



Home Visiting Collaborative Improvement and Innovation Network 2.0: Parent Leadership in Continuous Quality Improvement

HV CollN 2.0 brought together Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees and local implementing agencies (LIAs) to engage in collaborative learning, rapid testing for improvement, sharing of best practices, scaling of tested interventions, and building of continuous quality improvement (CQI) capacity.

The Background

Since 2013, the Health Resources and Services Administration (HRSA), through a cooperative agreement with Education Development Center, Inc. (EDC), has implemented collaborative improvement and innovation networks (CollNs). These networks have leveraged the Institute for Healthcare Improvement's [Breakthrough Series](#) (BTS) Collaborative as the framework for accelerating improvements in areas that are critical for the children and families served within the MIECHV Program. From the onset of HV CollN 1.0, (2013-2017) and throughout HV CollN 2.0 (2017-2022) participating teams were encouraged to engage parents as leaders and innovators in their own [CQI journey](#).

HV CollN defines **parent** as an inclusive term that refers to anyone in a parenting role, for example:

- biological parents
- foster and adoptive parents
- grandparents
- other family members in a parenting role

HV CollN aims to build all parents' knowledge of and experience with using home visiting resources and services to strengthen their families.

A basic tenet of CQI is to include a variety of perspectives— in particular, the view of the consumer. As consumers of home visiting, parents bring lived experience and familiarity with the systems, and their contributions to CQI are essential. HV CollN 1.0 demonstrated that when parent leaders co-create solutions to enhance home visiting services, the outcomes are accelerated. The results also

illuminated that the BTS model could be used in home visiting to improve outcomes and to develop the necessary resources and conditions for subsequent scale efforts.

HV CollN 2.0 leveraged HV CollN 1.0 findings and integrated parent leadership participation as a core feature of all aspects of the project.

Our Aim

HV CollN 2.0 Parent Leadership Goal

Improve the capacity and infrastructure of state and local home visiting programs to integrate parent voice and leadership along a continuum to improve outcomes for the children and families receiving MIECHV-funded home visiting services.

Parent leadership in CQI is both a skill set and a culture that needs to be intentionally developed but doing so may represent a significant shift in philosophy for some teams. HV CollN 2.0 focused on improving the capacity and infrastructure of home visiting programs to successfully incorporate parent leadership at both the state and local levels through teaching, access to tested resources, and coaching.

Our Approach

“Nothing about me without me.”

A key principle of HV CoIIN 2.0 is that all teams work *with* rather than *for* the parents and families they serve.

As part of participating in HV CoIIN 2.0, all teams (at the state, territory, and local levels) received individualized on-demand support from a parent leadership coach to assist in building meaningful relationships with families and to ensure that parent voices are driving CQI work. Parent leadership coaches are parents themselves and have a robust history of navigating systems to access necessary supports for their own child and family circumstances. Parent leadership coaches provided expert advice through group settings, where teams shared ideas and problem-solved along with their peers, and via one-on-one meetings, where parents received individualized attention from the coach. HV CoIIN 2.0 offered many adaptable resources, in the form of a toolkit, to clarify the process and guide teams in building the needed infrastructure to welcome families as leaders.

Toolkit components include role descriptions, compensation tips, and onboarding tools.

Continuum of Parent Leadership

HV CoIIN developed parent leadership along a five-stage continuum. These stages offered opportunities for CQI teams to build and sustain parent leadership in their CQI initiatives. The continuum ranges from early readiness to partner in CQI to long-term approaches for bolstering the infrastructure and team functioning needed for parent leadership to continue to flourish as part of day-to-day operations.

Additionally, tools have been developed and tested to garner parents' perspectives on their own leadership experiences within HV CoIIN 2.0. These experiences also

fall along a continuum, from providing feedback on program services to leading a CQI effort.

Team Assessments

HV CoIIN 2.0 developed the "Building Blocks for Parent Leadership in CQI Team Assessment" to help teams assess their current level of parent leadership and what needs to be in place to progress along the continuum. Teams completed the assessment by rating their current progress in each stage of the continuum. This assessment is available to the public, located in the *Toolkit for Building Parent Leadership in CQI*, on the HV CoIIN 2.0 website.

Results

Engaging parents as leaders has shown extensive benefits for state and local agencies, for example:

- Working with parents to collaboratively set goals helps CQI teams **prioritize work** that provides direct value to participants and reduces efforts that do not add value, which may ultimately reduce costs
- Transparent data-sharing with participants may **build trust and increase participants' satisfaction** with the services offered and outcomes achieved
- Agencies are now developing and testing innovations that stem from **actual lived experience**
- Including parent **leaders expands the team's capacity** and can help frontline home visitors maintain and **enhance the quality of services delivered**
- Caregivers provide a constant reminder of why home visiting is essential, which may **motivate teams to sustain their CQI work**

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UF4MC26525, Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



EDC 43 Foundry Ave, Waltham, MA 02453
E-mail: HVCoIIN@edc.org
Web: hv-coiin.edc.org

