

The Importance of Relationships and Trust in Home Visiting Outreach and Recruitment

Family Level Assessment
and State of Home Visiting
(FLASH-V) Project
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Trusting relationships are at the heart of home visiting, a service delivery strategy that builds meaningful connections between home visitors and families through regular contact and support. But what role do connections play even earlier—before families enroll in home visiting?

The Family Level Assessment and State of Home Visiting (FLASH-V) study was designed to expand the field's understanding of how Maternal, Infant, and Early Childhood Home Visiting (MIECHV)-funded local programs reach and recruit families. Study results suggest that programs see positive relationships between their staff, prospective participants, and community referral partners as vital to the successful enrollment of families. This is consistent with the literature in other fields, such as nursing and social work, which highlights the importance of relationships and connections for establishing the foundation for engagement (Rollins, 2020; Hanson & Taylor, 2000).

This brief summarizes three relationship-building strategies and promising practices that emerged from the study findings:

- ▶ Leveraging trusted referral sources
- ▶ Enlisting home visitors in recruitment
- ▶ Nurturing relationships with referral partners

Each strategy is also presented “in action” through real-world examples from the study of how local programs have used the strategy in outreach and recruitment. Although some of the findings in this brief come from a small number of programs, they suggest potentially promising strategies and opportunities for further study.

Leveraging Trusted Referral Sources

Engaging referral sources families trust may increase interest in home visiting. Local programs reported that family interest and enrollment decisions were positively influenced by recommendations and referrals from current or former home visiting participants, community service providers, and friends and family. They also shared examples of how their programs used trusted referral sources to build relationships with families.

Many programs said endorsements and word-of-mouth recommendations from current or former program participants were their most successful strategies for getting families interested in home visiting.

Similarly, most said service providers helped build families’ interest in home visiting, which may be due to positive relationships families have with their current providers. For example, Lyon County Human Services in Nevada attributed the success of provider referrals to the existing relationships families have with them. Because families have established relationships with providers such as a WIC staff member, school counselor, or child welfare agency caseworker, they “*stay confident in our program even though they haven’t met us just yet.*”

Strategy in Action

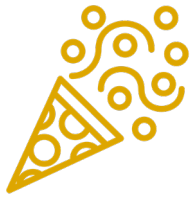


Testimonials and stories. Blue Ridge Healthy Families in western North Carolina explained that referrals from current or former participants have been very successful: “*There’s no better recommendation than from a...testimonial.*” In response, the program developed a 90-second marketing video that includes

How to Implement the Strategy

- ▶ **Engage current or former home visiting participants in marketing and direct outreach.** Connecting with satisfied peers and hearing or reading their testimonials and stories may demystify home visiting for potential participants, illustrate its benefits, and encourage them to enroll.
- ▶ **Build on families’ existing relationships with service providers.** Service providers that already know a family may be able to better tailor messaging to address individual circumstances and needs.

family testimonials. Referrals from friends and family who participated in home visiting have also been important for the Eastern Band of Cherokee Nurse-Family Partnership in North Carolina, so the program has incorporated profiles and photos of program graduates in recruitment materials.



Recruitment parties. One program holds recruitment “parties,” described as similar to Tupperware parties. In this strategy, a current program participant invites a family considering home visiting to observe a visit. The current participant hosts the party and the home visitor brings refreshments. Giving potential participants the opportunity to experience a home visit helps them feel comfortable and understand what to expect. This strategy actively engages current participants in outreach efforts and helps generate interest in home visiting among prospective families.



Partnerships with families’ longstanding service providers. Some service providers, such as WIC, Head Start, healthcare providers, or school-based programs for teen parents, are more likely than others to have long-term relationships with families. Programs explained that establishing referral partnerships with longstanding providers may increase the number of referrals received. For example, Blue Ridge Healthy Families planned to ask providers that have existing relationships with families to share the video described above with potential program participants, given the importance of referrals in a community where families *“take what is said by service providers and doctors and nurses kind of as gospel.”*

Enlisting Home Visitors in Recruitment

Having home visitors build relationships and trust with families during recruitment may increase the likelihood that those families will enroll. Local programs explained that direct contact and personal connection with home visitors can strengthen families’ interest in home visiting. They reported that it was important to establish a positive relationship right away and shared examples of how home visitors meet families at outreach and community events.

How to Implement the Strategy

- ▶ **Include home visitors in outreach events and create opportunities for interaction.** Early, direct connections may help develop families’ interest in home visiting and establish relationships that positively influence enrollment decisions.

Strategy in Action



Baby showers. Home visitor presentations at local baby showers have been a successful recruitment strategy for Yakima Valley Farm Workers Clinic in Washington, which received a large number of referrals after presenting at a baby shower hosted by a hospital. These events facilitate personal connection between home visitors and expectant mothers, and the opportunity to talk with home visitors, as opposed to enrollment specialists or other program staff, may positively influence enrollment decisions. Raffles or the promise of free items such as books may provide an incentive for expectant mothers to attend.



Community events. Home visitor presence at community events has been valuable for Porter Leath Parents as Teachers in Tennessee, as it allows them to answer families' questions and begin building relationships. For families, being able to talk and communicate with the home visitor in person *“really encouraged them to enroll.”*

Nurturing Relationships With Referral Partners

Referrals from community partners frequently generate a large proportion of program enrollments, and local programs perceive these referrals to be a critical component of outreach and recruitment. Programs reported that positive relationships with community partners increased referrals and described strategies they used to strengthen these relationships, including communicating frequently, having a clear point of contact, and expressing appreciation. Most said ongoing communication contributed to the number of referrals received from their top referral partner.

How to Implement the Strategy

- ▶ **Maintain frequent communication with referral partners.** Regular communication is important for maintaining positive relationships with referral partners. Establishing a “feedback loop,” in which programs update community partners about referral status, may also be helpful.
- ▶ **Establish a clear point of contact.** Having a point person at the referral partner organization can help develop and maintain relationships.
- ▶ **Express appreciation.** Showing gratitude for referrals can help maintain positive relationships with partners.
- ▶ **Simplify the referral process and be responsive to partner needs.** Making the process easier for referral partners can increase the number of referrals received.

Programs also explained that helping partners understand the home visiting program and referral process could facilitate identification and enrollment of eligible families. Similarly, some programs found that understanding and responding to partners' needs helped establish a more efficient and effective referral process.

Strategy in Action



Frequent communication. Port Gamble S'Klallam Tribe in Washington is a close-knit community in which the home visiting program is co-located with other services, which allows program staff to meet with community referral partners regularly and provides opportunities for face-to-face communication: *"We see them all the time because we're all right here."* Co-location may facilitate frequent contact between home visiting programs and other service providers, but local programs also said regular email and phone communication, in-person meetings, and visits to deliver marketing materials were successful strategies for maintaining positive relationships with partners.



Appreciation. Blue Ridge Healthy Families invites referral partners to its annual graduation celebration dinner to express gratitude and give partners an opportunity to network. The program also shares updates with partners via email and facilitates conversation and camaraderie over muffins and coffee. Other programs described sending thank-you cards, sharing small gifts, and calling referral partners to show appreciation.



Simplified referral process and responsiveness to partner needs. Healthy Families Mississippi developed an efficient online referral system in response to conversations with direct service staff and partner agencies. Families and referral partners can now complete a simple online form that is automatically sent to the county site supervisor, regional supervisor, and program director for follow-up and screening. Other programs have developed similar referral systems or taken other steps to reduce burden on partners, such as adding QR codes to recruitment materials. As Southcentral Foundation in Alaska explained: *"We changed [the referral] process...[and] now they should be sending one on every positive pregnancy, so they don't have to try to determine who's eligible. So we get lots of referrals now."* The Allegheny County Health Department in Pennsylvania holds regular meetings with partners to assess their needs and offer trainings or other supports. The program explained that this responsiveness to partner needs strengthened their relationship: *"We don't just have a referral relationship, we have a relationship beyond just the referrals."*

Summary

This brief presents FLASH-V study results related to building relationships and trust between home visiting program staff, prospective participants, and community referral partners. Examples from the study illustrate how programs leverage trusted referral sources, enlist home visitors in recruitment, and nurture partner relationships. These findings may help programs increase family interest and enrollment in home visiting, though the strategies that work best for individual programs will vary based on community context, organizational structure, and available resources. Programs that struggle to enroll families might consider testing some of the strategies described in this brief during future outreach and recruitment efforts.

References

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About FLASH-V

FLASH-V was sponsored by the Administration for Children and Families in collaboration with the Health Resources and Services Administration. A team of researchers from James Bell Associates and MDRC conducted a descriptive study of home visiting outreach and recruitment strategies, challenges, and accomplishments.

Two hundred sixty-six MIECHV-funded local programs completed a survey between March and June 2021. A subset of these programs (n=41), identified through purposive sampling, participated in semi-structured telephone interviews between April and August 2021.

Although the survey and interviews were conducted during the COVID-19 pandemic, some of the strategies presented in this brief were implemented prior to the pandemic and do not reflect local program approaches during periods of high COVID-19 transmission.

For more information about the FLASH-V project and study findings, please view the full report: *Family Level Assessment and State of Home Visiting Outreach and Recruitment Study Report*.

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