

Home Visiting Referral Process

Highlights from a qualitative exploration of parent retention and engagement in early childhood home visiting

An extensive body of research has linked home visiting programs with a wide variety of benefits for children and parents. These benefits are strongest when there is regular and frequent contact between the parent and the home visitor and full implementation of the curriculum. However, many eligible parents do not enroll in home visiting, while others drop out of services or receive fewer visits than recommended. In 2014, as part of their federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding, the Minnesota Department of Health contracted with Wilder Research to explore issues related to parent engagement and retention in home visiting.



For parents to have maximum access to home visiting programs and to receive maximum benefits from them, it is important that they learn about services at the right time, are given the information they need to understand services, and are motivated to enroll. Home visiting programs often work with other organizations to identify and reach eligible parents and connect them with services. This brief summarizes findings regarding this referral process, and offers recommendations for strengthening the processes used to describe home visiting services to parents, refer them for services, and encourage their enrollment.

The recommendations come from interviews with 98 home visitors and supervisors and 28 people who make referrals to home visiting (such as WIC staff, school staff, medical providers, and others). Some findings also come from interviews conducted with 320 parents. A full description of the methods can be found in the project Methodology Brief.

Findings

Any program or agency that serves pregnant women or parents of young children, such as maternal health services, parenting support programs, child welfare agencies, schools, or pediatric clinics, can recommend home visiting. In Minnesota, many referrals come through the Supplemental Nutrition Program for Women, Infants, and Children (WIC). These programs are frequently housed within the same public health agency and often are co-located in the same building.

Home visitors and referral partners found this proximity made it easier for WIC staff to have relationships with the home visiting program and to refer eligible parents, and WIC was the most common referral source for interviewed parents who successfully enrolled and stayed in services.

In contrast, interviewed parents who were referred to home visiting programs but did not enroll were most likely to have been referred from outside the public health system. This may be because there are more challenges for people making referrals from other service systems such as health care or education. However, the findings also suggest a number of ways to strengthen the referral process and to increase the likelihood of eligible parents enrolling in services.

Build personal relationships across agencies

Home visitors consistently emphasized the importance of **identifying a primary contact** at each referral agency. Referral partners also talked about the value of having a specific person to work with when making referrals. Having a primary contact person helps build relationships, enabling referral partners to feel more comfortable asking questions and making referrals.

Each [home visiting] nurse is assigned to specific school nurses, so the school nurses can associate with one person for referrals instead of the county. – Home visiting staff

Find a primary contact to have someone you can touch base with and someone who will feel comfortable reaching out to you for referrals. – Home visiting staff

Relationships are strengthened by **face-to-face contact**. Home visitors felt that in-person meetings build stronger relationships, and help referral partners understand the home visiting program.

Make the contact personal, not just over the phone. Having that personal, face-to-face time providing information on the program is crucial. – Home visiting staff

I think it's just the idea of putting a face with a name, rather than just making phone calls or sending letters. – Home visiting staff

Staff emphasized the importance of **regular and ongoing communication**. Frequent communication helps remind referring agencies about home visiting programs and ensures sustainability of relationships, despite staff turnover at referring partner agencies.

[Communication] has to be done repeatedly because staff change. It's helpful to do a thank you for the referral, even if you just do an email, and [say that] it's great that we can collaborate together. It keeps your program in their mind. It's a simple thing but important. You can't just do outreach once, it has to be ongoing. – Home visiting staff

We make yearly visits to stay on their radar. Sometimes there are lots of programs out there that people forget. Keep connections with the hospitals and the clinics and meet with Early Childhood Family Education to keep reminding them that we are out here and that they can refer people. – Home visiting staff

Strengthen referral partners' knowledge about home visiting services

In building relationships with referral sources, home visiting staff often emphasized providing **education about home visiting**, including who it serves, what services are provided, and how it benefits parents. It can be helpful to use **multiple approaches** to share information, such as participating in health fairs, providing short presentations, having one-on-one conversations, and providing pamphlets and flyers about home visiting.

Our outreach with WIC is very valuable and effective. They understand our model and our program. It helps to communicate what our program is and what the benefits are, so more people have buy in and will refer clients. – Home visiting staff

We do some media pieces through our partnerships. We participate in health fairs. We educate agency employees on what services we are able to offer families. We share the many benefits we offer families. We familiarize WIC staff, relevant schoolteachers, and counselors. – Home visiting staff

Some interviewees felt it would be helpful to **provide referral sources with scripts** so that they can accurately describe home visiting services in an understandable and engaging way. Referral sources should be able to provide the information that is most relevant to parents, such as what home visiting is, what services are included, how long services last, and how much they cost.

Provide referral sources with a script to clearly communicate what family home visiting services are to clients. – Home visiting staff

Sometimes when I get a referral, parents don't have a clear understanding of what the program is or if they want to participate. Talking a bit more about the program [is important]. – Home visiting staff

It is important to ensure that **materials are linguistically and culturally appropriate** for the population targeted through referral efforts. This may include translating materials into various languages. However, it may also require programs to take a step back, consider the specific values and preferences of various cultural communities, and align program descriptions and examples with these values and needs.

It would be great to have the form in many languages and to have people who speak different languages to help explain the program to those who may really benefit from it. – WIC staff/referral source

[Providers should] reflect the cultural, linguistic and demographic background of participants. Show that your services are culturally responsive and relevant. – School staff/referral source

Promote proactive and consistent strategies for identifying eligible parents and making referrals

Referral sources did not always feel that they had a clear understanding of program **eligibility requirements**, and as a result, found it difficult to identify parents who may be appropriate for a referral (based on factors such as parenting status, presence of specific risk factors, and geographic location). Strong referral networks build in mechanisms to **screen all participants** for potential eligibility, rather than making referrals after parents express concerns that suggest home visiting might be helpful. This increases the likelihood that parents who might benefit from home visiting have the opportunity to learn more.

Alternatively, some interviewees suggested that partners should refer all parents who may be eligible and have the home visitors do the more detailed screening. This could be especially helpful when home visiting programs deliver more than one program model, because it can be challenging for referral partners to keep the varying eligibility criteria clear. In these cases, programs found it easier to have one referral process and let the home visitors determine which model might be best for a specific parent.

Eligibility requirements are all different. I have to know all that to not give my patients false hope of joining the program. – Medical staff/referral source

I need a clear way to understand what clients are eligible for. The enrollment criteria is vastly different for sites and I want an easier way to determine a parent's eligibility for the home visiting program. – Social worker/referral source

Our agency has both NFP and HFA. We found that it's best for our agency to say we have programs for pregnant women and new families. You can refer them and we will decide which program works best for them, because agencies have a difficult time figuring out which program would be the best fit. – Home visiting staff

Streamline referrals through co-location and data sharing

Referral sources and home visiting staff also found it helpful to **co-locate home visiting staff at referral sites**. The ability to meet parents directly makes it easier for staff to explain what home visiting is, address questions and concerns, and streamline the process for enrolling families.

It helps to meet the person, to see the face. If the WIC clinic is here, they can bring them over to meet the nurse. It can be intimidating, but then they meet us, and it's not as intimidating anymore. – Home visiting staff

[It would be helpful if] someone from the [home visiting] agencies would come to the hospitals so I can introduce them to families right then. It could be a personal connection and warmer hand off. – Hospital staff/referral source

Concerns about confidentiality and data sharing makes it challenging for referral partners to provide information that might help home visitors effectively reach out and engage potential participants. Difficulty sharing information across programs also presents challenges for parents, who may need to provide duplicative information to each agency. While it is important to protect participant information, there are ways to create **data sharing pathways**. For example, formal partnerships and data sharing agreements can support ethically and legally sharing information about potential participants' background and needs. A few referral sources recommended strategies to facilitate parents' self-referrals, allowing them to control the information shared without separate releases.

I would like to have a warmer hand off. HIPAA makes that complicated. – Medical staff/referral source
[We could try] letting patients fill out [the] form. It would save time and we don't have to deal with HIPAA when parents give their consent by filling out the form themselves, expressing interest in the program and wanting to be contacted by the family home visiting program staff.
– Medical staff/referral source

Be flexible and persistent in reaching out to parents

Many home visiting staff felt that **texting is the most effective method** for reaching parents, because it is convenient and many younger people prefer texting to phone calls.

If I'm doing outreach to engage families, I've been consistent with calling, and I will say on my voicemail if texting is better, then feel free to text this number. Lots of our families are young and that's just how they communicate now. – Home visiting staff
If we can text that is the most effective way to get [people] enrolled. They don't answer the phone if they don't know the number and don't check their voicemail. So I don't find phone calls effective at all.
– Home visiting staff

Not all potential participants enroll in home visiting when they first learn about it. As they move through pregnancy or parenting, their interest and needs may change. Sometimes it takes a few conversations before parents develop the relationship or trust to enroll. Home visitors talked about the **need for persistence**. When parents are not initially interested in services, many home visitors follow up again at another time to see how the parent is doing and whether the parent's interest in services has changed.

Sometimes I'll have a couple of visits to gain their trust and gain that relationship and trust in me before offering it long term. – Home visiting staff
It's about getting your foot in the door, having a little carrot you can use to interest them enough so that they start to trust you and things can proceed from there. – WIC staff/referral source

Provide information back to referral sources

Most referral sources said that they do not receive information about whether parents that they referred for services ultimately enroll in home visiting. While confidentiality and privacy issues may pose a barrier, home visitors may want to consider **strategies for providing feedback** to referral programs. Knowing the outcome of the referral process could help referral sources better understand eligibility or help to improve the way that they initially describe services. If it is not feasible to provide information for individual parents, program staff could consider sharing aggregate information, including feedback about the appropriateness of the referrals.

It's been a little bit of a mystery to me. What happens after we make the referral? Is there anything we can do better? – Medical provider

Supporting parent enrollment and retention in home visiting is a complex issue. Strengthening relationships between home visiting and referral partners, and building stronger referral pathways, can increase the number of eligible parents who enroll in these programs. To learn more about parents' experiences once they enroll in home visiting, and strategies for promoting long-term retention in services, please see the other briefs in this series: Relationships between parents and home visitors, Parent perceptions of program benefits, and Promoting retention in home visiting.

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