vanished (Lost Contact).” Among those participants who were closed within 3 months after enrollment, the most common reasons for closing were “MOOSA” and “Not Interested.” Referring to the size of the community served, it was found that the highest percentages of participants closed due to “Not Interested” were in major cities or mid-sized cities. The highest percentage of participants who closed due to “Vanished (Lost Contact)” were in mid-sized cities. The highest percentage of participants who closed due to “Other” reasons were in small cities or towns. The highest percentage of participants who closed due to “Parent School/Work Full-Time” were in rural communities. The odds of participants closing due to “Other” reasons were higher for those who witnessed domestic violence as a child, experienced domestic violence as an adult, had a physical response to anger and committed violence against others. Those closed due to “MOOSA” had higher odds of receiving

treatment or being hospitalized for substance abuse or mental illness, untreated substance abuse, or experiencing substance abuse by someone in the home other than the mother of the baby. The participants who closed due to "MOOSA" and "Not Interested" received the fewest number of home visits on Level 1 of the program. Participants closed due to "Not Interested" spent the lowest number of days in the program.

Recommendations to improve engagement and retention based on the research findings presented in this overview covered a variety of options for HF project staff. Developing a better understanding of retention in each project by using a different method of calculation for retention rates was one recommendation. Consulting with existing sources of information to compare open and closed participants was included in a set of recommendations to help the projects identify where they need to focus their attention. A clear understanding and consistent application of the closure reasons was another recommendation. Possible use of the modified Delphi technique by the projects was a recommendation that, if implemented, might help the project staff identify their own strategies for improving engagement and retention. Continuing to review and update our research knowledge on engagement and retention was a recommendation to ensure Healthy Families Florida is making informed choices in its efforts to engage more families and retain more families.

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For more information, please consult the report described here.

During 2005-06 fiscal year, the Research, Evaluation and Systems (RES) unit in the Ounce of Prevention Fund of Florida conducted several research projects for the purpose of understanding and improving the engagement and retention of families in Healthy Families Florida. A lengthy research report, *Engagement and Retention in Home Visiting Programs: Healthy Families Florida, The Technical Report,* documents this comprehensive review of previous and current research on engagement and retention in home visiting programs designed to prevent child abuse and neglect. The research report presents information on important components in theoretical models that explain engagement and retention in home visiting programs with the prevention of child abuse and neglect as a major goal along with the findings in previous relevant research on engagement and retention in these programs. In preparing the report, retention rates for Healthy Families Florida families were calculated and relationships between explanatory factors and retention among families enrolled during 2003-2004 were analyzed. Special attention was paid to HFF families who closed from December 2005 through March 2006 and results from a mail survey of participants who closed due to "Not Interested" or "Other" reasons were compiled and presented. Additionally, research utilizing expertise at the HF project level on reasons families do not engage or remain in the program and tips for engaging families and keeping them in the program is explained and the entire set of findings is presented.

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