

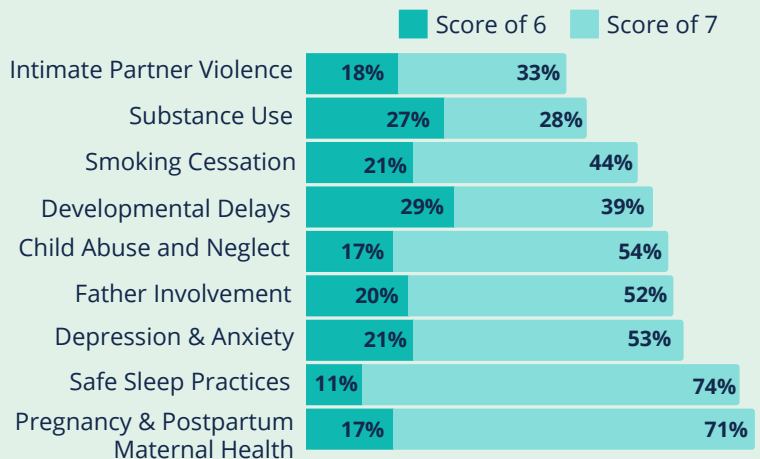


THE SURVEY

The MIECHV and IDHS State Home Visiting Program Staff Survey is conducted each year by the Center for Prevention Research and Development (CPRD) at the University of Illinois in conjunction with the Illinois Department of Human Services, Division of Early Childhood (IDHS-DEC). This year the survey was administered to IDHS State home visiting staff for the first time, in addition to MIECHV home visiting staff. The goals of the survey are to obtain feedback and better understand the needs of the Illinois MIECHV and IDHS Home Visiting workforce. In 2023, the survey was open for 5 weeks in August to September, and 153 out of 254 MIECHV and IDHS staff members responded to the survey, a 60% response rate. To learn more about IDHS-DEC Home Visiting, including the communities served and benchmark achievements, see the [IDHS-DEC Home Visiting Statewide Data Summary Report 2023](#). This brief does not include a comparison to prior surveys as they encompassed only MIECHV funded staff.

DISCUSSING SENSITIVE TOPICS

- Home visitors and doula survey respondents were asked to rate their level of comfortability with sensitive topics, on a scale from 1 (lowest) to 7 (highest). Respondents were least comfortable discussing intimate partner violence and substance use with an average of 47% rating their level of comfortability at 5 or lower.
- Respondents were most comfortable talking about safe sleep and prenatal and postpartum maternal health with families. However, as the age of staff increased, comfortability level decreased.



“Families put up walls when you ask about substance use and IPV [Intimate Partner Violence].”

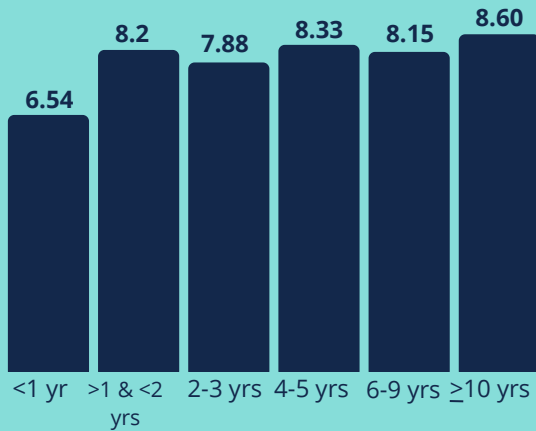
-Doula

“I have experienced difficulty with initiating conversations regarding substance use with a family on my caseload. I have always felt insecure about my knowledge of and experience with illicit drug use.”

-Home Visitor

SELF-RATED EFFECTIVENESS

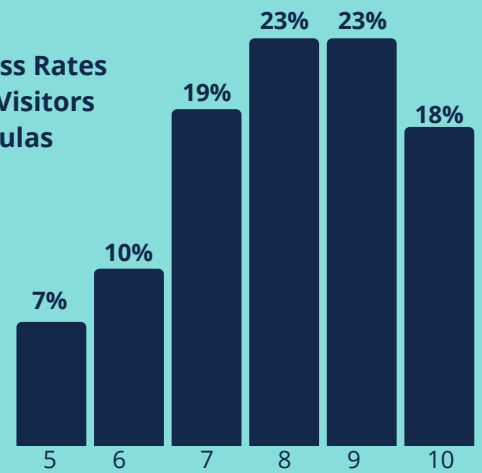
Mean Effectiveness Ratings for Home Visitors and Doulas by Years at Current Agency



- Home visitors and doulas working less than 1 year self-rated lowest on the effective scale.

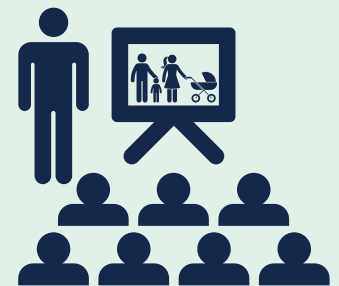
- Home visiting and doula survey respondents were asked to self-rate their level of effectiveness in their roles this past year on a scale of 1 (lowest) to 10 (highest). Sixty-four percent self-rated themselves at an 8 or higher.
- No effectiveness score less than 5 were self-rated for home visitors and doulas.

Effectiveness Rates for Home Visitors and Doulas



ADDITIONAL TRAINING REQUESTED

- Home visitors requested more training related to **topics and issues discussed during pregnancy and in the early stages of infancy**, including childbirth education, birth control, car seat and bottle-feeding safety, techniques for calming a fussy baby, bonding with a baby prenatally, lactation support training, and learning safer sleep practices for harm reduction.
- Some home visitors acknowledge that even though they have doulas at their program, they are requesting and would benefit from similar prenatal and postpartum trainings to those received by doula staff.
- While pregnancy and postpartum mental health was an area that was rated on average over 6 on the 7-point scale for self-rated effectiveness, additional **prenatal and postpartum mental health training** continues to be requested. In addition to these specific topics, several respondents mentioned simply “prenatal training” or “serving families in the prenatal period.”



87% of home visitor and doula staff have been to a pregnancy and postpartum maternal health training in the past year.

ADDITIONAL TRAINING REQUESTED (cont)

- Engaging families during home visits was another area of training requested, with comments such as:
 - “**More training about how to speak to a mom that doesn’t interact back and forth or seems shy.**” -Home Visitor
 - “**Engaging nonengaged mothers in the activities.**” -Home Visitor
- Additional training topics include professional skills (self-care, time management, and home visitor safety), home visitor tools (reflective practice, recruitment/caseload capacity, and how to do screenings), and diversity, equity, and inclusion training. For further analysis and survey responses addressing diversity training, please click here to read the full report: [‘2023 Survey Report Brief: Assessing Disparities in Home Visiting’](#).
- Many home visitors want to improve competency and confidence when working with families involved in child welfare or previously impacted by abuse/other trauma experienced. For example:

“I have had to make a few DCFS reports over the past year. Some of these I have discussed with the parent and others I have not. I would like more guidance on handling these situations and how they affect your relationship with the parents.”
-Home Visitor

“More trauma-focused trainings. Many people who come to work with us have an education degree and are not always fully prepared for the trauma they may witness with their clients. Staff have shared that is one of the hardest parts of the job and knowing how to be there for the family and offer the right type of support.”
-Supervisor/Manager

“I would like to know more information from a lawyer or someone in a similar position that can educate us on a married mother's rights who is being emotionally, verbally, and financially abused.”
-Home Visitor

“Working with immigrant families and human trafficking.”
-Supervisor/Manager

SUGGESTIONS FROM THE FIELD

- Besides training needs, home visitors expressed requests for **additional funding**, including the following areas:
 - Increased flexibility with expenditures, such as the ability to purchase marketing and promotional materials for outreach and recruitment;
 - Incentives for staff to support retention of highly qualified professionals;
 - And increased reimbursement for use of personal vehicle, such as covering routine maintenance expenses.

SUGGESTIONS FROM THE FIELD (cont)

- Supervisors echoed the requests for additional funding for incentives and higher salaries for their home visiting staff. They also consistently requested a reduction in paperwork, citing multiple funding streams, and agency requirements that leave insufficient time to provide high quality reflective supervision for their teams. As with prior year responses, home visitors described a **tension between meeting data collection requirements and being present with participants and responsive to their needs during a home visit.**
- Respondents in leadership roles (supervisors, directors, and program managers) requested an updated review of required forms and documents submitted to IDHS, with the goal of reducing manual data entry on forms that is **duplicative of data already represented** within Visit Tracker system reports (such as the Data Summary Reports), and submitted with regular quarterly reporting (PPRs).
- Reviewing and reducing potential duplicative reporting requirements for home visiting programs supports the efforts of HRSA to reduce administrative burden at the state grantee level.

Supports Received

- Staff receive a wealth of development and supports. For further analysis and survey responses addressing supports, please click here to read the full report: ['2023 Survey Report Brief: Home Visiting Workforce: Burnout, Stressors, and Supports'](#)



“IDHS does a wonderful job at offering support! Home Visitors continue to get asked to do more and more around data and assessments. Before giving home visitors anymore to do, we need to take something off their plates.” – Supervisor/Manager

“We get great support from both CPRD and MIECHV [IDHS Bureau of Home Visiting]. I think the support needs to come from within our program / agency with an understanding of what the work entails and how much time the work takes to be effective.” –Supervisor/Manager

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For More Reports on the 2023 IDHS-DEC Staff Survey:

- [Parent Engagement & Caseload Capacity Report](#)
- [Assessing Disparities in Home Visiting Report](#)
- [Home Visiting Workforce: Demographics, Salaries, & Turnover Report](#)
- [Home Visiting Workforce: Burnout, Stressors, & Supports Report](#)

