Home visiting caregiver satisfaction and engagement in South Carolina

› Abstract

Maternal and child health home visiting programmes demonstrate positive outcomes, yet retention of families in services can be difficult. This study examined caregiver satisfaction with home visiting programmes in South Carolina, USA, including an assessment of facilitators and barriers of satisfaction and overall engagement in services. A non-random, purposive sampling strategy was used to recruit caregivers enrolled in home visiting in South Carolina for study participation. Caregivers rated their satisfaction with home visiting highly and valued their programmes' educational components. Barriers to satisfaction and engagement included logistical factors such as difficulty scheduling appointments. Home visiting programmes should ensure their workforce development and accessibility practices are aligned to meet families' needs to promote retention in services.

Key words

› Maternal and child health › Home visiting › Programme accessibility

Maternal and child health home visiting programmes use evidence-based practices and models that have demonstrated outcomes in improving health and reducing child abuse, neglect, crime and domestic violence among women and children in all 50 US states (Casillas et al, 2016; Duffee et al, 2017; Maternal and Child Health Bureau, 2021). Home visiting programmes also connect caregivers with employment and educational opportunities that have a positive impact on families' financial and economic stability, supporting the reduction of poverty in communities (Duffee et al, 2017).

Retaining families in services is an important part of ensuring programme effectiveness. Previous studies have indicated that barriers to retention include scheduling issues for caregivers, exacerbated by home visiting workforce issues such as staffing challenges and employee retention (Wasik, 1993; Jones Harden et al, 2010; Holland et al, 2014).

To enable the home visiting workforce to meet the needs and expectations of home visiting caregivers and support their retention in programmes, an understanding of caregivers' perspectives of the care they are receiving is essential (Browne et al, 2010; Al-Abri and Al-Balushi, 2014). However, little is known about caregivers' satisfaction with home visiting (Radcliff et al, 2017). As there is no single definition of home visiting satisfaction established in the literature, examining the home visiting workforce and the programme delivered from caregivers' perspectives is important in determining the quality of care provided (Cleary and McNeil, 1988; Laferriere, 1993; Jenkinson et al, 2002; Ahmad et al, 2011; Cleary, 2016). Home visitor characteristics such as individual personality, engagement, and knowledge during visits can further leave caregivers with a positive or negative experience of their programme (Beasley et al, 2018).

Some US states have conducted surveys of home visiting caregiver satisfaction. The Missouri Department of Health and Human Services surveyed approximately 300 caregivers, the majority of whom rated the quality of their home visiting services as excellent and stated that they would recommend home visiting services to others (Harbert et al, 2016). California and Illinois Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programmes both surveyed caregivers who had left their home visiting programmes and found that most did so due to time constraints or scheduling conflicts, despite their high levels of satisfaction with the experience (Institute of Government and Public Affairs, 2014;

Melinda A Merrell, Research Assistant Professor, Rural and Minority Health Research Center; **Elizabeth Crouch,** Assistant Professor, Department of Health Services Policy and Management; **Jennifer Browder,** Evaluation Co-ordinator, Rural and Minority Health Research Center; **Lauren Workman,** Research Assistant Professor, Core for Applied Research and Evaluation; **Mary Wilson,** PhD candidate, Department of Health Services Policy and Management; **Allyson Malbouf,** MPH, Rural and Minority Health Research Center; and **Allie Silverman,** MSW/MPH, Rural and Minority Health Research Center
All at Arnold School of Public Health, University of South Carolina, USA
Mmerrell@mailbox.sc.edu

Moran Finello et al, 2016). New Jersey mothers who were surveyed rated their overall satisfaction with their home visiting programmes as high and especially appreciated efforts around child development and parenting (Burrell et al, 2018). Importantly, no studies have examined home visiting satisfaction among caregivers in a rural, Southern US state.

The purpose of this study was to examine satisfaction of caregivers enrolled in home visiting programmes in South Carolina. Further, the facilitators and barriers of caregiver satisfaction as well as the barriers that caregivers faced in remaining engaged in home visiting were assessed, including characterisations of perceptions of programmes and home visitors. The findings from this study are instructive for how home visiting programmes and their workforce may be further supported and strengthened.

Methods

Theoretical model

Examining home visiting from caregivers' perspectives provides a valuable evaluation of the Donabedian model's patient perception dimension of quality of care (Donabedian, 2005; Al-Abri and Al-Balushi, 2014; Cleary, 2016). Home visiting targets all three of the model's patient satisfaction needs through addressing not only physical and emotional needs of caregivers and their children but also by acting as a source of information for caregivers: teaching, training, and providing them with crucial resources. Thus, this served as an appropriate model for the development of this study.

Study population

The Maternal, Infant, and Early Childhood Home Visiting programme is a federally funded effort in the USA that provides evidence-based home visiting programmes to at-risk pregnant women and families with children until kindergarten entry (Maternal and Child Health Bureau, 2021). In 2019, almost every county in South Carolina was using an evidence-based home visiting model (Healthy Families America, Nurse–Family Partnership, or Parents as Teachers) through MIECHV to reach at-risk pregnant women and families (Maternal and Child Health Bureau, 2021).

Adult caregivers enrolled in the South Carolina MIECHV programme for a minimum of 3 months were eligible to participate in this study. Using a non-random, purposive sampling strategy, all active South Carolina MIECHV Local Implementing Agencies at the time of the survey (n=17) participated in recruiting survey respondents. A power analysis was conducted that determined a target of 240 caregivers across the state would create a sufficient sample for interpretation. The distribution of caregivers surveyed at each site was calculated to be representative of their proportional total of enrolled home visiting caregivers across the state at the time of the study. In total, 271 surveys were returned.

Survey instrument

A South Carolina MIECHV caregiver satisfaction and engagement survey was developed using satisfaction surveys from other states, model-specific surveys, and the Flesch Reading Level and Flesch-Kincaid Grade Level readability assessment tools. Most questions presented a list of response options with the opportunity to provide an open-ended response as well. In addition to questions related to the study aims, limited demographic characteristics of study participants were also collected.

The survey was piloted for a South Carolina audience using support from the South Carolina MIECHV State Lead Continuous Quality Improvement coordinator, Local Implementing Agencies and caregivers. The survey was translated into Spanish to facilitate receipt of responses from caregivers who primarily use this as their first language. A total of 28 Spanish language surveys were returned, which was approximately 10% of the study population. Using data from the 2019 American Community Survey 1-year estimate, approximately 4.2% of households in South Carolina speak Spanish. Given the target population of home visiting programmes, 10% of responses in Spanish is an expected number that reasonably reflects different ethnic groups in the wider population.

Data collection

Primary data collection using the survey instrument was conducted for the eligible study population. To minimise the burden on the home visiting workforce and caregivers, home visitors distributed hard copies of survey packets at a regularly scheduled home visit during a 4-month data collection window between July and October 2019. Home visitors provided scripted instructions to caregivers on how to complete the survey but were not actively involved in the data collection.

Caregivers were instructed to complete and submit the survey at a later time and were given two choices as to how to respond. A QR code and weblink were included in the survey packet that directed caregivers to a Qualtrics online survey. Also, a copy of the survey was included

with a self-addressed, stamped envelope so the caregiver could send their completed hard copy survey directly to the research team via postal mail. All caregivers who responded to the survey and provided their contact information were sent a $20 gift card. Caregivers were only eligible to return the survey once.

Analysis

Survey responses received by post were entered into Qualtrics alongside electronic responses. All data were exported into Excel and subsequently analysed using descriptive statistics in SAS 9.4. Open-ended responses were transcribed verbatim, and/or translated via Google Translate as needed, and analysed for recurrent themes. The University of South Carolina Institutional Review Board approved this study as exempt.

Results

Study population

The study sample included 271 South Carolina MIECHV caregivers. The majority were between the ages of 20 and 30 (66.1%), identified as black (50.2%) and non-Hispanic (78.6%), were not pregnant (86.4%), and had a child age 2 years and younger (88.2%) (*Table 1*). The length of enrolment in home visiting varied among survey participants. Less than 10% of caregivers had been enrolled more than 2 years (7.0%). Nearly half (45.8%) of the sample had been enrolled for 1–2 years, and about one-third (32.5%) had been enrolled for 7–11 months. Fewer caregivers had been enrolled for 3–6 months (14.8%).

Overall satisfaction with home visiting

Study participants rated their satisfaction with home visiting highly. Participants were asked

Table 1. Study sample characteristics

Demographics	% (total *n*=271)
Age (years)	
<15	0.7%
15–19	10.0%
20–30	66.1%
31–40	17.7%
>40	5.5%
Race	
Black	50.2%
White	36.9%
More than one race	5.2%
Other	7.4%
Missing	0.4%
Ethnicity	
Not Hispanic	78.6%
Hispanic	21.0%
Missing	0.4%
Pregnant	
No	86.4%
Yes	11.4%
Missing	2.2%
Age of children (years)	
<1	47.2%
1–2	41.0%
3–4	5.5%
>4	2.2%
No response	5.2%
Length of enrolment	
3–6 months	14.8%
7–11 months	32.5%
1–2 years	45.8%
>2 years	7.0%

Table 2. Overall caregiver satisfaction with home visiting

Satisfaction measure	% (total *n*=271)
On a scale of 1–10, how satisfied are you with your home visiting programme?	
1–4 (not at all satisfied)	0%
5–6 (neutral)	0.4%
7–9 (satisfied)	10.3%
10 (I think the programme is really great)	88.6%
No response	0.7%
How likely are you to recommend home visiting services to other people?	
No, definitely not	0%
No, probably not	0.4%
Yes, probably	4.0%
Yes, definitely	95.2%
No response	0.4%

Table 3. Facilitators and barriers to caregiver satisfaction with home visiting

Satisfaction measure	% (total *n*=271)
Top three things caregivers liked best about home visiting	
Teaches me new parenting skills	62.7%
Helps me better understand child development	55.4%
Gives me someone to talk with about my child	35.4%
Provides a supportive relationship with a caring adult	33.9%
Shows me new ideas for playing with my child	24.4%
Encourages me to further my education	19.9%
Links me with other community resources	14.0%
Helps with difficult things like depression	12.5%
Top three things caregivers liked least about home visiting	
Too much paperwork	17.0%
Hard to schedule visits	13.7%
I don't know what to expect from visit to visit	11.1%
Having a new person or stranger in my home	8.9%
Takes up a lot of time	6.3%
We do the same things each visit	3.7%
My home visitor changes	2.2%
I am not learning new things	1.5%
I feel judged	0.4%

to evaluate their overall satisfaction with home visiting on a scale from 1 ('not at all satisfied') to 10 ('I think the programme is really great'), with a rating of 5 or 6 indicating a neutral response. The majority (88.6%) of participants rated their satisfaction as a 10 on this scale (*Table 2*). Additionally, when asked how likely they would be to recommend the services of the home visiting programme to others, 95.2% expressed that they would definitely recommend the services.

Facilitators and barriers to satisfaction in home visiting

Study participants were asked to identify three things they liked best about home visiting. Three components of the home visiting programme that participants reported as liking the most were learning new parenting skills (62.7%), helping to better understand child development (55.4%), and having someone to talk with about their child (35.4%) (*Table 3*). Conversely, participants were asked to report the top three items that they liked least about home visiting.

Participants indicated that there was too much paperwork associated with the programme (17.0%), that it was hard to schedule visits (13.7%), and that they did not know what to expect from visit to visit (11.1%).

When asked for one thing they would change about home visiting if they could (the only survey question that had a completely open-ended response option) 140 participants responded that there was 'nothing' they would change (51.7% of all study participants). Among those who would change 'nothing', over one-third (35.7%) went on to explicitly mention that they enjoyed the programme.

The second most frequently commented category was related to timing of visits, which were too short, too long or not at a desired frequency (9.6% of all study participants). Duration or length of the overall programme was the third most frequent type of comment (4.4% of all study participants).

One caregiver responded specifically:

'I would want to remain in the programme longer. My child turns 3 in a couple of weeks and we are graduating soon. I wish the programme was a little longer.'

Finally, study participants were asked to identify the most important qualities of a home visitor. Most caregivers indicated that a home visitor who is understanding (86.3%), can connect with families (85.6%), and is knowledgeable (81.5%) were the most important qualities.

Additionally, caregivers were asked to identify characteristics of their current home visitor. A majority of those surveyed reported that their current home visitor was understanding (95.9%), a good listener (95.2%), and encouraging (88.6%).

Facilitators and barriers to remaining in home visiting

Study participants were asked to identify items that either supported or were a barrier to their continuous enrolment in home visiting. Frequently reported reasons for staying in home visiting included wanting to learn new ways to be a better parent (84.9%), liking the supportive relationship with their home visitor (78.6%), and looking forward to learning new things about their child or children (76.4%). The most common barriers or experiences reported by study participants that made it difficult to continue home visiting were difficulty scheduling appointments (7.7%) and needing to go back to work (7.4%). No participants reported 'feeling judged by their home visitor' or that their home visitor 'did not understand their culture or family background'.

Discussion

This study examined the extent to which home visiting caregivers in South Carolina expressed satisfaction with their home visiting programme, and described the facilitators and barriers that they faced in continuing their enrolment in home visiting. Consistent with studies of other home visiting programmes, caregivers highly rated their satisfaction with the services received and indicated their willingness to recommend these services to others (Institute of Government and Public Affairs, 2014; Harbert et al, 2016; Moran Finello et al, 2016; Burrell et al, 2018).

Caregivers indicated that they found value in the educational components of the programme as well as the relationship they had with their individual home visitor. Barriers to satisfaction and continued programme enrolment included logistical factors such as difficulty scheduling appointments, similar to previous research (Holland et al, 2014).

Positive characteristics of home visitors that were noted in this study as potential facilitators of caregiver satisfaction included being a good listener, an ability to connect with families, and being knowledgeable, understanding and encouraging. These findings are similar to those identified by Schaefer and colleagues, which included the ability to form relationships, an interest in continued learning, and a belief in family empowerment (Schaefer, 2016).

Use of this knowledge to enhance hiring practices and other aspects of workforce development can ensure that home visitors have the skills and capacity to build connections with families, ultimately improving services provided.

Home visiting models could provide technical assistance to programmes to enhance or support evidence-based hiring practices through recruitment, interviewing and onboarding, as well as increase retention of staff through professional development for existing home visitors. Continued research is needed to develop best practices for hiring and retaining individuals who are an ideal fit for the job of a home visitor to include display of these qualities.

Caregivers in this study reported several characteristics of their home visitors that were important for programme retention. Specifically, having supportive relationships with home visitors, with no caregivers indicating that they felt judged by their home visitor or that their culture or family background was misunderstood by their home visitor, were important. These are identifying markers of trusting relationships between caregivers and their home visitors, which are paramount for not only caregiver engagement but also positive programme outcomes (Glenton et al, 2013).

A key characteristic that home visitors may embody to formulate these trusting relationships with caregivers is cultural competency (Riggs et al, 2012). A culturally competent workforce seeks to build understanding and show respect to others who have different cultural values, beliefs and religious practices. As culture influences individual behaviour, home visitors have an essential role in motivating caregivers to change behaviours that may be culturally influenced (Riggs et al, 2012; Adam et al, 2014).

Consideration of cultural competence in home visitor hiring and workforce development practices should be also considered by home visiting programmes. Home visitors need to be equipped with awareness of their own cultural heritage and biases, knowledge of the culture of programme participants and the systematic barriers that play a role in their ability to meet their basic needs, and skills that enable them to use their education and training in evidence-based maternal and child health practices to provide culturally tailored responses and recommendations to caregivers (Riggs et al, 2012; Glenton et al, 2013; Adam et al, 2014; Centre for Research and Education on Violence against Women and Children, 2017; Polansky, 2019).

Despite the overwhelmingly positive attributes of home visitors and overall satisfaction with their home visiting programmes, caregivers did report negative aspects that may be critical to address for ultimate retention of caregivers in home visiting. Of note, almost all reported barriers to home visiting were logistical in nature. Most caregivers who reported negative aspects of the programme,

Key points

- Retention of families in home visiting programmes is critical for achieving optimal individual programme participant outcomes
- Retention may be driven by the satisfaction of caregivers with the services they are receiving
- Examining satisfaction among caregivers enrolled in a South Carolina home visiting programme demonstrated high levels of satisfaction
- Facilitators of satisfaction for South Carolina caregivers included the education provided by their programme and their relationships with their home visitors

including barriers to participation, stated that the timing or scheduling of appointments was difficult for them to manage in their daily lives, similar to previous research (Holland et al, 2014).

Caregivers also expressed that they felt there was too much paperwork associated with their programme. Home visiting programmes, models and funders should find ways to address these logistical concerns to support full retention of caregivers and families in their services. Lessons learned as a result of transitioning to virtual home visits during the Covid-19 pandemic may provide an opportunity to mitigate these burdens for some families (Williams et al, 2021).

Policy implications

In 2017, the American Academy of Pediatrics (AAP) put forth a policy statement on maternal and child health home visiting (Duffee et al, 2017). This included three tiers of recommendations to community pediatricians, large health systems and researchers, although many of these recommendations are also informative to the home visiting workforce, programme developers and policymakers. According to the AAP, to improve home visiting satisfaction, home visiting programmes need to be 'culturally responsive, linguistically appropriate, and family centred, emphasising collaboration and shared decision-making' (Duffee et al, 2017).

Furthermore, to address barriers to programme participation, the AAP suggests 'simplification and standardisation of referral processes in and among states to improve the co-ordination of care and integration of home visiting services' (Duffee et al, 2017). Findings from this study underscore the value of these recommendations and reinforce the need for home visiting stakeholders to heed this call to action.

Limitations

Several limitations to this study are noted. First, the survey instrument was not validated, although a group of caregivers did test the instrument prior to deployment for ease of use and readability. Second, response biases are possible in the results. As home visitors used their existing scheduled visits to deliver the survey instrument to caregivers to maximise response rates, it is possible that caregivers exhibited a social desirability bias in their responses, especially if they thought their home visitor may see their answers.

To minimise this, home visitors were provided with clear instructions on how to deliver the survey to participants, including instructions on not providing help to caregivers responding to the survey. Additionally, over half of caregivers who enrolled in the study had a length of enrolment of more than a year. This time commitment suggests that they had existing satisfaction with the services provided. Examining satisfaction among caregivers who had been enrolled at least 3 months limited information regarding satisfaction that would have been collected from those who either did not enroll at all or who immediately quit their programme. There was no analysis on the satisfaction level and length of programme participation due to the overwhelmingly positive ratings of satisfaction.

Caregivers have been found to opt out of home visiting due to a lack of information about child rearing challenges, beliefs that services were unnecessary, and/or having lower parenting comfort levels (McCurdy et al, 2006). Finally, the results from this study should not be considered generalisable to other home visiting programmes, although they may reflect the experiences of caregivers in other rural, Southern US states.

Conclusions

Measuring caregiver satisfaction with home visiting services is a key indicator of engagement and retention in their programme, as caregivers' levels of both may reflect their relationships with their home visitors. Positive, trusting relationships between caregivers and their home visitor are crucial for improving individual programme participant outcomes. Home visiting programmes should ensure that their workforce development practices, including recruitment, interviewing, hiring, onboarding, professional development and employee retention, are aligned to meet caregivers and families' needs.

Further research assessing caregiver engagement over time will be helpful for retaining caregivers in home visiting through full programme completion. Research that also examines caregiver satisfaction alongside caregiver and staff attrition rates may help to identify additional ways to enhance caregiver retention. Findings from this study are

beneficial to home visiting programmes, models, and funders as they seek to optimise caregiver retention through additional planning regarding the home visiting workforce and overall programme accessibility. JHV

This article has been subject to peer review.

Adam MB, Dillmann M, Chen M, Mbugua S, Ndung'u J, Mumbi P, Waweru E, Meissner P. Improving maternal and newborn health: effectiveness of a community health worker program in rural Kenya. PLoS One. 2014 Aug 4;9(8):e104027. doi:10.1371/journal.pone.0104027

Ahmad I, Nawaz A, Khan S, Khan H, Rashid MA, Khan MH. 2011. Predictors of patient satisfaction. Gomal Journal of Medical Sciences. 9(2)

Al-Abri R, Al-Balushi A. Patient satisfaction survey as a tool towards quality improvement. Oman Med J. 2014 Jan 15;29(1):3–7. doi:10.5001/omj.2014.02

Beasley LO, Ridings LE, Smith TJ, Shields JD, Silovsky JF, Beasley W, Bard D. A qualitative evaluation of engagement and attrition in a nurse home visiting program: from the participant and provider perspective. Prev Sci. 2018 May;19(4):528–537. doi:10.1007/s11121-017-0846-5

Browne K, Roseman D, Shaller D, Edgman-Levitan S. Analysis & commentary. Measuring patient experience as a strategy for improving primary care. Health Aff. 2010 May;29(5):921–925. doi:10.1377/hlthaff.2010.0238

Burrell L, Crowne S, Ojo K, Snead R, O'Neill K, Cluxton-Keller F, Duggan A. Mother and home visitor emotional well-being and alignment on goals for home visiting as factors for program engagement. Matern Child Health J. 2018 Oct;22(S1) Suppl 1:43–51. doi:10.1007/s10995-018-2535-9

Casillas KL, Fauchier A, Derkash BT, Garrido EF. Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review. Child Abuse Negl. 2016 Mar;53:64–80. doi:10.1016/j.chiabu.2015.10.009

Centre for Research and Education on Violence against Women and Children (2017) What does it mean to be culturally competent? http://rapworkers.com/wp-content/uploads/2017/08/what-does-it-mean-to-be-culturally-competent-1.pdf (accessed 30 May 2021)

Cleary PD, McNeil BJ. Patient satisfaction as an indicator of quality care. Inquiry. 1988 Spring;25(1):25–36

Cleary PD. Evolving concepts of patient-centered care and the assessment of patient care experiences: optimism and opposition. J Health Polit Policy Law. 2016 Aug;41(4):675–696. doi:10.1215/03616878-3620881

Donabedian A. Evaluating the quality of medical care. 1966. Milbank Q. 2005 Dec;83(4):691–729. doi:10.1111/j.1468-0009.2005.00397.x

Duffee JH, Mendelsohn AL, Kuo AA, Legano LA, Earls MF, Chilton LA, Flanagan Md PJ, Dilley KJ, Green AE, Gutierrez JR, et al. Early childhood home visiting. Pediatrics. 2017 Sep;140(3):e20172150. doi:10.1542/peds.2017-2150

Glenton C, Colvin CJ, Carlsen B, Swartz A, Lewin S, Noyes J, Rashidian A. Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: qualitative evidence synthesis. Cochrane Database Syst Rev. 2013;2013(10):CD010414. doi:10.1002/14651858.CD010414

Harbert K, Ambati P, Barnard L, Garikapaty V, Health C. 2016. Customer satisfaction survey 2014, Missouri home visiting programs [Internet]. Jefferson City, MO: Missouri Department of Health and Senior Services. https://health.mo.gov/living/families/homevisiting/pdf/customersatisfactionsurveyreport.pdf

Holland ML, Christensen JJ, Shone LP, Kearney MH, Kitzman HJ. Women's reasons for attrition from a nurse home visiting program. J Obstet Gynecol Neonatal Nurs. 2014 Jan;43(1):61–70. doi:10.1111/1552-6909.12263

Institute of Government and Public Affairs. Illinois Maternal Infant and Early Childhood Home Visiting (MIECHV) consumer/parent dropout analysis – 2014. Urbana, IL: Center for Prevention Research and Development, Institute of Government and Public Affairs, University of Illinois; 2014

Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T. Patients' experiences and satisfaction with health care: results of a questionnaire study of specific aspects of care. Qual Saf Health Care. 2002 Dec 1;11(4):335–339. doi:10.1136/qhc.11.4.335

Jones Harden B, Denmark N, Saul D. Understanding the needs of staff in Head Start programs: the characteristics, perceptions, and experiences of home visitors. Child Youth Serv Rev. 2010 Mar;32(3):371–379. doi:10.1016/j.childyouth.2009.10.008

Laferriere R. Client satisfaction with home health care nursing. J Community Health Nurs. 1993 Jun;10(2):67–76. doi:10.1207/s15327655jchn1002_1

Maternal and Child Health Bureau (2021) Home visiting. https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview (accessed 30 May 2021)

McCurdy K, Daro D, Anisfeld E, Katzev A, Keim A, LeCroy C, McAfee C, Nelson C, Falconnier L, McGuigan WM, et al. Understanding maternal intentions to engage in home visiting programs. Child Youth Serv Rev. 2006 Oct;28(10):1195–1212. doi:10.1016/j.childyouth.2005.11.010

Moran Finello K, Zadouri N, Terteryan A. 2016. The California home visiting program external evaluation. California MIECHV Program family exit survey comprehensive findings 2014-2016 [Internet]. San Francisco, CA: WestEd

Polansky M. Building trust in home healthcare. Nursing. 2019 Oct;49(10):16–17. doi:10.1097/01.NURSE.0000580700.09898.05

Radcliff E, Crouch E, Browder J, Place J. Job satisfaction and skills of a home visiting workforce in South Carolina. Journal of Health Visiting. 2017 Nov 02;5(11):558–565. doi:10.12968/johv.2017.5.11.558

Riggs E, Davis E, Gibbs L, Block K, Szwarc J, Casey S, Duell-Piening P, Waters E. Accessing maternal and child health services in Melbourne, Australia: reflections from refugee families and service providers. BMC Health Serv Res. 2012 Dec;12(1):117. doi:10.1186/1472-6963-12-117

Schaefer JK. Personal characteristics of effective home visitors. J Soc Serv Res. 2016 Jan;42(1):84–95. doi:10.1080/01488376.2015.1078868

Wasik BH. Staffing issues for home visiting programs. Future Child. 1993 4;3(3):140. doi:10.2307/1602547

Williams K, Ruiz F, Hernandez F, Hancock M. Home visiting: A lifeline for families during the COVID-19 pandemic. Arch Psychiatr Nurs. 2021 Feb;35(1):129–33. doi:10.1016/j.apnu.2020.10.013