

HV-REACH Conceptual Framework

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Emily Rosen, Rebecca Kleinman, Patricia Del Grosso, Catherine Ayoub, Ashton Chapman, Christina Mondri-Rago, and Joanne Roberts

A Conceptual Framework for Family Engagement in Early Childhood Home Visiting

Purpose and methodology

Early childhood home visiting is a service delivery strategy that supports child and maternal health, children's development and school readiness, and family economic self-sufficiency and reduces child abuse and neglect.ⁱ Home visiting programs are supported by the U.S. Department of Health and Human Services through its Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, and by states and other funders.

Collectively, evidence-based home visiting programs reached about 278,000 families in 2021; MIECHV-funded programs reached about 71,000 families.^{ii, iii} However, many more families are eligible and could benefit from the programs. For instance, one study estimated that, before March 2020 when the COVID-19 pandemic first disrupted home visiting services, 35 percent of MIECHV-funded programs served fewer than 85 percent of the families that could be served at a given time.^{iv} The purpose of this brief is to introduce a conceptual framework that can guide efforts to strengthen family engagement in early childhood home visiting.

About the Understanding and Expanding the Reach of Home Visiting (HV-REACH) project

The [Understanding and Expanding the Reach of Home Visiting \(HV-REACH\) project](#) is developing and disseminating evidence-informed resources and strategies that home visiting programs can use to achieve more equitable access to and participation in home visiting services and better outcomes for children and families. Mathematica is conducting this project in partnership with the Brazelton Touchpoints Center and Social Grove on behalf of the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), in collaboration with the Health Resources and Services Administration (HRSA).

How can this conceptual framework support family engagement in home visiting?

Using a series of exhibits, this conceptual framework depicts through words and graphics what *family engagement* means in the context of an early childhood home visiting program (Exhibit 1). It presents key factors that promote family engagement (Exhibit 1). By factors, we mean the strategies used by programs to encourage family engagement, and circumstances that influence families' decisions to enroll, remain enrolled, and actively participate in home visiting. The framework also describes what contributes to each of the key factors. This includes actions programs might take and conditions that might influence family engagement (Exhibits 2 through 4). In this brief we highlight the main messages of each exhibit.

The conceptual framework is intended for use by home visiting practitioners, administrators, technical assistance providers, and researchers. Its purpose is threefold:

1. To synthesize the most important factors that support family engagement
2. To build awareness of actions programs can take that may facilitate family engagement, as well as the conditions of families, home visitors, programs, communities, and systems that might influence family engagement
3. To encourage home visiting program staff, technical assistance providers, and researchers to use the information in the framework as a guidepost in developing their own strategies to strengthen family engagement at all points where families and programs interact

By focusing on the factors that facilitate family engagement in home visiting, program staff, technical assistance providers, and researchers can identify opportunities to improve and disseminate engagement strategies to support any home visiting program. Given that the factors influencing family engagement are not unique to any one home visiting model, this brief supports early childhood home visiting in general (including programs that do and do not receive funding through the MIECHV Program). Expanding the reach of programs and actively engaging families to improve program retention can help home visiting programs achieve their goals of supporting family and child health and well-being.

How was the conceptual framework developed?

The HV-REACH project team used a collaborative and iterative process to develop the conceptual framework; the process combined information from five sources:

1. A [literature synthesis](#) of 36 peer-reviewed articles and gray literature reports, plus three conceptual frameworks published since 2001.^v Most of the literature synthesis findings involve descriptive evidence and are often based on limited research (for example, one to two manuscripts).
2. An environmental scan that identified family engagement strategies through a review of technical materials and interviews with nine purposefully selected representatives of state and tribal agencies, home visiting program staff, and technical assistance providers.
3. Input from potentially eligible families that have and have not participated in home visiting. Eight families described factors that they thought facilitated or hindered their participation in home visiting. In follow-up conversations with six of the families, the respondents provided their perspectives on the draft conceptual framework, including the overall concept of engagement in home visiting, how it was visually depicted, and the terminology.
4. Input from five home visiting researchers with expertise in family engagement who were convened to guide the HV-REACH project. The researchers provided detailed comments on a draft version of the conceptual framework.
5. Input from federal partners at ACF and HRSA, which guides all HV-REACH project activities, including this conceptual framework.

Conceptual framework overview

What is family engagement?

The framework defines engagement as occurring at all points where families and home visiting programs interact. Interactions are broken into three stages: **outreach and awareness** (building program awareness and referrals), **recruitment and enrollment** (efforts to enroll families and a family's enrollment decision), and for families that enroll, **retention and active participation** (continued attendance and responsiveness during services). The framework expands on earlier interpretations of family engagement, including those that defined engagement as a family's participation or retention in services,^{vi} the quality of services or interactions between families and home visitors,^{vii, viii} or the process of building positive, goal-oriented relationships between visitors and families.^{ix} This framework separates the outreach and awareness stage of family engagement from the recruitment and enrollment stage. The outreach and awareness stage emphasizes the actions that program staff and community partners can take to increase program awareness among eligible families. In contrast, the recruitment and enrollment stage addresses the factors that influence a family to enroll (or not) in a program. This framework also presents retention and active participation together as they co-occur and mutually reinforce one another.

In practice, the pathway through a home visiting program is not always straight. Some eligible families may choose an alternative service or support that may eventually lead back to home visiting. Other eligible families may choose not to enroll despite outreach efforts. Some may enroll but not actively participate, or they may stop and restart services. Others may be eligible and interested in receiving home visiting services but are not aware of the available services.

The framework is based on the idea that, when families work with their home visitor to understand and meet their needs and goals (as defined by the families according to their individual circumstances, beliefs, and values), they will achieve the desired outcomes or goals they set for themselves and for their children's healthy development and well-being.

Stages of family engagement:

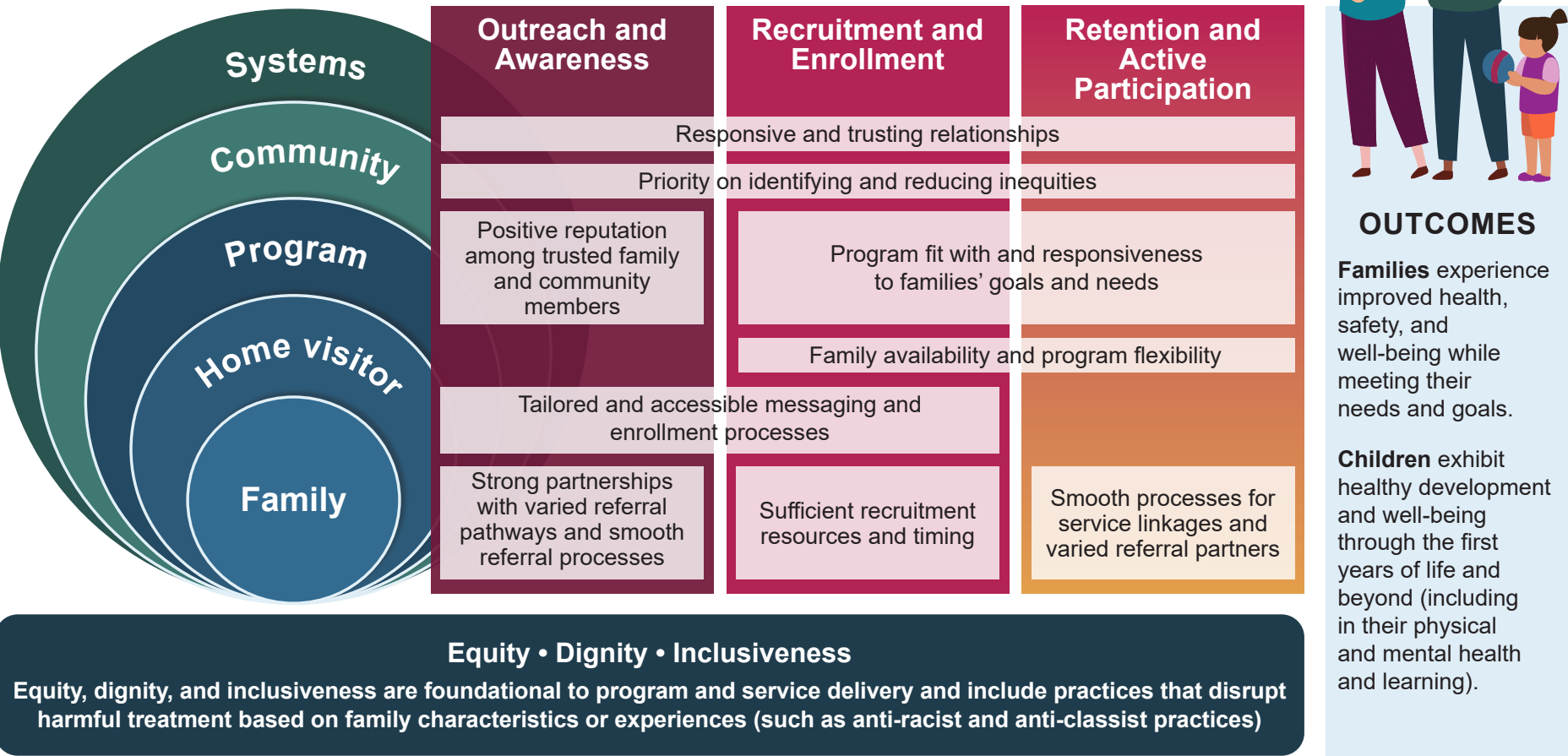
- Outreach and awareness
- Recruitment and enrollment
- Retention and active participation

Key factors that promote family engagement:

1. Responsive and trusting relationships
2. Priority on identifying and reducing inequities
3. Positive reputation among trusted family and community members
4. Program fit with and responsiveness to families' goals and needs
5. Family availability and program flexibility
6. Tailored and accessible messaging and enrollment processes
7. Strong partnerships with varied referral pathways and smooth referral processes
8. Sufficient recruitment resources and timing
9. Smooth processes for service linkages and varied referral partners

Exhibit 1. A conceptual framework of family engagement in early childhood home visiting

Family engagement occurs at the points where families and home visiting programs interact, and is influenced by factors at the family, home visitor, program, community, and systems levels.



• This framework applies to all types of family structures. Families may encompass mothers, fathers, other parents or caregivers, grandparents or extended family members, and children.

• Concepts in this framework drawn from: Kleinman, Rebecca, Catherine Ayoub, Patricia Del Grosso, Jessica F. Harding, Ruth Hsu, McMillan Gaither, Christina Mondri-Rago, Mary Kalb, Joseph O'Brien, Joanne Roberts, Emily Rosen, and Mindy Rosengarten. (2023). "Understanding Family Engagement in Home Visiting: Literature Synthesis." OPRE Report #2023-004. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

What influences family engagement?

Drawing from research, technical materials, and the practice knowledge of those who provided input into the framework (including families), the HV-REACH project team identified nine key factors that promote engagement. They appear in Exhibit 1 in the corresponding boxes under outreach and awareness, recruitment and enrollment, and retention and active participation, and are repeated in Exhibits 2 through 4 at the top of each box. When these factors are present, programs have a better chance of engaging families; conversely, when they are absent, programs may face challenges or barriers in engaging families in home visiting. Some factors occur in several or all stages of family engagement, and therefore are shown across the multiple stages in which they occur in Exhibit 1. For instance, a *responsive and trusting relationship* between program staff and families can influence families' initial perception of the program during outreach and their decision to enroll and remain enrolled in home visiting.

The factors shown in Exhibit 1 are shaped by the home visiting system. This system encompasses families, home visitors, programs, communities, and broader systems. These home visiting system levels are nested within and interact directly with one another.

Defining the levels of the home visiting system

- **Family.** The parent, child, caregiver, and/or extended family member who is eligible and recruited for or participates in home visiting; the term is inclusive of all family and caregiver structures.
- **Home visitor.** The program staff responsible for delivering individualized services to families in their homes or in a place that is comfortable for the family; a home visitor may also conduct community outreach or work to recruit eligible families.
- **Program.** Both the agency that implements a home visiting program(s), sometimes called the local implementing agency, and the home visiting program(s) and model(s) implemented by the LIA.
- **Community.** The neighborhood or area where eligible families live. The community encompasses demographics, cultures, geographic features, available and accessible resources, service systems, and other characteristics that define social community or neighborhood context.
- **Systems.** The larger service and policy environment in which the home visiting program operates; it includes partnerships with other service systems such as those for outreach or referral; state, tribal, and national contexts; requirements or guidance from program model developers or funding sources; technical assistance provider support; and research about home visiting to evaluate programs and generate knowledge for the home visiting field.

The levels in the home visiting system were developed and defined in *A Conceptual Framework for Implementation Quality in Home Visiting*.^{*} This framework proposes that supporting implementation quality across each level of the system will, in turn, facilitate the development and delivery of high-quality home visiting services. Similarly, focusing on family engagement at all levels of the system can facilitate holistic and sustainable efforts to better reach, recruit, enroll, and retain families interested in and eligible for home visiting.

Within the home visiting system, families are at the center. Families are the participants in home visiting, and the focus of home visiting is on meeting the complex and varied needs of these families. Families have

the closest relationship with their home visitor, who, in turn, works within a program to provide direct services. Together, home visitors and programs make up the immediate home visiting environment. Home visiting programs and local implementing agencies provide oversight, management, and supervision of home visitors and services, and choose the home visiting models that home visitors will deliver to families. Programs, home visitors, and families operate within the context of their community resources and landscape, which may include the other agencies and services that families enrolled in home visiting access to meet their needs. Home visitors and home visiting programs may connect with these agencies and services when providing referrals to families. Programs and communities also operate within broader system(s) that fund or regulate home visiting and other systems that serve families eligible for home visiting. The broader home visiting system may include state and Tribal agencies and organizations, such as state/territory MIECHV and Tribal MIECHV; home visiting model developers; funding entities that pay for home visiting services, such as workforce development; the state and national policy and political environment; and research agencies examining home visiting.

How do equity, dignity, and inclusiveness influence family engagement?

Social, economic, and racial inequities occur at every level of the home visiting system. Families may experience inequities in their daily lives as they experience disparities in access to services and reside in marginalized communities. In addition, inequities are spread (intentionally or unintentionally) through policy and practice at all levels of program operations and governance. Thus, the framework acknowledges three core principles—equity, dignity, and inclusiveness—as fundamental to engaging families in home visiting programs. Family interactions with the people, policies, and practices associated with home visiting should reflect these core principles.

Principles of equitable family engagement

- **Equity.** Fair and tailored access to home visiting resources and opportunities based on what a family needs to succeed. When equity is present, each family has what it needs from home visitors, programs, communities, and systems to successfully access and stay meaningfully engaged in home visiting for as long as it wishes.
- **Dignity.** Respect and honor for family preferences or views. When dignity is present, families feel that their preferences are honored.
- **Inclusiveness.** Respectful treatment of all people regardless of their identities, beliefs, backgrounds, or lived experiences. When inclusiveness is present, programs solicit and respectfully integrate family voice, and families feel understood.

Programs and their partners can consider ways to intentionally and meaningfully reflect these core principles in their service delivery approaches. Exhibit 1 notes that programs can include practices that prevent and address harmful treatment based on family characteristics or experiences (such as anti-racist and anti-classist practices). Achieving equity, dignity, and inclusiveness may also require modifying service delivery practices and developing providers' ability to recognize and begin to address structural inequities stemming from racism, classism, sexism, heterosexism, ableism, and other forms of discrimination.

What promotes family engagement?

The remaining exhibits describe the (1) actions programs can take and (2) conditions of families, home visitors, programs, communities, and systems. These actions and conditions, when in place, may contribute to the factors listed in Exhibit 1 that promote outreach and awareness (Exhibit 2), recruitment and

enrollment (Exhibit 3), and retention and active participation (Exhibit 4). In these exhibits, each factor listed in Exhibit 1 is repeated in Exhibits 2 through 4 in bold text. For instance, Exhibit 1 lists *responsive and trusting relationships* as a key factor for promoting outreach and awareness, recruitment and enrollment, and retention and active participation, and Exhibits 2 through 4 list actions and conditions that contribute to building *responsive and trusting relationships* with families at each of those stages. In Exhibits 2 through 4, the primary levels of the home visiting system that relate to each factor are identified with the corresponding first letter (for example, F for family), per the code at the bottom of each of these exhibits.

In Exhibits 2 through 4, information represented in the [HV-REACH literature synthesis](#) is denoted with a dagger (†); all other information draws on technical materials and the practice knowledge of those who provided input on the framework, including families and researchers.^{xi}

Outreach and awareness

Exhibit 2 shows the key factors that, according to research and practice, promote family engagement during the outreach and awareness stage, along with actions and conditions that may contribute to these factors.

What is outreach and awareness?

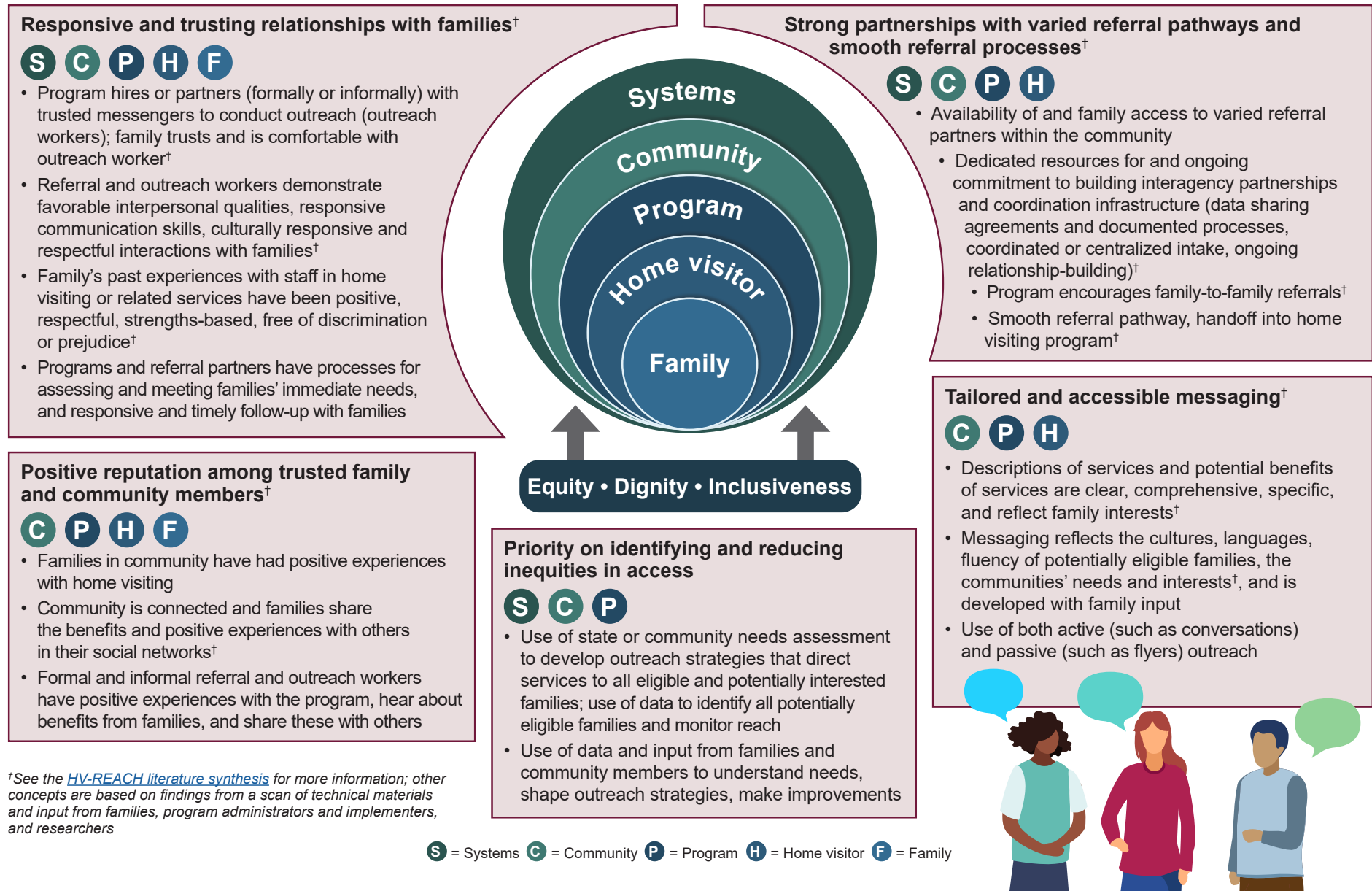
Outreach and awareness refer to efforts to strengthen program awareness and referrals. It encompasses the ways that programs or home visiting staff recognize and connect with potentially eligible families (such as through interagency referral partnerships, marketing, or community relationships). Studies might measure outreach and awareness in terms of program staff's efforts to spread the word about the program in ways that promote equitable access among eligible and potentially interested families. As noted previously, outreach and awareness is distinct from recruitment and enrollment; it captures actions that program staff take to build program awareness among potentially eligible families, and occurs before a family decides to enroll (or not) in a program.

What promotes outreach and awareness?

First impressions with families matter and are crucial during this stage. When initially connecting with potentially eligible families, program staff and outreach workers, should focus on establishing trust and comfort with a family. Outreach workers may be a formal partner (such as a health care provider who agrees to screen families for program eligibility) or an informal agent (such families who spread awareness through their social networks). In either case, interactions that are positive, respectful, responsive to a family's stated needs and concerns, and free of judgment all help to build trust and comfort.

Programs can also prioritize establishing and maintaining strong interagency partnerships and an infrastructure (such as written documentation and data sharing agreements) to strengthen awareness of home visiting among other programs that can refer potentially eligible families (such as health care providers, WIC clinics, and Head Start and other child care providers). Even when referral partnerships are solidified "on paper," they require ongoing attention and an investment in building the home visiting program's reputation in the community and among formal and informal outreach workers.

Exhibit 2. What promotes outreach and awareness?



[†]See the [HV-REACH literature synthesis](#) for more information; other concepts are based on findings from a scan of technical materials and input from families, program administrators and implementers, and researchers

The “messenger” and the “message” are important when conducting outreach to families. Programs can build relationships with and enlist people whom families trust to help spread the word, such as members of faith- or community-based organizations. They can also hire or ask current or former participating families to describe their experiences to other families. Reliance on several types of outreach—including both passive (such as social media posts, radio, or flyers) and active (such as conversations during community events or with families during routine medical or social service encounters)—may help with enrolling more families.

Finally, programs can develop tailored and accessible messaging by clearly specifying the elements that draw families to the program and ensuring that the intended audiences understand the messages. For instance, messaging from prenatal clinic partners (via a flyer or verbally) might highlight how the program supports healthy birth outcomes and use the language(s) common to the clinic participants.

How can these factors promote equity, dignity, and inclusiveness?

Individuals conducting outreach to families (whether home visitors, or outreach workers from community partners) can take the first step toward promoting equity, dignity, and inclusiveness in home visiting by honoring families’ diverse needs and preferences. Interactions between the individuals conducting outreach and families should be culturally and linguistically appropriate, and anti-racist. Programs can develop outreach and awareness strategies tailored to their communities, with the aim of reaching all eligible families by building a strong network of formal (such as health care provider) and informal (such as word-of-mouth from other families) referral resources, reviewing program data on who could be using the program, and listening to and addressing families’ needs.

Recruitment and enrollment

Exhibit 3 shows the key factors that, according to research and practice, promote family engagement during recruitment and enrollment, along with actions and conditions that may contribute to these factors.

What is recruitment and enrollment?

Recruitment and enrollment refers to a program’s efforts to enroll families and a family’s enrollment decision. This stage encompasses the processes established by programs or staff to encourage families to enroll (such as through investing in relationships with families and having smooth enrollment processes). It also includes families’ decisions to enroll or not and the associated reasons. Studies might measure recruitment and enrollment by families’ agreement to participate or receive at least one visit and might even examine the characteristics of enrolled families.

What promotes recruitment and enrollment?

Families are more likely to enroll in services when they expect to benefit. Recruitment is thus more likely to result in enrollment if programs offer and communicate services that are relevant and applicable to families’ needs and goals. Program staff can develop recruitment and service plans that resonate with families by using input from eligible families and other community members. Such plans should reflect a shared understanding of families’ needs and goals, as well as clear identification of the services available through the given home visiting model. Each family should also have a say in selecting services that meet their needs. Focusing on families’ needs and goals should also recognize that families may not be immediately ready to enroll in the program; they may be overwhelmed when they are initially approached (such as if they have just given birth) or need time to establish trust with the program and staff. Learning when the family might

be ready to enroll, such as after the family has met informally with the home visitor a few times or has settled into a routine at home with their newborn, and then following-up with the family again may support recruitment and enrollment efforts. Programs must also balance a family's readiness to enroll with the program model's eligibility requirements, which may include cutoffs (such as based on the child's age) for when a program can enroll a family.

In deciding to enroll, families also consider their other commitments and daily stressors—like their work or school schedules or housing stability. Programs can accommodate family circumstances and stressors by remaining flexible and, for example, agreeing to meet families at days, times, or locations that are most convenient for the family.

These approaches can help program staff continue to build on the trusting and responsive relationships initiated between families and outreach workers. This trust is crucial for families as they weigh the benefits and potential trade-offs of working with a home visitor, which may include sharing sensitive information with them and hosting the home visitor in their home. As with outreach and awareness, maintaining respect in communications with families is fundamental.

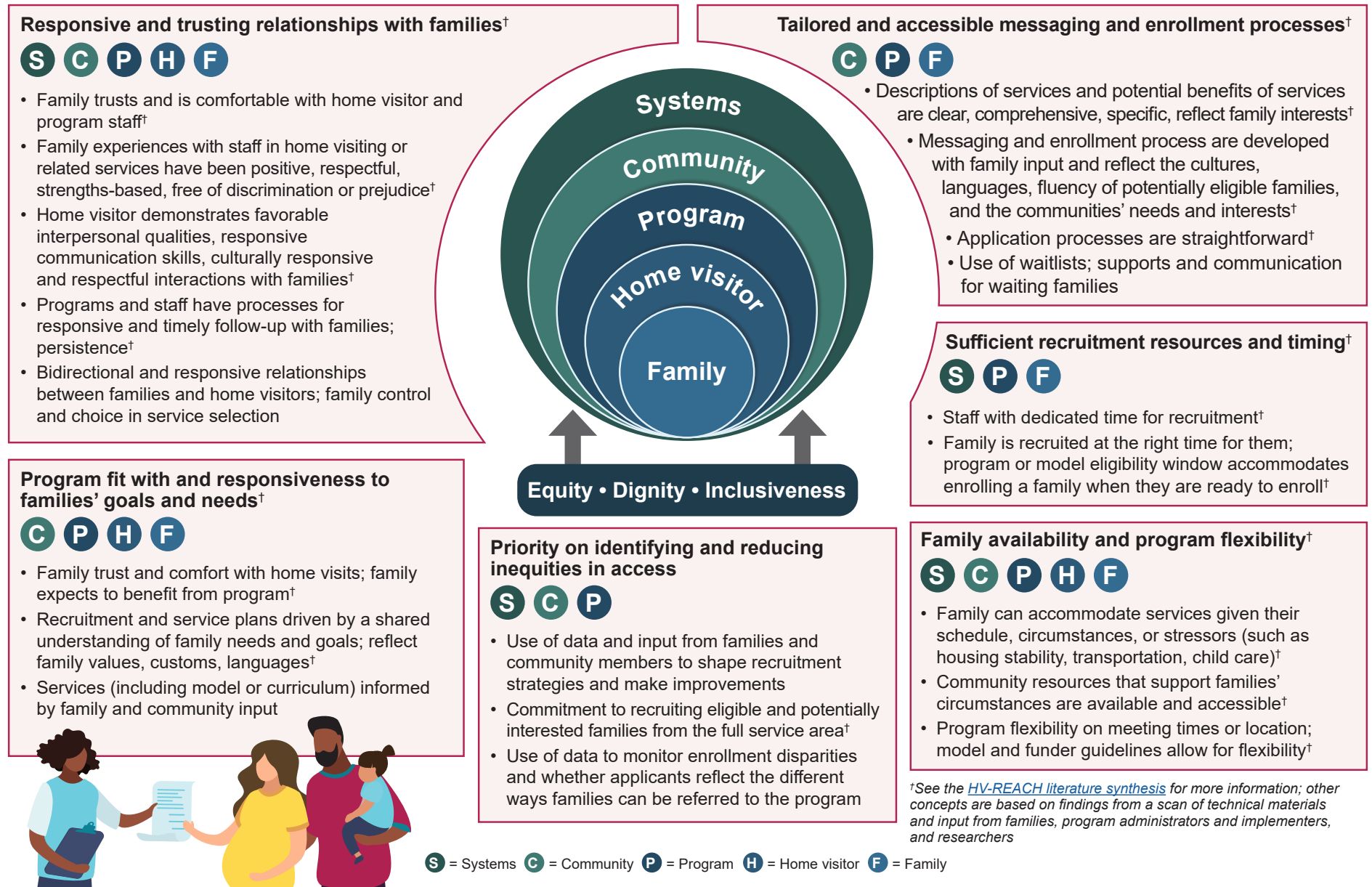
How can these factors promote equity, dignity, and inclusiveness?

Communication that is consistent, respectful, and tailored to families' circumstances can help programs recruit and enroll families that may otherwise be excluded. Eligible families may be more likely to decide to enroll if their early experiences with the home visiting program reflect their values, customs, and languages. By emphasizing family needs and goals and discussing ways in which program offerings fit or can be tailored to fit a family's individual circumstances, program staff can convey that home visiting services are relevant to each eligible family. In addition, outreach staff can maintain respectful and regular contact over time to reach eligible but difficult-to-contact families.

Family stressors (such as, lack of transportation or child care, scheduling conflicts, housing instability) may pose barriers to eligible families' participation in home visiting services. Programs can encourage families that are grappling with these challenges to enroll by offering flexibility and highlighting how programs can help families meet their specific needs, either through direct support or referrals. Programs can also determine visit length, frequency, time, and service location that work best for a family while keeping within model and funder guidelines. By accommodating families' needs and goals to the extent they can, programs in turn promote equity, dignity, and inclusiveness.

Programs can also review data on the characteristics and location of families that enrolled, and then determine whether there are eligible families or pockets of the community that are systemically excluded. If so, programs can explore ways for attracting and recruiting those families. Examining the referral pathways of enrolled families can help guide programs in those efforts.

Exhibit 3. What promotes recruitment and enrollment?



Retention and active participation

Exhibit 4 shows the key factors that, according to research and practice, promote family engagement during the retention and active participation stage of family engagement, along with actions and conditions that may contribute to these factors.

What are retention and active participation?

Retention refers to families' ongoing attendance in services and their reasons for continuing or stopping such participation. Retention also refers to the ways that programs or staff encourage families to continue their participation (including through service linkages). Studies might measure retention in terms of service quantity (such as the number of home visits families received or the duration of service receipt) and might examine the family and home visitor characteristics associated with retention.

Active participation refers to families' responsiveness during services. It encompasses the ways that programs or staff encourage families to engage with the home visitor or apply new skills, the reasons families are or are not responsive to the home visitor and program content, and families' satisfaction with their interactions with home visitors. Studies might measure active participation in terms of service quality (such as the quality of home visitor and family interactions or families' or home visitors' satisfaction or engagement ratings).

As stated, retention and active participation co-occur and mutually reinforce one another. Greater satisfaction during home visits may encourage families to attend more visits, for instance.

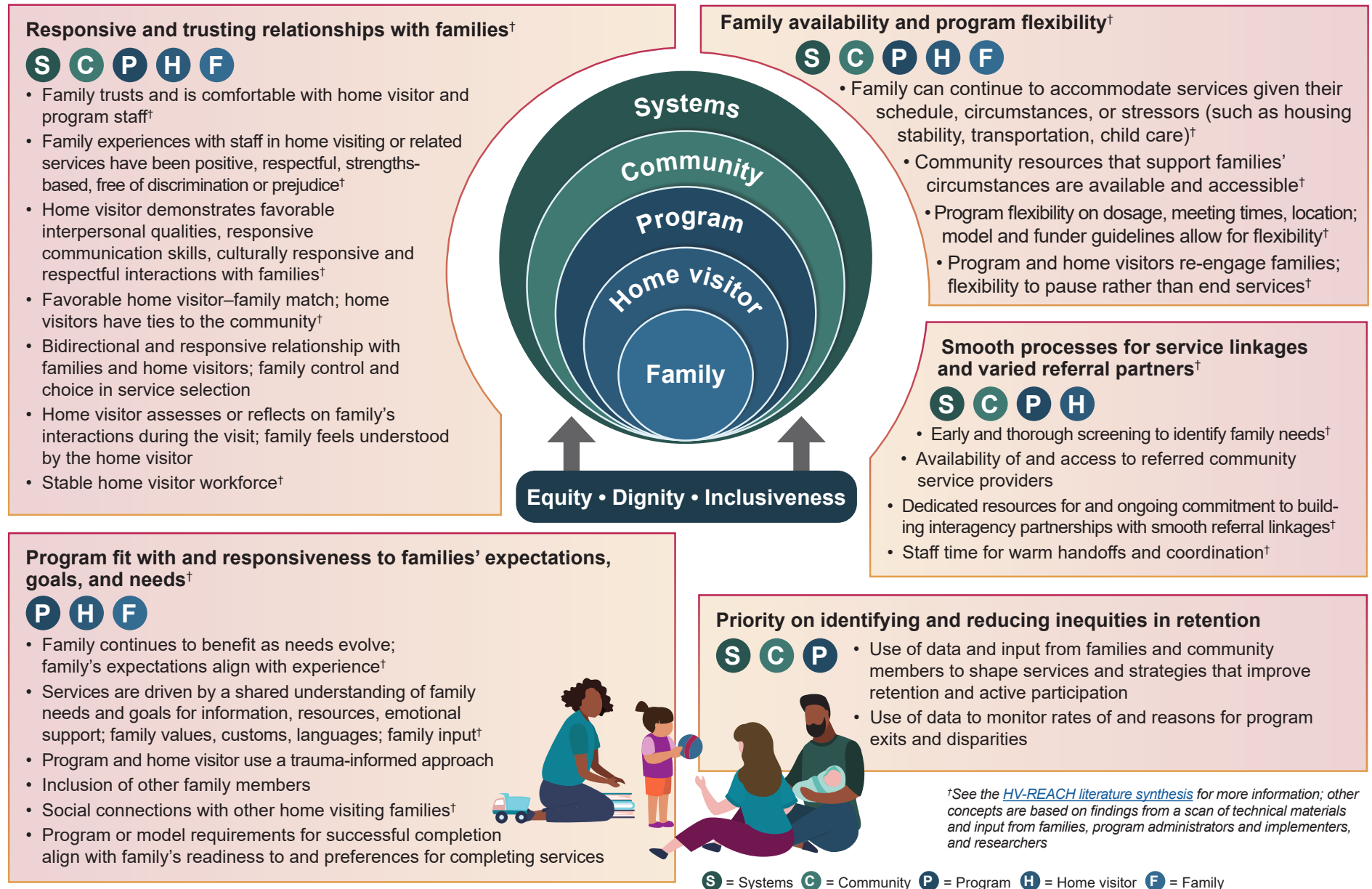
What promotes retention and active participation?

The relationship between home visiting staff and families continues to be vital to families' retention and active participation in services. Retention is promoted when families feel understood by home visitors, and when their interactions with home visitors are flexible, friendly, nonjudgmental, reliable, respectful, and supportive. Sustaining a good match between home visitors and families is important, particularly if there is home visitor turnover. It may be helpful to consider shared demographics, backgrounds, and personalities in matching families and home visitors.

As families' schedules change, programs can support families' ongoing participation in services by continuing to provide flexibility and control with respect to visit length, frequency, time, and location as families' schedules and model and funder guidelines allow. If programs can do so, affording families the ability to pause rather than end services may re-engage families that are considering ending services.

Ultimately, families are more likely to maintain their participation if the program meets their expectations and offers needed benefits. Home visitors can revisit families' goals, needs, and expectations periodically, and can continue to work with each family to center their service plan on the family's needs, goals, values, customs, and languages. Developing and maintaining smooth processes for service linkages can help ensure that home visitors successfully link families to the community resources reflected in their service plan. This may require an investment on the part of program leaders to build and maintain interagency partnerships with a variety of community partners, and ensure that home visitors have time to make warm handoffs and coordinate with the partners.

Exhibit 4. What promotes retention and active participation?



How can these factors promote equity, dignity, and inclusiveness?

Programs promote inclusiveness when they work with families to understand their individual needs, goals, circumstances, and preferences. Programs promote dignity when staff work alongside families to create and periodically update families' individual service plans and ensure that families' needs, goals, circumstances, and preferences are incorporated. Finally, programs can promote equity by gathering and reviewing data on participation in services (including quantitative administrative data and qualitative input from staff, families, and community members), understanding whether there are disparities in which families stop participating, and determining how services could better meet the needs of those families.

Considerations

Drawing on this conceptual framework, as programs continue in their efforts to engage families in home visiting, they should recognize that family engagement is influenced by factors that occur at the family, home visitor, program, community, and systems levels. Drawing on the information presented in Exhibits 2-4, programs can consider the actions that they can take to engage families at each stage—from outreach and awareness through retention and active participation—to ensure that families know and realize program benefits in a way that is inclusive of their individual needs and goals. Programs can simultaneously identify opportunities to improve equity, dignity, and inclusiveness while expanding reach. Technical assistance providers and researchers can use the information in the framework as a guidepost in developing and testing strategies to strengthen family engagement at all points where families and programs interact.

Endnotes

- ⁱ Health Resources and Services Administration (HRSA). "The Maternal, Infant, and Early Childhood Home Visiting Program." Washington, DC: U.S. Department of Health and Human Services, Health Resources and Services Administration, Administration for Children and Families, September 2022. Available at <https://mchb.hrsa.gov/sites/default/files/mchb/about-us/program-brief.pdf>.
- ⁱⁱ Ibid.
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- ^{iv} Zaid, S., K. McCombs-Thornton, K. Faucetta, L. Childress, P. Cachat, and J. Filene. "Family Level Assessment and State of Home Visiting Outreach and Recruitment Study Report." OPRE Report #2022-110. Washington, DC: U.S. Department of Health and Human Services, Office of Planning, Research, and Evaluation, Administration for Children and Families, July 2022.
- ^v Kleinman, R., C. Ayoub, P. Del Grosso, J. F. Harding, R. Hsu, M. Gaither, C. Mondri-Rago, M. Kalb, J. O'Brien, J. Roberts, E. Rosen, and M. Rosengarten. "Understanding Family Engagement in Home Visiting: Literature Synthesis." OPRE Report #2023-004. Washington, DC: U.S. Department of Health and Human Services, Office of Planning, Research, and Evaluation, Administration for Children and Families, January 2023.
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- ^{vii} Bower, K., M. Nimer, A. West, and D. Gross. "Parent Involvement in Maternal, Infant, and Early Childhood Home Visiting Programs: An Integrative Review." *Prevention Science*, vol. 21, no. 5, 2020, pp. 728–747.
- ^{viii} Korfmacher, J., B. Green, F. Staerkel, C. Peterson, G. Cook, L. Roggman, R. A. Faldowski, and R. Schiffman. "Parent Involvement in Early Childhood Home Visiting." *Child & Youth Care Forum*, vol. 37, no. 4, 2008, pp. 171–196.
- ^{ix} National Center on Parent, Family, and Community Engagement. "Head Start Parent, Family, and Community Engagement Framework." Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Parent, Family, and Community Engagement, 2018. Available at <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/pfce-framework.pdf>.
- ^x Crowne, S., K. Rosinsky, J. Goldberg, M. Sparr, K. Ulmen, and I. Huz I. "A Conceptual Framework for Implementation Quality in Home Visiting." Washington, DC: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, December 2021.
- ^{xi} In some instances, a dagger is applied when most, but not all, of the information is represented in the literature synthesis.

Submitted to:

Kelly Jedd McKenzie, Project Officer, and Kristyn Wong VanDahm, Project Monitor | Office of Planning, Research and Evaluation | Administration for Children and Families | U.S. Department of Health and Human Services

Submitted by:

Patricia Del Grosso, Project Director | Mathematica | 1100 1st Street NE, 12th Floor | Washington, DC, 20002 | Telephone: (202) 484-4512 | Fax: (202) 863-1763

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