Florida Maternal, Infant, and Early Childhood Home Visiting Program Evaluation

Journey Mapping Report

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EXECUTIVE SUMMARY

Journey mapping was used as a tool to explore perceptions of engagement and retention in the Florida Maternal, Infant, and Early Childhood Home Visiting program. This process involved research team members/observers shadowing volunteer home visitors, throughout a typical home visiting work day. The Home Visiting Rating Scale Adopted and Extended tool (HOVRS-A+) was used to measure home visitor and participant engagement during visits; and interviews with the home visitor, participant, and observer led to rich discussions about the home visiting process.

The key touch points during shadowing were at the home visitors' offices, on the way to a home visit, and leaving a home visit. During these touch points, interviews revealed factors regarding engagement and retention, logistics, family and friend involvement, social support, positive experiences, and negative experiences. For engagement and retention, how and at what

point the participant was enrolled in the program, and factors that could potentially influence engagement and retention in the program, were discussed. These factors included the stage at which the participant was in the program, home visitor/participant relationship, support that was received, home environment, and socioeconomic factors. A positive home visitor/participant relationship helped to promote engagement along with support provided by the home visitor, while financial instability and housing instability were viewed as factors that negatively impacted engagement.

The involvement of family and friends during visits was mainly positive and supportive. The most frequent form of social support provided by home visitors was informational support on a variety of topics including safe sleep, breastfeeding, parenting, child development, labor and delivery, and nutrition. Aspects of logistics included scheduling, driving, and documentation. Overall, most of the experiences of participants in the journey mapping were positive. Specifically discussed as positive were interactions between the home visitors and the participant, the participant and her baby, and the home visitor and the baby. Very few negative experiences were discussed among which were distractions during visits and concern about safety of the baby in one instance.

Findings from this journey mapping process emphasize the importance of building positive and supportive home visitor/participant relationships and the need for taking steps to reduce factors that negatively impact engagement and retention to increase program benefits.

Journey mapping examines an experience through the eyes of the participant.

INTRODUCTION

The engagement and retention of families enrolled in a home visiting program are essential for its success. Previous discussions with home visiting staff in the Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program revealed staff perceptions of engagement and retention, as well as perceived facilitators and barriers to engagement and retention within the program (see http://health.usf.edu/publichealth/chiles/miechv/state-evaluation). To further understand engagement and retention in the program, an observation of the home visiting process was done to view engagement and retention from multiple points of view, including perspectives of the home visitors and participants.

METHODS

Journey mapping aims to develop an understanding of an individual's experience across all touch points in their interactions with a program or organization in order to identify gaps and subsequently improve services. For this evaluation, journey mapping was used to understand the experiences of both the participants and home visitors of the Florida MIECHV program with the researcher serving the role of the observer. The aim of this journey mapping project was to evaluate

the program using participants' experiences as a yardstick to assess engagement and retention in the program. Assessing positive and negative experiences of participants helps to determine the functionality of the program and identify gaps or shortcomings, with the sole purpose of optimizing participants' experiences.

Journey mapping took place through August-September 2016 in three Florida MIECHV communities – Hillsborough, Manatee, and Escambia. Home visitors were contacted and informed about the proposed journey mapping project. Home visitors were then invited by the research team to participate in the journey mapping research project if they were interested. Subsequently, families receiving services from interested home visitors were contacted about the study. Informed consent was obtained for all those who agreed to participate in the study. After consent was obtained, the researcher (observer) and the home visitor visited the participants' homes. Five home visitors and seven program participants were included in this study.

Data Collection

Four forms of data were collected for the project: 1) a demographic self-report survey administered to the participants by the home visitors; 2) the home visit observation assessment from the perspective of the researcher (observer); 3) interviews with home visitors, program participants, and observers; and 4) observational notes and photographs. The demographic self-report survey included questions about age and educational qualification of the participants. The home visit experience included an assessment of the quality of the home visit, field notes pertaining to the home visit, and pictures recorded by the observer. Roggman *et al*.'s Home Visiting Rating Scale Adopted and Extended (HOVRS-A+) tool tailored for the development of infants and young children was used to assess the quality of the home visit. This tool measures home visitor/parent educator practices that support developmental parenting approaches while respecting family's strengths and cultures. Three out of the seven HOVRS-A+ scales (described below) were completed by the observer. Notes were collected by the observer on touchpoints and personal reactions of the participants and home visitors, and photographs (taken by the observer with the participants' permission) captured their perspective of the visit and home visiting program in general.

While shadowing, the observer interviewed the home visitor at different touch points. Since the observer was with the families during one session and the home visitors during the entirety of the workday, the protocol and timing of questions was adapted to fit the visit. Following the visit, interviews with the participant and observers were also conducted. Interviews with home visitors and program participants identified factors associated with engagement and retention, logistical issues, and positive and negative experiences. Observer interviews by a research team member identified strengths, weaknesses, and perceptions of home visitor and participant relationships and interactions.

Data Analysis

Demographic data were entered into the Qualtrics software, which generated descriptive characteristics of study participants. The HOVRS-A+ form was analyzed utilizing Microsoft Excel to generate means and ranges for each of the subscales assessed. All interviews were audio recorded and transcribed verbatim by a professional transcription service. The evaluation team research assistants reviewed the transcribed documents to ensure accuracy. The transcripts were qualitatively analyzed for emergent themes utilizing the MAXQDA Software program. A codebook was developed including *a priori* and emergent codes from reading through the

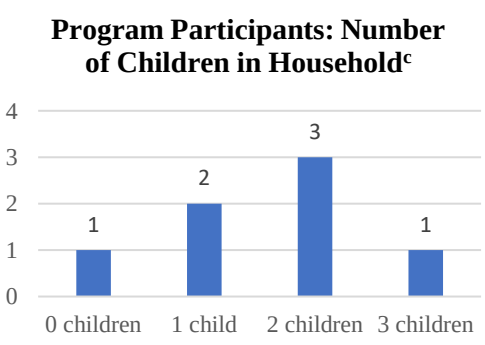
transcripts. Two members of the research team coded five transcripts until agreement was reached. The remaining transcripts were then coded by the primary coder. Because of the unique design of the journey mapping process, credibility was established by triangulating the findings from the interviews with participants, home visitors, and observers. Additionally, field notes were analyzed to identify similarities and to compare findings or thoughts of observers during the journey mapping process. These findings were also triangulated with findings from other evaluation studies that explored participant engagement and retention (e.g., participant retention data analysis, home visitor focus groups, program participant interviews, etc.).

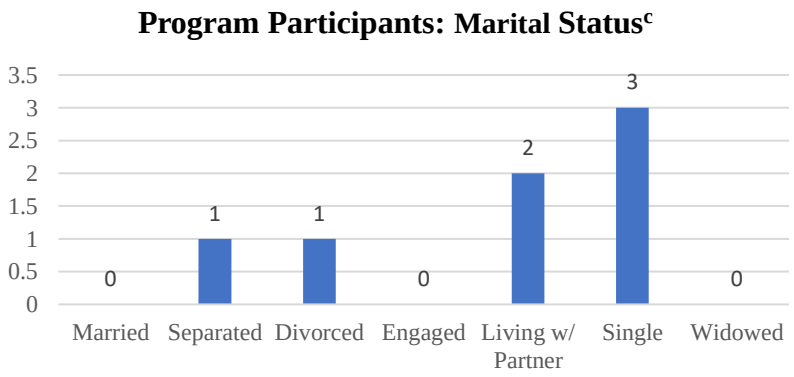
RESULTS

Demographic Information

A total of 16 individuals including home visitors (n=5), program participants (n=7, all mothers), and observers (n=4) were interviewed. Demographic data are reported for program participants and home visitors. Participants were residents of Hillsborough County (home visitors n=2; program participants n=4), Escambia County (home visitors n=2; program participants n=2), and Manatee County (home visitors n=1; program participants n=1). Of participating home visitors, three currently lived in the specific community they worked in, and two did not. All home visitors were full-time employees with one working for less than a year in her current role and four working between one to five years in their current role. Program participant employment status included: part-time (n=1), stay-at-home mother (n=5), and unemployed due to disability (n=1). Demographics for years in current role, educational background, and work location in reference to residence were only asked of home visitors. Demographics for marital status and number of children in household were only asked of program participants. Detailed demographics can be found in Tables 1-4 and Figures 1-3.

Tables 1-4 and Figures 1-3. **Journey Mapping Participant Characteristics.**





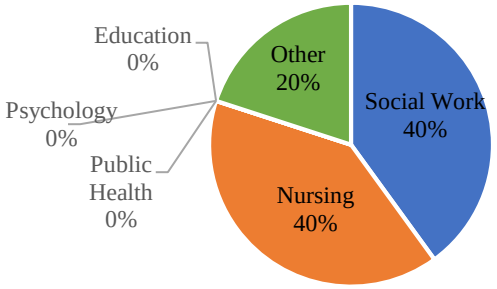
Age[a]	Home Visitors	Program Participants
<20	0	1
20-24	0	2
25-29	3	1
30-34	1	0
≥35	1	2

Race	Home Visitors	Program Participants
White	5	2
Black	0	4
Asian	0	0
Pacific Islander	0	0
Other	0	1

Education[a]	Home Visitors	Program Participants
Less than high school	0	1
High school graduate	0	2
Some college	3	1
College graduate	1	0
Graduate degree	1	2

Ethnicity[a]	Home Visitors	Program Participants
Hispanic	2	5
Non-Hispanic	3	1

Home Visitor: Educational Background[b]



[a] One program client did not participate in the follow-up interview
[b] Only asked of home visitors
[c] Only asked of program clients

HOVRS-A+

The HOVRS-A+ tool assessed three main factors summarized in Table 5: 1) the home visitor responsiveness to the family, 2) the relationship between the home visitor and the family, and 3) parent engagement during the home visit. In the home visitor responsiveness to family scale—which measures planning with parents and identifying family strengths to support child development—home visitors received an average overall rating of 6.43 on a scale of 1 (inadequate) to 7 (excellent), with a range from 5 (good) to 7 (excellent). A rating of 5 indicated that the home visitor was prepared for the visit, asked questions, and provided information according to the observation of parent and child needs. A rating of 7 indicated that the home visitor was prepared for the visit and also prepared for future visits with the input of the parents. It also indicated that the home visitor provided parents with feedback on interactions and child development.

In the home visitor-family relationship scale—which measures home visitor interaction with family members through warmth, positive emotions, and respect—home visitors received an average overall rating of 6.43 on a scale of 1 (inadequate) to 7 (excellent), with a range from 4 (between adequate and good) to 7 (excellent). A rating of 4 indicated an adequate familiarity with

the family and family system but a lack of intention to further learn of the family structure and current situations. In addition, it indicated a cordial relationship between the home visitor and parent but little to no social interaction (i.e., discussion outside of home visit topics). A rating of 7 indicated an open and relaxed relationship of respect and appreciation between the home visitor and parent. It also indicated comfortability of the parent to initiate discussions and of the home visitor to ask questions about familial situations.

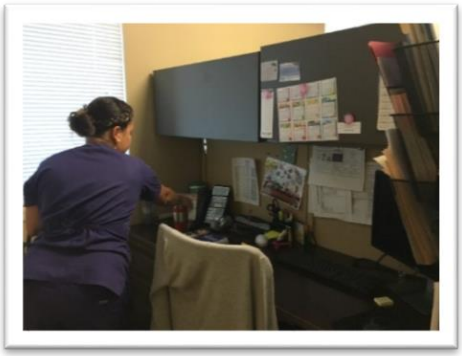
In the parent engagement during home visit scale—which measures parent interest, participation, and initiation of interactions, discussions, and activities—parent(s) received an average overall rating of 6.57 on a scale of 1 (inadequate) to 7 (excellent), with a range from 5 (good) to 7 (excellent). A rating of 5 indicated that the parent(s) were active participants in the activities and discussions and remained in close proximity to their child and the home visitor. A rating of 7 indicated that the parent(s) were actively engaged and participated in the activities and discussions and also initiated discussions through providing information on the child's development and behavior. In addition, the parent(s) were in close proximity to their child and the home visitor and interacted enthusiastically with both.

***Table 5*. HOVRS-A+ Tool Assessment.**

Scales	Indicators Measured	Range	Mean
Home Visitor's Responsiveness to Family	• Plans activities and topics of home visits with parent • Prepares for home visit using parent-selected activities • Gets information about the family's strengths and child's development • Provides feedback on the family's interests and needs • Adapts activities to the family's interests and needs • Responds to family input for the agenda and activities of the home visit	5 – 7	6.43
Home Visitor's Relationship with Family	• Interacts sociably with parent(s), focusing on child development • Sets the tone for positive interactions • Expresses positive emotions about the home visit • Engages other family members if present during home visit • Reflects on family's life and activities in relation to child's development • Shows respect and acceptance of the family, home, culture, and lifestyle • Discusses sensitive issues respectfully and reflectively	4 – 7	6.43
Parent Engagement During Home Visit	• Shows interest in materials and activities • Participates and focuses on home visit topics and activities • Engages in play and activities with child • Initiates activities and conversations • Discusses questions and topics relevant to child and family • Is ready to interact with both child and home visitor	5 – 7	6.57

Journey Mapping Interviews

Channel



Home visitor prepares for upcoming visit.

Interviews were held at different points in time with all journey mapping participants, to reflect the touchpoints of their experiences. For example, the home visitors were interviewed at the office preparing for a home visit, on the way to a home visit, and/or leaving a home visit (Figure 4). The channel (setting for the interview) set the stage for the conversations that the observer had with the home visitor. At the office, conversations were mostly regarding the home visitors' preparation for the home visit(s) through gathering informational materials and needed items (e.g., diapers) and completing documentation after a previous visit. When heading to a new visit, the observer and the home visitor talked more about the goals the home visitor had for the visit and their expectations for the participant. As the home visitor leaves the participant's home, conversations with the observer were aimed at understanding how the home visitor perceived the visit and thoughts regarding the experience. Participants and observers were interviewed after the journey mapping home visits had taken place. Interviews with participants took place by telephone, while observers were interviewed at the research office.

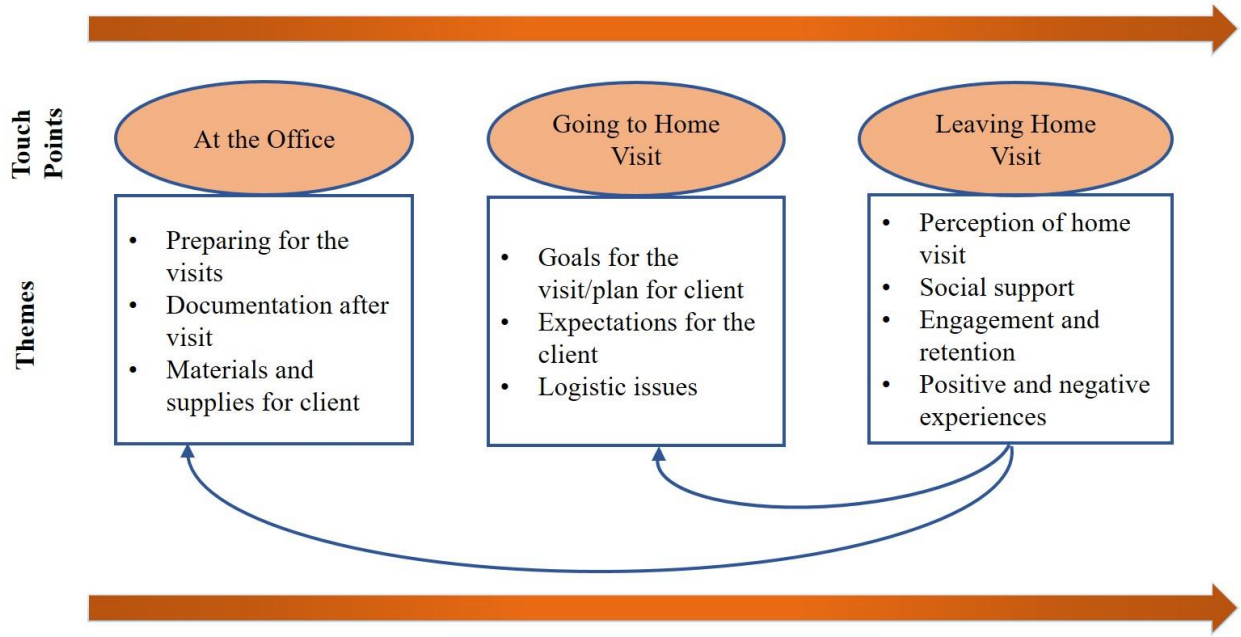


***Figure 4*. Touch Points and Emergent Key Themes.**

Engagement and Retention

Home visitor engages with parent during the visit.

All journey mapping participants discussed factors that were associated with their engagement and retention in the home visiting program. Home visitors discussed how the participant came to be enrolled in the program, at what point in time the participant was enrolled (during pregnancy or otherwise), how long the participant had been enrolled in the program, as well as factors that could potentially influence engagement and retention in the program. These factors included the stage in which the participant was in the program, various aspects of the relationship with the home visitor, support that was received, home environment, and socioeconomic factors. The stage at which the participant enrolled could influence their engagement based on perceived benefits of the program. Some participants were described as having been initially unengaged and cancelling visits but later becoming more engaged closer to the time of having the baby. However, another home visitor discussed an instance where a participant disengaged after the baby's birth.

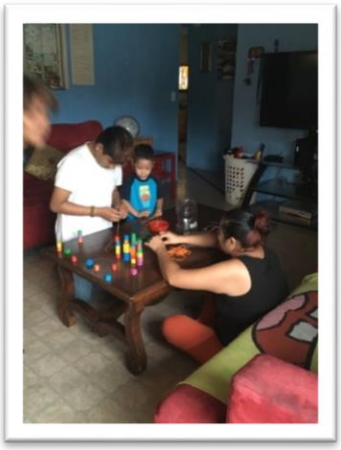
The relationship between the home visitor and the participant was another factor that played a role in engagement and retention. Participants discussed being engaged when they have a good relationship with their home visitors. The level of connectedness/rapport between the home visitor and participant was one aspect of this relationship, and communication was discussed as another aspect of the home visitor/participant relationship. The more rapport and trust are built, the more the participant relies on the home visitor for information. Having bilingual home visitors was said to be helpful for engagement with Spanish-speaking participants. Home visitors also found it helpful to wait until a connection had been established before broaching certain topics, such as the mental health assessment. A few first-time mothers enrolled in the program found it helpful to have someone they could speak with about their pregnancy concerns and to receive the appropriate information.

"I noticed that the home visitor and you […] both like talking like friends, and you were quite… are quite interested in what the home visitor had to say. But, I also noticed that the TV was on, but you seemed to focus only on the home visitor and not on the TV." ~Observer

"If you're going to talk in public about people joining the program, I'd say please do that. The program is truly spectacular. It's great to have somebody, a nurse, come to your house, weigh the baby, check the baby out. It's wonderful that they have this program for mothers. And people who don't have money to pay for something like this are very grateful that the government helps. So, please, don't stop promoting the program because it is spectacular for mothers and babies. As human beings, we need this, and it's good, too if fathers get involved. I mean, fathers have to be interested first, but it's great. The program is spectacular. Please don't even think of stopping the program. Thank you for coming." ~Participant

Perceived benefits of the program, such as the support received from the home visitor (e.g., receiving information regarding their child's development, referrals for housing, and food resources) were also promoters of engagement. Home visitors also discussed the home environment and how this impacted their interactions with the participant. Distractions were mentioned as sometimes impacting engagement; common sources of distraction during visits included televisions, phone calls, visitors, and household activities.

"I like that she turned off the TV. She doesn't always do that […]. Something negative about the [observed] visit is sometimes the dad will sit in with us if he is there and I noticed he didn't during this visit, but I thought she was communicating with me well. She was open." ~Home visitor



Caregiver participates in activity with child during the home visit.

Home visitors discussed varying levels of engagement among the participants that they were currently serving. Engagement was demonstrated by parent's participation in activities and utilization of programs that the home visitor recommended. However, home visitors believed that participants always learned something despite how actively they do or do not participate in the activities. The responsiveness of participants also influenced the way their home visitor approached interactions with that participant, and one home visitor discussed sending reminders based on participants' past responsiveness to these reminders.

"…and she told me that her mother-in-law, which I think she's going to be there on our visit today, told her, 'Don't pay attention to the nurse. Don't do everything she says. I'm a mother. I have four kids, and I know what I'm doing. Listen to me, not her.' After that visit, I was like, 'It's your option. I just bring you the information that is based on researches, and it's been proven, and it's up to you to decide what you're going to do with that.' I left the visit, and I will say 20 minutes after, she's like, 'Should I give my baby water?' I was like, 'No, the baby is a newborn. He's only 10 days old, so you're not supposed to give him water.' 'Oh no, my mother-in-law told me that it's about time that I start giving him water.' So, that kind of thing. And I was like, 'No.' So, she's asking me more questions. She wants to be more in the program because of that." ~Home visitor

Other factors that could negatively impact participant engagement include an inconsistent relationship or intermittent communication between the home visitor and participant. There could also be awkwardness in the first home visiting session, which could potentially affect engagement. Not participating in regular home visits, financial instability, housing instability, and low-income were also mentioned as things that affected engagement.

Negative Experiences

In general, there were few to no negative experiences from the perspectives of all participants. Observers perceived distractions during the visits, such as noise from the television, poor living conditions, living with people in a less than ideal situation, and children misbehaving as negative experiences. Program participants did not divulge any negative experiences, instead

stated that they had enjoyed the program and would recommend it to other participants. Very few home visitors had any negative experiences. Factors mentioned were concerning observations in the home, such as unsafe sleep conditions, factors that interfered with the home visit completion (e.g., no-shows), potential distractions during the visit, and unforeseen encounters (e.g., unsafe neighborhoods or problematic family situation).

"Her being in there with us for the visit and the baby waking up, she could've possibly fell off that bed. So yes, it concerns me." ~Home visitor

Involvement of Family and Friends

Aside from the home visitor, other individuals who were a source of support in the participants' lives emerged in discussions. These included family members such as mothers, mothers-in-law, partners, and friends. A few participants reported that their mothers and significant others were interested in the program, and some mothers of the participants participated during the home visiting sessions to learn more about how to take care of the baby.

Home visitors discussed that family and friends—mostly family members—were sometimes involved in the visit. There were varying levels of others' involvement, ranging from just being present without engagement during the visit to actively participating or having discussions during the visits. Overall, most involvement of family and friends was neutral to positive, and home visitors would usually find a way to encourage family involvement while at the same time ensuring that the right information regarding child care was still passed on to the participants. However, family involvement sometimes limited the ability to conduct visits, especially when it was a situation where the participant had to attend to other family responsibilities and as a result was too busy to participate in the visits. Home visitors also felt that there was a potential that the presence of family members limited the interaction and engagement with the participant, although, in some cases where there was family present, the home visitor discussed that it did not affect the interaction with the participant. Lastly, some involvement of family required additional informational support from the home visitor. For example, a participant's cousin wanted information on family planning, so the home visitor brought the corresponding information for both the participant and her cousin.

"Interviewer: Okay, so we just finished the second site visit. It was at the mother-in-law's house. Do you always have her involvement to come in and give her experiences and really chime in on what you're trying to teach her? Respondent: Yes. She always comes in the middle of the conversation and she gets involved on it and try to give her experience and how she's been raising kids and she'd tell her what to do, stuff like that." ~Home visitor

Social Support

Different types of social support were provided by the home visitors. These included informational, appraisal, instrumental, and emotional support.

Informational support was the most common type of social support that the home visitors discussed during the interactions. Using the model's curriculum, home visitors provided a lot of research-based information for participants. Although the curriculum included a structure for

providing information, participants also had an input regarding information they received choosing certain topics they wanted information on. Rapport was necessary as a basis to providing information for certain topics and home visitors were sensitive in the way they shared information so as not to overwhelm the participant. Sharing personal experiences helped home visitors connect with the participants. The home visits were mainly interactive sessions with the mother and baby and encouraged involving other family members. Provision of information was enhanced by using facilitators (i.e., visual and audio aids), as well as engaging them through interactive activities with the children. Specific topics discussed with participants during the journey mapping process included information on labor and delivery, language skills, parenting, discipline, nutrition, safe sleep, child development, breastfeeding, and birth control.

Some participants reported that they had experienced a lot of benefits from the program through the information provided to them by their home visitors. Some participants in particular who had established relationships with their home visitors were provided with various educational materials, information on what to expect during pregnancy, and information on safe sleep practices. One participant mentioned how she was taught how to feed her newborn when she had difficulties with lactation. Overall, participants felt that the program had been very helpful in providing information. Observers noted participants were generally receptive of information provided and, in some instances, referred family members and friends to the program as a result.

"I choose, and she brings it. She provides a list and I choose the one that interests me the most and she normally brings one or two, always brings something planned, and then she lets me choose something from other topics she brings info. about" ~Participant

"The information she gives me. All the information. They come to my house to help and give information. If I have an emergency, I can call, and they will help me be there to answer me. Yes, the benefits are spectacular." ~Participant

"My breastfeeding… wasn't just right for the baby's mouth. He couldn't latch properly. He wasn't able to latch on to the breast but to just the tip a bit of the nipple. So, it wasn't working for me or the baby. And she was going to bring her supervisor so I could learn how to help the baby latch on better by opening his mouth more so he could eat better and so he wouldn't hurt me." ~Participant

Appraisal support included the home visitor helping the mother evaluate her progress, set goals, and achieve those goals. Specifically, home visitors appraised the baby's progress developmentally and otherwise. Using recommended evaluation tools and tests, including weighing the baby, enabled provision of feedback and recommendations.

"So, at first I came and talked about language skills because the last time I came she told me that she was concerned that her child might be behind in his language skills because he didn't pronounce very

Home visitor takes measurements during the visit.

clearly. I gave him a little test and he came out a little low, you know. But, in any case, the fact is that he is working with two languages—the mother speaks to him in… brother speaks to him in English and the father parents in Spanish." ~Home visitor

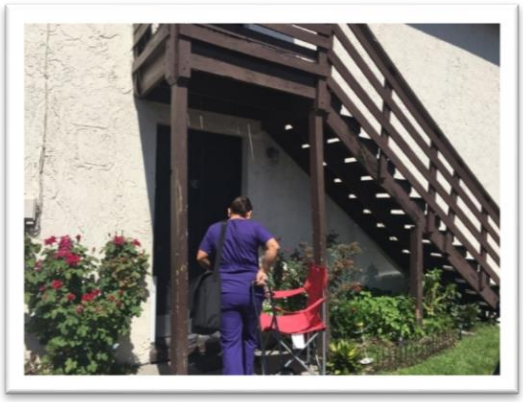
Other forms of support that the home visitor provided included **emotional support** and **instrumental support**, including referrals that home visitors provided. The home visitor's established rapport, trust, and an emotionally supportive environment with the participant through active listening, demonstrating verbal and nonverbal warmth, acceptance, and openness, and by responding to participants' feelings and needs. Instrumental support often came in the form of materials that reinforce the curriculum/information given during the home visits, such as books, were supplied by the home visitor. Additional supports received by participants included diapers or other household items.

"She gives me books. She's brought diapers. It's very good. I have all the information in a folder she gave me, so I can sit down and read anytime. Or after discussing a topic with her, I can read more in the folder. The only thing is that in this folder… Me, as a mother, should have an agenda. I have one. But I have thought it would be good to have a paper or a little notebook for keeping track of the dates for the visits, the baby's weight each time… Do you understand? The program was very good, and knowledge was passed across whenever the home visit took place." ~Participant

"Yes, we have a program called PRP: [Parents as Teachers] Reading Program. It's a reading program we have for parents to read to their children. We give them five books." ~Home visitor

Logistics

Logistics of the visit were also discussed. This included the timing of the visits and other tasks that home visitors were required to perform. The frequency of visits varied based on the participants time of enrollment but was usually two visits a month. These visits typically lasted about an hour to 90 minutes; after which home visitors were required to write a report of the visit within 48 hours. Home visitors discussed how they coordinated and/or kept track of tasks.



Home visitor approaches the participant's home.

A key theme that emerged had to do with scheduling and being able to keep the scheduled home visiting appointment. It was agreed that scheduling a suitable meeting time that was convenient for both the participant and home visitor was key. Most participants reported that their home visitors were flexible and always kept to time when meetings were scheduled except on days when home visitors encountered traffic issues. Home visitors said that they would usually let participants know if something changed for them regarding the time—if they were running late or early—and offer them the option to reschedule if that would be inconvenient.

"Yes, and if I can't do it on the day planned, I asked if she could do it the next day, and she said 'of course.' So that's how we coordinate it. If I can't one day, we change the date or if she has to change. But that hardly ever happens. She always comes as planned. And I think I've only said twice that I couldn't meet on Wednesday as planned. So, we postpone it to the next week if she can't on Thursday." ~Participant

"If it's going to be more than like 10 minutes, I just let my client know but and I always, like, offer the option if I were to be running behind like that, for me I'm going to be 15 minutes late if they like to reschedule. I really… We always offer that option." ~Home visitor

"It's necessary to make room for contingencies. I know some things always happen like traffic and things. So, it doesn't really bother me. I don't do anything but stay in the house all day anyway." ~Participant

"Typically, our visits are anywhere from an hour to an hour and a half but sometimes they went over. If I know I'm running behind or something, I'll let the client know" ~Home visitor

Despite flexible scheduling, and appointment reminders via text, appointment cancellations still occurred. These cancellations were described as frustrating and when they occurred, home visitors tried to reschedule visits. Driving was seen as a part of the job and the driving time varied between home visitors with driving times of 15-20 minutes, or as long as an hour or more. The more visits they have with a participant, they get used to the route and no longer need help navigating. However, when driving a lot was described as being exhausting although a necessity. Home visitors utilized their personal cars to make these trips but were reimbursed for mileage.

Other logistic issues that were discussed include job requirements, such as meetings and training sessions which could interfere with home visitors' ability to schedule appointments with their participants. Paperwork and documentation were also discussed, including paperwork completed with the participants during home visits.

"I have some paperwork that has to be done which I'm going to try to do at the end. It just seems like the one visit that I end up getting with her is when we have to do all the paperwork and I'm sure that she's sick of it. So, I'm going to do minimum as possible as paperwork." ~Home Visitor

Persona

Different aspects of the persona (aspects of their character, motivations, thoughts, and feelings) of the home visitors and participants were captured during the journey mapping process. The observer noticed positive loving relationships between the participants and their children, with participants eager to learn things that would help them parent. Participants and observers discussed a generally positive relationship between the home visitor and participants. Participants felt comfortable around their home visitors and looked forward to the visits.

"Umm because this is my first pregnancy, so I don't know too much. […] She makes me feel very comfortable. From the very beginning, even when we didn't know each other very well, she made me feel comfortable. She doesn't just come and give me information, and if I have any questions, I always feel quite

relaxed about asking her. She always leaves papers with me, which I read, and when she comes back I ask her about any questions I have, how I can resolve any problem, or any questions. It's very comfortable working with her. And maybe the fact that she is a Latina has something to do with it because I think some workers are American and/or speak English. When I first started, they asked me if I wanted my home visits in English or Spanish, and I explained that Spanish would be easier for me. But, I could have gotten the service in English if I had wanted without a problem. Anyway, visits with [the home visitor] are very comfortable." ~Participant

Aspects of home visitors' personas were apparent from the interviews. Most of the emotions that the home visitors had about their job and engagement with families were positive as they discussed different aspects of the home visit that made them feel excited and gratified in their work. These included observing parenting and family well-being with other children in the family and seeing how well the baby is developing and how well the mother is doing in her role. Some negative emotions were also evident, and these mostly included frustrations about not being able to see the participant due to cancellations and instances where they felt the participant was not being open with them about what is happening in their lives that could interfere with their ability to make visits (e.g., not being open enough to let them know that or why they were not satisfied with the program or wanted to discontinue). Another emotion identified was exhaustion associated with having to drive around for the home visits; however, home visitors also discussed that they did not mind this as it was part of their jobs.

Other aspects of their persona such as experiences and the home visitor's background seemed to influence their relationship with the participant. Having prior experience with a home visiting program or having a family member that had been involved in home visiting seemed to foster a stronger connection with their participant. Similarly, having things in common with the participant or discussing personal experiences with them was also a factor that improved the participant's level of connectedness and relatability with the home visitor.

"Interviewer: Do you usually bring experiences in? Respondent: A lot. I always—because that way, they can feel identified. They look at me as the nurse, like a coach and all of that, and by them seeing that I make mistakes too like, 'I didn't know this but now that I know, I would do it differently,' kind of thing. They're like, 'Oh.' And sometimes you can see it in their face like, 'Really, you did that?' that kind of thing. It makes them—giving you a little bit of your personal information, it connects with them and they listen more to you. That's what I see, and it's been effective until now somehow." ~Home visitor

Personal Safety

Observers noted a disparity between home visitors' accounts about dangerous home environments they encounter during the visits and what they observed. Some of the neighborhoods appeared somewhat run down to the observers, but they did not perceive threats to personal safety during their visits. However, this is likely due to a possibility that the home visitors selected specific locations for journey mapping visits with observers' comfort and safety in mind.

"…they had said that all the neighborhoods are dangerous, they had to call cops, and there are a lot of challenging things in this county. This was nothing." ~Observer

Home visitors had various perceptions regarding personal safety during the home visits. Some home visitors divulged that they felt safe in most of the areas that they had the visits. This perceived safety in some cases was because they had become accustomed to those particular areas. On the other hand, some home visitors felt they had to be on alert and cautious when they were visiting certain homes due to safety concerns.

"This is going to be my third time going there. I mean, the place is not that bad, but I'm always like—I don't know, alert, I will say." ~Home visitor

Positive Experiences

Overall, the experiences during the visits were positive. Home visitors had many positive feelings about the experiences, such as enjoying the interaction they had with the participant. Situations where the participant showed that they valued the visit was demonstrated by being present and reducing distractions during the visit, such as turning off the television; and home visitors' observations of how much progress the participant had made while in the program.

"She's very attentive to her [daughter] which I really do love. She has more of a bonding with her. I know the history with the first child. So, I feel that she's bonding a lot more well [laughter] than she did with the first one. She's doing a fantastic job." ~Home visitor

Participants were asked about their positive experiences being in the program and whether they would rather do something else. A majority of participants reported that the program is very good and that they enjoy the program. Participants reported a positive increase in knowledge—lessons on how and what to expect in caring for their babies. Participants noted that they were provided with resources like books and articles.

Observers found the interactions particularly positive. Interactions between the mother and the baby, the mother and the home visitor, and the home visitor and the baby were described by observers as "awesome." The support that home visitors provided were also a positive factor from the perspective of the observers.

"I feel the mom is receiving a lot of positive information, so being able to be there for two hours to talk about nutrition, talk about safe sleep, talk about breastfeeding is super positive…" ~Observer

CONCLUSION AND RECOMMENDATIONS

The journey mapping approach shows multiple perceptions of engagement and retention in the home visiting program. Participants' emotions and thoughts, as well as experiences they perceived to be positive or negative were captured by this process. Specific factors that affected engagement and retention included distractions during the visit, financial and housing instability, and less than ideal home visitor/participant communication or relationship. Social support, specifically informational support, provided by the home visitors was reported to be beneficial.

Furthermore, conversations around involvement of family and friends also emphasize the importance of fostering additional supportive relationships of families being served by the program. Recommendations include:

1. Consciously including activities and strategies to enable home visitors provide other forms of social support for participants.
2. Including activities that help to engage other caregivers between visits as a way to strengthen the participants' social support systems and to reinforce curricula.
3. Addressing barriers to engagement, including facilitating conversations, that will encourage participants to minimize distractions during the home visit.

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