

FRIEND, FOE OR FACILITATOR? THE ROLE OF THE PARENT-SERVICE PROVIDER RELATIONSHIP IN THE EARLY IMPLEMENTATION OF A FAMILY-BASED COMMUNITY INTERVENTION

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Early intervention home visiting programmes have been associated with greater familial well-being, yet their success depends on attaining engagement from the outset. Implementation practices, central to positive programme outcomes, rely on a strong relationship between programme providers and families. The present study explored the role of this relationship in the implementation of an Irish early childhood intervention. A randomised controlled trial of the Preparing for Life (PFL) programme was conducted in disadvantaged Dublin communities involving 233 participants recruited during pregnancy and assigned to a high or low intervention group. High intervention involved regular home visits from a trained home visitor providing parenting support and information. This study presents qualitative findings from focus groups with high intervention parents (n=11) and interviews with home visitors (n=5) conducted when participating children were on average 5 months old. Though early engagement challenges were identified, in time parents noted the strengthening parent-home visitor relationship. Findings highlight the importance of programme flexibility and parent-home visitor rapport to programme engagement. While wellbeing did not arise as a salient theme, it may emerge as a longer-term programme outcome. These findings reveal key aspects of early implementation, which may contribute to the ultimate success of the programme.

Keywords: *early childhood intervention programmes, parenting, programme engagement, familial well-being, social connectedness, qualitative research*

1. Introduction

Home visiting is a commonly used approach in preventive interventions designed to serve families with young children. Offered as an alternative to more formal centre-based interventions, home visiting programmes allow providers to interact with families in their own

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environments, and to observe and work with families in a familiar setting. The goals of home visiting programmes are typically to provide caregivers with information, emotional support, access to other community services, and direct instruction on parenting practices (Howard & Brooks-Gunn, 2009). These efforts may improve the life course of participants in practical ways, contributing to greater child and family well-being and increasing participating families' sense of hope and optimism about the future (Bailey et al., 1998).

Once participants have been recruited and the intervention commences, a significant challenge for home visiting programmes is maintaining parents' interest in and commitment to the programme. Notably, there is extensive evidence to imply that programme implementation has a major impact on effectiveness (Durlak & DuPre, 2008). For example, the frequency of home visits has been associated with better child outcomes (Kahn & Moore, 2010; Lyons-Ruth & Melnick, 2004; Nievar, van Egeren, & Pollard, 2010; Sweet & Appelbaum, 2004). Yet participant dropout is a key challenge. Much of the literature suggests that the relationship between parents and programme delivery staff is central to the success of early programme implementation and subsequent participant engagement (Wesley, Buysse, & Tyndall, 1997). Building strong relationship during the early stages of implementation is likely to reduce the incidence of premature dropout, thus increasing the likelihood of impacting upon family well-being.

The present study explores the successes and challenges in the early implementation of an Irish home visiting programme with a particular focus on the parent-service provider relationship. Preparing for Life (PFL) is a prevention and early intervention programme which aims to improve the school readiness skills of children living in disadvantaged communities in Dublin, Ireland, by intervening during pregnancy and working with families until the children start school. The present study focuses on programme implementation during the participants' first year in the programme on average.

1.1 Home Visiting Programmes and Wellbeing

Evaluations of home visiting programmes have traditionally examined their impact on various parent and child-related domains (Campbell et al., 2014; Heckman, Moon, Pinto, Savelyev, & Yavitz, 2010; Gertler et al., 2014; Sweet & Appelbaum, 2004), yet few have specifically investigated their influence on parental psychological wellbeing. The premise underpinning home visiting programmes is that they will improve the lives of parents taking part, and there is evidence to suggest that some programmes have positively impacted parental behaviours, skills and attitudes as well as, to a lesser extent, selected life course outcomes such as employment and self-sufficiency (Filene, Kaminski, Valle, & Cachat, 2013; Sweet & Appelbaum, 2004). It could be anticipated, then, that these improvements would collectively increase parental psychological wellbeing, yet there is little evidence of this to date. Indeed, Markman and Brooks-Gunn (2005) have suggested that home visiting programmes are more likely to influence parenting behaviours than emotional states. Studies investigating psychological wellbeing have primarily focused on the reduction of negative states such as depression and stress, with little evidential impact (Ammerman, Putnam, Bosse, Teeters, & Van Ginkel, 2010; Sweet and Appelbaum, 2004). A small number of studies have examined positive indicators of parental wellbeing such as

increased self-efficacy and self-esteem, yet their findings are mixed, with no clear picture emerging (Kitzman et al., 1997; Mitchell-Herzfeld, Izzo, Greene, Lee, & Lowenfels, 2005).

Family investment theory (e.g., Becker, 1991) suggests that all parents have a finite number of resources available to invest in themselves and their children, and must decide how to allocate available resources. Applying this theory to the home visiting model, it is possible that the personal investment required of parents participating in such programmes could in fact negatively impact their wellbeing, at least in the short term, as they start to dedicate more of their limited resources, including time, energy and emotion, to their child. Despite this, the programme itself may in time become an additional resource and specifically, a strong relationship between the home visitor and parent could alleviate this risk. This relationship may act as a vehicle for the improvement of parental wellbeing (see Ammerman et al., 2010). Specifically, the home visit could provide an opportunity for parents to discuss the difficulties in prioritising different types of activities for promoting child development, and for the home visitor to recommend strategies for the parent to engage in these activities without depleting their personal resources.

1.2.1 Home Visiting and the Parent-Home Visitor Relationship

A strong parent-home visitor relationship is influenced by a number of factors. While implementation outcomes are primarily driven by the programme's content, sensitive implementation, including the flexibility to adapt the programme if necessary, is critical to successful programme delivery. Perceived conscientiousness of home visitors (Brookes, Summers, Thornburg, Ispa, & Lane, 2006), particularly their persistence in contacting participants and re-arranging missed appointments, can encourage participant engagement (Kitzman et al. 1997). Parents value the perceived accessibility of home visitors, most notably their willingness to provide tangible and emotional support in person or by phone as needed (Allen, 2007).

Furthermore, parents who feel an affinity to their home visitors in terms of similar personalities, or via acknowledged, respected differences, may be more likely to engage with the programme (Brookes et al., 2006). A number of home visiting programmes purposefully match home visitors with participants of a similar background and/or ethnicity (Korfmacher et al., 2008; Wasik, 1993). However, compatibility between parent and home visitor may not be sufficient to ensure programme engagement. For example, a clinical intervention study has found that a sensitive attitude on the part of the service provider was positively linked to successful outcomes for children and parents (Lieberman, Van Horn, & Pekarsky, 1997). Paris, Spielman, and Bolton (2009) recommend that programme delivery staff take the time to pay attention to small, key moments of interaction with participants, as these can provide opportunities for enhancing programme effectiveness and progress.

The theory of home visiting programmes suggests that a good parent-home visitor relationship translates to positive child outcomes (e.g. Fowler, Dunston, Lee, Rossiter, & McKenzie, 2012; Kirkpatrick, Barlow, Stewart-Browns, & Davis, 2007). However this could potentially threaten programme effectiveness if the home visitor focuses on building this relationship rather than ensuring the core components of the programme are being delivered correctly (e.g. Hebbeler & Gerlach-Downie, 2002; Roggman, Boyce, Cook, & Jump, 2001). For

example, in order to ensure a good relationship, the home visitor may avoid delivering the more challenging dimensions of the programme such as addressing substance misuse. To alleviate this risk, building participant loyalty to the programme itself, in addition to individual staff members, is advised (Brookes et al., 2006).

Ecological systems theory highlights the bi-directional interaction between the individual and the environment (e.g., Bronfenbrenner & Morris, 2006), and a number of studies illustrate that the environment in which the intervention takes place may affect programme outcomes. Specifically, the parent's immediate family – their partner, parents and siblings, may influence programme delivery by advising participants about their level of engagement (Brookes et al., 2006). A strong parent-home visitor relationship may therefore help to improve family perceptions of the programme in this finely balanced, delicate inter-relationship.

Considering the impact of intervention programmes in a community context, parents who are more engaged in their children's development may be more likely to interact with other parents and also with childcare centres and schools (e.g. Grolnick, Benjet, Kurowski, & Apostoleris, 1997). This can increase parental connection to the community in general, which could in turn benefit the child. For example, if parents are more connected to the community, they may be more likely to utilize community-based resources, such as the library, which could provide cognitive stimulation for their child (Grolnick & Slowiaczek, 1994). Thus, many child and family interventions, like the one highlighted in the present study, address this issue by holding social events throughout the year which gives parents the opportunity to meet and interact with other parents in their community (e.g., Taggart, Short, & Barclay, 2000).

Parent and staff opinions of a programme, in addition to its aims and the requirements of its service users, can differ and therefore affect programme delivery and effectiveness (Brophy-Herb et al., 2009; Wesley et al., 1997). Similarly, parents' and home visitors' understanding of the nature of their shared relationship may differ, with one study illustrating that parents utilised a friendship model to explain the parent-home visitor relationship, while home visitors also related it to the term "*friend*" but qualified it with other terms which implied that the relationship was built on a professional foundation (Riley, Brady, Goldberg, Jacobs & Easterbrook, 2008). Thus, to fully investigate the nature of the parent-home visitor relationship, it is important to ascertain feedback from both parent and staff (Riley et al., 2008).

The present study utilises qualitative methods, namely semi-structured interviews with home visitors and focus groups with parents, with the goal of evaluating early implementation processes in order to gain insight into how the parent-home visitor relationship might affect programme implementation and family well-being. Parent and home visitor reports facilitate an exploration of the commonalities and differences in perspectives and experiences of both implementers and participants.

2. Methods

2.1 *The Intervention*

The Preparing for Life programme (PFL) evolved as a grass-roots, bottom-up initiative incorporating 28 local agencies and community groups working collaboratively to develop an

intervention that was grounded in empirical evidence and tailored to meet the needs of the community. Specifically, the programme aimed to improve children's physical, behavioural, socio-emotional, language and cognitive development. Similar to the approach adopted by other targeted intervention programmes such as the Nurse Family Partnership (NFP) model (Olds et al., 1999), PFL is grounded in the theory of human attachment (Bowlby, 1969), socio-ecological theory of development (Bronfenbrenner, 1979), and social learning theory (Bandura, 1977). These theories hypothesise that providing support to parents improves parent and child outcomes while empowering families and local communities. Underpinning PFL is a theory of change which incorporates the myriad factors influencing its central aim of improving school readiness skills. This theory of change posits that one-to-one mentoring will promote change in parental knowledge, attitudes and well-being, ultimately influencing the child's development. PFL is a manualised programme which shares some characteristics with other international early childhood programmes such as NFP (Olds et al., 1999) and Healthy Families America (Daro & Harding, 1999). However, it provides a more intense intervention, in terms of its duration and intensity, than many other home visiting programmes.

PFL targeted pregnant women living in a socially disadvantaged community in Dublin, Ireland. According to Census data from 2006, there were approximately 7,000 people living in the catchment area, with one-third of children living in families dependent on social welfare. The area had a high proportion of lone parents (47%) compared to the national average of 29%, and 60% lived in public housing. The area had an unemployment rate of 17%, which was approximately three times the national average, and 66% of adults living in the area were early school leavers compared with a national average of 38%.

The programme was evaluated using a longitudinal randomised controlled trial design. The inclusion criteria were based on geographical residence and pregnancy status and all women from the catchment area, regardless of parity, were eligible. There were no exclusion criteria. Participation was voluntary and recruitment took place through two maternity hospitals or self-referral in the community. In total, 233 participants were recruited and a computerised unconditional probability randomisation procedure assigned 115 participants to the high intervention group and 118 to the low intervention group. No stratification or block techniques were used.

The programme began during pregnancy and continued until the children entered school at age 4 or 5. The high intervention group received the PFL home visiting programme, in which a trained home visitor provided parents with high quality information about child development and parenting every two weeks for between 30 minutes and two hours. Initially intended to take place on a weekly basis, the frequency of home visits was revised to every two weeks when it became apparent that this was not achievable for the majority of families. The aim of the home visits was to support and help parents with key parenting issues and education about child development. The programme was designed to be delivered to both mothers and fathers in cases where both parents were actively involved in the child's life. However, in the vast majority of cases, the mother was the main point of contact. This trend was initiated by the families and is a common pattern in home visiting programmes (e.g., Raikes, Summers, & Roggman, 2005; Cia, Barham, & Fontaine, 2010).

The home visitors used role modelling, demonstration, coaching, discussion, encouragement, and feedback to deliver the intervention. It was anticipated that this interactive approach would create a psychologically supportive environment for the parent. The visits were guided by a set

of purposefully-designed tip sheets which were delivered according to the age of the child and the needs of the family. The home visitors came from different backgrounds with mainly college degrees in education, social care, and youth studies. Wasik (1993) suggested that while specific qualifications are not necessary for home visitors, they require a certain set of skills to deal with the challenges of the role. Accordingly, the home visitors, described in the PFL programme as “*mentors*”, received extensive training prior to programme implementation. This involved a two-day workshop which covered the mentoring role including the evidence-base for mentoring programmes; relationships and activities; outcomes and evaluation; policy and practice alignment; and the programme’s logic model.

Training also included a number of other relevant courses such as child protection, attachment theory, and team building. During the development of the PFL programme, a set of desired personal attributes for potential home visitors was created and used in the job specification for recruitment of the home visitors. In addition to core elements of effective programme delivery such as adhering to the manual and to the programme’s policies and procedures, they also highlighted the importance of the development of a good working relationship with families. Home visitors were expected to develop quality relationships with families based on mutual respect, clear communication, integrity, honesty and confidentiality. They were also required to support parents to be pro-active in their parenting role, while avoiding the creation of a dependency by parents on the home visitor, and to communicate clearly with families at all times about the boundaries of the home visitor role to avoid confusion regarding families’ expectations.

Personally, potential home visitors were expected to have experience of working with families in communities, and to have the ability to work with those experiencing significant disadvantage. They were also expected to have good communication skills, be able to reflect on their own work and limitations, identify, and build on positive changes, be flexible, motivated and committed to remaining with the programme for its duration.

Each family was assigned the same home visitor over the course of the intervention where possible and home visitors were responsible for maintaining their own home visiting schedules by contacting families directly to create and confirm each visit. Home visitors made observation notes after each visit and had regular supervision sessions with their manager where they had the opportunity to discuss each individual case family. After each session, the manager wrote up an overview of the discussion, which was subsequently signed and kept by both the manager and home visitor.

Both high and low intervention groups received developmental materials including books and toys, and were encouraged to attend public health workshops on stress management and healthy eating which were already available to the wider community. Low intervention group families did not receive any information on child development or parenting. However, they had access to a support worker who provided links to resources within the community such as housing and childcare services if needed, while the home visitor for the high intervention group provided this support.

By design, the PFL programme has the potential to impact parental wellbeing directly through the parent-home visitor relationship itself and indirectly through the resources provided by the home visitors at each visit. Home visitors aim to develop a strong relationship with parents whereby they can give support and encouragement with the goal of increasing parental confidence in a defined assortment of parenting and problem solving skills. Furthermore, the Tip

Sheets include advice on improving specific aspects of maternal wellbeing, such as information on self-care, exercise, post-natal depression and maintaining a good relationship with partners.

All study procedures were approved by the institution's (University College Dublin) ethics committee. All participants gave written informed consent before randomisation. The trial was registered with the ISRCTN register (unique identifier ISRCTN04631728 - The evaluation of the Preparing for Life early childhood intervention programme, <http://www.controlled-trials.com/ISRCTN04631728/>) and was conducted and reported in conformity with CONSORT guidelines. Since pregnancy, participants in the PFL programme have been regularly assessed as part of the impact evaluation which uses standardised measures to examine multiple parent and child outcomes across 8 different domains, including a number of aspects of physical and psychological well-being. Results published to date indicate consistent, statistically significant positive gains for both children and parents¹.

By the time the high intervention children were 48 months old, there was evidence of a distinct advantage over the low intervention group in the areas of child development and child health. For example, children in the high intervention group demonstrated stronger cognitive development, fewer internalising and externalising behavioural problems, and had more sophisticated fine motor skills than those in the low intervention group. In the area of child health, high intervention children were less likely to have asthma, be overweight, or have sleep problems, and were more likely to eat the recommended daily allowance of vegetables and be toilet trained (Doyle, O., & UCD Geary Institute PFL Evaluation Team, 2016).

Parents in the high intervention group showed a clear improvement in parenting behaviour and provided a healthier home environment for their children than those in the low intervention group. Furthermore, high intervention parents reported consistently high levels of satisfaction with the programme across all waves of data collection (Client Satisfaction Questionnaire; Turner, Markie-Dadds, & Sanders, 1998). The most recent attrition figures indicate that 36% of the high intervention group dropped out or were disengaged from the programme within the first 4 years of delivery, with the rate slowing considerably as the programme progressed.

2.2 *Qualitative Methodology*

The present study utilised qualitative research methods to explore the relationship between the PFL home visitors and parents within the first year of programme delivery. Specifically, focus groups were held with a sub-sample of mothers participating in the high intervention group and semi-structured, one-on-one interviews were conducted with the home visitors. Focus group participants were given a €20 shopping voucher as compensation for their time.

Focus groups are a research technique consisting of a series of discussions designed to elicit participant views in relation to a specific topic of interest in a casual, non-threatening environment (Krueger & Casey, 2000). The primary function of this technique is to gather qualitative data from a group of individuals who have undergone a similar experience on which the focus group is grounded (Stewart, Shamdasani, & Rook, 2007). The PFL programme design was based on the assumption that parents, as primary caregivers, play a central role in their children's development. It was thus essential to gain parents' perspectives on the programme in order to ensure that it was functioning effectively.

¹ For full details, download the published evaluation reports at geary.ucd.ie/preparingforlife

Qualitative one-on-one interviews provide individuals with an opportunity to share their own experiences, which allows for a nuanced, detailed and genuine account of a phenomenon of interest (DiCicco-Bloom & Crabtree, 2006; Stein & Mankowski, 2004). Qualitative interviews have previously been used as a method of assessing the quality and effectiveness of home visiting interventions (Korfmacher & Marchi, 2002). As home visitors are an integral component of these interventions, gaining their perspectives allows for a rich interpretation of the home visitation process (Howard & Brooks-Gunn, 2009).

2.3 Data Collection

PFL high intervention participants were invited to partake in focus groups if 1) their child was at least two months old and 2) they had consented to participate in group discussions at initial recruitment. The two-month age limit was imposed to ensure that participants had at least some early experience of the intervention, and had the opportunity to form their initial impressions about the programme and their home visitor. Ninety-six percent of child-age-eligible mothers gave permission to be contacted regarding focus groups. In total, 24 mothers were eligible as their child was more than two months old at the time of data collection; all were contacted by phone and invited to take part. Of the eligible mothers, 11 (45.8%) participated in the focus groups.

A trained and experienced moderator led the focus groups. Two focus groups were conducted, with five participants in the first and six in the second. The focus groups were audio recorded, and lasted 31 and 44 minutes respectively. The topic guide consisted of six discussion points: feelings about the programme, experiences and expectations of the programme, relationship with home visitor, programme benefits, programme alignment with daily demands, and suggestions for programme improvement.

In addition, individual semi-structured interviews were conducted with all 5 members of the PFL home visiting team, by researchers who were not involved in the focus groups. These interviews focused on five topics including home visitors' a priori expectations of the programme, experience of working on the programme, satisfaction with the programme, barriers to implementation, and perceptions of programme benefits for participants. Interviews were audio recorded and transcribed and the average interview time was 53 minutes.

2.4 Method of Analysis

All data were analysed using a grounded theory framework, in which themes emerge from the data collected (Charmaz, 2006; Strauss & Corbin, 1998). Grounded theory as developed by Glaser and Strauss (1967), includes the construction of coding from the data rather than imposed themes agreed upon beforehand. Modern grounded theory methods allow for the merging of hypothesis-based analyses as well as data driven thematic analyses (Charmaz, 2006). Although general categories of questions were developed for the focus groups, a grounded theory framework was utilised in analysis to allow for the maximum amount of flexibility in coding. Using this approach allowed for themes to emerge from the data that the researchers may not have thought of beforehand. This approach also maximised participant voice in the process.

Data were analysed and coded in stages, following the method recommended by Charmaz (2006), outlined hereafter. The first stage of coding, open or initial coding, consisted of unrestricted first round coding to establish preliminary themes to be used as a basis for more detailed coding efforts in subsequent analyses. After initial coding, categories and decision rules were developed and applied in the focused coding stage. Axial coding was then completed, reflecting the method by which connections between coding categories were made. Negative case analysis, consisting of testing developed categories against new data, were used to test categories as transcripts were entered. If new data were consistent with previously entered data, then the argument for the categories developed was strengthened; if new data refuted it, categories were revised (Charmaz, 2006; Strauss & Corbin, 1998).

The focus groups and interviews were coded separately before a basic level of relational analysis was conducted (Denzin & Lincoln, 2000). The themes and sub-themes from both analyses were compared and an overarching set of themes was developed, encompassing the outcomes of each separate analysis. Qualitative data analysis is an inherently subjective process. As a means of assessing credibility of the coded themes and to minimise bias, two collaborating researchers performed the coding analyses. In the event that researchers differed in their coding decisions, themes were re-analysed and checked against other coded data until a consensus was reached.

3. Findings

All focus group participants were Irish and female and ranged in age from 18 to 37 years old (mode age: 33 years old). They had been in the PFL programme for between 5 and 21 months, with an average of 11.8 months. Their children ranged in age from two to 17 months old (mode age: 5 months). Five home visitors were interviewed, all female.

Four common key themes emerged from the combined parent and home visitor data. These include Challenges of Early Programme Implementation, the Parent-Home Visitor Relationship, Thoughtful Programme Delivery, and Programme Effects. However sub-themes within these common themes differed between parents and home visitors. Table 1 illustrates the study themes and related sub-themes.

Table 1. Overview of themes and sub-themes

Themes	Sub-Themes	Divergence within sub-themes
Challenges of early programme implementation	Barriers	<i>Parents:</i> suspicion/misconceptions about the programme <i>Home visitors:</i> cultural/familial barriers to implementation
	Frequency of contact	<i>Parents:</i> contact too frequent <i>Home visitors:</i> challenge of delivering programme effectively while respecting parents' wishes for less contact
The parent-home visitor relationship	Rapport	<i>Parents:</i> value rapport <i>Home visitors:</i> rapport facilitates

	Acceptance and respect of parents Communication	programme delivery <i>Home visitors only</i> <i>Home visitors only</i>
Thoughtful programme delivery	Delivery tailored to each family	<i>Parents:</i> value programme flexibility & tailored design <i>Home visitors:</i> importance of setting boundaries with each family & noting small indicators of progress
Programme effects	Early effects already noted in different areas	<i>Parents:</i> effects of access to programme materials & services <i>Home visitors:</i> specific behavioural changes

3.1 Challenges of Early Programme Implementation

Challenges of early programme implementation were salient to both parents and home visitors. Parents expressed initial reticence regarding the nature and intent of the programme, and home visitors acknowledged this reticence by describing resistance to the programme from parents and the community.

When first introduced to the programme, parents indicated that they expected the home visitors to interfere with family life, and that the purpose of the programme would be to critique their parenting skills, rather than provide support. Some expressed concern that the programme would be similar to more invasive community-level intervention, such as social services, about which there was local distrust and stigma, as this parent explains: *“to be honest, I thought it was gonna be somebody interfering. Like social services or something, ‘oh no you’re not doing this right, you’re not doing that right”* (Parent 3).

The home visitors were aware of local resistance to the programme and expressed this as the community perceiving the programme’s methods and goals as a challenge to traditional family and parenting practices. The home visitors understood that there is often a strong mistrust of new programmes and their potential to effect positive change. This was particularly evident regarding the children’s grandparents, who were perceived as subtly or actively challenging the programme’s content, as one home visitor said: *“it’s almost like (for) some families you’re nearly creating havoc because you’re changing (how they) do things...It all comes down to, you’re challenging how they were brought up”* (Home visitor 1). This home visitor had a similar experience:

“There can be a negative effect with some families, depending on the situation, in that we’re giving this new information, and particularly the grannies “well that’s not how I did it” and you know “you’re all right aren’t you, and the other five of you are fine, and that’s a load of rubbish and I’ve never heard of that” so that can impact on a younger, first time mum negatively in that it sets up a em, a you know, bit of a conflict between the things that we’re saying and the things that her mother is saying” (Home visitor 2).

Another challenge noted in the early stages of programme delivery was the frequency of parent-home visitor contact. Parents voiced frustration at the high level of contact they received from their home visitors and the pressure they felt to respond to their texts or calls. In these cases, they noted that their home visitor continued to make contact, which the following parents found frustrating: *“they just ring you all the time”* (Parent 7); *“if you don’t get back to the text like you get bombarded. You just get more and more. ‘Cause sometimes you’re real busy”* (Parent 8).

Home visitors initially conceptualised variability in parent engagement as resistance to the programme, yet they later came to understand the importance of flexibility when working with busy parents:

“You have some families who start off great and then just stop answering your texts, and you have some who keep making appointments (and not show up) and will do it for weeks you think ah, why didn’t you just say ‘I’m not in the humour for this, give me a couple of months’ or something” (Home visitor 4).

“The (families) who very clearly say ‘monthly visits’, they’re the ones who benefit the most because I go to them once a month and they’re there and they are like have the folders and they’re interested and they’re the ones who really want to take something out of it” (Home visitor 1).

However, the parents suggested that as they continued to take part in the programme and became better acquainted with their home visitors, their early fears were alleviated, and their opinions changed, as this parent illustrated:

“I wanted to go to the first couple of meetings just to see was it the same thing that was in my head, but it wasn’t so. When I met my home visitor the first couple of times she was so welcoming to me and to my partner as well” (Parent 3).

However, there continued to be some mis-conceptions about the original aims of the programme and a desire for the programme to provide additional supports. For example, initially some parents expected the programme to have a greater social component, whereby they would have the opportunity to meet other PFL parents. They suggested that such socialisation would benefit both mothers and children, and the perceived benefit of social interaction and bonding for the children was highly valued, as these parents explained: *“Like even once a month or whatever, that all the people, like a room like this, the kids can be playing at once and the mothers can be sitting and having a nice cup of coffee or tea”* (Parent 1); *“Yeah like with the children as well, as they get older a kind of fun day you know like face painting...little bouncy castles. They’d be lovely for the children to bond as well as the mothers bond”* (Parent 5).

3.2 The Parent-Home Visitor Relationship

Despite initial challenges, the relationship between parents and home visitors was perceived by both parties as paramount to the potential success of the programme. The rapport which developed was cited as particularly important to parents. The home visitors also felt that their

relationships with the families were central to successful programme implementation as without a good, trusting parent-home visitor relationship, the programme context would naturally be more difficult to deliver.

Many of the parents referred to the positive interpersonal attributes of their home visitors. Descriptions of home visitors included ‘brilliant,’ ‘friendly,’ ‘nice,’ ‘welcoming,’ ‘thoughtful,’ ‘patient,’ and ‘lovely’, illustrating the ability of the home visitors to establish positive rapport with the parents and highlighting the interpersonal nature of the parent-home visitor relationship.

As this parent commented: *“She’s just so nice, you could talk to her about anything at all...she’s really, really helpful”* (Parent 7).

Parents further likened the relationship with their home visitors to that of a friendship. They looked forward to visits from their home visitors and felt that they had established a personal connection, as this parent said:

“You know you’re going to see someone nice that’ll be nice to you, and that you can have a chat with and have a laugh with as well, you know? So it takes some of the stress away ‘cause you’re focusing on something else” (Parent 8).

Parents referred to the perceived psychological and emotional support they derived from their relationships with the home visitors. They trusted their home visitors and felt that they could talk candidly with them in a confidential manner about life difficulties in addition to parenting issues:

“She’s like my counsellor” (Parent 1).

“I know, definitely. You could say anything and you know it won’t go any further” (Parent 2).

In support of this belief, home visitors stated that creating an atmosphere of non-judgmental acceptance of the family was the first step in building relationships with parents. Developing a relationship that was perceived to be different from other more invasive interventions was critical in early implementation. Home visitors demonstrated an awareness that their relationship with parents was built on a foundation of trust, and if the participant was to continue to engage with the programme, that trust must be maintained. As one home visitor explained: *“the mother is working with you on a voluntary basis. The minute you build up a relationship they enjoy coming in, and if you start criticising them, and being negative, they won’t come back”* (Home visitor 2).

Furthermore, an effective communication style was cited as equally important for building rapport. Successful communication was reported to consist of showing respect to parents via verbal acknowledgment and encouragement of their roles as mothers. However, it also included an open, honest two-way dialogue between the home visitors and parents. As one home visitor commented: *“If they know something, they’ll tell you, if they think something’s right, or your information is incorrect, they’re not afraid to tell you either”* (Home visitor 4). This respectful communication style was viewed as having a positive effect on the participants’ children, as this home visitor explained: *“it is communication and the way they are acknowledged as parents, as mothers. Together with that a lot of the participants gained self-confidence, self-awareness, empowerment in general. Because they are more confident they are able to empower their children a bit more”* (Home visitor 1).

3.3 *Thoughtful Programme Delivery*

Both parents and home visitors felt that the programme was well designed and delivered with care. Despite initial challenges regarding the frequency of contact, parents recognised the lack of rigidity and appreciated the home visitors' efforts in adhering to this principle in their delivery of the programme, as these parents stated: *"it's good like the way it's flexible because you don't know when something's gonna happen, or you're gonna have to go somewhere, so it is good in that way that you can even cancel"* (Parent 2), *"they work around us, not themselves. It's around us"* (Parent 1).

Parents also valued the individual, tailored services they received from their home visitors. Home visitors were trained to adapt their delivery of each session to the needs of the family, while ensuring that the same information was imparted to all families throughout the course of the programme. Parents recognised that home visitors delivered the programme in a respectful manner, adjusting to the family and providing parenting information while simultaneously respecting the opinions and experiences of each individual mother, as this parent noted:

"If they [home visitors] know you know something, they just say like, 'ah well I won't bother you with that' ... They just give you the tip sheets to read them yourself like if they think you know it yourself" (Parent 4).

Home visitors noted that it was important to carefully consider their delivery of the programme. They articulated clear, thoughtful working models of how to approach their roles. The importance of setting appropriate boundaries with parents was cited, although they acknowledged the inherent challenges of adhering to these boundaries. Remaining professional and affable with families without forming a friendship-based relationship was viewed as challenging. Also home visitors reported that it was particularly important to be cognisant of the types of advice that they could and could not provide to families as this home visitor explained: *"we have to be really, really aware of boundaries and very clear about our role and the role of the home visitor and what we're not"* (Home visitor 2). Another home visitor commented on the challenge of maintaining these boundaries: *"it's difficult because you wanna wear your heart on your sleeve like, you wanna be able to help everyone, you wanna be able to do the maximum you can do for everyone"* (Home visitor 5).

Additionally, home visitors placed an emphasis on persistence and patience when working with parents. They acknowledged that parenting behaviours might be deeply entrenched and reinforced by family and community norms:

"They're not being neglectful parents because they couldn't be bothered, its because they don't know how, because they've only ever been put sitting in front of the telly and left there, and nobody's ever read a story to them and they don't know any nursery rhymes because, not because they couldn't be bothered remembering them, because nobody's ever sung to them, or read to them" (Home visitor 1).

Home visitors felt that initiating change in parenting behaviours and attitudes was slow, and that any small differences made by the parents should be noted and celebrated. They described the need to revise their initial expectations that the programme would have profound and immediate effects on both the parents and children. In time, many home visitors came to understand that changes were more likely to occur in small increments and over a long period of time. This helped to illuminate the value of tailoring the speed at which the programme was delivered to the needs and circumstances of each family, as this home visitor noted: “[parents] are never gonna make changes in their life initially. It’s always gonna be the small things, that lead to the bigger things or they’ll just put things into practice without even realising it” (Home visitor 3).

Along with maintaining boundaries, some other methods which the home visitors emphasised as central to effective programme delivery included home visitors modelling behaviours for families which empowered and encouraged parents, as this home visitor explained: “you really walk with the parent and say ‘oh how about asking the child to to give you that ball, and not saying oh stop playing with that ball’. You know, little things” (Home visitor 3). In turn, home visitors also felt that they were learning from the participating families, and indeed visualised themselves and the families on a shared journey. One home visitor commented: “personally in my own personal growth, what I’ve learned from families, the information I’m giving to families, every aspect of my job, I don’t think I learned in ten years” (Home visitor 4).

3.4 Programme Effects

Despite initial challenges and the slow rate of parental change, both parents and home visitors acknowledged early programme effects. The programme is underpinned by the assumption that increasing parental awareness about child development and parenting practices will improve developmental outcomes for their children. Parents expressed satisfaction with the information and developmental materials provided, and indicated that the items received from the programme were not products they would have purchased or provided for their children themselves. This parent described the developmental packs received from the programme: “it’s like a starter pack for safety ‘cause I didn’t even think about it” (Parent 9).

Parents described the positive effect of improved access to services. These included the helpfulness of home visitors in terms of understanding and accessing social welfare benefits, locating a crèche placement, and providing information on educational courses, as this parent noted: “They give you all different courses to go on and all, and if you need help with education or anything like that they try to get you into places and they’re very helpful” (Parent 11).

Likewise, home visitors were confident that the programme had some positive impacts on families. Specifically, they valued the significance of ‘small shifts’ in familial habits, including less family television time, reduced indoor smoking and an increase in healthy eating patterns, as one home visitor explained: “Smoking cessation, and seeing them making changes in their, their lifestyle...it all comes down to the information that we’re providing them...it’s having an effect on them as well as their children” (Home visitor 5). Home visitors credited programme materials, including tip sheets and developmental packs, for being particularly useful to parents. Moreover, home visitors spoke favourably about the effects of the group classes, such as the health related cooking course: “The tip sheets are the core of the programme and they have such

an effect, they make such an impact on their lives” (Home visitor 2); “It’s great when you see a mother cooking something [healthy]...just being aware of the children and themselves as well...they’re much more confident” (Home visitor 4).

4. Discussion

The theory of change underpinning the PFL model suggests that improving parental well-being, as well as parenting knowledge and attitudes, will positively influence children’s development, thus increasing their school readiness skills. As participant disengagement is an ongoing risk in home visiting programmes, retaining families from the outset through careful implementation practices ensures that participants receive the programme, thus increasing the likelihood that they will benefit from its aims. This qualitative study sought to investigate the nuanced details around early programme implementation, in order to learn how to capture families’ interest and build trust from the outset, thereby facilitating retention. Among other elements, the anticipated advantages of familial retention include an increase in parental well-being, confidence and sense of competence, which, it is hypothesised, will lead to improved school readiness in their children. The PFL programme is undergoing a detailed impact evaluation which uses a battery of standardised assessments to examine parent and child outcomes, including a number of aspects of physical and psychological well-being. Findings to date have indicated positive change in some aspects of the lives of high intervention children and their parents. The final results, available in mid-2016, will provide further insight into whether and how home visiting programmes such as PFL can increase well-being at the familial level.

Through focus groups with high intervention group parents and semi-structured interviews with home visitors, this study sought to investigate the mechanisms through which the programme was initially implemented in the first year. Four overarching themes emerged: challenges of early programme implementation, the parent-home visitor relationship, thoughtful programme delivery, and programme effects. Each theme, which contained a number of different sub-themes, is discussed and interpreted in light of relevant literature below.

Several challenges related to early programme implementation were identified. Some parents expressed frustration at the high level of contact they received from home visitors in the early stages of the programme, specifically the frequent text messages and phone calls. The PFL programme design required home visitors to give careful consideration to how they interacted with parents in order to maintain programme fidelity. Thus, during the early stages of implementation the home visitors rigidly adhered to the weekly home visit requirement. Yet, in contrast with the findings of Kitzman et al. (1997), the PFL participants did not value the home visitors’ persistence. Gomby (2007) recommended that programmes should be adapted to suit participants’ needs where necessary. It is notable that home visitors, once aware that frequent contact could be frustrating to participants, changed their behaviour and a decision was made at an organisational level to reduce the frequency of home visits from weekly to every two weeks. While this led to a natural decrease in home visitor contact, it is possible that the home visitors gained trust of parents in part because they addressed their feedback and modified programme protocol accordingly. Furthermore, the reduction in home visit frequency may have led to a similar reduction in stress for both participants and home visitors as they no longer needed to

adhere to a challenging schedule. It is possible that they then began to view the programme in a positive light and remain engaged with it.

The challenge of implementing change when there is familial and cultural resistance to home visiting programmes has been previously highlighted (Brookes et al., 2006). Both parents and home visitors noted that the development of trust among community members took a significant amount of time. The home visitors framed this as a resistance to change; noting that challenging deeply rooted culturally-based parenting practices was not easy to achieve in a short period of time. Home visitors were conscious that in their efforts to change intergenerational cycles of parenting practices, the parents were at risk of losing the support of the wider family, particularly grandparents. As the home visitors' work setting is the family home, their conduct, demeanour, behaviour, and how they interact with family members contribute to their ability to connect with parents. Despite initial intergenerational resistance, the home visitors successfully established strong relationships with parents which suggests that time and persistence invested in building these relationships bore dividends.

The study neighbourhood, like many disadvantaged communities, has a large social service presence. The families in the programme were accustomed to interacting with health care professionals, social workers and public health nurses under a client-consumer paradigm, the nature of which is fundamentally different to the parent-home visitor approach. Early misconceptions about the purpose of the programme and initial community resistance reflect the importance of gaining community support in order to ensure successful programme implementation. This was further highlighted by some initial reticence on the part of parents, who expected the home visitors to take a more formal, directive approach. Parents expressed concern that home visitors would find fault with their parenting practices and dictate right and wrong courses of action for their families. It is noteworthy, then, that despite their initial reticence these families nonetheless voluntarily chose to take part in the programme. Word of mouth may have played a role as the programme community is small and relatively isolated, thus it is possible that early joiners encouraged others in the community to join, both verbally and through action. It is also plausible that despite initial reticence, some aspects of the programme were desirable to participants such as the developmental packs, and compensation for taking part in research interviews, thus securing their initial involvement.

As the parents' engagement and interaction with the home visitors increased, they reported that the home visitors were not critical or judgmental. This finding is considerable in light of the literature, which suggests that sensitivity on the part of the clinician, or in this case, the home visitor, is linked to improved parent and child outcomes (Lieberman et al., 1997). Additionally, home visitor flexibility in programme delivery was cited as important to both parents and home visitors. This is promising as there is evidence that that perceived conscientiousness of staff encourages parental programme engagement (Brookes et al., 2006). Such flexibility and conscientiousness may also have facilitated the development of the parent-home visitor relationship. This is a salient factor as findings from studies of other home visiting programmes cite the parent-home visitor relationship as central to the success of early interventions (e.g., Wesley et al., 1997), some noting the importance of a trusting relationship in particular (Fowler et al., 2012; Kirkpatrick et al., 2007; Mills et al., 2013). Furthermore, the home visitors' ability to attend to small but important elements of interaction with participants – in this case, working to build mutual respect - has been linked to improved programme effectiveness and progress (Lieberman et al., 1997; Paris et al., 2009). The home visitors to participating parents provided

programme materials as a guide to healthy child development. Therefore, if rapport and trust were not established, the home visitor-parent relationship had the potential to become overly instructive in nature. In light of this, the strength of the parent-home visitor relationship, as highlighted by both parties, could be considered an early result of effortful programme delivery. It is noteworthy too, that these relationships developed without any intentional matching of parents to home visitors at the programme's inception, although this is common practice among some home visiting programmes (Korfmacher et al., 2008; Wasik, 1993). The present study took place during the early stages of programme implementation when home visitor-parent relationships were still being established. Thus, it is understandable that both parties emphasised the importance of building rapport. A key component of evaluating future programme success will be whether the strong relationships established early in programme implementation translate into gains for participant children and families.

Consistent with the findings from other studies (Brophy-Herb et al., 2009; Wesley et al., 1997), parents and home visitors had different perspectives on which aspects of the programme were most beneficial. Parents tended to comment on specific practical changes such as the use of educational toys or access to safety information, whereas staff took note of changes in familial habits, such as changes in the frequency of smoking and television viewing, which are likely to influence child development and health. Therefore, at the early stage of programme implementation, parents were more likely to consider the impact of the programme in terms of its practical effects, while home visitors, in line with their understanding of the programme's aims and design, were more likely to consider the programme from a family systems approach, considering small changes in behaviour and habits in terms of their potential longer-term benefits. In effect, these two perspectives are related. Through their involvement in the programme, parents were making small, practical changes, which may cause the effects noted by the home visitors at the family level. Although these findings are restricted to early programme implementation, they may potentially reflect lasting change at the family level.

It is notable that there were no specific findings related to the improvement of wellbeing. While parents discussed small practical changes, they did not describe whether or how these changes had impacted their overall wellbeing. The slightly different focus of the home visitors on the long-term potential of these changes arguably provided a stronger insight into this area. While there were no specific wellbeing outcomes at this early stage in implementation, there is some evidence to imply potential for future positive wellbeing outcomes. The suggestions by home visitors that parents were making lifestyle changes and demonstrating increased confidence point towards the possibility of a later impact on parental wellbeing. Similarly, the strengthening nature of the parent-home visitor relationship, as described by both parties, has the potential to positively influence wellbeing over time as suggested in the literature (Ammerman et al., 2010).

There are some limitations to the current study. A qualitative approach was used to gain parent and home visitor perspectives of an Irish home visiting programme at the initial stages of programme implementation. The sample used was relatively small and the information gained is based on the PFL programme in particular. Therefore, results may not be applicable more generally to parents and staff from other programmes or communities. Furthermore, the small number of home visitors who were interviewed came from different professional backgrounds and, although trained in a similar fashion, could have had different expectations of the programme and different reactions to their experiences while delivering it. Yet given the small

sample size it is not possible to examine differences across professional backgrounds. The data were collected within the first year of this five-year programme, when many participants had only been involved for less than one year on average. Thus, it represents a period of professional learning and development for the home visitors. Moreover, parents participated in the focus groups on a voluntary basis. Therefore, it is acknowledged that the parents who agreed to participate may differ from those who chose not to participate. For example, those who had a particularly good experience of the programme may have wished to communicate this, while those who were less engaged may have been less motivated to take part in the group discussion.

Despite these limitations, findings from this study, considered alongside the positive findings to date from the impact evaluation, reveal a number of important aspects of early programme implementation and provide a foundation for future research. Most notably, they suggest that the parent-home visitor relationship and thoughtful programme delivery are key components for the early success of programme implementation, and that building rapport with parents requires time and care. Furthermore, having the flexibility to respond to participant concerns and to change programme implementation protocols accordingly, may be a key component to gaining trust and building lasting participant engagement which facilitates the successful delivery of the programme's content. These findings support the international literature and may inform other home visiting programmes and training efforts, particularly in areas of similar socio-economic disadvantage, where children are in a position of increased developmental risk (Najman et al, 2004; Shonkoff & Phillips, 2000). Future research may focus more closely on the mechanisms by which these relationships are forged. A closer exploration may reveal that specific personal attributes of both the home visitor and the parents are necessary for the development of an optimal working relationship. Moreover, future research may explore the long-term effects of these early programme efforts.

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