




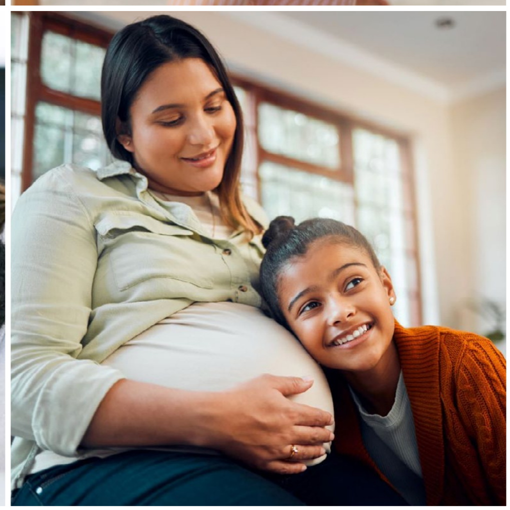

The Family Engagement Toolkit: Guidance for Early Childhood Home Visiting Programs on Improving Outreach, Recruitment, and Retention

September 2025

OPRE Report #2025-139

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Contract number: 7QRAA18D00BQ/75ACF121F80023

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The Understanding and Expanding the Reach of Home Visiting (HV-REACH) project

The HV-REACH project is developing and disseminating evidence-informed resources and strategies that home visiting programs can use to increase access to and participation in home visiting services among eligible families. Mathematica is conducting this project in partnership with the Brazelton Touchpoints Center and Social Grove on behalf of the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), in collaboration with the Health Resources and Services Administration (HRSA).

Acknowledgements

We are grateful to the home visiting program staff, state home visiting staff, and technical assistance representatives who generously gave their time and shared their knowledge and expertise as part of the user testing group for the toolkit. We appreciate the direction and leadership provided by our current and former federal partners, Kelly Jedd McKenzie, Kristyn Wong VanDahm, Jesse Coe, and Pooja Curtin of OPRE of ACF; Farha Marfani of the Office of Early Childhood Development (ECD) of ACF; and Maggie Kane and Sooyhun Kim of the Maternal and Child Health Bureau (MCHB) of HRSA. At Mathematica, we thank Jonathon McCay for his thoughtful quality assurance reviews, Laura Watson-Sarnoski and Yvonne Marki-Korosec for their design contributions, Effie Metropoulos and Bridget Gutierrez for editing support, and Abby Capella for support with the publicly available resources. Finally, we thank Patricia Del Grosso for her early stewardship of the toolkit.



Contents

Introduction

What is the Family Engagement Toolkit?

Resources linked to throughout the toolkit are described in the Resource Catalog; use the superscript reference numbers to find them.

The Family Engagement Toolkit is a guide and set of resources to help early childhood home visiting programs improve family engagement in their services. It translates knowledge about how to engage families into practical steps.

The ideas in this toolkit are based on home visiting literature; technical assistance (TA) materials; input from home visiting program leaders, representatives of state Maternal, Infant, and Early Childhood Home Visiting (MIECHV) awardees, TA providers, and researchers; and publicly available resources. Inclusion of a resource here does not mean the Administration for Children and Families or the Health Resources and Services Administration endorses it.

How the toolkit can help programs

The Family Engagement Toolkit can help home visiting programs:

/ Assess their strengths and weaknesses

/ Think about—and prioritize—their immediate needs and long-term goals

/ Devise and make changes that respond to families' or communities' needs, particularly ones that are within the program's control to address

/ Learn about common family engagement challenges or strategies

For example, home visiting programs can use this toolkit to reflect on whether their program is readily available to all eligible families, or to come up with new ideas for retaining families.

How to use this toolkit

Working with a team, program directors or leaders can follow these steps:

1. Identify the challenges your program faces in engaging families in services.
2. Develop and implement a plan to address these challenges.
3. Track and assess the results of your plan.

Because there is no single answer for how to improve family engagement, this toolkit does not say what you should do. Instead, it is meant to be a springboard for working with staff or partners (such as funders, model developers, TA providers, families, and other advisors) to address the engagement challenges—and opportunities—your program is facing.

The toolkit resources are flexible. How you use them depends on:

/ **Needs and time.** For example, some programs might work through the whole toolkit and involve their partners, and others might simply use the self-assessments with internal staff.

/ **Capacity for program improvement.** All programs can use the toolkit resources to better understand strengths, challenges, priorities, and new ideas to try. Programs whose staff are focused on or trained in program improvement practices may have greater capacity to make and sustain large-scale changes.

/ **Budget, funder, or model requirements.** Your program may need to consider its budget and any expectations from funders or model developers before changing your approach.

Toolkit contents

/ The toolkit is divided into six sections, including an introduction, four action-oriented phases, and a resource catalog.

/ Self-assessment and action plan worksheets are the core activities.

/ Each section has an example to illustrate key ideas.

/ The toolkit links to many resources, including single tools, comprehensive toolkits, and foundational reading. Each resource is summarized in the Resource Catalog; you can check to see if a particular resource might interest you, or you can search for resources on a topic.

Section	Contents	Objectives
Introduction	Definition of family engagement and the family engagement framework	• Understand that family engagement occurs at all points where families and home visiting programs interact • Identify key factors that influence family engagement
I. Get started	Tips for using the toolkit	• Decide who to involve in your work to improve family engagement • Decide how to work through the resources in the toolkit
II. Self-assess	Self-assessment worksheets	• Get insight into your program's strengths, challenges, and opportunities • Prioritize a challenge for your improvement efforts
III. Plan	Action plan worksheet with SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound); strategies for improving engagement	• Write SMART goals based on your prioritized challenge • Develop an action plan with concrete strategies
IV. Take action	Tips for pilot testing and assessment	• Put your action plan into practice and obtain feedback on new strategies • Track results and assess progress toward SMART goals to make decisions based on evidence
Resource catalog	Publicly available resources	• Look up descriptions of the linked resources to see if they would be helpful to consult for more guidance • Discover more resources by skimming the resource catalog

What is family engagement in early childhood home visiting?

Family engagement occurs at all points where families and home visiting programs interact

This toolkit is based on the idea that engaging families requires building positive, mutually respectful relationships with families and helping them meet their goals, rather than "doing to or for" families (as defined in the National Center on Parent, Family and Community Engagement[1] guide for home visitors).

Interactions with families happen at each of these engagement stages:

Outreach and awareness

Building program awareness and referrals

Recruitment and enrollment

Efforts to enroll families and a family's enrollment decision

Retention and active participation

Continued family attendance and responsiveness during services

In this toolkit, family engagement includes outreach and recruitment because, in practice, this is when efforts to engage families begin—in other words, engagement begins before a family enrolls in the program. Distinguishing between these three stages can help you decide where to focus your efforts to strengthen family engagement. For example, setting clear expectations about the services can support enrollment and retention, and this begins with what referral partners or marketing materials tell families to build awareness of the program and spark their interest.

Key factors promote family engagement across these three stages.

Key factors that promote family engagement are shown in the exhibit on the next page.

/ Each factor reflects (1) actions your program can take and (2) circumstances of families, home visitors, programs, communities, and systems that promote engagement. For example, community circumstances include the availability of other services families need, and systems include home visiting model guidelines or coordination across the early childhood system.

/ Your program has a better chance of engaging families successfully when these factors are present, and you may face engagement challenges when they are absent.

/ Some factors (such as the need for responsive and trusting relationships) apply to more than one stage of family engagement; they are therefore shown in the exhibit under more than one engagement stage, in the color that represents each stage.

The key engagement factors highlight the importance of **fair and tailored** access to home visiting resources and opportunities based on what a family needs to succeed, and **respect** and honor for family preferences or views.

This exhibit shows the key factors that promote engagement in the three stages: (1) outreach and awareness, (2) recruitment and enrollment, and (3) retention and active participation. The self-assessments (Section III) are based on these factors and list practices that support each factor. For more information on facilitators and barriers to family engagement, see the project's literature review.[2]

I. Get started: Assemble your team

Objectives

This section helps you prepare to use this Family Engagement Toolkit. In this section, you will:

/ **Decide** who to involve in the work to improve engagement.

/ **Consider** options for how to come together as a team based on people's availability and how you'd like to collaborate.

Who should be involved in improving family engagement?

Choose a core team

A small, core team helps to keep group work manageable. Depending on the focus of your work and how your program is staffed, a core team may include the program leader, outreach coordinators, home visitors, staff who work with data (such as data administrators), and others. Their opinions matter and can be different from leaders' viewpoints.

If you have worked with home visiting families or community leaders in the past (such as through a parent or community advisory board), you might ask them to join your core toolkit team. If not, Section III, Plan, has ideas on involving them, and you can consider developing an action plan to involve them. Still, some programs may need more support to meaningfully involve families or community leaders.

Choose one person to manage your work

One core team member can be responsible for setting agendas and goals and monitoring activities to keep everyone on track. This person might still assign responsibilities to others to spread out the work.

Include others when needed

Given the range of staff and partners involved with your program and their availability, there may be others with important perspectives or experiences who are not available for the core team or do not need to join each activity. Consider asking if they can share input separately (verbally or in writing) or if they can join select (but not all) meetings of the core team. For instance, someone with evaluation experience may not need to complete the self-assessment but could help monitor the success of new strategies. As you move from the self-assessment to developing an action plan, think about others who are invested in the challenge you prioritized.

Consider whether and how to include a range of viewpoints—from program leadership, staff, families, community members, or others—while balancing the information your team needs and the strengths and availability of your team members. Start by selecting core team members who can commit to working through the self-assessment and action plan worksheets, and choose others you might want to involve but whose time is more limited.

Some potential core team members are listed here. In the right-hand column, record the names of your core team members. Depending on your program and goals, you may not need to include all these potential team members; one person might perform more than one of these roles and some listed roles might not be available to you (like a data administrator, evaluator, or continuous quality improvement [CQI] coordinator). Your staff titles may also be different from the ones listed here, so consider who has relevant knowledge.

Potential core team member	Knowledge they can contribute	Name(s)
Home visiting program leader	Policy and program context, program operations, and organizational priorities and resources	
Outreach coordinator	Outreach operations, referral partners, and community demographics	
Data administrator or evaluator	Trends in outreach, referral, enrollment, retention, and active participation	
Home visitor	Family needs, goals, and preferences; reasons for (and barriers to) engagement	
CQI coordinator	Developing, implementing, and tracking progress on action plans	
Families in home visiting	Personal accounts of family needs, goals, and preferences, and program's strengths and challenges	
Community leaders (such as referral partners or advisors)	Community and family needs, community resources, referrals and linkages to home visiting and other services, views of the home visiting program	
Others	Can anyone else in your program, community, state, or connected to your model developer contribute a unique and helpful viewpoint?	

How to prepare to work through the toolkit resources

Once you choose who will be involved, there are a few decisions about how and when your core team will work through the toolkit.

Select a stage of family engagement to start with. You do not need to tackle all challenges at once. We suggest choosing one stage of engagement (outreach and awareness, recruitment and enrollment, or retention and active participation) to start with and completing the self-assessment and action plan worksheets with this stage in mind. This will help your team discuss challenges and opportunities for improvement in depth. Your team can then use these tools again to reflect on a different stage.

To choose a stage to start with, you might consider the following:

1. Which stage of family engagement has the most opportunity for improvement within your program?
2. What difference could it make for your program if engagement in this stage was twice as strong as it is right now?

Record the stage your team will focus on first, second, and third here:

1. **2.** **3.**

Make a schedule for working through the toolkit that fits with your team's availability, while considering these aspects:

- Reading and completing the self-assessment and action planning worksheets will take time. If you plan to meet as a team to complete these work-sheets, consider setting up four weekly meetings to start, for instance. Once you start putting your action plan into practice, decide on a schedule that makes sense for the timeline of your activities and your team's availability.
- If families or community leaders are part of your core team, it may take extra time and coordination to arrive at a mutual commitment to working through the toolkit and schedule times that work for everyone.

Choose an approach for the self-assessment. Decide how you will complete the self-assessment: individually, in small groups, all together, or a combination of these. Here are four possible approaches and their trade-offs. Remember, however, that the self-assessment is flexible, and you can select the best approach for your team:

Approach to self-assessment	Why you might prefer this approach
One designated person completes it + Discuss responses as a group	Your team's time is limited, and you want to use their time for reflecting on a completed assessment, or team members have a narrow view of the program and cannot complete most of the assessment.
Multiple people complete it individually first + Compare and discuss responses as a group	Your team wants an opportunity for individual reflection and brainstorming before you hear others' ideas, and your team has time to review the self-assessment twice.
Discuss and complete it as a group	Your team prefers to brainstorm and come to an agreement as one large group, through conversation that builds on each other's ideas, or your team does not have time to review the self-assessment twice.
Discuss and complete it in small groups first + Compare and discuss responses as a full group	Your team likes to brainstorm and come to an agreement but prefers doing so in smaller groups (for example, one group of program leaders and another group of staff that serve families directly or small groups of mixed staff roles), and your team has time for two rounds of group discussion.

Valley Home Visiting, Part 1: An example of how to use the Family Engagement Toolkit

Valley Home Visiting struggles to recruit eligible families from part of its service area. The program director decides that they need new strategies for addressing this challenge. The director sets up a meeting with the outreach coordinator, data administrator, home visitors, and a parent leader. At the first meeting, the group starts to share many possible reasons for their difficulty reaching eligible families. They decide to dedicate more time to discussing the underlying challenges. The group decides to use the Family Engagement Toolkit to structure their discussions, develop and try new strategies, and assess how these strategies are working.

The core team. The director records a plan for moving forward: those who attended the first meeting will make up the core team. Based on the challenge they prioritize, they will decide who should contribute to the action plan. The director agrees to organize the team meetings and monitor progress.

Plans for working through the toolkit resources. The director sets up four weekly meetings to get started. Before the first meeting, core team members individually review the self-assessment worksheets with the outreach and awareness stage in mind. Then they meet again as a group twice over the next two weeks to complete the self-assessment and choose one challenge to focus on for their action plan. In the following two weeks, they create an action plan and establish a schedule for checking in on their progress. The director discusses their family engagement improvement efforts and action plan at the next community coalition meeting, which includes parent leaders and other service providers. At the meeting, they ask for input and make connections with related community initiatives.

II. Self-assess: Identify your strengths, challenges, and opportunities

Objectives

This self-assessment is an opportunity to reflect with the core team, established in the Get Started section, on your areas for improvement. The self-assessment is a key resource within the toolkit. It has two parts:

- **Discuss your main strengths, challenges, and opportunities in engaging families.** The self-assessment worksheets encourage your team to reflect on opportunities to strengthen the key factors that promote family engagement (described in the Introduction).
- **Prioritize one challenge to improve.** After you complete the self-assessment, the second part of this section will help you choose one challenge to focus on while action planning.

Instructions

1: Look for these icons at the top of every worksheet to see if the worksheet applies to the family engagement stage you selected. If not, your team can skip that worksheet for now.

Outreach and awareness

Recruitment and enrollment

Retention and active participation

2: Follow the worksheet sequence (envision, consider, reflect, and rate) to move the discussion from broad (what you hope to do) to specific (what you actually do). It might help to skim the worksheet for context before completing it.

Envision

What does the program look like at its best? Defining the ideal helps you know what to work toward.

Consider

Consider whether your practices support the key engagement factors. How does the ideal you envision compare with these practices? If the practices do not match your context, consider the spirit of the practices.

Reflect

Reflect on whether you consistently use practices that support the key engagement factors and your vision. Where are opportunities for improvement?

Rate

Rate your program's practices to help decide which engagement factor to focus on first.

3: Write down (as applicable) the main strengths, challenges, and opportunities for improvement so you can refer to your notes later when prioritizing a challenge. You do not need to write down everything you discuss.

Tips **Consider these ideas and resources as you complete the self-assessment**

- **What do the data say?** Look for opportunities to review data when completing the self-assessment. If team members think something is a challenge, ask yourself: How do we know? Do our data support this conclusion? Taking the time to review numeric or qualitative information that you already collected can validate your team's beliefs, especially if team members are unsure or disagree. You might review data from your program (such as data on the people your program is or is not reaching), your community (such as from a community needs assessment), or other sources that might be easily available. For example, programs funded through the MIECHV Program typically collect data on a common set of performance measures.[3] Programs may also collect certain data required by an evidence-based home visiting model.
- **What if we can't answer the prompts?** You do not need to complete a self-assessment work-sheet in one sitting. If your team is not sure about a question, you can consult others outside the core team, such as other staff, partners, or families in the program.
- **How can we encourage everyone to weigh in?** The team will get the most out of your meetings if members are empowered to participate fully, but critiquing the program can be sensitive. Establish your meetings as a safe place for team members to give and receive useful feedback. For example, during the self-assessment, the goal is to identify areas for improvement, and you want honest opinions about what those are. To encourage team members to share openly, try activities like Rose, Bud, Thorn[4] or Plus-Delta.[4] See the Resource Catalog for more ideas about activities to promote positive team interactions.
- **What are the root causes of the challenges you see?** Consider using a problem tree exercise[4] during your self-assessment discussions to explore the causes and consequence of specific challenges.
- **What if we know right away what needs to change?** Embrace the self-assessment as an opportunity to explore and confirm you have correctly identified the problem. When discussing possible opportunities, avoid the temptation to jump right to the changes you could make. At the end of the self-assessment, you will identify and prioritize one challenge to make an action plan around.
- **How do we think about the range of families we serve?** The reflection questions in the worksheets ask you to consider how you are serving families in different circumstances.

Valley Home Visiting, Part 2: An example of how to use the Family Engagement toolkit
(continued)

After reviewing the self-assessment worksheets ahead of time, the Valley Home Visiting core team meets to work through them together. They set aside an hour to discuss as much as they can and then come back together the next week for another hour. The team already decided to focus on the outreach and awareness stage of family engagement, so they complete the four self-assessment worksheets relevant to outreach and awareness.

Discussing the main strengths, challenges, and opportunities in engaging families. The team first considers how program practices build responsive and trusting relationships with the families and communities it serves during outreach and awareness (self-assessment worksheet 1). The core team agrees the program is responsive and respectful to families and noted several examples of this, including that when staff ask families why they are interested in the program, the families usually praise the outreach staff as respectful, kind, trustworthy, and reassuring. The core team also agrees that their outreach materials describe the program clearly and accurately. However, one home visitor notes that the program has had less success enrolling families who live in the outlying and more rural parts of their service area (self-assessment worksheet 2). The outreach coordinator thinks this could be because they tend to recruit families from service providers (such as pediatricians and public assistance offices) and there are fewer service providers in the rural areas.

Prioritizing the challenge that would benefit the most from improvement. At the end of the self-assessment, the team identifies several outreach and awareness challenges across the worksheets. In considering which one to prioritize, they are most motivated to address the challenge of recruiting families who live in the outlying and more rural counties of their service area. Their records show that enrollment from those counties has declined in recent years, while data from their community show that the number of births has stayed about the same. Making progress on this challenge would extend home-based services to places where there are few community resources.

Self-assessment worksheets

Worksheet 1: Responsive and trusting relationships with families

Outreach & awareness | Recruitment & enrollment | Retention & active participation

Envision the ideal

Describe the ideal relationship you want to have with families. What does this relationship look like?

If it helps, think about times when your program successfully created responsive and trusting relationships with families during outreach and awareness, recruitment and enrollment, or retention and active participation (depending on which stage you are assessing). What did it take to establish this responsive and trusting relationship?

Consider

The following practices promote *responsive and trusting relationships with families*. Think about the engagement stage you are focusing on. How much (or how often) does your program:

/ Use trusted messengers (relatives, friends, or community members whom families trust) to share information about the program

/ Respond quickly to eligible or enrolled families when they have questions or need help

/ Acknowledge that parents or caregivers are the experts on their children and have strengths and experiences that guide their goals and preferences

/ Give families a say when selecting services

/ Hire staff who can form strong positive relationships with families

/ Train staff who interact with families to be respectful and responsive

/ Consider family preferences for a home visitor; assess the home visitor–family match

/ Show sensitivity to negative experiences families may have had with other providers in the past

/ Use a strengths-based or trauma-informed approach with families

/ Train and supervise home visitors to have a two-way, responsive relationship with families by actively listening to and acting on their feedback

/ Assess whether families feel understood by and comfortable with their home visitor

Reflect

Think about how the program builds relationships with families.

1. What does your program do well in terms of the practices listed under Consider? What program practices could you strengthen?

2. Does your program use these practices (or other strong practices) with some types of families more than others? What data or feedback support your conclusions about having responsive and trusting relationships with different types of families?

3. Do all staff or partners involved with outreach, enrollment, and services (depending on the stage you are assessing) use these (or other) practices? What are some reasons why staff might not be consistently responsive to families or might lose their trust?

4. What are some examples of how staff have successfully built responsive and trusting relationships? What practices from the above list (or others not listed) help the most?

Rate

After reflecting on these questions, how would you rate your relationships with families?

- ☐ We need to improve
- ☐ We're good but could be better
- ☐ We excel in this area

Worksheet 2: Positive program reputation among families and community members

Outreach & awareness

Recruitment & enrollment

Envision the ideal

What does it mean to have a positive reputation in the community? What do you want your program's reputation to be? Think about different aspects of a reputation, including how well known the program is in the community, how satisfied families are with the program, and how well connected the program is within the community.

Tip Strategy 3 (Section III) has ideas for how to better understand your program's reputation in the community.

Consider

The following practices support a *positive program reputation among families and community members*. Think about the stage of engagement you are focusing on. How much (or how often) does your program:

/ Make various community members and partners aware of positive experiences families have with your program

/ Actively encourage word-of-mouth referrals from families you serve to build your program's reputation for participant satisfaction

/ Ask formal partners (such as those with a signed agreement) and trusted, informal partners (those you work with without a signed agreement) to spread the word about your program

/ Check that partners are giving families accurate information about what to expect from the program; check for the need to retrain partners if their staff turn over

/ Promote the program across your full service area (or the full area you prioritized for services)

Reflect

Think about your program's reputation among families and community members.

1. What does your program do well in terms of the practices listed under Consider? Which program practices could you strengthen?

2. What are the positive views about your program's reputation? What are the negative views? How do you know this?

3. If the community is satisfied with and aware of your program, is this true across all the families and communities you aim to serve? Which communities does the program have a positive reputation with? Which ones do you think might view the program less positively?

4. What are some opportunities to strengthen the program's reputation among those families or communities where it is not as strong? How do the data or feedback your program gathers support these ideas?

Rate

After reflecting on these questions, how would you rate your program reputation?

- [ ] We need to improve
- [ ] We're good but could be better
- [ ] We excel in this area

Worksheet 3: Program fit with and responsiveness to families' and communities' goals, needs, and expectations

Recruitment & enrollment
Retention & active participation

Envision the ideal

Consider (1) the types of families in your community you want to serve and (2) the families who are a good fit (and eligible) for your program. What does it look like to be responsive to their needs? What are families, ideally, hoping to gain from your program?

Consider

The following practices support *program fit with and responsiveness to families and communities' goals, needs, and expectations*. Think about the stage of engagement you are focusing on and what the program model or funder requirements allow. How much (or how often) does your program:

/ Ask for family and community input on service goals and needs, and apply their input to your program's services

/ Collect and review data to understand who you're enrolling and retaining, who you're not, and the reasons why you're not enrolling and retaining them, and compare these data with your priority groups or those who would be a good fit for your program

/ Clarify what families can expect from the program and address their concerns about home visiting

/ Co-create service plans with families that reflect what each family wishes to gain from the program; include other family members, as relevant, in service plans

/ Reassess families' goals, needs, and expectations and adapt individual service plans (such as for meeting basic needs, living in an unusually hot or cold climate, or after a change in their employment or housing)

/ Consider adapting or enhancing the home visiting model to fill gaps in meeting families' needs or goals (with permission from the model developer, if needed)

/ Create opportunities for families to socialize with one another to expand their own communities

Reflect

Think about your program's fit with and responsiveness to families and communities.

1. What does your program do well in terms of the practices listed under Consider? Which program practices could you strengthen?

2. If your program is doing well in this area, is this true for all families you try to serve? Which families or communities do you face the most challenges with when it comes to fit and responsiveness? How do you know this—do you have data or feedback to support this conclusion?

3. If the program or staff are not consistently including these practices (or other strong practices) to support the program's fit and responsiveness, what is getting in the way? What opportunities do you see for including them more consistently or frequently?

4. What are some examples where staff have done the best job of working with families on their service plans or assessing whether the program is meeting a family's needs, goals, or expectations? What helped the staff the most in these examples?

Rate

After reflecting on these questions, how would you rate your program's fit and responsiveness?

- [ ] We need to improve
- [ ] We're good but could be better
- [ ] We excel in this area

Worksheet 4: Program flexibility to meet family availability

Recruitment & enrollment

Retention & active participation

Envision the ideal

Describe what it would look like to have maximum flexibility with families. What kinds of flexibility are important to the families you serve or aim to serve? What flexibilities do you wish you could offer, in terms of where, when, or how often you interact with families?

Consider

The following practices promote *family availability and program flexibility*. Think about the engagement stage you are focusing on. How much (or how often) does your program:

/ Encourage staff to ask about families' preferences for meeting time, frequency, or location, and about other stressors or commitments they have (such as housing instability or work or school schedules)—when they first enroll and as their situations or preferences change

/ Discuss with model developers or funders ways to offer even more flexibility, if needed, including around meeting frequency, duration, and location

/ Offer options to families with scheduling conflicts (such as evening availability or another meeting location)

/ Draw on community resources to help families overcome stressors that may be affecting their participation (such as connections with housing support services, child care, or case management)

/ Encourage staff to try to re-engage families after they miss appointments

/ Allow families to pause rather than end services if they need to and the home visiting model allows it

Reflect

Think about how your program promotes availability and flexibility.

1. What does your program do well in terms of the practices listed under Consider? Which program practices could you strengthen?

2. Which flexibilities do families benefit from the most? How do you know (do you have data or feed-back to support your conclusions)? Are the flexibilities available to all families who could use them?

3. What reasons do families give for being unable to participate when they otherwise would like to join or stay in the program? How might your program help work around those issues?

4. What are some reasons you cannot offer families more flexibility? How might you work around those limitations?

Rate

After reflecting on these questions, how would you rate your program availability and flexibility?

- ☐ We need to improve
- ☐ We're good but could be better
- ☐ We excel in this area

Worksheet 5: Tailored and easy-to-understand messaging and enrollment processes

Outreach & awareness

Recruitment & enrollment

Envision the ideal

How would you ideally tailor messaging and enrollment processes so they are easy to understand and navigate, as well as engaging to the different types of families you aim to serve? How might such changes strengthen program awareness and enrollment?

Consider

The following practices promote *tailored and easy-to-understand messaging and enrollment processes*. Think about the engagement stage you are focusing on. How much (or how often) does your program:

/ Take the time to learn about the families you aim to serve and use appropriate language and images in your outreach materials for them

/ Develop outreach materials and messaging with input from community members and families you aim to serve to make sure you are emphasizing their interests and experiences

/ Use clear and specific language (in outreach materials or conversations) to explain all the service offerings and their benefits to families

/ Give families an accurate idea of what to expect; clear up misconceptions that referral partners or staff are relaying to families

/ Draw on a mix of passive (such as flyers) and active (such as direct conversation) outreach approaches

/ Make it easy for families to enroll by using an easy-to-use and clear application process (whether you are using a paper-based or web-based process)

/ Use a wait list when your program is full, along with supports and communication, to make the enrollment process smoother for families on the wait list

Reflect

Think about how easy-to-understand your program's messaging and enrollment processes are to different families.

1. What does your program do well in terms of the practices listed under Consider? Which program practices could you strengthen?

2. Think about two types of families: (1) those your program usually enrolls and (2) those you have difficulty enrolling. Do you use the same or different messaging for these types of families? How well do these messages reflect the interests and experiences of each type of family?

3. Which practices from the list in Consider (or other strong practices) are most helpful for effectively communicating with families about your program? Does your program use these practices widely, with all types of families you want to enroll?

4. What are the main pain points for families in the enrollment process? How do you know (do data or feedback support your conclusions)? Why is it difficult to remove these pain points and how might you work around those challenges?

Rate

After reflecting on these questions, how would you rate your messaging and enrollment process?

- [ ] We need to improve
- [ ] We're good but could be better
- [ ] We excel in this area

Worksheet 6: Strong and varied partnerships with smooth processes for referrals

Outreach & awareness

Retention & active participation

Envision the ideal

What would an ideal network of partners look like?

Think about times when your partners have helped link new families to your home visiting program or when your program has linked enrolled families to other services to meet their needs. Why were those efforts successful?

Consider

The following practices promote *strong and varied partnerships with smooth processes for referrals*. Think about the engagement stage you are focusing on. How much (or how often) does your program:

/ Partner with community providers or other referral partners that families can access (for instance, families can get to the provider and be seen soon after they are referred)

/ Conduct early and thorough screening to identify family needs; have partners that support those needs

/ Dedicate resources (including staff time) for ongoing partnership development

/ Develop infrastructure to support partnerships (such as memoranda of understanding, data use agreements, communication feedback loops, and shared partnership goals)

/ Develop, with each partner, referral processes that are agreed upon, clear and well defined, easy to follow, documented, and kept up to date

/ Train staff involved in referrals to use the documented processes; retrain staff if there is confusion or staff turnover

/ Train and support staff to maintain ongoing communication with partners (including warm handoffs and providing feedback about a referral, as applicable)

/ Identify and draw on existing collaboratives, coalitions, or centralized intake or referral systems that help coordinate care for families across service systems

Reflect

Think about your referral partners and your typical approach for working with them.

1. What does your program do well in terms of the practices listed under Consider? Which program practices could you strengthen?

2. Do your referral partners effectively reach all families you aim to serve? Where are there gaps? How do you know? Do you have data or feedback to support your conclusions?

3. Can your partners meet all the service needs of your families? Where are there gaps?

4. If your program has smooth referral processes, which practices from the list above (or other strong practices that are not listed) are most helpful for this? Are these processes (or similar ones) used with all partners?

5. Are there opportunities to use formal systems in your community or state that connect families to services? For example, are there call centers, centralized intake or referral systems, systems of care, social services agencies, or other navigators or coordinators that help connect families to early childhood, health, and family support services? If these navigators can make referrals to or accept referrals from your program (depending on your engagement stage), how, if at all, can you more effectively use them?

Rate

After reflecting on these questions, how would you rate your referral partnerships and processes?

- ☐ We need to improve
- ☐ We're good but could be better
- ☐ We excel in this area

Worksheet 7: Sufficient recruitment resources and timing of recruitment

Recruitment & enrollment

Envision the ideal

How would you ideally use your resources for recruitment, including your staff's time and energy?

Think about a time when your program's recruitment was at its best. What level of staffing resources did it take to accomplish this? How long did it take for families to feel comfortable with program staff?

Consider

The following practices promote *sufficient recruitment resources and timing of recruitment*. How much (or how often) does your program:

/ Adjust staff responsibilities or priorities so they have enough time for recruitment on top of their other duties

/ Enable extra opportunities, if needed, for families to build trust in the program and staff before enrolling

/ Acknowledge that families may be overwhelmed or preoccupied when staff first reach out, and have protocols for staff to try again when families may be ready

/ Know whether the model developer or funders allow for any flexibility for enrolling families who just missed the eligibility cutoff because they were recruited late in the eligibility window or needed time to decide whether to enroll

/ Help families connect to a different home visiting model or other services (at your organization or another) if they don't meet your eligibility criteria

Reflect

Think about your program's recruitment resources and when you try to recruit families.

1. What does your program do well in terms of the practices listed under Consider? Which program practices could you strengthen?

2. Are staff appropriately dividing their time and effort across different types of families or locations throughout your service area (in keeping with your recruitment priorities)? How do you know (do data support your conclusions)? If not, what pain points are staff facing and how might you work around them?

3. Do families say they are interested in your program, but the timing is bad? How often does that vary depending on the type of family? How might you work around this challenge for those families?

4. How many interactions with staff are usually needed before families enroll in the program? What are the limitations and opportunities of having this number of interactions with all families you are recruiting?

Rate

After reflecting on these questions, how would you rate your recruitment resources and timing?

- ☐ We need to improve
- ☐ We're good but could be better
- ☐ We excel in this area

Prioritize

Now that you've completed the self-assessment, what challenge will you tackle first? Don't try to improve everything at once. Follow these steps to help you prioritize one challenge or opportunity to focus on while action planning (Section III).

1: **Review your self-assessment ratings.** Use the ratings you recorded at the bottom of each self-assessment worksheet to identify the engagement factor(s) (that is, the worksheet titles) that most need to improve. Pay attention to major mismatches between your ideal and existing practices, or major differences in how you interact with certain types of families.

Use this space to record the factor(s) you think most need improvement:

2: **Answer the following questions to help you select a challenge or opportunity to start with.** The questions will help you narrow the list of factor(s). If you prefer to use a group activity to prioritize a challenge, the tip box at the end of this section has some ideas.

Thinking about the challenges and opportunities you identified:	Notes
What is the team most **motivated** to address? Why is this important?	
Is there a natural way to **order** the challenges? Which one is most urgent? Which one(s) are quick wins that can help your team build momentum or create the opportunity you would need to address a different challenge?	
Do your **data** support one challenge as the most important to address? For instance, consider the number of participants or staff affected by the challenge.	
What **resources** might help—or what barriers might hurt—your ability to address each challenge? Is your team prepared to use those resources to get ahead of the barriers? Think about your budget and possible requirements from model developers or funders, among other factors.	

Thinking about the challenges and opportunities you identified:	Notes
What are some opportunities to address these challenges? Are they **realistic** in the short term?	
Who would need to help develop and implement an action plan for each challenge, and are they available?	

3: **Record your team's top priority.** This is the challenge you will focus on when writing a SMART goal and making and implementing the action plan (Sections III and IV). Be as specific as you can when you record the challenge. For example, instead of writing "Recruitment," you might write "Recruitment and enrollment of families who live in the more isolated parts of the service area."

Tips **Still not sure which challenge to start with? Consider using these team activities to help you decide**

What's on Your Radar?[4] Each staff member prioritizes challenges based on what they think is most important, then they all review and rank the challenges as a group.

Importance-Difficulty Matrix[4] Staff rank challenges based on how important and difficult or feasible they are to address, then prioritize the ones that are both important and feasible. Importance reflects whether addressing the challenge would help engage more families; feasibility reflects whether the program has control over the challenge or the resources (staffing, financial, or other-wise) to address it.

III. Plan: Develop a SMART goal and action plan

Objectives

Now that you've chosen one challenge as your priority, create an action plan using the worksheet below.

As a reminder, you may decide to change your core team based on who can best address the challenge you prioritized. You might also consider whether extra support is available to help you develop and implement your action plan. A TA provider, peer learning community, or model developer, for example, might be able to help you avoid or troubleshoot common obstacles, or check that your plans align with any requirements.

The action plan worksheet is a key resource in this toolkit. By getting specific, an action plan encourages collaboration, accountability, and feasibility, which are important for translating your goals into action. Specifically, this worksheet will help you do the following:

/ **Develop SMART goals.** Agreeing on goals that are **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound will help your actions align with your intent. Tips for writing SMART goals are in the box on the following page and the Resource Catalog has more information.

/ **Make an action plan based on your SMART goal.** Next, write down the details of how your core team will tackle your SMART goal. Two example action plans are included below as a reference for how specific you might be, but your completed action plan should be unique to your SMART goal, program, and community. Consider:

- Your budget and capacity, including whether support is available. The first example action plan has resource-intensive ideas (such as conducting focus groups) and the second example is a low-resource approach to a common challenge.
- Your initial action plan is just a starting point. You can update it based on what you ultimately do, learn, and achieve.

/ **Come up with new ideas for engaging families.** To help you get started, the toolkit has six strategies for improving family engagement. You can use or adapt ideas that work in your situation, or you can look elsewhere for inspiration—such as staff, other programs, model developers, or TA providers. Either way, you might use a meeting facilitation activity[4] to brainstorm new ideas with a range of people. As you brainstorm, think about solutions that address the underlying or root causes[6] of the challenge you identified.

/ **Build in opportunities for feedback.** If you want to try a new approach, plan to obtain feedback to help you refine the approach. For instance, the Action Plan Example 1 includes an action step (developing and testing new messaging and materials) and task (asking home visitors and others for feedback on the new materials) to obtain feedback before you start using the new approach widely.

Other strategies might benefit from even more refinement through a pilot test; see the Take Action section for guidance on when it may be worthwhile to include a pilot test in your action plan. Still other strategies might require a simple check-in with staff, families, or partners, as illustrated in the Action Plan Example 2.

Tips **What are SMART goals?[5]**

S **Specific:** Clearly state who, what, when, where, and why

M **Measurable:** Can be quantified and tracked

A **Achievable:** Are realistic or doable

R **Relevant:** Are important for your program and the families you serve

T **Time-bound:** Have a deadline for completion

Writing SMART goals[5]

Ask yourself:

/ What does your program need to accomplish?

/ What are the priorities?

/ How will reaching this goal improve programming?

/ How will you know when you've reached the goal?

/ How can you measure progress toward your goal?

/ What is doable within a certain time frame?

/ What is doable within your budget?

/ What is within your control to change?

Tips **Writing action plans**

Start small. When incorporating new skills or approaches in your action plan, start with low-intensity or small changes. This will give you an opportunity to learn from the experience, get an early win that you can build on, and avoid burdening team members. For example, action steps that involve sharing information with staff through updated written protocols or trainings might come before higher-intensity activities that are designed to change people's behavior.

See if you have data to track results. The action plan worksheet asks you to measure your progress towards your SMART goal. Can you use the data you already have to measure success, or will you need to collect new data? For instance, if your SMART goal involves enrolling more families from a certain location or a certain group, you can probably use data you already collect to track their enrollment numbers over time. But if, for example, the team is interested in enhancing active participation during home visits, or learning what families think of a new service delivery approach (like motivational interviewing), you may need to obtain new data. (Strategy 3 has ideas for gathering data from families.) As the Take Action section suggests, once you start implementing the action plan, you can reassess whether the measures in your plan are feasible and useful.

Valley Home Visiting, Part 3: An example of how to use the Family Engagement Toolkit *(continued)*

Valley Home Visiting's core team (the program director, outreach coordinator, data administrator, home visitors, and a parent leader) holds a two-hour meeting to draft an action plan. To prepare for the meeting, core team members look over the menu of strategies in the toolkit to spur some initial thoughts.

Develop SMART goals. After much discussion and based on data they reviewed about their program and community, they agree on a SMART goal. They decide to first improve their outreach to families in three outlying counties. The program and community data they reviewed showed that enrollment from these counties fell by at least half over the last five years while the number of births stayed about the same, suggesting that many families are eligible and not reached. A home visitor who works in some of the counties has also heard from families that few service providers are available. Making progress on this challenge would extend services to under-resourced places in the community. They aim to increase awareness and ultimately enrollment of families from the three counties, from one family enrolled per month to three families per month within 12 months. They feel this target is realistic based on the data they reviewed. If they succeed, they will expand their approach to all the other rural areas.

Make an action plan based on those SMART goals. They decide on two opportunities to help reach their SMART goal: (1) create tailored marketing and enrollment materials that speak to how families in the three counties can benefit from the program and any concerns, and (2) develop new partnerships with trusted organizations or individuals within each county that can help build program awareness (such as food pantries or community centers). To accomplish these goals, they agree to hold focus groups to learn more about what trusted community leaders and families in the counties think of home visiting, what might draw families to the program, and any concerns families have. The team will use what they learn to update their marketing materials so they can communicate more effectively with rural families. Because the action plan focuses on outreach, the outreach coordinator will lead their efforts, update program leadership, and call together the core team as needed for additional brainstorming.

The examples that follow, including Action Plan Example 1, build on this example of enrolling families from outlying and rural counties. As you read through these examples, you can imagine instead the types of families your program has difficulty reaching—for example, families with a pregnant or post-partum family member, families with low incomes, or families dealing with mental health conditions or other challenging circumstances.

Action Plan Example 1

This worksheet is an example only; a fillable table is below.

SMART goal: Increase enrollment among families from three selected outlying and rural counties, from an average of 1 family per month to 3 per month by November 1, 2026.

Action step	Tasks	Measure(s) of success	Person(s) responsible	Timeline	Resources required	Notes/ updates
Identify trusted individuals or organizations from each county that serve eligible families	1. Develop a list of local organizations and community leaders that are trusted for supporting families we hope to serve 2. Identify any that are already partners 3. Review with home visitors	Produced a comprehensive list of potential partners	Outreach coordinator	11/1/25–12/20/25	List of current partners	Complete
Hold focus groups to understand our reputation in the counties and families' home visiting needs, preferences, and concerns *(discussed in Strategy 3)*	1. Invite representatives from trusted organizations in each county to a focus group; ask if they can co-host a focus group for potentially eligible families 2. Prepare focus group discussion questions 3. Hold one focus group with representatives and one with families; review notes and identify insights	Completed focus groups; summary of insights	Outreach coordinator	1/3/26–3/31/26	Convenient focus group space; focus group facilitators; money for incentives for attendees	Complete; updates to action plan based on feedback not started
Develop and test messaging and materials tailored for rural counties *(discussed in Strategy 4)*	1. Develop messaging and materials based on focus group insights 2. Ask home visitors and focus group attendees for feedback on messaging and materials 3. Make changes based on their feedback	Updated materials; focus group attendees rate materials positively	Outreach coordinator	4/1/26–4/30/26	List of focus group attendees; current marketing materials	Complete; printed 100 new flyers
Develop and implement formalized processes to support new referral partnerships *(discussed in Strategy 6)*	1. Meet with potential partners in person to discuss program and referral and enrollment process 2. Identify a liaison at each interested partner 3. Make a referral process map, with clearly defined roles and action steps; review with each new liaison	At least one potential partner in each county agrees to partner; they rate referral process as smooth	Program director	5/1/26–6/30/26	Updated list of potential partners, materials, and pitch; brief feedback survey	In progress
Track referrals and enrollment	1. Review referrals and enrollment by county each month against goals 2. Meet with partners monthly to share a data summary and work out issues; revise referral map as needed	Get 8 referrals, 3 enrollees per month	Data administrator	6/1/26–11/1/26	Administrative data extracts	Not started

Action Plan Example 2

This worksheet is an example only; a fillable table is below.

SMART goal: In response to recurring teacher and director turnover at the nearby Head Start early care and education center (a strategic referral partner), strengthen our partnership with the center to increase and sustain referrals between our programs. Aim to increase referrals to home visiting from an average of 0 families per month (over the past six months) to 6 families per month for a period of four months ending October 31, 2026, and 2 families per month thereafter.						
Action step	**Tasks**	**Measure(s) of success**	**Person(s) responsible**	**Timeline**	**Resources required**	**Notes/ updates**
Meet with the new Head Start center director to discuss shared goals and referral pathways	1. Strategize about our goals during staff team meeting 2. Develop an agenda for the meeting 3. Schedule meeting with the Head Start director	Home visiting and Head Start center directors met	Program director	10/1/25–10/31/25	Director contact information; time at staff meeting	Complete
Document process for making cross-referrals	1. Write down the steps home visiting staff will take upon receiving a referral and when referring to Head Start; include a referral process map to help staff visualize the steps. The Head Start director will do the same. 2. Both program directors review the new documentation.	Produced written docu-mentation for cross-referrals	Program director and Head Start center director	11/1/25–12/20/25	Onboarding manual	Complete
Train staff on the referral process	1. Train staff on following the written process. The Head Start director will do the same. 2. Add written documentation to onboarding materials to routinely train new staff	Trained 100% of staff	Program director and Head Start center director	1/1/26–1/31/26	Time at home visitor staff meeting for training; onboarding manual	Complete
Schedule and hold regular calls with Head Start director to check in on shared goals and referrals	1. Meet with Head Start director monthly (initially) to continue fostering the relation-ship and shared goals, discuss any problems, and review a data summary of referrals; revisit meeting schedule once referrals are stable 2. Revise written documentation as needed	Referrals increase to meet SMART goal, and the increase is maintained over time	Program director and Head Start center director	1/1/26–10/31/26	Data on referrals received from and sent to Head Start	In progress

Action Plan Worksheet (fillable)

SMART goal:						
Action step	Tasks	Measure(s) of success	Person(s) responsible	Timeline	Resources required	Notes/ updates

Need ideas for your action plan? Brainstorm using these family engagement strategies

This section has a sample of strategies to improve family engagement based on (1) home visiting literature (including the HV-REACH project's literature synthesis[2]); (2) input from MIECHV awardee representatives, TA providers, and home visiting staff; and (3) other publicly available resources.

These strategies can help your program:

/ **Use relationship- and strengths-based approaches.** Engaging families starts with acknowledging that families are the experts on their children and their family's goals (Strategy 1).

/ **Use data to gain new insights.** Look at your program data to get more insight into your families and community (Strategy 2). These insights can help reveal whether your program is reaching certain eligible families.

/ **Involve family and community members.** Including their viewpoints can help your program better understand why some families are fully engaging in your program and others are not, and how you can be more responsive to their home visiting-related needs, goals, and preferences (Strategies 3, 4, and 5).

/ **Strengthen access and responsiveness to families through partnerships.** Building or strengthening partnerships can support referrals to your program and linkages that help the families you serve, which is one way to be responsive to families' needs (Strategy 6).

As you review the strategies, remember:

/ The strategies are a resource you may choose to consult when developing your action plan.

/ You can use or adapt the ideas in whatever way works best for your program. Strategies do not need to be followed to the letter.

/ Some strategies can be used by most programs (such as those that focus on the home visitor and family relationship) and some may require additional or hands-on support (such as those that involve data or coordinating with new partners or systems).

/ The strategies pull from publicly available resources. Each resource is summarized in the Resource Catalog. You can scan the catalog for a description of a certain resource or search for more resources on a particular topic.

Six strategies for improving family engagement in home visiting

1 Support outreach staff and home visitors to build trusting and positive relationships with families

- Learn about relationship-based competencies—the key knowledge, skills, and practices for home visitors
- Adopt relationship-based and strengths-based practices

2 Identify who your program is and isn't reaching

- Review program data
- Compare your program data to your program's intentions
- Compare your program data to available data about your community

3 Understand your program's reputation in the community

- Talk with families you are serving
- Get input from a broader set of community members and partners

4 Review and test messaging and enrollment processes for reaching new families

- Get feedback on messaging and enrollment processes
- Tailor and test messages and formats for people with different backgrounds and experiences
- Use best practices for message content

5 Involve community and family members in improvement efforts

- Actively involve family members in improving the program
- Empower families to be parent leaders
- Formalize parent leader and community member involvement

6 Build and maintain partnerships to extend your program's reach and link families to services

- Identify community partners
- Invest in strengthening relationships

1 Support outreach staff and home visitors to build trusting and positive relationships with families

- **Learn about relationship-based competencies.** Relationship-based competencies are knowledge, skills, and practices that home visitors can draw on to improve family engagement. Relationship-based competencies encourage respectful, positive, and collaborative relationships between home visitors and families. Because these principles are necessary to build trust with families, it is important for staff to be familiar with them. The National Center on Parent, Family, and Community Engagement's guide for home visitors[1] describes 10 competencies that support family engagement, including building relationships that are goal-oriented and respect families' preferences; partnering with families to support their parent–child relationship; and connecting families to peers and comprehensive community services. Programs might even develop their own core competency framework.[7]

- **Adopt relationship-based and strengths-based practices.** Programs can use the following strategies and resources to integrate relationship-based and strengths-based practices in their staff training, supervision, and home visit protocols. You might consider which of these practices you already do and whether you could enhance any of them:

  - **Be goal-oriented.** Collaborating with families to set goals can motivate them to meet their goals. Goal-oriented approaches create opportunities for home visitors and families to have open conversations about families' needs and interests. These conversations can start during recruitment, when program staff begin to learn about a family and what they hope to gain through the program and continue during home visits as staff build a trusting relationship and hear more about a family's interests and concerns. To help families set and meet their goals, focus on both long-term goals (a family's ultimate objective) and short-term goals (milestones that build towards a long-term goal). The New York City Department of Youth and Community Development's Case Management Toolkit[9] offers discussion questions and templates staff can use with families to help them prioritize their needs, come up with a plan of action, and maintain their motivation. Combining these strategies with motivational interviewing[8] techniques can help staff talk with families about changing their behavior to meet their goals.

  - **Be strengths-based.** Focus on the interests, abilities, and resources that families bring to the table, instead of their problems and needs. Strategies to help make a program more strengths-based[8] include having supervisors model these attitudes and skills for home visitors, encouraging staff to practice with one another, and offering staff ongoing training or professional development.

  - **Use reflective practice.** Reflective practice[8] means taking the time to stop and think about (or reflect on) what is working and what isn't. Similarly, reflective supervision[8] encourages home visitors to think about their strengths and areas for improvement in partnership with their manager or a peer, which supports their professional development and well-being. Having reflective conversations with supervisors models for home visitors how to have reflective conversations with families. To adopt reflective practices during supervision and home visits, programs can review best practices,[10] use structured resources (such as a reflective supervision planning tool),[10] or find a training curriculum. The Facilitating Attuned Interactions (FAN) approach,[10] for instance, trains home visitors to use reflective practice.

- **Use trauma-informed approaches.** Trauma-informed approaches create the sense of safety that families need to participate in home visiting if they have experienced trauma and prevent situations that can cause them to suffer trauma again. Training home visiting staff, screening for trauma, and strengthening partnerships with providers that treat sources of trauma can help home visiting programs be more trauma-informed.[11]

There are many more resources on these principles and approaches. For example, HeadStart.gov[8] has guides, tip sheets, tools, and videos (see the Resource Catalog for a sample of the information). Because this work can take a toll on staff, you might also check out resources on how to develop a culture of and opportunities for wellness and staff self-care.[8]

2 Identify who your program is and isn't reaching

▶ **Review program data.** Every so often, review data[6] (such as referral, enrollment, and retention data) to learn about the families who are referred to your program but do not enroll or stay enrolled, and their reasons. Look at program data overall (for everyone) and data based on family demographic information and circumstances, such as children's age at enrollment, the family's neighborhood (or zip code), and referral source. Compare these data to data on families who do enroll and stay enrolled to get a complete picture of the program's reach.

Reviewing data (for everyone and for specific types of families) can also help you see how the number of families changes at key transition points, such as from referral to enrollment and to program milestones, like meeting a goal or completing the program. If you have the capacity to do an exercise like a drop-off analysis,[12] it can help you pinpoint which transition points might benefit from more attention.

If you don't track referral data, including data on the reasons families give for not enrolling or for leaving the program, consider starting to track this information. Be as detailed as possible in what you track. For example, write down the referral source, date, outcome of the referral, and any next steps (see a sample referral form[13] and referral tracking tool[14] for more ideas). Track each family's reason for wanting (or potentially wanting) to enroll, not wanting to enroll, or for leaving the program. You could then categorize those reasons and tally each category to look for patterns.

For programs funded through the MIECHV Program, a technical assistance provider may be able to help your program with these types of data activities.

▶ **Compare your program data to your program's intentions.** Consider the types of families you intend to serve and see if they, based on your program data, are not referred often or do not enroll often. To reflect on who the program intends to serve, you might revisit your initial plans, requirements, or expectations, such as those for the following:

- Program goals, program vision, and families you want to focus on
- Program planning documents describing how you expected to reach families
- Program eligibility requirements

- Organization's mission statement
- State or local community needs assessment[15]
- Funders' requirements or expectations

▶ **Compare your program data to available data about your community.** This can show whether there are types of families or parts of your service area that you are not successfully enrolling or retaining. If you can, try to obtain community-level data about the families you aim to serve (for example, demographic characteristics or risk factors, such as access to health care or maternal health outcomes). There are three general types of data; suggestions for where you might obtain them are listed below. Start with public reports because they do not require data analysis. In contrast, obtaining and using community-wide data from public data sets or (especially) private data can take time and many conversations.

Type of data	Description	Examples
1. Public reports, pre-packaged or customizable	At-a-glance information by location (census tract, place, zip code, city, county, or state)	• U.S. Census Quick Fact tables[a] • KIDS Count Data Center[b] • CDC PLACES data portal or interactive map[c] • HRSA Maternal and Infant Health Mapping Tool[d] • Potentially, your state's division of vital statistics website (for example, see Maryland's web page for Vital Statistics and Reports[e])
2. Public data sets you download (or request access to) and analyze yourself	More detailed or recent data, geocoded data for mapping, or indicators of maternal and child health and well-being Requires a skilled data administrator, statistical and/or mapping software, and time to work with data files	• ACF's child welfare reporting system[f] • CDC Vital Statistics data files[g] on births, linked birth and death records, and mortality causes
3. Private data not otherwise available	Might come from partner agencies (for instance, vital statistics or a human services office), the early childhood system, or a hospital/clinic. Requires conversations about obtaining data summaries with key measures on who you are trying to reach; may require setting up or modifying a data sharing agreement with public agencies.	• Ask a hospital system or vital statistics for the number of babies born to non-English-speaking parents in your catchment area • Ask your early childhood intervention partners for geographic data on where families' needs are currently highest

ACF = Administration for Children and Families; CDC = Centers for Disease Control and Prevention; HRSA = Health Resources and Services Administration

[a] U.S. Census Bureau. "Quick Facts." n.d. https://www.census.gov/quickfacts/.
[b] Annie E. Casey Foundation. "Kids Count Data Center." n.d. https://datacenter.aecf.org/.
[c] U.S. Centers for Disease Control and Prevention. "PLACES: Local Data for Better Health." n.d. https://www.cdc.gov/places/index.html.
[d] U.S. Department of Health and Human Services, Health Resources and Services Administration. "Maternal and Infant Health Mapping Tool." n.d. https://data.hrsa.gov/maps/mchb.
[e] Maryland Department of Health, Vital Statistics Administration. "Vital Statistics and Reports." n.d. https://health.maryland.gov/vsa/Pages/reports.aspx.
[f] U.S. Department of Health and Human Services, Children's Bureau. "NCANDS." June 2024. https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands.
[g] U.S. Centers for Disease Control and Prevention, National Center for Health Statistics. "Vital Statistics Online Data Portal." April 2025. https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm#Period_Linked.

3 Understand your program's reputation in the community

- **Talk with the families you are serving.** There are many reasons to ask families you are currently serving for their input. In addition to asking about their satisfaction, you can ask them what they think about your program's reputation—for instance, whether they have referred or would refer friends, which families they think would be a good fit for the program, or what they hear from others in the community about the program.
- **Get input from a broader set of community members and partners.** What do formal or informal partners in your community say to potentially eligible families about your program? What do the people who work closely with the families you want to better engage think of your program? If you're unsure, ask.

You can use common data collection approaches to collect information uniformly across your families or community. For example, programs might use a check-in card[13] (a type of satisfaction survey) because they are brief and easy to give parents at the end of a home visit. If you already gather input, consider adding questions about your program's reputation to an existing tool (such as a satisfaction survey).

There are three basic data collection methods for gathering input:

Survey[16]	**Method.** A set of open-ended (write-in) and/or close-ended (such as ratings or multiple choice) questions. **Pros and cons.** Easy to administer to a large group and analyze, but lacks details, and not everyone will respond. To ensure honest feedback, collect responses confidentially (such as by asking people to complete it using an anonymous web-based survey tool).
Focus group[16]	**Method.** Host a few groups of 4 to 10 people, and prepare a few open-ended questions to guide the conversation, while providing space for multiple people to respond and allowing ideas to build on one another. **Pros and cons.** Analysis can be as simple as reviewing your notes to look for patterns and differences in the responses. Be mindful that focus groups can be difficult to schedule, and some people may be reluctant to share opposing viewpoints in front of a group.
Interview[17]	**Method.** One-on-one (or small group) conversations, using an interview guide; the guide has flexibility to ask unplanned follow-up questions. **Pros and cons.** Offers the richest detail, but it takes the most time to hear from many people and compare their responses.

4 Review and test messaging and enrollment processes for reaching new families

- **Get feedback on messaging and enrollment processes.** Local partners, advocates, community members, and home visiting participants have valuable opinions on how you can best explain your services and reach the families you aim to serve. Gathering input[18] from these interested parties (such as through a focus group or community advisory group) can help you see opportunities to improve marketing strategies and program messaging and address potential obstacles to enrollment.[19] For ideas on how to obtain input from community members, families, or others, see Strategy 3.

- **Tailor and test messages and formats for people with different backgrounds and experiences.** Providing appropriate services shows that your program respects the needs of different families. You can work with staff with specific expertise to develop outreach and enrollment materials[18] that are relevant for different families' circumstances. You can also share them with families or other individuals in the community from the same background to ensure they are accurate, easy to read, and responsive. This can be especially helpful for improving awareness among groups of families that your program has had difficulty engaging. You might learn if something in the outreach or enrollment materials is discouraging their enrollment, for instance.

  Making outreach materials in print and digital formats can also help you reach different audiences. Digital formats are helpful for reaching families active on social media, for example. Videos that share a family's story and experience can be a compelling way to describe your program's benefits.

- **Use best practices for message content.** There are many best practices to draw on, including the following:

  - **Use plain and simple language.**[19] Develop outreach materials tailored to multiple reading levels, use specific and short language, and use sensitive, nonclinical language.[18] For example, phrases such as "emotional well-being" or "stress relief" will be easier to understand than clinical terms for behavioral health issues.

  - **Emphasize specific benefits upfront.** Begin with a hook[19] that reflects the desires, wants, and needs of the families you aim to serve so it is immediately clear how the program will benefit them. Next, present your program as a unique solution, with benefits that are different from other services. Hearing directly from the people you are trying to reach can reveal the program's most useful benefits. Drawing on testimonials[14] from families or specific family members you wish to engage, such as fathers, can help them imagine how they could benefit from the services.

  - **Empower families by referring to their strengths,**[18] such as by noting their ability to bounce back from problems or their motivation to learn a new skill. For example, you can include messaging that celebrates families' interests in improving their parenting skills.

- **Include insights from the science of human behavior.** For example, include reminders and clear written guidance[20] about deadlines, and clearly explain program requirements or eligibility criteria.[18] Take advantage of opportunities to simplify tasks,[14] such as by providing pre-populated enrollment forms or hands-on enrollment help. To help figure out ways to simplify the enrollment process, you can make a process map,[6] which identifies the steps in the enrollment process that are creating obstacles and potential ways to simplify them.

Tip The **science of human behavior,** or the field of applied behavioral economics, is based on making small changes to programs and then studying how the changes help people meet goals; an example is changing messaging or simplifying paperwork and finding out whether more people apply for a program after that change.

5 Involve community and family members in improvement efforts

- **Actively involve family members in improving the program.** If partnering with families is new for your organization, you might start by assessing your team's and organization's readiness for change, then set a vision and goals for partnership. The Readiness Assessment for Parent Involvement in Continuous Quality Improvement[16] covers personal attitudes, leadership buy-in, and other internal or external supports.

  Developing an infrastructure with clear procedures is key to encouraging input from the families you serve. If you could use help in building your capacity for working with families, consider seeking out a family-led or community-based organization that helps organizations like yours train parent leaders. You may be able to partner with leaders at community organizations that represent many different families, or can help you reach families (such as to give out surveys or information). They may also be able to help you recruit parent leaders to your core team.

- **Empower families to be parent leaders.** There are many ways to involve families in your program improvement efforts—from simply letting them know about program and policy changes, to asking for input, to empowering them to decide on improvements. To empower parents as leaders means giving them ongoing opportunities for input and influence (with or without decision-making power). A parent leader is a partner in your efforts to plan, implement, and assess improvements to your program. Parent leaders may be involved in short-term or long-term efforts. Anyone in a parenting role[16]—including biological parents, foster and adoptive parents, grandparents, and other family members taking on parenting responsibilities—can become a parent leader.

  When you involve parent leaders, you gain a firsthand view of what it's like to rely on your services. Parent leaders can co-create relevant solutions, prioritize efforts that benefit families, and strengthen the culture of trust and ownership with all families. Their viewpoints may be especially helpful for deepening your understanding or empathy for communities you have less experience serving. The leadership opportunities might also benefit the parent and community. Parents can build skills and knowledge, build their personal and professional network, and become advocates.

▶ **Formalize parent leader and community member involvement.** To formalize their involvement, consider including parent leaders in your core team or in certain efforts (like the self-assessment). If you can, you might even start a community or parent advisory board.[21] A community advisory board might include other providers, clinicians, and community members and focus on strengthening the whole community, not just home visiting. An advisory group might meet regularly to help brainstorm program challenges and opportunities.

Formalizing authentic participation from parent leaders and community members takes planning and commitment. The toolkits linked throughout this strategy offer comprehensive guides and resources, and several best practices:[16]

- Clearly communicate your goals and expectations for the role in writing and through a comprehensive orientation; provide background information or resources to prepare the parent leaders or community members for their role.
- Offer flexible meeting times and financial compensation—including paying for their time preparing for meetings, transportation, and child care costs, if needed.
- Work to build trust by making time for team-building activities, being open to negative or uncomfortable feedback, sharing how you used their feedback, and keeping your commitments.
- Include families with a range of viewpoints and acknowledge that families might be uncomfortable giving negative feedback or disclosing sensitive information to program staff.
- Engage two or more parent leaders that can best represent the families you serve.

6 Build and maintain partnerships to extend your program's reach and link families to services

▶ **Identify community partners.** Referrals to other service providers (public or private) are an important component of home visiting programs and a performance area that the MIECHV Program monitors.[3] Referrals and linkages help families access a range of supports—including social, health, educational, and economic supports—so they can meet their goals. Community partners also help families access your home visiting program.

To learn more about the potential partners in your community and the resources they offer, you can complete a community resource assessment[15] or community asset map.[22] These maps or inventories also create documentation that program staff can use to make a referral. You can make them comprehensive and build awareness across organizations by creating them with key partners or a governance committee (like an advisory board).

To choose new partners or find opportunities to strengthen existing partnerships, use data if you can. For example, check the total numbers of referrals to or from your program for every partner. If possible, compare these referral numbers to what staff or data suggest that families need.

- **Invest in strengthening relationships.** It is hard to build and maintain effective partnerships. Over the past several years, there has been more attention on coordination between home visiting and pediatric practices[23] or child welfare agencies. The linked resource offers an example of how you might bring about similar partnerships. In addition to dedicating enough time to a partnership, you can draw on these best practices:[23]

  - **Develop shared goals.** Use the four simple questions[24] tool, part of a guide on authentic partnerships, to keep track of common and different missions or values between your agencies. Discuss with partners where you match up to help you agree on shared goals for the partnership.
  - **Formalize the relationship.** Use a Memorandum of Understanding[23] or contract to spell out and keep track of each partner's roles and responsibilities. If your agencies will exchange data, use a data use agreement. If protected health information is to be shared, you may need a business associates' agreement. The family may also need to sign a release of information when sharing their confidential or protected information.
  - **Communicate regularly and often.**[23] Have regular and as-needed communication with partners. You might assign a liaison to manage the coordination or empower staff to communicate with partners directly (such as to discuss the needs of a family in their caseload). Discussion will likely center on the referral process or needs of certain families. Occasionally or after a key staff leaves, reflect on how the relationship is working and if any course corrections would be helpful.
  - **Write down procedures and train all involved staff.** This helps your staff and partners' staff use consistent and agreed-upon procedures for making and receiving referrals and communicating with one another. Documentation is also important preparation for staff turnover. Referral process maps[23] (also called client flow diagrams) are a helpful visual tool for documenting and explaining the referral process.
  - **Participate in activities together that are of value to both you and your partners.** Relationships are built over time. Although most of your effort will likely go toward making referrals and linkages, working together in other ways can help build trust and common ground. For example, holding staff trainings can build awareness of how each of your services helps families, which can encourage referrals. Or you might invite partners to train your staff on a certain topic (such as substance use or mental health) that lines up with your shared values. Holding joint events, conducting the community mapping exercise together, or developing shared messages are other ways to build common ground.[24]

As you complete the action plan, adapt the strategies outlined here if they are relevant to the challenge you prioritized, and draw on other ideas from your team. Review the Resource Catalog for more information on these six strategies for improving family engagement.

IV. Take action

Objectives

Now that your team has an action plan, the next steps are to use it, track the results, and assess whether you have met your SMART goal and are ready to move on to a new challenge. Using new strategies involves trial and error, and the resources in this section will help your team through the following process:

- **Put your action plan into use.** Maintain an attitude of flexibility as you try new approaches. A program improvement framework can offer guidance and structure. If your action plan includes a new strategy or approach, decide whether to conduct a pilot test first to try it in a limited way—and refine it—before implementing it widely.
- **Track results and assess progress.** Track the results of new approaches and assess your overall progress toward your SMART goal.
- **Make a decision based on evidence.** Use the information you gathered to decide how to proceed. Consider whether an evaluation would give you needed information and be possible within your resources and capacity.

Because rich resources already exist on these topics, this section summarizes key points. Selected resources on these topics are available in this section and in the Resource Catalog. (For example, see Continuous Quality Improvement Toolkit: A Resource for Maternal, Infant, and Early Childhood Home Visiting Program Awardees.[6]) Still, implementing, assessing, and sustaining new strategies is hard to achieve and can bring new obstacles. We encourage you to review this section for information or resources that you find helpful. Some programs may prefer to skip ideas (such as conducting a pilot test) they don't have the time or capacity for, and some may be able to access hands-on support from a TA provider, funder, model developer, a peer learning collaborative (such as the Home Visiting Collaborative Improvement and Innovation Network[16] [HV-CoIIN]), or another resource.

Remember to reconsider who to involve when implementing your action plan. Are there people outside your core team with knowledge or experience about the tasks you will work on (and do they have time)? If your strategies involve a new approach to programming, will home visitors or other staff who are not on the core team be part of the initial pilot?

Put your action plan into practice

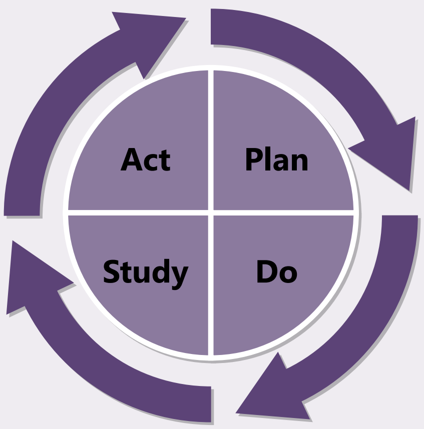
Be flexible

Your action plan already has sequenced action steps and tasks, measures to indicate whether your efforts are successful, a time frame, and a person or people responsible for carrying out the tasks. But plans often evolve over time as teams try new ideas with mixed success. It will be helpful if your team maintains the attitude that your initial action plan is just a starting point. Tracking and assessing your progress (discussed later in this section), pivoting, and updating your action plan are therefore important to success.

Consider drawing on an improvement framework

Different CQI or program improvement frameworks offer guidance and structure for making and implementing plans and measuring success. Here, we highlight the Plan-Do-Study-Act (PDSA)[25] approach, which some home visiting programs might already be familiar with. A framework like PDSA can help guide you through implementing and studying large-scale or small-scale changes (including a pilot test).

Plan-Do-Study Act (PDSA)



Plan: Use multiple data points to identify challenges, the outcomes you want, needed changes, and methods to assess progress.

Do: Carry out the activities in the plan to test the changes.

Study: After carrying out the plan, look at the data you collected to see what happened and assess progress.

Act: Change the plan, and the PDSA cycle begins again.

Source: National Implementation Research Network[25]

The MIECHV CQI toolkit: Module 5: Understanding the PDSA Process and Measurement.[6] This module covers (1) the PDSA cycle and its uses, (2) three types of measures for PDSA cycles, and (3) how to conduct rapid improvement cycles.

Understanding and Using the Plan-Do-Study-Act Process in Home Visiting Programs[25] contains a webinar and template that walks programs through planning a PDSA cycle, and a handout (the PDSA tip sheet) with an FAQ sheet and summary.

Consider whether to pilot test your changes

For teams with the capacity to do one, a pilot test is one option for implementing and strengthening a new strategy. A pilot test is a small-scale study that offers quick insights into the feasibility, cost, benefits, problems, or promise of a new approach (or product). In a pilot, you systematically tweak and retest the new approach until you get your desired results. This makes it different from other types of feedback opportunities, like holding a focus group. A pilot test ends completely once the new approach succeeds on a small scale. **The basic steps for a pilot test are:**

1. Start using a new strategy on a small scale, such as with just a few staff, partners, families, or program sites, depending on the strategy and context

2. Document how it's working
3. Refine the strategy based on those observations
4. Repeat the process until you're satisfied with the results

If you think you have the capacity and resources to conduct a pilot test, the tip box that follows can help you decide whether a pilot test might be helpful. The PDSA resources shown above provide direction on conducting pilot tests.

Tips **Decide whether to pilot test**

Why pilot test?

A pilot test can be a quick way to learn whether an idea could be successful in a real-world context before putting much time and resources into it. Even if you are using an evidence-based practice, pilot testing can help you see how well the practice fits with your program context and staff culture, and how you might need to change it for your program.

When might you pilot test?

It is especially useful to conduct a pilot test when a substantial investment of time or money is at stake and you want to be certain that your new approach is feasible, practical, clear, beneficial, or cost-beneficial. For example, a pilot test might be worthwhile in these circumstances:

/ Adding a new training module or changing existing training materials or processes (such as to incorporate reflective practice into supervision or home visits [Strategy 1])

/ Changing how you collect data about your program or the type of data you collect; for example, asking families why they leave the program (Strategy 2)

/ Developing a new tool or resource for families or home visitors (such as a check-in card or survey to obtain feedback from families [Strategy 3], or a new module or resource for home visitors to use with families)

/ Starting a new, external initiative such as a parent leadership initiative or a community or parent advisory board (Strategy 5)

/ Changing a multi-step process such as a referral process (Strategy 6)

Track results and assess progress

As you put your action steps into practice, track the results and assess your overall progress toward your SMART goal before you decide what to do next. If possible, the core team (along with any other key individuals who are involved in the activities) will continue to meet regularly during this period to assess progress. The pace of meetings will depend on the activities and their time span. For example, if you decide to strengthen referral partnerships, you might meet often as you develop materials or processes and less often once you have implemented changes to see progress over time (changes in the number of suitable referrals, for example).

Remember that a pilot test or other type of feedback might represent just one or two steps in your action plan. An action plan includes several steps that build toward your goal. For example, if your SMART goal is to train all home visitors in reflective practice (discussed in Strategy 1), your action plan might include multiple steps to select the training module plus obtain feedback from (or pilot test it with) a few home visitors. Each time your team convenes to discuss the action plan or puts an action step into practice, remember to assess your overall progress and update the action plan with key decisions or rationales. Consider the following:

/ **Are the action steps supporting progress toward your SMART goal?** Keep tracking the ongoing measures of success outlined in your action plan to assess whether you are making progress toward your goal. Some of the measures, such as numbers of referrals or family satisfaction, may be best measured on an ongoing basis to track progress over time, whereas other measures, such as completing a focus group, are one-time measures. Consider, too, if the measures were feasible to obtain and helpful for informing your next steps, or if different measures might be more useful.

Tip To examine numeric data that you've collected over time, use a run chart[26] to help see patterns over time.

/ **Is the team making progress in putting the action plan into place?** Reflect and take notes on how using the action plan is going for your team. Are you following the steps the way you planned to and in keeping with your timeline, or are you facing challenges in certain action steps? This "What Next?" tool[27] tool can help your team unpack the barriers and consider possible solutions to those challenges.

Make a decision based on evidence

Decide how to proceed based on the measures of success you've been tracking and the overall progress toward your SMART goal.

Progress toward SMART goal	Maintain your new approach. If applicable, train all staff to use the new strategies so you can scale them up. Tools such as SCALER[28] can help you prepare to scale up and formalize the approach. (See the Resource Catalog for more information on scaling up.)
No or limited progress toward SMART goal	Re-review the data you've been tracking (the measures of successes) to see if you can tell why you're not meeting your SMART goal. For instance, maybe the new approaches were hard for other staff to put into practice, or a new challenge came up. If you have an idea about what is not working well, tweak your action plan. If not, start a fresh action plan. Improvement involves trial and error.
Some progress, but it's hard to tell	Keep tracking and tweaking your action plan. If you're not seeing the progress you are looking for and think more time will help, talk to those responsible for putting the new approaches into place to see if they agree and whether any obstacles can be removed.

Consider whether you need more evidence to make a decision

If your action plan includes complex tasks or strategies that take a lot of resources—for example, training all staff on motivational interviewing to enhance engagement—doing an evaluation can help you learn whether it is achieving the ultimate outcomes for family engagement. Implementation, process, outcome, and impact evaluations contribute different types of evidence about an intervention. (See an overview of evaluation types[29] and other resources in the Resource Catalog.)

For example, you can get quick information with a rapid cycle evaluation.[30] Compared with traditional research methods, rapid cycle evaluation involves faster data collection and analysis, more flexibility, a focus on short-term rather than long-term outcomes, and tests of specific service elements rather than the whole program.

Even after obtaining feedback or pilot testing, assessing, and scaling up new approaches, keep tracking your engagement goals through your regular performance management processes. This is important because even if you saw success before, your program or community can change, and a strategy that once worked well can become less successful over time.

Conclusion

This is the last step in this toolkit, but engagement is continuous work. Take stock of how these efforts went and decide if your team is ready to start a new engagement effort.

Valley Home Visiting, Part 4: An example of how to use the Family Engagement Toolkit
(continued)

Put your action plan into use. In its action plan, Valley Home Visiting aimed to increase enrollment among families from three selected rural counties in their service area. The core team planned to start by holding two focus groups to inform recruitment messaging and marketing materials tailored to those communities. In the Take Action phase, they conduct the focus groups. They learn useful insights about the communities' interests, needs, concerns, and appropriate messaging. Based on these insights, they update the marketing materials and ask the focus group participants to review them. For example, they learn that families in the rural areas would like to spend time with other families with young children. They would prefer to watch a video about the program, especially if it showed up in their social media feed. The families were skeptical about having a stranger in their home but might be swayed if they heard other families liked the program. The core team comes up with opportunities for families to meet periodically and adds this benefit to their outreach materials. They also work in testimonials previously gathered from families as part of a satisfaction survey. The team also hear that families have a hard time getting necessary supplies because they live far from retail stores with low prices; help in accessing concrete supports would be an added benefit of the home visiting program. The team adds two action steps to their plan: (1) meet and brainstorm with a regional diaper bank on ways to support the families with their concrete needs, and (2) make a marketing video once these plans solidify.

In between these activities, the outreach coordinator works to formalize referral processes with new partners, another step in the action plan. The outreach coordinator works with three partners that participated in the focus group (one from each county) to create a referral process map. Finally, the team is ready to use the new marketing materials. Rather than giving them out widely, they will pilot the new materials and referral process with their three partners first, over three months. Through the pilot, they will collect brief feedback forms from the partners and referred families so they can adjust any places of confusion.

Track results, assess progress, and make a decision. Based on the positive feedback from the focus group and the pilot, Valley Home Visiting decides to expand its approach for reaching more families from rural counties. Valley Home Visiting formalizes new partnerships in the remaining rural areas. The team wants to build on its earlier success and make sure the approach stays relevant. They decide that the leadership team will look at overall enrollment and enrollment by county during their regular meetings. They also decide to gather information on how well the program is meeting the expectations of newly enrolled families. If they see trends going in the wrong direction, they will pivot. At their last core team meeting, they decide to get back together, after a break, to complete the self-assessment again, with a focus on the retention and active participation stage.

Resource catalog

Publicly available resources for further reading

This catalog of publicly available resources includes all the resources linked in the sections above—and more. You can use the catalog to look up a resource that was referenced in the toolkit, or you can browse it to explore additional resources. **Resources referenced in the toolkit appear in bold.** Rows are (mostly) sorted by when they first appear in the toolkit. The catalog is organized as follows:

/ **Reference number.** Matches the reference number that appears in the toolkit; if the row does not contain a resource that appears in the toolkit, the reference number is n.a. (not applicable)

/ **Toolkit section.** The resource(s) contain content relevant to the sections listed

/ **Relevant topic.** Summarizes the topic(s) discussed in the corresponding toolkit section

/ **Description.** Summarizes the resource's content, purpose, and relevance

/ **Type.** Classifies the resource based on its main purpose and content, using these definitions:

- **Foundational knowledge** provides background or contextual information on a topic
- **Guide** includes instruction on how to adopt a practice
- **Toolkit** offers instruction on how to adopt a practice and accompanying tools or activities (such as worksheets, self-assessments, or templates)
- **Menu of activities** compiles tools or instructions for completing various activities
- **Activity** is a single tool or set of instructions
- **Real-world example** explains how a real program or system has applied a practice

The following categories may be combined with those listed above:

- **Contains additional resources** means the resource integrates and links other public resources for further reading
- **Video** indicates that the resource includes one or more videos

Some resources are also toolkits that touch on multiple sections and topics addressed in this toolkit. Others are a selection of user-friendly resources on a single topic. Multiple resources on a single topic are combined into a single row. The resources are for informational purposes. Their inclusion does not reflect an endorsement from ACF or HRSA.

Ref. #	Toolkit section	Relevant topic	Description	Type
1.	Introduction Strategy 1	• Family and home visitor relationship • Relationship-based competencies	**Relationship-Based Competencies to Support Family Engagement: A Guide for Early Childhood Professionals Who Make Home Visits**[i] and companion resources from the National Center on Parent, Family, and Community Engagement describe the knowledge, skills, and practices that home visitors need to engage with parents and families. These relationship-based competencies were developed for Head Start and Early Head Start home visitors but may apply to other home visiting programs. This resource includes examples for building goal-directed partnerships between home visitors and families as well as professional development resources. The ideas are based on the Head Start Parent, Family, and Community Engagement Framework.[ii]	Foundational knowledge
2.	Introduction	• Engagement stages • Factors that promote engagement	**Understanding Family Engagement in Home Visiting: Literature Synthesis**,[iii] from the HV-REACH project, informs program practitioners and policymakers about factors and strategies that facilitate family engagement in home visiting and barriers to engagement.	Foundational knowledge
3.	Get started	• Reviewing program data	HRSA's **Summary of MIECHV Program Performance Measures**[iv] defines performance measures that MIECHV grantees are required to collect and report. It may inspire ideas for measures that program teams can more easily monitor. There are 16 performance measures across six benchmark areas. The benchmark areas are listed on HRSA's **MIECHV Data & Continuous Quality Improvement** webpage.	Foundational knowledge
4.	Self-assess	• Meeting facilitation • Reflecting and setting priorities	The following list is a sample of resources on human-centered design and interactive group facilitation activities:	
			• The Strengthening Working Families Initiative's Tip Sheet: Team-Based Activities to Address Challenges[v] has instructions on conducting team activities for understanding the problem (problem tree analysis and visualize the vote), brainstorming solutions (creative matrix), and prioritizing solutions (importance-difficulty matrix).	Toolkit
			• Luma Institute's compilation of human-centered design methods[vi] includes guidance for using a **problem tree analysis**,[vii] the **What's on Your Radar**[viii] method, and an **importance-difficulty matrix**[ix] as well as many other methods.	Menu of activities; activity
			• Liberating Structures has a menu of creative activities[x] to use during team meetings in place of traditional approaches.	Menu of activities

Ref. #	Toolkit section	Relevant topic	Description	Type
4. *(cont.)*			These resources focus on a single facilitation activity or approach discussed in the toolkit:	
			• Appreciative Inquiry[xi] is a method for identifying opportunities for improvement by focusing on what's working well. The Center for Appreciative Inquiry offers guidance on framing reflection or interview questions positively.	Foundational knowledge
			• **Plus-Delta**[xii] is an activity to get fast feedback from others on what they like (positives) and what they would change (deltas). Examples of this activity and the others listed are widely available; this example is from Lucid Meetings.	Activity
			• **Rose, Bud, Thorn**[xiii] is an activity to identify strengths, challenges, and opportunities. This example is from the University of Colorado-Boulder.	Activity
			• What's on Your Radar[xiv] is an activity to identify and classify priorities. This example is from Atomic Object.	Activity
n.a.	Self-assess Strategy 2	• Meeting facilitation • Reflecting and setting priorities • Data collection methods	IDEO.org's Design Kit[xv] is an interactive compilation of IDEO's human-centered design resources for developing solutions to problems and implementing, testing, and scaling those solutions. There are step-by-step strategies for learning more about the problem through individual or group interviews, brainstorming and choosing solutions, analyzing data or feedback, creating implementation plans (or road maps), pilot testing and iterating a solution, assessing whether a solution is working, and scaling it if it is. The design kit includes The Field Guide to Human-Centered Design,[xvi] which explains the mindset and the method of human-centered design.	Menu of activities; foundational knowledge
5.	Plan	• SMART goals	There are several resources on writing SMART goals, including the following:	
			• **Guiding CQI with SMART Goals**,[xvii] from the Healthy Marriage and Responsible Fatherhood continuous quality improvement (CQI) Resources website, has tips for writing and measuring SMART goals	Guide
			• How to Create SMART Goals Using a Tree Diagram[xviii] is from SMART Learning Systems.	Activity

Ref. #	Toolkit section	Relevant topic	Description	Type
6.	Plan Strategy 2 Strategy 4 Take action	• SMART goals • Reviewing program data • Process map • CQI frameworks • Program monitoring	**Continuous Quality Improvement Toolkit: A Resource for Maternal, Infant, and Early Childhood Home Visiting Program Awardees**,[xix] from James Bell Associates, is designed to build the capacity of MIECHV awardees and others to conduct CQI. It contains nine modules, which may be delivered individually by CQI staff or as part of a multiday training activity. Each module contains a facilitation guide, PowerPoint slides with facilitation notes, and handouts and activities for participants: 1. Introduction to CQI 2. Using Data to Drive CQI and Identify Topics (includes instructions on making a run chart) 3. Creating the CQI Culture and Forming a Team 4. Creating SMART Aims 5. Understanding the Plan-Do-Study-Act (PDSA) Process and Measurement 6. Process Maps 7. Root Cause Analysis Tools 8. Key Driver Diagrams 9. Reliability Concepts and Sustaining Goals	Toolkit
7.	Strategy 1	Relationship-based competencies	**Creating Core Competency Frameworks for Successful Home Visitors**,[xx] from the National Home Visiting Resource Center, summarizes the efforts of three states to create core competency frameworks for home visitors.	Real-world example
8.	Strategy 1	• Relationship-based competencies • Family and home visitor relationship • Goal-setting • Strengths-based approach • Reflective supervision • Staff wellness • Reviewing program data	HeadStart.gov has a wealth of resources on fostering a relationship between families and home visitors and supporting home visitors through reflective supervision. Some were specifically developed for home visiting, while others were developed for Head Start or Early Head Start but contain information that applies to home visiting. Most of the resources below were prepared by the National Center on Parent, Family, and Community Engagement or the National Center on Health, Behavioral Health, and Safety:	

Ref. #	Toolkit section	Relevant topic	Description	Type
8. *(cont.)*			• Home Visiting Series[xxi] is a webinar series focused on developing responsive relationships with families.	Foundational knowledge; video
			• The Building Partnerships with Families Series includes **Guidance for Supervisors: Using a Strengths-Based Approach**,[xxii] which describes the importance of using relationship-based competencies and a strengths-based approach and provides supervisors with guidance to help make a program more strengths-based. It also includes a tip sheet, **Positive Goal-Oriented Relationships: Reflective Strategies**,[xxiii] that lists strategies for effective self-reflection and reflective supervision. The Building Partnerships: Guide to Developing Relationships with Families[xxiv] explains why positive, goal-oriented relationships matter, has examples on how to put relationship-based and strengths-based attitudes into practice, and has tips on reflective practice and reflective supervision.	Guide
			• The Best Practices in Family & Community Engagement Video Series[xxv] contains several videos that highlight real-world examples, including one on using data and reflective practice and one on engaging fathers.	Real-world example; video
			• The Parent, Family, and Community Engagement Simulation: Boosting School Readiness Through Effective Family Engagement Series[xxvi] uses interactive video simulations to develop staff skills in establishing positive, goal-oriented relationships with families. The series includes Engaging Families from the Start[xxvii] and Engaging Families in Home-Based Programs,[xxviii] which covers goal-setting, strengths-based approaches, and motivational interviewing.	Guide; video
			• **What Is Motivational Interviewing?**[xxix] explains this method in a brief fact sheet, with links to videos about how use motivational interviewing in everyday conversations.	Guide; video
			• **Program Strategies for Leaders and Supervisors**[xxx] describes strategies that leaders and supervisors can use to promote workplace wellness and staff self-care, including reflective supervision.	Guide
			• Home Visitor Supervisor's Handbook,[xxxi] a comprehensive resource for providing home-based services as part of Head Start, discusses the ways supervisors can support home visitors. It explains the purpose of and steps for providing reflective supervision, nurturing staff wellness, and assuring home visitors' safety and professional boundaries. The **reflective supervision section** includes a video and further reading.	Guide; video

Ref. #	Toolkit section	Relevant topic	Description	Type
9.	Plan Strategy 1	• SMART goals • Family and home visitor relationship • Goal-setting	Case Management Toolkit: A Roadmap to Best Practices,[xxxii] a web-based toolkit from the New York City Department of Youth and Community Development and Vibrant Emotional Health, has a section on **goal-setting and individualized service planning**. This section has concrete guidance and templates for staff to use when working with families to create a plan of action, prioritize needs to formulate short-term and long-term goals, and stay motivated to reach their goals.	Toolkit; video
n.a.	Strategy 1	• Family and home visitor relationship	Tribal Best Practices for Family Engagement Toolkit,[xxxiii] developed by the National Indian Child Welfare Association, describes a framework and strategies for engaging AI/AN families in services.	Guide; compiles additional resources
10.	Strategy 1	• Reflective supervision	There are many resources on reflective supervision, including the following: • **Strengthening Reflective Capacity in Skilled Home Visitors**,[xxxiv] from Zero to Three, is an article describing a framework for reflective supervision known as Facilitating Attuned Interactions (FAN). • **Supportive Supervision: Promoting Staff and Family Growth Through Positive Relationships**,[xxxv] a brief developed by the Family Connections Project at Children's Hospital Boston, identifies strategies that supervisors can use to support staff engagement with families. • **Reflective supervision: A planning tool for home visiting supervisors**,[xxxvi] from James Bell Associates, has instructions and a worksheet to help home visiting supervisors plan, conduct, and revisit reflective supervision sessions.	Foundational knowledge Guide Activity
11.	Strategy 1	• Trauma-informed approach	These are a sample of resources describing trauma-informed care and how to implement a trauma-informed approach: • SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach,[xxxvii] from the Substance Abuse and Mental Health Services Administration, defines trauma and presents a framework and guidance for implementing a trauma-informed approach. • **Implementing Trauma-Informed Approaches in Home Visiting**,[xxxviii] a brief from the National Home Visiting Resource Center, summarizes available research on trauma and home visiting, including how home visiting programs can implement a trauma-informed approach.	Foundational knowledge Foundational knowledge

Ref. #	Toolkit section	Relevant topic	Description	Type
n.a.	Strategy 1	• Trauma-informed approach	Strengthening Protective Factors in Your Community,[xxxix] a brief web page from Prevent Child Abuse America, explains what protective factors are and how they can reduce adverse childhood experiences (ACEs) and improve child and family well-being. It links to fact sheets from the Center for the Study of Social Policy for more information about the protective factors.	Foundational knowledge
n.a.	Strategy 1	• Staff wellness	These are a sample of resources to support the home visiting workforce: • Strengthening the MIECHV Home Visiting Workforce: A Checklist for Staff Recruitment and Staff Retention,[xl] by the Education Development Center, is a detailed toolkit with information, resources, and tools for programs to use in supporting their home visiting workforce. • Improving Home Visitor Professional Well-Being: A Resource for State and Tribal Home Visiting Programs, Model Representatives, and Local Programs,[xli] from James Bell Associates, contains strategies for strengthening key aspects of staff well-being, such as flexibility and autonomy, and relationships and connections. It also describes several questionnaires that measure different aspects of staff well-being.	Toolkit; compiles additional resources Guide
12.	Strategy 2	• Drop-off analysis	Washington Courts, Family and Youth Justice Programs, has resources and videos to help programs conduct a drop-off analysis. Although they are designed for court programs, the ideas apply to the home visiting context. • **Drop Off Analysis Data Collection Toolkit**,[xlii] and accompanying video (available under "Data Tool Kits"), has instructions and tools for breaking out the numbers of families identified, referred, and served. • The web page from the 3rd Annual Washington All Sites Meeting includes the presentation, Drop-Off Analysis.[xliii] The presentation includes a real-world application of the Children and Family Future's drop-off analysis tool.	Toolkit; video Real-world example
13.	Strategy 1 Strategy 2 Strategy 4	• Goal-setting • Referral tracking • Process map • Gathering input Process map	**Family Enrollment, Engagement, & Retention Toolkit**,[xliv] from the Minnesota Department of Health, has many resources and strategies, including a sample referral form and tools for tracking referrals and caseloads; making referral process maps; engaging families; and hearing from them about their experiences, such as with check-in cards.	Toolkit; compiles additional resources

Ref. #	Toolkit section	Relevant topic	Description	Type
14.	Strategy 2 Strategy 4	• Referral tracking • Message content • Science of human behavior	**Ready, Set ... Go! How to Add a New Program Component to Existing Services**,[xlv] by MDRC, is a toolkit to support fatherhood programs. It has strategies and tools for recruitment, including a recruitment builder tip sheet and participant referral tracking tools; enrollment and retention strategies based on insights from behavioral science; program monitoring tools; and ideas for supporting ongoing improvement through peer-to-peer learning.	Toolkit
15.	Strategy 2 Strategy 6 Take action	• Community needs assessments • Community resource assessment • Evaluation	**Getting to Outcomes for Home Visiting**[xlvi] is a 10-step toolkit from RAND for implementing a new home visiting program. Within each step, there are instructions, examples, templates, and links to existing resources. Step 1 has tools and examples for conducting a needs assessment and a community resources assessment, and Steps 7 and 8 focus on the basics of conducting an evaluation.	Toolkit; compiles additional resources
16.	Strategy 3 Strategy 5	• Data collection methods • Involving families	The **Home Visiting Collaborative Improvement and Innovation Network [HV-COIIN] 2.0: Toolkit to Build Parent Leadership in Continuous Quality Improvement**,[xlvii] by HV-COIIN, supports involvement of parents and parent leadership in local implementing agencies' CQI efforts. It is separated by stages of parent leadership and covers survey basics, parent satisfaction surveys, and focus group basics. It also includes a readiness assessment for parent involvement and leadership in CQI. A brief fact sheet, Home Visiting Collaborative Improvement and Innovation Network 2.0: Parent Leadership in Continuous Quality Improvement,[xlviii] is also available. HV-COIIN provides technical assistance to support MIECHV awardees and local implementing agencies in conducting quality improvement processes.	Toolkit; compiles additional resources
17.	Strategy 3	• Data collection methods	The following list provides a sample of resources with high-level overviews or tips on data collection: • This Centers for Disease Control and Prevention primer[xlix] provides a high-level overview for conducting focus groups. • Best Practices in Research & Evaluation: Focus Groups[l] and **Best Practices in Research & Evaluation: Interviews**,[li] guides from ETR, offer detailed tips and examples for conducting focus groups and interviews. • How to Conduct Qualitative Interviews (Tips and Best Practices),[lii] a tip sheet from Dovetail, offers a user-friendly overview on preparing for and conducting interviews.	Foundational knowledge Guide Foundational knowledge

Ref. #	Toolkit section	Relevant topic	Description	Type
n.a.	Strategy 3	• Data collection methods	The Healthy Marriage and Responsible Fatherhood (HMRF) CQI Resources website[liii] contains many tools and resources for HMRF practitioners and developers to use in their CQI processes, including the following tip sheets:	Guide
	Take action	• Evidence-informed decision making	• Collecting Data for Improvement: Focus Groups[liv] provides guidance on preparing for and analyzing data from focus groups.	Guide
			• Synthesis Matrix[lv] includes an example and template for combining different sources of information.	Activity
			• Scaling and Sustaining Improvement Efforts[lvi] has considerations for sustaining and scaling improvement strategies.	Guide
18.	Strategy 3 Strategy 4 Strategy 6 Take action	• Data collection methods • Gathering input • Tailoring and testing messages • Message content • Strengthening partnerships • Program monitoring	**Five Strategies for Successful Recruitment and Retention of Children and Families in Human Services Programs**,[lvii] by RAND, discusses the following five strategies to encourage successful recruitment and retention of families and children in human services programs. The toolkit includes discussion of the five strategies, activities, examples, and resources for additional information: 1. Conduct outreach to raise awareness of the program 2. Develop and maintain relationships with referral sources 3. Design program infrastructure and procedures that consider families' needs 4. Engage and support families participating in the program 5. Continuously monitor family enrollment and retention and quality of services	Toolkit
19.	Strategy 4	• Gathering input • Message content	**Guide to Recruiting Families for Community Programs**,[lviii] developed by LENA (the Language Environment Analysis nonprofit), includes actionable and specific guidance on recruiting families for community programs.	Guide
20.	Strategy 4	• Message content • Science of human behavior	**Nudging Change in Human Services**,[lix] a report from MDRC, describes behavioral interventions to improve delivery of human services programs and provides examples.	Foundational knowledge
n.a.	Strategy 4	• Process map	Process Maps: Many Voices Help Make Change,[lx] from MDRC, describes the purpose of process mapping to support CQI and a real-world example of creating one.	Foundational knowledge; real-world example

Ref. #	Toolkit section	Relevant topic	Description	Type
21.	Strategy 1	• Family and home visitor relationship • Reflective supervision	Tribal Home Visiting Resource Institute for Excellence (THRIVE)[lxi] provides technical assistance, tools, and resources to help Tribal MIECHV grantees implement home visiting programs and develop integrated early childhood systems that serve AI/AN families. Issue briefs and reports with lessons for implementing home visiting programs in Tribal communities are available on the ACF website,[lxii] including the following:	
	Strategy 5	• Involving community members	• Strong Staff and Family Relationships: The Heart of Tribal Home Visiting Programs[lxiii] describes engagement between Tribal MIECHV grantees and families. It includes examples of ways grantees encourage family participation, including by using reflective supervision practices.	Foundational knowledge; real-world example
			• **A Journey Toward Strong Programs and Thriving Families: The Story of Three Tribal Home Visiting Grantees**[lxiv] summarizes interviews with three Tribal MIECHV grantees and identifies lessons about factors that supported their success—including, the importance of relationships with families, elders, the community, and other agencies and the use of community advisory groups.	Real-world example
22.	Strategy 6	• Community resource assessment	**A Toolkit for Community Assessment: Community Asset Mapping**,[lxv] by C4 Innovations and the Georgia Health Policy Center, explains the purpose and an approach for building a community asset map, including ways to gather information about community resources and organizing the resources into visual models or maps.	Toolkit; contains additional resources
23.	Strategy 6	• Strengthening partnerships	There are many resources and tools focused on strengthening partnerships, including the following:	
			• **Strengthening Service Coordination Between Home Visitors and Pediatric Primary Care Providers**,[lxvi] a brief from the National Home Visiting Resource Center, has promising approaches and real-world examples of collaborations, and summarizes research on co-locating pediatric primary care and home visiting services.	Foundational knowledge; real-world example
			• **Tip Card for Fatherhood Practitioners: Building Effective Partnerships**,[lxvii] from the National Responsible Fatherhood Clearinghouse, is a two-page tip sheet that lists strategies for identifying partners and building partnerships.	Guide

Ref. #	Toolkit section	Relevant topic	Description	Type
23. *(cont.)*			• **Strategies and Examples for Community Partnerships**,[lxviii] from the National Center on Parent, Family, and Community Engagement, is the second in a three-part Community Engagement Series. The series was written for Head Start and Early Head Start program audiences to partner with families and community providers but can apply to home visiting programs, too. It contains a brief list of strategies for communicating with partner organizations. The center's **Sample Memorandum of Understanding Between Head Start and Domestic Violence Programs**[lxix] is a tip sheet for developing a memorandum of understanding.	Guide
			• **First Steps Referral Process Map**[lxx] offers an example of a referral process map from the Missouri Department of Elementary and Secondary Education's First Steps Program.	Real-world example
24.	Strategy 5 Strategy 6	• Involving community members • Strengthening partnerships	**Leading by Convening: A Blueprint for Authentic Engagement**,[lxxi] from the IDEA Partnership and National Association of State Directors of Special Education, includes guidance and tools for convening partners on a common issue. It covers fostering authentic engagement, coalescing around an issue (including the Four Simple Questions tool), ensuring relevant participation, and doing the work together.	Toolkit
25.	Take action	• CQI frameworks	These resources focus on the CQI framework (PDSA) discussed in the toolkit. Resources about the PDSA cycle related to home visiting include the following:	
			• Descriptions of the Breakthrough Series Model and CQI,[lxxii] from the Home Visiting Collaborative Improvement and Innovation Network (HV-COIIN) include an overview of the Model for Improvement and PDSA cycles.	Foundational knowledge
			• **Understanding and Using the Plan-Do-Study-Act Process in Home Visiting Programs**,[lxxiii] from James Bell Associates, includes a recorded webinar and a tip sheet about the PDSA process for MIECHV awardees.	Guide; video
			• **PDSA Cycles: Improvement and Implementation**,[lxxiv] from the National Implementation Research Network (NIRN) at the University of North Carolina, provides an overview of the PDSA improvement cycles.	Foundational knowledge
			Learn, Innovate, Improve (LI^2)[lxxv] is another CQI framework and series of activities to help people understand program challenges, identify potential improvements, and test those improvements.	Foundational knowledge
			• Learn, Innovate, Improve (LI^2): Enhancing Programs and Improving Lives,[lxxvi] from Mathematica, is a brief summary of LI^2.	Foundational knowledge

Ref. #	Toolkit section	Relevant topic	Description	Type
25. *(cont.)*			Two companion briefs offer applied examples of how grant recipients can use LI² to address implementation and evaluation challenges: Learn, Innovate, Improve (LI²): How RPG Grantees Can Use Continuous Quality Improvement to Support Program Implementation and Evaluation[lxxvii] and Testing Incremental Improvements to Program Enrollment: An Example of How RPG Projects Can Use the Learn, Innovate, Improve Framework.[lxxviii]	Guide
26.	Take action	• Program monitoring	**Run Chart Tool**,[lxxix] from the Institute for Healthcare Improvement, can be used to monitor data over time. The tool includes instructions, examples, and a template for making a run chart.	Activity; video
27.	Take action	• Program monitoring • Evidence-informed decision making	A Digital Guide to Improvement Science[lxxx] is a web-based toolkit from the New York City Department of Education's Continuous Learning Team. It covers steps in a CQI process, including pilot testing and scaling, with explanations and tools. The guide includes the following:	Toolkit
			• Tool: Community Pulse[lxxxi] is a tip sheet with guidance on creating a pulse survey.	Activity
			• **Tool: "What Next?" Leadership Reflection**[lxxxii] has guidance for teams to decide what to do at inflection points, such as if the improvement effort gets stuck or the team loses momentum.	Guide
28.	Take action	• Evidence-informed decision making	The following are a sample of resources to help teams (1) reflect on what they learned from an improvement effort and (2) decide what to do next, including whether to scale up a strategy:	
			• **Scaling Checklists: Assessing Your Level of Evidence and Readiness (SCALER)**,[lxxxiii] from AmeriCorps, is an instructional tool for helping organizations prepare to scale up interventions.	Activity
			• Scaling and Sustaining Improvement Efforts,[lxxxiv] a tip sheet in the HMRF Best Practices Series, contains considerations for sustaining and scaling improvement strategies.	Guide
29.	Take action	• Evaluation	These resources offer an overview of evaluation designs and considerations for non-evaluators:	
			• **Overview of Evaluation Designs**,[lxxxv] prepared by NORC at the University of Chicago, explains different evaluation designs and considerations for selecting an evaluation design.	Foundational knowledge
			• The Federal Evaluation Toolkit[lxxxvi] is a set of curated tools, reports, and templates to help public administrators who see the need for evaluation but don't know where to start or who want to use evaluation findings to inform their decisions.	Toolkit; compiles additional resources

Ref. #	Toolkit section	Relevant topic	Description	Type
30.	Take action	• Rapid-cycle evaluation	These resources offer an overview of rapid-cycle approaches to evaluation:	
			• **Rapid Cycle Evaluation at a Glance**,[lxxxvii] an evaluation brief by James Bell Associates, introduces MIECHV awardees to rapid-cycle evaluation and its potential use in their programs. The brief defines and describes the approach, compares it with traditional evaluation methods, and provides an example.	Foundational knowledge
			• Rapid Learning: Methods for Testing and Evaluating Change in Social Service Programs[lxxxviii] summarizes topics related to rapid-cycle learning methods that were explored at OPRE’s 2018 research conference, with links to presentations on the different methods.	Foundational knowledge; compiles additional resources

Resource catalog references

[i] Office of Head Start. "Relationship-Based Competencies to Support Family Engagement: A Guide for Early Childhood Professionals Who Make Home Visits." National Center on Parent, Family, and Community Engagement, Administration for Children and Families, U.S. Department of Health and Human Services, 2018. https://headstart.gov/family-engagement/relationship-based-competencies-support-family-engagement/home-visitors.

[ii] Office of Head Start. "Parent, Family, and Community Engagement (PFCE) Framework." Administration for Children and Families, U.S. Department of Health and Human Services, May 5, 2025. https://headstart.gov/school-readiness/article/parent-family-community-engagement-pfce-framework.

[iii] Kleinman, Rebecca, Catherine Ayoub, Patricia Del Grosso, Jessica F. Harding, Ruth Hsu, McMillan Gaither, Christina Mondi-Rago, et al. "Understanding Family Engagement in Home Visiting: Literature Synthesis." OPRE Report #2023-004. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2023. https://www.acf.gov/opre/report/understanding-family-engagement-home-visiting-literature-synthesis.

[iv] Maternal and Child Health Bureau. "Maternal, Infant, and Early Childhood Home Visiting Program." Health Resources and Services Administration, 2022. https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/performance-indicators-sys-outcomes-summary.pdf.

[v] Strengthening Working Families Initiative. "SWFI Tip Sheet: Team-Based Activities to Address Challenges." Employment and Training Administration, U.S. Department of Labor, 2023. https://etagranteeproducts.workforcegps.org/resources/2019/09/26/16/12/SWFI_Tip_Sheet_Team-Based_Activites_to_Address_Challenges.

[vi] LUMA Institute. "LUMA System Methods." November 2, 2021. https://www.luma-institute.com/about-luma/luma-system-explore-methods/.

[vii] LUMA Institute. "Problem Tree Analysis." July 22, 2021. https://www.luma-institute.com/problem-tree-analysis/.

[viii] LUMA Institute. "What's On Your Radar?" n.d. https://www.luma-institute.com/whats-on-your-radar/.

[ix] LUMA Institute. "Importance/Difficulty Matrix." n.d. https://www.luma-institute.com/importance-difficulty-matrix/.

[x] Lipmanowicz, Henri, and Keith McCandless. "Liberating Structures Menu." Liberating Structures, n.d. https://www.liberatingstructures.com/ls/.

[xi] Center For Appreciative Inquiry. "Generic Process of Appreciative Inquiry." March 31, 2024. https://centerforappreciativeinquiry.net/resources/the-generic-processes-of-appreciative-inquiry-5ds/.

[xii] Lucid Meetings. "Plus-Delta: Glossary of Meeting Terms." n.d. https://www.lucidmeetings.com/glossary/plus-delta.

[xiii] Research and Innovation Office. "Rose, Bud, Thorn." University of Colorado-Boulder, May 10, 2022. https://www.colorado.edu/researchinnovation/rose-bud-thorn.

[xiv] Crawford, Kimberly. "Design Thinking Toolkit, Activity 18–What's On Your Radar?" Atomic Object, September 28, 2024. https://spin.atomicobject.com/design-thinking-your-radar/.

[xv] IDEO.org. "Design Kit: Methods." n.d. https://www.designkit.org/methods.html.

[xvi] IDEO.org. "The Field Guide to Human-Centered Design." 2015. https://www.designkit.org/resources/1.html.

[xvii] Buonaspina, Annie, Allon Kalisher, and Scott Richman (2021). "Guiding CQI with SMART Goals." Healthy Marriage and Responsible Fatherhood, 2022. https://hmrfgrantresources.info/resource/guiding-cqi-smart-goals-tip-sheet-build.

[xviii] SMART Learning Systems. "How to Create SMART Goals Using a Tree Diagram." 2014. https://smartlearningsystems.com/wp-content/uploads/2013/12/How-to-Create-SMART-Goals-Using-a-Tree-Diagram.pdf.

[xix] Office of Planning, Research and Evaluation. "Continuous Quality Improvement Toolkit: A Resource for Maternal, Infant, and Early Childhood Home Visiting Program Awardees." Administration for Children and Families, U.S. Department of Health and Human Services, August 18, 2018. https://www.acf.gov/opre/report/continuous-quality-improvement-toolkit-resource-maternal-infant-and-early-childhood.

[xx] Peters, R., and H. Sandstrom. "Creating Core Competency Frameworks for Successful Home Visitors." National Home Visiting Resource Center Innovation Roundup Brief. James Bell Associates, Urban Institute, September 2019. https://nhvrc.org/brief/core-competency-frameworks/.

[xxi] Office of Head Start. "Home Visiting Series." Administration for Children and Families, U.S. Department of Health and Human Services, n.d. https://headstart.gov/browse/series/home-visitor-series.

[xxii] Office of Head Start. "Guidance for Supervisors: Using a Strengths-Based Approach." National Center on Parent, Family, and Community Engagement, Administration for Children and Families, U.S. Department of Health and Human Services, 2020. https://headstart.gov/publication/guidance-supervisors-using-strengths-based-approach.

[xxiii] The National Center on Parent, Family, and Community Engagement. "Positive Goal-Oriented Relationships." Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services, n.d. https://headstart.gov/family-engagement/building-partnerships-guide-developing-relationships-families/reflective-strategies-summary.

[xxiv] Office of Head Start. "Building Partnerships: Guide to Developing Relationships with Families." Administration for Children and Families, U.S. Department of Health and Human Services, February 21, 2025. https://www.headstart.gov/family-engagement/building-partnerships-guide-developing-relationships-families/building-partnerships-guide-developing-relationships-families.

[xxv] Office of Head Start. "Best Practices in Family & Community Engagement Video Series." Administration for Children and Families, U.S. Department of Health and Human Services, August 14, 2023. https://headstart.gov/community-engagement/article/best-practices-family-community-engagement-video-series.

[xxvi] Office of Head Start. "Parent, Family, and Community Engagement Simulation: Boosting School Readiness Through Effective Family Engagement Series." Administration for Children and Families, U.S. Department of Health and Human Services, June 28, 2024. https://headstart.gov/family-engagement/article/parent-family-community-engagement-simulation-boosting-school-readiness-through-effective-family.

[xxvii] Office of Head Start. "Engaging Families from the Start." Administration for Children and Families, U.S. Department of Health and Human Services, June 25, 2024. https://headstart.gov/family-engagement/learning-module/engaging-families-start.

[xxviii] Office of Head Start. "Engaging Families in Home-Based Programs." Administration for Children and Families, U.S. Department of Health and Human Services, May 30, 2024. https://headstart.gov/video/engaging-families-home-based-programs.

[xxix] Office of Head Start. "What Is Motivational Interviewing?" Administration for Children and Families, U.S. Department of Health and Human Services, December 18, 2024. https://headstart.gov/mental-health/article/what-motivational-interviewing?.

[xxx] Office of Head Start. "Program Strategies for Leaders and Supervisors." Administration for Children and Families, U.S. Department of Health and Human Services, August 24, 2022. https://headstart.gov/family-engagement/tips-support-family-services-staff-wellness/program-strategies-leaders-supervisors.

[xxxi] Office of Head Start. "Home Visitor Supervisor's Handbook." Administration for Children and Families, U.S. Department of Health and Human Services, February 10, 2025. https://headstart.gov/program-planning/home-visitor-supervisors-handbook/home-visitor-supervisors-handbook.

[xxxii] New York City Department of Youth and Community Development. "Case Management Toolkit: A Roadmap to Best Practices." n.d. https://www.nyc.gov/assets/dycd/digital_toolkit/Case_Management_Toolkit/.

[xxxiii] National Indian Child Welfare Association. "Tribal Best Practices." n.d. https://www.nicwa.org/wp-content/uploads/2025/02/Fam-Engagement-Toolkit-2018.pdf.

[xxxiv] Gilkerson, Linda, and Jaci Imberger. "Strengthening Reflective Capacity in Skilled Home Visitors." Zero to Three, 2016. https://eitp.education.illinois.edu/Files/Series/FAN/ZTTarticle1.pdf.

[xxxv] Watts, Carolyn L., Catherine C. Ayoub, Mary Watson Avery, William R. Beardslee, and Kimberly Knowlton-Young. "Supportive Supervision: Promoting Staff and Family Growth Through Positive Relationships." Children's Hospital Boston, January 2008. https://www.childrenshospital.org/sites/default/files/media_migration/f893461a-6d54-46d8-9931-00e47e5dc19b.pdf.

[xxxvi] West, Allison, and Patricia Madariaga. "Reflective Supervision: A Planning Tool for Home Visiting Supervisors." OPRE Report #2022-138. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2022. https://acf.gov/opre/report/reflective-supervision-planning-tool-home-visiting-supervisors.

[xxxvii] SAMHSA's Trauma and Justice Strategic Initiative. "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach." SAMHSA Publication No. 14-4884. Substance Abuse and Mental Health Services Administration, 2014. https://library.samhsa.gov/product/samhsas-concept-trauma-and-guidance-trauma-informed-approach/sma14-4884.

[xxxviii] Morrison, C., M. Sparr, and S. Ramsook. "Implementing Trauma-Informed Approaches in Home Visiting." National Home Visiting Resource Center Research Snapshot Brief, James Bell Associates, May 2020. https://nhvrc.org/brief/trauma-informed-approaches/.

[xxxix] Prevent Child Abuse America. "Strengthening Protective Factors in Your Community." n.d. https://preventchildabuse.org/resources/strengthening-protective-factors-in-your-community/.

[xl] Maternal and Child Health Bureau. "Strengthening the MIECHV Home Visiting Workforce: A Checklist for Staff Recruitment and Staff Retention." Health Resources and Services Administration, U.S. Department of Health and Human Services, June 2019. https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/strengthening-miechv-workforce.pdf.

[xli] Sparr, Mariel, Heather Johnson, and Mallory Quigley Clark. "Improving Home Visitor Professional Well-Being: A Resource for State and Tribal Home Visiting Programs, Model Representatives, and Local Programs." OPRE Report #2022-139. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2022. https://acf.gov/opre/report/improving-home-visitor-professional-well-being-resource-state-and-tribal-home-visiting.

[xlii] Washington Courts, Family and Youth Justice Programs. "Drop-off Analysis." n.d. https://www.wacita.org/collaborative-courts/data-and-research/drop-off-analysis/.

[xliii] Kraft-Duley, April. "Drop-off Analysis." Washington Courts, Family and Youth Justice Programs, June 2023. https://www.wacita.org/wp-content/uploads/2023/10/Drop-Off-Analysis-Final-JN.pdf.

[xliv] Minnesota Department of Health, Child & Family Health/Family Home Visiting. "Family Home Visiting Toolkits." April 2020. https://www.health.state.mn.us/communities/fhv/toolkits.html.

[xlv] Wulfsohn, Samantha, Rebecca Behrmann, and Kureem Nugent. "Ready, Set … Go! How to Add a New Program Component to Existing Services." OPRE Report #2021-138. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2021. https://acf.gov/node/24371.

[xlvi] RAND. "Getting To Outcomes® for Home Visiting." n.d. https://www.rand.org/pubs/tools/TL114/manual.html.

[xlvii] Home Visiting Collaborative Improvement and Innovation Network. "Home Visiting Collaborative Improvement and Innovation Network 2.0: Toolkit to Build Parent Leadership in Continuous Quality Improvement." 2019. https://hv-coiin.edc.org/resource/parent-leadership-toolkit-resources/.

[xlviii] Education Development Center. "Home Visiting Collaborative Improvement and Innovation Network 2.0: Parent Leadership in Continuous Quality Improvement." 2023. https://hv-coiin.edc.org/wp-content/uploads/PL-in-CQI-Fact-sheet.pdf.

[xlix] Centers for Disease Control and Prevention. "Data Collection Methods for Program Evaluation: Focus Groups." U.S. Department of Health and Human Services, August 2018. https://www.cdc.gov/healthy-youth/php/program-evaluation/pdf/brief13.pdf.

[l] ETR. "Best Practices in Research & Evaluation: Focus Groups." 2013. https://www.etr.org/ebi/assets/File/etr_best_practices_focus_groups.pdf.

[li] ETR. "Best Practices in Research & Evaluation: Interviews." 2013. https://www.etr.org/ebi/assets/File/etr_best_practices_interviews.pdf.

[lii] Dovetail Editorial Team. "How to Conduct Qualitative Interviews (Tips and Best Practices)." Dovetail, May 18, 2023. https://dovetail.com/research/qualitative-interview/.

[liii] Healthy Marriage and Responsible Fatherhood. "Continuous Quality Improvement Resources." https://www.hmrfgrantresources.info/continuous-quality-improvement.

[liv] Kalisher, Allon, Annie Buonaspina, and Scott Richman. "Using Focus Groups to Support CQI Tip Sheet." Healthy Marriage and Responsible Fatherhood, 2022. https://www.hmrfgrantresources.info/resource/using-focus-groups-support-cqi-tip-sheet.

[lv] Kalisher, Allon, Annie Buonaspina, and Scott Richman. "CQI Best Practices Series Synthesis Matrix." Healthy Marriage and Responsible Fatherhood, 2022. https://www.hmrfgrantresources.info/resource/synthesis-matrix.

[lvi] Kalisher, Allon, Annie Buonaspina, and Scott Richman. "CQI Best Practices Series Scaling and Sustaining Improvement Efforts." Healthy Marriage and Responsible Fatherhood, 2022. https://www.hmrfgrantresources.info/resource/scaling-and-sustaining-improvement-efforts.

[lvii] Barnes-Proby, Dionne, Dana Schultz, Lisa H. Jaycox, and Lynsay Ayer. "Five Strategies for Successful Recruitment and Retention of Children and Families in Human Service Programs." RAND Corporation, 2017. https://www.rand.org/pubs/tools/TL242.html.

[lviii] LENA. "Guide to Recruiting Families for Community Programs." 2020. https://info.lena.org/thank-you/parent-recruitment-guide.

[lix] Richburg-Hayes, Lashawn, Caitlin Anzelone, and Nadine Dechausay. "Nudging Change in Human Services: Final Report of the Behavioral Interventions to Advance Self-Sufficiency (BIAS) Project." OPRE Report #2017-23. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017. https://www.acf.gov/opre/report/nudging-change-human-services-final-report-behavioral-interventions-advance-self.

[lx] Vasquez, Andrea. "Process Maps: Many Voices Help Make Change." MDRC, 2020. https://www.mdrc.org/work/publications/process-maps-many-voices-help-make-change.

[lxi] Zero to Three. "Tribal Home Visiting: Supporting Native Families." n.d. https://www.zerotothree.org/our-work/tribal-home-visiting/.

[lxii] Office of Early Childhood Development. "Tribal Home Visiting Issue Briefs and Reports." Administration for Children and Families, U.S. Department of Health and Human Services, n.d. https://www.acf.gov/ecd/tribal/tribal-home-visiting/tribal-home-visiting-issue-briefs.

[lxiii] Administration for Children and Families. "Strong Staff and Family Relationships: The Heart of Tribal Home Visiting Programs." Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 2019. https://acf.gov/media/18089.

[lxiv] Office of Early Childhood Development. "A Journey Toward Strong Programs and Thriving Families: The Story of Three Tribal Home Visiting Grantees." Administration for Children and Families, U.S. Department of Health and Human Services, February 22, 2021. https://www.acf.gov/ecd/report/journey-toward-strong-programs-and-thriving-families-story-three-tribal-home-visiting.

[lxv] C4 Solutions. "A Toolkit for Community Assessment Community Asset Mapping." Georgia Health Policy Center, 2020. https://ruralhealthlink.org/wp-content/uploads/2021/11/C4-Toolkit-Community-Asset-Mapping.pdf.

[lxvi] Morrison, C., and M. Sparr. "Strengthening service coordination between home visitors and pediatric primary care providers." National Home Visiting Resource Center, James Bell Associates, 2019. https://nhvrc.org/brief/service-coordination.

[lxvii] National Responsible Fatherhood Clearinghouse. "Tip Card For Fatherhood Practitioners: Building Effective Partnerships." 2019. https://www.fatherhood.gov/research-and-resources/tip-card-fatherhood-practitioners-building-effective-partnerships.

[lxviii] Office of Head Start. "Strategies and Examples for Community Partnerships." National Center on Parent, Family, and Community Engagement, Administration for Children and Families, U.S. Department of Health and Human Services, 2019. https://headstart.gov/publication/strategies-examples-community-partnerships.

[lxix] National Center on Parent, Family and Community Engagement. "Sample Memorandum of Understanding Between Head Start and Early Head Start and Domestic Violence Programs." Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 2019. https://headstart.gov/publication/sample-memorandum-understanding-between-head-start-domestic-violence-programs.

[lxx] Missouri Department of Elementary and Secondary Education. "First Steps Referral Process Map." February 27, 2019, https://dese.mo.gov/media/pdf/first-steps-referral-process-map.

[lxxi] Cashman, J., Linehan, P., Purcell, L., Rosser, M., Schultz, S., & Skalski, S. "Leading by Convening: A Blueprint for Authentic Engagement." National Association of State Directors of Special Education, 2014. https://nasdse.org/docs/Leading_by_Convening_508.pdf.

[lxxii] Home Visiting Collaborative Improvement and Innovation Network. "The Breakthrough Series Model." https://hv-coiin.edc.org/improvement-science/.

[lxxiii] Poes, Matthew, Carlos Cano, Julie Massie, Sally Baggett, Emily Haines, and Mary Mackrain. "Understanding and Using the Plan-Do-Study-Act Process in Home Visiting Programs." James Bell Associates, 2014. https://www.jbassoc.com/resource/understanding-using-plan-study-act-process-home-visiting-programs/.

[lxxiv] Kennedy, Stephanie, and Kathleen Ryan Jackson. "PDSA Cycles: Improvement and Implementation." National Implementation Research Network, July 26, 2022. https://nirn.fpg.unc.edu/practicing-implementation/pdsa-cycles-improvement-and-implementation.

[lxxv] Mathematica. "Learn, Innovate, Improve (Li2)." n.d. https://www.mathematica.org/solutions/learn-innovate-improve.

[lxxvi] Derr, Michelle, Ann Person, and Jonathon McCay. "Learn, Innovate, Improve (LI2): Enhancing Programs and Improving Lives." Mathematica Policy Research, December 2018. https://www.acf.gov/opre/report/learn-innovate-improve-li2-enhancing-programs-and-improving-lives.

[lxxvii] Kleinman, Rebecca, Betsy Keating, and Emily Moiduddin. "Learn, Innovate, Improve (LI2): How Regional Partnership Grantees Can Use a Continuous Quality Improvement Framework to Support Program Implementation and Evaluation." Mathematica, September 2022. https://rpg-cse.acf.hhs.gov/resource-detail/724.

[lxxviii] Hennigar, Avery, Betsy Keating, Rebecca Kleinman, and Emily Moiduddin. "Testing Incremental Improvements to Program Enrollment: An Example of How RPG Projects Can Use the Learn, Innovate, Improve Framework." Mathematica, July 2023. https://rpg-cse.acf.hhs.gov/resource-detail/754.

[lxxix] Institute for Healthcare Improvement. "Run Chart Tool." n.d. https://www.ihi.org/resources/tools/run-chart-tool.

[lxxx] Milder, Sam, and Benjamin Lorr. "A Digital Guide to Improvement Science." n.d. https://nycdoeishandbook.org/.

[lxxxi] New York City Department of Education. "Tool: Community Pulse." 2021. https://nycdoeishandbook.org/wp-content/uploads/2021/07/tool-community-pulse.pdf.

[lxxxii] New York City Department of Education. "Tool: 'What Next?' Leadership Reflection." 2021. https://nycdoeishandbook.org/wp-content/uploads/2021/08/What-next-leadership-reflection.pdf.

[lxxxiii] AmeriCorps. "Scaling Checklists: Assessing Your Level of Evidence and Readiness (SCALER)." n.d. https://americorps.gov/grantees-sponsors/evaluation-resources/scaler.

[lxxxiv] Mathematica. "Scaling and Sustaining Improvement Efforts." Healthy Marriage and Responsible Fatherhood, 2023. https://www.hmrfgrantresources.info/resource/scaling-and-sustaining-improvement-efforts.

[lxxxv] Markovitz, Carrie E. "Overview of Evaluation Designs." NORC at the University of Chicago, AmeriCorps, n.d. https://americorps.gov/sites/default/files/document/EvaluationDesignSlides_final.pdf.

[lxxxvi] Evaluation.gov. "The Federal Evaluation Toolkit." n.d. https://www.evaluation.gov/evaluation-toolkit/.

[lxxxvii] Atukpawu-Tipton, G., and M. Poes. "Rapid Cycle Evaluation at a Glance." OPRE Report #2020-152. James Bell Associates, Office of Planning, Research, and Evaluation, U.S. Department of Health and Human Services, 2020. https://www.acf.gov/opre/report/rapid-cycle-evaluation-glance.

[lxxxviii] Holzwart, R., and H. Wagner. "Rapid Learning: Methods for Testing and Evaluating Change in Social Service Programs." OPRE Report #2019-57. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2019. https://www.acf.gov/opre/report/rapid-learning-methods-testing-and-evaluating-change-social-service-programs.

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