



The challenge of relationships and fidelity: Home visitors' perspectives[☆]



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ABSTRACT

This qualitative study examines home visitors' perspectives on their practical attempts to establish and maintain relationships with clients while also maintaining fidelity to their evidence-based program model. Drawing from a sample of 85 home visitors from three types of evidence-based home visitation programs in Illinois, our results demonstrate that home visitors often feel compelled to adjust the program curriculum to clients' perceived needs. Home visitors also feel that in order to establish and maintain relationships with clients they need to be flexible in working days and working hours, accept alternative meeting places, use cell phones and text messaging, and address crisis situations before presenting the curriculum. Although they acknowledged paperwork as being important to support fidelity, they also perceived it as harming the natural course of relationships or devaluing the importance of relationships in successful programs. State budget cuts, which led to local program instability, also emerged as a barrier to relationships. The cuts discouraged home visitors from using flexible practices within the context of model fidelity. This paper offers a framework for understanding the tensions between relationships and fidelity and discusses implications for policy.

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"...I'm investing everything I have into this family; it's not just paperwork; it's not just data..."—Home visitor

1. Introduction

Fidelity is an important factor in achieving and monitoring outcomes in the field of child welfare and in child abuse and neglect prevention programs. Fidelity is widely defined as the degree to which practitioners' implementation of evidence-based programs matches the intent of the programs' developers. Two important factors in fidelity are high-quality facilitation of the selected methods and adherence to the developers' defined intervention "dosage" (Dusenbury, Brannigan, Falco, & Hansen, 2003). A program's fidelity defines which essential core elements help the program achieve its goals (Mihalic, 2004). As such, a focus on fidelity in research and evaluation is crucial to determining whether programs are implemented as intended (Kaye & Osteen, 2011). Program fidelity requires that well-defined core elements, such as methods and curricula, are systematically monitored in order to understand and improve outcomes.

Relationships between home visitors and parents are also a critical component of ensuring outcomes in home visitation programs (Berlin, O'Neal, & Brooks-Gunn, 1998; Krysiak, LeCroy, & Ashford, 2008; McNaughton, 2000; Paris, 2008). Relationships are at "the heart of home visitation programs" (Wasik, Bryant, & Lyons, 1990, p. 121). They influence the quality of intervention and the enrollment and retention of clients (Klass, 1996; Korfmacher, Green, Spellmann, & Thornburg, 2007; McCurdy & Daro, 2004). Based on these assumptions, many attempts have been made to determine what constitutes "good" relationships between home visitors and parents (see, for example, Riley, Brady, Goldberg, Jacobs, & Easterbrooks, 2008).

However, in the field of home visitation, limited attention has been given to home visitors' perspectives about the connections between the practices they use to promote relationships with clients, the barriers they face when attempting to establish these relationships, and their consideration of fidelity when implementing core elements of their program model. Thus, we examined the issue of relationships between home visitors and their clients and fidelity in three home visiting models from the perspective of home visitors. Our intention was to better understand the practical and programmatic/contextual factors that influence relationships and the potential tensions between fidelity and building and maintaining relationships. We believe that a deeper understanding of these factors can inform policy and improve program outcomes as much as they can illuminate practical issues in creating successful relationships between home visitors and parents.

2. Relationships and fidelity

In the literature about home visiting programs, a variety of factors are repeatedly emphasized as being important to the home visitor–parent relationship. Some research studies stress the importance of the parent trusting the home visitor and the ability of the parent

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and home visitor to establish a positive connection (Heinicke et al., 1999). Others draw links between the amount of time spent during a home visit and the quality of relationships between the home visitor and the parent (Sharp, Ispa, Thornburg, & Lane, 2003). Cultural or ethnic matching, or respecting a client's cultural or ethnic identity, is another major factor (Klass, 1996; Wasik, 1993). Brookes, Summers, Thornburg, Ispa, and Lane (2006) highlight the importance of conscientiousness as a major contributor to the formation of positive home visitor–parent relationships. A home visitor that is conscientious follows through with promises, completes expected services, returns phone calls promptly, and has the support of other family members. In addition, Stevens, Ammerman, Putnam, Gannon, and Van Ginkel (2005) identify reassurance and nonjudgmental support—along with tangible assistance, flexibility, and availability of the home visitor—as being highly important to the participation of families in home visitation programs. However, the academic literature rarely includes descriptions of actual practices that home visitors use to establish and maintain relationships. As a result, we know more about *what* works in relationships (e.g., establishing trust) and less about *how* to achieve these things in actual day-to-day home visitation practices or what the barriers to and facilitators of such practices are.

Relationships between parents and home visitors are a major mechanism through which programs help families and children achieve positive outcomes. As such, these relationships have the ability to compromise or support home visitation programs' fidelity—a critical component of programs' success (Daro, 2010). As described by LeCroy and Whitaker (2005), the process home visitors use to identify “critical decisions” with clients is not clear, which may result in home visits that deviate from the planned curriculum. For instance, when “home visitors go to homes and find that mothers are not able to participate in the curriculum that day for a variety of reasons, what should they do? Should they continue with the delivery of the curriculum or set aside the work and address the mother's inability to focus?” (LeCroy & Whitaker, 2005, p. 1004). Such critical decisions, when made in favor of clients' urgent needs, might have a positive effect on the quality of relationships and subsequent achievement of desired outcomes. However, relationship-based decisions could also overemphasize social components at the expense of other programmatic elements (Aarons & Palinkas, 2007; Hebbeler & Gerlach-Downie, 2002; Kitzman, Cole, Yoos, & Olds, 1997).

This dilemma is magnified by the vague definitions offered in program guidelines for the relationships between home visitors and parents who participate in their programs. For instance, the Parents as Teachers (PAT) program's personal visit quality indicators include that home visitors are to “build and maintain rapport through interaction that is responsive to each family member's interpersonal style” (Parents as Teachers National Center Inc, 2003, p. 23). Similarly, the Early Head Start guidebook for home visitors elaborates on why accepting, understanding, and meeting clients' needs are important for establishing home visitor–parent relationships (U.S. Department of Health and Human Services, 2004). Such general recommendations are subject to varied interpretations. This leaves home visitors on their own to determine how to balance their clients' interpersonal style and needs with issues of program fidelity.

These challenges may require the home visitor to be flexible in implementing the program yet still maintain fidelity. This subject of “flexibility within fidelity” has been continuously debated through the years (Kendall & Beidas, 2007; Kendall, Gosch, Furr, & Sood, 2008). While some scholars stress fidelity, they also argue for the importance of flexibility based on practitioners' practical knowledge (Kendall & Beidas, 2007), making adaptations for clients' unique situations (Cohen et al., 2008), making adjustments for the presentation of individual symptoms (McHugh, Murray, & Barlow, 2009), or simply being aware of the fact that rigidly formed relationships result in poorer

outcomes for clients (Addis, Wade, & Hatgis, 1999). However, within the scope of home visitation programs, no study has examined the extent to which home visitors' attempts to establish relationships with clients have affected flexibility within fidelity. Nor has a study attempted to understand the links between home visitors' actual relationship-oriented practices and model fidelity as warranted in programs' official requirements.

3. Methodology

3.1. Sample

This study was conducted in the context of a larger, 5-year, mixed-methods study of Strong Foundations, a state initiative designed to strengthen the infrastructure that supports evidence-based programs in Illinois (Spielberger et al., 2012). As part of the study, we used purposeful sampling (see Coyne, 1997) to recruit 15 home visiting programs that represented the three evidence-based models in Illinois, namely: Healthy Families America (HFA), Parents as Teachers (PAT), and Nurse–Family Partnership (NFP). Across the 15 programs, 85 home visitors participated in focus groups held in the spring of 2010 and 2012.

The sampling process was consistent with Patton's (2002) concept of maximum variation purposeful sample with an emphasis on phenomenal variation (Sandelowski, 1995), which entails intentionally selecting participants that have different experiences of the phenomenon under study. In our case, we interviewed home visitors that could provide a variety of perspectives about home visitation programs. The home visitors had worked in programs that serve different regions of Illinois: Chicago, the suburban and collar counties, and rural and downstate areas, and implemented different program models. Briefly, Parents as Teachers aims to enhance children's learning capabilities by facilitating greater parental awareness and involvement. The Nurse–Family Partnership model is aimed at improving pregnancy outcomes, children's health and development, and families' economic self-sufficiency. Healthy Families Illinois seeks to promote positive parenting, enhance child health and development, and prevent child abuse and neglect (Wasserman, 2006).¹ Given the variations in the 15 programs in the study, there were differences in staff experience, professional background, education, service delivery methods, and client characteristics. Table 1 describes the demographic characteristics, education and previous work experience of home visitors who participated in the study.

3.2. Data collection

After receiving study approval from our institution's IRB, researchers contacted each of the 15 program sites by e-mail to invite them to participate in the study. Once a program director approved their site's participation in the study, the research team obtained approval from program directors to recruit home visitors via e-mail to participate in surveys and focus groups. Home visitors were informed of the purpose of the focus group interview and that it would last up to 90 min. Participants went through an informed consent process prior to each focus group.

We conducted two waves of focus groups, the first in the spring of 2010 and the second in the spring of 2012. During the second wave of data collection, we were able to interview new home visitors, as well

¹ The national Healthy Families Illinois model is Healthy Families America.

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