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Which skillsets and other characteristics of a home visitor contribute to the effectiveness of a home-based child abuse and neglect prevention program?

by

Kimberly Quamme

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of
Master of Social Work

Committee Members
Rosella Collins-Puoch, Ed.D, MSW, LICSW (Chair)
Theresa Gomez, LISW
Jennifer Krekelberg, BA

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis, nor a dissertation

Abstract

Keeping children safe and therefore preventing abuse and neglect has certainly always been a value of the Social Work profession. Home visitors, those charged with the duty of executing these programs, are visiting clients in their home over a period of time, offering support, resources, and nourishing the relationship between parent and child. To find the skill sets and characteristics which impact the success of these home visitors, this qualitative research study sought to identify characteristics and skill sets of home visitors which contribute to the effectiveness of a child abuse and neglect prevention program. Individual interviews were conducted with ten home visitors from the Metro Alliance of Healthy Families in the Twin Cities Metro of Saint Paul and Minneapolis Minnesota. The major themes which emerged from the data are: 1) specific characteristics home visitors identify such as empathetic and nonjudgmental; 2) past successes which stem from the formation of relationships built upon healthy boundaries; 3) the essential role a supervisor plays in the home visitor's ability to be effective. A discussion of the data as well as implications and recommendations for further research follows.

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INTRODUCTION

The U.S. Department of Health and Human Services indicates that annually, there are more than 800,000 reported cases of child maltreatment, involving more than 1.5 million children around the United States (USDHHS, 2008). Sadly, these numbers only reflect reported cases of child maltreatment, lacking what experts agree is a large number of children whose unhealthy living conditions go unreported or, if reported, unverified by authorities (Caldera, et al., 2007; Howard & Brooks-Gunn, 2009). Consequently, Cullen et al. (2010) concluded that a considerable number of children in this country live in conditions which have shown to have negative physical, social, and mental health outcomes.

Families who access resources, such as parenting services, generally only do so after an abusive incident report. In an effort to shift society's reactionary standards to more preventative programming, home visiting has become one of the most commonly practiced strategies for child abuse prevention in the nation (Dumont et al., 2007). This child abuse prevention strategy raises questions regarding how to design, target, and implement these home-based services.

Research conducted by Cullen, Ownbey & Ownbey, 2010, Daro et al., 2007, DuMont et al., 2006, and Mitchell-Herzfeld et al., 2005 provides generally modest results, reportedly due, in part, to the difficulty researchers have had in measuring child abuse and neglect. Research by Howard and Brooks-Gunn (2009) used proxy measures to assess child abuse and neglect, such as scales of child health and safety, and suggest that a reduction of proxy measures translates to reductions in child abuse and neglect. While several studies (Daro et al., 2007; DuMont et al., 2007) measuring home visiting programs have shown to improve measures of parenting behaviors and child development, there remains a question as to what makes these programs

effective and the impact the home visitor has in that success. Although findings in this area can be difficult to interpret, generalize, and substantiate, it is Frederick Douglass who encourages these prevention efforts; “It is easier to build strong children than to repair broken men” (Douglass, 1855).

For one high-risk group studied (Howard & Brooks-Gunn, 2009), each dollar invested yielded \$5.70 in savings. For example, a combination of the following occurred: increased tax revenues associated with maternal employment, lower use of public welfare assistance, reduced spending for health and other services, and decreased criminal justice system involvement. The benefits of an abuse prevention program appear to suggest drastic savings, system-wide, making home visiting a prudent investment. To inform funding sources, government lobbyist, and the general public regarding the importance of prevention programs, and their long term payoffs for families and communities, the skills required to effectively provide these services needs to be explored. Therefore, this study will explore the question: Which skillsets and other characteristics of a home visitor contribute to the effectiveness of a home-based child abuse and neglect prevention program?

LITERATURE REVIEW

Home Visitors

Home visiting theorists (Halpern & Larner, 1987; Klass, 2003; Wasik, Bryant & Lyons, 1990) suggest that there are general characteristics of home visitors that are related to effective delivery of home visiting services. The ability to be nonjudgmental, to be concerned and caring towards the families on his or her caseload, and the ability to understand and/or relate to families (Halpern & Larner, 1987) are some of the characteristics demonstrated by effective home visitors. Klass (2003) opined that when parents feel comfortable enough to bring up a concern, they are more likely to listen to the information the home visitor provides. And, Daly-Cano (2012) believed that it was important for the home visitor to see the parents as the experts concerning their own child. Moreover, Daly-Cano believed that, in order to be effective, the home visitor needs a good understanding of the client's actual living conditions.

Gill et al., (2007) found that clients' needs are more readily met through home visitation, because it eliminates environmental constraints such as transportation and structured hours of operation. Gill et al. further stated that, "The quality of program implementation ultimately rests with home visitors" (p. 24). Further research from Hiatt et al. (1997) found the factors that impact a home visitor's effectiveness include characteristics such as personality and attitudes (Sweet & Applebaum, 2004; Wasik & Roberts, 1994), and psychological functioning or job satisfaction (Gill et al., 2007).

Research from Korfmacher, Green, Spellman, & Thornburg, 2007; Sharp, Ispa, Thornburg, & Lane, 2003; Taylor & McCurdy, 2010 suggested that a positive relationship

between the home visitor and parent resulted in better parent engagement, retention, and length of home visits. Although little is known about the factors that promote this relationship, Early Intervention (EI), a home visiting program for families of children with developmental disabilities, suggested that service delivery style, defined as the emphasis the home visitor places on family goals versus the program's goals, impacts the helping relationship (Ackerman & Hilsenroth, 2003; Dunst, Boyd, Trivette, & Hambly 2002). Research conducted by DuMont et al. (2008) and Howard and Brooks-Gunn (2009), suggested that the impact on families was consistent with the home visitor's values during visits and the home visitor's understanding of their program's theory of change. The ability of a home visitor to uphold such values is impacted not only by their individual experiences, but also by the overarching values and ethics of professional development through formal education.

Professional versus Paraprofessional Home Visitors

When considering specific characteristics of home visitors, there is debate as to whether or not home visitors should be professional (i.e., possess a formal degree in the social service professions), versus paraprofessional home visitors (i.e., possess no degree and/or training in the social service professions). In that connection, Olds et al. (2002) found that, although home visiting services delivered by paraprofessionals do have a positive impact on families and children, those results are not of the same magnitude, and/or type as they would have been had the home visitor services been provided by professional, or formally educated home visitors. In this regard, it seems that formal education has an identifiable difference in the working outcomes of those professionals. However, Sweet & Appelbaum (2004) found that paraprofessionals were

associated with higher effect sizes than were professionals, which might suggest that those who were once themselves helped by home visiting programs are better able to effect change for others. Certainly the education of the home visitor will be important to consider when measuring the effectiveness of paraprofessionals and professionals.

Effect of Personality Characteristics On The Success of The Home Visitor

Sharp et al. (2003) explored the possibility that personality and relationship quality were related to one another, and to the amount of time devoted to home visits. The data showed that personality characteristics such as the home visitor's ability to limit negative emotionality, helps explain the quality of mothers' and home visitors' working relationships with one another. Furthermore, the degree of relationship quality a Mother has with a home visitor mediates links between personality and time engaged in home visiting. Making an assessment of relationship quality may, in turn, predict the amount of time invested in home visits.

Deborah Weatherston (2010) asked parents to describe the home visiting services they received. In particular, Weatherston asked what the parent remembers about the home visitor and the intervention that was most useful or helpful. Parents used the following words to describe useful or helpful home visitors: understanding; compassionate; perceptive; patient; attentive; humorous; available; flexible; supportive; knowledgeable; comfortable; nonjudgmental; empathic; reliable; trustworthy; and helpful. Additionally, Weatherston (2010) found that the difference between parent's perceptions of success and the home visitor's perception of success is that parents more often included personality characteristics of the home visitor, whereas home visitors do not often include personality characteristics of themselves;

rather they contribute success to specific tools or theories of change. The consideration of personality traits as important to home visitor's effectiveness is essential, but should also include the background of such home visitors, and the development of such personality traits and characteristics of being.

Effect of Background On The Success of The Home Visitor

Caldera et al. (2007) tracked successful engagement with families in order to explain the relationship between the parent and the home visitor, and how that relationship developed over time. Home visitors who are able to build and carry on a trusting relationship with the client will better affect the therapeutic nature of the home visiting interaction, producing benefits for children and families.

Wagner et al. (2003), found that,

...home visitors' background characteristics (e.g., being parents themselves, age, ethnic background); personal characteristics (e.g., genuine caring for the parent and child, a nonjudgmental attitude, sociability, achieving a balanced perspective); and skills (e.g., professional, ability to balance roles, & attunement,) may all contribute to home visits' effectiveness. (p. 184).

Therefore, Sweet & Appelbaum (2004) suggest, what happens while a home visitor is in the home is difficult to quantify; there are many intangible factors, such as the personality and attitude of the home visitor. The need for ongoing research with this focus will be one aspect of this research project, contributing to a growing body of literature on home visitor effectiveness.

Importance of Supervision to Home Visiting

Healthy Families America (HFA) has named supervision as workers' primary mode of continuing education and support, with a required two hours per week of individual supervisory sessions, with an emphasis placed upon relationship-building between supervisor and supervisees (Mena & Bailey, 2007). The importance of not only supervision time, but of the supervisory relationship, makes it an essential part of home visiting to consider with regards to characteristics in a home visitor. Additionally, while the activities of supervision do provide the worker with education, support, and guidance, "it is the quality of the supervisory relationship which tempers the effectiveness of supervision" (Mena & Bailey, 2007, p. 55).

The process for creating a successful relationship between a supervisor and a home visitor was conceptualized as the working alliance by Bordin (1979). This alliance is built on three concepts including: (1) goals - mastery of skill or increasing understanding; (2) tasks - individual case meetings and review; and, (3) bonds - a relationship which includes caring, liking, and mutual trust (Bordin, 1983). Mena and Bailey (2007) stated, "A specific examination of the relationships between the supervisory working alliance and client outcomes with professional workers is needed" (p. 63), in order to understand better how the state of the supervisory working alliance enhances or impedes client outcomes. In addition to the supervisory relationship, another important factor to consider is that home visitors do their work inside the home of the client, unsupervised. The benefits and challenges of this model are discussed in the following section.

Home-based Abuse and Neglect Prevention Programs

The data thus far clearly highlights the importance of the relationship created between the client and home visitor as a predictor of program success. The home visitor is inherently responsible for the relationship, suggesting that the home visitor must be skilled and able to utilize known strategies for engaging mothers, affecting change, and preventing abuse and neglect (Caldera et al., 2007; Sharp et al., 2003). Home visiting programs also hold a general belief that parents are the ones who create change for their children; therefore, the goal should be to help children by helping their parents. Instead of interacting directly with children, most home visiting programs have trained practitioners to encourage and train parents to help their children (Sweet & Appelbaum, 2004). Caldera et al. (2007) pointed out that, "...a healthy parent-child relationship provides the foundation for positive child development, and successful family support programs are built on trusting and caring relationships between [home visitors] and [parents]" (p. 171). Following are two home visitor program models that demonstrate the concepts discussed above.

Healthy Families America

One home visiting program is the Healthy Families America (HFA) model; a voluntary program aimed at promoting child health and development and maternal parenting knowledge, attitudes, and behaviors (Healthy Families America, 2014). HFA is a comprehensive and intensive home visitation model, which began in 1993 and was inspired by Hawaii's Healthy Start Program. Some of the features of HFA include providing parents with information, emotional support, access to other services, and direct instruction on parenting practices. The

theoretical frameworks which HFA was built on are drawn from Bowlby's Attachment Theory, the Ecological Perspective, and Constructivist views of child maltreatment (Watzlawick, 1990).

Attachment Theory was first introduced by John Bowlby in 1982, and found that the relationship between mother and infant mitigated the child's ability to self-regulate. Attachment Theory explains symptomatic expressions of fear and anger as due to disruptions in the attachment relationship (Nichols, 2013). The Ecological Perspective introduced five socially organized subsystems that support and guide human development; e.g. micro, meso, exo, macro, and chrono.

A micro system can be summarized as a pattern of activities, social roles, and interpersonal relations experienced by an individual in a given face-to-face setting, such as family, school, or work place. Bronfenbrenner (1993) defines the meso system as a system of micro systems, such as how micro systems of an individual interact with one another. The exo system includes indirect interactions such as a parent's workplace to a child; the affect must be mediated through the parent. Macro systems refer to the overarching beliefs, culture, and bodies of knowledge, including policy and law. Finally, chrono system encompasses change or consistency over time. Each subsystem depends on the contextual nature of the person's life and offers an ever growing diversity of options and sources of growth. Furthermore, according to Bronfenbrenner (1993), within and between each subsystem are bi-directional influences, implying that relationships have impact in two directions, both away from the individual and towards the individual.

However, a theory known as Constructivism was introduced in 1984 by Paul Watzlawick. Constructivism espoused that, "brain function showed that [people] can never know the world as

it exists out there; all [they] know is [their] subjective experience of it” (Nichols, 2013, p. 60). Using this approach, it is suggested to use the lens which enables the person to help their own understanding. Daro and Harding (1999) concluded that enhancing parental capacity requires the home visitor to understand how a diverse array of chronic and acute circumstances could influence parents’ perception of their children, their role as parents, and their willingness to change.

HFA Is Supported By Traditional Abuse Prevention Programs. HFA has received support from organizations such as Prevent Child Abuse America and the Ronald McDonald Foundation for providing support to disadvantaged mothers beginning prenatally, or just after the child’s birth and continuing for three to five years. Despite variations in program implementation, the voluntary model of HFA home visiting has been implemented in more than 400 sites. However, few have conducted rigorous randomized controlled trials needed to reflect on the necessary skillsets and characteristics home visitors need (Howard & Brooks-Gunn, 2009). Sweet & Appelbaum (2004) found that “Bringing the intervention into the home also provides opportunity for more whole-family involvement, personalized service, individual attention, and rapport building” (p.1435). Other research (Krugman, 1993; U.S. Advisory Board on Child Abuse & Neglect, 1991; U.S. General Accounting Office, 1990) has recognized home visiting as the preferred method of effective abuse and neglect prevention service delivery.

A longitudinal study conducted by Caldera et al. (2007) assessed the impact of statewide home visiting programs on parenting practices and child health and development, as well as maternal parenting knowledge, attitudes, and behaviors. For example, a total of 325 families

divided between six Healthy Families Alaska locations were studied from January 2000 until August of 2001, and found no impact on child health, but did find that children who participated in the program had more favorable developmental and behavioral outcomes, and mothers had greater parenting self-efficacy. Similarly, Cullen et al. (2008) found that the HFA program was successful at promoting healthy child development, and it also reduced problem behaviors in children. In a rural North Carolina HFA study, Cullen et al. found significant positive changes between pre and post-test intervention assessments on all attitudinal and behavioral factors.

One other large-scale, multi-site investigation of the HFA model was conducted by Daro et al. (2007), which found that relative to other home visitation programs, HFA was effective at involving families in service planning, offering specific training to home visitors, encouraging a satisfying relationship between clients and home visitors, and engaging caregivers of high risk communities. Moreover, parenting attitudes and practices improved, as children exhibited significantly higher levels of performance on measures of social and emotional competence. Furthermore, Daro et al. opined that from the outset, HFA's home visitation program was viewed as one component in a three-part strategy to achieve significant and lasting change in the rates of child maltreatment and other negative outcomes for children. Equally important were efforts to, "(1) create a program context in which all families would be better able to access the assistance they needed; and, (2) a research context in which services would be refined on the basis of empirical evidence" (p. 153).

A study of Healthy Families New York (HFNY), conducted by DuMont et al. (2006), found that relative to controls, mothers who participated in the program reported committing fewer acts of abuse and neglect during their children's first 2 years of life. Another HFNY study

conducted by Mitchell-Herzfeld et al. (2005) found that relative to controls, participants exhibited lower rates of depression and more positive parenting attitudes. Moreover, children who participated in this study had significantly higher birth weights and were more likely to receive essential services.

Metro Alliance for Healthy Families

A Metro Alliance for Healthy Families (MAHF) brochure (MAHF, 2012) details its aim to help families develop the knowledge, skills and confidence to meet the unique needs of their babies. Home visitors are described as wanting to “promote parent-infant attachment, family health and wellbeing, parenting skills, and cognitive, emotional and behavioral skills of children, along with linkage to healthcare, social services and educational resources”. Furthermore, MAHF explained that home visitors share ideas with parents about how to care for and play with their baby, information that will let parents know if their baby is growing and developing like other children the same age, and help in creating a safe and caring home for their baby. Finally, MAHF identifies that “participation in MAHF is completely voluntary and free, and outreach to families starts with a visit with the parents at local community sites and partner hospitals, MAHF home visitors offer family home visiting and other community resources to families based upon their interests and needs, and home visits are weekly for the first 12-18 months and continue with decreasing frequency up to age 4” (MAHF, 2012).

Within MAHF, the professional model of HFA is utilized in which home visitors are said to represent the community they serve and are also trained professionals from the fields of public health nursing, social work, early childhood development, family counseling, or infant and

maternal mental health. There are currently more than 60 MAHF public health nurses, family support workers, early childhood educators and social workers, all of whom received the same evidence based Growing Great Kids (GGK) curriculum training as a foundation for providing services (MAHF, 2012). Mobile families around the Twin Cities Metro (Minneapolis & St. Paul, MN) experience service continuity and consistency across 10 partners, including 9 counties and 1 city. These include Hennepin, Ramsey, Dakota, Anoka, Washington, Scott, Chisago, Isanti and Carver Counties and the city of Bloomington. The Alliance is based upon a Joint Powers Agreement and has a ten member Governing Board of elected officials (MAHF, 2012).

Cost Comparison of MAHF to Traditional Child Abuse Prevention Programs. The MAHF program provides services to families in the Twin Cities Metro area of Minneapolis and St. Paul Minnesota. The Minnesota Department of Health and Human Services (2012) reported that in Minnesota, the counties of Leech Lake, and the White Earth Bands of Ojibwe together assessed 18,284 reports of maltreatment involving 25,839 children; neglect was the most common allegation of maltreatment found in 63 percent of family assessments and 54 percent of family investigations. This finding includes neglecting to provide adequate food, clothing or shelter, endangerment, educational neglect, abandonment and inadequate supervision (MN DHS, 2012). A 2005 study of the Dakota County pilot program found that providing intensive home visiting services to one family cost \$6,150. This amount is still about a quarter of the expense of investigating and prosecuting a single case of abuse in the county's child protection system, which amounts to \$26,000 per case in 2002 dollars (MN DHS, 2012). This is a difference of \$19,850, money which could be saved and reinvested in our communities if families were

engaged in home visiting and therefore potentially prevented from having involvement with child protection.

Summary

In summary, the literature suggested that home visitors, who possess requisite skills, can play a significant role in the reduction of child abuse and neglect. However, there is ongoing debate regarding whether or not home visitors should be college educated, or if his or her life experience is sufficient to produce positive change in parenting ability to prevent child abuse and neglect. The personality and the background of home visitors appear to contribute significantly to home visitors' ability to successfully carry out their charge. The quality of the supervision that home visitors receive could impact the overall success of the home visiting experience as well.

Home-based abuse and neglect prevention programs are beginning to show promise over traditional abuse and neglect prevention programs. Moreover, costs related to home-based abuse and neglect prevention programs appears to be significantly less than costs associated with traditional abuse and neglect prevention programs. In the final analysis, the overall system related costs associated with child abuse and neglect prevention may be significantly reduced through the use of home visiting programs.

CONCEPTUAL FRAMEWORK

The ecological theory will be applied as a framework for this study. As mentioned earlier in this paper, the HFA model is also based upon the ecological model including the five socially organized subsystems identified as micro, meso, exo, macro, and chrono systems. The ecological model was developed and introduced by Urie Bronfenbrenner in 1979 and considers the complex interplay between individual, relationship, community, and societal factors.

At the individual level, personal history and biological factors influence an individual's behavior, for example how a parent interacts with their child is rooted in their own experience as a child. Biological factors such as being a victim of child maltreatment, psychological or personality disorders, alcohol and/or substance abuse will produce important effects in the individual. Discovery of these factors leads to a better understanding of behavior (Bronfenbrenner, 1979). Keeping this in mind, this research will aim to identify if the home visitor is able to understand and recognize these factors for their clients.

Relationships are arguably the most important parts of human development. Relationships such as family, friends, intimate partners and peers may influence the individual, for example, chemically-dependent friends may impact whether a parent engages in that same risky behavior. The relationship between home visitor and parent is an essential piece to MAHF's theory of change, therefore a home visitor should be competent in creating, maintaining, and ending therapeutic relationships. Questions for respondents of this study will aim to assess their understanding of such processes as well as their ability to self-reflect.

Community contexts, in which social relationships occur, such as schools, neighborhoods and workplaces, also influence the individual. Risk factors on this level may include

unemployment, poverty, mobility and the existence of community resources. In order to assist with a parent's lack of community, a home visitor's ability to connect the parent with these systems in meaningful ways becomes essential. The respondents of this study will be asked questions about their comfort level with community resources and how it has either helped or hindered their experience of success.

Societal factors influence whether certain behaviors are encouraged or inhibited. All individuals are influenced by the economic and social policies of our government, which maintains inequalities between people as well as social and cultural norms such as male dominance, parental dominance over children and norms that endorse violence as an acceptable method to resolve conflict. A home visitors understanding of the societal factors influencing a parent, as well as influencing their own understandings and truths of the world seems essential to their success. Questions to respondents will look at their personal awareness of such societal factors.

METHODOLOGY

Research Design

This cross-sectional, qualitative research is based on the data collected from one time verbal reports or narratives via interview. An interviewer will be asking questions, found in Appendix A, to a respondent and recording answers in the form of notes. An audio recording of the interview will also be done. This research is cross-sectional, meaning it is focusing on a population at one point in time. It is also qualitative in that it will include data in the form of words, descriptions, and narratives based on data collected from one time verbal reports via interviews with 10 home visitors. This research also utilizes a grounded theory approach in which theory will emerge from the answers provided in interviews. Interviews allow the researcher to create additional questions if necessary. In this format, researchers are also capable of asking questions in any order and offering rephrasing when needed (Monette et al., 2011). Monette, Sullivan, and DeJong (2011) write that interviews can be more accurate and flexible (in data collection) than mailed questionnaires. Interviews foster a unique flexibility which produces richer responses due to the control that the interviewer maintains. Lastly, observations, such as nonverbal cues and body language enhance the responses and evaluation of the data.

Sample

This qualitative study was voluntary. Home visitors from all 10 partners of MAHF were asked to participate in the research via an email from the program director describing the study and process for volunteering. This sample aimed to be representative of the MAHF population

of home visitors on average. Home visitors received the following information: "Kimberly Quamme is a Graduate student at the University of St. Thomas who is conducting research about home visitors in MAHF to find skillsets and other characteristics which contribute to their effectiveness in a home-based prevention program. Participation in this research would require a one-time, one hour audio taped interview with the researcher, Kimberly Quamme, at a private location such as an office or private library room of your choosing. There are no identified benefits of this research, however a risk of this research is that you may be asked personal questions related to your work relationship with your supervisor. Any information you provide during the interview will be kept confidential, and no person within MAHF or your employing agency will know about your participation in this research. If you would like to take part, please contact researcher Kimberly Quamme at 612-802-7625."

Protection of Human Subjects

Because this research involves human subjects, it was necessary to take certain precautions to ensure confidentiality and anonymity. All participants were given a letter of informed consent found in Appendix B, prior to the interview. The interviewee signed one copy of the informed consent along with the researcher, and received another copy to keep for their records. These documents will be retained according to the rules of the University of St. Thomas Institutional Review Board.

When home visitors contacted the researcher to participate in an interview, the researcher used the following script to inform the home visitor about the study: "Thank you for your interest in my research about skillsets and other characteristics which contribute to home visitor success

in a home-based prevention program. To participate in this research, you would agree to a one-hour audio taped interview with this researcher in a private location of your choosing such as an office or library room. All your information will be kept confidential, and no person from The Metro Alliance for Healthy Families or your employing agency will be made aware of your participation in this study. Are you interested in scheduling an interview time with me?"

To further protect respondents, this research sought approval from the Metro Alliance for Healthy Families Evaluation Committee. The approval letter provided for this research is included in Appendix C.

Data Collection

Questions in the interview were open-ended, providing few restrictions on respondent's answers and because all possible responses cannot be predicted or is reasonable. The Researcher interviewed voluntary participants and recorded their answer for analysis. An audio recording of the interview was done, which was detailed in the consent form the interviewee read and signed prior to the interview. Interviews took place at the respondent's convenience, at a location which was familiar and comfortable to the interviewee and lasted no longer than 60 minutes. Only private and confidential locations such as offices or private study rooms were considered for interviewing locations. There are no known benefits of this study. Risks included the potential for negative emotions or reactions due to potentially personal questions about relationships with supervisors.

Data Analysis

This qualitative research report utilized an interpretive approach to content analysis. The interviews were transcribed into written text, and review codes were inductively identified in the data and noted in transcription. Categories were formed based on emergent themes in the data. Phrases, patterns, and relationships were a major focus for data analysis. Hosti (1968) stated, “The inclusion or exclusion of content is done according to consistently applied criteria of selection; this requirement eliminates analysis in which only material supporting the investigator’s hypotheses are examined” (p. 598). Throughout data collection, researcher notes were also kept, and used in data analysis. Researcher notes included observations, non-verbal language such as eye contact, and the researcher’s own feelings during the interview.

FINDINGS

Sample

Ten home visitors volunteered to be part of this research. All ten interviews took place between February 16th and March 18th, 2015 at a place which was convenient to the respondent. All respondents were female. Home visitors' experience ranged from one to 16 years of experience. The majority had one to three years with the remaining respondents having seven, 12 and 16 years of home visiting experience. The average number of years in this position was 5.7 years while the median time was 3 years. All home visitors had at minimum a bachelor's level degree. The degrees ranged from Nursing, Social Work, Sociology, Psychology, Spanish, Women & Gender Studies, Child Psychology, and Business. For those that had Master's level schooling, the degrees were in the fields of Nursing, Community Counseling, and Social Work. Other home visitors were certified as a Licensed Marriage and Family Therapist (LAMFT), Public Health Nurse (PHN), Registered Nurse (RN), Licensed Social Worker (LSW) or Licensed Graduate Social Worker (LGSW).

Themes

This research study sought to answer the questions: "What skillsets and other characteristics of a home visitor contribute to the effectiveness of a home-based child abuse and neglect prevention program?" The questions asked of respondents were intended to elicit themes related to these questions. The data was collected, transcribed, and coded. Themes that emerged from the data included the interventions and interactions that home visitors used to define

success, the importance of supervision to a home visitor's ability to do their job well, and finally the things about themselves which home visitors attributed to their success.

What Success Looks Like to the Home Visitor

In an effort to define or explain success, question number three asked the home visitor: "Please tell me about a time you felt successful with a client." The home visitors identified a wide range of successes for their families which included: "*Graduating the program*" and "*They were able to deal with crisis.*" One visitor attributed success to the benefit of beginning services prenatally. Overall, most visitors made comments to the effect that success is "*difficult to quantify*" and "*hard to measure.*" Most home visitors also commented on differences, "*every relationship is different because people are different.*"

Interventions. The interventions mentioned by respondents were those they felt had contributed to their success. These included being consistent, using creative outreach, building a relationship, listening and not giving solutions, and empathizing. Other interventions utilized were the Seeing Is Believing and Growing Great Kids Curriculum, doing activities, case consult and supervision, offering resources, and using Accentuate the Positive (ATP). The majority of the home visitors interviewed mentioned the ways they are able to help their clients such as, "*empowering them,*" "*supporting their mental health,*" and "*sending new messages.*" Lastly, home visitors mentioned that interventions vary from client to client, and some are more successful than others.

Building the relationship. All home visitors included the process of building a relationship as part of the successes of home visiting. One home visitor summed it up simply,

“*The relationship is important.*” To build a relationship, home visitors identified having conversations on a variety of topics, encouraging self-reflection and helping parents while they navigate the difficult challenge of parenting.

Boundaries. When home visitors discussed success and interventions, they all made note of their boundaries. It is curious that while the actual boundaries varied from very strict to somewhat loose, the identification of having them was acknowledged by all respondents. One home visitor described their boundaries with clients by saying: “*I tend to have more rigid professional boundaries than maybe others*” followed by, “*I’m hesitant about self-disclosure and I tend not to talk about me.*” On the other hand, some indicated boundaries were “*unstructured*”, or “*laid back.*” A few respondents mentioned elements of friendship like caring and consistent interactions however the visitors did not have expectations for the client’s return of such persistent caring.

Importance of supervision

Home visitors consistently contributed supervision as a contributor to success with clients. Specifically, home visitors identified being able to talk through their experiences during visits, explore difficult topics, and providing a parallel process for the home visitor. One home visitor explained, “*I need support because it can feel like it's personal.*” Another home visitor stated, “*When you talk about it in supervision that makes it easier.*”

Question five expanded this topic by asking the question: “What is your experience like in supervision?” The most common answers regarded specific traits of the supervisor, having a feeling of connection with the supervisor, and being able to talk openly and honestly. For example, one home visitor explained, “*[she] has a soothing tone that makes you feel safe,*” while

another reflected, *“She’s not a therapist but she has so much knowledge, she is so real and understanding of how real life is. She accepts you for who you are,”* and finally another home visitor explained, *“she is one of the first supervisors who has made me feel comfortable enough to express my triggers and vulnerabilities and frustrations.”*

Other home visitors liked that supervision is a requirement because it is so helpful. One respondent explains this, *“I have something to look forward to because it’s a place I know I can process and get ideas and validation and strengths.”* Another raved,

“Supervision is one of the reasons I love working here, making the time once a week, checking in with somebody who knows the cases, it helps me shake off some of the stuff I’ve been carrying and it helps prevent burnout.”

Overall, home visitors identified they liked being able to talk about what’s going on, things that have been happening, and how they feel about it and then get other ideas and insights in return.

Supervision’s Role in Success. In order to get at the specifics of how supervision has an impact on success, question number six asked the home visitor: “How does supervision help you do your job?” For some home visitors, supervision prevents burnout by giving them a chance to feel understood and like someone is empathizing with them by actively trying to understand their experience in the field. Supervisors also helped to process in a safe place, where they could work through the difficult things the home visitor would encounter. One visitor identified that she could call her supervisor *“after a hard visit.”* Others described supervision experiences such as group supervision and case consult as a contributor to success.

For example, one visitor responded, *“She challenges me to step out of my comfort zone by exploring why my feelings are this way, and realizing why something is happening,”* and another explained, *“In its ideal form it’s a parallel process.”* Overall, respondents had the most to say about supervision and offered an incredible amount of data as to how supervision related to their feelings of success in the position of home visitor.

Education and Experience

Education. For some home visitors, education was key. One visitor said, *“My educational experience is the foundation of everything, and I build off that knowledge.”* Another home visitor said, *“Schooling and education was huge for me because not having children of my own, I have professional experience and important knowledge.”* This focus of education is demonstrated by that fact that one home visitor obtained a mental health certification to further their knowledge and skills.

Experience. Other home visitors named specific trainings they had taken part in such as: Training as a probation officer, self-care training with yoga, motivational interviewing, attachment, mental health, reflective practice, and topical trainings such as STDs. Others mentioned Healthy Families America conference, training on poverty, Growing Great Kids (GGK) training, Integrated Strategies, neuroscience symposium, and Parent Survey training. Other home visitors referenced previous or coexisting experiences with domestic violence, crisis nursery, childcare centers, and promoting maternal mental health during pregnancy.

Personality & Characteristics

The final theme which emerged from the data is the specific characteristics home visitors identified within themselves as contributing to success. Some characteristics included, *“I’m thoughtful,” “I ask a lot of questions,” “I slow things down,”* and *“I’m genuinely interested in people.”* Others identified characteristics such as empathetic, curious, nonjudgmental, good listener, flexible, consistent, predictable, compassionate, genuine, and able to go with the flow.

Culture. Many home visitors identified being a part of *“the majority culture”*. One home visitor said, *“The program focuses on [culture] differences and explores them in supervision.”* The home visitors also identified the culture of GGK and GGF which *“directs the home visitor to share things without being too specific but rather, showing how to share.”* Another visitor said, *“I’m part of the culture of being an older mama or being single, it’s not just someone’s race.”* One home visitor noted, *“I had personal experiences with mental health issues during college and I’m a little softer towards it and understand it more.”*

Lessons Learned. Finally, the research asked home visitors, *“What would you tell a new home visitor about how to be successful with clients?”* Home visitors offered many insights and suggestions including: *“Listen and validate,” “what’s going on with them is not about you,” “try to be in the moment in order to validate feelings,” “put yourself in their shoes and have empathy,” “our work is hard because our clients aren’t good at relationships,” “be open and upfront about persistently caring,” “there are a lot of things to hold,”* and *“there is a bigger picture to everything.”*

Included below in Table 1 are additional statements of advice from home visitors.

Successful Interventions	Using Supervision	Characteristics and Skills
<p><i>“the relationship will grow over time”</i></p> <p><i>“remember just being present can be the most important intervention”</i></p>	<p><i>“try not to take things personally”</i></p> <p><i>“it’s an ongoing intervention”</i></p> <p><i>“rely on your support system”</i></p>	<p><i>“you need to be inherently empathetic and able to see where people are coming from”</i></p> <p><i>“do as much as you can to build the relationship”</i></p>
<p><i>“value the process of building a relationship”</i></p> <p><i>“there is ability for repair”</i></p> <p><i>“every relationship is different so every approach is different”</i></p>	<p><i>“be aware of body language”</i></p> <p><i>“use screening tools”</i></p> <p><i>“use your coworkers”</i></p>	<p><i>“be ready for anything and don’t rush to solutions”</i></p> <p><i>“be observant”</i></p> <p><i>“be yourself”</i></p> <p><i>“be genuine”</i></p>
<p><i>“the success’ make it feel worth it by outweighing the bad”</i></p> <p><i>“there is no one single right way”</i></p>	<p><i>“it can be a difficult job but also really rewarding”</i></p> <p><i>“bring things to supervision”</i></p> <p><i>“home visitors will find their own flavor for how they visit”</i></p>	<p><i>“slowdown”</i></p> <p><i>“let issues come up naturally with conversation”</i></p> <p><i>“ask questions”</i></p>
<p><i>“it takes time to establish a relationship”</i></p> <p><i>“remember people are forgiving”</i></p> <p><i>“you’re a partner with mom helping her figure it out because there is no cookie cutter approach”</i></p>	<p><i>“trust your gut”</i></p>	<p><i>“don’t worry when you don’t know the answer but find it with the family”</i></p>

Table 1. Advice from Home Visitors

Table two includes additional comments from home visitors, organized by the categories of findings.

Successful Relationship	Supervision	Characteristics and skills
A visitor says receiving verbal feedback was success. An example of this, <i>"She told me," I knew what was going to happen and it didn't feel like something was happening to me."</i>	Used for dealing with <i>"getting attached," "feeling protective," and "I want to take care of teens"</i> <i>"She is a safe place to say things out loud"</i>	<i>"I'm an introvert so I process before I respond"</i> <i>"I'm naturally an inquisitive person"</i> <i>"I'm casual"</i> <i>"I have good perspective"</i>
<i>"I feel like if all you did was an ATP, it would be better than doing nothing."</i> <i>"[parents] look to home visitors for advice"</i>	<i>"I feel comfortable with my supervisor"</i> <i>"I get to talk about what's going on, what I want, and how I'm feeling"</i>	<i>"I admit when I'm wrong"</i> <i>"I use humor"</i> <i>"I'm calm"</i> <i>"I don't take things personally"</i> <i>"I'm good in crisis"</i>
<i>"we're working towards goals mom has identified as important"</i> <i>"ideally it's a partnership"</i> <i>"I'm doing more listening than talking"</i>	<i>"I feel very comfortable with my supervisor, I cut her off to say I don't need solutions but I do need to share."</i>	<i>"Being a Mom has impacted my work, I come from a well intact family so I need to be aware some clients don't have that"</i>
<i>"I'm supportive and that helps build trust"</i> <i>"I'm really flexible"</i>	<i>"Supervision gives me perspective to say things out loud and hear it."</i>	<i>"My parents taught me to look out for others in the community"</i>
<i>"We're talking about what's going on and having conversations about all topics"</i>	<i>"She is willing to let me keep going with something until I feel I've finished with it"</i>	<i>"It stands out when working with other professionals who do not have reflective supervision"</i>
	<i>"I could go to her with anything, she looks out for our best interest"</i> <i>"don't feel alone in my work"</i> <i>"It makes me confident in what I bring as a home visitor"</i>	<i>"My family was never quick to judge and was open to new experiences and those family values have carried with me"</i> <i>"I'm good at making people feel comfortable"</i>

Table 2. Collection of data organized by topic

Discussion

Sample

This study achieved its goal of interviewing ten home visitors within the Metro Alliance for Healthy Families in the Twin Cities of St. Paul and Minneapolis, Minnesota. Participants were recruited for participation in an email from their supervisor, who was given a script explaining the study and the expectations of participants. All home visitors who voluntarily responded to this study and were interviewed are female; therefore this data does not consider any differences in gender of home visitors and the characteristics which make them successful. This data also does not include a comparison of non-professionals to professionals because all respondents have professional degrees.

The difference in years of experience in the position of home visitor was relatively large with the longest work history being 16 years and the shortest being less than a year; therefore the data includes information from home visitors in differing stages of their career. Home visitors were all professionally educated and had a wide variety of degrees and certifications with only a few repeats within the data set. Eight respondents were professionally educated in areas other than nursing, while two identified as nurses. This data is therefore slightly more representative of home visitors with other professional degrees than nurses. Additionally, the ten respondents represent only two of the ten MAHF partners, perhaps limiting the generalizability of this data. The following is a discussion of similarities and differences between the findings of this study and the findings cited in the Literature Review section of this paper.

Themes

Characteristics. Recalling the specific study by Deborah Weatherston (2010), parents were asked what they remembered to be helpful from the home visitor. Parents identified characteristics such as understanding, compassionate, perceptive, patient, humorous, available, flexible, supportive, knowledgeable, comfortable, nonjudgmental, empathic, and reliable. In this research, when home visitors were asked to identify characteristics which contributed to their success, they included: flexible, supportive, nonjudgmental, empathic, reliable, and understanding or compassionate. The overlap of findings suggests that home visitors are able to identify characteristics of themselves which parents of another study identified as helpful. Also, just as Weatherston (2010) found that parent's perceptions of success included characteristics of the home visitor, the home visitor's perception of success were contributed to specific tools or theories of change they used instead of their personality. This could be due to the difference in questions presented to the respondents; however it seems reasonable to suggest that home visitors are able to identify the characteristics about themselves which parents also contribute to their success.

Relationships. Recalling Gill et al., (2007) "The quality of program implementation ultimately rests with home visitors" (p.24). Knowing this, the question becomes what does the home visitor need to do or be in order to implement the program successfully. The answer to this question, it would seem to home visitors, is the relationship. For instance, when home visitors talk about success, they attribute it to building a relationship with the parent over time with the help of intervention tools, boundaries, and healthy relationship qualities. Additionally,

when parents talk about success, they mention not only the tools but also the characteristics of home visitors which built the relationship. The data of this study suggests that home visitors use interventions and curriculum which harbor safe and reflective relationships over time, demonstrating healthy relationship values such as empathy, reliability, nonjudgmental, and flexibility. Home visitors who are able to build and carry on a trusting relationship with the client will better affect the therapeutic nature of the home visiting interaction, producing benefits for children and families, suggesting that an ability to connect with a variety of people in order to practice healthy relationships would be an essential need for potential home visitors.

Boundaries. One foundation of healthy relationships is boundaries. Briefly mentioned in the findings is the curious data collected in this area. It seems that although all home visitors mentioned boundaries as an essential part of their relationship with clients, the boundaries themselves were quite different. Ranging from “like friendship” to “rigid professional relationship,” the data suggests what matters more is to have a boundary rather than to what degree that boundary is strict or not.

Another interesting point found in the data is that nurses (RN, PHNs) were more likely to have stricter boundaries, using words like “*professional*” and “*rigid*” as compared to others. They were also less likely to use self-disclosure. One social worker identified her boundaries as similar to friends, but different because it isn’t equal. Perhaps it is not the severity of the boundary, or even the specifics of it, but rather that the home visitor has considered the necessity to have some form of boundaries which ensure the relationship has clear expectations of its purpose without an expectation for return.

Education. As outlined in the findings, all home visitors in this study had some kind of professional education. While home visitors did attribute a lot of their abilities and success to their education, almost as commonly home visitors mentioned sharing the experience of being a parent as another important relationship factor. Although the question wasn't asked of home visitors, ultimately all disclosed whether they were parents themselves or not. For those home visitors who were not parents, they were more likely to credit their education as a main contributor to their success whereas a majority of home visitors who identified as parents made mentioned that being a parent wasn't necessary to do well at the job.

Supervision. Similar to research from Mena and Bailey (2007), this study also examined the importance of supervision to the success of home visiting. Previously, Mena and Bailey found, "it is the quality of the supervisory relationship which tempers the effectiveness of supervision" (2007, p. 55). According to the statements of home visitors in this research, the data agrees and suggests that a home visitor's ability to be successful with clients is a parallel process to the relationship with their supervisor. The dynamics of the relationship between home visitor and supervisor directly influences the dynamics of the relationship between home visitor and parent. A respondent of this study said,

"Supervision is one of the reasons I love working here, making the time once a week, checking in with somebody who knows the cases, it helps me shake off some of the stuff I've been carrying and it helps prevent burnout."

Another visitor mentioned that supervision helped them return to the home again and again because supervision served as a “dumping ground” of the issues happening, which created space for the visitor to go back refreshed and with more empathy.

Limitations and recommendations

The findings of this study are not generalizable to all home visitors. This study looked at a specific geographic location in Minnesota and therefore might not represent home visitors living elsewhere in the world. Also, this research is not generalizable to home visitors using any model other than Healthy Families America. This research is also limited in representing all ten partners of MAHF as only two partners are represented. Future research should include a larger sample of home visitors using a variety of home visiting models. Future research should also include male home visitors.

Selection bias might also be a limitation of this research. Respondents who are likely to volunteer for such a study could predispose their success as those who do not feel successful would be less likely to volunteer for a study which is looking for successful characteristics. Another study might benefit from recruiting a diverse sample of respondents instead of asking for volunteers.

Implications for social work

This research offers several implications for the field of social work at the micro, mezzo, and macro levels. On a micro level, the research suggests that the specific program of Metro Alliance of Healthy Families has home visitors who recognize successful characteristics about

themselves which echo findings from parents. MAHF has a collection of partners whose home visitors have a wide variety of education and experience. This collection of data offers specific information for home visitors to consider about themselves with regard to their success. For social workers who pursue a career in home visiting it would be important to possess the requisite empathy and nonjudgmental attitude. Certainly such principles as dignity and worth of the person are outlined in the Code of Ethics of the National Association of Social Workers. The Code of Ethics is an essential element to a social work education and must be referenced often in practice, as ethical issues always come up.

On a bigger scale, home visitors are a part of communities, impacting families and making differences in the lives of children and parents every single day. The stories told in this research are someone's reality, and the importance of this work is evident in the caring way home visitors talk about it. When a visitor says they feel protective of their families, it is a perfect example of compassionate neighbors and communities watching out for one another and helping each other. Strengthening our communities through effective child abuse and neglect prevention programs benefits everyone. Social workers will encounter family violence, child abuse and neglect throughout their work and should be aware of programs which exist to benefit the family.

Ideally, the government will take notice of these great outcomes and take additional steps up the prevention ladder by making sure these services are accessible to everyone who needs them and compensate home visitors at an appropriate wage. During a year of financial surplus, in a state which surpasses others in early childhood funding, this researcher is hopeful that social work and nurse advocates alike will continue to fight for increased funding.

Conclusion

The purpose of this research was to find characteristics and skills sets of home visitors which contribute to the effectiveness of a home-based child abuse and neglect prevention program. The available research discusses many topics related to home visiting including successes of differing programs, importance of home visitors who have professional education versus those who don't and how such programs create a return of investment. This research aimed to fill the gap of knowledge in examining what makes home visitors successful, by their own account. It turns out that home visitors are able to identify specific characteristics of themselves, the importance of supervision, and the process of building a relationship with a client as a contributor to success.

With every opportunity to discuss client success, home visitors will always say something about the relationship they had built with the client. Maybe they have a long history of consistency with the family, which encourages trust; possibly the relationship is challenged in some other way and the key factor is the ability to make a repair.

Home visitors rely so heavily on their supervisory relationship that many identify it as the most important part of their work. As discussed, a home visitor's relationship with their supervisor will act as a parallel process for the relationship with a family. This allows the home visitor to talk about their experiences and create space via empathy from a supervisor.

Finally, one home visitor said it simply in that some characteristics one must inherently possess. Such characteristics seem common among all the respondents of this research in that they identified as empathetic, nonjudgmental, and flexible. The home visitors of MAHF are still

different and bring their own “*flavor*” to their work with clients. It could be suggested that those who are inherently possess characteristics are specifically drawn to home visiting.

While the results of this research are exciting, there are limitations to the specific population it represents and the ability of the data to be generalizable. This research also has several implications for the field of social work. One implication is the support for prevention programming and the overall benefit of communities and families who have access to such services.

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APPENDIX A

Interview Schedule

1. How long have you been a home visitor and what are your educational credentials?
2. What other experience do you have working in human services?
3. Please tell me about a time you felt successful with a client. Please include information about what happened and the interventions you used.
4. Describe your relationships with clients. Include information about what it looks like, how you feel about them, etc.
5. What is your experience like in supervision? Include your comfort level with your supervisor along with any strengths or weaknesses of your relationship.
6. How does supervision help you do your job?
7. What trainings and other educational experiences have lent to your success as a home visitor?
8. What personality characteristics of yourself do you think are helpful in being a home visitor and how has your own culture impacted your work as a home visitor?
9. What would you tell a new home visitor about how to be successful with clients?
10. If you've ever received direct feedback about yourself from families you visit, what was it?

APPENDIX B

CONSENT FORM-UNIVERSITY OF ST. THOMAS

Which skillsets and other characteristics of a home visitor contribute to the effectiveness of a home-based child abuse and neglect prevention program?

682224-1

I am conducting a study about the characteristics and skillsets which make a home visitor successful. I invite you to participate in this research. You were selected as a possible participant because *you are a home visitor for an agency which is a part of the Metro Alliance for Healthy Families*. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Kimberly Quamme, a graduate student at the University of St. Thomas. The academic advisor is Rosella Collins-Puoch.

Background Information:

The purpose of this study is to find skillsets and other characteristics of home visitors which contribute to their success. This research aims to find commonalities between home visitors participating in the Metro Alliance for Healthy Families. This data will benefit the research-based programming of Healthy Families America, and also give guidance to supervisors for the hiring process of home visitors. This work will also add to the body of literature of social work topics at the University of St. Thomas.

Procedures:

If you agree to be in this study, I will ask you to do the following things: Answer questions during an interview, which will be scheduled at the participant's convenience and at a place which is confidential and comfortable for the participant. The interviews will be audio recorded using this researcher's Ipad, and will take no more than 60 minutes.

Risks and Benefits of Being in the Study:

This research has risk because questions of sensitive nature may be asked, such as the participant's working relationship with their supervisor. There are no benefits for participation of this study.

Confidentiality:

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. The types of records I will create include written notes, audio, transcriptions and consent forms. All of these records will be stored with Kimberly Quamme, in a secure locked box inside an apartment. Data and records will be destroyed after two years of the end of this study, which will be May 30, 2017. Signed Consent forms will be kept for three years, per federal guidelines.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with your employer or the Metro Alliance for Healthy Families or the University of St. Thomas. You may withdraw from this study before March 30th, 2015. Should you decide to withdraw; any data collected about you will not be included in my research findings. You are also free to skip any questions I may ask. To withdraw from this research, please contact Kimberly Quamme at 612-802-7625 or kimberlyquamme@gmail.com.

Contacts and Questions

My name is Kimberly Quamme. You may ask any questions you have now. If you have questions later, you may contact me at 612-802-7625 or kimberlyquamme@gmail.com or Rosella Collins-Puoch at rosella1056@aol.com or 612-669-9202. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6038 with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I understand that an audio recording of this interview is being made.

Signature of Study Participant

Date

Print Name of Study Participant

Signature of Researcher

Date

Appendix C



1 Mendota Road West, Suite 410, W. St. Paul, MN 55118

January 20, 2015

Dear Kimberly:

I am pleased to report to you that the Evaluation Committee of the Metro Alliance for Healthy Families (MAHF) has approved the research project as you outlined it in the *MSW Clinical Research Paper* that you provided the committee. Per MAHF Policy and Procedures, approval from the MAHF Evaluation Committee is required prior to initiating any research projects. We are very excited to support you in this endeavor and are hopeful that the results will not only assist you in your studies but will also be informative to our work and the home visiting field.

The list below summarizes the parameters of the support that will be offered for your project:

- Via the approval from the MAHF Evaluation Committee you are granted permission to contact MAHF Home Visitors for the purpose of carrying out the study outlined in your Clinical Research Paper.
- Theresa Gómez, the MAHF Program Manager will provide an introduction to your project to all MAHF Supervisors and ask them to make their home visiting staff aware that you will be contacting a randomly selected number of home visitors to participate in the research.
- Theresa will provide you with a list of home visiting staff and their contact information.
- Theresa has been and will continue to sit on your Research Committee.

We wish you every success with this project and look forward to the results. Upon completion of the project we would like to invite you to an Evaluation Committee meeting where you can present the results of your findings.

Please contact me if you have any questions or concerns.

Sincerely,

Theresa J. Gómez, MSW, LISW
Program Manager
Metro Alliance for Healthy Families
theresa.gomez@co.dakota.mn.us 651-554-6186