RESEARCH REPORT

Parent/Carer Experiences of an Intensive Early Childhood Home Visiting Program.

Dr. Cathy O'Mullan
c.omullan@cqu.edu.au
Ph: 07 4150 7153.

November 2016

Contents

Acknowledgements

I would like to thank a number of people who have contributed to this research project.

First and foremost, I am grateful to CQ University for recognising the worth of this project and for generously providing me with an engaged research grant to complete this work. I would also like to thank the Human Research Ethics Committee at CQ University for their prompt feedback and approval of this research project.

Thank you to all of the staff at Phoenix House, in particular, the hard-working, passionate and professional IECD team. Special thanks to Julie Stiler and Sheryl Thompson who helped with recruitment and assisted with administration, general support and childcare as needed. I would also like to thank Joan Dooley for her assistance with the annotated bibliography for this report.

Finally, my warmest thanks go to the many parents and carers who took the time to attend interviews with me and who willingly shared their perceptions and experiences of the IECD Home Visiting Program. It has been a privilege listening and speaking with each of you. I hope I have done justice to the experiences you have shared, both for your family and for other families who may encounter this service.

Thank you so much.

Cathy O'Mullan

Executive Summary

Support for intensive home visiting programs as a strategy for improving the well-being and life-chance of vulnerable children has grown dramatically in recent years. Studies have shown that such programs may improve parenting in vulnerable families and potentially enhance the parent-child relationship. This research project explored parent/carer experiences and perceptions of an intensive home visiting program for children aged 0-6 years and their families in Bundaberg, Queensland. This program is aimed at supporting the social and emotional development of children aged birth to six years affected by complex issues including childhood sexual abuse, domestic and family violence.

This research project used a qualitative approach, namely interpretive case study (Merriam, 1998), and in-depth semi- structured interviews were undertaken with eight families enrolled in the home visiting program. Thematic analysis was used to analyse the data. Three main themes and seven overlapping sub-themes were derived from the thematic analysis. In general, extremely encouraging feedback was provided by the families who participated in the program. Participants were exceptionally positive about the qualities of the home visiting staff and the relationships they had built together. The personal and professional qualities, as well as the relational skills of the staff, were prominent themes throughout the study. Furthermore, the activities, services and local referrals provided by program staff were also highly valued by participants, as was the staff's responsiveness and flexibility around program content and delivery.

Although further research is required on this type of home visiting intervention, this report lays the groundwork for future early intervention home visiting research and includes a number of recommendations.

Intensive Early Childhood Development (IECD) Project Background

Phoenix House (PH) is a non-government sexual violence and intervention organisation, based in Bundaberg, Queensland. Established in 1995, its Mission Statement is as follows:

"Phoenix House is committed to the provision of a safe and supportive service which assists those members of our community who have been harmed, are at risk of harm, and/or are willing to address their own harmful behaviours, using a public health approach to the prevention of sexual violence."

The Phoenix House Intensive Early Childhood Development (IECD) program provides a multigenerational, socio-ecological, therapeutic, educational and cultural response for children aged 0-6 years, their families and/or carers, where multiple and complex needs are arising. These needs occur as an outcome of adversity and trauma and include but are not limited to childhood sexual abuse, neglect and family violence. The IECD has two major components, the Bumblebees Therapeutic Preschool (BTPS) and the Intensive Home Visiting program. The BTPS program was established in 2003 and provides assessment, therapy, and education for children aged three to six years who have been either harmed, are at risk of harm, or who are exhibiting harmful behaviors. The BTPS also provides counselling and support for the parents/caregivers and families of these children. The BTPS incorporates therapy and group work within a preschool setting for up to nine children at any one time.

In 2015, enhanced funding was provided through the Department of Education and Training; the Department of Communities, Child Safety & Disabilities (Queensland Government), and also through the Department of Social Services (Federal Government) to further develop the home visiting and parent education component of the IECD program. The home visiting program for children aged 0-6 years and their parents/carers is delivered by a small multidisciplinary IECD team who have qualifications and experience in early childhood education, social welfare and counselling. A variety of parent/carer interventions are selected to help improve parent competency and capability; the choice of interventions are dependent on the outcome of the family assessment. Using a family-centered approach, the team provide evidence-based, cognitive behavioral strategies to assist parent/carers with managing children's behaviors in a gentle, firm and consistent way. Additionally, a modelled approach

is used as part of the program to demonstrate the power of play, positive interactions, and language use. Home visiting interventions are attachment and strengths based, person centered and aim to improve parent/carer – child relationships.

Aim of Research Project

The aim of this research is to explore parent/carer perspectives and experiences of the Intensive Early Childhood Development (IECD) Home Visiting program. The research will focus on their perceptions and experiences of how the program a) supports the social and emotional development of their children b) improves their relationships and interactions with their children.

Research question

What are parent/carer perceptions and experiences of the Phoenix House IECD home visiting program?

Brief Review of Existing Literature

Parenting young children can be a challenging task, in particular for those families in our community with the least resources (Rautio, 2013). In Australia, a widening gap exists between families that function well and those that are vulnerable. The paradox of service delivery is that vulnerable families, especially those with complex needs and multiple disadvantages, are the least likely to be able to access appropriate services (Butler, McArthur, Thomson & Winkworth, 2012). A range of service and relational barriers exist for vulnerable families; according to a recent Australian study, families often lacked the appropriate social networks to facilitate a referral, felt judged or even "under surveillance" when they accessed support (Winkworth et al., 2010).

Research regarding parent/carer experiences of support services reveals that families want services where they are simultaneously cared for and empowered in their role as parents/carers (Butcher & Gersch, 2014; Zapart, Knight & Kemp, 2015). Moreover, vulnerable families respond to services characterised by empathy, respect, flexibility and honesty (Winkworth et al., 2010; McDonald, Moore & Goldfield, 2012). Overseas research

shows that vulnerable families are less likely to participate in support programs that only focus on parent education and fail to address concrete needs such as health, food, and transport (Barlow et al., 2010). Practices that are known to be vital for effective work with parents include family centered practices and responsiveness to family needs and circumstances (Ballantyne, Benzie, Rosenbaum & Lodha, 2015; McDonald et al., 2012).

Home visiting is a unique and progressively important part of Australia's early childhood system of care. The practice of home visiting in the social work profession dates back to the late 1800s (Richmond, 1899); however, the specific practices of home visiting, especially those relating to early childhood school readiness require further investigation (Karsten, 2015). A growing body of research, does, however, support home visiting's potential to improve a broad range of health and social outcomes including child and maternal health, child development and positive parenting practices (Azzi-Lessing, 2013; Zapart, Knight & Kemp, 2015). As such, support for home visitation programs as a strategy for improving the well-being and life chance of vulnerable children continues to rise (Avellar et al., 2015).

With regard to vulnerable families, in particular, an increasing number of studies provide evidence to suggest that intensive home visiting programs may improve parenting and potentially enhance and strengthen the parent- child relationship (Azzi-Lessing, 2013; Peacock et al., 2013). Other research highlights the positive impact of such programs on the parent's sense of self, their self-efficacy and their ability to meet the unique needs of their child (Butcher & Gersch, 2014; Zapart, Knight & Kemp, 2016). While such studies show promising results, promoting and maintaining long-term changes and outcomes with respect to parenting remain difficult, even for the most established programs (Eckenrode et al., 2010; Kitzman et al., 2010).

Regarding children's developmental and health outcomes, the literature on home visiting is inconclusive. Whilst some randomised controlled trials have linked participation in a home visiting intervention with improved cognition and language development, and a reduction in child health problems (Caldera al., 2007; Scheiwe, Hardy & Watt, 2010), other studies fail to show any significant effect (Aracena et al., 2009; Cupples et al., 2011). A recent systematic review undertaken by Peacock et al. (2013) concluded that while home visiting intervention

programs do not have significant effects on disadvantaged families, young children in these programs do show modest improvements in some circumstances.

These results are not surprising, given the vulnerability of this population and the complex challenges that present. As noted by Peacock et al. (2013), the findings from their review highlight how difficult it is to change human behaviour, particularly for vulnerable families with high levels of social disadvantage. Bennett et al. (2007), note that socioeconomic disadvantage can also undermine the relevance and timeliness of home visiting interventions. For example, if families are struggling with crisis situations such as family violence, or the threat of eviction, an educational program is "unlikely to be relevant, useful or effective" (Bennett et al., 2007). As highlighted by Karsten (2015, p. 43), home visiting programs for disadvantaged families that focus only on parenting, and ignore 'the lens of person in environment' are not likely to bring about significant differences.

Despite the possible benefits, the diversity of home visiting programs makes it challenging to identify the extent to which such programs are effective at improving maternal and child health outcomes (Bennett et al., 2007). As stated by Bennett et al. "it is unlikely that the answer to the question 'Does home visiting work?' will be a simple yes or no" (p. 13). While some types of home visiting programs do lend themselves to 'gold standard' methods of evaluation (e.g. randomised control trials) (Peacock et al., 2013); other programs do not lend themselves to this type of evaluation and therefore may be overlooked. Moreover, most published research in this field uses quantitative approaches with pre-and post-intervention measures to test the intervention's efficacy.

To date, there is a dearth of published qualitative literature relating to parent/carer experiences and perceptions of home visiting programs. We still do not fully understand what happens over the course of a home visiting program; indeed little is known about what aspects of the program are necessary for potentially successful outcomes. Parent/carer perceptions of how and why such programs work, their perspective of the intervention upon reflection over time, and the impact of the program on themselves and their children have not been explored in any depth. As such, this research seeks to use a qualitative approach (interpretive case study) to explore parent/carer perspectives and experiences of a home visiting program for children aged 0- 6 years. By exploring personal experiences, we hope to

gain further insight into the valued elements of the program to help enhance the effectiveness and acceptability of future home visiting programs for this target group.

Study Design and Methods

This project used a qualitative approach, namely interpretive case study methodology to guide the project design. Merriam (1998) argues case study is an appropriate approach to explore a particular situation, event or program. As such, case studies should be bounded by time (in this case, the duration of the IECD home visiting program) and place (Bundaberg), to provide a clear analytical focus that is relevant to that particular context. The case outlined in this report relates to the IECD home visiting program conducted in Bundaberg with Phoenix House clients (2015-2016). Ethical approval was obtained from CQ University Human Research Ethics Committee (Number: H16/03-050)

Sampling

Given the nature of the project and the study design, purposive sampling was used to recruit interview participants. Ten families were identified by the IECD staff and invited to take part in the study. The general criterion for participation in the IECD home visiting program included parents/carers of children aged 0-6 years with multiple and complex needs arising from adversity and trauma. All of the participants met this criterion before engaging with the program.

In total, eight families participated in the research project. Determining adequate sample size in qualitative research is ultimately a matter of judgment and experience. As such, the selection of eight families was considered adequate to capture patterns and themes in the data. Of the eight families who participated, interviews were undertaken with six females on a one to one basis, and two interviews were undertaken with couples. The number of visits received by each family ranged from 3 visits to 20 visits (mean 8.2 visits per family).

Data Collection

Participants were given an information sheet about the purpose and nature of the study, and written consent was obtained before the commencement of each interview. The interviews consisted of open-ended questions relating to their perceptions and experiences of

participating in the IECD home visiting program. Example questions included, “Was there anything about your experience of the program that made a difference to you as a person?”; ‘With respect to caring/parenting, what has changed for you as a result of being part of this program?’ Each interview was conducted face-to-face at Phoenix House Sexual Assault Service, lasted between 40 and 60 minutes, and was recorded and then transcribed.

Data analysis

Drawing on Braun & Clarke’s (2006) approach to thematic analysis, data were analysed systematically through a series of steps. The first stage involved reading and re-reading each transcript to identify patterns and codes (words or short phrases to capture key ideas). These codes were noted on each transcript. Once coding was completed for each transcript, the next stage involved clustering the codes to look for emerging themes and sub-themes. Three key themes and seven overlapping but separate subthemes emerged from the analysis:

Program Staffing

- Personal Qualities
- Staff Continuity

Program Characteristics

- Program Flexibility
- Family-Centered Approach
- Building Networks and Community Support

Program Impact

- Parent/carer impact
- Child impact

Findings and Discussion

Three main themes and seven overlapping sub-themes were derived from the thematic analysis. Each theme will be examined separately. For confidentiality reasons, pseudonyms have been used throughout this section.

Program Staffing

Program staffing emerged as the first key theme and consisted of the following sub-themes: personal qualities; continuity of staff. Each sub-theme will be discussed separately below.

Personal Qualities

All of the participants in this study talked about their positive relationship with the home visiting staff. Indeed, the personal qualities and responsiveness shown by the staff were prominent themes throughout the interviews. Participants often spoke about looking forward to visits and several discussed the close bonds they had developed:

They got through what they needed to get through and then they came and debriefed with us what they'd actually done through. Then you know often you'd be sitting there chatting about things like they very quickly became friends. That was kind of the feeling that we got. Even though we were talking about other things obviously their processing what we're saying and how we're dealing with it and using that than in other ways. Just things in general conversation and they would actually use that to guide you as well. Extremely professional and extremely good at their jobs. We cannot thank them enough for everything that they've done. P6

It's a real connection. That real, "We care about you." It's personal. Not like Kindy where they're just, "Hi. Don't tell us your problems. If your kids got problems, well they go in that corner." No seriously, if you see the damaged kids or kids that need a bit extra help, they're standing alone usually. No one does anything, and that's why this program is necessary for children that have been through something like abuse. The staff here are really good, they care, you can tell - they give them that one on one stuff that they need. P7

Consistent with the literature, the bond between parents and home visiting was central to the success of the program. As noted by several authors (Mills et al., 2012; Paton, Grant & Tsourtos, 2013), the quality of the connection is imperative to learning; hence we would argue that programs must be lengthy enough and have the consistent staff to facilitate a trusting and productive working relationship. The positive relationship between the home visiting staff and children was also perceived to be integral to the success of the program:

The girls love them. You should see them, they're out the door, running out the driveway "Hello 'U,' come with me" as they are dragging them down to the room. "I've tidied the room, so it's all nice and clean for us to play". Just absolutely excited. Even when they're leaving, they're out the front yard doing cartwheels, running around being stupid, showing off and just excited. P6

He enjoyed having someone there with him – there just to see him. 'T' loved that it was solely his time, he was happy to show her the dogs, show off his room. He could talk about anything. What he didn't realise was that they're prying things out of him. They are just so amazing at what they do, and they really do seem to care about us. P8

The passion and dedication of the home visiting staff were a prominent theme throughout the interviews. Many participants noted how staff had performed roles and provided individualised services above and beyond their initial expectations:

They give so much. They do have other people to go and see, but they're not looking at their watches and hurrying out the door and stuff like that, which is quite amazing. P1

They're just so friendly. Anytime I want to talk, they're just there, which is really good. You don't have to book an appointment which is really useful. Sometimes you're so stressed out; you just have to talk with somebody straight away. I find that it is never a problem – they are really, really good. P2

The people that work in this service all of them are so helpful, and nothing's ever a drama. When I finished that program, it wasn't like, "See you later" sort of thing, like other programs do. If I have any issues, I can still ring up. I can still come in here and ask to speak to somebody. It's not like the book is closed now so "off you go". P3

Participants' respect for the home visiting staff was also evident; all of the participants talked about the professionalism and competence displayed by the staff. In particular, participants often commented on how staff were attuned to their emotional needs as well as the child's needs:

They are very professional in what they do. They obviously understand the emotions and things that we go through. To have that understanding and that comfortable atmosphere that you can disclose things. Extremely comfortable. You just meet them at the front door and then all of a sudden you're sort of dealing with some pretty traumatic stuff. P6

'E,' she's a very calm, knowledgeable woman. She'll pop up with one thing, and it will be the answer to everything you've been talking about. She is very, very good and 'A' is just very friendly and open and warm. They are both such lovely and genuine people. Really lovely. P7

'U' gets down to his level and really talks to him and involves him. He really gets along with her so well, and that is great. She is doing such a great job of trying to break the barrier with him at the moment and calm him down and get him to trust in people. She has amazing skills and seems to be able to get through to him. It's quite incredible to watch. P4

As staff visited in pairs, parents/carers valued the opportunity to obtain emotional and practical support for themselves as well as their children during each visit. Interestingly, participants felt their experiences were enhanced by working with staff with complementary personalities. There was a strong perception that each personality type brought a new dynamic to the situation and enhanced understanding and communication:

'U' is very outgoing. 'A' is very quiet. Very different but they complement each other. They are like Ying and Yang which is good for us. P6

'U' is bubbly and gets him excited and he's really happy, where the other one 'A', is quieter - he can calm down a bit and feel that there's more to life than screaming and yelling. The ladies are so amazing. They're so helpful. 'J' and the ladies get along so well. P4

We didn't realise it was for both of us I guess because we ended up having two come. We had both 'U' and 'A' come around. 'A' sat with us while 'U' dealt with what she needed to do with our daughter. Well, we didn't expect both of them to keep coming, to be honest – but it was great to have 'A' chat with us, whilst 'U' was outside with our girl. They are both quite different, but that worked for us and the girls. We're very grateful that both ladies had the time to come and help us. P6

While the 'working in pairs' approach was very much valued by parents/carers, our findings further support calls for a multi-disciplinary approach to home visiting for vulnerable families. A few studies have suggested that the needs of highly vulnerable families may exceed the capacity of registered nurses as well as paraprofessionals (Tandon et al., 2008; Azzi- Lessing, 2013). It has been argued that a multidisciplinary team, including social welfare workers, with a grounding in an ecological, holistic perspective may be better positioned to meet the needs of such families (Azzi-Lessing, 2013; Lowell et al., 2011). What is apparent, is that no single discipline fully equips professionals to deal with the complex challenges that may arise. Our findings suggest that a multi-disciplinary partnership who have qualifications and experience in early childhood education, social welfare and/or counselling be considered for future programs.

Staff Continuity

Some participants highlighted the importance of staff continuity as this provided an opportunity to build trust and develop a safe and comfortable relationship. Given the complex needs of many vulnerable families, participants valued the opportunity to form close bonds with the home visitor and establish a respectful relationship:

Basically, the people who come and visit me, they're at Bumblebees {the preschool}. It's normally 'E' and 'A' who come. It's so good to have this connection with both of them because they get to see him in his home environment as well as at preschool. P1

It's just so personal, and because we see the same two people each time – they feel like friends you know, we just chat and can be very comfortable and honest with them. It's a big thing in itself, inviting people into your own space, into your home, to talk about that stuff is really, really tough to

talk about – having the same staff for each visit is a really big thing. It's important to develop that trust. P6

The good thing about seeing the same staff is that you don't have to retell your story time and time again. Yeah, and so you can move on. You can move on to the next issue. P3

Rautio (2013), also points out the significance of trust between parents and home visitors and highlights the importance of long-term interaction and continuity of staff. Continuity of staff was considered important not only for the parent/carer's comfort but was also seen to be important for the children:

I've gone to other places, and when he's picked up his toys and thrown them at them, and he's spat at them and kicked them, they've told me, "Take him away, we can't deal with him." What I love about 'U' and 'A', they're so patient; they're so good with him, and they have been there for him week after week, building the trust with him. Now he really listens to them; they've really calmed him down – he has even started to give cuddles. P4

Staff continuity was noted as important to participants for a number of reasons, including not having to repeatedly tell the same story. Moreover, relationship continuity was particularly valued by participants who had complex needs and were required to navigate a range of different services:

I've been to the grief and loss counselling and I also went to {name of service} because everyone said how good it was. We were really close with the person at the start but because she lost her job and went to another area of it ... well, we lost confidence with that place then. In this program, we've had the same two staff and so you feel more comfortable. They've always been there. You can always call any of them. They know us well, and it helps a lot. P7

Overall, the inclusion of highly trained, multidisciplinary staff, especially those qualified to address multiple and complex issues such as family violence and other trauma, are essential to the effectiveness of home visiting services. At the service provider level, our findings also support work undertaken by other researchers (Butler et al., 2012) who highlight the importance of establishing a human connection with individuals from vulnerable families and providing dedicated assistance with continuity of care and support.

Program Characteristics

Program characteristics emerged as the second key theme and consisted of the following sub-themes: program flexibility; family-centered approach; building networks and community support. Each sub-theme will be discussed separately below.

Program Flexibility

Participants were overwhelmingly positive about the 'process aspects' of service delivery within the IECD home visiting program. It is worth noting that many of the positive examples provided by participants highlighted the flexibility of the program; this was highlighted with respect to the scheduling appointments and even the locations of visits:

Yeah, so some days I'd have terrible days, like I ring here, as soon as she'd go to school, I'd ring up and say, she said this, this and this, because I'd write it down in my notebook at night time. The next morning I'd be on the phone here, and somebody would talk to me, I didn't have to wait that week. P3

Then they just come over to my place, or I meet them downtown or something and then they do the visit with me to see what my thoughts are, how I'm going. I do self-care plans; we go through how my relationship's going and everything else, sort of like that. It's mainly like self-care with me and how I'm actually really doing and how I'm coping. P5

In one example, the visits were even held at the local Botanical Gardens:

The flexibility is good for us. They meet us down at the Botanical Gardens. We go and sit there for a home visit and then we usually feed the ducks afterward and go on the train or something. P5

Flexibility around the frequency of visits in the Home Visiting program was viewed positively by all of the participants; this factor, in particular, appears to have facilitated continuing involvement with the IECD program:

They fit in with me, to be honest. Sometimes it's weekly, but not always if I can't make it. A lot depends on what I'm doing; sometimes I'm up for a long chat, sometimes not. They're not pushy which is good; that's why it works so well for me. P1

People facing multiple problems in their lives are frequently labelled as 'hard to reach,' and a number of relational and service barriers have been identified in past studies (Butler et al., 2012). Research to date indicates the need for increased flexibility in the frequency and duration of visits, as well as the type and amount of services that are provided (O'Reilly, Wilkes, Luck & Jackson, 2010; Azzi-Lessing, 2013). Central to continued engagement in our study was the notion of flexibility, not only with respect to location but also regarding being able to work with families in a way that acknowledged their particular circumstances and needs.

Flexibility was discussed in relation to the focus and content of each visit. While program development was underpinned by an organised model and informed by best practice, participants felt their needs were best met by a flexible and customised approach:

It's not a formal thing which is good for us. They just come in. They have a chat with 'B,' and they sort of interact with him a bit. He'll sit down and play with his box of toys or whatever. They interact with him and his Dad and stuff. They talk to me about what's been going on, just to see the home life and stuff. They ask me, do I need help with anything, or do I need them to look into something for me. If I'm having problems with any of my kids, I'll have a chat with them about it. If they know somebody or some organisation that can help me, then they'll look into it for me. They'll get information on it for me and stuff like that. It's not just about 'B.' They do all of this. P1

'U' will just to turn up and I say, "Hey, this is happened in the past week." I have them written down. Yeah, it wasn't like there was a set structure where she said, "Okay this week we're doing," blah, blah, blah. It's just like okay this has happened, so then we will deal with those things that happened which are exactly what I need. P3

You feel like it has been customised just for you - it's so personal as well. They just start talking, and we start chatting. Then you can explain your concerns and everything. It's not as though they come with a set of things they need to get through, you know to tick a box – it really is about you. P6

This program - you can talk about anything, and I mean anything - because you can't talk to anyone else about this sort of thing. Yeah, there's nothing, no other service that would do that for you. They let you decide what's important. We've had counselling with other services, and they don't really get you, they don't see your child to know what you're talking about. This is small and individualised and they 'just get us.' P3

Although the literature raises questions about what the focus of home visits should be for vulnerable families, (Azzi-Lessing, 2013; Karsten, 2015), our study supports the notion of a flexible, parent-led approach based on pieces of evidence based curriculum. While such an approach raises questions about maintaining program fidelity, some promising approaches have been put forward to monitor such programs to ensure standards are met (Lowell et al., 2011).

Family-Centered Approach

In addition to offering an individualised, responsive service, participants valued the inclusive nature of the program, in particular, the opportunity to discuss and address a range of issues impacting on the family. The requirement for emotional support was frequently high on participants' agendas; hence, their interactions with staff had a positive impact on their own wellbeing:

It's not just about the child. They help you with all sorts of issues. There was my 11-year-old daughter for example - I just had a few worries about her with boys and trying to grow up too fast and being sneaky and all that, especially with those things. The girls actually talked to 'M' for me and stuff, even though she was here for something else. And if they can't help me, if I'm having trouble at home with one of my other kids, they'll actually find information from somewhere else. P1

It's very much, "How can we help your family? What will work for you? They give us ideas on how to help with a few different issues that are going on for us. They do try to involve my husband but as far as he was concerned it was counselling, and he doesn't believe in counselling. They do work really hard though at involving the whole family and we do talk about stuff other than the child. P8

Many participants talked about how the staff assisted them with parenting and problem-solving skills beyond the presenting problem. The advice and support gave the parent/carers confidence and helped them to persevere:

Because we've got two daughters, obviously the initial referral was for 'L,' the oldest daughter, but after being at our home and seeing the younger one, 'U' said she had the time available. She said she'd really like to go through the course with her. We learned a lot from that too, things we had no idea about. P6

When they started coming over, they were just offering to help with anything. They said, "Is there anything that we can help you with?" They'd ask me how the other kids were going. Something was happening with one of my older boys. Now they'd talk to me about it sort of thing. Yeah, they were helping me with skills to help him. P1

Much has been written about the importance of matching programs to families' needs; our findings certainly support this argument. Although a body of research supports the need to focus on specifically supporting child development (Karsten, 2015), there is evidence that families at higher levels of risk may drop out of home-visitation programs at greater rates in part due to stress, family violence, and other serious problems. As pointed out by Ballantyne, Benzie, Rosenbaum & Lodha (2014), families are likely to withdraw from services that do not meet their expectations for addressing their most pressing needs and circumstances.

Building networks and community support

The advice, support, and information provided by program staff was appreciated by all of the participants in the study; this was noted as being particularly helpful when they required extra support. Some participants talked about staff providing information about other programs and facilitating referrals to other services:

They actually print out information and stuff, and how to contact them, these people, and all that. Sometimes they actually bring that for me to inquire. If they don't know, they actually go out of their way to actually find someone who can help me. It's great as I don't know where to start. It's like, "No, I have no idea who to go and see and who to talk to." Most of us in town have no idea that some of these services even exist. Yeah, they've really helped me with this. P1

I'm actually looking at now doing the Triple P program for myself. Just, at the moment, there's a bit too much work going on, so I don't want to throw something else on. Down the track, though, that's something I'm going to look at doing. I would have never thought about it before, but the girls will refer me. I didn't know about any other programs out there until coming through and speaking to the girls – they said I could do it online too so can work at my own pace. P8

Some spoke about the value of the program in helping them to develop confidence in accessing other services. Others talked about breaking down the stigma associated with help-seeking and felt reassured that it was now OK to seek help. As noted by one participant, the program was transformative in the respect that she felt able to engage with a service she may not have accessed in the past:

The program made me more confident to go out and reach for grief and loss counselling, that I hadn't got. I don't talk to people. I've never been able to, and I never thought I would. I'm glad they referred me {to another program} because I wouldn't have turned up otherwise. I'm not that sort of person. I don't know how to explain things. I had no confidence before, but this has helped me to reach out and get more support. P7

As noted by Azzi -Lessing (2013), meeting the needs of vulnerable families with complex challenges requires a high level of collaboration among service providers from various agencies. As discussed earlier, some of the barriers to service access by vulnerable families include lack of awareness as to what services exist and lack confidence in navigating referral pathways (Butler et al., 2012). Our findings highlight the success of our program in connecting families to wider support networks, families in this study provided important information on how important it was to be linked to the most appropriate service for their needs. We propose that home visiting programs focus on building strong partnerships with local service providers, especially in low-resource, high-need communities.

Program Impact

Program impact emerged as the final key theme and consisted of the following sub-themes: parent/carer impact; child impact. Each sub-theme will be discussed separately below.

Parent/carer

Participants spoke at length about the impact the program had on their parenting skills generally and more specifically. In many cases, their skills were enhanced by observing how staff interacted with their child:

I've learned so much from her. She really knows how to talk to them {the children}. I used to have all the patience in the world, but now I don't because of what's happened. Instead of staying there and arguing with a four-year-old, which most parents do, I've learned how to actually talk to 'B' how to get down to kneel down and get to his eye-level. I've learned how to talk to him to get him to do things or listen to me, and stuff like that. It's been really, really helpful. I don't lose my cool with them like I used to sometimes, or stand there and argue and argue with my son. I feel that I am actually a better mum now and that I'm much closer to him. P1

Before the program, my parenting was yeah, I dunno pretty crap. I was too scared to discipline her because of having child safety involved again. I mean because you're not allowed to hit the kids anymore, so I've had to learn other strategies to cope with her misbehaving, I just watched how they do it, and now I'm a lot better at the discipline stuff. There's some amazing tips that I've been given that I would never have thought of. I'm even taking things away from her, like her DS – they taught me to take away something from her. I didn't know anything about that stuff before they came. Just the other day, she was disrespectful all the way home from school. And I'm like, you're disrespectful, you go into your room, and you don't treat your mom like that. She went in her room when she got home, and she even stayed there for 5 minutes. P2

According to Mills et al. (2012), role modelling through interactions with children has been identified as a successful strategy to facilitate social and parenting skill development. Our findings highlight the power of role modelling as a strategy to engage parents/carers in this context. Furthermore, several participants talked about the usefulness of skills based training, or 'having a set of tools to draw upon'; they felt more confident about drawing upon these new skills and felt better prepared for future challenges.

You don't realize how their behaviour is affected when some sort of sexual assault happens. You don't think, "Oh that's why she's behaving like this." I had no idea. Looking back, I can piece everything because 'U' would say, "Yes that is why." So, we needed a strategy because things that I tried doing didn't work, because I don't understand, like I haven't studied sexual assault, all that sort of thing, so I had no idea why she was doing certain things or saying certain things. 'U' helped me so much with this, I'd say, "Oh my daughter said this today," and she would help me with a reply. "Okay if she says this again you say," this, this, and this." Then if that didn't work, you got something that didn't work, I would note that down. Then she would say, "Okay well try this." She would keep going until we found something that worked. Having these new positive parenting skills has created far less day-to-day dramas with a more even keel now in our family. That's how I feel now; there's a more even keel." P3

It's given us the tools to initiate a question or to say, we understand what you're feeling, but the answer is still no, or whatever the case may be. It's kind of changed our parenting strategies as well.

It's changed the way that we go about it as well and rather than just saying, no, you're going to do that because I said so, we can now work through it better. Also, we are now able to acknowledge that we understand that she has a particular feeling. We can actually see it and recognize it as well, like going through the feelings there with 'U' and 'A.' Like I say it's changed the way that we've parented now and we are able to really acknowledge her feelings. P6

This really helped with my confidence, especially my parenting. Without the program, I wouldn't have been able to bond; I did well in her baby days, I just struggled when she got older, I had to learn to have enough confidence in my mothering skills. I'm much more confident and receptive to her now. Also, she's a much easier little girl to get along with. She was just dad's girl and shut everyone else out before this. P7

Parenting and home visiting interventions have been linked to increased parental self-efficacy, and such increases have been sustained over time (Bloomfield & Kendall, 2012; Jungmann et al., 2015). Our findings clearly suggest that parents/carers are feeling more confident in their parenting ability; this has been directly attributed to participating in the program. The transformative nature of the program was also seen to extend beyond improved parenting skills, with several participants noting how the program had assisted them with other aspects of life:

In a way, it has helped me because I used to be very quiet. Getting a few tips from the ladies helped me to like speak up a little bit more, so yeah it has helped me in other areas of my life too. P5

You kind of realize that we were in a bit of a rut but under the circumstances that was natural. Now that we've been given and shown that and have come to that realization we're making better choices I suppose and making more options for ourselves to get ourselves out of that, and that we can get on with life, it's not something that we need to keep dwelling on. We're even having time out for ourselves as a couple now – date nights and stuff. We never did this before. This {the program} has had such a positive impact on our whole family. P6

I guess, it's helped me come through to the other side of the black hole I was in. Fighting courts, Legal Aid dramas… I never thought they'd be able to help me with this stuff, but they did, and it's made a huge difference to us. We are in a much better place now.P7

The ladies have taught me to believe in myself. I've had major changes in my life since starting this program - I've quit my job, I've started to believe in myself, I've started training in a whole different industry. All of this, because I now believe in myself. They encouraged that which was really cool; they could see the enjoyment within myself. They encouraged me to keep going forward, just keep going forward with it. I cannot thank them enough. P8

While our findings do not capture the experiences of parents/carers post intervention, recent research conducted by Zapart, Knight and Kemp (2016) on the long-term impact of sustained home visiting reported positive impacts on their ongoing parenting post intervention. Overall, in our study, participants reflected positive impacts on not just themselves and their parenting

abilities but highlighted how the home visiting program had far-reaching effects on their everyday lives. Participants particularly noted improved emotional wellbeing and ability to care for themselves and their children.

Child

Participants also spoke in detail about the impact the program had on their children. As the comments below illustrate, there were some positive outcomes across a range of domains:

After that initial shyness, after a few weeks, her confidence grew, she was more confident in everything. Because, before that it was terrible. Her moods were up and down. Yeah, but you could see her confidence. She didn't play with other children at school; now she actually has friends at school. In lunch hour she would just sit by herself, now she actually does have other people she plays with, and is liking school. I used to have to drag her to school every day, and she didn't want to go. She also used to be so scared…she wouldn't even sleep in her room at night. Then by the end of the program, even before the end of the program, she was sleeping in her room every night, in her own bed and everything. P3

It has helped with her emotions so much. She can actually sit down now and say well "I'm not always happy." That was a light bulb moment for us. She has finally got to a point where she actually understands it is OK to have different emotions and feelings. It was really powerful. P6

Before the program, he was so bad. Anybody who'd come to the house, he'd race up and spit and kick them and bite them. It was embarrassing - people were afraid to come near me. He'd really attack them at the door, and he'd actually spit in their faces. Since the ladies have been coming and since he's been going to the special class, he's now cuddling quite a bit. He can't get through any of those ladies at day-care now, without having these morning cuddle with them all. Though he's not perfect or anything, he is a lot calmer; it's much easier for me now. P4

What was also evident from the comments was the impact on the relationship between parent/carer and child. As illustrated below, the dynamics had improved considerably for several participants:

It's actually helped my daughter to be a little bit more affectionate because she used to be distant, or fairly distant. Now she's getting there slowly as she's getting older. Also, it's helped with her communication skills as well. She used to not talk to anybody. She used to mumble, stutter her words. I used to try and help her talk properly but she was stuttering, or she'll say it properly, or she'll say it backward, but now she's good. It's actually helped her quite a bit, and with her listening skills. P5

It's brought my daughter to a different level. She's a much more loving little girl. She was a bit harder before; a bit closed off. Now, she'll cry for a cartoon character or she'll for an animal or she'll feel for a child that's ... She'll go, "He's lost his mummy," in the movie, and you'll think, "Oh God, do they have to have sad things like this?" She's become much more empathetic towards others, and me which is just fantastic. P7

While a 2011 Cochrane review reported improved socio-emotional outcomes across three studies, the overall empirical evidence of the effectiveness of home-based interventions for vulnerable preschool children was limited (Miller, Maguire, Macdonald, 2012). As discussed earlier in the report, however, most types of home visiting programs do not lend themselves to randomised control trials, and the majority of program evaluations do not include an investigation of parent/carers perspectives on how the program has impacted on their child. Although our research is limited in its aims and the scope of its methodological engagement, our findings do suggest that home visiting programs have the potential to positively influence children's social and emotional behaviours. Previous research supports the use of qualitative methodology to measure the impact of program outcomes in home visiting (Butcher & Gersh 2014; Zapart, Knight & Kemp, 2016). We would also argue that research approaches that seek to include parent/carer voices add a valuable dimension to program evaluation.

Conclusion

The aim of health promoting interventions such as the IECD home visiting program is to improve a range of outcomes for vulnerable children and their families. This study has highlighted a number of positive outcomes arising from involvement in an intensive home visiting program and has provided unique insights into aspects of the program which have facilitated successful results. All of the participants were exceptionally positive about the qualities of the home visiting staff and the relationships they had built together. Interestingly, the personal and professional qualities, as well as the relational skills of the staff were prominent themes throughout the study. Furthermore, the activities, services and local referrals provided by staff program were also highly valued by participants, as was the staff's responsiveness and flexibility around program content and delivery.

While the study does have limitations due to small sample size and the inability to generalise findings, families in this study, have provided important information as to how those with the greatest need can be effectively engaged in such programs. Further research incorporating qualitative methods is needed to explore a range of overlapping issues, including the experiences of families who withdrew or refused to participate in the program; and staff perceptions and experiences of the IECD home visiting program. In all research, it is

important to link qualitative research findings to process and outcome evaluations – as such, it would be useful to also measure both the immediate and long-term outcomes of the IECD Home Visiting program.

Recommendations

There needs to be a strong focus on communication and relationship building between staff and parents/carers. Engaging vulnerable families with complex needs requires trust and strong rapport between staff and families. Home visiting interventions should place a strong focus on developing good relationships with families and facilitate effective communication.

A multi-disciplinary team with appropriate skills. The use of multi- disciplinary teams (including, but not limited to, an early childhood educator, social welfare worker and counsellor) could better equip home visiting interventions to address the complex challenges often faced by vulnerable families. In particular, such an approach can be used to effectively tailor interventions based on family needs and strengths.

Focus on the needs of both the primary caregiver and child. Our findings suggest that home visiting programs that focus on the needs of both parent/carers and children can potentially achieve better outcomes. Involving parent/carers in child development activities fosters child engagement, however, there it is important to note that families are likely to withdraw from services that do not meet their expectations for addressing their most pressing needs and circumstances.

Responding flexibly to families. As noted in our study, flexibility was central to accessing and continuing to engage with vulnerable families. Programs that are flexible regarding location, duration, and frequency of visits are highly valued. Options for enhancing program flexibility need to be considered. Flexibility in terms of program content is also important. Programs need to be highly customisable to best meet the needs of diverse families. However, such programs need to be underpinned by evidence–based practice. Methods to ensure program fidelity in delivering customised home visiting interventions require further development and evaluation.

Focus on building networks and community support. Programs that can address the holistic needs of families have the potential to be more successful. Facilitating timely referral pathways to other services (such as counselling, education, and health) when they are needed, is imperative. It is important to recognise that a home visiting intervention in isolation will be unable to address the complex and often multiple needs that may arise.

Incorporate parent/carer perspectives into future research and evaluation of home visiting programs. Individualised, multi-faceted programs require complex evaluations compared to standardised programs. It is important to integrate process, outcome and qualitative research approach to examine both the short term and long term impact of such programs. Of note, research approaches that seek to include parent/carer voices add a valuable dimension to program evaluation and capture valuable and insightful data that may be overlooked by quantitative approaches such as randomised control trials.

References

Aracena, M., Krause, M., Pérez, C., Méndez, M. J., Salvatierra, L., Soto, M., & Altimir, C. (2009). A cost-effectiveness evaluation of a home visit program for adolescent mothers. *Journal of Health Psychology*, *14*(7), 878-887.

Avellar, S., Paulsell, D., Sama-Miller, E., Grosso, P. D., Akers, L., & Kleinman, R. (2015). *Home visiting evidence of effectiveness review: Executive summary*. Mathematica Policy Research.

Azzi-Lessing, L. (2013). Serving Highly Vulnerable Families in Home-Visitation Programs. *Infant Mental Health Journal*, *34*(5), 376-390.

Ballantyne, M., Benzies, K., Rosenbaum, P., & Lodha, A. (2015). Mothers' and health care providers' perspectives of the barriers and facilitators to attendance at Canadian neonatal follow-up programs. *Child: care, health and development*, *41*(5), 722-733.

Barlow, J., McMillan, A. S., Kirkpatrick, S., Ghate, D., Barnes, J., & Smith, M. (2010). Health-led interventions in the early years to enhance infant and maternal mental health: A review of reviews. *Child and Adolescent Mental Health*, *15*(4), 178-185.

Bennett, C., Macdonald, G. M., Dennis, J., Coren, E., Patterson, J., Astin, M., & Abbott, J. (2007). Home-based support for disadvantaged adult mothers. *The Cochrane Library*.

Bloomfield, L., & Kendall, S. (2012). Parenting self-efficacy, parenting stress and child behaviour before and after a parenting programme. *Primary health care research & development*, *13*(04), 364-372.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Butcher, R. L., & Gersch, I. S. (2014). Parental experiences of the "Time Together" home visiting intervention: an Attachment Theory perspective. *Educational Psychology in Practice*, *30*(1), 1-18.

Butler, K., McArthur, M., Thomson, L., & Winkworth, G. (2012). Vulnerable families' use of services: Getting what they need. *Australian Social Work*, *65*(4), 571-585.

Caldera, D., Burrell, L., Rodriguez, K., Crowne, S. S., Rohde, C., & Duggan, A. (2007). Impact of a statewide home visiting program on parenting and on child health and development. *Child abuse & neglect*, *31*(8), 829-852.

Cupples, M. E., Stewart, M. C., Percy, A., Hepper, P., Murphy, C., & Halliday, H. L. (2011). A RCT of peer-mentoring for first-time mothers in socially disadvantaged areas (the MOMENTS Study). *Archives of disease in childhood*, *96*(3), 252-258.

Eckenrode, J., Campa, M., Luckey, D. W., Henderson, C. R., Cole, R., Kitzman, H., ... & Olds, D. (2010). Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial. *Archives of Pediatrics & Adolescent Medicine*, *164*(1), 9-15.

Jungmann, T., Brand, T., Dähne, V., Herrmann, P., Günay, H., Sandner, M., & Sierau, S. (2015). Comprehensive evaluation of the pro kind home visiting program: A summary of results. *Mental Health & Prevention*, *3*(3), 89-97.

Karsten, Shannon Melody, "Best Practice in Early Childhood Home Visiting" (2015). *Master of Social Work Clinical Research Papers.* Paper 475.
http://sophia.stkate.edu/msw_papers/475

Kitzman, H. J., Olds, D. L., Cole, R. E., Hanks, C. A., Anson, E. A., Arcoleo, K. J., ... & Holmberg, J. R. (2010). Enduring effects of prenatal and infancy home visiting by nurses on children: follow-up of a randomized trial among children at age 12 years. *Archives of pediatrics & adolescent medicine*, *164*(5), 412-418.

Lowell, D. I., Carter, A. S., Godoy, L., Paulicin, B., & Briggs-Gowan, M. J. (2011). A randomized controlled trial of Child FIRST: A comprehensive home-based intervention translating research into early childhood practice. *Child development*, *82*(1), 193-208.

McDonald, M., Moore, T., & Goldfeld, S. (2012). *Sustained home visiting for vulnerable families and children: a literature review of effective programs*. Royal Children's Hospital's Centre for Community Child Health and the Murdoch Childrens Research Institute.

Miller, S., Maguire, L. K., & Macdonald, G. (2012). Home Based Child Development Interventions for Pre-School Children from Socially Disadvantaged Families. *Campbell Systematic Reviews*, *8*(1).

Mills, A., Schmied, V., Taylor, C., Dahlen, H., Schuiringa, W., & Hudson, M. E. (2012). Connecting, learning, leaving: supporting young parents in the community. *Health & social care in the community*, *20*(6), 663-672.

Merriam, S. B. (1998). *Qualitative research and case study applications in education. Revised and expanded from*. Jossey-Bass Publishers, 350 Sansome St, San Francisco, CA 94104.

O'Reilly, R., Wilkes, L., Luck, L., & Jackson, D. (2010). The efficacy of family support and family preservation services on reducing child abuse and neglect: What the literature reveals. *Journal of Child Health Care*, *14*(1), 82-94.

Paton, L., Grant, J., & Tsourtos, G. (2013). Exploring mothers' perspectives of an intensive home visiting program in Australia: a qualitative study. *Contemporary nurse*, *43*(2), 191-200.

Peacock, S., Konrad, S., Watson, E., Nickel, D., & Muhajarine, N. (2013). Effectiveness of home visiting programs on child outcomes: a systematic review. *BMC public health*, *13*(1), 1.

Rautio, S. (2013). Parents' experiences of early support. *Scandinavian journal of caring sciences*, *27*(4), 927-934.

Richmond, M. (1899). *Friendly Visiting amongst the Poor. A Handbook for Charity Workers.* MacMillan & Co Ltd, New York.

Scheiwe, A., Hardy, R., & Watt, R. G. (2010). Four-year follow-up of a randomized controlled trial of a social support intervention on infant feeding practices. *Maternal & child nutrition*, *6*(4), 328-337.

Winkworth, G., McArthur, M., Layton, M., Thomson, L., & Wilson, F. (2010). Opportunities Lost—Why Some Parents of Young Children Are Not Well-Connected to the Service Systems Designed to Assist Them. *Australian Social Work*, *63*(4), 431-444.

Zapart, S., Knight, J., & Kemp, L. (2016). 'It Was Easier Because I Had Help': Mothers' Reflections on the Long-Term Impact of Sustained Nurse Home Visiting. *Maternal and child health journal*, *20*(1), 196-204.