Illinois Home Visiting Caregiver and Provider Feedback Project

Recommendations for strengthening supports for caregivers and providers across the home visiting system

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START EARLY
Champions for Early Learning

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Executive Summary

The *Illinois Home Visiting Caregiver and Provider Feedback Project* outlines key findings from surveys, key informant interviews and focus groups of Illinois caregivers and home visiting service providers conducted between April 2022 and June 2023. Building on this data, the report identifies recommendations for local home visiting programs, Illinois' home visiting funders, federal agencies and the national home visiting models to strengthen how families and providers are supported across the home visiting (HV) system.

Ultimately, this report aims to elevate the voices of caregivers and providers to drive changes in how home visiting services are structured, supported and delivered. The results carry significance for programs, model developers, researchers, systems leaders and policy makers. However, the impact of these findings and recommendations relies on the commitment of the agencies with authority over local, state and federal home visiting systems to actually act on this input and thereby demonstrate their commitment to families and children and the professionals who support them. By actively engaging with the recommendations, these agencies – at the state and federal level – can ensure that resources are optimally allocated to support families' growth and development and can drive transformative change in the home visiting landscape, paving the way for a more responsive, equitable and effective system that uplifts families and nurtures the healthy development of young children.

Recommendations begin on page 43 and are organized by theme while in Appendix A on page 57, recommendations are specifically organized by audience: national models, federal agencies that fund home visiting, Illinois home visiting funders and home visiting program leaders. These entities are encouraged to review the concrete action steps that can be specifically addressed at the locus of their influence. While some recommendations point toward directional shifts to the long-term vision of the national home visiting system, many of the recommendations are actionable and can be accomplished in the short-term.

Home Visiting Overview

Illinois has a long and robust history of supporting prenatal, infant and early childhood home visiting services as a key pillar in the continuum of services and systems that strengthen the caregiver-child relationship and connect families to vital community resources which support long-term healthy development and well-being. The primary aim of home visiting services is to ensure that families with young children have the supports and resources they need to thrive. These voluntary services, which typically support families from the prenatal period through age 3 and encompass a range of benefits, including:

- Promoting positive attachment and social-emotional development to strengthen caregiver-child relationships
- Promoting maternal, infant and early childhood health and mental health
- Promoting physical, mental and emotional safety, with an eye toward documented disparities in health outcomes
- Providing developmental screening, monitoring, and referrals to bolster school-readiness
- Linking families to community resources and services
- And promoting cross-system collaboration, among other vital functions.

The Illinois home visiting system has historically operated under a “big tent” approach, in which state and federal home visiting funding streams have supported a broad number of home visiting models, allowing local communities and programs to decide which model best meets the needs of their families. Illinois home visiting is supported by state investments through the Illinois Department of Human Services (IDHS) and Illinois State Board of Education (ISBE), with federal funds from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and Early Head Start (EHS) funds. Private dollars currently support several local home visiting initiatives, and, following the enactment of Public Act 102-00044, the Department of Healthcare and Family Services (HFS) is working on implementation planning for Medicaid reimbursement of home visiting services for eligible populations. Illinois’ cross-model, cross-funder system annually serves an estimated 22,000 families[i] and includes Healthy Families America (HFA), Parents As Teachers (PAT), BabyTALK, Nurse Family Partnership (NFP), Early Head Start (EHS), and Home Instruction for Parents of Preschool Youngsters (HIPPY) as active models.

Home visiting has been at the heart of Start Early’s programs, training, evaluation and advocacy efforts since our founding in 1982. Today, Start Early directly delivers home visiting and doula services for families living in under-served communities in Chicago through the Healthy Parents & Babies Program, and leads the Home Visiting & Doula Network, which supports 30 home visiting programs throughout the state of Illinois. Start Early’s Professional Learning Network provides professional development opportunities to over 300 programs across Illinois, and the Illinois Policy Team works through administrative, legislative and grassroots advocacy to inform, create and strengthen conditions that enable equitable access to high-quality services for our state’s youngest children — prenatal through age 5 — and their families across Illinois. Start Early is also the Lead Facilitating Organization for the home visiting policy strand of the Raising Illinois policy agenda and coalition, convening advocate, program and family leader partners around strategies to strengthen the statewide home visiting system.

Project Overview

Nationally and within Illinois, home visiting enrollment and retention data have long suggested that the field could do more to respond to the needs and desires of many families. Families who are eligible for home visiting may decline the offer of services and families who are engaged in services may opt to leave services earlier than the duration of services intended by programs or model developers. Families who may be eligible for services may never hear about home visiting services while families who participate in home visiting may find that their desires and needs are not fully met by services.

Several features of services including: eligibility criteria, visit frequency and/or intensity, method of service delivery, required documentation and provider training and other qualifications, define the array of home visiting services available to families and are dictated by overlapping funder and model requirements. While these various service parameters have historically been leveraged to promote quality and accountability across the home visiting system, some may make services less responsive to the needs and desires of many families and prohibit access to these services. [ii]The COVID-19 pandemic exacerbated the challenges many Illinois programs were facing in recruiting, engaging and retaining families in home visiting services, with disruptions to traditional in-person referral pathways and a shift to virtual and hybrid (in-person and virtual) visits. These challenges are compounded by a growing workforce crisis marked by high levels of home visitor turnover, which impacts family retention and satisfaction.

Taken together, these issues mean that the home visiting system may not be reaching the true number of families who may benefit from and want services and may need to adapt how it supports families to be fully responsive to diverse needs and desires among parents and caregivers.

National and Illinois specific conversations have emerged around strategies to ensure that the design and administration of home visiting services actively honors caregiver and community perspectives and offers culturally and linguistically responsive supports. Numerous surveys, data analyses, focus groups and other reports have surfaced valuable findings about the Illinois home visiting system and its current impacts on families and young children. However, fewer analyses have specifically sought out feedback from home visitors and caregivers about how the home visiting system could better meet their needs, and far fewer have documented what families who have never engaged with the home visiting system would like to see from the array of available services and supports. With this in mind, in the spring of 2022, Start Early's Illinois Policy Team launched two surveys— a caregiver survey and a home visitor workforce survey – to deepen our understanding of what family and provider voices see as needed improvements to the home visiting system.

Gathering input from families and providers has been a priority to inform systems improvements in Illinois, including the work of the Early Learning Council's Health and Home Visiting Committee and the Raising Illinois initiative, as well as internally to Start Early's Illinois Policy agenda and National Home Visiting Strategy. However, the more timely impetus for these surveys was Start Early's development of policy priorities for the 2022 reauthorization of the MIECHV program, the largest national investment in home visiting services. The surveys were intended to provide a "state of the state" snapshot to inform advocacy in a moment in time and to help educate elected officials about what types of supports caregivers of young children want and need from programs and what supports staff need to better serve children and families and do their job well.

Input on the development of the questions was gathered cross-divisionally from multiple perspectives at Start Early, as well as with a few external partners. The questions were developed in the context of earlier research, and built upon Start Early's deep expertise in home visiting programs, home visitor professional development, policy and research. However, as these surveys were developed quickly to gather information to take back to legislators to support time-sensitive MIECHV reauthorization conversations, they were not grounded in formal research questions. Many questions were left open-ended to allow respondents to be as open, honest and candid as possible. Initial feedback and results surfaced the need for more information, prompting a more thorough literature review and data collection effort. This included individual interviews and focus groups to obtain greater insight.

The resulting *Illinois Home Visiting Caregiver and Provider Feedback Project* includes findings from the 2022 survey of caregivers and home visiting services providers, the series of key informant interviews and the series of focus groups with providers and caregivers. Building on the rapid surveying effort completed to support MIECHV reauthorization, the project aimed to surface recommendations for local programs, Illinois' home visiting funders and the national home visiting models related to family participation and workforce retention. Taken in total, the findings can support long-term federal administrative advocacy, legislative advocacy for the next MIECHV reauthorization and Illinois' home visiting state systems work. The findings hold significance for state policy and program administration, not just in Illinois, but can be adapted to other state contexts, as well as point to areas for further needed research.

Provider and Caregiver Surveys

Survey development and methods

The Provider and Caregiver surveys were programmed for online administration using Qualtrics, a web survey package. In addition to English, the Caregiver survey was offered in multiple languages: Spanish, French, Polish, Arabic, Mandarin, Hindi, Korean, Urdu, and Tagalog.

The Provider Survey asked questions about what was most effective about the home visiting program, what made their job easier and harder, perception of caregiver needs, and suggestions for improvement, as well as a demographic section. The Caregiver Survey included sections for current or previous home visiting participants as well as parents/caregivers who were referred to home visiting but chose not to enroll, and parents/caregivers who were not familiar with home visiting. Questions were asked about participation in a home visiting program (enrollment, length of stay, not enrolling, etc.), what families did or did not like about the program (or would like out of a program if never enrolled), and what families would like to gain from a home visiting program, as well as a demographic section.

The Start Early project team members distributed the survey broadly to home visiting programs throughout Illinois, leveraging email lists including the Early Learning Council, IDHS and MIECHV home visiting listservs, the Start Early Professional Learning Network, and other networks. The surveys were live from March 16 to April 5, 2022. Start Early received 122 responses for the provider survey and 109 cases for the caregiver survey.

Survey limitations

Beyond the rapid timeframe in which the Provider and Caregiver surveys were developed and disseminated to inform MIECHV reauthorization advocacy, other limitations may have impacted data quality and the scope of the findings.

- No financial or other incentives were offered to participants in the Provider and Caregiver surveys.
- No comprehensive list of home visiting programs exists for all funding sources in the state, and some programs may not have been reached through the typical listservs and networks.
- Most respondents to the Caregiver survey had or were currently engaged in a home visiting program. It was understandably more challenging to reach families that had never heard about home visiting or were not connected to Start Early through other program networks.
- The open-ended survey questions made it more challenging to pull out themes across responses. However, this demonstrated the need for follow-up data collection, and more detailed investigation of specific themes including the participation of fathers and male caregivers and the reasons behind early departure from home visiting among participants.
- Though the survey was offered in multiple languages, and shared with refugee and immigrant support social services agencies, there were limited responses to the caregiver survey in languages other than English and Spanish.
- In hindsight, our survey did not adequately allow respondents to identify as non-binary; the survey only offered a fill-in-the-blank “other” option for individuals to select aside from “male,” “female,” and “prefer not to disclose.” There were other blind spots related to gender-identify in

our project; we did not conduct a literature review or specific focus groups or key informant interviews to learn more about non-binary caregivers, which is an area we acknowledge that needs addressing.

Summary of initial findings

The following section summarizes the Provider and Caregiver Survey data. These are the initial responses with some qualitative responses, which were then interpreted further in informant analyses and interviews (discussed in next section).

Provider Survey

Respondent Snapshot

Providers were eligible for the survey if they currently work or previously worked for a home visiting program. There was a total of 113 responses to the provider survey, 50% of whom were home visitors (57 respondents), and 28% of whom were program administrators/managers. Another 10% of respondents self-reported holding other roles, with most describing holding dual roles as a home visitor and supervisor/program leader, or home visitor and doula, or specific type of home visitor like nurse home visitor (11 respondents).

Respondents in programs receiving MIECHV funds were overrepresented, likely due to survey dissemination by MIECHV administrative partners, with 45% of respondents indicating their program received MIECHV funds. At 15%, a significant portion of respondents indicated they were not sure if their program received MIECHV funding, which is not surprising as many home visitors in programs with braided/multiple funding streams may not have a line of sight into program funding.

Respondents to the provider survey were disproportionately White, compared to the broader population served in home visiting. Among provider respondents, 15% identified as Black or African American (13 respondents), 73% identified as White (65 respondents), and 7% identified as Other/Preferred to self-describe with all written responses identifying a Hispanic and/or Multi-racial. This sampling is not necessarily representative of the demographics of the home visiting workforce, and has an over-representation of White home visitors. Per data gathered by the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) in a *Descriptive Profile of Illinois' Home Visiting Workforce,*[iii] 99% of the Illinois home visiting workforce is female, and over half identify as Black, Indigenous, and people of color (BIPOC). From the INCCRRA report, 20% identify as African American/Black, 47% identify as Caucasian/White, 31% identify as Hispanic/Latinx, 1% identify as Asian, and 1% identify as another racial or ethnic group.

Geographic representation did not correspond to the caregiver surveys, with rural and suburban respondents more represented in the provider survey. With 31 respondents each, Rural and

Suburban residents respectively represented 34% of respondents, and Urban residents represented 29% of all provider respondents (26 total).

Thoughts on What Caregivers Need from a Home Visiting Program

There was broad alignment between what caregivers shared was or would be most important to them as participants in home visiting, and what providers felt was most important to families enrolled in services. The qualities of and relationship between the home visitor and the caregivers emerged as the top answer among providers regarding what is important to families (40 mentions) with several respondents noting that it was crucial for caregivers to feel validated and supported by a non-judgmental, caring, and consistent relationship with their home visitor. Many respondents noted that referrals to other services, including medical and other social/community services and resources, were vitally important to families (34 responses). Providers also highlighted early learning and child development information as significantly important to caregivers, reflecting that guidance and information on their child's development was very important to many caregivers participating in services (25 mentions).

Many providers also reflected on how services are delivered, highlighting the flexibility in how, when, and where visits occur, and are tailored to meet a family's unique needs and goals (23 mentions). A significant number of respondents also highlighted how the emphasis on the caregiver-child relationship was instrumental in building the skills and confidence of their adult participants, with some noting that participants gained confidence in advocating for themselves and most benefited from general support and encouragement from a provider who cared deeply about their family (11 mentions).

Thoughts on their Home Visiting Program

Provider reflections on what made their program effective aligned with provider responses on what was most important to families, as well as caregivers' responses on what was most important to home visiting participants. Providers reflected on the valuable child development and early learning guidance and information provided to participants (27 mentions), and highlighted the way that developmental screenings offered opportunities to educate caregivers about their own child's development, making connections to their own parenting skills. Providers also reflected on how positioning caregivers as the experts and leaders in the caregiver-child relationship was essential to the success of the family's participation in home visiting, and was a source of empowerment for many participants (23 mentions).

Providers highlighted additional aspects of their program, including how their agency was able to tap into community resources, services, and other programs to refer families when additional support was needed for education, health, or family economic security (21 mentions).

- Most Effective Aspects of the Program
    - Information, activities, and guidance provided

  - Parent-child relationship and approach to parents
  - Community resources/services/programs
  - Staff qualifications/training/expertise
  - Program quality components/system supports
- Program Components that Make the Job Easier
  - High quality team members/coworkers
  - High quality models/program standards
  - Flexibility in terms of service delivery
  - Relationships/growth for families
  - Training/PD
  - Program quality/system supports
  - Funding/staffing
- Program Components that Make the Job Harder
  - Requirements of the models/agencies/funders
  - Compensation
  - Family engagement/recruitment challenges
- Suggested Improvements to the Program
  - Compensation/funding/workforce supports
  - Requirements of the models/agencies/funders
  - Agency culture and support from management
  - Improved agency resources
  - Connection to community resources/services/programs
  - Changes to service delivery

Caregiver Survey

There were 109 respondents to the Caregiver survey (completed and identified as Illinois respondents), representing the universe of analysis for the initial themes.

Respondent Snapshot

60% of respondents were currently participating or had previously participated in a home visiting program (62 respondents); only 1 respondent had been referred but did not enroll in a home visiting program; 29% had never been referred to or participated in a home visiting program (30

respondents); and 10% indicated they were not sure and did not know what home visiting was (10 respondents).

Among participants who completed self-identified racial demographic questions, 2.7% were Native American Indian or Alaska Native; 35% were Black or African American; 37.3% were White; 6.7% identified as Other/Preferred to Self-Describe as Mexican, Hispanic/Latino, and Multi-Racial. No survey respondents identified as Asian or Native Hawaiian or Other Pacific Islander. The survey did not give respondents the option to identify ethnicity, which was a limitation. Estimates from the FY20 cross-funder home visiting report by the Illinois Early Childhood Asset Map (IECAM) suggest that 40% of primary caregivers participating in home visiting may identify as Hispanic/Latino.[iv]

Geographic representation of respondents skewed toward a heavier Urban/City population, with 44.6% of respondents; Rural residents represented 21.5% of respondents; and 33.8% of respondents classified their community of residence as Suburban.

Self-reported household income ranged from under $20,000 to over $100,000, with the majority of respondents sharing their household income was under $40,000. Because the survey did not ask about household size, it is not possible to determine family income in relation to the Federal Poverty Line or other family economic security guidelines used to guide eligibility for many home visiting programs.

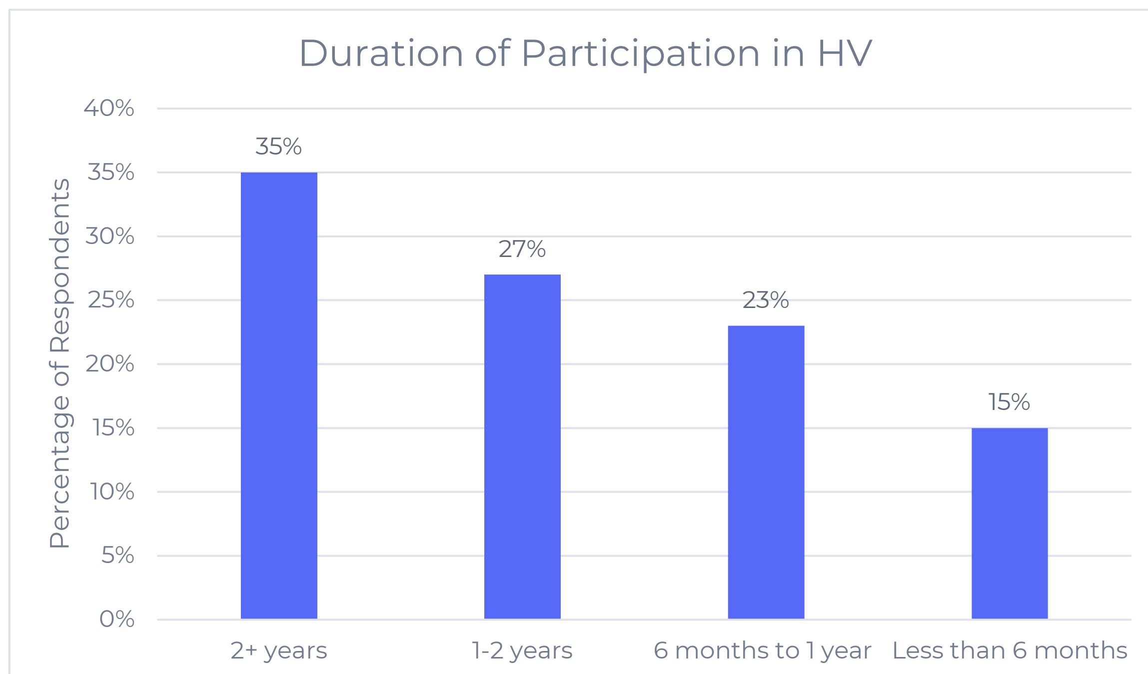
The majority of respondents (79.2%) indicated their child's age was between 0-3 years, 5.4% and 8% of respondents reporting their children were 4-7 and 7-plus years old, respectively, and 2.7% of respondents indicating they were expectant parents (prenatal). Parents made up 81.1% of respondents (60 total), with 1 identified Guardian, 3 Grandparents, and 9 with other self-described roles or preferring not to specify. All but one respondent who reported gender identified as female (70), and one respondent identified as male.

The Caregiver Survey had different sections for: A) those who were currently or had previously participated in a home visiting program; B) those who were referred but did not enroll (only one response); and C) and those who had never been referred/enrolled or who were not familiar with home visiting. All participants were asked to describe their main wish for their child. Across all three Caregiver respondent groups, similar themes emerged:

- Respondent's Main Wish for their Child:
    - Healthy and happy
    - Knowing they are loved
    - Confidence
    - Access to early intervention/other services
    - Good education

Currently or Ever Enrolled

60% of respondents were currently participating or had previously participated in a home visiting program (62 respondents). Duration of participation in home visiting among those 62 respondents is described in the graph below.



Major themes from survey respondents who were currently enrolled or had ever been enrolled in a home visiting program demonstrated generally positive experiences, with 67% of respondents indicating their program was extremely helpful, another 29% indicating their program was very helpful, and 4% indicating their program was somewhat helpful.

The education, activities, and guidance provided by the home visitor to program participants surfaced as the top reflection among survey respondents' answers about what was most appealing and important to them about their home visiting experience (41 mentions). This included information on child development, developmentally appropriate activities, and early learning resources. The qualities of the home visitor also surfaced as an important positive feature, with themes around the importance of having a connection to a caring, non-judgmental, and supportive home visitor emerging as a top response among those who were currently or had ever enrolled in home visiting (15 mentions). Other themes included positive feedback about the way that services focused on the caregiver-child relationship, including supporting bonding between caregiver and child, appreciation for referrals to community resources and access to other materials supports, and the format and flexibility of visits delivered in the home at a schedule that was convenient to families.

"I love how comfortable I was during home visits. My daughter looked forward to the visit. I always learned something new even as an almost 43 year old mother of child number six everything every day is potentially a learning experience. I never felt judged. I just felt like a mom eager to learn more about being a better mom!! And without question or hesitation all my questions were answered with new tips and ideas! That was the best! I am so grateful to be a part of this program!!"

"He aprendido a entender y comprender los comportamientos de un bebé a medida va desarrollándose con la ayuda de mi trabajadora"

English translation: "I have learned to understand and comprehend the behaviors of a baby as it develops with the help of my worker"

There were few themes about what currently or previously enrolled families did *not* like about home visiting, with only 4 respondents noting that it was difficult to schedule visits, and another respondent indicating they wished services could be extended beyond age 3.

Referred but Did Not Enroll

The survey only received one response from someone who was referred but did not enroll in home visiting services. This is likely because survey dissemination was done in partnership with home visiting and other early learning providers, who shared it with families they were in contact with. However, this one response below is reflective of the broader themes of stigma and fear of judgment that programs report as key reasons for why families decline the offer of services.

Q: Why did you decide not to enroll in a home visiting program?

A: Don't need someone coming to my house telling me about my kid

Never Referred or Not Familiar with Home Visiting

29% of respondents had never been referred to or participated in a home visiting program (30 respondents), and 10% indicated they were not sure and did not know what home visiting was (10 respondents).

The survey briefly described home visiting as follows: Home visiting provides family support and coaching through planned, regular visits with a trained professional based on a family's needs and schedules. Home visiting is a voluntary program, and home visitors work with caregivers on practical parenting skills as well as family bonding before birth and as children grow up.

When asked what they would like to learn or gain from a program like this, respondents who had never been referred to or were unfamiliar with home visiting identified:

- Child development information/education (15 mentions)
- General caregiving support and guidance (13 mentions)

- Support for their caregiver-child relationship, including managing the challenges of welcoming a new baby (7 mentions)
- Mental health support and individualized help to meet their families' goals and connect new caregivers with a variety of information and resources. (1 mention)

> **"My boys are now 8 and 4-years old, but home visiting would have been so helpful to me when they were babies (and probably now too!). No matter how many books you read, parenting is something that requires a lot of knowledge and skill and can be incredibly stressful and isolating. You want the best for your baby and child and often knowing how to respond in those challenging and all too common instances when a child throws a tantrum, or you can't figure out why they are crying takes the help of those with experience. A voluntary home visiting program would be so helpful in making sure that parents feel supported in their parenting so that they are able to form those strong bonds with their children that we know provide the basis for all kinds of positive life outcomes."**

Major themes for what this group of respondents would want a home visiting program to help them learn or do, if they or another family member were to seek out services, included information about child development and practical caregiving guidance, with several responses also noting that a broader support system, both from a home visitor and other caregivers, would be useful.

Literature review and research gaps identified post-survey

Aside from initial themes of positive experiences drawn from the survey responses of those currently or previously enrolled in home visiting, gaps in information were drawn from analysis of responses from the other caregiver and provider surveys. Based on these themes, Start Early conducted a literature review to identify if any knowledge in these areas had already been identified or to highlight gaps in the research base regarding what families would like from home visiting services. The review included a scan of journal peer-reviewed journal articles, as well as reports and policy recommendations sourced through Google Scholar, as well as Illinois specific reports and program data.

Gap 1: Perceptions of those who Decline the Offer of HV Services

As we only received one survey response from someone who had turned down home visiting services, this area was prioritized for further investigation. In Illinois, systemwide data on the reasons why eligible families decline the offer of home visiting is limited by the lack of a cross-model, cross funder data system. Programs uniquely design their own intake strategies and vary in data collection techniques,[v] and programs may not keep contact information from families who decline the offer or referral to services to ask why caregivers opted not to engage in home visiting services.

Family reasons for declining services include a mix of barriers of convenience (i.e., too busy, prioritizing other issues, etc.), stigma around services (i.e., the idea that these services are for ineffective or otherwise deficient caregivers), and a lack of awareness or buy-in regarding the potential supports and benefits associated with participating in services. Research into the characteristics of families who decline services compared to those who opt to participate in home visiting suggests that families with higher and multiple socio-economic challenges may have the highest probability of declining home visiting services, potentially stemming from perceptions that the supports provided by home visiting are inadequate in addressing all of a family's needs.[vi] Broadly, caregivers may feel overwhelmed in addressing basic needs, and may feel that program participation is too difficult and not worth the commitment.[vii] Ineffective messaging around home-visiting may also have an impact on who chooses to decline services. Parents who are less informed on the benefits of participation are likelier not to engage in home visiting services compared to those who have been educated on the available supports and benefits associated with services.[viii] Home visiting services may also be stigmatized, impacting caregiver uptake if their participation in home-visiting programs is perceived as "weak" or "failing."[ix]

Recent research in Illinois on families who decline home-visiting services echoes the broader literature. Illinois Coordinated Intake staff surveyed through the *2020 MIECHV Statewide Needs Assessment* describe a mistrust of outsiders entering caregivers' homes and overly crowded schedules as reasons for declining services.[x] In addition to accommodating schedules and lack of trust, the *2021 Illinois MIECHV Annual Survey* found that caregivers often decline services simply because of a general unawareness of the purpose of home visiting.[xi] A summary of reasons for declining services, as collected across MIECHV Coordinated Intake communities, notes top reasons include interest only in doula services; interest in other services such as childcare/preschool/parenting classes but not home visiting; already being enrolled in another home visiting program; unstable housing or other living situation; and concerns regarding COVID-19.

The lack of public knowledge regarding home visiting can exacerbate the stigma associated with participation, further discouraging participation among eligible families. Feedback from caregivers interviewed as part of focus groups through the Home Visiting Task Force Sustainability Subcommittee in 2021 suggests that some families may fear public perceptions of home visiting as an arm of the child-welfare system or a punishment for child abuse or neglect. Fear of being judged was cited as another barrier to engagement among families experiencing homelessness, as documented in the *IL Home Visiting Homeless Families Formative Evaluation.*[xii]

Finding ways to spread knowledge on home-visiting services and conduct better outreach has been a high priority of IL home visiting research. Both the IL MIECHV Annual Survey and *All Families Served Survey* revealed that many participants hear about the program through friends and that this positive reference plays an influential role in deciding to participate.[xiii] According to the AFS survey participants, two-thirds of currently enrolled home visiting participants surveyed shared that it was easy to find more information about the program.[xiv] While this implies a majority of participants find that learning about home-visiting is simple, the experiences of those who do not participate in the program, and therefore were not surveyed, may differ drastically. When providing information directly to IL caregivers, the most impactful messaging includes explicit benefits of home-visiting, the lack of costs associated with participation, and the help home-visitors can provide in connecting participants with other community resources.[xv] Appealing to these priorities can increase the likelihood of a parent accepting a program referral. Similarly, addressing the barriers above can also help boost acceptance rates.

Gap 2: Male Caregiver and Father Perceptions of Home Visiting

Male caregiver and father perceptions in home visiting was a key gap identified in the Start Early survey findings. From a total of 109 respondents to the caregiver survey, only 1 respondent identified as male. While research has continued to document the positive impacts that stem from participation in home visiting services, fathers and other male caregivers are less represented in these programs. [xvi] Despite 79 percent of children in the United States living with their fathers, male caregivers make up less than 5 percent of home visiting participants recorded in FY17 MIECHV service data.[xvii] This is consistent with Illinois figures, as Illinois' MIECHV program reported serving 36 male caregivers (3.5 percent) and 999 female caregivers in Federal FY2021.[xviii] As noted by a scoping review of the current research on the intersection of fathers and home visiting and the factors associated with fathers' involvement in home visiting services, research into the specific involvement and experiences of fathers and male caregivers in home visiting is limited relative to the deep research base surrounding female caregiver participation in these services.xix However, available research points to significant benefits of engaging male caregivers

and fathers in home visiting services, as well as strategies to overcome common barriers to involving male participants in home visiting.

A frequently cited study by the Urban Institute for the Office of Planning, Research, and Evaluation of the Administration for Children and Families notes that fathers who participate in home visiting self-report benefiting from the increased and ongoing support from their home visitors and from a peer community; increased knowledge of child development, and improved parenting skills, anger management, and communication with partners; and increases in self-sufficiency, including linkages to employment and linkages and referrals to community services and resources. [xx] Program staff associated with this study also report that fathers participating in home visiting services learn to be more responsive to their children's developmental needs, while mothers felt positive about their child's father's participation in services, noting that fathers were more supportive, were more directly involved in caregiving, and showed better parenting skills and emotional health. Father and male caregiver engagement in home visiting may improve family retention in services, as a study of an evidence-based home visiting program in New York observed more than four times higher retention rates when they engaged fathers.[xxi] Other research has also found that maternal retention is improved when fathers were engaged in home visiting services, particularly when fathers were formally enrolled.[xxii]

Strategies for engaging and retaining male caregivers in home visiting have been documented in the national literature as well. Studies have also found that fathers may be more likely to open up and engage in services if provided a male home visitor.[xxiii] Illinois-specific research on father engagement is sparse and program data reflects relatively low rates of male participation in services.

Start Early's *Home Visiting Homeless Families Formative Assessment* does provide evidence suggesting negative stigma around accepting home visiting services, which could be even more pronounced for male caregivers, ultimately leading to lower father engagement.[xxiv] The 2020 Illinois Home Visiting Needs Assessment also came to similar conclusions, with interviewed stakeholders stating that fathers, who could potentially benefit from home-visiting, "are made to feel weak if they want to be around their children."[xxv]

Gap 3: Perceptions of Those Who Drop-Out Early

To reap the many benefits of evidence-based home-visiting, completing the full duration of the program is critical. Early departure from services is a primary concern of many program providers, and research has examined not only the frequency of early drop-off, but attempted to document key causes for families leaving services earlier than the model would intend.

Since trusting relationships are a critical component of home-visiting, a revolving door of home visitors may lead to unsatisfied participants who choose to leave the program. The Office of Head Start IL Performance Information Report describes high rates of staff turnover across home-

visiting programs that can lead to shifting home visitor assignments for caregivers.[xxvi] The 2022 MIECHV Staff Report similarly notes that staff turnover is the biggest challenge to maintaining full caseloads.[xxvii]

In an analysis of 88 local programs that were funded through MIECHV, the Mother and Infant Home Visiting Program Evaluation (MIHOPE) found that on average, families participated in home visiting for an average of eight months in the first year of services. Roughly a third of families left home visiting programs within six months, while just over half of families were still receiving about two visits per month on average after a year. Shorter participation in home visiting was associated with more socioeconomic and health-related risk factors, with those families who left earlier tending to be younger, have poorer self-rated health, and be less educated, on average, than families who stayed in the home visiting programs for longer. [xxviii] A study on Florida MIECHV funded programs looked at 1,807 women across 11 sites in the state and found that the median retention for their MIECHV participants was 462 days. [xxix] Further examination of reasonings behind the drop-outs revealed patterns and common factors. Researchers found that 59.4% of early exits in the program can be attributed to a change of address or telephone number.[xxx] These caregivers were also more likely to have a history of substance abuse, struggle with access to stable housing, and enter the program at a younger age than those who stuck with home-visiting services.[xxxi] These findings are consistent with studies examining MIECHV programs in other states.

A similar Alabama study found participants younger than 21 years old were nearly eight times as likely to exit the system early and that early drop-off participants were typically low-income and faced high levels of unemployment.[xxxii] The researchers theorized that families in these circumstances wanted a home visitor who could fully relate to their situation and dropped out when they could not connect to their assigned home visitor.[xxxiii] Research findings stay relatively the same across regions. A group of researchers examined Midwestern caregivers enrolled in home-visiting services and found that young, unemployed women were at an increased risk of exiting services.[xxxiv] Married and cohabitating caregivers were significantly less likely to withdraw.[xxxv] Within a year of enrollment, they witness 42% of women exiting services and determine that the most robust predictor of attrition in programs is the rate of completed home visits in the first 3 months after enrollment.[xxxvi]

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Key Informant Interviews and Sense-Making with Home Visiting Partners

Following initial analysis of the survey responses and the subsequent literature review, the results and themes were presented to various groups and partners at coalition meetings and in individual interviews to further interpret the data and begin to formulate directional recommendations for home visiting policy.

- In May 2022, the survey results were discussed within the Raising Illinois Home Visiting Policy Workgroup (composed of home visiting staff from programs, early childhood advocates, representatives from state agencies, and parent leaders). Following this broad sense-making discussion, in September 2022, Start Early conducted three key informant interviews to gather input on specific issues surfaced by the survey and sense-making session with the Raising Illinois Home Visiting Policy Workgroup. Key informants were identified through discussion with partner organizations about the initial findings from the surveys.
- Start Early interviewed a Family Education and Support Services Coordinator at a Regional Office of Education in rural Illinois about recruitment challenges and the stigma that is sometimes associated with home visiting services as some families view it as surveillance by the child welfare system. This Services Coordinator also participated in home visiting and so was able to speak to her personal experiences as a parent, as well as her insights working to encourage families in her community to participate in home visiting.
- Start Early interviewed leadership and a social worker from a health clinic in Chicago that provides comprehensive primary care, separately but simultaneously, for parents and young children to facilitate two-generational care for families. While the clinic does not provide home visiting services, their experience engaging male caregivers of young children was of interest and the clinic's physician had previous experience running a home visiting program that specifically served male caregivers.
- Start Early interviewed three staff from a suburban/Collar County area serving a large school district area of 11 communities, which is one of the largest dual language school districts in the country. One staff member leads the local community collaboration, another is the director of community outreach, and the third is the Coordinated Intake staff. Start Early specifically interviewed them to ask about serving immigrant and dual language clients because there were limited responses to the caregiver survey in languages other than English and Spanish.

- Finally, in 2023, Start Early held small group discussions with four male caregivers who were actively participating in home visiting services to discuss themes surfaced by home visiting providers regarding recruiting, retaining, and meeting the needs of fathers and male caregivers.

Theme: Service delivery

- Reflecting on feedback from the surveys that indicated families would like the opportunity to extend services beyond 3 years of age, Raising Illinois Policy Workgroup members and interview informants added that expanded eligibility would be particularly beneficial in rural communities where birth-to-five services are more limited. Survey themes and informant feedback also surfaced the desire for year-round programming, which is not available to all programs as funding streams may limit services to the school year. While many programs offer services year-round and up to age five, eligibility and funding requirements (particularly when programs are blending funding streams) make it challenging to keep families enrolled, suggesting the need for cross-funder, coordinated approaches to eligibility and service offerings.
- Raising Illinois Policy Workgroup members highlighted the need for flexible service delivery, such as the hours when programs can deliver services and using different locations and modalities of service delivery such as check-ins by email, phone, or text. However, if delivering services flexibly, programs as well as funders need to consider caseloads, balancing families with more intensive services, and duration of engagement with a family. While certain programs can offer “off-hours” visits, there is not a uniform policy across programs and funders and additional resources may be needed to ensure caseloads and supervisor ratios are adequate, and that home visitors are compensated and supported in delivering services outside of traditional business hours.
- Raising Illinois Policy Workgroup members flagged that coordinating the multiple services that a family may engage in is a challenge for home visitors and may impact a family’s retention in home visiting programming. Families, particularly those with child welfare involvement or who are participating in Early Intervention services, may experience an overload of provider contacts. Additional attention to coordinating services to minimize duplication, streamline communication across providers, and ensure flexibility in home visiting services to accommodate other services is necessary.
- At the same time, Raising Illinois Policy Workgroup members reflected that many families may want to participate in both childcare services and home visiting, but may be limited by dual-enrollment restrictions if they are enrolled in an ISBE funded childcare and home visiting program. A coordinated policy is necessary to permit dual enrollment in Prevention Initiative (under the Early Childhood Block Grant through ISBE) center-based and home visiting

programs as families do not know the funder of the services they are offered and should not be penalized for seeking comprehensive birth-to-three supports.

Theme: Attention to the home visitor-caregiver relationship

- The individual and personal connection to the home visitor is critical: families prioritize building the relationship with their home visitor, and strong relationships not only improve retention, but facilitate stronger engagement in all aspects of service delivery. This was true regardless of if the home visitor was male or female.
- As the onus of being flexible and responsive to caregivers' desires falls on the home visitor, programs and funders must ensure staff have enough time – outside of required screenings or activities – to attend to building a relationship with each family they support.
- Attention to the importance of linguistic matching between staff and families was raised by Raising Illinois Parent Leaders and staff in the Collar County community, who noted that the importance of true language fluency cannot be understated when building relationships and mutual understanding with multi-lingual families. This suggests a deep need for increased attention and investment in developing a bilingual home visiting workforce that can adequately meet the needs of families for whom English is not their home language. The Parent Leaders reflected that linguistic matching was more important to them than cultural or racial/ethnic congruence between the home visitor and client.

Theme: Stigma associated with home visiting

- As reflected in the broader literature and some survey responses of caregivers who had not enrolled in home visiting, the Family Education and Support Services Coordinator reflected that there is often a dual concern among families that a) home visiting is an arm of the child welfare system intended to survey or correct the behavior of "bad parents," or that b) others including family, friends, and neighbors will interpret a family's participation in home visiting as evidence that they have neglected or abused their child.
- The Family Education and Support Services Coordinator reflected that in many communities, and especially in rural communities and smaller towns, families may worry that their neighbors would notice a home visitor coming to the house during the day, especially if they were wearing scrubs, business attire, or carrying a clip board. One practical suggestion surfaced by this key informant was to create t-shirts for home visitors that do not have the program name but instead are "neutral" and convey simple messages about supporting all kids and families to thrive, which would draw less attention and scrutiny from neighbors and help socialize home visiting by building visibility and shared understanding in the community. Similar reflections

were raised by staff from the suburban/Collar County community, who noted that families may be hesitant when home visitors show up wearing health department uniforms, as required by their program. Many programs cannot use state or federal funding for marketing materials, and these key informants reflected on the need for a coordinated, cross-funder, cross-model marketing approach to home visiting that would include making t-shirts and other materials with unified branding that would be more approachable to families.

- The Family Education and Support Services Coordinator also reflected that universal approaches would be beneficial in reducing the stigma potentially associated with home visiting by demonstrating what all families can benefit from supports. However, she noted that many families may be wary of not qualifying for services (including economic supports or other benefits) and may therefore be concerned that they would be ineligible for home visiting services, even when eligibility criteria are more expansive in a given program.
- Across all key informant interviews, home visiting partners reflected the need to be transparent and clear about the aim of services when recruiting new families. One key informant described the tactic of offering recruitment incentives, like a free turkey near the Thanksgiving holiday, as potentially problematic if families feel that their participation is expected in exchange for this reward or are not explained why they are receiving this particular incentive.

Theme: Describing home visiting

- While the term “home visitor” may be poorly understood or carry additional associations with monitoring by the child welfare system, the Family Education and Support Services Coordinator reflected that the terms “pre-preschool tutor,” “community navigator,” or “family support staff,” paired with explanations about the educational/developmental activities that home visitors can do with caregivers, were better terms to use with potential participants and respect the role of the caregiver as the primary expert and leader in the relationship.
- While the terms used to describe home visitors matter to families, representatives of the two-generation clinic noted that regardless of title – including case manager, social worker, nurse home visitor, etc. – home visitors may be viewed as general providers, suggesting that it is incumbent upon program recruitment activities to help clarify the nature of services and how they differ from other supports a family may be receiving.
- Staff from the suburban/Collar County community program noted the challenges in translating common terms from home visiting to other languages. For example, “play groups” may resonate with English speaking families, but translations to Spanish may be more difficult. “Home visiting” also may be less of a fit if visits are happening outside of the home (library, local park, etc.) due to individual family situations, and may additionally make it seem like the goal of the visit is to monitor the home for safety, rather than to support families.

- The Raising Illinois Parent Leaders indicated that many families do not know these services are available. They also indicated that how home visiting is described is extremely important. They described the need for more information and literature on services and to use more friendly language, such as “home play date” and especially highlighted that there is “no judgment.”
- The focus on child abuse and neglect prevention was present in many key informant interviews and raised concerns that some of the outcomes of home visiting, including those often used to describe the benefits of these services to policy makers and funders, may not resonate with families and may even alienate them further. These discussions raised concerns about transparency in how the benefits of home visiting services are described across various audiences, and whether families feel reflected in the core messaging about services.
- A Coordinated Intake worker from the Collar County community noted her efforts to be a “pass- through” referral facilitator, and to let the home visiting program describe itself. She described how terms like “family support,” may be more inclusive of grandparents and foster families, while references to kindergarten readiness were significant motivators when discussing services with potential participants.

Theme: Engaging male caregivers

- The four male caregivers participating in home visiting services reflected not only on the significant positive impact services had on them and their families, but also discussed the trajectory and progression of their own interest and “buy-in” to participating, from initial recruitment to sustained engagement. While the male caregivers all shared that they had benefited from and enjoyed participating in services, they all had signed-up because their female partners had suggested or encouraged it. The male caregivers did not seek out home visiting services on their own, and they were not individually approached by programs, reflecting the challenge of ensuring that male caregivers feel like home visiting is “for them.”
- The Family Education and Support Services Coordinator reflected on strategies to engage male caregivers in home visiting, based both on her personal experience as a home visiting participant hearing from her husband about his perceptions of services and her experience discussing home visiting with other families in her community. She noted that male caregivers may struggle more than others to ask for help and may be additionally sensitive to having home visitors or outside professionals enter the home if they worry about being seen as failing to provide for their families in some way.
- The Family Education and Support Services Coordinator noted that conflicting schedules may prevent male caregivers from participating in visits delivered during the day, though they may be able to catch the end of a visit or participate in play activities with their child after a home visit. However, she noted that dads are often very present and engaged in prenatal appointments and elevated these visits as a chance to socialize home visiting with all families.

- Members of the two-generation clinic noted that recruitment needs to be specifically targeted and tailored to male caregivers, as opposed to seeking to enroll male caregivers and dads through traditional recruitment pathways that may be more geared toward female caregivers and moms. Programs have to be intentional about building out recruitment materials that reflect involvement and the interests and needs of male caregivers, who the clinic staff noted may be present at an initial home visit but may then step back if programming seems more oriented toward the needs of the mom or female caregiver.
- Engaging dads may require funders and models to either adapt or more explicitly explain the flexibilities in program eligibility criteria that allow male caregivers and dads to enroll as the primary or secondary client.
- The two-generation clinic noted success when privately asking dads/male caregivers how they were adapting to parenting, reflecting that they would often hesitate to pull focus away from their partner's or baby's needs during postpartum or pediatric visits. Creating separate space opened opportunities for conversations about mental health and allowed the clinicians to offer to complete routine mental health screenings that many dads may miss.
- Reflecting on her experience running a male caregiver focused home visiting program, the physician from the two-generation clinic shared that it was often hard to engage the dad or male caregiver at the same time as the child, even when dads were willing to participate in programming as they would often be working or outside of the home during the visit.
- The program addressed this issue by adding a supplemental male home visitor to work with the family, in addition to the regular home visitor who was working with the mom or female caregiver. Dads would then have their own separate home visitor, participate in male caregiver peer groups, and other activities like job training or preparation that were designed to meet the needs voiced by male caregivers. Still, it was often difficult for this program to engage male caregivers as the child got older after the more intensive postpartum and newborn stages. This program was facilitated by highly flexible funding, which enabled the program to describe this unique staffing approach in the grant narrative, and additionally supplement services with family/dyadic therapy. Requirements regarding program outcomes were also flexible enough to allow families to engage in a variety of services (group services, therapy, home visiting, etc.) depending on their unique needs and preferences.

Theme: Model and family matching

- When recruiting families for home visiting, the Family Education and Support Services Coordinator noted that she would often attempt to match a family's goals or preferences to a particular home visiting model, depending on her assessment of which outcomes and activities would be prioritized by a given program model. As an example, the key informant felt that Parents As Teachers (PAT) was most attuned to early literacy and school readiness outcomes,

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and she suggested that caregivers who are most concerned about education would perhaps be more receptive to referrals to PAT programs, or to those funded by ISBE.

- The Coordinated Intake worker from the suburban Collar County also noted a difference between models, reflecting that Nurse Family Partnership (NFP) may be more focused on moms while Healthy Families America (HFA) may be more child-focused.

Focus Groups

To round out the themes surfaced by the surveys and key informant interviews, Start Early conducted a series of focus groups with providers and caregivers. Focus groups were 90-minute sessions held via Zoom and facilitated by Start Early.

- Two home visitor focus groups that included a total of 12 participants
- Two supervisor focus groups that included a total of 13 participants
- One male home visitor focus group that included 5 home visitors who identify as male
- One male caregiver focus group that included 4 fathers who had participated in home visiting services

Methods for analysis

Transcription for the focus groups was completed using otter.ai, an online service for speech-to-text transcription. As we transcribed the focus groups, we highlighted parts of the conversations that were important and impactful. This preliminary reading of the discussions allowed a few themes to emerge in our research. A qualitative research codebook was built from these themes. and outlined the codes/categories used to organize and analyze the data obtained from these focus groups. The main codes included (but are not limited to): initial involvement, perception changes, current engagement, burnout, recruitment and language, retention and re-enrolment, external factors, and organization and staff structure and resourcing. These codes were further divided into sub-themes, to create a more nuanced picture of the topic.

Lastly, the thematic coding occurred; we studied every transcript one by one, extracted quotes, and entered them into our codebook under the relevant code and sub-code they represented. This created our qualitative dataset. Overall, there were 478 quotes: 263 from home visitors (including the male home visitors), and 215 from home visiting supervisors. With this rich data at hand, we created a “mind-map” (see Appendix B) of our research so far in an attempt to see how the various codes interact with each other, and how differently/similarly supervisors and home visitors see the same issue. This mind map helped create a holistic picture of the home visiting

landscape in Illinois based on the experiences of home visitors and supervisors both, which resulted in the following themes being developed.

Theme: How providers came to work in home visiting

- Some home visitors and supervisors came to work in their current Home Visiting role accidentally, sometimes through the help of referrals because other employers in the early childhood or education space believed them to be a good fit for the role.
  - "It kind of fell into my lap. Honestly, I have done work with DCFS and early intervention [...] I was offered this position. And that's how I got in this position," a supervisor said.
- However, other home visitors sought out home visiting but pivoting from other work or educational experiences.
  - "I ultimately wanted to teach [...] And I was looking for something with flexibility and something that I was able to I was able to do while my son went to school [...] Because I did have a background in education, psychology kind of like all those areas, it was applicable to this particular role," a home visitor stated.
- This split, between those who accidentally fell into their home visiting roles, and those who pursued the profession, was also observed in the focus group with male home visitors.
- Supervisors were often promoted after working as a home visitor, though some entered their management role without prior provider experience. Those supervisors who hold prior home visiting experience expressed that their own histories have helped them build trust with their direct reports, in turn supporting retention and staff well-being.
  - "I started out as a parent educator in the program, and then I've grown into [a] supervisory [role]. So, I feel like they trust me, they know, you know, that they can come to me for advice, they can come to me for anything, really. And I think just that building that relationship has been very beneficial and keeping them happy and around," a supervisor shared.

Theme: Initial Perceptions of Home Visiting & Shifts Throughout Their Career

- While there are some home visitors to whom Home Visiting was appropriately described prior to their employment, there were a considerable number of respondents who did not know anything about the Home Visiting program they were hired into. Some home visitors and supervisors noted that they were given limited information about the day-to-day expectations

of their role prior to starting their employment, which made it harder to orient themselves to their work and successfully on-board.

- "We had no idea what we were getting into. I'll be real. None of us had been home visitors except for I think one person and she came a year later," a supervisor shared.
- "I don't know if it [the role of a Home Visitor] was ever described to me," a home visitor stated.

- Some expressed having to re-orient themselves to the goals and norms of home visiting, in contrast to child care, PreK, case management, or other early childhood services they had worked in prior. Home visitors shared that focusing on the parent-child dyad to support positive relationship building and positioning the parent as the expert were among the biggest differences in expectation versus reality that they had to acclimate to as the learned more by working in their programs.
    - "I went in with a mindset that I was going to be teaching. And quickly learned that I wasn't going to be teaching the child I was going to be teaching the family. And working with that whole family," a home visitor noted.
    - "When it was described to me, I did not understand like what it really is [...] I kind of thought of it as case management? But it's obviously really focused on the home visits and just focusing on the parent child interaction and child development. So, yeah, I'd say it's, it was, it was a huge difference and a big adjustment for me," a home visitor shared.
- Several home visitors shared that shifting their perspective of home visiting from their initial limited view involved a profound and personal change in their understanding of their role with families, from expert to partner, and from provider to partner. Others reflected on a growing sense of their positionality, confronting their own biases and preconceptions, and embracing a family-strengthening lens.
    - "I would say the biggest shift is when I went into this work, I went into it thinking I was supposed to be the band aid. And where I'm at in my journey now is recognizing that does a disservice to myself into the family. I'm not in there to fix them. I'm in there to support them and identify what those next steps are that they want," a supervisor said.
    - "When I started, I really thought I was getting into the home. And I prided myself on being a very non-judgmental person, and had a rude awakening of how judgmental I really was of some things that just were not accurate. And again, I think this journey is part of what makes me a better human is just recognizing those things. "

- Among those who did receive comprehensive information about home visiting prior to starting their jobs, many noted that their agency's practices of shadowing – where a new staff member would observe visits between another more experienced provider and their families – was essential to familiarizing them with the expectations of a home visitator and supported their well-being early on.
    - "I actually got to go on a few home visits, to see if it was something that I would be interested in doing [...] So, I kind of knew what I was getting myself into [...] I also got to establish a relationship with the families before I started working on them on my job by my own self," a home visitor shared.
- Supervisors also discussed pairing shadowing with a slow on-ramp to a full caseload to help new home visitors become accustomed to the process of home visiting and creating connections with families under the supervision of someone the families trust.
    - "Getting creative with how we provide shadowing with the new home visitors, how we support them, and really working on changing that system up and giving them that time and then starting them with a caseload slowly [...] getting the idea of home visiting, asking questions, shadowing home visits with veteran home visitors, and then kind of shifting the gears about 45 days in to where now you're starting to call your own referrals, are starting to build a caseload or give you a couple of families," was elevated by a supervisor as a best-practice for on-boarding new staff.

Theme: What Keeps Providers Going

- When asking both the home visitors and the supervisors what has kept them motivated in their work, three common themes emerged: families, colleagues, and passion for home visiting.
- Families are at the center of home visiting serving system and are often what keeps the home visiting workforce going through difficult burnout phases. Most providers in the focus groups, if not all, expressed a love of watching families grow and thrive. They appreciate being able to celebrate their victories alongside them, and truly cherished having a long-term commitment to support families throughout their evolving challenges and successes. Direct and sustained engagement with families and children is essential to home visitors' daily motivation.
    - "I like the piece where you're watching the parents grow as well, right? When you see a parent who really understands what their child's doing, or they talk to you about their child's development, because they understand that now. That's the piece that I love," a supervisor added.
- Some home visitors also situated their work and ability to overcome burnout within a broader commitment to giving back to their communities. This was particularly true for home visitors who lived in and had grown up in the community areas that they now serve. In parallel, some

supervisors expressed that their motivation stems from watching staff develop and strengthen their capacity to support their local communities.

  - "What keeps me in home visiting is I actually serve the community I grew up in, in the surrounding area [...] I like to see the effects long term, I feel like that's sort of helped me slow down a lot more, this has been really helpful getting me to see the bigger picture," a home visitor shared.

- Broadly, respondents shared that their profession was personally fulfilling on some level. For some, it was an outlet for their passion for early childhood development or health, while for others, home visiting offered an opportunity to support families in ways they themselves wanted to be supported as caregivers.
  - "Home visiting is my passion. To be able to work with families in a non-judgmental manner, to meet them where you're at in their home, where they're comfortable, and to know that my role is not to be an expert takes the weight off my shoulders. You're going in there, and you're building that connection with that family. And that stable relationship, sometimes for a lot of our families is one of the first ones that they've had. We're there every week, we build that trusting connection. And then once we have that foundation, we can start to work on the developmental goals, you know, their goals of where they what things that they want to do, not our agenda."
  - "As a teenager, I was a teenage mom, I had my first child when I was 15. And then my second one at 18. So, I don't think I would want somebody coming in my house and in my business, explaining everything to me. But when I got into the homes, I was like, Oh, this is so much more different than what I expected [...] you don't realize how fast you build connections with the ladies and how much of an impact you have on them and is not really that that straight professional vibe that I was getting in the beginning, and, and I'm like, Okay, well, maybe I could have really benefited from this, having that support system."

Theme: Peer Support

- While both home visitors and supervisors alike deeply value families and the impact they have on their communities, they also feel just as strongly about their colleagues and discussed how the successes and challenges of their organizations contributed to their own motivation and sense of well-being.
- Home visitors shared that they cherish collaboration and reflection with their peers, noting how they will often process their home visits in a supportive environment through dialogue with colleagues. Peer connection on a regular basis – through team retreats or reserved meeting

time – is particularly important because home visitors may find themselves working more independently out in the field and not have as many opportunities to connect on a daily basis with their colleagues. Staff value brainstorming with one-another and opportunities to learn together to build shared capacity.

- "One thing that our program has noticed in the last couple months, we have a lot of new parent educators. So, I think the big thing for us is we all come from such different backgrounds. I honestly think just willing to learn from others, bounce ideas off each other," a supervisor stated.
- "We are a very small group, so there's just three of us. So we do a lot of reflection, like we come back from a home visit, we're able to talk to each other reflect on what happened," a home visitor stated.

Theme: Supervisor Supports

- As reflected by home visitors, strong supervisor support is a significant buffer against burnout. Supervisor disposition is critical, with flexibility, compassion, and availability arising as key qualities of strong supervisors, as identified by home visitors.
  - "The supervisor is understanding, she's supportive, and she understands what you're going through. So that support and flexibility and understanding goes a long way and you can't just get that anywhere [...] the reason I've stayed in my position as long as I have is because of my supervisor, I would have been gone a long time ago," shared one home visitor.
- A number of respondents shared how their direct supervisors employed an "open door policy," allowing staff to come to them anytime with concerns, questions, or sometimes just to process a recent interaction with a family. Many home visitors have expressed that a supervisor who has an open-door policy, and is flexible and understanding, can go a long way in helping them manage difficult situations.
  - "Our supervisor does great at being understanding like, "*hey, I understand, you know, you didn't meet your completion rates this month*." And we just have a tracker and kind of make a note, if I didn't get to see somebody, because they had COVID, or because someone's in the hospital, because they had a new baby. She doesn't take that personally, personally against us [...] I feel like a good supervisor goes a long way, especially in this job in regard to burnout, because ours is really great about being like, *"hey, take a mental health day, take a couple of days off."*" a home visitor stated.
- Though beneficial to staff, the "open-door" practice did appear to place an added burden on supervisors, who may find themselves "on" 24/7 to support their staff, even outside of regular

work hours. This was exacerbated if supervisors were also required to carry a caseload while supporting a team.

- Supervisors spoke about the responsibility they feel to support their staff – through professional development, reflective supervision, and input into program decisions – which in turn supports the families served by the program by strengthening service quality. Supervisors spoke about the process of individualizing support to each of their home visitors' strengths and needs, in parallel to how their staff individualize their work with families.
    - "Really listening to them, to what your staff needs, and what their biggest stressors are in their current position. So, you can try to address those and what do they need from you to grow [...] providing them with tools and resources that are going to help them feel successful and make them feel like they have everything they need," shared a supervisor.
- Supervisors reflected on trying to involve their home visitors in program decisions, as empowering staff to directly influence their own working conditions was another strong buffer against burnout. This may include involving home visitors in hiring panels and decisions, or discussing scheduling practices as a team.
    - "Trying to include them [the staff] in program decisions. In hiring, we include them when we're hiring new staff. I actually just made a program decision that we were as of January 1, we were no longer doing visits after 5pm. And that was listening to the staff and hearing them say, you know, this is making us very unhappy to constantly be working day and night. And so, we just made a program decision to do that."
- Supervisors said that they experience significant stress because they are unable to raise staff salaries with limited grant funds. While supervisors noted that their own salaries are inadequate, home visitor salaries are often even lower, and are far below what these highly qualified professionals could earn if they left the field. This broader undervaluing of the importance of their work with families was demotivating to home visitors and supervisors alike, who reflected that they were sometimes making the same amount as fast food employees.
- Supervisors are also highly aware that compensation is often the top factor in driving home visitor turnover and discussed the difficult balance between preserving family recruitment and retention with the need to balance caseloads throughout staff turnover.
    - "You don't have the funding to continue the quality of programming you're used to. So right now, I'm looking at cutting staff, cutting hours. That directly impacts families. We're fully enrolled [...] And it and, you know, it just it's very frustrating. When you don't get the support from the school district, nor the funding you're supposed to get."

- "It's constantly trying to fill these gaps in and get the numbers up. And they're not staying. It just is different [...] once we get the numbers up for the family, then a home visitor quits and then everybody's overworked. So, they have to divide the caseload and that's strenuous."

Theme: Mental Health Consultation & Reflective Supervision

- Consistent use of reflective consultation through a trained Infant/Early Childhood Mental Health Consultant (I/ECMHC) has prior been elevated as a key lever for staff well-being and was again championed by the providers as an essential element for the smooth functioning of the home visiting program. In a workspace heavy with emotional labor, I/ECMH consultants can help home visitors process their engagement with families, and supervisors in their engagement with their staff.
    - "Last year, I had a very, very challenging situation with a participant [...] And it took talking to the infant mental health consultant to actually see progress happen. She and I spoke and, you know, talked about what I was feeling, things that were going on ways to improve. Quitting would be the only drastic change I could see making me feel better. But she ended up speaking to my supervisor [...] And so it was taken a lot more seriously. Thankfully, but that affected me for a good three to six months afterwards, that emotional and mental burnout," shared a home visitor.
    - "I really appreciate that reflective practice of really taking a step back to see what is going on with these families and those reflective strategies of exploring that in a nonjudgmental way because we can all be curious [...] it really helped us in that moment to change our perspective moving forward, we don't know what's best for a family, they know what's best for them and what they're comfortable with," a supervisor said.
- However, not all programs have consistent or robust funding for I/ECMHC services.
    - "[Our] mental health [consultant] is awesome. We meet with her once a month and then she has our group supervision as well and she's phenomenal. There were some budgeting issues last year. And we were trying to decide what we could do away with because we're in a grant writing year, [getting rid of MHC] was an immediate no from everybody. I think we would have a lot more turnover without our early childhood mental health consultant," a home visitor said.

Theme: Recruitment Strategies and Family-Facing Language

- Pre-COVID, home visitors and supervisors leveraged in-person recruitment at WIC offices, community centers, hospitals, food banks, or other local agencies. While these service providers have since returned to in-person services, it has been difficult for programs to re-establish relationships and build back the same recruitment and referral networks.
    - "I want to network more with home visiting, like other home visiting programs, and we're trying to build collaborations among places. COVID really killed our groups, we used to get, like 75-100 people at groups. Now we're like lucky if we get like 20 there. And I'm like, we got to get them back out in the community doing things. And I think one way is to, I don't know, connect across programs," a supervisor shared.
- Program visibility appears to have suffered since the pandemic, with many providers feeling like their community members and potential referral partners in core health and education services don't understand or value home visiting.
    - "It's been very challenging lately trying to keep engagement and enrollment. I'm not sure what it is, but me and my coworkers have been talking about it lately. It's just either hard to get into contact or really sell the program to them [...] I don't know if it's like the time commitment, or it's just like, I don't want people in my house," a home visitor shared.
    - "The dream is that everybody would see the worth of the program [...] even some of our teachers don't see the worth of our program," one home visitor shared.
    - "I wish there were more opportunities to, for someone to say *'"come here, sit here, hand out flyers here"* [...] kind of educating, not only educating our families, but educating the community, people who we would be referring to," another home visitor added.
- Word-of-mouth referrals from prior participants to friends and family continue to be a strong referral source, and some providers shared that they have been using group sessions to invite new participants in to get a better understanding of what services can offer.
- While it has long been documented that families may decline the offer of home visiting services if they fear that home visiting is an arm of the child welfare system, supervisors and home visitors in the focus groups reflected on how the lack of a shared vocabulary amongst community members about what home visiting is continues to be a barrier, particularly amongst immigrant and refugee communities.

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  - "There's definitely that's an area where we need more work - it's usually the family support workers who talk about our home-based program. And I guess this is more because of the language barrier. We do work in communities where we have a lot of refugee communities. It's difficult to really explain what a parent child educator is and what we do at home [...] the concept of having someone coming to your home in some cultures is a really foreign concept. And so, having someone coming to your home, it doesn't equal to support to them. It's more like a threat, right? Like, there's these misconceptions of like, this person is going to come to my home, they're going to report me," a supervisor shared.

- The importance of language in shaping the perception of home visiting cannot be understated and home visitors and supervisors expressed a desire for more standard language for the field to leverage to reach out to families and referral partners. In the focus groups, home visitors modeled how they introduce themselves to families, including emphasizing that the services are entirely voluntary:
  - "We're not here to ever pass judgment on you, or your family or your parenting styles. We are here as an aid as a tool to help you be the best parent, you want to be yourself [...] I never want them to feel I'm going behind their back or lying to them or doing something that could break that trust. But I let all of my participants know, if I ever have to make a [child welfare] call or something ever comes up, I'm discussing it with you first, and then making the decision after that," shared a home visitor.
  - "I think it's all about how you market it or present it to families, we tend to focus on it being an early learning program that comes to you. And we also focus on the partnership. We're bringing you ideas and activities that you can use at home, to be your child's first teacher in the home … if you're telling somebody do you want to join the Prevention Initiative program, they are just really hesitant about what that means. "*What are you trying to prevent me from doing to my child? I'm a good parent*"' We always say 'personal visit,' we don't ever say 'home visit.' *"I'm not coming to check your home out, it's a personal visit to you. You don't even have to leave your house, I'm going to bring you books, I'm going to bring activities, I'm going to bring you fun things to do, I'm going to come to you. And then you'll have the opportunity to meet other parents if you want to come to our groups, but you don't have to.*""

- However, providers noted that when resources are over-emphasized in the introduction, families may misunderstand that home visiting is about an on-going partnership to support their child's developmental health and be quick to drop out if the program can't provide concrete material supports.

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Theme: Engaging Fathers and Male Caregivers

- All four of the participants in the male home visitor focus group worked specifically with dads and male caregivers, though some also carried larger caseloads and worked with female caregivers as well. These home visitors reflected that their own identity as a man was essential to helping to successfully engage male caregivers in their programs, and equipped them to understand how gendered expectations about parenting or emotional vulnerability have created barriers to involving more men in home visiting services.
    - "I do strongly feel that having a male home visitor is critical. I think sometimes men are forgotten, especially in in their role as a dad. But also, I think how society has programmed us as men, to just be more of the provider to go work [...] you're going to see men who are wanting to participate or who are afraid to participate. I do find it beneficial to have home visitors in, in the area, because it gives men hope that, you know, hey, they are listening, you know?" shared one home visitor.
- The male home visitors shared how they are actively working to deconstruct certain stereotypes regarding men and their emotional intelligence/engagement by offering their male caregiver clients a safe space to express emotions and ask for help. It is a process of building trust and rapport, which takes time and requires male home visitors to create a judgment-free and engaging space for fathers.
    - "You get these guys [fathers] talking. And you know, you get the tears, you get the anger, you get the frustration, you get all of it. They kind of get forgotten. And they also feel like they don't need to talk about their problems. They really need to get off their chest and reaffirm their emotions and their feelings [...] just letting them know that their feelings and thoughts are valid," a male home visitor shared.
    - "One of the things that I provide when I do a meeting with them is definitely a safe space [...] Men don't usually talk about trauma and that's one of the things that when we address it, it touches a nerve. This safe space creates also an opportunity to create to build rapport with them [...] it's a relationship that's been built over years," a male home visitor added.
- This process takes time, because it can be extremely difficult engaging fathers in a service they have historically been excluded from. The home visitors noted that the language of home visiting is exclusive toward male caregivers, who may interpret services as only appropriate or available to female caregivers, or more specifically, mothers. Male caregivers may initially approach home visiting for support on job development or other economic supports, but later become interested in the supports that services can provide for their child’s development and their own caregiver-child relationship.

  - "A lot of the times the guys really come for support because in their mind their need is a job, you know, being connected with resources because they fill that the role, but they don't think about child's developmental domains."

- From a logistical perspective, many male caregivers do not take time off to care for a new baby (or have access to parental leave) and are working during traditional home visiting hours. The male home visitors emphasized that holding visits during evenings and weekends was more approachable to male caregivers, and "bundling" group sessions with other activities like going to the gym was an effective way to build connection in a way that felt authentic to the male caregivers in their programs.
- The male home visitors discussed how they leverage their own male identity to lead by example, showing their own vulnerability and gentleness to help other male caregivers feel safe in expressing those emotions with their families.
  - "I've tried to just show them it's okay to be gentle and kind, you don't have to have that masculine mascot all the time [...] you can be gentle, especially as a dad, right? Because we want to be gentle with a new baby and everything. But like how to be gentle and kind to the people around you in your life."

Theme: Considerations Unique to Male Home Visitors

- Many male home visitors are mindful of how they interact with new clients and emphasized that building trust with mothers *and* fathers both takes time as well as intentionality.
- Some male home visitors discussed that their female clients may feel threatened by a man visiting their home. They were cognizant that their male identity required them to establish trust with their female clients in a different way than their female home visitor colleagues, and discussed using trusted community spaces, or working alongside their female co-workers to build rapport and establish expectations of safety with new clients.
  - "When spring comes, I'm happiest because if it's a meeting only with mom, obviously I meet at a park, right? In an outside space. But that's one of the things that I find most challenging. And that's where having your female coworkers helps [...] it's tough to get into [a space] for a male, it's tough to just knock on a door and go into a home where a woman is. Perhaps one of the challenges too, is that it's just how to, how to build rapport [...] I mean, I think that's where your supervisor has to have a keen eye to not just place you with a family that won't be ready for [a male home visitor]," one of them shared.
- Male home visitors who work alongside doulas said this partnership has helped them build connections with their female clients and alleviate concerns that they won't be able to attend to specific maternal heath questions in the same way as their female colleagues.

  - "I'm fortunate to work side by side with doulas when we're trying to engage the parent ... it's nice to have a doula sitting right next to me that helps with questions that the mom might have that I don't have answers to," shared one home visitor.
- However, some male home visitors in the focus groups also shared that they have taken it upon themselves to learn about maternal health and lactation so that they can talk about these topics to with their clients – both male and female – and help bring both parents into the conversation.
  - "We are encouraged to talk about breastfeeding [...] the mom is surprised that I'm there talking to her about breastfeeding, and I tried to get the dad as involved as possible [...] I tried to bring a different perspective into that and let them know that "*hey you can be involved too. You can also be involved too [in these ways] [...] it'll help you build that bond with baby, that trust*," shared one home visitor who had taken lactation training.
- The male home visitors discussed wanting additional training on how to conduct mental health screenings with male caregivers. This aligned with feedback from the four male caregivers engaged in the "sense making" conversations who shared that standardized mental health questionnaires felt too formal and made them worry about being misunderstood or having their responses misinterpreted. The male home visitors emphasized how they have to work to pick up on participant cues in the moment, and that these less formal responses to mental health conversations are equally critical to understanding how their clients are faring.
- Despite the success of the male home visitors in their programs, the respondents shared how they felt that male home visitors must work against the grain in a female dominated field. Not only do they have to navigate how their male identity impacts their interaction with families, but they also must navigate how their male identity interacts with other home visitors. Some of the male home visitors mention feeling underappreciated and ignored in home visiting spaces.
  - "I was completely ignored, completely ignored. And I didn't feel like I needed to go back to another meeting like that. You know, I was not asked my opinion," said one home visitor, who reflected on his experience being the only man in a training for home visitors.
- The male home visitors expressed a desire for communities of practice or other affinity groups to help male home visitors connect, share strategies for working with male caregivers, and increase visibility and respect for the field amongst potential future male home visitors including those currently working as teachers or other family support professionals.
- Concerns about personal safety among the broader home visiting workforce have been documented in Illinois, but it is important to note that they extend to male home visitors as well as their female colleagues. One male home visitor noted that crime rates and concerns

about personal safety may deter qualified individuals, including males, from wanting to become home visitors.

- "If there is there's a high crime rate, in your city, in your area, that can also affect people wanting to do this job because you know, you are sent to areas that, you know, are questionable. And that can also bit a little bit of fear in people doing this job or even getting involved in a program," noted one home visitor.

- Regardless of being a male home visitor or female home visitor, there are some characteristics that are the same: vulnerability, curiosity, and honesty, suggesting that skills in being strong relationship builders, effective communicators, and having an interest in supporting families are essential to being a good home visitor.

Theme: Retention of Families

- Misinterpreting or misunderstanding home visiting was identified as a primary reason for why families may disengage from the programs – they were looking for other resources and home visiting was not what they wanted to participate in.
    - "They [families] might leave, because maybe they were looking for daycare, maybe they were looking for that EI therapist that just works with the child [...] Some of them, they just don't know the value that the program holds for them. Because they haven't seen it," a home visitor stated.
    - "It's [reason for families to come into HV] always definitely the free items [...] there are a lot of participants in my specific area region that are experiencing homelessness. And usually they come back to that, like, "*oh, you mentioned housing, like and can we talk about that more?*" [...] But housing has definitely been one thing that I feel like they hear, and they latch on to that," another home visitor added.
- Sometimes families struggle to accommodate home visiting services in their schedules because they must prioritize more urgent or pressing services, including those necessary for their child's health. The flexible nature of home visiting services may make it easier for families to return to services later when their schedules are more open, and home visitors reflected that they had families return to their programs once EI services were complete.
    - "We had a couple of families that were like, *"hey I'm going to be honest, I'm only getting in one visit with you right now. Because we're seeing speech twice a week and occupational therapy, and physical therapy. So, we don't have time for you in our schedule. But we are getting the services that we currently need. And if those service schedules change, we can come back and revisit,'"* a home visitor summarized.

- Some families leave because they find themselves overwhelmed by other life burdens. Yet many providers reflected that when families are over the hurdle of whatever hardship they were weathering, they often come back to the program. Providers spoke about how they will try to keep a family on their caseload for as long as possible, even if communication has lapsed, to keep the door open for the possibility that they may want to return to home visiting down the line. Flexible caseloads and agency policies around re-engaging clients were essential to allowing families to stay "engaged" even while taking a break from home visiting.
    - "A lot of times I find that our parents may drop off when something bad is happening in their life [...] dodge my phone calls, dodge my visits, because she doesn't want to talk about what's going on in her life at that time [...] they just don't want to do their home visits, because they don't want to talk about what's going on in their life. But then once that chaos has subdued or, you know, they have figured out how to deal with it, then they're ready to engage again," a home visitor stated.
    - "We would definitely let them come back [to the program], we have a pretty flexible caseload [...] some of my families that don't respond within a few months or a few weeks or whatever, I keep them on my caseload, I don't usually take them off, until they actually say to me, "*I want to leave this program* ." It seems like after three to four weeks they are like, "*okay I've learned how to deal with this.*" So there, they have never officially dropped out, they just went MIA," a home visitor shared.
- Providers emphasized that the key to re-engaging families is not to simply wait for their personal troubles to subside, but to constantly reach out to them and let them know that someone cares about them still. Home visitors and supervisors alike stress the importance of consistently engaging with the families throughout their absence.
    - "Those that leave the program, a lot of times, I'll leave them on my caseload for as long as we're able to, because sometimes it might just be that they no longer have a cell phone for whatever reason, or maybe they're just going through a really hard time, maybe they went back to school [...] And then they'll get to a point where they'll get reengaged. So, it's hard to say why they leave. I think that's the main thing, what they're really interested in, is knowing that somebody really cares," another added.

Theme: Pandemic & Burnout Among Families and Providers

- The COVID-19 pandemic had a multi-fold impact on home visiting, including significant dips in engagement among currently enrolled families. Providers attributed to a number of factors,

including the additional stress placed on families dealing with job-loss, other economic insecurity, managing many children at home during work hours, or facing health crises.

- "Some people during COVID just didn't show up to their appointments virtually, because they didn't want to. Or not because they didn't want to but just because either it was too overwhelming with the kids [...] or they had other things they needed to do, which I completely understand, which was a little bit more difficult to build that relationship," a home visitor stated.
- "COVID happened. And I think so much changed in our families, the complexity of their situations [...] seeing families kind of coming out of that and seeing the impact that that isolation had on them – barely scraping by and kind of that trickle effect of what happened to them. And I think that it's made a lot of our caseload more difficult in that sense. I find myself struggling to feel like I'm supporting my home visitor sometimes through that, because they come into supervision and tell me some of these families worry that I'm like, *"wow, like, that's, that's a load that they're carrying,""* shared a supervisor.

- Some changes in engagement were attributed to the shift from in-person to virtual services, which in turn impacted provider morale.
  - "Let's talk about how hard it is to build those connections and how important it is to build that trust with the family. I know that in-person component means so much with home visiting, because the retention is just terrible. With just virtual home visiting, and let's just be real about it [...] It's a lot that they can't say on those videos, there's a lot of behaviors that you can't observe on the videos with the children. And being in that home plays a huge role. Families were struggling, home visitors were struggling, it was a lot going on. We still are recovering," a supervisor summarized.
- Many respondents noted that it was difficult achieve a work-life balance while working virtually during the pandemic period, in addition to working odd hours of the day. This blurring of boundaries led many home visitors to experience burn out.
  - "During COVID, we were able to work from home a lot. I lived at home, I worked at home. The you know, it was like, there was no change [...] I didn't know when parent educator started and when mom started and how to intertwine those two. So, there was a lot of burnout post pandemic there," a home visitor shared.

Theme: Administrative Work & Program Requirements Burden Providers

- Key program requirements such as the administrative burden associated with documenting visits can be a source of burnout, often overriding the supportive aspects that keep staff in their

positions, such as reflective supervision and I/ECMH consultation. A number of respondents discussed how the vast amount of paperwork required by their model or funder gets in the way of supporting families and building a relationship with them. This paperwork adds an element of rigidity to the work home visitors must do, having to check tasks off their list at the expense of engaging more deeply with the issues the families are facing.

   - "Burnout wise, I would say we kind of ebb and flow in that in this area. Like sometimes we're feeling really, really good and sometimes we're just over it. I'm absolutely sick of doing is trying to keep up with the paperwork [...] sometimes because the visit doesn't fit the paperwork. Sometimes there's paperwork that needs to be done that we didn't get to before. As I showed up and in the parent was in a mental health crisis, or there was something really going on with the family, and instead of doing goals, you know, we did something else," a home visitor shared.
   - "Paperwork, I don't know how much paperwork to deal with [...] I don't really know a person, but I'm giving them a parental stress index with 130 something questions and I'm right there waiting for you to answer this. And it's just a way to see and measure the stress of the family and try to help – but it is sometimes when I try to do my best to build that rapport [...] it's challenging in trying to manage various things at the same time. I wish I could just talk and build the group and I didn't have to place them in certain situations, sometimes, because we have to," another home visitor added.

- The administrative burden on staff is amplified when the model and funder require different things from each visit and its corresponding documentation or have different enrollment or service requirements. Home visitors emphasized that greater flexibility, rather than rigid program requirements, would allow them to individualize their supports to families and focus on supporting the caregiver-child interactions at the heart of the home visiting service.
   - "Individualization is really important to not just for our families, but for staff as well. if you can come up with a system that has a basic framework, but then within that allows each individual person to do what best fits their style, that has proven to be helpful," shared a supervisor.
- When asked what they would change about the current system, home visitors and supervisors agreed that outsourcing the administrative tasks to another role would enable home visitors to focus on their relationships with clients. In addition to ensuring programs have data entry/administrative assistant capacity, respondents highlighted how improved data management systems, in combination with aligning all required data across the various funders and models, would greatly alleviate their administrative burnout.

Theme: Funders & Funding Mechanisms

- Funders play a very important role for home visiting programs and can be collaborative partners in supporting consistency and cohesion across the home visiting system. When asked what they would change about the current funding system, home visitors elevated opportunities for increased alignment and transparency:
  - "Funder and model alignment on requirements so that those core pieces that you're being monitored on are the same across the board."
  - "Transparency from funders to agency to home visitors, because I feel like a lot gets lost in translation sometimes like, the requirements they ask of us."
  - "Transparency – making sure that auditing and monitoring is a dialogue rather than just never hearing back from them [...] more alignment with funders here, ensuring that that is a feedback process and not just a one-and-done here and a checklist."
  - "I feel like it would be easier if the funders in the program models could kind of collaborate to make sure that the things that they're asking aren't different."
- Home visiting programs are funded on grants and though these contracts are often multi-year agreements (3 years), the constant need to recompete for funding, and the paradoxical incentive for programs to write for less grant funding than they need to remain competitive, creates an unstable and unpredictable funding environment that jeopardizes service quality. Programs may braid multiple funding sources but the timelines for these funding opportunities, specifically across ISBE, IDHS, MIECHV, and Head Start funding, do not align. This makes it difficult for program leaders to build comprehensive, stable program budgets and maximize their service reach.
  - "We need stable funding. We provide high quality services, but we'd be able to do an even better job if we would be able to get the funding that we're supposed to get," a supervisor said.
- A lack of consistency across funders regarding compensation targets and mechanisms for updating multi-year grants to account for new costs also makes it difficult for providers to sustain their program needs.
  - "We're a part of a school district, which means that our teachers are where our staff are on the teacher salary schedule [...] which is great for retention because they have a higher rate of pay. But then our funder freezes our funding. And so that means that we have we have a good wage on paper, but then we have to cut days because our grant doesn't allow for us to pay the staff what they're supposed to be paid," shared a supervisor.

- Finally, providers expressed a desire for more flexible funding to be able to pay for emergency basic needs – like transportation or a car seat – to help families weather the potential hurdles that could disrupt their engagement in services. Current funding rules do not allow programs to buy material goods for families.

Recommendations

Though we initially aimed only to surface recommendations to inform MIECHV reauthorization, recommendations at the national model, federal funding stream, state funding and administration, and program level emerged throughout the sustained engagement with caregivers and providers. Additional federal legislative and administrative recommendations were initially developed by Start Early to inform our advocacy efforts during MIECHV reauthorization and continued to be refined to support successful implementation of the federal grant. These are also included below where relevant themes emerged throughout the course of this feedback project.

Not all recommendations are new, and indeed, a number of these recommendations have previously been elevated, particularly at the state level, to the major funders of home visiting through Raising Illinois, the Illinois Early Learning Council, and advocate tables. While recommendations have already been shared in prior reports, these themes continue to surface in conversations with the provider and participant communities, indicating that these challenges persist and require attention.

We include best practice recommendations at the programmatic level, including strategies to improve workforce and participant retention and recruitment. **However, the majority of our recommendations are directed at the macro and systems level in order to minimize the burden on programs and preserve on-the-ground flexibility and creativity in service delivery. To enable programs to implement these and other best practices, federal and state funding adequacy as well as model requirements and funder administrative requirements must be in place first.**

Unless specified, the state funder and administration recommendations are geared toward all major funders of home visiting in Illinois, and aim to increase coordination and alignment across the state agencies in service of alleviating the burden on programs and providers while increasing quality for families. Many of the recommendations will require the funders to work together to develop new materials and/or align requirements, outcomes, and data collection. Though the state funder recommendations are directed toward major funders of home visiting in Illinois, including the Department of Human Services, the State Board of Education, and Chicago Public Schools/the City of Chicago's Department of Family and Support Services, the broad themes carry relevance for other state and local contexts.

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Marketing to and Engaging Families

Illinois State Funders

- Intentionally craft clear and concise messaging materials for the community at large, including for eligible families and referring organizations. This should include cross-funder flyers, ads and videos about home visiting. Fund a cross-funder public awareness campaign on the availability, impact, and pathways to access home visiting services.
    - Ensure that language is inclusive of all caregivers, specifically utilizing gender neutral language to describe supports for caregivers who identify as gender non-conforming or non-binary. Build additional curriculum and program materials that represent and reflect male caregivers as equal participants in services and ensure that common terms from home visiting are relatable in other languages, including vetting language with home visitors who speak those languages.
    - Include a range of options for the title of home visitor; create common messaging that describes what a home visitor does using these different terms that families and programs may use (family support specialist, parent educator, etc.) to demonstrate that these are the same type of provider.
- Allow programs to use grant funds to buy/create t-shirts; programs should have the option of creating family-friendly designs that help market home visiting as a community-specific family support program. This addresses feedback from home visitors that dressing too formally or with stigmatizing branding can make their clients uncomfortable.
- Create a cross-funder online index of home visiting programs, including referral contacts, catchment/service areas, models, and other pertinent information for families and referral sources. Programs should be able to update their program listing to ensure the index is current. Update the iGrow and IL Cares for Kids websites with the updated program index to enable families and referral partners to find services.
- For the Early Childhood Block Grant, change the name of "Prevention Initiative" as families and programs have shared that the term "prevention" is associated with the misperception that home visiting is related to the child welfare system. This aligns with the change that was made to rename the "Parents Too Soon" home visiting line item to the "Maternal and Child Home Visiting Program."

Engaging a Broader Array of Families and Caregivers

National Models

- Update language describing the model and services utilizing language that is inclusive of all caregivers, specifically utilizing gender neutral language to describe supports for caregivers

who identify as gender non-conforming or non-binary. Build additional curriculum and program materials that represent and reflect male caregivers as equal participants in services.

- Allow for individualization for families, including adopting additional flexibilities about the frequency, duration, and location of visits (what counts as a visit). Integrate families' expertise into program outcomes and benchmarks and prioritize new and strengths-based measures of the quality and effectiveness of programs, such as parental efficacy and length of retention.
- Encourage or require disaggregated data (in outcomes as well) with attention focused on ensuring that data is not used to target groups disproportionately.
- Allow for service delivery up until age five, and consider enhancements to expand eligibility beyond existing criteria (non-first time parents, families above income requirements, etc.)

Illinois State Funders

- Broaden and align eligibility requirements for programs to enroll families. Consider enhancements to expand eligibility beyond existing criteria (non-first time parents, families above income requirements, etc.)
- For IDHS and MIECHV, create guidance about how programs can support families up until kindergarten entry so that families are able to continue services until age three. Across funders, explore how programs can braid funding to continue serving a family past age three if they are originally served under PI funding (which is limited to 0-3).
- For the Early Childhood Block Grant, fund full-year services for PI grantees (not on a 9-month school year schedule).
- For the Early Childhood Block Grant, create a process for children in PI home visiting to be able to access PI center-based services, in instances in which families would like to engage in both services.
- Across funding streams, standardize consent forms and develop an FAQ on HIPPA to improve how home visiting programs can collaborate and coordinate with other services providers (EI, health plan care coordinators, mental health care and healthcare, and other providers), including sharing information and scheduling visits and helping families navigate questions about how to access their providers.
- Create a cross-funder service model guide that details adaptations and enhancements to services to support male caregivers who are not the primary custodial caregiver, including guidance on consent for participation (for the child), and how to document and structure visits for male caregivers enrolled as a secondary client.
- Create additional guidance and modifications to existing models for how to adapt services to better serve priority populations, including families experiencing homelessness, immigrant and refugee families, families with children with developmental delays and disabilities, families

experiencing challenges related to substance use, and families involved with the criminal legal and child welfare systems. Guidance should address available flexibilities in staffing, caseloads, staff credentials, visit cadence or service delivery, etc. and mirror the comprehensive resources developed for serving families with child welfare involvement building from the Illinois Pregnant and Parenting Youth project.

- Fund enhancements (doula, Moving Beyond Depression, teen parents in child welfare, families experiencing homelessness, families impacted by incarceration, etc.)
- Allow for staffing of 2 home visitors per family (male/female), if needed.

Aligning funding mechanisms and reducing administrative burden

National Models

- Assess documentation requirements and identify opportunities to reduce the administrative burden on programs; if possible, align requirements across models. Leverage national collaborative, cross-model tables to ensure coordination across the models in this effort.

Federal funders

- Coordinate federal funding streams and offer states added guidance on braiding across different sources (e.g. Head Start/Early Head Start, Title IV-E, TANF, Medicaid, etc.) for more efficient state home visiting systems. The Office of Head Start and Health Resources and Services Administration (HRSA), in particular, should coordinate on allocation of funding, funding timelines, and program requirements to ensure that state systems are able to plan around the braiding of these funding streams.

Illinois State Funders

- Allow for programs to amend budgets during the grant period to account for increases in compensation or the cost of benefits. Clarify and publish guidance on how programs can amend budgets during the grant period.
- Create sample budgets that include funding for administrative staff to enter paperwork/data entry.
- Continue to hold cross-funder coordination meetings and make them open to the public.
- Coordinate across funding streams to streamline outcomes and requirements to ensure monitoring is consistent across the board. Ensure transparency from funders to programs and home visitors in auditing and monitoring processes by creating more regular and two-way communication and better feedback processes. Allow for dialogue, questions, and explanations from programs during the monitoring process.

- Consider opportunities to consolidate or align contracting with a monitoring agency to ensure that there is one set of standards and that monitoring staff are adequately well-versed in home visiting program implementation and the different models. If possible, conduct monitoring visits for different funders at the same time / leverage existing documentation rather than having programs complete multiple monitoring requirements.
- Create a statewide data management system across funders and models so that the different funder and model data collection requirements can be managed through a single portal.

Improving family retention and satisfaction

Illinois State Funders

- Work across and within state agencies to better coordinate services for families with young children (child welfare, Early Intervention, WIC, etc.) to minimize duplication, streamline communication across providers, and ensure flexibility in home visiting services to accommodate other services is necessary. Continue to hold cross-funder coordination meetings and make them open to the public.
- Create cross-funder guidance affirming the Joint Statement on Collaboration and Coordination of the MIECHV and IDEA Part C Programs from the U.S. Departments of Education (ED) and Health and Human Services (HHS) including creating specific guidance to support home visitor and Early Intervention provider participation in initial joint visits for newly enrolled families to develop an early and ongoing plan for collaboration that meets the needs of familied, and ensuring that infants and toddlers who are found to be ineligible for Early Intervention are automatically referred to their local home visiting program.
- Consistent with the Joint Statement, issue guidance that whenever possible, home visiting providers should coordinate with other services, such as Early Intervention, to adopt a visit schedule that works well for families. With family consent, consider holding periodic check-ins with other providers and the family to discuss opportunities to align program activities, screenings, and resources.
- Develop guidance/best practice around programs' usage of incentives and gifts to families, including differentiating policies around recruitment incentives and the ability to purchase basic necessities for families who are already engaged in services. Allow for funding to be used to buy resources for families that support their stability and retention in services, such as diapers, formula, car seats, or transportation passes.
- Model permitting, allow programs additional flexibility for how families are enrolled and engaged:
    - Ensure flexibility in timelines in not only engaging families and enrolling, but also in timelines for gathering information from families.

- Ensure flexibility in allowing families to stay enrolled in a program while not actively participating in visits to retain clients who need to take a temporary break but may choose to return to services if the home visitor is able to continue to reach out to them.
- Ensure flexibility in allowing families to return to home visiting, including ensuring that all families who exit services are informed of their ability to rejoin at a future date with a new or the same child (age eligibility, permitting).
- Ensure flexibility in location and timing of visits, as well as types of engagements that count (text, phone, email) as well as ensure flexibility in timing and location of groups (as this seems particularly important in engaging male caregivers).
- Ensure flexibility in the types and number of activities completed during home visits in order to allow programs to start where a family is and address any immediate concerns or crises.

- Create a sample questionnaire for families who decline services; ensure it is used by Coordinated Intake and across programs during recruitment efforts. Annually, analyze themes across funding streams related to why families decline services.
- Create a digital exit survey for easy use by programs to share with exiting families; and aggregate themes across funding streams and across models to support programs in identifying common themes across families who exit services early.

Best Practices for Programs

- Establish an organizational/program policy regarding flexibility in scheduling visits, including exploring evening and weekend visits while ensuring staff schedules are flexible, rather than having home visitors work overtime.
- Encourage and support staff to maintain contact with families if they take a temporary break from services. Encourage families to re-enroll in services after a temporary break, or if they have exited services and want to return with a new child.

Staff recruitment and retention

National Models

- Reduce educational requirements and create additional flexibilities for programs to hire individuals without a Bachelor's degree, including developing guidance for how to hire former parent participants, in order to address vacancies and to reflect competency based skills.

Illinois State Funders

- Hiring and On-Boarding
    - Create sample job descriptions for use by programs.

  - Target Higher Education, community colleges and high schools with information on home visiting as a career path.
  - Include messaging for career pathways, such as how to become a home visitor (including for parents/former participants) and different roles for moving through and/or advancing in the system (Ex: home visitor, supervisor, infant/early childhood mental health consultant, professional development provider, state agency position, monitor, etc.).
  - Include a range of wording or language for the title of home visitor.
  - Ensure language is inclusive of male home visitors.
  - Create a peer-mentoring program or community of practice to allow new home visitors to connect with more experienced staff.
- Compensation and supports:
  - Implement a cross-funder salary floor, inclusive of home visitors and supervisors. State agencies that oversee other federal funding streams that support home visiting (TANF, Title IVE-E, Medicaid, etc.) have a responsibility to include that reimbursement rates are robust enough to equitably compensate home visitors.
  - Create a pay differential in the salary floor for increased compensation for home visitors who can deliver services in a second language. There is a deep need for increased attention and investment in developing a bilingual home visiting workforce that can adequately meet the needs of families for whom English is not their home language.
  - Permit and create guidance regarding use of grant funds for hiring and retention bonuses.
  - Ensure Gateways scholarships are accessible to home visitors.
  - Prioritize grantee applications that specify a full range of staff benefits, including robust insurance, Employee Assistance Programs (EAP), and paid leave.
  - Create a community of practice specifically for male home visitors; build additional training content for male home visitors to discuss maternal and mental health topics.
  - Allocate grant funds and ensure that all programs have access to a minimum level of I/ECMHC, reflective supervision, and reflective training.
- Increase flexibility in requirements of service delivery for staff:

- If delivering services flexibly and individually to families, consider how to adjust caseloads, to balance families with more intensive services, and duration of engagement with a family. While certain programs can offer "off-hours" visits, there is not a uniform policy across programs and funders and additional resources may be needed to ensure caseloads and supervisor ratios are adequate, and that home visitors are compensated and supported in delivering services outside of traditional business hours.
- Ensure programs have flexibility in gradually ramping up caseloads for new staff, including allowing programs to describe why service numbers may be lower for a particular reporting period in which a new staff member was on-boarded.

Best Practices for Programs

- Hiring and On-Boarding:
    - Vet job descriptions for open roles with current staff to ensure that the language used accurately reflects their day-to-day activities. Include staff in hiring processes including interview panels to allow candidates to better understand the work of home visiting.
    - Consider whether internal agency educational requirements (e.g., having a Bachelors degree) could be relaxed to recruit non-traditional applicants, including former caregiver participants.
    - Actively recruit male home visitors, including creating pathways for K-12 teachers and other educator staff to enter home visiting.
    - Explore ways to recruit former participants who have graduated from home visiting services; review whether current home visitor job requirements would be accessible to the typical caregiver who graduates from home visiting; share open positions with families; maintain a list of graduate contacts who would like to stay informed about future opportunities to work in home visiting.
    - Implement shadowing/mentoring programs for new staff to ensure that entering home visitors have an accurate understanding of the work prior to being given a caseload. Allow staff to gradually build up a full caseload within the first six months of hire.

Professional supports and program resilience

Illinois State Funders

- Ensure that construction grants are accessible to home visiting programs to make facilities improvements. Allow for funding to be used to ensure adequate physical space (group and private meeting space, as well as storage of materials).

- Include specific funding for I/ECMHC and require all grantees to adopt I/ECMHC within program budgets. Align with the *Illinois Model for Infant/Early Childhood Mental Health Consultation* across funders on a minimum level of I/ECMHC per program to ensure equitable funding across funding streams for consultation services.

Best Practices for Programs

- Ensure staff access to regular I/ECMHC hours.
    - In Illinois, align with the *Illinois Model for Infant/Early Childhood Mental Health Consultation*.
- Ensure regular reflective supervision and team meetings are built into the working schedule. Provide guidance and/or training to supervisors on reflective supervision and ensure supervisors have access to reflective supervision and I/ECMHC.
- Specifically discuss boundaries with staff (pros/cons of going into someone's home, pros/cons of coming from the community, interacting with families, particularly on social media, work/life balance, self-care, etc.) as part of on-going reflective supervision and professional development.
- Consider the different on-boarding needs of supervisors who have never been in the home visiting field versus supervisors who are previous home visitors.
- Discuss boundaries with supervisors (being "on-call" for staff and having "open-door" policies, work/life balance, needs of families and staff, etc.)
- Define the parameters an open-door policy, including whether or how staff can communicate with their supervisor outside of typical working hours.
- Incorporate staff at all levels in decision-making, including allowing home visitors to serve on interview panels for new hires.
- Work to consider the disposition and characteristics of the individual home visitor and the family when establishing caseload to ensure providers and clients are "matched," to the greatest extent possible (including male home visitors).
- Consider the physical space of the program office and its impact on the individual home visitor and their ability to work. Dedicate separate spaces for home visitors to house their supplies, to meet with supervisors and peers, and to meet with families.

HRSA

- HRSA should clarify how states can use MIECHV funding to increase workforce compensation, including implementing salary floors, and offering retention or hiring bonuses, and cost of living adjustments to raise salaries and support wage parity across funding streams.

- HRSA should permit MIECHV funding to support statewide infrastructure like TA and training, including making training available to programs funded by state or other federal funding streams to improve coherence across models, sites and programs regardless of funding stream.
- In future reauthorizations of MIECHV, use strength-based language to describe the aim of the federal program (in statute and administrative regulations). Language matters; the stigma associated with home visiting is exacerbated by language in how Congress and HRSA speak about the aim of the MIECHV program to prevent child abuse and neglect.
- HRSA should undertake a review of the MIECHV benchmarks, with an intention to refine, consolidate, and align benchmarks with family and provider priorities, with an eye toward racial, linguistic, and gender equity, family satisfaction, and strengths-based family outcomes.
- Expand the definition of MIECHV priority eligibility criteria to include families experiencing homelessness, families with children with developmental delays and disabilities, families with children in the child welfare system, and families involved in the criminal legal system and recognize that bringing traditional home visiting to these populations may require more funding, new program staffing structures, new approaches to evaluation, and additional considerations.
- HRSA should require and support MIECHV grantees to collect disaggregated data on home visiting outcomes, and clarify how programs, funders, and other actors in the home visiting system can use this data for continuous quality improvement and ensuring equitable access and outcomes. Provide guidance on how to use disaggregated data to focus on opportunities for systemic improvements rather than attributing challenges to any particular population or inferring causal links between outcomes and specific populations.
- HRSA should establish doula services as a general allowable non-medical expense/service enhancement and fund doula services as a support for maternal health equity and critical complement to the array of evidence-based home visiting services.
- HRSA should issue guidance on flexibility in location of service delivery to meet family needs (i.e; gyms, community centers, libraries, parks, virtual/hybrid).
- HRSA and federal CMS should issue guidance regarding Title IV-E "payor of last resort" requirements to support states and programs to use available dollars to buy material supports for families (diapers, car seats, formula, etc.) for families in home visiting services.
- Home Visiting Evidence of Effectiveness (HomVEE) and HRSA research review:
    - Create federally-funded opportunities to study community-led adaptations and innovations to promote continuous quality improvement and support the field in adapting effectively to meet families' needs.

- Provide guidance and resources to programs/state grantees on how non-randomized controlled trial (RCT) research can be counted towards an evidence base that makes them eligible for federal funding. Guidance should specify what other types of research (aside from RCTs) can be used to show that a program is evidence-based.
- Support research on existing models and programs in order to develop a better understanding of which of the specific interventions or components of a model work best for whom and under what conditions to inform the field about more effective ways to implement evidence-based models.
- HomVEE should provide greater transparency, communication, and guidance to programs applying to be added to their approved list at all points in the process (submission, timeline, review, decision-making, and results).
- Models serving priority populations (including families experiencing homelessness, families with children with developmental delays and disabilities, and families involved with the criminal legal and child welfare systems) should be expedited for review by HomVEE.

Conclusion and Next Steps

This multi-phase project has yielded a rich array of recommendations that span various levels of the home visiting system, centered on the experience and perspectives of both caregivers and home visiting providers. While the initial intent was to shape suggestions for the MIECHV reauthorization, the depth of engagement with stakeholders resulted in a more expansive set of recommendations extending to national models, federal funding and administration, and state funding and administration. Best practice considerations for programs can only take shape as the models and funders offer adequate resourcing, guidance, flexibility and support to on-the-ground service providers. While many of these recommendations are not entirely new, they have emerged consistently from caregiver and provider discourse, underscoring the persistence of challenges and the need for renewed attention.

We acknowledge that there are remaining gaps in getting feedback from people who decline services, people who speak a language other than English and non-binary caregivers. This report is not exhaustive and there are likely other recommendations for strengthening the home visiting system from federal to local program implementation.

It is important to acknowledge and understand the narratives we create when we gather feedback and interpret it, and the power dynamic this creates. What does policy interpret to be the problem? Who does policy interpret to be the antagonist versus the hero? What are we trying

to “fix”? This project seeks to ensure that the design and administration of home visiting services actively honors caregiver and community perspectives and offers culturally and linguistically responsive supports.

Overall, these recommendations will be infused into Start Early’s programmatic, professional development, research and policy work. In order to increase public awareness, the findings will be shared at local, state and national conferences. The Illinois Policy Team will take these recommendations to statewide bodies including the Early Learning Council, Raising Illinois, the major funders of home visiting and legislators. Specifically, as the Health and Home Visiting Committee has been charged by ELC leadership to develop recommendations to align home visiting program requirements and program standards, the themes and action items for the state agencies will be shared with this committee and discussed further with the field in 2023 and 2024. The Health and Home Visiting Committee, as a public table with participation from the state agencies that fund home visiting, is a prime forum to monitor progress toward the recommendations elaborated above.

Finally, and most importantly, this report will be shared back with the people who contributed to it. Any changes (or failure to change) will be monitored and reported back to the communities and the field so that people can see the result of their efforts.

Beyond the Illinois context, advocates in the field are encouraged to leverage these insights and recommendations to drive policy reform and advocate for changes at the federal and state levels. Utilizing the findings as a foundation, they can collaborate with policymakers and administrators to advocate for equitable funding, streamlined administrative processes and more inclusive and responsive approaches to service delivery and support for the workforce.

For home visiting programs, these recommendations serve as a roadmap for enhancing family engagement, program effectiveness and provider support. By integrating the suggestions into their operations, programs can refine their recruitment strategies, offer flexible service delivery and prioritize the well-being of their workforce. Incorporating feedback from caregivers and providers can lead to the creation of more tailored and culturally competent services, resulting in improved retention rates and more positive outcomes for families.

We stress the pivotal role that the federal and state agencies that fund home visiting play in shaping the landscape of early childhood support. These agencies are urged to assess the comprehensive recommendations and make policy changes that align with the collective needs and aspirations of caregivers, providers and families. Prioritizing funding flexibility, reducing administrative burdens and enhancing cross-funder coordination are just a few measures that can contribute to the long-term success of home visiting initiatives.

Ultimately, the recommendations and themes contained in this report can only represent a “snapshot” of the experiences of home visiting providers and caregivers. Home visiting research

often seeks to answer specific questions about the effectiveness of a particular intervention on a specific population. However, there is value in regularly seeking broad input from the field and program leaders, state and federal agencies that oversee home visiting systems and the national home visiting models should regularly engage in this exercise. By building practices to center caregiver and provider voice, these different actors can ensure that their visions for systems change are rooted in the lived experience of those most closely engaging with home visiting services.

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Appendix A

Recommendations by Audience & Theme

Engaging a Broader Array of Families and Caregivers	
National Models	**Illinois Funders**
▪ Update language describing the model and services utilizing language that is inclusive of all caregivers, specifically utilizing gender neutral language to describe supports for caregivers who identify as gender non-conforming or non-binary. Build additional curriculum and program materials that represent and reflect male caregivers as equal participants in services. ▪ Allow for individualization for families, including adopting additional flexibilities about the frequency, duration, and location of visits (what counts as a visit). Integrate families' expertise into program outcomes and	▪ Broaden and align eligibility requirements for programs to enroll families. Consider enhancements to expand eligibility beyond existing criteria (non-first time parents, families above income requirements, etc.) ▪ For IDHS and MIECHV, create guidance about how programs can support families up until kindergarten entry so that families are able to continue services until age three. Across funders, explore how programs can braid funding to continue serving a family past age three if they are originally served under PI funding (which is limited to 0-3). ▪ For the Early Childhood Block Grant, fund full-year services for PI grantees (not on a 9-month school year schedule). ▪ For the Early Childhood Block Grant, create a process for children in PI home visiting to be able to access PI center-based services, in instances in which families would like to engage in both services. ▪ Across funding streams, standardize consent forms and develop an FAQ on HIPPA to improve how home visiting programs can collaborate and coordinate with other services providers (EI, health plan care coordinators, mental health care and healthcare, and other providers), including sharing information and scheduling visits and helping families navigate questions about how to access their providers.

benchmarks and prioritize new and strengths-based measure of the quality and effectiveness of programs, such as parental efficacy and length of retention. ▪ Encourage or require disaggregated data (in outcomes as well) with attention focused on ensuring that data is not used to target groups disproportionately. ▪ Allow for service delivery up until age five, and consider enhancements to expand eligibility beyond existing criteria (non-first time parents, families above income requirements, etc.)	▪ Create a cross-funder service model guide that details adaptations and enhancements to services to support male caregivers who are not the primary custodial caregiver, including guidance on consent for participation (for the child), and how to document and structure visits for male caregivers enrolled as a secondary client. ▪ Create additional guidance and modifications to existing models for how to adapt services to better serve priority populations, including families experiencing homelessness, immigrant and refugee families, families with children with developmental delays and disabilities, families experiencing challenges related to substance use, and families involved with the criminal legal and child welfare systems. Guidance should address available flexibilities in staffing, caseloads, staff credentials, visit cadence or service delivery, etc. and mirror the comprehensive resources developed for serving families with child welfare involvement building from the Illinois Pregnant and Parenting Youth Project. ▪ Fund enhancement (doula, Moving Beyond Depression, teen parents in child welfare, families experiencing homelessness, families impacted by incarceration, etc.) ▪ Allow for staffing of 2 home visitors per family (male/female), if needed.

Aligning Funding Mechanisms and Reducing Administrative Burden		
National Models	**Federal Funders**	**Illinois Funders**
▪ Assess documentation requirements and identify opportunities to reduce the	▪ Coordinate federal funding streams and offer states added guidance on braiding across different sources (e.g. Head Start/Early Head Start, Title IV-E, TANF, Medicaid, etc.)	▪ Allow for programs to amend budgets during the grant period to account for increases in compensation or the cost of benefits. Clarify and publish guidance on how programs can amend budgets during the grant period.

administrative burden on programs; if possible, align requirements across models.	for more efficient state home visiting systems. The Office of Head Start and Health Resources and Services Administration (HRSA) should coordinate on allocation of funding, funding timelines, and program requirements to ensure that state systems are able to plan around the braiding of these funding streams.	▪ Create sample budgets that include funding for administrative staff to enter paperwork/data entry. ▪ Continue to hold cross-funder coordination meetings and make them open to the public. ▪ Coordinate across funding streams to streamline outcomes and requirements to ensure monitoring is consistent across the board. Ensure transparency from funders to programs and home visitors in auditing and monitoring processes by creating more regular and two-way communication and better feedback processes. Allow for dialogue, questions, and explanations from programs during the monitoring process. ▪ Consider opportunities to consolidate or align contracting with a monitoring agency to ensure that there is one set of standards, and that monitoring staff are adequately well-versed in home visiting program implementation and the different models. If possible, conduct monitoring visits for different funders at the same time / leverage existing documentation rather than having programs complete multiple monitoring requirements. ▪ Create a statewide data management system across funders and models so that the different funder and model data collection requirements can be managed through a single portal.

Staff Recruitment and Retention

<table>
<tr><th>National Models</th><th>Illinois Funders</th><th>Programs</th></tr>
<tr>
<td>Reduce educational requirements and create additional flexibilities for programs to hire individuals without a Bachelor’s degree, including developing guidance for how to hire former parent participants, in order to address vacancies and to reflect competency-based skills.</td>
<td>Hiring and On-boarding
Create sample job descriptions for use by programs.
Target Higher Education, community colleges and high schools with information on home visiting as a career path.
Include messaging for career pathways, such as how to become a home visitor (including for parents/former participants) and different roles for moving through and/or advancing in the system (Ex: home visitor, supervisor, infant/early childhood mental health consultant, professional development provider, state agency position, monitor, etc.).
Include a range of options for the title of home visitor.
Ensure language is inclusive of male home visitors.
Create a peer-mentoring program or community of practice to allow new home visitors to connect with more experienced staff.
Compensation and supports:</td>
<td>Hiring and On-boarding:
Vet job descriptions for open roles with current staff to ensure that the language used accurately reflects their day-to-day activities. Include staff in hiring processes including interview panels to allow candidates to better understand the work of home visiting.
Consider whether internal agency educational requirements (e.g. having a Bachelor’s degree) could be relaxed to recruit non-traditional applicants, including former caregiver participants.
Actively recruit male home visitors, including creating pathways for K-12 teachers and other educator staff to enter home visiting.
Explore ways to recruit former participants who have graduated from home visiting services; review whether current home visitor job requirements would be accessible to the typical caregiver who graduates from home visiting; share open positions with families; maintain a list of graduate contacts who would like to stay informed about future opportunities to work in home visiting.
Implement shadowing/mentoring programs for new staff to ensure that entering home visitors have an accurate understanding of the work prior to</td>
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</table>

	▪ Implement a cross-funder salary floor, inclusive of home visitors and supervisors. State agencies that oversee other federal funding streams that support home visiting (TANF, Title IVE-E, Medicaid, etc.) have a responsibility to include that reimbursement rates are robust enough to equitably compensate home visitors. ▪ Create a pay differential in the salary floor for increased compensation for home visitors who can deliver services in a second language. There is a deep need for increased attention and investment in developing a bilingual home visiting workforce that can adequately meet the needs of families for whom English is not their home language. ▪ Permit and create guidance regarding use of grant funds for hiring and retention bonuses. ▪ Ensure Gateways scholarships are accessible to home visitors. ▪ Prioritize grantee applications that specify a full range of staff benefits, including robust insurance, Employee Assistance Programs (EAP), employee assistance programs, and paid leave.	being given a caseload. Allow staff to gradually build up a full caseload within the first six months of hire.

	▪ Create a community of practice specifically for male home visitors; build additional training content for male home visitors to discuss maternal and mental health topics. ▪ Allocate grant funds and ensure that all programs have access to a minimum level of I/ECMHC, reflective supervision, and reflective training. ▪ Increase flexibility in requirements of service delivery for staff: ▪ If delivering services flexibly and individually to families, consider how to adjust caseloads, to balance families with more intensive services, and duration of engagement with a family. While certain programs can offer “off-hours” visits, there is not a uniform policy across programs and funders and additional resources may be needed to ensure caseloads and supervisor ratios are adequate, and that home visitors are compensated and supported in delivering services outside of traditional business hours. ▪ Ensure programs have flexibility in gradually ramping up caseloads for new staff, including allowing programs to describe why service numbers may be lower for a	

	particular reporting period in which a new staff member was on-boarded.	
	Professional Supports and Program Resilience ▪ Ensure that construction grants are accessible to home visiting programs to make facilities improvements. Allow for funding to be used to ensure adequate physical space (group and private meeting space, as well as storage of materials). ▪ Include specific funding for I/ECMHC and require all grantees to adopt I/ECMHC within program budgets. Align with the Illinois Model for Infant/Early Childhood Mental Health Consultation across funders on a minimum level of I/ECMHC per program to ensure equitable funding across funding streams for consultation services.	**Professional Supports and Program Resilience** ▪ Ensure staff access to regular I/ECMHC hours. ▪ In Illinois, align with the Illinois Model for Infant/Early Childhood Mental Health Consultation. ▪ Ensure regular reflective supervision and team meetings are built into the working schedule. Provide guidance and/or training to supervisors on reflective supervision and ensure supervisors have access to reflective supervision and I/ECMHC. ▪ Specifically discuss boundaries with staff (pros/cons of going into someone's home, pros/cons of coming from the community, interacting with families, particularly on social media, work/life balance, self-care, etc.) as part of on-going reflective supervision and professional development. ▪ Consider the different on-boarding needs of supervisors who have never been in the home visiting field versus supervisors who are previous home visitors. ▪ Discuss boundaries with supervisors (being "on-call" for staff and having "open-door" policies, work/life balance, needs of families and staff, etc.) ▪ Define the parameters an open-door policy, including whether or how staff can communicate

		with their supervisor outside of typical working hours. ▪ Incorporate staff at all levels in decision-making, including allowing home visitors to serve on interview panels for new hires. ▪ Work to consider the disposition and characteristics of the individual home visitor and the family when establishing caseload to ensure providers and clients are "matched," to the greatest extent possible (including male home visitors). ▪ Consider the physical space of the program office and its impact on the individual home visitor and their ability to work. Dedicate separate spaces for home visitors to house their supplies, to meet with supervisors and peers, and to meet with families.

Improving Family Retention and Satisfaction	
Illinois Funders	**Programs**
▪ Work across and within state agencies to better coordinate services for families with young children (child welfare, Early Intervention, WIC, etc.) to minimize duplication, streamline communication across providers, and ensure flexibility in home visiting services to accommodate other services is necessary. Continue to hold cross-funder coordination meetings and make them open to the public. ▪ Create cross-funder guidance affirming the Joint Statement on Collaboration and Coordination of the MIECHV and IDEA Part C Programs from the U.S. Departments of Education (ED) and Health and Human Services (HHS) including creating specific guidance to support home visitor and	▪ Establish an organizational/program policy regarding flexibility in scheduling visits, including exploring evening and weekend visits while ensuring staff schedules are flexible,

Early Intervention provider participation in initial joint visits for newly enrolled families to develop an early and ongoing plan for collaboration that meets the needs of familied, and ensuring that infants and toddlers who are found to be ineligible for Early Intervention are automatically referred to their local home visiting program. ▪ Consistent with the Joint Statement, issue guidance that whenever possible, home visiting providers should coordinate with other services, such as Early Intervention, to adopt a visit schedule that works well for families. With family consent, consider holding periodic check-ins with other providers and the family to discuss opportunities to align program activities, screenings, and resources. ▪ Develop guidance/best practice around programs' usage of incentives and gifts to families, including differentiating policies around recruitment incentives and the ability to purchase basic necessities for families who are already engaged in services. Allow for funding to be used to buy resources for families that support their stability and retention in services, such as diapers, formula, car seats, or transportation passes. ▪ Model permitting, allow programs additional flexibility for how families are enrolled and engaged: ▪ Ensure flexibility in timelines in not only engaging families and enrolling, but also in timelines for gathering information from families. ▪ Ensure flexibility in allowing families to stay enrolled in a program while not actively participating in visits to retain clients who need to take a temporary break but may choose to return to services if the home visitor is able to continue to reach out to them. ▪ Ensure flexibility in allowing families to return to home visiting, including ensuring that all families who exit services are informed of their ability to rejoin at a future date with a new or the same child (age eligibility, permitting).	rather than having home visitors work overtime. ▪ Encourage and support staff to maintain contact with families if they take a temporary break from services. Encourage families to re-enroll in services after a temporary break, or if they have exited services and want to return with a new child.

▪ Ensure flexibility in location and timing of visits, as well as types of engagements that count (text, phone, email) as well as ensure flexibility in timing and location of groups (as this seems particularly important in engaging male caregivers). ▪ Ensure flexibility in the types and number of activities completed during home visits in order to allow programs to start where a family is and address any immediate concerns or crises. ▪ Create a sample questionnaire for families who decline services; ensure it is used by Coordinated Intake and across programs during recruitment efforts. Annually, analyze themes across funding streams related to why families decline services. ▪ Create a digital exit survey for easy use by programs to share with exiting families; and aggregate themes across funding streams and across models to support programs in identifying common themes across families who exit services early.	

HRSA-Specific Recommendations

- HRSA should clarify how states can use MIECHV funding to increase workforce compensation, including implementing salary floors, and offering retention or hiring bonuses, and cost of living adjustments to raise salaries and support wage parity across funding streams.
- HRSA should permit MIECHV funding to support statewide infrastructure like TA and training, including making training available to programs funded by state or other federal funding streams to improve coherence across models, sites and programs regardless of funding stream.
- In future reauthorizations of MIECHV, use strength-based language to describe the aim of the federal program (in statute and administrative regulations). Language matters; the stigma associated with home visiting is exacerbated by language in how Congress and HRSA speak about the aim of the MIECHV program to prevent child abuse and neglect.

- HRSA should undertake a review of the MIECHV benchmarks, with an intention to refine, consolidate, and align benchmarks with family and provider priorities, with an eye toward racial, linguistic, and gender equity, family satisfaction, and strengths-based family outcomes.
- Expand the definition of MIECHV priority eligibility criteria to include families experiencing homelessness, families with children with developmental delays and disabilities, and families involved with the criminal legal system, and families involved with the child welfare systems. This may require a legislative change within the next MIECHV reauthorization. HRSA should recognize that bringing traditional home visiting to these populations may require more funding, new program staffing structures, new approaches to evaluation, and additional considerations.
- HRSA should require and support MIECHV grantees to collect disaggregated data on home visiting outcomes, and clarify how programs, funders, and other actors in the home visiting system can use this data for continuous quality improvement and ensuring equitable access and outcomes. Provide guidance on how to use disaggregated data to focus on opportunities for systemic improvements rather than attributing challenges to any particular population or inferring causal links between outcomes and specific populations.
- HRSA should establish doula services as a general allowable non-medical expense/service enhancement and fund doula services as a support for maternal health equity and critical complement to the array of evidence-based home visiting services.
- HRSA should issue guidance on flexibility in location of service delivery to meet family needs (i.e; gyms, community centers, libraries, parks, virtual/hybrid).
- HRSA and federal CMS should issue guidance regarding Title IV-E “payor of last resort” requirements to support states and programs to use available dollars to buy material supports for families (diapers, car seats, formula, etc.) for families in home visiting services.

Home Visiting Evidence of Effectiveness (HomVEE) and HRSA research review:

- Create federally-funded opportunities to study community-led adaptations and innovations to promote continuous quality improvement and support the field in adapting effectively to meet families’ needs.

- Provide guidance and resources to programs/state grantees on how non-randomized controlled trial (RCT) research can be counted towards an evidence base that makes them eligible for federal funding. Guidance should specify what other types of research (aside from RCTs) can be used to show that a program is evidence-based.
- Support research on existing models and programs in order to develop a better understanding of which of the specific interventions or components of a model work best for whom and under what conditions to inform the field about more effective ways to implement evidence-based models.
- HomVEE should provide greater transparency, communication, and guidance to programs applying to be added to their approved list at all points in the process (submission, timeline, review, decision-making, and results).
- Models serving priority populations (including families experiencing homelessness, families with children with developmental delays and disabilities, and families involved with the criminal legal and child welfare systems) should be expedited for review by HomVEE.

Appendix B

Mind Map

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Citations

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