

The State of Home Visiting: Reflections of Infant and Early Childhood Mental Health Consultants on Family and Home Visitor Experiences

Illinois Maternal, Infant and Early Childhood Development Home Visiting Program | January 2022

Illinois' home visiting system has long valued the integration of Infant and Early Childhood Mental Health Consultation (I/ECMHC) into home visiting programs, as a resource to strengthen provider capacity to identify and address the mental health needs of young children and families. Illinois MIECHV emphasizes the integration of I/ECMHC into its programs; all MIECHV funded programs have an assigned I/ECMH consultant to support home visitors and supervisors in reflecting on challenging cases and improving practice, through individual and program sessions as well as Reflective Practice groups. Since the onset of the COVID-19 pandemic in March 2020, I/ECMH consultants have served as vital supports for home visitors as have continued to hold space for families navigating new challenges and on-going stressors exacerbated by the health crisis.



The brief below elevates reflections shared by MIECHV Infant and Early Childhood Mental Health Consultants and other providers who have been supporting home visiting professionals throughout the COVID-19 pandemic, often in their own words. In addition to surfacing important challenges and strengths faced by families with young children, these stories and reflections serve as a reminder of the important role that I/ECMHC plays in sustaining resiliency within home visiting services.

Weathering Uncertainty & Vaccine Requirements

In March 2020, Illinois home visiting services shifted to virtual engagements and the major funders worked in coordination to issue coordinated guidance over the coming months to support the continued provision of virtual services in line with public health guidance. While increased access to vaccines among home visitors and families brought new hope – with in-person visits permitted to return on a voluntary basis in summer 2020 – the resurgence of cases due to the Delta and Omicron variants in 2021 brought new stressors and challenges to home visiting programs. Uncertainty regarding whether visits would fully remain virtual, or resume in-person contacts with families, added to broader fears of the unknown and burnout among a workforce that had shouldered over a year of pandemic service.

The feeling of hope that seemed to permeate our lives in July based on lower rates of COVID seemed to be horribly dashed during the days of August into September, when the number of those who tested positive and lost their lives rose at an alarming rate.

Coupled with the continuation of COVID-19 protocols and divisive community and national rhetoric around the pandemic, vaccine hesitancy and requirements brought new tensions to the field. Though home visitors were not subject to initial state vaccine mandates that included K-12 and child care workers, many home visiting programs and social service agencies moved to implement organizational

vaccine requirements, and in September 2021, President Biden announced a plan requiring all Head Start program staff and certain contractors to be vaccinated by January 2022. ¹ As more of the home visiting field MIECHV I/ECMH consultants noted fears among home visitors about job loss due to internal policy requirements and vaccination mandates, potentially contributing to the uptick in staff turnover after an initial drop in turnover among the MIECHV workforce early in the pandemic.

Holding Families and Home Visitors Through Trauma

I/ECMH consultation is not therapy, and while consultants are often licensed social workers or otherwise highly trained professionals, they do not act as individual counselors to staff or families. Instead, I/ECMH consultants work with home visiting staff to best equip parents and caregivers to support their children's healthy social and emotional development. Likewise, home visitors are not intended to act as therapists, though some families may want to view them as professional counselors. Still, MIECHV home visitors have been successful in encouraging participants to engage in formal counseling and have turned to their consultants to build capacity to respond to families around mental health concerns as well as grief and loss. I/ECMH consultants have additionally helped home visitors leverage tools from the [Mothers and Babies program](#), which is an evidence-based program to help pregnant women and new parents to manage stress and prevent postpartum depression. In FY2021, Illinois MIECHV CQI worked within the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN 2.0), to spread and scale improvements in Maternal Depression screenings, access to treatment, and symptom reduction. Among FY2021 Illinois MIECHV CQI teams, the percent of women with a positive screen for maternal depression who were offered a referral increased from a median of 71.2% to 75.7%, and women screened for maternal depression who verbally accepted a referral increased from a median of 67.5% to 96.4%.²

Beyond the toll taken by the uncertainty of the last two years, home visitors and I/ECMH consultants have witnessed increased levels of family need, loss due to COVID-19, trauma, and in some cases, community violence exacerbated by the pandemic.

From consultations that involved a home visitor reflecting on having to crouch on the floor during a home visit due to gun shots nearby...to a family that attempted to sell their children on Facebook...to the death of a young child's parent due to COVID-19...to an expectant mother who participated in virtual visits and prenatal groups and eventually learned that she was experiencing pseudocyesis (a false pregnancy)...to a home visitor struggling with her own feelings and experiences in supporting a mother who was considering abortion...to home visitors and supervisors experiencing racial injustice, personal loss and also death, it is apparent that as human beings, we have been immersed in a point in time filled with a myriad of traumatic events.

¹ Vaccine and Mask Requirements To Mitigate the Spread of COVID-19 in Head Start Programs, A Rule by the Children and Families Administration on 11/30/2021, [86 FR 68052](#).

² Illinois MIECHV Annual Report, 2021. Center for Prevention Research & Development, <https://cprd.illinois.edu/files/2022/02/IL-MIECHV-Federal-FY2021-Annual-Report.pdf>

While noting that MIECHV teams remain resilient, stable, and cohesive as they have supported families through new challenges, I/ECMH consultants also note that communities have experienced higher than typical rates of child welfare involvement, violence, material needs, and a need for resources and treatment for substance abuse issues. Reflecting across the experiences of several MIECHV communities, a number of consultants named the impact of generational trauma, which has intersected with racial trauma heightened by national and local events in the last two years.

The community seems to have a palpable, yet unspoken sense of generational trauma, violent events, and grief [...] Racial inequities and repetition of trauma within family systems seem to be themes that create a sense of need for healing and justice in this community.

Navigating Biases and a Commitment to Equity

Families served by MIECHV are racially diverse: per FY21 estimates, adult participants self-identified nearly equally as White (44%) and Black (41%); 15% self-identified as multi-racial/other. More than 1/3 of adult participants identified as Hispanic.³ Across MIECHV communities, as I/ECMH consultants observed the impact of discrimination, racially motivated violence, and implicit bias on families and communities, they also worked with staff around discomfort in discussing these issues. Though the MIECHV workforce is diverse, programs have faced challenges discussing implicit bias, racial discrimination, and other issues of racial equity.

In one agency, where I/ECMH consultation supports focused on diversity, equity, and inclusion, staff discussed micro and macro aggressions in the context of doula work, as well as racial disparities in infant and maternal mortality. While staff acknowledged it was the first time Black & Indigenous and other staff of color had surfaced these issues with non-BIPOC (Black & Indigenous People of Color) colleagues, the I/ECMH consultant applauded the team for demonstrating “substantial effort at creating a safe space for all voices and experiences to be heard, honored and respected.”

The acknowledgment of diversity, equity, and inclusion of all families in this community is a salient need [...] The community also appears to have a need to recognize and honor the diversity of families to promote diversity and stand up for inclusion, belonging, and acceptance.

In addition to grappling with issues of racial equity, MIECHV teams have also leaned on I/ECMH consultants to support conversations about working with LGBTQ+ families in home visiting. Reflections from home visitors included not knowing what to expect from families, feeling they do not know enough about the topic, feeling as if they might come across as being disrespectful or judgmental, and a recognition of staff’s own biases and strong emotions generated by this topic. Cultural and religious perspectives differ across teams, and home visitors expressed feeling not always feeling safe to hold vulnerable conversations with coworkers with differing views.

³ Illinois MIECHV Annual Report, 2021. Center for Prevention Research & Development, <https://cprd.illinois.edu/files/2022/02/IL-MIECHV-Federal-FY2021-Annual-Report.pdf>

Supporting Resiliency Amidst Burnout & Turnover Challenges

Staff's own stressors, including financial strain, caregiving burdens, deaths in their own families, and personal health challenges, have been exacerbated by work-related uncertainties tied to the pandemic, including new challenges with recruitment and retention. These stressors have also contributed to feelings of burnout among staff. In some programs, unexpected departures have left home visitors and supervisors struggling to cover vacant positions, while programs have also struggled to recruit and hire new home visitors and Coordinated Intake workers.

A long-standing challenge appears to be that staff perceive themselves to be asked to do “more and more” while feeling underappreciated, undervalued and underpaid. This must change if the field wants to attract highly qualified and long-term staff.

The 2020 MIECHV CQI Survey, which assessed burnout among home visitors and supervisors, found that over 19% of survey respondents indicated some modicum of burnout, while more than 40% of respondents indicated that staff turnover presented challenges to their program over the past year.⁴ In line with MIECHV CQI workforce data from FY20, which suggests that the top reason that staff have left home visiting programs was to take higher paying positions elsewhere, I/ECMH consultants noted the need to improve compensation among the home visiting workforce, and work toward a compensation framework that will help agencies “understand the value of the work [...] to instill program sustainability.”

I/ECMH consultants are among those most closely linked to and aware of the challenges facing the home visiting workforce. As the last two years have brought immense challenges and stress to the home visiting field, I/ECMH consultants have been a consistent resource for home visitors, and helped foster resilience.

Yet, as the MIECHV Infant/Early Childhood Mental Health Consultants “sit” in discomfort with home visitors, coordinated intake workers, and supervisors, the feelings of loss, grief and anxiety are not suddenly fixed or quickly disappear. What happens is quite the opposite...the feelings and experiences are acknowledged; they are validated; they are explored -- not ignored. And in this realm of being heard, our trust in others, encapsulated with hope and resiliency, can abound. We will always hold hope.

⁴ MIECHV Home Visiting and Continuous Quality Improvement Annual Survey Report for July 1, 2019 – June 30, 2020. Center for Prevention Research & Development, <https://cprd.illinois.edu/files/2021/05/FINAL-FY2020-MIECHV-HV-CQI-Annual-Survey-Report.pdf>