

Voices from the Field: Exploring Contextual Factors in Home Visiting Practice

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OVERVIEW

The decisions we make - whether as parents, home visitors, policy makers, or researchers - are continuously shaped by our surrounding environment. Similarly, the context in which home visitors provide services influences how they engage with and support families. Additionally, context can affect how families participate in and benefit from services. Contextual factors influence home visiting outcomes in both positive and negative ways; either enhancing effectiveness or diminishing impact.

HARC seeks to advance precision home visiting research to improve family and community outcomes; strengthen staff effectiveness and responsiveness; and provide actionable insights for researchers, evaluators, programs, and policymakers. We also identify emerging and enduring contextual issues and promote collaborative research to address them (HARC, 2023). Our [Precision Paradigm framework](#) includes context as a key concept to help research teams and collaborators identify which program components are most effective, for which families, and under what conditions (HARC, 2024).

The [HARC Precision Paradigm](#) guides our team's approach to supporting active engagement in collaborative research. This brief relates to one of the framework's main concepts, **context, which we define to include the circumstances or conditions in which something occurs or exists.**

This brief summarizes a qualitative study of home visitors focusing on the contextual factors influencing their work. Key themes and quotations from focus groups with home visitors are organized by five levels of context presented in the socioecological model. The socioecological model (SEM) is a systems level framework that theorizes health and development are affected by the collective interactions between individuals, the community, and the environment. Originally created to focus on human development, SEM has undergone significant modifications over time with adaptations focused on health-related behavior change and implementation science (Brownson et al., 2022). SEM considers individual factors as well as the broader community and policy influences, recognizes how these levels interact, and identifies the protective and risk factors associated with each level (McClay, et al., 2023). This framework is used to consider how the levels of context work together to shape the outcomes and experiences of families receiving home visiting services.

Exhibit 1. Socioecological model



Levels of Context

Home visitors operate within a complex array of factors embedded across five levels of context: individual, interpersonal, organizational, community, and structures and systems (Brownson, et al., 2022), see Exhibit 1. Below exhibit 2 depicts the levels and provides relevant defining examples within home visiting.

Exhibit 2. Contextual levels with examples in home visiting

Individual	Experiences, situations, and personal/historical characteristics of families or individuals participating in home visiting as well as home visitors
Interpersonal	Relationships and social networks—including friends, family, and work colleagues—that may shift experiences within home visiting services for families and home visitors
Organizational	Factors embedded within the agencies and organizations that offer a home visiting program
Community	Characteristics of the broader area in which families exist, including the built environment, such as infrastructure, transportation, public spaces, and social networks
Structures and Systems	Larger system of policies, regulation, funding, and other factors in which families and programs are situated

HOME VISITOR VOICE STUDY

To better understand how context shapes the work of home visitors, the HARC team conducted a qualitative study using focus groups with home visitors to capture firsthand insights from professionals working directly in the field. The study aimed to answer the central question: *What contextual factors influence the work of home visitors?* This approach centers home visitor experiences and perspectives to ensure that policy and program decisions are informed by real-world challenges and successes.

Methods

The study team conducted five virtual focus groups with home visitors between November 2023 and April 2024. Participants were recruited from HARC’s Practice-based Research Network (PBRN). They were selected to represent varying regions, home visiting models, and home visitor characteristics.

To examine the influence of contextual factors in home visiting, the study team designed a semi-structured focus group guide. The questions were crafted to uncover how family and community dynamics shape the ways home visitors support families. Interviewers explored both the enabling and challenging elements that affected participants’ experiences in delivering services. Focus groups were held via Zoom and lasted 60–80 minutes. Focus group sizes ranged from 3–7 participants. Home visitors were offered \$100 electronic gift cards for participation.

Qualitative data were coded thematically based on socioecological theory, contextual levels, and study goals. The team analyzed data using an iterative process consisting of reflective thematic analysis, including deductive and inductive approaches.

Participants

Participants included 23 home visitors and supervisors. Most focus group participants were White (*n* = 16; 69%) and had over 10 years of experience in the home visiting field (*n* = 13; 57%), as shown in exhibits 3 and 4.

Participants represented 14 states across the U.S.: Arkansas, California, Connecticut, Georgia, Illinois, Kansas, Michigan, Minnesota, Missouri, New Jersey, Ohio, Oregon, Texas, Virginia (exhibit 5).

Participants represented seven home visiting models¹; however, most participants were from Healthy Families America (*n* = 11) and Parents as Teachers (*n* = 7).

Exhibit 3. Race/Ethnicity

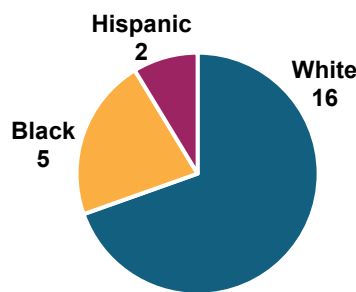


Exhibit 4. Years of Experience

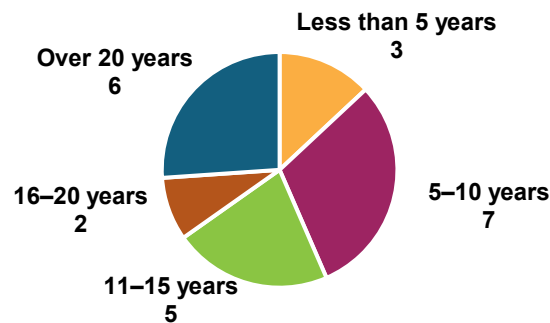
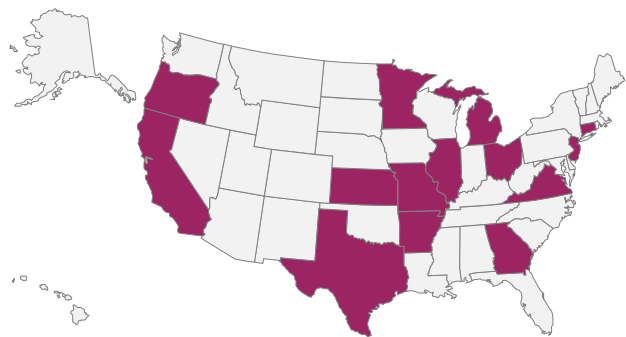


Exhibit 5. States Represented



¹ Healthy Families America; Parents as Teachers; Early Head Start Home Based Option; Nurse Family Partnership; SafeCare; Attachment and Biobehavioral Catch Up; Maternal Infant Health Program

FINDINGS BY LEVEL OF CONTEXT

The findings underscore the complex array of contextual factors that home visitors must skillfully navigate and address to effectively support families and help them achieve intended goals and outcomes. Within each level, we summarize key themes from the focus groups and share illustrative quotes that capture the essence of participants' perspectives.

Individual

- Family readiness to change, openness to home visiting, and willingness to build a relationship with their home visitor, are essential to engagement. When families are receptive to new suggestions and ideas from home visitors, it can make it easier for home visitors to foster relationships.
- Ongoing stressors, mental health challenges, and experiences of trauma influence caregiver emotional and mental well-being. This may shape how families receive and act upon information and support given by home visitors.
- Parenting practices are shaped by family values, experiences, and cultural contexts, which influence how families interpret and respond to guidance on child-rearing behavior such as safe sleep, social interactions, and behavior management.
- Personal characteristics such as language and literacy fluency affect families' access and understanding of available resources.

"Families...are experiencing grief and loss. And that can look, again, different for each family and how it impacts them, and then especially if it's cumulative... so how that can affect their physical availability, 'I'm planning a funeral, I can't meet you.' Or their emotional availability, 'Again, I'm grieving, I'm feeling depressed. It's really hard to want to engage my child right now.'"

"I think part of it is just how [participants] can be in [a] relationship. And maybe [the relationship between home visitor and parent is] very different than others, but they're, again, open to it or they've had some other experiences, whether it's with a friend or another provider that has felt good. So, they're able to access that and we form our own relationship and move forward. And being able to build rapport is easier versus some that it feels like it takes a really long time to get there."

"And this mom got really emotional. I had no idea why. And she goes, 'I was sexually abused, and I just look for things very differently compared to what you are showing me here in this curriculum.' And I said, 'Wow. That is very interesting that you said that because I didn't keep that in mind.' I didn't really think about that until she said that. And after she said that I was like, 'Now I need to be more aware of the traumas that family face and what I'm showing them.' So, I'm not necessarily not showing it to them at all, but I'm modifying what it is that we're talking about and letting them know, 'If you're uncomfortable at any time, then we can stop and we can talk about something else. That is totally fine.'"

Interpersonal

- Trust and rapport are foundational to relationship building between families and home visitors.
- Shared lived experiences or familiarity with families' cultural and community context is instrumental in strengthening relationships between caregivers and home visitors. This connection is often rooted in commonalities such as living in the same neighborhoods, sharing similar cultural backgrounds, or navigating the same social service systems.
- Family dynamics and intergenerational influences play a pivotal role in how families respond to support services. Specifically, when home visiting participation is supported within the family, clients are more likely to engage meaningfully and participate actively in program activities.

“It makes it easy to talk and learn about their experiences and then provide either experiences and examples from my own lived experience or from that of other families that have discovered amazing ways of surviving and thriving. And so, I tell all my families that I work with like, ‘I’m in it with you every day. If you come home with me after work today, being the dad of an eight, six, and three or two-year-old, it’s chaos every day and you’ll see that. And so, I’m in it to win it alongside of you.’”

“Every now and again we might have a grandma or a father of a baby who has a really heightened level of skepticism, and sometimes they let us take that opportunity to show them what the program’s about, and other times that skepticism is so high and...they just don’t let us in.”

“It’s hard because it gets kind of tricky when you’re in a home visit and, ‘Well, my mom said to just cut the bottle a little bit and then add baby cereal and then your baby sleeps through the night,’ and, ‘Oh, if they’re on their tummy, then their tummy is all squished up and they sleep for much longer.’ And those kinds of things are kind of more tricky when it’s coming from family and it’s generational and cultural things as well.”

Organizational

- Flexibility in program implementation, such as visits outside the home or virtual options, supports responsiveness to family priorities and preferences for content and dosage.
- Visit quotas, fidelity requirements, and curriculum misalignment can sometimes clash with the realities of family life, leading to reduced engagement. Family circumstances often shift, and program expectations may not always align with families’ lifestyles or priorities—for example, rigid visit schedules can be difficult to maintain for caregivers working nontraditional hours or juggling multiple jobs.
- Home visitors often operate beyond their formal scope with low compensation, taking on clinical and advocacy roles. This often impacts their mental health and may lead to burnout, undermining workforce sustainability.
- Reflective supervision and peer support help home visitors manage emotional demands and support well-being.

“There’s this perpetual pressure on staff to have to make up anything that they miss when they’re out because of what the performance standards state. And that makes it really hard for the services to happen because then the families end up feeling like they’re in a place where they owe us a debt or that they have to do an extra visit because we were out and asking them to do a very long visit or to do two visits in the same week.”

“Even, I feel like the pay is a big thing too... I’m supporting them and I love them, and I want to support them in all these different ways, but I’m not getting paid to show that. I’m not getting paid to a point where I can even live, I feel like I’m living paycheck-to-paycheck. How is that helpful to me and my mental health if I can’t even be supported in that way?”

“We are dealing with a lot and clearly not getting paid for what we do. That’s a whole other subject. But yeah, I mean, I just think it’s an immense amount of things that we’re dealing with the housing this, that, or the other. And then, trying to navigate, “Oh, let me get all of my visit notes entered. Let me get all of my assessments done. Let me get my parent-child activity done. Oh yeah, you want me to go to a training?”

Community

- Limited availability of social services and essential resources hinders home visiting programs from effectively connecting families to housing, transportation, and other supports to meet basic needs. Community partnerships are essential to the success of both programs and families, yet they are often fragmented or underdeveloped. When home visitors are well-informed about available resources and agencies actively collaborate with home visiting programs, home visitors can more successfully connect families to services and supports.
- Stigma around mental health and misinformation about the differences between agencies and the programs offered deter families from seeking help from community resources.

"I can't directly help pay your rent or we can't transport in our home visiting program, so I can't take you to and from the doctor's office, or I can't break down a transportation barrier directly. And so, figuring out how do we do enough of that relationship work where families feel seen, supported, and heard in a way that is congruent to the stressors that they're experiencing in daily life?"

"We only have one Spanish-speaking doctor, and right now we have 75 families, I think 60 of those are Spanish-speaking, so where are our families going? Some of them can't get appointments... so these families end up being... Well, we end up being translators too because we have to call them."

"We have to enter into that space because the reality of evidence-based home visiting is, nobody cares how much you know until they know that you care... So having to enter into the space, figure out how to address it, and then establishing community partnerships has been really revolutionary for supporting our families given the challenges that they're facing."

Structures and Systems

- Differential access to services and barriers to care create significant challenges for some families, including families with limited income or families that live in rural areas.
- Distrust of family-serving systems, such as the child welfare system, may lead to families' distrust of home visiting and limit engagement in services.
- Home visiting programs alone cannot overcome the structural barriers families face, in part due to gaps in support for families over the poverty line but still financially struggling, which limit access to resources.

"We end up with these families almost in this donut hole where they're technically over the poverty line, but they still can't provide for those basic needs or those other services that they might need for their child or their family. And so, it can be very challenging to get them hooked up with the services that they need that they actually qualify for."

"Systemically things are set up for folks to stay in poverty... your net gain is a significant loss."

"Many of our families have heard of, have fears of, have had personal experiences of with child welfare systems being punitive... it could be all of a sudden it gets very punitive... So, just complex conversations on really wanting to help and yet it's not that easy."

DISCUSSION & IMPLICATIONS

This brief underscores the importance of incorporating contextual factors into home visiting research. While the findings presented here reflect only a portion of the broader landscape, they highlight how context influences home visitors, families, and program outcomes. This study contributes qualitative evidence to the growing body of research on context in home visiting; however, several limitations should be considered when interpreting the findings and identifying future research directions.

First, the sample size was small and primarily composed of participants from two models—Healthy Families America and Parents as Teachers. The use of a convenience sample may limit the generalizability of the findings and may not fully capture the range of experiences across the home visiting workforce. Future studies would benefit from engaging a larger, more varied sample of home visitors representing a range of models to develop a more nuanced understanding of how contextual factors shape service delivery.

Second, this study focused primarily on the perspectives of home visitors and a few supervisors. To gain a more comprehensive view of the home visiting context, future research should include insights from a broader range of stakeholders—especially families, whose voices are essential to understanding both challenges and strengths within the system.

Notably, participants more frequently described risk factors at the community and systems levels. This may reflect the nature of home visitors' work, which often involves helping families navigate complex challenges that lie beyond their immediate control. However, these factors can be conceptualized bidirectionally: their presence may represent risk, while their absence—or the presence of their positive counterparts—can serve as protective factors. Families may be well-positioned to identify protective elements within their communities.

Future research could explore how specific protective factors—such as strong rapport between families and home visitors, flexible implementation practices, and robust connections between home visiting programs and community services—can enhance program effectiveness and improve family outcomes.

Overall, these findings carry important implications. By acknowledging and examining contextual factors, research teams and program leaders can better understand how outcomes are shaped by environmental and systemic influences. This understanding can inform more responsive, accessible, and effective service delivery across different settings.

Researchers

- **Focus on contextual factors at all levels:** Most home visiting research concentrates on individual or interpersonal dynamics. Design studies that explicitly examine how organizational policies, community resources, and structural conditions shape service delivery and outcomes.
- **Advance precision and more nuanced evidence:** Move beyond questions of whether programs work to explore what mechanisms work, for whom, and under what conditions. Use methods that identify differential effects.
- **Enhance the interpretation of program outcomes** by accounting for variation in service delivery contexts—such as workforce stability, community infrastructure, and policy environments—during analysis. This approach helps avoid misattributing outcomes solely to family characteristics, program design, or implementation quality, and instead recognizes the broader systemic and environmental factors that shape program effectiveness.

Programs

- **Foster Cross-Sector Collaboration:** Strengthen home visiting partnerships with healthcare, education, housing, and social service providers to create a more integrated and supportive network for families.
- **Promote Flexibility in Service Delivery:** Offer service delivery options such as virtual visits, flexible scheduling, and alternative visit locations to accommodate families' logistical and emotional needs.
- **Support the Workforce:** Invest in reflective supervision, peer support, and adequate compensation to reduce burnout and retain skilled home visitors.
- **Acknowledge and Address Assumptions:** Encourage self-reflection among home visitors to recognize how personal experiences, assumptions, beliefs, or perspectives may influence service delivery and decision-making.

CONCLUSION

Understanding and addressing context is essential to the success of home visiting programs. Home visitors operate within a dynamic and multifaceted landscape in which contextual factors often intersect across multiple levels—individual, interpersonal, organizational, community, and systemic and structural. These overlapping influences create complex challenges that require home visitors to continuously adapt, prioritize, and balance competing demands, such as balance mandated reporting requirements, family preferences, and program fidelity—all while striving to preserve trust and relationships.

By hearing directly from home visitors about their experiences, we gain critical insight into how contextual factors—ranging from flexibility in program implementation to systemic challenges—shape engagement, service delivery, and outcomes. Embracing a contextual lens allows for more responsive and effective home visiting practices. As the field advances, integrating these insights into program design, training, policy, and research will be key to ensuring that home visiting services truly meet families where they are.

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