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Staff Perspectives on Parent Withdrawal from Maternal, Infant, and Early Childhood Home Visiting Programs

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

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by

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Educational Specialist, Walden University 2018

Master of Education, Strayer University 2013

Bachelor of Science, The University of Alabama 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The problem that was investigated through this study was the high withdrawal rates of families that enroll in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs. Examining this issue provided data that will be shared with MIECHV programs to identify potential strategies to reduce high withdrawals. This basic qualitative study with semistructured interviews examined MIECHV staffs' perspectives on the reasons for high withdrawals. The study was guided by Mowder's parent development theory (PDT) and examined parenting as a continual process whereby parents constantly adjusted their parenting role and perspectives. The research questions focused on the staff members' perspectives (1) about the reasons for withdrawals, (2) on how to reduce early withdrawals, and (3) on training needed to reduce withdrawals. Participants included twelve home visitors and three service coordinators selected through convenience sampling. The interviews were 25-30 minutes. The data analysis involved open coding with thematic analysis of the interview transcripts. Key results from the research indicate parents may not understand their role in the process; they have other responsibilities; they do not communicate amply with their providers; and providers do not have enough training to address parent needs. Based on the results of the study, the following recommendation may benefit programs: increased training forstaff to reduce withdrawals and encourage effective communication between providersand parents. The positive social change resulting from the study included evidence- based outcomes to decrease the number of withdrawals and may result in the expansion of MIECHV funded programs into other communities.

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Dedication

My dissertation is dedicated to my husband Dewayne Peoples and our twin sons LaQristen & LaQaurius Peoples. I appreciate each of them for their sacrifice, support, and love. I know there were countless times when I had to study, read, write, indulge myself in research, etc. Their love and support helped me to remain focused and determined when I began to feel overwhelmed, stressed, and defeated. I would not have achieved this goal without my “three guys”.

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I also would like to acknowledge my parents for creating a desire in me to learn and a passion for reaching my goals. Their guidance cultivated me into the woman I am today and helped me to understand that my potential is limitless when I believe in myself.

Most importantly, I am who I am because of my faith and trust in God. My personal relationship with him is what has and continues to sustain me daily. His grace is sufficient, and his mercy is everlasting. I rejoice in knowing that his plans for me is to prosper me and to give me hope and a future. I am thankful that he shepherds me and guides me to reach his preordained and predestined purpose for my life. I truly believe that eyes have not seen, and ears have not heard all that God has store for me. I am confident that he began a good work in me and will carry me until it is completed.

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Chapter 1: Introduction to the Study

The time between conception and early childhood is a crucial period for a child's growth and development in all domains: emotional, social, cognitive, brain, and physical development (Center for Disease Control & Prevention [CDC], 2021). The CDC (2021) also stated that it is during this time when the child's development depends heavily on the parent's skills, knowledge, and involvement in the development. It is important that parents have the knowledge and parenting skills to positively influence their child overall development (U.S. Department of Health and Human Services, 2018). Maternal, infant, and early childhood home visiting (MIECHV) programs provide services and support to enhance the well-being, development, and health of children and their caregivers (Health Resources & Services Administration Maternal and Child Health, 2021). MIECHV programs have often focused specifically on enrolling vulnerable and or low-income families.

While research has indicated that MIECHV programs promote maternal health and wellness, child health and development, and nurturing homes, many families withdraw before program completion (MIECHV Technical Assistance Coordinating Center [TACC], 2018). The success of MIECHV programs depended on the enrollment and retentions of families (MIECHV TACC, 2018). MIECHV programs have made their services available to enrolled families for many years, but the majority of the families have been found to receive the services for a year or less because they withdrew before program completion (National Home Visiting Coalition, 2020).

To address this problem of retention, I conducted a qualitative study on factors impacting withdrawal. This chapter includes an introduction of the study and provides an overview of the significance of the study. The background, problem statement, and nature of the study are included in this chapter and provide a thorough synopsis that supports and illustrates the importance of this study.

Background

MIECHV program goals included the following: (a) improve maternal and child health, (b) prevent child abuse and neglect, (c) encourage positive parenting, and (d) promote child development and school readiness (National Home Visiting Coalition, 2020). MIECHV programs are evidence-based, voluntary programs that help meet the needs of families in their communities. Families that chose to participate in a local MIECHV program receive help from home visitors or parent educators who are child development professionals, social services workers, and health care workers (Health Resources & Services Administration Maternal and Child Health, 2021). Families receive regular home visits that help them learn how to improve their family's health and learn strategies on how to provide better opportunities for their child (Health Resources & Services Administration Maternal and Child Health, 2021).

MIECHV programs have usually targeted families who are at an economic disadvantage, as well as pregnant women who are considered at risk and come from vulnerable populations (National Home Visiting Coalition, 2020). Home visits are delivered in the family's home or natural environment and within the families ongoing daily activities and routines (National Home Visiting Coalition, 2020). Visits include a

formal curriculum and service plan that is written specifically based on the family needs and completed by a credentialed or certified professional/home visitor (Chen et al., 2019). Enrollment in a home visiting program is voluntary. The success of home visiting programs is family driven and depends solely on enrollment. With enrollment being voluntary, many MIECHV programs have faced a reoccurring issue of families deciding to withdraw before program completion (National Home Visiting Coalition, 2020). The MIECHV TACC (2018) found that only 50% of enrolled families fully complete program models. MIECHV program enrollment and completion timeframe were between 2-3 years (Janczewski et al., 2019). Janczewski et al. (2019) found that by 24 months of enrollment in MIECHV programs, 76.5% of families withdrew before program completion. The purpose of this study was to identify the gap between MIECHV programs retaining families and families withdrawing before program completion.

Problem Statement

Enrollment in home visiting programs was found to be a direct strategy to improve parenting skills and child development in the home (Iruka et al., 2018). The problem investigated through this study was the high withdrawal rates of families that enrolled into MIECHV programs. The U.S. Department of Health and Human Services (2018) stated that the number of families served by the MIECHV programs had increased nearly five-fold since 2012 and more than 3.3 million home visits were provided over the past 5 years. While there was a steady increase in enrollment, research indicated that only 50% of enrolled families fully completed the program model (MIECHV TACC, 2018).

MIECHV TACC (2018) found that 20%-80% of families withdrew from the programs before completion without explanation.

In this study, the gap in practice was the inability of MIECHV programs to retain families and families withdrawing before completion. On average, 45% of families withdrew from the home visiting program within the first 12 months of enrollment. MIECHV TACC (2018) also found that only 26% of enrolled families receive one or two visits before withdrawing. Enriching home visiting programs and creating a working alliance with families may increase and sustain enrollment and engagement (Nix et al., 2018). Examining the issue of high withdrawals can provide data to be shared with home visiting programs that are experiencing issues with high withdrawals. The data may be used by MIECHV programs to evaluate their current recruitment and engagement practices and to identify potential strategies to reduce high withdrawals before program completion. The data will help bring about social change by providing in-depth information that highlights how MIECHV programs may combat the problem and encourage families to remain enrolled through program completion.

Purpose of the Study

The purpose of this basic qualitative study examined MIECHV program staff members' perspectives on the reasons for the high withdrawal. Home visiting programs have provided support to pregnant women, mothers, fathers, and other caregivers of young children (Nievar et al., 2018). The programs supported families and young children by providing services such as developmental screenings, referrals, health check-ups, vision screenings, parenting advice, learning activities, and information on parenting

roles, discipline, and education (Nievar et al., 2018). Despite the services home visiting programs have provided, a gap exists between MIECHV programs retaining families and families withdrawing before completion.

Research Questions

The following research questions guided this study:

Research Question 1 (RQ1): What are the staff members' perspectives about the reasons for withdrawals from MIECHV before program completion?

Research Question 2 (RQ2): What are staff members' perspectives on how to reduce families withdrawing from MIECHV?

Research Question 3 (RQ3): What are the staff members' perspectives on training needs to reduce families from withdrawing from MIECHV?

Conceptual Framework (Qualitative)

The conceptual framework for this study was Mowder's (2005) parent development theory (PDT). Mowder's framework is used by researchers and practitioners to research parents and parenting behaviors and gain understanding of parent's perspectives and roles. Mowder's framework has been used to explore more in-depth how home visitors perceive different forms of parent involvement. Mowder stated that the parent role is defined as one that an individual recognizes, accepts, and performs. Mowder's (2005) research indicated that parents could relate to their child or children based on how they conceptualize parenting and behave according to their parenting beliefs. This framework was used to examine parenting as a continual process whereby parents constantly adjust their parenting role and perspectives. Parents' perspectives are

based on parent characteristics such as age, sex, education, and/or sociocultural background.

The PDT framework (Mowder, 2005) suggested that there are six primary characteristics in relation to parenting roles: bonding, discipline, sensitivity, responsivity, education, and general welfare and protection. These six characteristics were the concepts of the framework that connected directly to the purpose of this study. Home visiting programs focus on enhancing parenting skills, parent-to-child relationships, and interaction by offering information and strategies to parents on how to improve their family's health, provide better opportunities for their children, and set personal goals related to work or education. The MIECHV TACC (2018) found that families that completed the program improved their understanding in all six areas, which correlated with the six characteristics within Mowder's PDT as follows:

- *bonding*: how to effectively bond with their newborn,
- *discipline*: how to use effective discipline techniques,
- *sensitivity*: how to recognize child development milestones, benchmarks, and behaviors,
- *responsivity*: how to use praise and other positive parenting techniques,
- *education*: how to set specific, measurable, attainable, relevant, and time-based (SMART) goals for their future, their personal educational goals, and their children's futures, and
- *general welfare and protection*: how to support their families' general welfare and protection.

Exploring MIECHV staff members' perspectives on providing information and strategies to families, with a focus on the six primary characteristics outlined by Mowder's PDT, made it possible to improve the understanding of why families withdrew from MIECHV programs before completion.

Nature of the Study

The nature of the study was a basic qualitative design with interviews. Qualitative research involved the collection, analysis, and interpretation of data that is not easily reduced to numbers. The study included 12 home visitors (HV) and three service coordinators (SC). I used the convenience sampling method to select the home visiting staff. Convenience sampling is also known as availability sampling and is a specific type of nonprobability sampling method (Creswell et al., 2018). This method relied on data collection from population members who were conveniently able to participate (Creswell et al., 2018a). Data was a vital component for the research.

I conducted semistructured interviews, which is a standard procedure for collecting qualitative data (Creswell et al., 2018). Semistructured interviews include open-ended questions, which enabled the participants to engage in a free developing conversation. Interviews were completed with HVs and SCs. The interviews were completed through Google Meet or via Zoom due to COVID restrictions.

Definitions

The following definitions were pertinent to the study because of the frequency of use of each term.

Home Visiting: the delivery of specialized care, early intervention, early childhood education, and or parent education in the home of enrolled families (Health Resources & Services Administration Maternal and Child Health, 2021).

Maternal, Infant, and Early Childhood Home Visiting (MIECHV): evidence-based programs administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF) that promotes home visiting for parent, pregnant women, and children birth to age 5 living in at-risk communities (MIECHV TACC, 2018).

Parent Educator/Home Visitor: professionals who work in the homes of participating families, building positive relationships with families and parents to offer support for parenting roles, and promote the parents' ability to support the child's cognitive, social, emotional, and physical development (MIECHV TACC, 2018).

Assumptions

It was assumed that participants in the study would provide honest information based on their knowledge, would fully understand the open-ended questions, and that the interview instrument elicited reliable responses. It was also assumed that the interviews would be completed in two southeastern states. The final assumption was that the interviewees' responses represented the perspectives of HVs and SCs from three local MIECHV funded programs.

Scope and Delimitations

The study had a limited scope. The study focused on identifying reasons why families withdrew from MIECHV before program completion. The data collected was

based on the perspectives of 12 HVs and 3 SCs. The study could have included parent perspectives; however, I opted to only include staff members' perspectives because of ease of accessibility. I contacted MIECHV staff because of my previous employment with several MIECHV programs.

The study contained two delimitations. The first delimitation was the setting. The study was initially based in two southeastern states. However, due to a program withdrawing from the study, the final study included one southeastern state. The southeastern states were initially selected because of the nearness to my home and because I previously held positions in MIECHV programs in both states. The second delimitation involved the participants; the participants were delimited to HVs and SCs in MIECHV funded programs only. There are other national and local home visiting programs that are not MIECHV funded, but I only included staff members' from MIECHV funded programs. The research provided answers with regards to the problem and also identified ways to gradually reduce early withdrawals before program completion and increase retention through program completion.

Limitations

The delimitations are under the researcher's control and align with the researcher's interest and preferences; however, limitations are beyond the researcher's control. This study had several limitations. The sample selected for this study included 12 HVs and 3 SCs. The HVs and SCs selected worked specifically for MIECHV home visiting programs. The results obtained in this study may not be applicable to HVs and SCs who work for home visiting programs that are outside of the MIECHV delegation.

Furthermore, there may have been unknown conditions or factors at the facility where the participants work that could have biased the responses of the participants.

Significance

This study has potential to advance knowledge of home visiting programs on how to reduce the number of families that have withdrawn before program completion. According to the Health Resources and Services Administration (2019), more than 3.3 million home visits were provided to families over the past 5 years and since 2012, the number of families that served has increased nearly five-fold. MIECHV TACC (2018) concluded home visiting programs were beneficial to the community in which they serve. Home visiting programs have helped families improve economic self-sufficiency by connecting parents to educational training, employment, and workforce development opportunities (Nix et al., 2018). Connecting parents to these resources has helped families address economic insecurity and encouraged families to focus on success not only in their home, but also for work and economic stability (Molloy et al., 2021). Molloy et al. (2021) also stated that increasing economic stability was beneficial to the community because it positively reduced public costs (i.e., welfare, SNAP, Public Housing, etc.). Children who participated and remained in home visiting programs through completion were nearly twice as likely as other at-risk children to be able to complete assignments on time, interact and engage cooperatively with others, and follow directions (Molloy et al., 2021). By addressing the problem, the results of this study provided insight into the perspectives of MIECHV staff on how to reduce the number of families that withdrew before program

completion and what training was needed to reduce families from withdrawing before program completion.

Summary

In this chapter, I addressed a national problem in a local context to emphasize the gap between MIECHV programs retaining families and families withdrawing before completion by focusing specifically on staff perspectives on reasons why families withdrew before program completion. Enrollment and program completion in MIECHV programs is usually between 2-3 years (Janczewski et. al., 2019). Within the first 12 months of enrollment, 45% of enrolled families withdrew before program completion (MIECHV TACC, 2018). By the second year of enrollment, 76.5% of families had withdrawn before program completion (Janczewski et. al, 2019). Overall, 20%-80% of families withdrew before program completion without providing an explanation.

In Chapter 2, I discuss the literature review, literature search strategy, and the conceptual framework and theoretical foundation. Chapter 2 also includes a literature review that is related to important concepts and variables. In Chapter 3, I focus on the research design and rationale, the role of the researcher, and methodology. Chapter 3 also includes descriptions of how participants were selected, instrumentation, procedures for recruitment, participation, data collection, data analysis plan, issues of trustworthiness, ethical procedures, and a summary. Chapter 4 contains the study results. Chapter 5 includes a final analysis of the data and includes recommendations and a summary.

Chapter 2: Literature Review

Chapter 2 includes the literature search strategy, the conceptual framework and theoretical foundation, a literature review grouped by key concepts and variables, and the summary and conclusion. I exhausted the literature on this subject because this area is not thoroughly research yet. In this study, I explored the issue of families withdrawing from MIECHV program before program completion. Specifically, there was a significant increase in the numbers of families who enrolled and withdrew from MIECHV programs before their family fully completed the program. The purpose of this basic qualitative study examined MIECHV staff perspectives on the reasons for the high withdrawal.

In the literature search, there was evidence of an issue with parental sustainment in MIECHV programs (Hodge, 2017). Moreover, Hodge (2017) indicated that family engagement and ongoing sustainment depended greatly on the parent and home visitor establishing effective partnerships. Hodge (2017) also found that the active participation of fathers was a contributing factor to determining whether a family remained enrolled in MIECHV programs through program completion. Based on the purpose of this study, I conducted a literature search to analyze relevant studies that may extend the focus of the problem.

The literature review included valid and reliable research from peer-reviewed journals that concentrated on the gap in practice that exists between MIECHV programs retaining families and families withdrawing before completion. The literature review is divided into three sections. The first section emphasizes the literature search strategy. The second section addresses the conceptual framework: Mowders's (2005) parent

development theory (PDT). The third section includes four subsections: (a) MIECHV programs, (b) recruitment, (c) retention/sustainment, and (d) withdrawals. Finally, this chapter ends with a summary of the findings from the literature review.

Literature Search Strategy

The following literature review was a critical analysis of published sources and literature on the topic of home visiting. I focused on making certain that the published sources or literature that I selected had information that appeared to be valid, professionally researched, and peer reviewed to ensure my research met scholarly rigor (see Fink, 2021). The literature review is an assessment of the literature and provides a summary, classification, comparison, and evaluation of the evidence presented. I focused on analyzing and then synthesizing the information to determine what has already been written on the topic, providing an overview of the key concepts, identified major relationships and patterns, identifying strengths and weakness, identifying any gaps in the research and conflicting evidence, and providing a solid background on the investigation. The critical analysis guided the conclusion found in response to the research questions and issue of concern. Agreements and/or disagreements by scholars in literature were noted.

Conceptual Framework/Theoretical Foundation

Mowder's PDT was used for this study. Mowder's PDT is a framework used to organize thinking, practice, and research that regards parenting (Mowder, 2005). PDT, originally called the parent role development theory, considers the parenting role by examining the sole roles that parents play (Mowder, 2005). The PDT framework is used

by researchers and practitioners to reason and deliberate on how parent's behavior and beliefs affect their engagement and sustainment in home visiting programs and their child's education (Mowder, 2005). Mowder (2005) stated that a parent's role is defined as one in which the individual parent recognized, accepted, and performed their parenting social role. Mowder (2005) found that a parent's ability to relate to their child or children was based on how the parent conceptualized parenting and behaved in response to their personal parenting beliefs. This framework was used to examine parenting as a continual process whereby parents constantly adjusted their parenting role and perspectives. Parents' perspectives are based on several characteristics that included parent's age, sex, education, and or sociocultural background. Enrollment in a MIECHV program enhances parenting skills, parent-to-child relationships, and interaction. The PDT framework suggests that there are six primary characteristics in relation to parenting roles. The six primary characteristics include (a) bonding, (b) discipline, (c) sensitivity, (d), responsivity, (e) general welfare and protection, and (f) education. These six primary characteristics connected directly to the purpose of this study.

MIECHV programs provide information and strategies to parents on how to improve their family's health, provide better opportunities for their child, and set personal goals related to work or education. MIECHV TACC (2018) stated that families who remain enrolled in a MIECHV program through completion gain six benefits: (a) learned how to effectively bond with their newborn; (b) gained an understanding of effective discipline techniques; (c) gained an understanding of child development milestones, benchmarks, and behaviors; (d) developed a understanding of the importance of praise

and other positive parenting techniques; and (e) learned how to set specific, measurable, achievable, relevant and timely (SMART) goals for their future, personal educational goals, their child's futures; and (f) learned how to support their families general welfare and protection. SMART is an acronym to help with setting realistic goals (Walden University, 2017). These six benefits were directly correlated to PDT framework six primary characteristics. Determining MIECHV staff perspectives on providing information and strategies to families that focused on the six primary characteristics and the six benefits provided an understanding on why families withdrew from programs before completion.

Mann (2020) conducted a cross-section, quantitative study to find a statistically significant relationship between parent-child connectedness (PCC) and adolescent suicide. The study's independent variables included parenting style, parental denial, and parental perception, and the dependent variable was adolescent suicidal ideation (Mann, 2020). Mann (2020) believed that PCC played a considerable role in reducing adolescent suicides in the United States. Mowders' PDT was used to address the research question. Mowders' PDT theory was relevant to Mann's research because it provided a framework against in which parental role perceptions were explored as contributing factor to decreasing adolescent suicide. Likewise, in my study, Mowders's (2005) PDT theory provided a framework against in which staff perceptions were explored as a contributing factor to decreasing early withdrawals before program completion and increasing parent/family engagement and sustainment.

Literature Review Related to Key Concepts and Variable

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Programs provide skills and services to pregnant women, children birth to age 5, and resources for at-risk families. Families who enrolled in MIECHV programs learned skills on how to raise their children and how to support their social, emotional, and physical development. MIECHV programs are offered as community in-home visiting programs and are found to be an effective component of comprehensive early childhood development (Duffee, et al., 2017). Nievar et al. (2018) validated Duffee's (2017) research by stating that MIECHV programs support the entire family system by promoting healthy family relationships, and improving overall child development, preventing child maltreatment, and improving the parents physical and mental health.

The services that parent received through enrollment in a MIECHV program benefitted the entire family (Nievar et al., 2018). However, many families and children did not reap the full benefits because they withdrew before program completion. Families who remained enrolled and fully completed their MIECHV program experienced the full benefits (Duffee et al.2017). Nievar et al. (2018) found that children who participated in MIECHV programs had higher academic achievement from their kindergarten to 5th grade year. Duffee et al. (2017) supported Nievar et al. (2018) findings by justifying that parents and children who completed MIECHV programs received information on how to increase their parenting skills, improve parent-child interaction and relationships. Both Duffee et al. (2017) and Nievar et al. (2018) research found that MIECHV programs

linked parents to opportunities such as employment and continuing education and that through enrollment, children benefited from receiving assessments that detected developmental delays and or potential health issues. Through program completion, children's literacy skills and school readiness were improved (Nievar et al., 2018). There are numerous MIECHV programs that offer services to pregnant moms, first-time parents, and families with children ages birth to five.

Parent As Teachers (PAT) is one MIECHV program that focused on increasing parents' understanding and awareness of early childhood development (Easterseals West Alabama, 2017b). Parents learned how to prevent child neglect and mistreatment, how to improve their parenting skills, and how to help prepare their child for school success (Easterseals West Alabama, 2017b). Lahti et al. (2019) found that PAT programs encouraged parenting skills and improved the parent abilities to positively impact their child's developmental outcomes. Children who remained enrolled in PAT through program completion were found to have a lower rate of absenteeism and performed better in math and reading (Lahti et al., 2019).

Nurse-Family Partnerships (NFP) like PAT is a another MIECHV program that supports families and first-time parents (Easterseals West Alabama, 2017a). Through enrollment in NFP, first-time parents received in-home services from professionals and nurses who provided support and knowledge that aided in healthy pregnancies and births (Easterseals West Alabama, 2017a). Each mother was partnered with an RN during the early term of the pregnancy and received ongoing home visits that continued through the child's second birthday (Nurse-Family Partnership, 2021).

Early Steps (ES) is an intervention program that offers services to infants and toddlers with delays and conditions such as developmental or physical delays (Florida Department of Health, 2019). The services provided by ES supported families and caregivers by providing them with strategies that developed their competence and confidence to help their child learn and develop. Annually ES provided services to more than 800 infants and toddlers who have a developmental delay or other condition that placed their development at risk (Ascension, 2020).

PAT, NFP, and ES are three of many MIECHV programs that provide services to young children, pregnant mothers, and families. Enrollment in these and other MIECHV programs is voluntary (Health Resources & Services Administration Maternal and Child Health, 2021). But through enrollment, families received services that were tailored to the family needs, aid that supported pregnant mothers, infants and young children health and well-being, guidance on how to reach early childhood developmental outcomes, and resources that improved family self-sufficiency and resiliency (Health Resources & Services Administration Maternal and Child Health, 2021).

Recruitment

Recruitment is a key component for MIECHV programs. The recruitment of families determined the longevity and success rate of MIECHV programs. MIECHV programs recruitment depended greatly on staff efforts, referrals received from other agencies, and referrals received from word-of-mouth (MIECHV TACC, 2018). Barnes-Proby et al. (2017) found that MIECHV programs recruitment plans should involve the recruitment of families in their target population. Easterseals West Alabama (2017a)

further documented the importance of programs enrolling families in the target population by suggesting that this enrollment method may increase retention and decrease withdrawals before program completion. The target population usually involved single-moms, first-time moms, and low-income families (Easterseals West Alabama, 2017a).

MIECHV programs could also consider focusing efforts on the recruitment of fathers (Rowe, 2018). The presence, involvement, and engagement of fathers depended on the father's availability and accessibility (Rowe, 2018). Rowe (2018) stated that MIECHV programs could serve as an effective resource to promote positive father to child interactions. Nurse-Family Partnership (2021) also suggested that the recruitment and the retention of fathers in MIECHV program may be an enrollment strategy for MIECHV programs to implement to encourage families to fully complete programs and decrease withdrawals before program completion.

MIECHV programs could contemplate how recruitment could be improved (The Early Childhood Learning and Knowledge Center, 2020). Emphasis was placed on adequately preparing and training staff in effective recruiting strategies. Biggs et al. (2018) found that home visitors needed effective tools and knowledge to recruit and to keep families engaged and connected. The Early Childhood Learning and Knowledge Center (ECLKC) (2020) also suggested that home visitors needed effective tools and knowledge to recruit and sustain family enrollment. Biggs et al. (2018) investigated the use of Motivational Interviewing (MI) to recruit, keep families engaged and connected. The study found that the training increased home visitors' knowledge and understanding

of how to use of MI strategies (Biggs et al, 2018). Using the strategies lead to an increase of completed caregiver referrals and caregiver retention in home visiting increased significantly. Likewise, the ECLKC (2020) found that reflective supervision and training formed collaborative relationships between the supervisor and home visitor that improved program quality and practices, increased the home visitor's knowledge and skills, and addressed concerns about families, children, and enrollment.

Biggs et al. (2018) also found that caregivers who were enrolled in home visiting while their home visitors received the MI training were retained in the home visiting program 16.77 months longer, than caregivers whose home visitors had not received the training. Furthermore, Biggs et al. (2018) also found that caregivers whose home visitor received training prior to the family's enrollment remained enrolled 15.61 months longer. Based on the results of Biggs et al. (2018) and the ECLKC (2020) studies, it will be suggested to MIECHV programs that home visitors need additional training on strategies and skills that better equip them to provide effective services. Through MI training, reflective supervision and training, or similar professional development, home visitors would learn skills and strategies that encourage caregiver openness to change, increased commitment to service and support, increase in effective recruitment, increase in retention, and a decrease in withdrawals before program completion.

Retention/Sustainment

The stability and success of MIECHV programs relied heavily on the retention and sustainment of families. Families who remained enrolled in MIECHV programs through program completion were found to have good partnerships and relationships with

their home visitor (Fifolt et al., 2017). Nix et al. (2018) stated that home visitors played a major role in forming effective and trusting partnerships with their families and that it was imperative for the home visitor to form alliances with their families. Shanti (2017) and Nix et al. (2018) both suggested that forming an alliance or partnership with families may have led to an increase retention and engagement.

Home visitors provided services beyond educational development. Home visitors linked their families to other local community service agencies and resources (Fifolt, et al., 2017) and according to Shanti (2017) created working alliances that were vital to parental engagement and successful outcomes for both parents and children. Shanti (2017) also suggested dividing engagement into three phases: (a) learning the parent's culture and styles; (b) deepening the working partnership; and (c) balancing the ongoing work.

Retention/Sustainment of Fathers

Most MIECHV programs placed a lot of emphasis on recruiting and the retention and sustainment of mothers. But little emphasis was placed on the retention and sustainment of fathers (Stargel et al., 2020; McGinnis et al., 2019), who were an intricate part of the family and child's growth and development (Mekhail et al., 2019). The impact of fathers' participating in the MIECHV programs should be explored (Mekhail et al., 2019). Mekhail et al. (2019) found that fathers' engagement in home visits directly impacted and encouraged family resilience and increased the family's participation in the program. Like Mekhail et al. (2019), Stargel et al. (2020) also found that father engagement in services was an avenue for supporting continued program enrollment and

completion for young parents. Stargel et al. (2020) determined that fathers' participation in home visiting supported maternal retention through program completion and that the chances of a family remaining enrolled through program completion was increased significantly when fathers were formally enrolled as well. McGinnis et al. (2019) completed a study that included 3341 families to examine how fathers' participation and involvement impacted retention in home visiting programs. McGinnis et al. (2019) found that families were more than four times more likely to remain enrolled in the home visiting program when fathers participated in home visits. The research presented by McGinnis et al. (2019) suggested that encouraging fathers to participate in home visiting programs increased retention and in return decreased early withdrawals before program completion.

Withdrawals

MIECHV programs across the country often managed and contended with early withdrawals before program completion (Janczewski et al., 2019). There were a variety of reasons for early withdrawals before program completion. Meisch et al. (2019) suggested that MIECHV programs examine their enrollment and retention strategies. Meisch et al. (2019) also suggested that MIECHV program usually focused on only recruiting high-priority or high-need families. Tirilis et al. (2018) and Janczewski et al. (2019) suggested that high-priority families were found to be more likely to withdraw before program completion because the families were not home on a consistent basis when the home visitor arrived, they changed their minds and declined services, or chose to move or not respond to any forms of communication (calls, text, letters, etc.).

MIECHV programs should consider expanding their recruitment to families who are not high-priority families (Meisch et al., 2019). Expanding their recruitment may help address the steady increase of early withdrawals before program completion (Janczewski et al., 2019).

MIECHV programs could consider creating concrete steps to decrease the number of families who withdrew before program completion. One strategy to decrease the families who withdrew before program completion involved home visitors and MIECHV programs focusing on improving communication of program expectations and the frequency of visits with families on a consistent basis (Janczewski et al., 2019; Tirilis et al. 2018). Families needed to be fully aware of the expectations and why retention and program completion was beneficial for both the child and family. Communicating the expectations with families may decrease the number of families who withdrew before program completion. Tirilis et al. (2018) also suggested several strategies that could potentially aid MIECHV programs in increasing retention and decreasing early withdrawals before program completion: (a) provide continuity of care, (b) offer incentives to families, (c) connecting the families in group settings (parent café, playdates, etc.), (d) be responsive, respectful, and culturally sensitive, and (e) establish quality relationships/partnerships.

Home visitors are responsible for being responsive, respectful, and culturally sensitive to their families (ECLKC, 2020). Meisch et al. (2019) and Zaid et al. (2018) found that home visitors were also vital in establishing quality relationships and partnerships with their families. Home visitors should be knowledgeable and trained in

how to maintain boundaries, managing their reactions to the families they serve (ECLKC, 2020; Meisch et al., 2019). The retention of quality staff may be a catalyst to increasing retention and decreasing early withdrawals. To ensure quality staff is retained and well prepared to work with families, MIECHV program should provide reflective supervision and consultations to address personal and professional challenges and build competence (Zaid et al., 2018).

Summary and Conclusions

The literature review offered a comprehensive view of the problem statement to support the basis for conducting this study. The literature on this subject were exhausted because this area is not thoroughly research yet. The literature review was divided into three sections and into four subsections. The first subsection provided a more detailed overview of the services provided by MIECHV programs and how the services benefited families who remained enrolled through program completion. The second subsection examined recruitment. The recruitment of families is an important component for MIECHV programs because the success and longevity of the programs greatly depends on recruitment. MIECHV program success and sustainability depends greatly on the retention and sustainment of families.

The third subsection focused on retention and sustainment. Parental retention and sustainment in MIECHV programs involved parents connecting with and using the services of a MIECHV program to the best of the parent's ability. Parent retention and sustainment included families' participation in activities that support their child's early learning and development. Retention and sustainment were directly connected to the

effectiveness of the partnership and relationship that was established between the home visitor and family (Fifolt et al., 2017). Family retention and sustainment was positively influenced when home visitors formed a working alliance with the family (Nix et al., 2018). Creating a successful working alliance between parents and home visitors was a vital component in determining parental retention, engagement, and sustainment (Shanti, 2017). The fourth subsection focused on withdrawals, where several reasons were discovered that contributed to high withdrawals before program completion.

In Chapter 3, I focused on the research design and rationale, the role of the researcher, and methodology. Chapter 3 also includes descriptions of how participants were selected, instrumentation, procedures for recruitment, participation, data collection, data analysis plan, issues of trustworthiness, ethical procedures, and a summary. Chapter 4 discusses the data collected and finally, Chapter 5 discusses analysis and includes recommendations and a summary.

Chapter 3: Research Method

The purpose of this basic qualitative study was to examine MIECHV program staffs' perspectives on the reasons for the high withdrawal rates. Home visiting programs have provided support to pregnant women, mothers, fathers, and other caregivers of young children (Nievar et al., 2018). The programs support families and young children by providing services such as developmental screenings, referrals, health check-ups, vision screenings, parenting advice, learning activities, and information on parenting roles, discipline, and education (Nievar et al., 2018). Despite the services home visiting programs provide, a gap existed between MIECHV programs retaining families and families withdrawing before completion.

This chapter includes a discussion of the research design and the rationale behind the design, and a discussion of my role as the researcher. I discuss the methodology and include information on how the study's participants were selected. I also describe the instruments and procedures that I used to collect data, as well as the data analysis plan. The measures taken to ensure trustworthiness and the procedures used to ensure ethical considerations are discussed in this chapter as well. A summary closes out this chapter and provides the transition to Chapter 4.

Setting

The study took place in two counties in one southern state. The participants were recruited from two home visiting programs. These two programs deliver specialized care, early intervention, early childhood education, and/or parent education in the home of enrolled families.

Research Design and Rationale

The following research questions were used to conduct this study:

RQ1: What are the staff members' perspectives about the reasons for withdrawals from MIECHV before program completion?

RQ2: What are s staff members' perspectives on how to reduce families withdrawing from MIECHV?

RQ3: What are the staff members' perspectives on training needs to reduce families from withdrawing from MIECHV?

I conducted a qualitative study with interviews. In a qualitative research design the researcher studies the experiences, beliefs, and views of the participant on a specific topic or subject (Billups, 2021). I conducted semistructured interviews, which are standard procedure for collecting qualitative data (see Creswell et al., 2018).

Semistructured interviews include a combination of both structured and unstructured interviewing, which made this option suitable for qualitative research (Creswell et al., 2018). Semistructured interviews include open-ended questions, which enabled the participants to engage in a free developing conversation and allowed me to ask follow-up questions to gather further detail from the participants based on their response (see McFarlane-Morris, 2020). Interviews were completed with both HVs and SCs. The study included 12 HVs and 3 SCs.

Methods that are common for qualitative research include interviews, observations that are described in word, and literature reviews that explore theories and concepts (Billups, 2021). The methods that are common in quantitative research designs

include observations that are recorded as numbers, surveys including close-ended questions, and experiments (Creswell et al., 2017). In this study, using a qualitative interview method helped me get a deeper understanding as compared to the data that is collected when using a quantitative method such as a questionnaire. Quantitative research is expressed through numbers and facts (Billups, 2021). The research in this study involved the collection, analysis, and the interpretation of data that could not be easily reduced to numbers; hence, quantitative research would have been less effective. Qualitative design was a better method for eliciting rich responses from the participants, because the design includes open-ended questions that allow participants the possibility to respond in their own words (see Creswell, 2017). A quantitative design would have been a more suitable choice if measurements were needed before an intervention and after the results (Creswell, 2017b).

Role of the Researcher

Creswell et al. (2018) defined the role of researcher as being critical in a qualitative study because the researcher collects data and implements analysis by building a multifaceted and complete picture, analyzing words, reporting in detail the participants' perspectives, and conducting the study in a natural setting. Basic qualitative studies focus on the process, understanding, and meaning of a topic, and the researcher is the main instrument collecting the data and analysis (Creswell et al., 2018). My role as the researcher required me to be responsible for collecting the data needed for this study. My role also required me to be the instrument of data collection because I served as the interviewer and facilitator during interview sessions with home visiting staff. I was

responsible for acquiring valid interpretations and analyses of the staff perspectives regarding their thoughts on families' early withdrawals before program completion.

My role required me to explain the study without biasing the participants, conducting interviews, selecting appropriate artifacts, journals articles, and data that supported the research design, and analyzing and interpreting the data per the design. I am familiar with the problem because I have served as a home visitor, parent educator, and assistant program coordinator for several MIECHV programs. Given my experience with the topic, I was mindful that my role as the researcher required me to explain the study without biasing the participants. To minimize the influence of any potential bias, I used a questionnaire to remain aligned with the study's purpose. The questionnaire included open-ended, neutrally worded questions that were conversational and engaging and were asked during a semistructured interview.

Mackieson et al. (2019) stated that researchers should recognize the potential impact of their presence and self-observe the effect of their personal beliefs, experiences, and biases on their research. I minimized my personal biases by ascertaining my personal beliefs, attitudes, and previous experiences, which were applicable to biases in expected results of the study. I kept all collected information and data in its initial form. I have stored all data and information collected in a locked file cabinet. I will keep the data collected for a minimum of 5 years after the study's completion. I will shred all data after 5 years.

Methodology

To examine the staffs' perspectives on the reasons for the high withdrawal from home visiting programs, I conducted a basic qualitative design with interviews. Qualitative research was the best method because it helped to preserve the voice and perspectives of the selected participants (Bhandari, 2020). Creswell et al. (2018) stated that qualitative research is a method that was designed specifically to uncover the participants' connection to a topic or issue and uses in-depth analysis of small groups of participants to build a theory. Qualitative research was well suited to this study because it is commonly used in studies in areas in the social sciences and humanities such as education, health sciences, and sociology (Bhandari, 2020). The interview instrument was a questionnaire (Appendix A and B) that I created and tailored to the specific participant group of home visiting staff members. I used the convenience sampling method to select the home visiting staff. Convenience sampling is defined as a method that is used by a researcher to collect research data from an easily accessible group of respondents (Patten et al., 2018). Convenience sampling is also known as availability sampling and is a specific type of nonprobability sampling method (Patten et al., 2018). This method relied on data collection from population members who are conveniently able to participate (Patten et al., 2018).

Participant Selection

The target population for this study included 50 home visiting staff members. I chose this population because the HVs and SCs and home have the appropriate background, knowledge, and experience of working directly with families and children

birth to age three enrolled in MIECHV programs. From this target population I recruited 15 home visiting staff members through purposeful sampling. I contacted and recruited MIECHV staff members because of my previous employment with several MIECHV programs.

I recruited participants from two MIECHV programs. The participants were recruited from two MIECHV programs in one southeastern state. The criteria for recruitment and participation were the same for both programs. Including participants from more than one MIECHV program allowed me to explore the perspectives of HVs and SCs working with families in different settings and provided a more thorough examination of the HVs and SCs perspectives.

I recruited participants for this study by first obtaining permission from each organization's program director or lead administrator. I contacted the program director or lead administrator and provided them with written and spoken information regarding my study. A Letter of Cooperation was emailed that explained the purpose, the intended participants, and the data collection method. I also requested their approval to send the SCs and HVs a copy of the Letter of Cooperation and the Consent Form. The Consent Form included an introduction of myself, information on the purpose of the study, criterion for participation, procedures, and confidentiality information. The consent form also included my contact information.

Instrumentation

A research instrument is a tool that the researcher used to collect, measure, and analyze data related to the study problem and purpose (McClure, 2020). McClure (2020)

stated that interviews, tests, surveys, or checklists are common forms of research instruments. Interviews involved questions that were asked by a researcher to elicit verbal responses from participants. Interviewing is predominantly used in qualitative research and often involves audio recording to facilitate the transcription of data (McClure, 2020).

This study included semistructured open-ended interviews. Interviews were completed with home visiting staff members to gain their perspectives on high withdrawals before program completion. Roulston (2018) stated the purpose of the using semistructed open-ended interviews was to help uncover the participants' perspectives based on their experience and to pursue in-depth information around the problem of early withdrawals before program completion. Semistructured interviews allowed the participants the freedom to express their perspectives in their own terms (Roulston, 2018).

I developed and used a paper-based interview guide that includes a list of open-ended questions that were covered during the interview. I followed the interview guide but had the liberty to follow topical trajectories that may stray from the guide if appropriate. The interview guide questions were neutrally worded questions that were conversational and engaging. I left space at the beginning of the interview guide to record the participants' key demographic information that includes: (a) position, (b) location, and the (c) pseudonym. This information was helpful during the analysis and transcription.

Procedures for Recruitment, Participation, and Data Collection

Recruitment Procedures

Before recruiting participants, I requested IRB approval; then, I asked permission of the MIECHV Program Directors for the programs chosen for the study. A Letter of Cooperation was provided to grant permission for me to conduct the study with the HVs and SCs. To recruit participants, I provided a Letter of Cooperation to the HVs and SCs. This ensured I directly targeted the population of interest of my study. The Letter of Cooperation provided information that addresses the nature, purpose, and possible implications of the study.

On the day of the interview, I reminded the participants of the procedures that are in place to protect their privacy. The Consent Form was reviewed with each participant. The Consent Form explained the study purpose, potential risks and benefits, and measures in place to ensure confidentiality, and permission for the interview to be audio recorded. The interviews were recorded using Zoom voice recorder. I started a new recording at the beginning of each interview.

I completed the IRB review and approval process before I recruited participants or collected data. I proposed a straightforward study that involved non-vulnerable participant and non-sensitive data collection. So, I went through Walden's expedited IRB process. To obtain IRB approval I completed Form A, which is the Description of Data Sources and Partner Sites. I also submitted Form C application, which was an ethics self-check to confirm how I would meet the university's ethical standards. I contacted the MIECHV program director or lead administrator by phone and emailed them a

Recruitment Flyer that described my study and a Letter of Cooperation that explained the purpose, the intended participants, and the data collection method. Gaining the permission of the study participants was the next step. As mentioned above, the Recruitment Flyer was sent to each participant via email. I also asked the participants to provide a response if they are willing to participate or if they were not interested in participating in the study via email.

Participation

I emailed each home visiting staff to thank them in advance for expressing their interest and informed them that the Consent Form would be emailed and to consent via email once they reviewed the form. The Consent Form provided details on the following: (a) the research title, (b) the purpose statement, (c) method of participation, (d) length of participation, (e) procedures for ensuring confidentiality and data security, (f) my personal contact information, and (g), information on how to contact the IRB of the university and dissertation committee chair. A Voice Release Agreement was included in the email. The email also provided information on how interviews would be conducted and scheduling. Participants had the right to withdraw from the study at any time for any reason, without penalty (University of Nevada-Reno, 2019).

Data Collection

The interviews were completed via Zoom due to continued COVID restrictions. Each interview lasted 25-30 minutes, was recorded and included audio only. The interviews were scheduled at a time that was convenient for the HVs and SCs. The interviews were digitally recorded. At the beginning of each interview, I provided a brief

overview informing the participant of what to expect during the interview. I asked questions based on the interview guide. I informed the participants when the interview was complete and allowed time for them to ask questions or provide feedback/comments about the interview. I thanked the participants for their time and sent a follow-up email that provided a transcript and notes for the participants to confirm the correctness of the transcript contents. All changes to the transcript involved a discussion between the participant and me. I also acknowledged participant's right to withdraw from the study. Participants who desired to withdraw were able to do so without consequence.

Data Analysis Plan

The data analysis involved open coding with thematic analysis of the interview transcripts. Creswell et al. (2018) states that in the first phase of open coding, the ground theorist forms initial categories of information about the phenomenon being studied by segmenting information. The researcher based categories on all data collected, such as interviews, observations, and researcher's memos or notes. I maintained a reflexive journal. The journal allowed me to reflect on what happened during the research process, regarding my interests and values.

I read the transcripts multiple times and created tentative categories to break apart the data into sections that summarized what emerged from the data. Open coding was the process used to take the data that was collected from interviews to form primary concepts. Developing a coding system required several steps: I had to search through my data for regularities and patterns as well as for topics my data covers, and then I wrote down words and phrases to represent these topics and patterns (Cacsio et al., 2019). I also

used NVivo research software. NVivo research software is a qualitative data analysis (QDA) computer software package that is designed for working with rich text-based and multimedia information (Walden University, 2020). NVivo provided automated transcription technology that delivered accurate transcripts easily annotated and used in my data analysis (QSR International, 2021). I recognized discrepant cases by incorporating the participants experiences that did not develop into themes. The discrepant cases only represented a few participants but were beneficial for offering a more comprehensive depiction of the concept.

Trustworthiness

To ensure trustworthiness of my research I identified how the analysis was completed in the research and what criteria I used to achieve trustworthiness. I focused on establishing four criteria: (1) credibility, (2) transferability, (3) dependability, and (4) confirmability (Lincoln et al., 1985). In addressing credibility, I attempted to clearly link my research study findings with the participants' perspectives. This demonstrated the truth of my study's findings. Lastly, to achieve trustworthiness, I focused on achieving confirmability. To achieve confirmability the findings were based on the participants' words and not on my own biases.

Credibility

Credibility was the first criteria that was established and was seen as the most important criteria in establishing trustworthiness (Denzin et al., 2017). Credibility required me to clearly link the study's findings with reality as a method to establish and validate the truth of the findings. To establish credibility, I conducted member-checking

by sharing a summary of the findings with the participants. Member-checking is a technique in which the data, interpretations, and conclusions were shared with the participants to allow them to clarify their perspectives and intentions are correctly notated and allowed them to provide additional information (Denzin et al., 2017).

Transferability

Transferability was established by providing evidence that the study findings were applicable to other contexts, times, situations, and populations (Denzin et al., 2017). It was my responsibility to provide evidence that could be applicable. Transferability involved me providing sufficient detail of the context of my data to show that it was usable and transferable to other types of research. I did a thorough job of describing the research context and the assumptions that were central to research. The research from my study, if replicated by others, should produce similar findings.

Dependability

Denzin et al. (2017) defined dependability as an evaluation of the quality of the integrated process of data collection, analysis, and theory generation in qualitative research. Dependability was a vital component to establishing trustworthiness because it ensured the research was repeatable and consistent (Denzin et al., 2017). I established dependability by recording the interviews to ensure the accuracy of transcriptions.

Confirmability

Denzin et al. (2017) stated that confirmability is a criterion of trustworthiness that has to do with the level of confidence that the study's findings are based on the participants perspectives rather than the researcher's biases. Confirmability purpose was

to verify that the findings are shaped by the participants' perspectives and narrative and not by the researcher's perspectives or biases (Denzin et al., 2017). Confirmability was achieved by referencing literature and findings by other authors and including an audit trail. I also used the reflexivity technique. I looked at my own background and position to see how this influenced the research process. To achieve reflexivity, I maintained a reflexive journal. The journal allowed me to reflect on what happened during the research process, regarding my interests and values, and ensured transparency so the study was performed and produced honestly. I took necessary steps to demonstrate that my findings would become apparent from the data and not from my own bias. I thought broadly, avoided narrow thinking, and refrained from my own assumptions and perspectives.

Ethical Procedures

Research ethics are a set of ethics that managed how the research was performed and published (McGuinn, 2018). Ethical procedures are important for numerous reasons. McGuinn (2018) stated that ethical procedures promoted the aim of research, supported the values required for collaborative work, such as fairness and respect. Ethical procedures required me to be held accountable for my actions and supported important social and moral values, such as doing no harm to others (McGuinn, 2018). It was also important to consider the fundamental principles of ethical procedures when involving human participants (Fleming et al., 2018). There are several ethical principles that were taken into consideration while performing my research. The ethical principles included the following: (a) obtained informed consent from each participant; (b) minimized the risk of harm to the participants; (c) protected the participants' anonymity and

confidentiality; (d) avoided using deceptive practices; and I gave participants the right to withdraw from the research (Bhattacharya, 2017).

The ethical procedures were addressed by using a Consent Form. The Consent Form included a discussion of the rights and roles of the participants. The form contained information that the participants needed to know before agreeing to participate in the study including the following: (a) the research title, (b) the purpose statement, (c) method of participation, which is interview, (d) length of participation, (e) procedures for ensuring confidentiality and data security, and (f) my personal contact information, (g), information on how to contact the IRB of the university and dissertation committee chair. The Consent Form also included information that addressed ethical issues including the following: (a) confidentiality, (b) data security, and (c) voluntary nature of participation in the study.

To ensure confidentiality, a pseudonym was assigned to each participant. The pseudonym served as a protection for the participants and included abbreviations for home visitor (HV) or service coordinator (SC) and three numbers. HVs were assigned numbers 001-012 and SCs assigned numbers 001-003 (example: HV001, HV002, SC001, etc.). This protection allowed me to assure participants that their personal identifications would not be disclosed to others aside from me.

To ensure data security, all files were locked in a file cabinet. Electronic data is stored in my personal laptop, which is password protected. I kept all collected information and data in its initial form. I plan to keep the data collected for a minimum of five years after the study's completion. I will shred all data after five years. Lastly, to

address the voluntary nature of participation in the study, I strived to create and maintain a positive partnership with each participant. As an added protection, I reassured them of total confidentiality and acknowledged their right to withdraw from the study without any consequence.

The study may bring about social change at the community level. The study includes evidence and meaning to create outcomes that may potentially decrease the number of withdrawals before program completion. The social change implications may include an increase in retention and sustainment through program completion and the expansion of MIECHV funded programs into other communities. Additional implications included MIECHV program staff receiving adequate training and support in building effective partnerships with families, and a decrease in staff turnover through increased support which could potentially affect the lives of children and families in the local communities (Chen et al., 2019). The lives of children and families could be potentially affected by improving self-sufficiency to connecting parents to employment, educational training, and workforce development opportunities. Connection to these resources may address economic insecurity and it may reduce public costs (i.e., SNAP, Public Housing, welfare, etc.), which is beneficial to the community (Molloy, 2021).

Summary

In this chapter, I included a detailed description of the research method selected to explore MIECHV program high withdrawals before program completion. The research design and rationale, the role of the researcher and methodology were addressed in this chapter. This chapter also provided information on my procedure participant selection

and recruitment, instrumentation, data collection and analysis. Matters of trustworthiness and ethical procedures were reviewed in this chapter. I present my findings in Chapter 4.

Chapter 4: Results

The purpose of this basic qualitative study with semistructured interviews was to examine the perspectives of MIECHV program staff on the reasons for the high withdrawal of parents from the program. The research questions focused on the staff members' perspectives regarding (a) reasons for withdrawals before program completion, (b) specific ways to reduce early withdrawals, and (c) training necessary to reduce early withdrawals. The study included 15 participants. In this chapter, I discuss the setting, the data collection and analysis, the interview questions (IQs) that were created to answer the RQs, the data collected from the IQs to develop themes, and the results. I also discuss evidence of trustworthiness for the study.

Setting

The study took place in two counties (Co. 1 and Co. 2) in one southeastern state. Fifteen participants were recruited from two home visiting programs. The third home visiting program decided not to participate in the study because of organizational restructuring. The two participating programs deliver specialized care, early intervention, early childhood education, and/or parent education in the home of enrolled families.

Demographics

Table 1 provides each participant's ID, gender, years of employment in their respective positions, and the county in which they work.

Table 1

Participant Demographics

Participant ID	Gender	Years of Employment	County
HV001	Female	5	2
HV002	Female	14	2
HV003	Female	25	1
HV004	Female	5	1
HV005	Female	2	2
HV006	Female	2	2
HV007	Female	4	2
HV008	Female	9	2
HV009	Female	6	1
HV010	Female	2	1
HV011	Female	4	1
HV012	Female	3	1
SC001	Female	2	2
SC002	Female	3	1
SC003	Female	22	1

Data Collection

I addressed ethical concerns in the informed consent form, because some of the participants were current HVs or SCs in my professional network. The consent form explained in detail that participation was voluntary and that participants had the right to withdraw at any time. Each participant received the consent form before the interviews

began and provided electronic consent via email. I reminded the participants of their rights and informed them their names would not be used and assigned a pseudonym to protect their privacy. The pseudonyms were assigned to each participant during the transcription and coding processes.

Fifteen participants were given a choice to complete the interview face-to-face, over the phone, or via Zoom. Due to COVID-19 pandemic restrictions, the participants all selected to complete the interviews via Zoom. Each interview lasted 25-30 minutes and were scheduled at a time convenient for the HVs and SCs. The interviews were digitally audio recorded. At the beginning of each interview, I provided a brief overview informing the participant of what to expect during the interview. I also acknowledged the participants right to withdraw from the study with consequence. I asked questions based on the interview guide. I informed the participant when the interview was complete and allowed each participant time to ask questions or provide feedback/comments about the interview. I thanked each participant for their time and sent a follow-up email that included a transcript and notes for the participants to review and confirm. None of the participants requested changes to the transcripts.

Throughout the interviews, I noticed I was receiving the same or similar responses from participants. The HVs and SCs provided detailed information about their perspectives and experiences with withdrawals before program completion. The responses were provided to the IQs and collectively the data can help answer the research question guiding this study.

Interview Questions and Participant Responses

In IQ1, I asked participants how long they had served as a home visitor or service coordinator. The majority of the participants had worked in their positions between 2-10 years. Two HV participants had served in their position for over 14 years, and one SC participants who had also served in their position for over 20 years.

In IQ2, I asked participants about the most rewarding part of their job. The data indicated similarities in what participants felt were the most rewarding parts of their jobs. SC001 stated, "I enjoy my job. My job allows me to work with families from diverse backgrounds and provide them the support they need to get their child the assistance needed to reach developmental goals." SC003 shared similar thoughts, "I love what I do. It has its challenges. But for the most part it is a good job. I enjoy it because I am helping children reach developmental goals and I am helping families." HV004 stated, "I believe the most rewarding part of my job is when I walk into the home and a child greets me with a huge hug. That lets me know that I am doing something right." HV006 said "I know the most rewarding part of my job is when I see parents begin to actively engage and show interest in their child's learning and development".

In IQ3, I posed the question of how participants receive notification when a family has withdrawn from the program. The responses indicated issues with communication, as families often do not communicate that they are withdrawing from the program. HV001 stated, "They just stop communicating with me". HV008 said, "They no longer respond to my calls or text". SC002 responded, "I will send a letter to their home

and give them a call if the parent is not responding to the HV. Most times, I do not get a response either."

In IQ4, I asked participants, "What is the most common reason or reasons, families give when they decided to withdraw early?" There were similarities among participants' responses to this question. Overall, participants indicated that families withdrew because of personal circumstances and responsibilities. HV010 said, "Many of my parents work and do not get home until late. So, they do not feel like having a visit when they get off, so they withdraw from the program." HV004 said, "I have had parents that have withdrawn because they are moving to another city or state.". SC001 responded, "Families withdraw because they feel their child no longer need the services."

In IQ5, I asked participants, "What circumstances do their families face that may increase their chances of withdrawing before program completion? The responses indicated specific circumstances that families face that may increase their chances of withdrawing before program completion. These circumstances usually are unavoidable and the determining factor for withdrawal before program completion. HV003 stated, "From my experience one circumstance that families face is separation or divorce. When parents separate that puts a hardship on the family and they do not have the time or energy to focus on home visits." HV001 echoed this sentiment stating, "Relationship and family problems are usually circumstances that cause families to withdraw from the program before completion." HV009 stated, "Many of my families are low-income families who are struggling financially. These families do not really see value in the program and decide to withdraw." HV007 responded, "Majority of the families on my

caseload are single mothers with multiple children. The mothers are doing the best they can and trying to balance everything without much help from anyone else. So often these moms do not remain in the program because they do not have time to actively engage."

In IQ6, I asked participants what attempts they make to encourage families to remain enrolled. There were similarities among participants' responses to this question. Overall, participants indicated that flexibility with scheduling as being the first attempt to encourage families to remain enrolled. HV002 stated, "I offer a flexible schedule to my parents". HV001 said, "I offer evening and weekend visits." HV006 similarly stated, "I offer my families after hour and weekend visits because many of my parents work and do not get home to later in the evening, but still want the service for their child." HV005 stated, "I give my families the option to use teletherapy through Zoom or Teams. HV007, HV008, and HV009 also stated that they too offer telehealth visits via Zoom or Teams.

In IQ7, I asked the participants if they had received training to address high withdrawals. All of the participants responded that they had not received training on the issue but would be interested in receiving professional development training on this topic.

In IQ8, I planned to ask the participants their perspectives on the training that they had received. The participants stated in IQ7 they had not received training to address the issue. So, I did not ask the participants this question.

In IQ9, I asked the participants their perspectives on what training they would suggest being implemented to address the issue of high withdrawal rates. Overall, the participants indicated that effective communication with families would be a training they would like to see implemented. SC001 stated, "I would appreciate training on how

to effectively communicate with the families their role in the home visiting." HV001 similarly stated, "Parents need to understand what is required of them from the beginning. I think many families quit the program because they do not fully understand how much time the program requires and that the activities are parent lead. So professional development on effective communication with families would a great idea."

Another training that the participants suggested focused on the topic of flexibility. HV009 stated, "I feel that I need training on how to be flexible with families." HV012 responded, "I have to be flexible in this role, sometimes I do not think enough training is provided to us when we first onboard on how much flexibility is required in this position." SC001 stated, "this job requires me to be flexible, I had to learn how to be flexible in order to support the families that I serve. I did not receive any training on the topic of flexibility, and I feel that it is important that we receive that information before we start working with families."

In IQ10, I asked the participants what strategies they implement to address high withdrawals. Overall, the participants unanimously indicated that communication with each family about their child's progress was the first strategy implemented to encourage retention. HV008 responded, "I send my parents an email with documentation of their child's progress. The documentation lets them see how their child is moving toward reaching the established goals." HV006 stated, "I provide documentation to the parents sporadically throughout visits for they can see how their child has improved since we first started the program. I think this strategy encourages some parents to remain in the program."

Another strategy that the participants had implemented is using different methods of communication as a strategy to attempt to address high withdrawals. HV003 stated, "I contact the parents by phone, text, and email to check in on them, to see how they are doing and to let them know that I am still available for visits whenever they cancel." HV006 responded, "I text my parents a lot. They usually respond quicker to my text messages. I feel that keeping the lines of communication open with them lets them know they have my support and encourages most to remain in the program."

The participants also spoke on the strategy of drop-in visits when families have missed or canceled three consecutive visits. HV005 stated, "I will complete a onetime drop in visit to see if I can catch the family at home to determine if they are still interested in remaining in the program." SC001 stated, "I will accompany HVs on drop-in visits to see if we can maybe find a family at home and talk to them about remaining in the program. This gives us the opportunity to determine what issues or circumstances the family maybe facing that has interfered with them keeping their appointments."

In IQ11, I asked the participants if they had any suggestions or ideas on how to address high withdrawals. 100% of the participants adamantly expressed the importance of building trusting and effective partnerships with each family. SC001 stated, "Parents need us to be consistent. They need us to be there when we say we are going to be there." SC003 responded, "I believe parents remain in the program when they feel they can trust their HV and SC. They know they can depend on them for support and guidance." HV002 stated, "We are not just in the homes for the children, we are there for the parents, for the family as a whole. The parents sometimes just need us to listen. They need our

advice." HV005 stated, "I often feel like I wear many hats. When I go into the homes, I am a HV, teacher, therapist, counselor, nurse, speech teacher, social worker, etc. My parents trust me because I try to help them in any way I can." HV006 similarly stated, "I may not always know the answers for my family, but I will try to find help for them from another resource. My families know and trust that I will support them if I can."

In IQ12, I asked the participants if they had any additional comments about the high withdrawals rates before program completion. The participants did not have any additional comments about their experiences with family's high early withdrawals before program completion.

Data Analysis

The data analysis involved open coding with thematic analysis of the interview transcripts. In addition, I maintained a reflexive journal that allowed me to reflect on what happened throughout the research process; regarding my interest and values, including during data collection.

I read through the interview transcripts numerous times and created tentative categories to break apart the data into sections. I used these sections to summarize what emerged from the data. Then, I used open coding to form primary concepts. Developing a coding system required several steps. First, I searched through my data for regularities and patterns for topics the data covered, next I wrote down words and phrases to represent these topics and patterns (see Cacsio et al., 2019). I also used NVivo research software (QSR International, 2021), which provided automated transcription technology and delivered accurate transcripts that I annotated and use in my data analysis. I uploaded

all my interview transcripts to NVivo and created a file and case to organize and analyze the data. I used the auto code themes option to analyze the transcripts. NVivo identified the same themes that I had manually identified and combined them into groups (see Figure 1). The relevant content was coded to the created codes. The results were summarized in a coding matrix that showed the codes for each broad idea, and the number of coding references from each file (see Table 2).

Figure 1

Coded Theme Groups

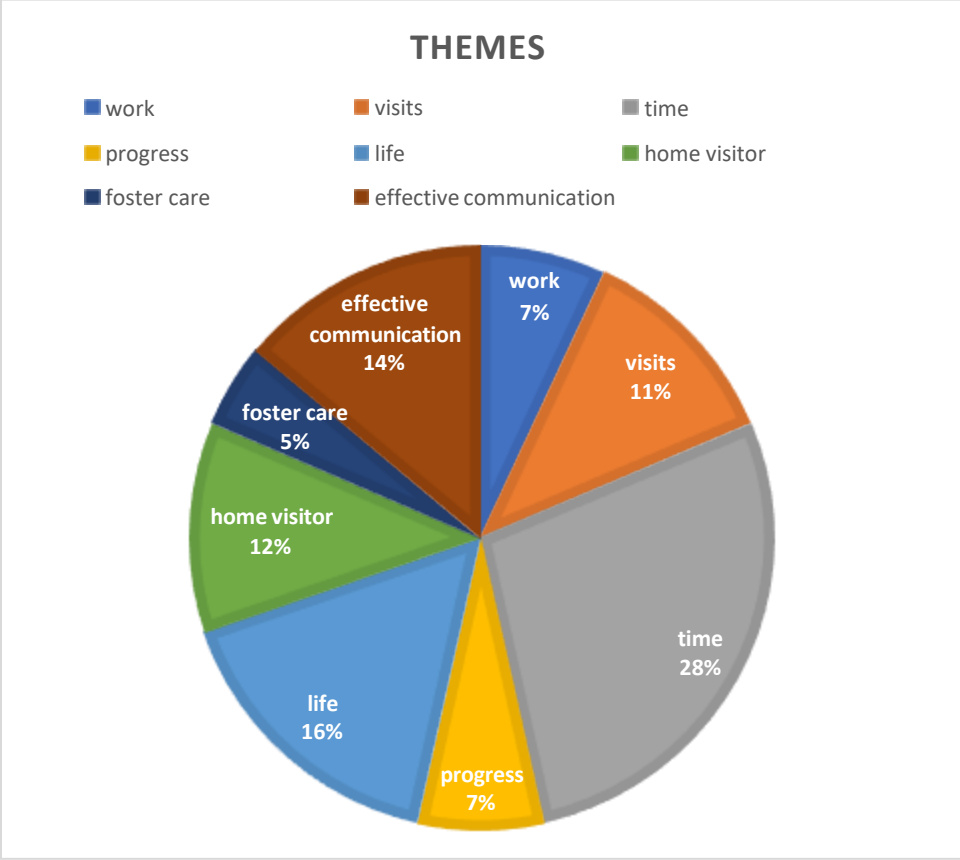

Table 2

Coding Matrix

Name	Files	References
Work	3	3
Visits	5	5
Time	4	4
Services	3	5
Schedule	10	10
Progress	3	4
Program	14	15
Life	3	3
Home Visitor	2	3
Home	5	8
Foster Care	2	3
Family	4	4
Effective Communication	4	4
Communication	6	7

From the NVivo review, coding, and analyzing the data, I classified the following themes: (parents withdrew because they do not understand their role and do not want to actively participate; (b) families withdrew because of personal responsibilities or circumstances; (c) families often stop communicating and do not inform the HV or SC

they were withdrawing; (d) HVs and SCs try to provide a variety of accommodations to encourage retention; and (e) HVs and SCs have not received any professional development or training that provides skills and strategies to reduce early withdrawals before program completion. I recognized discrepant cases by incorporating the participants' experiences that did not develop into themes. The discrepant cases only represented a few participants but could be beneficial for offering a more comprehensive depiction of the concept.

Results

Themes 1, 2 and 3 relate to and answer RQ1. Those themes provided insight into staff members' perspectives about the reasons their families have withdrawn before program completion. Theme 4 answers RQ2 because the staff members provided their perspective's on how to reduce family withdrawals before program completion. Theme 5 provided answers to RQ3 by providing the staff members' perspectives on what training they would like to receive to help reduce withdrawals before program completion.

Theme 1: Parents Do Not Understand Their Role in Home Visiting

A theme identified in this study was the issue of parents not understanding their role in the home visiting program. The findings indicated that parents had the perception that the HV was coming to work with the child one-on-one and believed that they did not have to take an active role in the visit. HVs and SCs stated that parents often saw the HV as a time for them to complete house chores, play on their cell phone, or watch tv. Parents did not understand that they must actively engage and did not have understanding that they are the primary mediators of the developmental services that child receives. Parents

must actively collaborate with the HV and SC and engage with their child during the HV (Tirilis et al., 2018). Parent engagement during the HV can accelerate their child's progress and improve the child's overall development (Tirilis et al., 2018).

Theme 2: Withdrawals Because of Personal Responsibilities or Circumstances

The second theme that was recognized through this study was that many early withdrawals are attributed to the parents' personal responsibilities or circumstances. The findings indicated that parents withdrew from the home visiting program because of their work schedule interfering with home visits. The parents also withdrew because their child was receiving home visits from multiple programs (speech, early intervention, social worker, occupational therapist, etc.). The numerous home visits were overwhelming and hard to schedule. Some families moved to another city or state due to the parents being active military or accepting another job. The HVs and SCs stated that many of the parents had multiple older children who were involved in extracurricular afterschool activities and did not have the time to schedule or keep prescheduled home visits.

Theme 3: Families Stop Communicating

The third theme identified through this study was the issue of parents stopping all forms of communication with the HV and or SC. The findings indicated that parents would not respond to calls, text messages or letters from the HV and or SC. HVs and SCs stated that they call the parents three times, send text messages, emails and two letters to parents before formally withdrawing a family from the program. The HV will also make two unscheduled home visits to see if they can catch the family at home to address

missed visits. The HVs stated that many of those unscheduled home visits (drop-ins) are unsuccessful because the families are usually not home or do not come to the door.

Theme 4: Accommodations Are Offered to Retain Enrollment

The fourth theme that derived from this study is that the HVs and SCs offered families a variety of accommodations in attempt to retain the families. Parents were given the choice to complete the home visits through teletherapy (Zoom or Teams). HVs and SCs offered weekend visits and after-hour visits. The SCs would offer families the opportunity to change to another HV based on their child's needs. HVs would also give parents the choice to reduce the number of visits on a monthly basis. For example, instead of having a home visit weekly, the HV would come biweekly. This accommodation was offered to families in an attempt to reduce early withdrawals before program completion.

Theme 5: Professional Development or Training Not Provided

The final theme that was ascertained from this study is that HVs and SCs have not received any formal training or professional development that addresses the topic of parents and families withdrawing before program completion. All of the HVs and SCs unanimously indicated that they would be interested in receiving professional development or attending a training that specifically addresses the topic of combating early withdrawals before program completion.

Evidence of Trustworthiness

To ensure trustworthiness of my research I identified how the analysis was completed in the research and what criteria I used to achieve trustworthiness. I focused

on establishing four criteria: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability (Lincoln et al., 1985). In addressing credibility, I clearly linked my research study findings with the participants' perspectives. This demonstrated the truth of my study's findings. Lastly, to achieve trustworthiness, I focused on achieving confirmability. To achieve confirmability the findings were based on the participants' words and not on my own biases.

Summary

In Chapter 4, I shared perspectives from MIEHCV HVs and SCs on the reasons for the high withdrawal from home visiting programs before program completion. I described in detail the data collection process and analysis process and described the recruitment process and coding process. I then discussed how the study provided evidence of trustworthiness through credibility, transferability, dependability, and finally confirmability. I then provided answers to the research questions by providing quotes from the interview transcripts.

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truth of my study's findings. Transferability was addressed by providing evidence that was applicable to the population, situation, and context. I provided sufficient details of the context of the data to indicate that it is transferable and usable to further research. If replicated by others, the research from my study should produce similar findings.

Dependability was established in my research through the recording of each interview. The recording of the interviews ensured accuracy of the transcriptions. Lastly, to achieve trustworthiness, I focused on achieving confirmability. To achieve confirmability the findings were based on the participants' words and not on my own biases. I referenced literature and findings by other authors and included an audit trial. I also maintained a reflective journal to ensure confirmability. The journal provided me the opportunity to reflect on what happened during the course of the research process, my values and interests. To ensure transparency I thought broadly, avoided narrow thinking and refrained from personal perspectives and assumptions. In chapter 5, I discuss the interpretation of findings, conclusions, and recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

In this basic qualitative study with semistructured interviews, I examined MIECHV program staff perspectives on the reasons for the high withdrawals. The study provided details and specific information on the staff perspectives on the reasons for high withdrawals, how they attempt to reduce family withdrawals, and what training they feel is needed to address the issue. In this chapter, I discussed the interpretation of the findings, the conclusions, and finally recommendations for future research.

Interpretation of Findings

Interpretation of RQ1

RQ1: What are the staff members' perspectives about the reasons for withdrawals from MIECHV before program completion?

The information gathered via the interviews regarding the staff members' perspectives about the reasons for withdrawals from MIECHV before program completion had similarities among the participants interviewed. Many of the study participants agreed that families withdraw because of personal responsibilities or circumstances. HV003 stated, "The families are overwhelmed with work, their older children after school activities, and having so many appointments to keep". HV004 responded, "Many of my families that withdraw before program completion do it because they have a lot of things happening in their life, they are dealing with hectic work schedules and other personal responsibilities." The participants' comments confirmed the findings of Tirilis et al. (2018) and Janczwqski et al. (2019), who both suggested that families withdrew before program completion because they were not home on a

consistent basis, changed their minds, and declined services. These findings also correlated with Mowders (2005) PDT framework. Mowder (2005) considered the parenting role by examining the sole roles that parents play. Parents' ability to relate to their child was based on how the parent conceptualized parenting and behaved in response to their personal beliefs about parenting (Mowder, 2005). The parents' personal beliefs and behaviors, and ability to relate to their child, directly affected their engagement and retention in HV programs (Mowder, 2005).

Interpretation of RQ2

RQ2: What are staff members' perspectives on how to reduce families withdrawing from MIECHV?

The data showed that the staff members perceived that they could possibly reduce the number of families withdrawing from MIECHV by offering the families accommodations. HV005 stated "I give my families the option to use teletherapy through Zoom or Teams. This option gives them flexibility and it sometimes encourages them to remain enrolled in the program." HV006 stated that "I offer my families after-hour and weekend visits. Many of my parents work and do not get home until later in the evening, but still want the service for their child. So, this allows them to remain in the program because I work around their schedule." HV007 similarly stated, "I provide my families the option of a late visit or weekend visit on a biweekly basis." By providing families options and flexibility, the HVs are forming effective partnerships with the families, deepening the working partnership, and balancing the ongoing work (Shanti, 2017). This evidence confirmed the findings of Fifolt et al. (2017), in which they found that families

remained enrolled in MIECHV programs through program completion when they have a good partnership and relationship with their HV. HVs efforts to meet the families based on the family's schedules is important in forming effective and trusting partnerships, which confirmed the finding by Nix et al. (2018) stating that HVs played a major role in forming effective and trusting partnerships with their families and that it was imperative for the HV to form alliances with their families. Shanti (2017) and Nix et al. (2018) both suggested that forming a partnership with families may lead to an increase in retention and engagement.

SC001 stated, "I often ask parents if they would like to be assigned another HV or provider based on their child's specific needs. Sometimes the parents do not like the current HV and will welcome the chance to be assigned another HV." SC002 and SC003 both reiterated the same accommodation that SC001 offered to her families. SC003 stated, "Sometimes a HV and a family just don't click, in that case the family is offered a different HV. From my experience, that has sometimes encouraged families to remain enrolled in the program." SC002 stated, "The parents need to feel comfortable with who they are allowing in their home, if a family does not particular like or feel comfortable with the current HV, I offer to assign them to another HV." The findings from this research question confirmed previous research by Fifolt et al. (2017) and Shanti (2017) because the HVs and SCs focused on creating working alliances that are vital to parental engagement and that are linked to creating successful outcomes for both the parents and children.

Interpretation of RQ3

RQ3: What are the staff members' perspectives on training needs to reduce families from withdrawing from MIECHV?

The data showed resoundingly that the staff members believed they needed training on how to reduce families from withdrawing from MIECHV. This data confirmed Biggs et al. (2018) finding that HVs need effective tools and knowledge to recruit and to keep families engaged and connected. Furthermore, the data confirmed that HVs need knowledge and tools to recruit and sustain family enrollment (ECLCK, 2020).

SC001 stated, "I would appreciate training on how to effectively communicate with the families their role in the home visiting. I believe that families withdraw because the parents do not fully understand that they must actively engage in the visit." HV009 stated, "I feel that I need training on how to be flexible with families." HV010, HV011, and HV012 confirmed what HV009 stated. HV012 stated, "I have to be flexible in this role, sometimes I do not think enough training is provided to us when we first onboard on how much flexibility is required in this position." SC001 responded, "This job requires me to be flexible, I had to learn how to be flexible in order to support the families that I serve. I did not receive any training on the topic of flexibility, and I feel that it is important that we receive that information before we start working with families."

The data resulting from the HVs and SCs insight confirmed ECLCK (2020) findings, which states that training and reflective supervision can improve program quality and practices, increase HV knowledge and skills, and address concerns about enrollment. Furthermore, the data resulting from the interviews extended knowledge in

the discipline by comparing the investigating of the MI to recruit, keep families and engaged and connected (Biggs et al., 2018). Biggs et al. (2018) found that MI training increased HVs knowledge and understanding and lead to an increase in referrals and a significant increase in the retention of families. Biggs et al. (2018) also found that caregivers who were enrolled in home visiting while their home visitors received the MI training were retained in the home visiting program 16.77 months longer, than caregivers whose home visitors had not received the training. Furthermore, Biggs et al. (2018) also found that caregivers whose home visitor received training prior to the family's enrollment remained enrolled 15.61 months longer. Based on the results of Biggs et al. (2018) and the ECLKC (2020) studies, it is imperative that MIECHV programs provide home visitors additional training on strategies and skills that will better equip them to provide effective services and increase the retention of families through program completion.

Limitations of the Study

The study had four limitations. The first limitation is the sample selected for the study only included two home visiting programs from one southern state instead of two states. The third home visiting program from the second state decided not to participate in the study. The second limitation is that the study only included MIECHV home visiting programs. The results in the study are not applicable to HVs and SCs who work for programs not delegated by MIECHV. The third limitation is that the interviews took place in midst of the aftermath of the COVID-19 pandemic, which may have a direct impact on families making the decision to withdraw before program completion. The lack

of previous research on this subject was a limitation to the trustworthiness of the study. There was not much research done on this subject, which impacted the interpretation of my findings. I could not find enough studies on the subject and acknowledge that is a limitation and propose further research on this subject.

Recommendations

In this study, I examined the perspectives of home visiting staff on the issue of high withdrawal from home visiting programs before program completion. The participants in this study were in a southeastern state. I recommend that the research on this topic be expanded across the country. I also recommend that future studies include the perspectives of parents as well. I also recommend increasing the sample size of the study to generate more data that can be compared from the perspectives of the home visiting staff and the parents/guardians who receive the services. I believe that understanding the parent perspectives may contribute to a deeper understanding of why parents decided to withdraw from the programs before completion.

Furthermore, I recommend further research on the recruitment of fathers in MIECHV programs and how father engagement affects retention. Little emphasis is placed on the retention of fathers (Stargel et al., 2020; McGinnis et al., 2019). Rowe (2018) found that MIECHV programs can serve as affective resource to promote positive father to child interactions. I recommend that impact of fathers' participating in the programs be explored because Mekhail et al. (2019) found that the engagement of fathers in the HV encouraged family resiliency and increased participation in the program. Stargel et al. (2020) determined that fathers' participation in home visiting supported

maternal retention through program completion and that the chances of a family remaining enrolled through program completion was increased significantly when fathers actively participated in the program. Likewise, McGinnis et al. (2019) found that when fathers participate in the program, families were more than four times more likely to remain enrolled in the program.

My final recommendation is for HV programs to consider incorporating the MI training or a similar model to provide training for HVs and SCs on how to effectively to recruit and keep families engaged and connected. Biggs et al. (2018) found that MI training increased HVs knowledge and understanding and provided strategies that lead to an increase of completed caregiver referrals and a significant increase in caregiver retention. Biggs et al. (2018) found that through completion of the MI training, families remained enrolled 15.61 months longer.

Implications

The implications from this study may bring about positive social change at the community level. The study included evidence and meaning, such classified themes that identified specific reasons on why families withdrew before program completion that SCs and HVs may use to create strategies to potentially decrease the number of withdrawals before program completion. The study may bring about positive social change that increases retention and sustainment of families through program completion through MIECHV programs incorporating specific professional development on topics such as "effective communication with families", or "creating effective partnerships with families". The study may also bring about positive social change by informing policies

that could lead to MIECHV programs receiving more federal funding. The additional federal funding could be used to expand programs into communities that do not have MIECHV programs. The expansion of more funded programs into other communities may help improve the life outcomes, health, growth and development for children and their families.

Additional implications may include MIECHV program HVs and SCs receiving adequate training and support in building effective partnerships with families and could potentially affect the lives of children and families in the local communities (Chen et al., 2019). The lives of children and families could be potentially affected by improving self-sufficiency to connecting parents to employment, educational training, and workforce development opportunities. Connection to these resources may address economic insecurity and it may reduce public costs (i.e., SNAP, Public Housing, welfare, etc.), which is beneficial to the community (Molloy, 2021).

Conclusion

The purpose of this basic qualitative study with semistructured interviews (Merriam et al., 2015) was to examine MIECHV program staffs' perspectives on the reasons for the high withdrawal. The study gained perspectives from 15 participants. The following themes were identified: (1) parents withdraw because they do not understand their role and do not want to actively participate; (2) families withdraw because of personal responsibilities or circumstances; (3) families often stop communicating and do not inform the HV or SC that they withdrawing; (4) HVs and SCs try to provide a variety of accommodations to encourage retention; and (5) HVS and SCs have not received any

professional development or training that provides skills and strategies to reduce early withdrawals before program completion.

The findings suggest that families withdrew because of personal responsibilities or circumstances, that offering families accommodations could possibly reduce the number of families withdrawing from MIECHV programs, and that staff members would benefit from receiving training on how to reduce families from withdrawing from MIECHV. Training topics could focus on effective communication between the provider and the parents, and the importance of flexibility when working with families. This study may be an integral part of developing best practices and strategies that home visiting programs and professionals can implement to reduce withdrawal before program completion.

In essence this study provided data and information that will be used to create a professional development course for home visiting programs. The course will include specific training that will address the topic of high withdrawals and will provide in-depth training and strategies on how to retain families through program completion. Participants will receive CEUs and or professional development hours (certificate). I believe the creation of this course will be a great opportunity to expand and expound on the knowledge that I received through this study.

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Appendix A: Home Visitor Interview Questions

1. How long have you served a home visitor?
2. What is the most rewarding part of your job?
3. How do you receive notification that a family has withdrawn?
4. What is the most common reason(s) families give when they decided to withdraw early?
5. What circumstances do your families face that may increase their chances of withdrawing before program completion?
6. What attempts are made to encourage the family to remain enrolled?
7. What training have you received to address high withdrawals?
8. What are your perspectives of the training that you have received?
9. What trainings would you suggest implementing to address high withdrawals rates?
10. What strategies have you implemented to attempt to address high withdrawals?
11. What suggestions or ideas do you have on how to address high withdrawals?
12. Is there anything else you would like to add about your experience with family's high early withdrawals before program completion?

Appendix B: Home Visiting Coordinator Interview Questions

1. How long have you served a home visiting coordinator?
2. What is the most rewarding part of your job?
3. How do you receive notification that a family has withdrawn?
4. What is the most common reason(s) families give when they decided to withdraw early?
5. What circumstances do your families face that may increase their chances of withdrawing before program completion?
6. What attempts are made to encourage the family to remain enrolled?
7. What training have you received to address high withdrawals?
8. What are your perspectives of the training that you have received?
9. What trainings would you suggest implementing to address high withdrawals rates?
10. What strategies have you implemented to attempt to address high withdrawals?
11. What suggestions or ideas do you have on how to address high withdrawals?
12. Is there anything else you would like to add about your experience with family's high early withdrawals before program completion?