

**Illinois Early Learning Council
Home Visiting Task Force's White Paper on Home Visitor Safety**

Introduction

The Home Visiting Task Force (“HVTF”) is a standing committee of the Illinois Early Learning Council. The HVTF consists of approximately 200 members representing state agencies and private sector health, early childhood, and child welfare organizations, as well as service providers, researchers, and advocates. The HVTF serves as a forum to discuss program, policy, and research that is essential to ensuring that state and federal public policy is informed by the programs on the ground and reflects the research being conducted.

In mid-2015, the Center for Prevention and Research Development at the University of Illinois (CPRD)¹ conducted a survey of all programs funded through the federal Maternal, Infant and Early Childhood Home Visiting (“MIECHV”) grant (the “2015 Survey”), and found that an alarming proportion of the workforce expressed high levels of concern about their personal safety. In response to these concerns, in November 2015, the HVTF established the Ad Hoc Safety Workgroup (the “Workgroup”)² and charged them with supporting home visitors in connection with safety-related issues that they encounter or may encounter when serving families in their home environment. As has been noted, “if the [home] visitor is distracted by danger or fear, the effectiveness of the home visiting program may be compromised” (Beder, 1998, p. 521).

Safety concerns do not impact only home visitors, but also other providers who work in the home environment, such as those working in the child welfare and early intervention (EI) systems. Accordingly, members of these systems were invited to participate in the Workgroup as part of a cross-system collaboration.

Charge and Objectives of the Workgroup

The Workgroup was tasked with:

- Exploring the challenges that home visitors and others who work with families in the home environment encounter that impact their safety and the safety of the families that they serve, thereby impacting their ability to effectively provide services; and
- Identifying barriers to mitigating safety risks and best practices for programs, providers, and families to reduce concerns about and experiences with lack of safety in both the home and the community, and to ensure that services are provided effectively to families.

¹ CPRD serves as the external evaluator and benchmark analyst for MIECHV-funded programs in Illinois (CPRD, n.d.).

² See *Appendix A* for a list of the Ad Hoc Safety Workgroup participants.

Specific objectives include the following:

- Providing home visitors, home visiting supervisors, and home visiting agencies with useful resources that –
 - Raise awareness about personal safety issues for home visitors while continuing to place the families being served by home visiting services in a supportive and positive light;
 - Support the development and implementation of safety policies, practices and trainings that empower home visitors; and
 - Encourage the facilitation of meaningful relationships between home visitors and the families they support, and encourage a partnership between home visitors and families when it comes to safety-related issues

- Enabling home visits in Illinois to be a “safer and more effective endeavor” for both the home visitors and the families served (Lyter & Abbot, 2007, p. 31).

Purpose of this White Paper

The purpose of this white paper (the “Paper”) is to (i) describe certain of the safety risks that home visitors in Illinois encounter, (ii) describe the findings of the Workgroup and provide the home visiting community in Illinois with recommended resources that agencies and programs can use to fit their individual needs, and (iii) offer additional considerations of what agencies and programs should keep in mind when developing and implementing their own policies, practices, and training around safety.

Safety Risks Identified in the 2015 Survey

The HVTF’s decision to form the Workgroup was based, in part, upon the results of the 2015 Survey, coupled with the need to address this important topic. CPRD conducts an annual survey of all MIECHV home visiting staff, supervisors, and community systems development and coordinated intake staff. In 2015, CPRD added a section of questions about safety to the 2015 Survey in response to concerns from the field (CPRD, 2015). The 2015 Survey included questions pertaining to both the perceived concerns about safety and the occurrence of unsafe experiences (CPRD, 2015).³

An infographic prepared by CPRD and the Governor’s Office of Early Childhood Education (GOECD) highlighting the results of the 2015 Survey, including the safety risks identified by the respondents, is included herein as *Appendix B*.

In sum, over half of MIECHV home visiting staff reported concerns about a variety of safety issues, including encountering weapons and animals, and experiencing theft, robbery, and gang-related violence in the homes and neighborhoods where they work (CPRD, 2015). In addition to expressing concerns about safety, many home visiting staff reported that they have been in dangerous situations while working (CPRD, 2015). Almost a quarter of home visiting staff reported witnessing violence to

³ The Workgroup is not aware of any survey – other than the CPRD’s annual survey – that specifically and directly addresses safety issues for home visitors in Illinois.

others while working (CPRD, 2015). Newer home visitors were more likely to feel intimidated than more experienced home visitors (CPRD, 2015). Over 30% reported hearing gunshots while working (CPRD, 2015). In terms of actual unsafe experiences, the respondents did not report high levels of unsafe experiences compared to their perceptions of risk (CPRD, 2015).

Findings of the Workgroup and Recommended Resources

In light of the results of the 2015 Survey, the Workgroup sought to identify challenges and barriers to mitigating safety risks that exist within the home visiting system. In order to do so, the Workgroup gathered information regarding the relevant policies and procedures around safety from (i) the funders of home visiting in Illinois, which are MIECHV, Illinois State Board of Education, Illinois Department of Human Services, Chicago Public Schools (CPS), Early Head Start, and the Ounce of Prevention Fund (collectively, the “Funders”), and (ii) certain of the home visiting models operating in Illinois, which include Parents as Teachers, Early Head Start, Healthy Families America, Nurse Family Partnership, and Baby TALK (collectively, the “Models”). The information gathered from the Funders and the Models has been synthesized into two tables, which are included herein as *Appendix C*.

We also gathered information from certain agencies regarding their policies and procedures around safety. Such materials range from personal safety tips to more formalized workplace/field safety policies.

Through our work, we learned that this area offers both opportunities for improvement, along with some promising and supportive policies, practices and trends that members of the home visiting community in Illinois are recommended to review and consider.

Promising and Supportive Policies and Practices

The Funders and Models stressed certain policies and practices that are to be strongly encouraged amongst the workforce. All of the Models and Funders have some flexibility for programs to make judgment calls for safety, as long as the situation is documented clearly. Most of the Models and Funders allow their home visitors to meet the caregivers in a location other than the caregiver’s home. For example, NFP nurses can meet their clients in alternate locations (e.g., library, school, work place, public health office) to insure safety for the clients and the nurses (Joan Barrett, personal communication, March 4, 2016).

The following list highlights innovative strategies used by home visitors and programs to support the safety of their home visitors:

- CPS offers an annual training program for its grantees that specifically and exclusively addresses safety-related issues and considerations.
- Many Models or programs encourage reflective practices or discussions amongst staff regarding safety concerns. For example, NFP has a Team Meeting Education Module on “Safety for the Home Visitor,” which encourages its home visitors to consider various

conditions and what they might do, or which situations might create a safety situation (Joan Barrett, personal communication, March 4, 2016).⁴

- Given the reciprocal nature of the relationship between home visitors and parents, some programs encourage parents to become involved in helping home visitors to reduce safety risks. The following are examples of such practices:
 - Some home visiting programs require that someone in the home or the actual caregiver come out to meet the home visitor at the (outside) front door; and
 - For first time visits, home visitors do not go to the parent's home environment unless the meeting is confirmed via text message or phone call by the parent.
- Some programs are working to foster relationships with other organizations in their community, such as local libraries, law enforcement, and domestic violence agencies. When possible, community level partnerships should be established to aid in creating a safe working environment. Such partnerships will increase the visibility of home visiting staff so that each community becomes familiar with the services provided and comfortable with the presence of home visiting staff in the community. These partnerships may include the following:
 - Cross-training opportunities between home visiting with other systems in Illinois, such as EI, child welfare, and mental health;
 - Professional development opportunities, such as instruction on trauma-informed practices;
 - Pooling of resources, such as dual accompaniment to visits by home visitors and EI providers; and
 - Creation and establishment of a "safe haven" site for caregivers and home visitors to meet, such as the local library.
- The use of technology can be an advantage to home visitors. For example, an application for smartphones called "[Every Block](#)" shows the locations from where calls to the police have been placed within the last two days. This application enables one to see (from a geographical perspective) where specific activity has been reported within a community.

Programs seeking further assistance in interpreting these policies and practices are advised to consult the following resources:

- *The "Home Ranger" Rides Again! Making Home Visits Safer and More Effective* (Goldman & Schmalz, 2008);
- *Home Visits: Tips and Resources for Making Safe and Effective Home Visits* (Vanderbilt Kennedy Center for Excellence in Developmental Disabilities, 2014);

⁴ Even though NFP, as a national home visiting model, is not as widely used in the Illinois as elsewhere in the United States, we included a description of its practice because it a solid and robust example of a specific practice that programs in Illinois not following the NFP model should consider using.

- Oklahoma’s *Safety Guideline Manual for Home Visitors* (Oklahoma State Department of Health, 2007), and the website [of the National Center for Community-Based Child Prevention](#), which provides other resources from the Oklahoma State Department of Health, including a series of educational videos covering a variety of topics (e.g., general safety, family assessment, trauma-informed practices, domestic violence, mental health, fire arms, drugs, and child abuse and neglect reporting);
- Idaho’s *Home Visitor Safety: MIECHV Program Training Module* (Idaho Department of Health and Welfare Family and Community Services, n.d.);
- *Oregon’s Home Visitor Safety Guide, Revised May 2014* (Oregon Health Authority, 2014); and
- The “Healthy Moms Healthy Babies” initiative from [Futures Without Violence](#) website, which provides domestic violence and child abuse training and education to home visiting programs.

Opportunities for Improvement

Many home visiting programs, Funders and/or Models do not have comprehensive safety policies and procedures that address the unique and specific concerns for home visiting in place, or if there are policies/procedures, such may not be used or followed in practice. Much of the responsibility to develop and implement safety policies for home visiting appears to fall onto the individual home visiting programs. When safety training is provided to home visitors, it tends to be introductory training that does not reflect the communities’ specific safety related needs or go beyond basic safety. Additionally, other programs who serve birth to five in the state who provide services in the home did not have explicit policies and training geared towards safety while in a client’s home. In some cases, the agencies have safety policy and procedure for their on-site location but the policy/procedure was not inclusive to home visiting. Overall, the current policy, procedure, and training that do exist in the state, do not appear to address the ever changing community demographics and have areas that could be enhanced.

Best Practices

In order to assist the home visiting community in Illinois, CPRD and GOECD prepared a set of best practices for home visitors, home visiting supervisors, and home visiting agencies. Each is included herein as *Appendix D*.

Policies and Training

In light of the findings identified above, the Workgroup recommends that home visiting agencies incorporate safety awareness into their policies, procedures, and everyday practice to enhance home visitor safety and illustrate to home visitors that their safety is valued. Policy and procedure will look different at each agency depending, in part, on program and community resources and challenges, as well as what programs may already have in place to address safety concerns. At a minimum, the Workgroup recommends that policies and procedures address the following:

- Safety precautions to be taken by home visitors, supervisors, and agencies to mitigate risk;

- Specific procedures to follow when a dangerous situation is identified; and
- Follow-up to be made after a dangerous situation occurs.

A policy template is included herein as *Appendix E*. Individual agencies and programs may want to review this policy and consider the issues presented in this Paper when developing and implementing their own policies and procedures. Programs should develop safety policies, procedures and partnerships with their governing agencies/boards to ensure buy-in and support at all levels.

In addition to developing policy and procedure manuals, we recommend that programs build safety into the culture of their programs. In-person safety trainings should occur during on-boarding for new home visiting staff and at least annually thereafter. A training template is included herein as *Appendix F*.

Additional Considerations

The Workgroup acknowledges that this is a complex issue to address. The following are additional considerations of which we are mindful and should continue to be mindful when developing and implementing resources and training for home visitors.

Let's not create a disincentive for engaging with families

Raising awareness around the issue of safety could introduce some complications by focusing on the risks involved in working with families. The Workgroup wishes to ensure that safety resources and training are supporting workers in engaging with the most distressed families and not creating reason for not engaging.

Many of the families who are served by home visiting programs live within high-risk areas and are regularly exposed to dangers in their environment. However, one should be mindful that the families not be viewed as “dangerous,” particularly men in families. Researchers who have explored safety issues for social workers within the context of home visiting offer the following recommendation: “Clearly, refraining from service to clients is not a reasonable option; instead, exaggeration, fear, and denial should be replaced with rational and solution-oriented methods” (Lyter & Abbott, 2007, p. 30).

These concerns can be addressed through a multi-layered approach consisting of some or all of the following strategies, which we offer as “rational and solution-oriented methods”:

- Placing an emphasis in the safety resources and trainings on **family support principles**, which include prevention and promotion, respect for family culture and goals, a focus on a strengths and partnership model of practice, and a belief that all families need support (Dunst, 1995; Kagan & Weissbourd, 2007);
- The use of **reflective supervision** so home visitors have a space to process any safety issues (PAT, 2015);
- Being mindful that while the **perceived safety risks** to home visitors are an important and salient concern, it is encouraging that **actual unsafe experiences** do not occur at high levels, at least as shown in the findings of the 2015 Survey;

- Incorporating ways to **better engage fathers** in home visits (which can partially address the potential concern about men in families being dangerous);
- Encourage **hiring practices** that emphasize (i) supporting families, (ii) child development, (iii) building skills, and (iv) assuming good intent on the part of the family (i.e., a strengths-based approach) rather than focusing on a family's deficits (Parlakian et al., 2002), while (at the same time) hiring home visitors that are accepting of going into high risk service area;
- The effective use of **infant mental health consultants** (particularly in MIECHV-funded programs where this service is available to home visitors);
- Engaging **upper level management** in safety issues so home visitors feel supported by their organizations. Family support workers are most effective when the organizations they work in provide a supportive climate (Parlakian, 2001);
- Building relationships with **organizations in the community** (e.g., establishing "safe havens" in the local library) so home visitors feel supported within the communities they serve; and
- Including a **trauma-informed** lens or components in training and resources so home visitors may develop a better understanding of how a family's traumatic experiences may shape their relationships with their own child and the home visitor,⁵ and how the home visitors own experiences may shape their perceptions and feelings of safety.

No one size will fit all

This Paper is not offered as a "one size fits all" approach. Safety issues vary from community-to-community, particularly given Illinois's diversity of population densities, geographies and programmatic resources. In developing and implementing policies and practices, organizations need to be mindful of numerous factors, including the individual needs of the communities in which they serve, as well as their organization's own resources. However, doing nothing with regard to the issue of home visitor safety does not help.

Applicability to other systems

Safety concerns do not impact only home visitors, but also other providers who work in the home environment, such as those working in the child welfare and EI systems. While this Paper focuses on home visitors in Illinois, these other systems in Illinois may find this Paper of use. The Workgroup recommends that this Paper be shared with other systems in Illinois.

Conclusion

Home visitors need to fully internalize that their safety is paramount. All of the Funders and Models allow for flexibility in service delivery to allow programs to put home visitor safety first. It is important that the system, as a whole, embraces a culture of safety so home visitors feel comfortable

⁵ This strategy may include the use of the "Neuroscience, Epigenetics, Adverse Childhood Experiences, Resilience" or "NEAR" framework, which was developed by the Region X ACE Planning TEAM and is described in "NEAR@Home: Addressing ACES in Home Visiting by Asking, Listening and Accepting" January 2016 (retrieved from: <https://thrivewa.org/work/trauma-and-resilience-4/>).

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employing the measures put in place to keep them safe. To that end, the following are overall system level recommendations to support home visitor safety in the state:

- Encourage programs to develop comprehensive safety protocol and to update those procedures periodically;
- Encourage community partnerships by fostering relationships at the state level, thereby, making it easier for home visiting agencies to make connections at the local level (e.g., continue relationship with Illinois Coalition Against Domestic Violence);
- Give home visitors the opportunity to discuss their concerns around safety and share ideas (i.e., Communities of Practice);
- Provide state level resources for training on basic home visitor safety so all home visitors are receiving the same message;
- Track the type and location of safety incidents that do occur so emerging issues and patterns can be addressed; and
- Encourage the effective use of infant mental health consultants to support reflection regarding safety and issues of vicarious trauma.

In response to the Workgroup's recommendations, OECD will take the following action steps:

- Develop and implement a safety policy that addresses many of the concerns raised by the Workgroup;
- Develop and produce state level training documents and webinars that will be available on the igrowillinois.org website for access by home visiting agencies and any other parties in Illinois who go into a client's home to provide services;
- Require Unusual Incident Reports to be completed when there are safety incidents, and begin tracking the nature of the incidents and when and where they occur; and
- Share this Paper with the Illinois Interagency Council on Early Intervention and the Illinois Department of Children and Family Services should either or both want to use the resources described herein.

List of Appendices

Appendix A – List of the Ad Hoc Safety Workgroup Participants

Appendix B – Infographic about the 2015 Survey

Appendix C – Tables related to the Funders (Appendix C-1) and Models (Appendix C-2)

Appendix D – Best Practices for Home Visitors (Appendix D-1), Home Visiting Supervisors (Appendix D-2), and Home Visiting Agencies (Appendix D-3)

Appendix E – Safety Policy Template

Appendix F – Safety Training Template

References

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Vanderbilt Kennedy Center for Excellence in Developmental Disabilities. (2014). *Home visits: Tips and resources for making safe and effective home visits*. Retrieved from:
http://kc.vanderbilt.edu/kennedy_files/HomeVisitsTipsandResourcesJune2011.pdf

APPENDIX A
List of Ad Hoc Workgroup Participants
(As of April 8, 2016)

Lesley Schwartz – Governor’s Office of Early Childhood Development
Tracy Small – Ounce of Prevention Fund
Velinda D. Alexander – True to Life Foundation
Kim Collins – Illinois Action for Children
Penelope “Penny” Kathleen Smith – Illinois State Board of Education
Diane Scruggs – Healthy Families
Gerri Clark – University of Illinois at Chicago, Division of Specialized Care for Children
Bill McKenzie – Ounce of Prevention Fund
Anna Potere – Ounce of Prevention Fund
Stacey McKeever – Center for Prevention and Research Development at the University of Illinois
Kelly Hilley - Governor’s Office of Early Childhood Development
Carol Muhammed – La Rabida Children’s Hospital & CFC #10
Pat Singler – Easter Seals
Vickie Smith – Illinois Coalition against Domestic Violence
Andrea Wilson – Illinois Action for Children
Melissa Lane – Rush University Medical Center & CFC #11
Aminah Wyatt – Illinois Action for Children
Tom Browning – Illinois Action for Children
Grace Ortiz – CFC #9
Mattie McLaurin – Chicago Public Schools
Catherine Enright - ChildServ
Monica Patrick – CFC #9
Rose Gallagher – Ounce of Prevention Fund
Colleen Norton – Between Friends
Ann Courter – Sargent Shriver National Center on Poverty Law
Linda Delimata – Illinois Children’s Mental Health Partnership
Carol Carlton – Macon County Health Department
Reta Kendall - Macon County Health Department
Grace Hong Duffin – Illinois Department of Human Services
Hector Tellez – Illinois Department of Human Services
Beverly Lee – Easter Seals of Metropolitan Chicago
Angela Brown – Sinai Community Institute
Kimberly Nelson – Rockford School District
Noel Norris – ChildServ
Betty Diza – SGA Youth
Pat Mosena – Options for Youth