

Strategies for Home Visiting Recruitment & Uptake:

Results of Evidence Review

March 13, 2026

Child Trends.



Acknowledgements

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- The Initiative is working to improve access to services, including home visiting, for young children and their families.
- **Child Trends** serves as the evaluation partner.

A huge **thank you** to all ECD-U.S. grantees who are joining today and have contributed in numerous ways to the evaluation!

Agenda

- Project overview
- Strategies & Examples
- Recommendations
- Discussion



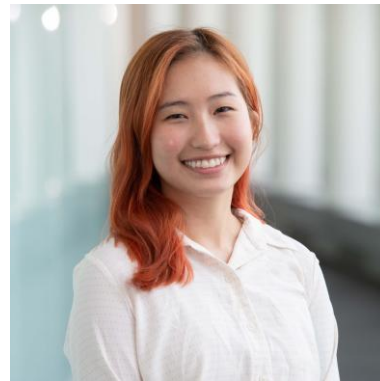


What is your role in the home visiting field?

Project Team

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Reviewers: Sarah Crowne, Chrishana M. Lloyd, and Kate Steber



Background

The potential positive impacts of home visiting are limited by:

- **Limited reach:**

- 1 in 5 families eligible for MIECHV participate
- 1.6% of families who *could* benefit from any kind of home visiting participate

- **High attrition:**

- 20-67% attrition in first 12 months
- 1 in 5 families receive the expected number of visits in the first 6 months

Project Overview

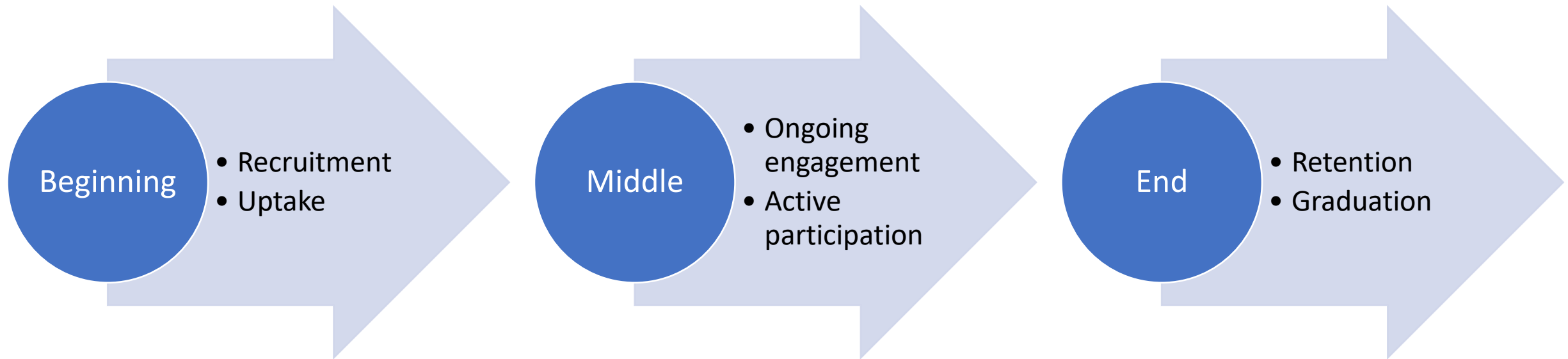


Recruitment: The process of enrolling a family into a home visiting program, which includes outreach to potential families, referrals to the program, initial contact with the family, and enrollment into the program

Uptake: Family participation and engagement in the initial home visits

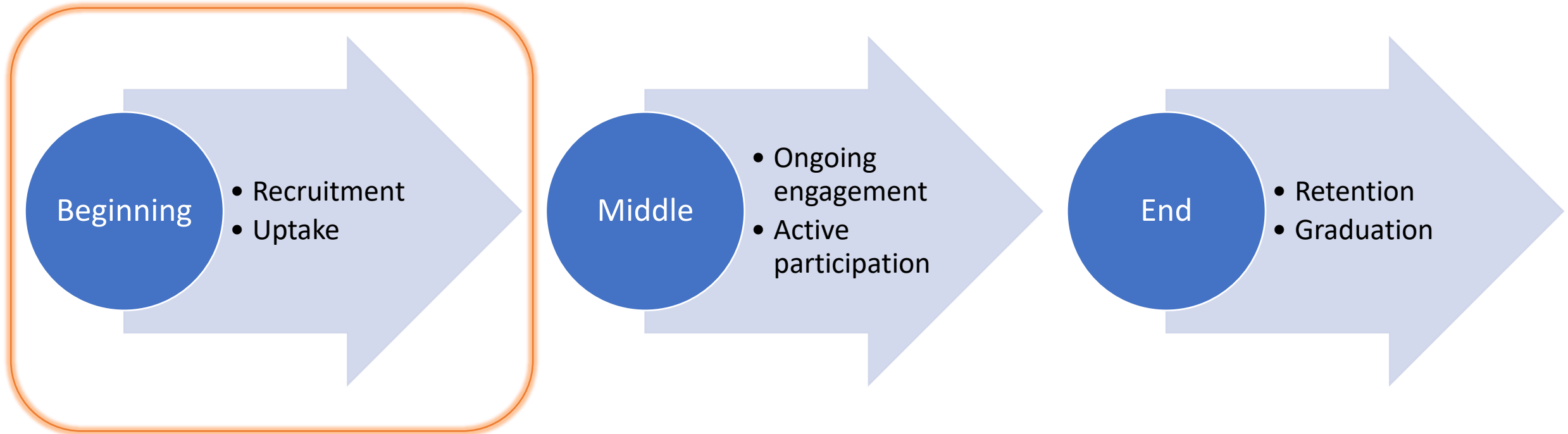
Project Overview

Forms of engagement in home visiting:



Project Overview

Forms of engagement in home visiting:





Pause and discuss:

What are the main challenges you see for home visiting recruitment and uptake in your community?

Evidence Review

Goals:

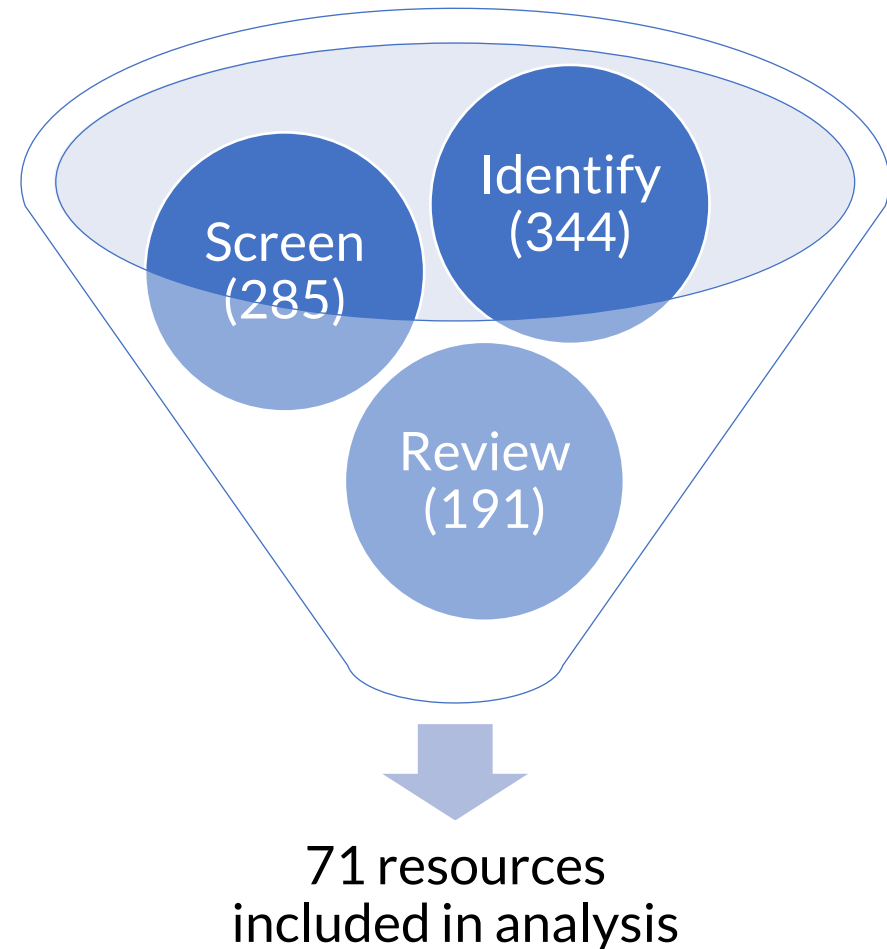
1. Identify strategies for recruiting families to home visiting and encouraging uptake
 - in Los Angeles County and New Mexico
 - among Asian American/Pacific Islander, Black, Indigenous, and Latiné families
2. Present the evidence base for each strategy



Evidence Review

Steps:

- 1) Identify and narrow down sources
- 2) Screen and review
- 3) Pull out information on relevant strategies
- 4) Conduct content analysis on extracted information
- 5) Produce final list of strategies with summary of evidence for each



Status of Evidence

The evidence on home visiting recruitment and uptake is in its infancy.



The resources reviewed for this effort did not use consistent definitions for or operationalize uptake, which complicated our efforts to better understand this construct.



There are methodological limitations in the empirical evidence for strategies to promote recruitment and uptake.



Categories of strategies

Messaging & Outreach

5 strategies



Includes efforts to improve and expand public awareness and understanding of home visiting, universal outreach, and incentives for participation.

Responsiveness & Flexibility

7 strategies



Includes selecting home visiting models that reflect the local culture, flexibility in timing and location of visits, and prioritizing families' preferences and goals.

Referral Partnerships

4 strategies



Includes efforts to increase referrals to home visiting – especially by agencies trusted by families affected by negative social determinants of health.

Programmatic Efforts

5 strategies



Includes hiring, training, and engagement work that home visiting programs can do to invest in more robust recruitment and uptake.

Presence of quantitative and/or qualitative evidence

Indication that the strategy has been used with and/or is recommended for wide range of racially and ethnically diverse people/families

Most promising strategies

Indication that the strategy is feasible to implement, as demonstrated by its use in home visiting practices

Alignment with principles of high-quality home visiting services

Referral Partnerships

- **Initiate, build, and maintain relationships with referring agencies**
- Establish or improve referral processes
- Educate referring agencies
- Co-locate home visiting staff in referring agencies

Referral Partnerships



Initiate, build, and maintain relationships with referring agencies

- Build and maintain strong relationships with trusted community organizations that can refer families to home visiting (e.g., prenatal care providers, birthing hospitals, food banks, domestic violence organizations, faith-based organizations)
- Example: Cultivate a “champion” at referring agency who can advocate for home visiting



Pause and discuss:

What referral partnerships have you cultivated? How?

Messaging & Outreach

- **Establish universal home visiting**
- Strategically disseminate messaging about home visiting
- Promote father involvement/engagement
- Offer incentives
- Encourage peer-to-peer referrals



Messaging & Outreach



Establish universal home visiting

- Offer home visiting to every eligible family in a community, catchment area, or auspice (e.g., a particular hospital or county)
- Often “light-touch,” short-term home visiting models
 - Welcome Baby
 - Family Connects
 - First Connections
- Example: offering one home visit to all new parents in a particular state



Pause and discuss:

Can you share any examples of strategic messaging about home visiting that you have used?

Responsiveness & Flexibility

- **Provide flexibility in location of services and scheduling**
- Implement model while prioritizing family needs and preferences
- Build trusting relationships with families
- Maintain ongoing communication with families
- Select and adapt models to meet community needs
- Allow virtual visits
- Streamline enrollment process

Responsiveness & Flexibility



Provide flexibility in location of services and scheduling

- Home visitors work with families to determine the days, times, and locations most convenient for families
- Example: offering to adjust the frequency of visits
 - May conflict with guidance from the model



Pause and discuss:

What types of flexibility do you think are the most important to families?

Programmatic Efforts

- **Establish a process for community input**
- Align home visitor characteristics/backgrounds with family needs and preferences
- Use data-driven approaches
- Build home visitor capacity
- Establish outreach coordinators



Programmatic Efforts



Establish a process for community input

- Efforts to hear directly from community members about their needs and preferences to ensure that program responsive and culturally attuned
- Example: establish caregiver councils or advisory boards



Pause and discuss:

What are examples of ways that program leadership has supported outreach and uptake, in your experience?

Recommendations

Research

- Conduct quantitative research that investigates the outcomes of one or more of the identified most promising strategies on recruitment and uptake.

Program Operations

- Hire staff to strategically engage with the community.
- Fund existing or new universal “light-touch” home visiting programs for all families.
- Implement an integrated, user-friendly, centralized referral system.

Staff Training

- Develop and evaluate a training module for home visitors to help them navigate the challenges and tensions inherent in balancing model requirements with responsiveness to family needs and preferences.

Discussion

- What have you tried in your programs to encourage recruitment?
Uptake?
 - What has gone well?
 - Examples of culturally responsive strategies?
- Are there any strategies you know of not mentioned here?



Home Visiting Recruitment and Uptake Evidence Review

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Child Trends.

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Access the full report at
<https://www.childtrends.org>

Thank you!

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