



MIECHV BRIEF STUDY  
REPORT:  
HOME VISITING AND CQI  
SURVEY AND COMPARATIVE  
RESULTS—2015



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Center for Prevention Research and Development  
University of Illinois

## **Illinois MIECHV Home Visiting and CQI Survey and Comparative Results—2015**

The Center for Prevention Research and Development at the University of Illinois provides the Illinois MIECHV home visiting programs with Continuous Quality Improvement (CQI) supports and services. CQI is a vital component of Illinois' MIECHV initiative, providing a mechanism to generate meaningful commitments from all levels of the program. For the purposes of programs in Illinois, CQI is the complete process of identifying, describing, and analyzing strengths and problems, and subsequently testing, implementing, and learning from and/or revising solutions.

A full-time CQI specialist works with home visiting teams at each agency, with their community systems development staff and with the statewide CQI team. The CQI Specialist conducts monthly technical assistance calls with each agency to determine progress, challenges, and problems, and to provide support in planning and implementing CQI activities.

As part of identifying home visitor needs and evaluating and monitoring the CQI process, CPRD has conducted an annual survey designed to gain insight from home visitors and supervisors regarding experiences, attitudes, beliefs and practices related to CQI and home visiting more generally. The FY 13 Home Visiting and Continuous Quality Improvement Survey was conducted in June 2013, and repeated in June 2014 and June 2015. The survey has been modified over time to address important issues such as home visitor salary, retention, and safety.

### **Method**

#### **Sample**

As a follow-up to the 2013 and 2014 Home Visiting and CQI surveys, CPRD initiated the 2015 Home Visiting and Continuous Quality Improvement Survey via email to 98 MIECHV staff members on May 26, 2015. CPRD received and updated a provider list from the Office of Early Childhood Development and all MIECHV providers; home visitors, administrators, coordinated intake personnel and community systems development personnel, were asked to complete the survey. Three reminder emails were sent to all possible participants. On June 19<sup>th</sup>,

2015 the survey was closed. As an incentive for participating, two participants from each of the six MIECHV communities were chosen at random, and each was awarded a \$25 Amazon gift card. Winners were announced on June 22<sup>nd</sup>. The survey closed with 74 responses (a 76% response rate). Although the samples from the three surveys are in essence cross-sectional snapshots of Illinois MIECHV home visiting staff, based on demographics they appear to appropriately represent the groups.

## **Measures**

The survey measures were derived from CPRD's prior work related to the adoption of an innovation or new practice in organizational settings; these surveys considered adoptees' knowledge, perceived benefits, perceptions of supervisor support and expectations, and sense of efficacy with the implementation of the CQI process. Other key survey questions related to the socio-demographics of home visitors, their employment qualities and characteristics, and their interest in further training and technical assistance. The first set of questions asked home visiting staff to report their experience, education and job title. This was followed by a series of questions that explore the responders' understanding, motivation, perceived benefits and support for CQI. In 2014, CPRD added a group of questions that asked home visitors their perceptions of the benefits of remaining a home visitor and the reasons that they would consider leaving their jobs. In 2015, in response to concerns voiced from the field, CPRD added a series of questions about personal safety and perceived risks specific to the home visiting occupation.

## **Results**

The results of the FY 2013, FY 2014, and FY 2015 CQI surveys are reported below in five broad questions addressing home visitors' demographics, employment status, experiences, beliefs, practices in their work and the CQI processes. We also inquired about issues related to perceptions of their current home visiting position, and factors related to their remaining in their current position or exploring other employment opportunities. The socio-demographic factors presented in **Table 1** show that the FY 13—FY 15 samples are very comparable, with the exception of the length of time as a home visitor; the latter finding was expected, as many home visitors were hired specifically to work on the MIECHV grant.

Not surprisingly, all home visitors are females (the one male respondent was a Community Systems Development staff member), 88% are full time and most have baccalaureate degrees and higher. As mentioned above, the percent of home visitors employed for one year or less has decreased each year (from 58.1% to 37.8%), indicating that home visiting staff are remaining in their positions.

**Table 1. Sample socio-demographic characteristics, FY 13—FY 15**

		2013		2014		2015	
		N	%	N	%	N	%
What is your gender?	a. Male	1	1.2%	3	3.9%	1	1.4%
	b. Female	84	98.8%	73	96.1%	73	98.6%
How would you describe your home visiting position at this agency?	a. Full-time	72	88.9%	65	89.0%	64	87.7%
	b. Part-time	9	11.1%	8	11.0%	9	12.3%
How many years have you worked as a home visitor at this current agency?	a. One or less	42	56.8%	22	32.8%	16	21.6%
	b. 2-3	8	10.8%	29	43.3%	27	36.5%
	c. 4-5	4	5.4%	5	7.5%	10	13.5%
	d. 6-9	7	9.5%	5	7.5%	4	5.4%
	e. 10 or more	13	17.6%	6	9.0%	17	23.0%
How many years have you worked as a home visitor prior to this current agency?	a. One or less	43	58.1%	35	52.2%	28	37.8%
	b. 2-3	8	10.8%	7	10.4%	9	12.2%
	c. 4-5	4	5.4%	9	13.4%	10	13.5%
	d. 6-9	8	10.8%	9	13.4%	12	16.2%
	e. 10 or more	11	14.9%	7	10.4%	15	20.3%
Which of the following academic degrees do you have?	a. No degree	0	0.0%	0	0.0%	3	4.1%
	b. HS/GED	3	3.6%	2	2.6%	5	6.8%
	c. Associate's	9	10.8%	10	13.0%	10	13.5%
	d. Bachelor's	37	44.6%	32	41.6%	27	36.5%
	e. Bachelor's +	34	41.0%	33	42.9%	29	39.2%

Across the three years of the CQI survey, similar percentages of home visitors report working full-time versus part-time. Education levels also yielded similar results. This pattern suggests a certain level of stability and continuity among home visitors in the six MIECHV communities. Furthermore, for each year over 75% reported having received a baccalaureate or advanced degree, indicating a highly educated workforce.

## **Home visiting employment characteristics**

**Table 2** presents data regarding basic job characteristics for survey respondents for FY 2013—FY 2015. Respondent employment characteristics appear to be comparable for their job title or position, with slightly more supervisors participating in this year’s survey.

CQI team membership appears to have stabilized from FY 14 to FY 15, with similar results in each membership category (Yes, No, Don’t know). In prior years, the evaluation team has hypothesized that administrators or other staff members (support staff) are uncertain as to whether they are considered CQI team members or not. It may also be possible that CQI activities have been better integrated into overall agency activities.

Finally, respondents were asked how often their CQI teams meet. Reports from monthly CQI calls indicated that many teams meet on a monthly basis (in addition to monthly calls with the CQI Specialist), which is why this response was added to the FY 15 survey. We also removed the “have not met yet option” given that this is the third year of CQI activities. Due to these changes, results are not directly comparable year to year. This year’s results indicate that fewer teams meet several times per month (from 46.7% in FY 14 to 11% in FY 15) and fewer meet every couple of months (from 34.7% in FY 14 to 10% in FY 15), with the majority (55%) meeting monthly. These results are consistent with team reports on monthly CQI calls and with the more mature state of CQI programming.

**Table 2. Employment characteristics**

		2013		2014		2015	
		N	%	N	%	N	%
Which of the following titles best describes your position?	a. Home visitor	39	46.4%	34	43.0%	33	45.2%
	b. Supervisor	17	20.2%	17	21.5%	24	32.9%
	c. Community systems	5	6.0%	6	7.6%	5	6.8%
	d. Coordinated intake	7	8.3%	9	11.4%	9	12.3%
	e. Site administrator	9	10.7%	7	8.9%	Not asked	
	f. Other	7	8.3%	6	7.6%	2	2.7%
Are you a member of the CQI team?	a. Yes	34	42.0%	51	65.4%	51	68.9%
	b. No	8	9.9%	15	19.2%	11	14.9%
	c. Don't know	39	48.1%	12	15.4%	12	16.2%
How often does your CQI team meet?	a. Have not met yet	46	56.8%	4	5.3%	Not asked	
	b. Once or more a week	5	6.2%	10	13.3%	9	12%
	c. Several times a month	13	16.0%	35	46.7%	8	11%
	d. Once a month			Not asked		40	55%
	e. Every couple of months	17	21.0%	26	34.7%	7	10%
	f. I don't know			Not asked		9	12%

**Home visiting staff attitudes and beliefs regarding CQI practices**

A major part of the FY 13—FY 15 surveys was comprised of questions pertaining to home visitor knowledge, beliefs, norms and implementation of CQI practices. **Table 3** reports the frequency of attitudes, beliefs and experiences from FY 13 to FY 15, based on whether respondents agreed to a particular statement. These statements primarily relate to CQI, but also refer to multiple components of their organization, CQI team, clients and implementation of procedures.

**Table 3. Respondent agreement (agree/strongly agree) by survey item, FY 13—FY 15**

	2013		2014		2015	
	n	%	n	%	n	%
Implementing CQI processes takes away from the quality of our program.	6	7%	12	16%	9	12%
Our team is committed to the CQI process.	51	62%	59	79%	66	90%
Our organization has a champion for the CQI process.	36	43%	38	48%	43	59%
We have integrated CQI into our program.	30	38%	65	83%	66	89%
We, as a team, analyze the root causes of problems before implementing any changes.	59	69%	58	73%	60	81%
In our program, I see fewer quality problems today than in the past.	36	44%	43	56%	50	68%
Our team has adequate time to conduct CQI procedures.	29	35%	40	51%	39	53%
Our team has high quality information (data) to conduct CQI process.	35	43%	50	64%	57	77%
Our program has strong partnerships with necessary community resources for home visiting families.	69	84%	63	82%	63	85%
We have had adequate training and technical assistance to implement the CQI process.	25	30%	54	69%	48	66%
We can see the benefits from our CQI process.	31	38%	53	67%	57	78%
Our supervisor is likely to support recommendations from the CQI team.	64	77%	64	81%	60	83%

Overall results show moderate to large improvements from 2013 to 2015 for ten of the twelve questions. Thus CQI team members report agreeing or strongly agreeing that they/I...

- Are committed to the CQI process (increased from 62% to 90%).
- Have a champion for the CQI process (increased from 43% to 59%).
- Have integrated CQI into their program (increased from 38% to 89%).
- Analyze root causes before implementing changes (increased from 69% to 81%).
- See fewer quality problems today than in the past (increased from 44% to 68%).
- Have adequate time to conduct CQI processes (increased from 35% to 53%).
- Have high quality data to conduct CQI (increased from 43% to 77%).
- Have had adequate training and TA to implement CQI (increased from 30% to 66%).
- See the benefits of the CQI process (increased from 38% to 78%).
- Have a supervisor who is likely to support recommendations from the CQI team (increased from 77% to 83%).

Interestingly, in 2013, 7% of respondents agreed that implementing CQI processes takes away from the quality of their programs. In 2014, 16% of respondents believed this and in 2015, 12% did. While these numbers are low, they are important, because the goal of the CQI process is to improve program quality. The 2013 survey was given as a baseline, prior to the implementation of CQI programming at the local implementing agencies, to be compared with answers in future years, when the CQI process was fully implemented. It is possible that the 2013 respondents were not familiar with what CQI would entail and that the reduction in agreement between 2014 and 2015 is more telling. This warrants additional investigation.

For some of these questions, the magnitude of increase between 2014 and 2015 diminished compared to 2013—2014. This is to be expected given the current mature state of CQI programming. Overall, results show that MIECHV staff understand the CQI process, appreciate its importance, and that significant gains have been made in almost every area of importance to CQI programming.

### **Home Visitors Knowledge Development**

A home visitor's role requires an array of knowledge, skills and practices to effectively serve participants. As mentioned earlier, most Illinois MIECHV home visitors are relatively new to the profession; most are in their first 3 years of their first home visiting position and report having a lot to learn. To that end, in prior years, the survey asked about home visitor "confidence or efficacy" in their own ability to educate families on a variety of maternal health and care issues. In 2015, the CQI survey asked home visitors about their *interest* in additional training and technical assistance in several of these areas. It was felt this line of questions would be a better source of feedback for MIECHV's continuing professional development efforts.

**Table 4** shows the content areas rated by importance to home visiting and the reported interest level of respondents. The final column sums the percentages of the "interested" and "very interested" responses. The highest levels of interest are reported in relation to Adverse Child Events (ACEs) and childhood trauma, depression/mental health, infant mental health services, adults with developmental delays, and children with special needs. The areas in which home visitors reported being least interested are areas that are already well-addressed by home visiting curricula and current training opportunities: domestic violence safety planning,



breastfeeding, family planning, goal setting, and home visiting model. The low rating reported for immigration may also be related to the fact the not all sites have significant numbers of immigrants, who appear to be concentrated in only a couple of the MIECHV communities.

**Table 4. Home visitor reports of interest in additional training/technical assistance**

	Not at all interested		Somewhat interested		Interested		Very Interested		Interested + Very Interested
	n	%	n	%	n	%	n	%	Total%
<b>Breastfeeding</b>	12	18.8%	9	14.1%	21	32.8%	22	34.4%	<b>67.2%</b>
<b>Depression/ Mental Health</b>	3	4.5%	10	14.9%	21	31.3%	33	49.3%	<b>80.6%</b>
<b>Adults with Learning Disabilities</b>	4	5.9%	11	16.2%	23	33.8%	30	44.1%	<b>77.9%</b>
<b>Family Planning</b>	8	11.9%	16	23.9%	20	29.9%	23	34.3%	<b>64.2%</b>
<b>ACEs and Childhood Trauma</b>	3	4.5%	10	14.9%	19	28.4%	35	52.2%	<b>80.6%</b>
<b>Home Visiting Model</b>	15	22.4%	17	25.4%	23	34.3%	12	17.9%	<b>52.2%</b>
<b>Domestic Violence Safety Planning</b>	7	10.8%	13	20.0%	21	32.3%	24	36.9%	<b>69.2%</b>
<b>Children with Special Needs</b>	3	4.6%	12	18.5%	18	27.7%	32	49.2%	<b>76.9%</b>
<b>Immigration and Cultural Issues</b>	7	10.1%	18	26.1%	22	31.9%	22	31.9%	<b>63.8%</b>
<b>Goal Setting</b>	12	18.2%	12	18.2%	19	28.8%	23	34.8%	<b>63.6%</b>
<b>Infant Mental Health Services</b>	2	2.9%	12	17.6%	25	36.8%	29	42.6%	<b>79.4%</b>

The three areas of interest to the most home visitors—depression/mental health (80.6%), ACEs and childhood trauma (80.6%), and infant mental health services (79.4%)—are challenging concerns and are interconnected.

All MIECHV home visitors are paired with an infant mental health consultant who provides ongoing, tailored training and support. This includes workshops and trainings, reflective learning groups, group and individual consultation, team meetings, case reviews, and reflective supervision. Given this intensive support, the high level of interest in infant mental health services reported by home visitors indicates a deep training need.

Beginning FY 15, Illinois MIECHV Field Data Collectors began collecting ACEs information as part of its participant data collection. This information can be used not only to inform home visiting service needs but also to support training of home visitors.

### **Job motivation for home visitors**

Over the first year of the Illinois MIECHV project, the evaluation staff calculated staff turnover rates by community ranging from 0% to almost 100%, with an average of approximately 36% in FY 13. The most recent analysis indicates that staff turnover is stabilizing, with 31% turnover in FY 15. This is slightly higher than the 27% found by the Ounce of Prevention Fund's Illinois home visiting programs but is trending in the right direction.

Staff turnover rates raise significant concerns based on the time and resources required for staff training and the relationships that home visiting staff have with MIECHV participants. On the basis of these concerns, CPRD added a series of questions to the FY 14 CQI Survey designed to capture multiple factors that may contribute to staff departing or retaining their position as a home visitor. These questions were repeated in the FY 15 survey. **Table 5** shows the responses from FY 14 to FY 15.

**Table 5. Factors related to remaining in or leaving a position, (FY 14—FY 15)**

	Reasons I have considered leaving (major and minor)				Not a factor for staying or leaving				Reasons I have stayed (major and minor)			
	2014		2015		2014		2015		2014		2015	
	n	%	n	%	n	%	n	%	N	%	n	%
Salary	40	53.3%	39	55%	22	29.3%	18	25.4%	13	17.3%	14	19.7%
Benefits	18	27.7%	18	25.7%	27	41.5%	28	40.0%	20	30.8%	24	34.2%
Variety and flexibility of work	5	6.9%	6	8.79%	21	29.2%	24	34.8%	46	63.9%	39	56.5%
Colleagues in my agency	10	13.2%	7	10.1%	39	51.3%	23	33.3%	27	35.5%	29	56.5%
Advancement opportunities within the field	23	30.3%	33	48.5%	35	46.1%	21	30.9%	18	23.7%	14	20.6%
Advancement opportunities within my agency	28	36.8%	33	46.5%	29	38.2%	22	31%	19	25.0%	16	22.5%
Not many other opportunities where I live/work	7	9.3%	12	16.9%	44	58.7%	37	52.1%	24	32.0%	22	31.0%
Personal commitment to home visiting	1	1.4%	6	8.4%	22	29.7%	24	33.8%	51	68.9%	41	57.7%
Making a difference in the lives of others	2	2.8%	3	4.3%	5	7.0%	10	14.3%	64	90.1%	57	81.4%

Several survey questions asked about potential reasons or factors that they would consider for leaving their position versus the reasons they want to remain. Salary remained the most significant reason for considering leaving their current position (55%), while another 25% did not consider salary to be a factor in this decision. This is a similar finding as last year.

There were several important changes between last year and this year’s results. Home visiting colleagues were a more popular reason for respondents to stay in their current positions (from 35.5% to 56.5%). This was primarily a shift away from “not a factor for staying or

leaving.” This indicates a stronger support network among colleagues, possibly as a result of more experience among the team and stronger professional relationships due to increased time working together and as home visitors.

Perhaps because of the increased experience among home visitors, several advancement-related reasons to consider leaving a position increased in this year’s results. Home visitors were more likely to consider leaving their current position because of lack of opportunities for career advancement within their agencies (36.8% to 46.5%) and within the field of home visiting (30.3% to 48.5%). Personal commitment to home visiting and belief that they were making a difference in the lives of others were less likely to be reasons to stay in a current position, comparing FY 14 to FY 15.

These changes are likely the result of increased experience by home visitors, resulting in their interest to take on new challenges. They can also be the result of increase burnout among staff, especially given the current fiscal climate in Illinois and the funding instability of MIECHV nationwide. Further investigation is warranted.

### **Home visitor staff salaries**

A series of questions on the 2014 and 2015 CQI surveys asked home visitors about their annual salary. This year, full-time home visitors and ancillary staff salaries range from \$11,000 to \$33,333 for part time staff and \$20,495 to \$75,000 for full time staff. Median part time salary was \$26,000 for part time and \$35,000 for full time staff. Using these data, we conducted a further analysis of home visitors’ salaries by staff characteristics such as level of education, years in the profession, and job title or position. To further understand the factors that might contribute to differences, a non-parametric statistical analysis was used to compare these employment characteristics. **Table 6** shows statistically significant differences between full and part-time employment, number of years’ experience, levels of education; and job titles. As might be expected, salaries were highest for home visitors who have been in the profession longest and have higher levels of education—particularly home visitors who have an advanced degree or certification. Home visitors’ salaries, when differentiated from those of CSDs and Supervisors, were significantly lower at \$32,000, compared to \$38,975 for Supervisors/Administrators, and

\$40,000 for CI/CSD staff. While there were slight variations between last year and this year's results, overall, reported salaries were slightly higher this year than in 2014, which would be expected given higher staff retention levels.

**Table 6. Participant Home Visitor Salary by demographic or employment characteristics**

	<b>N</b>	<b>Median</b>	<b>Mean</b>	<b>Std</b>	<b>Min</b>	<b>Max</b>	<b>P-value</b>
<b>Total Sample</b>	<b>58</b>	<b>33,467</b>	<b>35,244</b>	<b>9,752</b>	<b>11,000</b>	<b>75,000</b>	
<b>Employment</b>							
Full-time	52	35,000	36,330	9,329	20,496	75,000	
Part-time	5	26,000	23,867	8,262	11,000	33,333	
<b>Years as a home visitor</b>							<b>&lt;0.05</b>
One year or less	24	32,000	31,436	6,580	11,000	46,000	
2- 5 years	15	36,300	35,913	12,660	20,946	75,000	
6 years or more	19	39,000	39,526	9,061	23,800	54,000	
<b>Education</b>							<b>&lt;0.05</b>
HS / GED/ Associate Degree	10	26,250	27,012	4,977	20,496	35,000	
BA / BS	24	32,000	32,798	7,363	11,000	54,000	
BA +	22	40,000	41,568	10,279	26,880	75,000	
<b>Job Title</b>							<b>&lt;0.05</b>
Home visitor	27	32,000	30,346	5,701	11,000	40,000	
CSD / CI	10	40,000	38,332	8,951	24,320	51,000	
Supervisor	18	38,975	41,811	11,138	27,000	75,000	

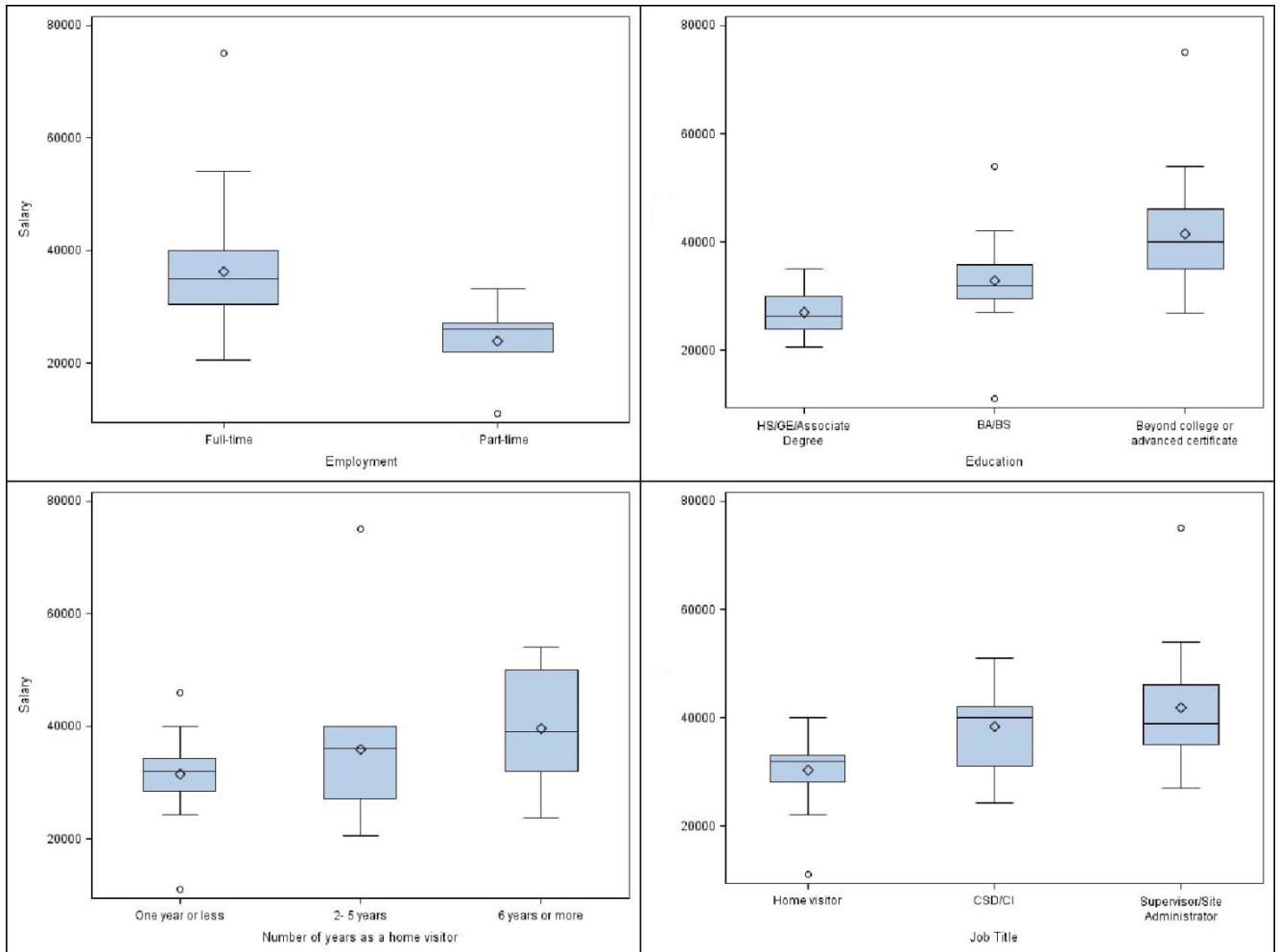
A salary comparison of full time staff by MIECHV community (**Table 7**) shows that Rockford and Chicago have the highest median salaries while Macon and Vermilion counties have the lowest, which is not surprising. However, the range of salaries is quite variable in terms of the minimum and maximum levels. This may be the result of having supervisors and site administrators who oversee multiple programs in addition to MIECHV and have only a partial percent of an administrator salary charged to MIECHV.

**Table 7. Report of MIECHV staff salaries – FY 14 Salaries by Community**

<b>Community</b>	<b>N</b>	<b>Median \$</b>	<b>Mean \$</b>	<b>Std. \$</b>	<b>Minimum \$</b>	<b>Maximum \$</b>
Chicago	10	36,500	37,590	6,855	26,500	50,000
Cicero	9	33,660	32,455	6,829	20,496	40,000
Elgin	8	33,167	33,292	10,872	11,000	50,000
Macon	10	32,000	32,425	4,399	26,880	40,000
Rockford	10	40,500	43,119	15,968	22,000	75,000
Vermilion	11	31,000	32,218	6,102	23,800	45,000
<b>Total</b>	<b>58</b>	<b>33,467</b>	<b>35,244</b>	<b>9,752</b>	<b>11,000</b>	<b>75,000</b>

Since salary data are often challenging to understand based on the numbers alone, CPRD provides commonly used Box Plot figures that show salaries relative to the mean and median. **Figure 1** below shows Box Plots for Illinois MIECHV by each of the four employment and demographic characteristics. The box plot shows the arithmetic mean (diamond) and median (line) and box representing the middle third of the responses. Each dot represents at least five outliers who are making over \$50,000, thus exaggerating the average salary. These salaries are also represented in the data job title. Similarly, level of education and number of years serving in a home visitor role also had several outliers, which may explain some of the differences. When the mean (diamond) and median (line) are closely aligned, this indicates that the salary distributions are comparable, while the large differences between the medians and means and numerous outliers show wide variation. A skewed distribution (outliers) increases average salaries, and the median represents the mid-point of a range of salaries. The box plot figure shows generally comparable means and medians with the largest outlier for administrators.

**Figure 1. Box Plots showing median, mean, and distributions of salary by employment, education, experience and job title categories**



### Other home visiting salary reports

CPRD also was able to acquire an additional salary data set from the Ounce of Prevention Fund (OPF). However, these data are collected and reported in a different format than the CQI survey. **Table 8** salaries reflect OPF categories Statewide, Upstate, and Downstate, which appear to be quite comparable. Educational differences appear to increase average salaries from a high school diploma to a Master’s degree, but not in a linear fashion. The average MIECHV home visitor salary is similar to the OPF sample. MIECHV staff salaries also compare similarly to the OPF sample according to educational attainment, with the one difference being that MIECHV staff with Master’s degrees earn significantly more than the OPF sample. This may be due to smaller numbers in the MIECHV sample.

**Table 8. Ounce of Prevention Fund Salary Study – FY 14**

<b>Employment characteristics</b>	<b>Average Salary</b>
Statewide	\$29,206
Upstate	\$29,286
Downstate	\$29,014
High school diploma	\$27,158
Some college	\$26,187
College graduate	\$30,882
Some post grad	\$25,967
Master's	\$31,800

### **Home Visitor Safety**

Due to the unique nature of home visiting, safety is a particular concern for home visitors and home visiting programs. MIECHV has targeted six high-risk communities in Illinois and, as a result, MIECHV home visitors may face additional safety challenges in their day-to-day work. To gain a better understanding of home visitor perceptions of risk and unsafe experiences, as well as how to better address safety concerns, a series of safety-related questions was added to the 2015 Home Visiting and CQI survey. All staff for whom the questions were relevant were asked to respond; most CI/CSD staff and supervisors indicated that many of these questions were not applicable to their positions.

### **Home Visitor Perceptions of Safety**

Survey respondents were asked how concerned they were about a series of potential safety issues, shown in **Table 9**. Statewide, home visitors report high levels of concern about potential threats in both the homes and neighborhoods in which they work. Almost three quarters of home visitors were concerned about driving, walking and encountering weapons or threats of violence in the neighborhoods where they work. For all potential safety issues, over half of survey respondents reported concern.



**Table 9. Safety concern (somewhat or very concerned) statewide**

	Concerned		Neither concerned nor unconcerned		Unconcerned		Not applicable	
	n	%	n	%	n	%	n	%
Encountering weapons or threats of violence in a neighborhood	55	74.3%	4	5.4%	7	9.5%	8	10.8%
Driving of walking in unsafe neighborhoods	53	71.6%	4	5.4%	11	14.9%	6	8.1%
Encountering dogs or other animals during a visit	27	68.9%	11	14.9%	5	6.8%	7	9.5%
Encountering weapons or threats of violence in a home	50	67.6%	9	12.2%	7	9.5%	8	10.8%
Going into a home for the first time	46	62.2%	13	17.6%	9	12.2%	6	8.1%
Encountering unknown people in a home	51	61.1%	16	22.2%	7	9.7%	5	6.9%
Experiencing threats related to gang activity	45	60.8%	14	18.9%	8	10.8%	7	9.5%
Experiencing robbery or theft while on the job	41	57.0%	12	16.7%	11	15.2%	8	11.1%

**Table 10** breaks results down by community in order to get a better sense of how perceptions vary among the communities, which are geographically dispersed and socio-demographically diverse. Cicero, Englewood and Rockford-based home visitors report relatively high levels of concern consistent across the various types of threat, whereas Elgin-based home visitors are most concerned about encountering animals and not very concerned about other issues. Macon County home visitors are the most concerned about driving, walking and encountering weapons and violence in neighborhoods yet are not very concerned about theft or robbery. Vermilion County home visitors are equally concerned about encountering weapons and violence in the neighborhoods and homes in which they work.

**Table 10. MIECHV staff safety concerns (somewhat or very concerned) by community**

	<b>Cicero (n=12)</b>	<b>Elgin (n=11)</b>	<b>Englewood (n=14)</b>	<b>Macon (n=11)</b>	<b>Rockford (n=15)</b>	<b>Vermilion (n=11)</b>
Driving of walking in unsafe neighborhoods	75%	36%	79%	91%	67%	82%
Going into a home for the first time	75%	27%	71%	82%	47%	73%
Encountering unknown people in a home	75%	36%	85%	55%	50%	64%
Encountering dogs/ animals during a visit	67%	73%	86%	55%	60%	73%
Encountering weapons or threats of violence in a home	67%	45%	79%	55%	67%	91%
Encountering weapons or threats of violence in a neighborhood	75%	55%	71%	91%	67%	91%
Experiencing robbery or theft while on the job	67%	36%	77%	27%	60%	70%
Experiencing threats related to gang activity	83%	27%	79%	45%	67%	55%

To get a better sense of how relevant job experience influences home visitor perception of safety, **Table 11** presents data by years of total related experience.

**Table 11. MIECHV staff safety concerns (somewhat or very concerned) by experience**

	<b>&lt;=1 year (n=16)</b>	<b>2-5 years (n=37)</b>	<b>&gt;5 years (n=21)</b>
Driving of walking in unsafe neighborhoods	69%	76%	67%
Going into a home for the first time	56%	65%	62%
Encountering unknown people in a home	50%	61%	70%
Encountering dogs or other animals during a visit	50%	73%	76%
Encountering weapons or threats of violence in a home	44%	81%	62%
Encountering weapons or threats of violence in a neighborhood	75%	81%	62%
Experiencing robbery or theft while on the job	50%	64%	50%
Experiencing threats related to gang activity	63%	59%	62%

New home visitors, with a year or less of experience, are most concerned about encountering weapons and gang activity in their neighborhoods, while those with 2-5 years of experience are equally concerned about encountering weapons in homes and neighborhoods. Those with the most experience are most concerned about encountering animals or strangers in the home during visits. While certain concerns—encountering animals or unknown people in a home—increase with home visitor experience, overall, concern appears to increase with experience and then level off either at a similar level (driving/walking in unsafe neighborhoods; experiencing robbery, theft of gang-related threats), a higher level (encountering weapons in a home) or a lower level (encountering weapons in a neighborhood).

### Unsafe experiences

While home visitors reported high levels of concern about safety, it is encouraging that they do not report high levels of unsafe experiences compared to their perceptions of risk. **Table 12** shows reported unsafe experiences by community.

**Table 12. MIECHV staff unsafe experiences by community**

	<b>Cicero (n=12)</b>	<b>Elgin (n=11)</b>	<b>Englewood (n=14)</b>	<b>Macon (n=11)</b>	<b>Rockford (n=15)</b>	<b>Vermilion (n=11)</b>
Been intimidated or harassed in a home	0%	0%	0%	9%	0%	18%
Been intimidated or harassed in a neighborhood	0%	9%	7%	27%	0%	9%
Had something stolen from your property while working	8%	0%	21%	0%	7%	0%
Been robbed or mugged while working	9%	0%	0%	0%	0%	0%
Heard gunshots while working	33%	9%	64%	9%	40%	18%
Witnessed violence to others	33%	0%	57%	18%	13%	18%
Experienced violence yourself	0%	0%	0%	0%	7%	0%

Across communities, home visitors report very little intimidation or harassment in homes and neighborhoods. While these experiences are especially concerning, home visitors also report experiencing very little theft, robbery or violence. Hearing gunshots while working and witnessing violence to others are the risks most often experienced by home visitors, and these are mostly concentrated in the Englewood community, although reported in all communities.

**Table 13. MIECHV staff unsafe experiences by home visitor experience**

	<b>&lt;=1 year (n=16)</b>	<b>2-5 years (n=37)</b>	<b>&gt;5 years (n=21)</b>
Been intimidated or harassed in a home	13%	3%	0%
Been intimidated or harassed in a neighborhood	12%	11%	0%
Had something stolen from your property while working	6%	3%	14%
Been robbed or mugged while working	0%	3%	0%
Heard gunshots while working	19%	30%	43%
Witnessed violence to others	31%	19%	29%
Experienced violence yourself	0%	3%	0%

Home visitors with a year or less of experience report highest levels of witnessing violence to others, while those with more experience report highest levels of hearing gunshots while working. With more experience, home visitors report less intimidation in both the home (from 13% to 0%) and neighborhood (from 12% to 0%). These results are all to be expected, reflecting the experienced home visitors’ abilities to establish rapport and trust, and build relationships with the families they serve.

### **Risk reduction strategies**

To better understand the ways in which individual home visitors and home visiting agencies attempt to protect workers, the 2015 CQI and Home Visiting Survey included open-ended questions about risk-reduction strategies employed by both home visitors and home visiting agencies. These results have been categorized and a summary is presented below.

### **Individual efforts to reduce risk**

Home visitors most frequently reported leaving valuables behind while working to make themselves less susceptible to robbery (18 mentions), maintaining awareness of their surroundings (16 mentions), and attending available safety trainings (14 mentions). A full list of responses can be found in **Figure 2**. Based on these responses, home visitor strategies can be broken down into three main themes:

- **Be prepared:** Home visitors keep their cell phones charged and ready
- **Remain alert:** Home visitors observe their surroundings before exiting cars, look for exits, and trust their “gut instincts.”

- **Manage the environment:** Home visitors schedule visits during daylight hours, park in accessible areas, lock their car doors, and meet at alternate locations.

### **Figure 2. Home visitor risk reduction strategies**

- Leave valuables at office/home/hidden in locked car (18)
- Be aware of surroundings at all times (16)
- Attend available safety trainings – agency, police, self-defense (14)
- Keep cell phone ready & charged (9)
- Do visits during daylight only (8)
- Park in well-lit areas, easily accessible areas (6)
- Inform co-worker/supervisor/family of whereabouts & time of visit (6)
- Call/text family prior to visit/upon arrival (5)
- Keep an updated calendar/log easily accessible to co-workers/supervisors (5)
- Travel with supervisor/co-worker (5)
- Trust your gut/instinct (leave/don't enter) (4)
- Always lock car door (3)
- Carry ID badge (3)
- Have car keys ready (2)
- Limit items carried to visit (2)
- Observe before exiting car (2)
- Avoiding certain areas at certain times (2)
- Put supervisor/police department on speed dial (2)
- Looking for exits during visit (2)
- Meet in alternate location (public library, parks)
- Do advance prep (scout out, have materials ready)
- Conduct internet search of new participants
- Carry a whistle
- Discuss concerns w/supervisor
- Drive agency vehicle

### **Agency efforts to reduce risk**

Home visitors were also asked about their agencies' safety practices or policies, to gauge agency safety efforts, as well as home visitor knowledge of those safety efforts. Home visitors most frequently reported that their agencies held safety-related trainings or classes (17 mentions), encouraged the use of the buddy system (traveling in pairs) (14 mentions), and allowed home visitors to leave or cancel a visit for any reason (11 mentions). A full list of responses can be found in **Figure 3**.

It is interesting to note that while fourteen survey respondents mentioned that their agencies encouraged the use of the buddy system, only five mentioned using that strategy themselves. Additionally, four respondents reported that their agencies did not have a safety policy or they were not sure. These two findings raise the questions of how well safety policies are communicated with staff and how empowered home visitors feel to follow safety procedures.

### **Figure 3. Agency risk-reduction strategies**

- Hold trainings/classes (safety in other homes, drug encounters, insect specialist, police department, gangs, dog bites) (17)
- Encourage use of the buddy system (14)
- Policy that HVs are allowed to leave/cancel visit for any reason (11)
- Provide/encourage/require cell phones (8)
- Encourage/require daylight visits (7)
- Inform supervisor/co-worker of visits (7)
- Policies/guidelines not specified (5)
- Log book/Shared calendar (5)
- Text/call supervisor/co-worker (if late, after visit, etc.) (4)
- Safety committee (concerns/policies/procedures) (4)
- None/not sure (4)
- Provide ID sign for car/person (3)
- Safety discussions during supervision (2)
- Safe word (2)
- Encourage to call police (2)
- Security system at office/parking lot (monitors, key code, security officer) (2)
- Policy to leave valuables at home/office/car (2)
- Gather information about new neighborhood before visit (2)
- Safety Manual
- Speed dial programmed into mobile phones
- Policy not to take personal items into a home
- Safety discussions during team meeting
- Emergency alerts and updates

As a follow up to this survey, all agencies with MIECHV home visitors were asked to provide their safety policies, as well as any additional information about safety-related practices not included in their policies. The majority of responding agencies reported not having safety policies or having inadequate or outdated safety policies.

## **Conclusions and Recommendations**

The FY 15 annual Home Visiting and CQI Survey provides an array of information that can be compared to prior years' surveys to examine progress and barriers to the work of MIECHV home visiting. Based on the three years of results, the following recommendations are proposed for future consideration:

- 1) Continue to support the home visiting workforce by providing high quality, high demand professional development activities, in particular around the topics of depression/mental health, ACEs and childhood trauma, and infant mental health.
- 2) Continue to support the home visiting workforce by advocating for increased professionalization and salaries for home visitors, as well as increased opportunities for advancement in the field.
- 3) Provide agencies with resources, including policies, best practices and trainings, to increase the safety and sense of security of their home visiting staff.
- 4) Increase home visitor understanding of CQI processes by providing targeted trainings for new and experienced staff.