



FINAL REPORT

Home Visiting Career Trajectories

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Contents

List of Figures	vi
List of Tables	vii
Acknowledgments	viii
Glossary	ix
Overview	x
Executive Summary	xi
Primary Research Questions	xii
Purpose	xiii
Methods	xiv
Key Findings	xv
Implications for Practice and Future Research	xvi
Chapter 1. Background and Study Motivation	1
Overview of Home Visiting in the United States	2
What Do We Know about the Home Visiting Workforce?	2
Home Visiting Career Trajectories Study Design	11
Report Structure	13
Chapter 2. Methods	15
National Survey of the Home Visiting Workforce	16
Case Studies	19
Study Limitations and Strengths	24
Chapter 3. Characteristics of the Home Visiting Workforce	26
Key Findings	26
Workforce Size and Distribution by Job Type	27
Highest Educational Attainment	28
Professional Expertise and Experience	33
Demographic Characteristics	36
Conclusion	38
Chapter 4. Characteristics of Home Visiting Jobs	40
Key Findings	40
Agency Type, Size, and Funding Sources	41
Compensation	44

Employee Benefits	48
Work Schedules	49
Work Travel	54
Caseload Policies	55
Conclusion	55
Chapter 5. Strategies from the Field: What Works in Recruiting a Staff That Thrives	57
Key Findings	57
The First Steps: Identifying Needs, Advertising, and Screening Applications	58
Qualities of a Strong Job Candidate	63
Strategies for Assessing Job Candidates' Strengths	65
Home Visitors Motivated by the Work and Attracted by the Benefits	68
Conclusion	70
Chapter 6. Factors Supporting Staff Retention and Job Satisfaction	72
Key Findings	73
Rewarding Work with Families Drives Staff Retention	74
Commitment to the Work is Eclipsed by Low Salary and Limited Employee Benefits	75
Informal Supports Reduce Burnout and Contribute to Retention	80
Setting Home Visitors Up to Succeed Contributes to Job Satisfaction and Retention	87
Staff Intentions to Stay in Position Are High, But Limited Advancement Opportunities Can Result in Shorter Tenures	89
Schedule Flexibility and Experience of Promotion among Strongest Predictors of Job Satisfaction and Retention	92
Conclusion	93
Chapter 7. Training and Professional Development Experiences	95
Key Findings	95
A Structured Onboarding Process That Includes Job Shadowing Helps New Home Visitors Feel Prepared to Work with Families	96
Home Visitors Need Ongoing Professional Development to Maintain and Develop Skills, Yet Budget Constraints Limit Training Opportunities for Some	102
Home Visitors Say They Could Benefit from More Training on Certain Topics	105
Conclusion	110
Chapter 8. Discussion	112
Summary of Key Findings	112
Implications for Strengthening the Home Visiting Workforce	114
Conclusion	119

Appendix A. Survey Methodology	120
Sample Identification and Recruitment	120
Response Rates and Weighting	122
Survey Data Analysis	125
Appendix B. Qualitative Data Collection and Analysis Methods	128
A. Case Study Overview	129
B. Protocol Development	129
C. Analysis Planning	131
D. Data Collection	132
E. Analytic Methods	134
F. Findings	140
Appendix C. Supplementary Survey Data Tables	142
Appendix D. Comparisons with MIHOPE Home Visitor Survey Data	145
Appendix E. Comparison with Bureau of Labor Statistics Occupational Data	147
Appendix F. Multivariate Analyses Results	148
Notes	151
References	152
About the Authors	156

List of Figures

Figure 3.1. Professional Experience in the Home Visiting Field Including Current and Former Positions	35
Figure 3.2. Total Years of Experience in Broader Professional Field Including Home Visiting and Other Jobs	36
Figure 4.1. Types of Local Implementing Agencies Receiving MIECHV Funding	42
Figure 4.2. Local Implementing Agency Size	43
Figure 4.3. Share of Home Visiting Program Funding from MIECHV	43
Figure 4.4. Share of Families Served through MIECHV-Funded Programs in FY 2017, by Location	45
Figure 4.5. Median Weekly Earnings	45
Figure 4.6. Self-Perception of Compensation Fairness Given Qualifications	47
Figure 4.7. Employee Benefits Available to Home Visiting Staff	49
Figure 4.8. Frequency of Early Morning and Late Evening Work	51
Figure 4.9. Frequency of Weekend Work	52
Figure 5.1. Strategies Home Visiting Programs Use to Recruit New Staff	60
Figure 5.2. How Staff Learned About Their Current Job	65
Figure 5.3. Level of Difficulty Recruiting Home Visitors with Specific Qualifications	65
Figure 5.4. Individuals Who Interview Home Visitor Job Candidates	67
Figure 5.5. Motivations to Work in Home Visiting	69
Figure 6.1. Average Time for a New Home Visitor to Be Ready for Family Assignment After Hire	72
Figure 6.2. Major Reasons for Staff Turnover in Home Visiting Programs	76
Figure 6.3. Most Prevalent Reasons for Home Visitor Turnover, According to Program Managers	79
Figure 6.4. Factors Affecting Job Satisfaction	79
Figure 6.5. Home Visitors' Ratings of Their Supervisors' Traits	82
Figure 6.6. Frequency of One-on-One Meetings with Supervisors	85
Figure 6.7. Frequency of Group or Team Meetings	86
Figure 6.8. Perceived Quality of Work Environment	87
Figure 6.9. Home Visitors' and Supervisors' Two-year Career Plans	90
Figure 7.1A. Home Visitor Training Requirements	99
Figure 7.1B. Home Visiting Supervisor Training Requirements	100
Figure 7.2. Staff Training Priorities	108
Figure 7.3. Self-Identified Training Needs by Staff Role	109
Figure 7.4. Home Visitors' Self-Perception of Success in Working with Parents to Achieve Outcomes	110

List of Tables

Table 2.1. Proposed Research Questions and Data Sources to Address Them	15
Table 2.2. Survey Response Rates by HRSA Region	18
Table 2.3. Program Manager Survey Response Rates by Model	19
Table 3.1. Distribution of Home Visiting Staff in MIECHV-Funded LIAs by Job Category	27
Table 3.2. Staff Qualifications for Evidence-Based Models and Promising Approaches Selected for MIECHV Implementation in FY 2016	28
Table 3.3. Distribution of Home Visitors and Supervisors by Highest Education Level	30
Table 3.4. Distribution of Home Visitors and Supervisors by Primary Major of Highest Degree	32
Table 3.5. Professional Certifications and Licenses	33
Table 3.6. Self-Perceived Level of Expertise in Home Visiting	34
Table 3.7. Relevant Work Experience Before Current Position	36
Table 3.8. Demographics of Home Visiting Staff	38
Table 4.1. Weekly Median Earnings by Most Common Fields of Study for Highest Degree and Job Type	46
Table 4.2. Weekly Median Earnings by Highest Degree and Academic Field	46
Table 4.3. Annual Household Income by Relationship Status	48
Table 4.4. Schedule Control	53
Table 4.5. Difficulty of Taking Time Off During the Day for Personal or Family Matters	53
Table 6.1. How Programs Handle Staff Caseloads When a Home Visitor Position Becomes Vacant	73
Table A.1. Final Response Dispositions by Survey	123
Table B.1. Case Study Sample	133
Table B.2. Focus Group Sample Characteristics	134
Table B.3. Case Study Data Coding Scheme	137
Table B.4. Coding Queries for Data Analysis	140
Table C.1. Distribution of Home Visiting Staff by HRSA Region	142
Table C.2. Weighted Distribution of Home Visiting Staff by Home Visiting Model	142
Table C.3. Distribution of Home Visitors by Highest Education Level and Model	143
Table C.4. Home Visitors' Professional Certifications by Home Visiting Model	143
Table D.1. Characteristics of Home Visitors and Supervisors in MIHOPE and HVCT Studies	145
Table E.1. Characteristics of Home Visitors, Home Visiting Supervisors, and Comparable Occupations	147
Table F.1. How Home Visitors' Career Trajectories and Job Satisfaction Relate to Job Characteristics, Experience, and Background	148

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Glossary

Early childhood home visiting: a service delivery strategy for achieving greater child and family health and well-being. Local home visiting programs connect new and expectant parents with a designated support person—a trained nurse, social worker, parent educator, or early childhood specialist—who provides services in the home. Services generally consist of screening, case management, family support or counseling, and caregiver skills training.

Local implementing agency (LIA): a local organization, such as a community action agency, community nonprofit, or public health or education department, that receives funding to implement home visiting services under MIECHV. States, territories, and tribes work with LIAs to train a high-quality home visiting workforce, establish data reporting and financial accountability systems, and develop recruitment and referral networks.¹

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program: administered by the Health Resources and Services Administration in partnership with the Administration for Children and Families, the MIECHV Program was established in 2010 to support voluntary, evidence-based home visiting for at-risk pregnant women and parents with children up to kindergarten entry. The program provides grants to states, US territories, and tribes, which conduct needs assessments to identify eligible at-risk communities and serve priority populations.²

Mother and Infant Home Visiting Program Evaluation (MIHOPE): the legislatively mandated evaluation of the MIECHV Program, which includes a random assignment impact study, an implementation study, a cost analysis, and an analysis of initial needs assessments conducted by states and territories.³

Reflective supervision: a relationship-based practice where a home visitor and supervisor reflect on the home visitor’s experiences working with families in the context of their own feelings and reflections. Home visitors also practice reflection with the families they serve.⁴

¹ “MIECHV Program,” Association of State and Tribal Home Visiting Initiatives, accessed July 1, 2019, <http://asthvi.org/who-we-are/miechv-program/>.

² “The Maternal, Infant, and Early Childhood Home Visiting Program: Partnering with Parents to Help Children Succeed,” Health Resources and Services Administration, 2019, <https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf>.

³ “Mother and Infant Home Visiting Program Evaluation (MIHOPE), 2011–2019,” US Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Planning, Research, and Evaluation (OPRE), accessed July 1, 2019, <https://www.acf.hhs.gov/opre/research/project/maternal-infant-and-early-childhood-home-visiting-evaluation-mihope>.

⁴ “Reflective Supervision,” ZERO to THREE, accessed July 1, 2019, <https://www.zerotothree.org/resources/407-reflective-supervision>.

Overview

A stable and qualified workforce is crucial for the effective delivery of early childhood home visiting services, yet little information exists on this workforce nationally and across home visiting models. In 2018, the Home Visiting Career Trajectories project collected a mix of quantitative and qualitative data on the characteristics, qualifications, and career pathways of home visitors and supervisors employed in local implementing agencies that received Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program funding. Methods included the following:

- a web survey of program managers for all MIECHV-funded programs in the US ($N = 369$; 55.3 percent response rate);
- a web survey of home visitors and supervisors ($N = 926$; 55.4 percent response rate); and
- site visits to 26 agencies in eight states, which involved semistructured interviews with program managers and supervisors ($N = 46$) and focus groups with home visitors ($N = 106$).

Key findings include the following:

- **Staff qualifications are strong and often surpass the minimum required by the home visiting model their agency implements.** Seventy-three percent of home visitors and 90 percent of home visiting supervisors have a bachelor's degree or higher. Most studied nursing, social work, or education, including early childhood and special education.
- **Home visitors receive extensive in-service training but point to areas where they could use further in-depth training to better serve families' needs.** The most common topics include early childhood mental health, serving children or parents with disabilities, laws and public policy affecting families they serve, maternal mental health, and trauma-informed practices.
- **Home visitors are highly satisfied with some aspects of their jobs, such as relationships with families, supervisors, and coworkers, but are generally dissatisfied with their pay and opportunities for promotion.** They are motivated to work directly with families and build long-term relationships, opportunities which few other employment settings can offer. The experience of a promotion, perceived work environment quality, schedule flexibility, and work-life balance are associated with home visitors' intent to stay in their position over the next two years.
- **One-third of program managers report currently having one or more vacancies for home visitor positions.** They report recruiting bilingual job candidates is a top challenge. They also report that because training new staff is costly, investing up front to find candidates well fit for the job is worth the effort.

Executive Summary

A growing body of evidence points to the positive effects of evidence-based home visiting programs on children and families, including improvements in maternal and child health, child development, and parenting practices (Michalopoulos et al. 2019). Yet little research is available across home visiting models and at a national level on the staff that deliver these interventions or on the professional development systems that support them. To support effective program implementation, more information is needed to understand the home visiting workforce and how to recruit, train, and retain qualified staff.

The Home Visiting Career Trajectories project launched in fall 2016 to fill this knowledge gap. Using multiple methods, the study examined the characteristics, qualifications, and career trajectories of home visiting staff in local implementing agencies (LIAs) that receive funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. The findings provide nationally representative descriptive information on the home visiting workforce in MIECHV-funded agencies across the US. Qualitative data from case studies in eight states complement survey findings and offer detailed accounts of home visiting programs' experiences with recruiting and training home visitors and home visitors' perspectives on their jobs. The research team also conducted a deep review of existing research literature and interviewed key informants to identify potential strategies for building a pipeline of qualified home visitors and supervisors.

Primary Research Questions

1. **What are the characteristics of home visitors and their supervisors**, including their demographics, qualifications, and employment history?
2. **What are the characteristics of home visiting jobs?** What schedules do staff work? How flexible and predictable are their schedules? How much do staff earn? How do job earnings vary by degree and position? How do employee compensation and benefits compare with other fields?
3. **What are the career pathways of home visitors and supervisors?** Why do home visitors enter this field? What are home visitors' career goals and perceptions of advancement opportunities? What factors contribute to the recruitment, retention, and turnover of home visitors?

4. **What strategies do programs use to recruit and retain staff?** What are program managers' experiences recruiting qualified job candidates? What competencies are they looking for? What positions are challenging to fill and why?
5. **What opportunities and challenges exist for professional development and training?** What training needs does the workforce perceive?

Purpose

In the past decade, the United States has experienced rapid expansion of evidence-based home visiting programs. Authorized in 2010 under section 511 of the Social Security Act,⁵ the MIECHV Program provides a federal funding stream to support evidence-based home visiting services in at-risk communities to improve the health and development of young children and their families. MIECHV-funded home visiting programs are currently implemented in all 50 states, in the District of Columbia, in five territories, and by at least 25 organizations serving Native American tribes (NHVRC 2019).

With the increased investment in home visiting, local implementing agencies have faced the issue of recruiting and retaining qualified staff to work in their programs. A stable and well-trained workforce is a critical component of effective home visiting program implementation. Past research has shown that home visitors take pleasure in their work (West, Berlin, and Harden 2018) and feel excited and empowered to work with families (Dmytryshyn et al. 2015). While rewarding, home visiting can also be an emotionally demanding job that leads to high rates of staff burnout and turnover if workplace supports are insufficient (Begic, Weaver, and McDonald 2019; Lee et al. 2013; West, Berlin, and Harden 2018). Home visitors often work with families experiencing mental health issues, substance abuse, domestic violence, and deep poverty (Michalopoulos et al. 2019). To support MIECHV awardees, local programs, and home visiting model developers recruit, train, and retain qualified staff, more information is needed on the career pathways and work experiences of home visitors and their supervisors.

In fall 2016, the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), US Department of Health and Human Services, in collaboration with the Health Resources and Services Administration (HRSA), awarded the Urban Institute a contract to study the state of the early childhood home visiting workforce. This descriptive study aimed to provide national estimates across MIECHV-funded local implementing agencies on the key characteristics of

⁵ Social Security Act, Title V, § 511 (42 USC § 711), as funded and extended by the Bipartisan Budget Act of 2018 (PL 115-123).

the workforce, as well as rich qualitative information on programs' experiences with staff recruitment, training, and retention.

Methods

The Home Visiting Career Trajectories project included three data collection components:

1. **A two-stage national survey of the home visiting workforce.** Program managers in all MIECHV-funded agencies were invited to participate in a 20-minute self-administered, web-based survey. The survey collected information on staffing, funding sources, staff recruitment and retention, program management, and the program's target populations. The survey recruitment list included 667 program managers in 633 LIAs. The response rate was 55.3 percent ($N = 369$). Of these program managers, 317 (86 percent) submitted email addresses for home visitors and home visiting supervisors in their programs, which comprised the sample for the second stage of the survey. These staff were invited to participate in a 23-minute self-administered, web-based survey that collected information on educational attainment, work experience, compensation and benefits, job schedule and work environment, supervision, interactions with families, job satisfaction, training needs, and demographic characteristics. The staff survey response rate was 55.4 percent ($N = 926$).
2. **Case studies in eight states.** The research team conducted site visits to 26 LIAs in eight states. The case study sampling approach maximized the variation in states represented in the sample in terms of
 - » **Geography** (distribution across HRSA Regions, with 7 of 10 represented in the final sample; population size and the percentage of residents living in urban areas)
 - » **MIECHV implementation** (selected home visiting models, with seven evidence-based models represented in the final sample; the presence of Tribal MIECHV grantees; the number and percentage of counties served in FY 2016; the number of rural counties served in FY 2016; and the number of families served in FY 2016)
 - » **Employment context** (college graduation rates, unemployment rates).

The sample excluded states in HRSA Region X, which were conducting a concurrent home visiting workforce study, and several other states with recent participation in federally funded home visiting research studies. Data collection methods included semistructured one-on-one

interviews with program managers and home visiting supervisors ($N = 46$) and focus groups with home visitors ($N = 106$).

- 3. Key informant interviews.** To gather further information on the professional development system for home visitors, the research team interviewed 15 key informants who were primarily training and technical assistance providers and university researchers and faculty. Interviews were conducted by telephone and lasted about one hour.

Key Findings

What Are the Characteristics of Home Visitors and Their Supervisors?

- **Staff qualifications are strong and often surpass the minimum required by the home visiting model their agency implements.** Though they range in their highest educational attainment, from high school diploma to master's degree, 73 percent of home visitors have a bachelor's or higher degree. Supervisors have more education on average: about 90 percent have at least a bachelor's degree. Most home visitors and supervisors studied nursing, social work, or education, including early childhood education and special education.
- **Home visitors and supervisors are diverse in age, but they lack gender diversity and are not as racially and ethnically diverse as the families they serve.** Nearly all home visitors (99 percent) are women. They range in age from early 20s to late 60s. Sixty-three percent are non-Hispanic white, 13 percent are non-Hispanic black, 16 percent are Hispanic, and 2 percent are Asian. Seventeen percent of home visitors are fluent in Spanish and 5 percent are fluent in another language other than English. Supervisors have similar demographics but a narrower age range, and only 10 percent fluently speak Spanish.
- **Home visitors and supervisors range in their years of home visiting work experience.** Sixty-nine percent of home visitors have at least three years of home visiting work experience, but the other 31 percent are beginning their careers and consider themselves a "novice" or "advanced beginner" in their level of professional expertise. On average, home visiting supervisors have more years of experience, yet about 23 percent of supervisors had no experience as a home visitor in their current program or another program before becoming a home visiting supervisor.

What Are the Characteristics of Home Visiting Jobs?

- **Most home visitors and supervisors work full time and have predictable, stable hours.** Eighty-five percent of home visitors work the same days and number of hours each week in their MIECHV-funded home visiting program. They work an average of 37.5 hours a week. However, approximately 24 percent of home visitors and 33 percent of supervisors work fewer than 35 hours a week in their home visiting role. Many of these staff have another role in their agency or another job outside their agency.
- **Home visitors describe their work schedules as flexible, and this flexibility is what attracted many of them to the job.** More than 81 percent of home visitors report having the flexibility to take time off as needed for personal or family matters, which focus group participants mentioned as a major job perk. However, they must schedule home visits around their clients' availability, and thus, some work nontraditional hours: 28 percent report "often" or "always" working weekdays before 8 a.m. and 23 percent report "often" or "always" working after 6 p.m. Most home visitors do not work weekends (62 percent) or work an average of less than one weekend a month (25 percent).
- **On average, home visitors earn less than workers in similar occupations, but earnings vary significantly by highest degree and field of study.** Median weekly earnings before taxes and deductions total approximately \$713 a week for home visitors and \$920 a week for supervisors. In comparison with similar occupations, home visitors without supervisory roles earn about the same as a community health worker or preschool teacher, more than child care workers and home health aides (occupations that generally do not require a postsecondary degree), and less than a counselor or elementary school teacher (occupations that require a bachelor's degree and specialized training or certification). Nurse home visitors report the highest earnings, followed by those with degrees in social work and other social sciences. Home visitors with degrees in early education, special education, and other education studies earn less in comparison.
- **Most home visitors and supervisors qualify for health, dental, and life insurance and paid time off, but other employee benefits depend on the agency.** According to the case studies, home visiting programs in government agencies have more generous benefit packages than programs in nonprofits and other settings, and such benefits help attract and retain employees.
- **Travel is a significant component of the home visiting job and can cause certain financial stresses.** Having a personal vehicle and valid driver's license are typical job requirements. According to survey data, home visitors spend an average of 7 hours a week traveling to

families' homes. On average, it takes home visitors 9 minutes to reach the closest family and 38 minutes to reach the furthest family. Nearly all home visitors report receiving travel reimbursement, but only 50 percent believe it is sufficient.

- **Some home visitors report their caseloads are heavier or lighter than they can handle, but most say caseloads are “about right.”** Home visitors reported having an average caseload size of 16 families, with a minimum of zero families (for two new employees) and a maximum of 53 families. Sixty-seven percent of home visitors claim their caseloads feel “about right,” 15 percent feel their caseloads are heavier than they can handle, and 18 percent feel their caseloads are too light. Among those reporting lighter caseloads, 32 percent had less than one year of work experience at their current program, suggesting they are working up to a full caseload.

What Are the Career Pathways of Home Visitors and Supervisors?

- **Home visitors come from various places of employment before taking on their current jobs.** Thirty percent of home visitors formerly worked as a home visitor in another program. Additionally, fifty percent of all home visitors have past experience working as a frontline worker in the health and human services field, commonly in nursing or social work jobs. Forty-one percent have past experience working in early care and education and 16 percent formerly worked as K–12 educators.⁶ Eight percent of home visitors were enrolled in school and not working full-time before taking on their current jobs.
- **Home visitors are attracted to home visiting jobs because of their motivations for working directly with families and young children and building long-term relationships, which few other employment settings can offer.** Home visitors are committed to working with families. They often reported in focus groups how this commitment has motivated them to stay in their positions even when the work gets tough.
- **Staff are highly satisfied with some aspects of their jobs, such as relationships with families, supervisors, and coworkers, but are generally dissatisfied with their job earnings and opportunities for promotion.** According to focus groups, low pay can make home visiting an unsustainable long-term career, particularly for home visitors with dependent children. Since home visitors rarely see increases in earnings commensurate with their education and

⁶ Categories are not mutually exclusive so a home visitor could have worked in human services and early care and education.

experience, those early in their careers often have plans to pursue other opportunities outside of home visiting.

- **Strong relationships with supervisors are critical for supporting home visitors in their roles, reducing burnout, and retaining qualified staff.** Home visitors described the importance of trust and feeling valued by both their direct supervisor and agency upper management. Job satisfaction is lower in cases where home visitors feel that their supervisors micromanage and agency management undervalue and misunderstand the work that they do.
- **Most home visitors plan to stay in their positions in the next two years, though many are considering further education and training.** According to survey data, 54 percent of home visitors are very likely to remain in their jobs for the next two years, 30 percent are somewhat likely, and the rest are split between somewhat unlikely and very unlikely. Though opportunities for advancement are very limited, more than half of home visitors are likely to pursue other opportunities within home visiting or a promotion if available. The experience of a promotion, flexible scheduling, and teleworking options are associated with home visitors' job satisfaction and intent to stay in their positions over the next two years.

What Strategies Do Programs Use to Recruit Home Visiting Staff?

- **Programs often advertise on agency and free job websites, and many home visitors report learning of their position through online job searches.** Advertising through word of mouth and sharing with professional networks can also help recruit potential candidates who might not otherwise know of or look for the position. Sponsoring interns and partnering with local higher education institutions to recruit job candidates are less common but useful strategies.
- **Crafting a job description that fully and accurately captures the role of a home visitor is a critical step in the recruitment process.** Home visitors often described job announcements as unclear and not reflecting all responsibilities. Some program managers described having little control over job announcements and the initial application screening process, which can result in an unqualified candidate pool, a long search process, and difficulty filling positions.
- **Integrating job shadowing in the hiring process can lead to greater staff retention.** Early turnover is common when new hires turn out to be a poor fit for the position. Nearly all program managers reported implementing job shadowing in some way as part of staff training. Additionally, some programs have top job candidates, or new hires not yet trained, shadow a home visit to observe what the job entails. Early job shadowing helps ensure the fit is right.

Home visitors described how shadowing experienced home visitors was an important step in preparing them for the field.

- **One-third of program managers report currently having one or more vacancies for home visitor positions.** Program managers describe the importance of waiting to find candidates with the right mix of qualifications and soft skills—having creative problem-solving skills, passion for the work, and the right temperament to handle working with high-needs families and balancing multiple tasks. Because training new staff is costly, extending the search to recruit a strong pool of candidates is worth it. Recruiting candidates with bilingual language skills is a top challenge for many programs.

What Opportunities and Challenges Exist for Professional Development and Training?

- **Home visitors receive extensive training through onboarding procedures within their agencies and programs, mandatory model-led trainings, in-service trainings offered statewide through the MIECHV lead agency, and other opportunities through training institutions.** The timing, order, length, and intensity of trainings varies across programs depending on the agency structure and model and state requirements. For some home visiting models, initial trainings for new staff are reportedly not scheduled frequently enough and are challenging to attend when long-distance travel is required.
- **Though most home visitors describe the benefits of ongoing training, they raise concerns about the mismatch between the training they need and the trainings available.** They describe not having access and funding to pursue the trainings they would like and being required to participate in trainings they find repetitive, not applicable, or no longer useful given their skills. Mandatory trainings are time-consuming and take time away from clients.
- **Home visitors and supervisors point to areas where they could use additional training to better serve families' needs. The most common topics include early childhood mental health, serving children and parents with disabilities, laws and public policy affecting families they serve, postpartum depression and maternal mental health, substance abuse or misuse, and family trauma and trauma-informed practices.** Home visitors indicated a preference to delve deep into important topics of their choice and have the content be relevant to their local service population, rather than attending workshops and conferences that scratched the surface or overly generalized issues to be applicable across home visiting models or across fields.

Implications for Practice and Future Research

The study provides a detailed picture of the home visiting workforce in MIECHV-funded programs in 2018, with an emphasis on home visitors' characteristics, qualifications, and experiences on the job. The findings suggest ways home visiting programs can improve current practices to recruit and retain qualified staff. MIECHV awardees, home visiting model developers, and training and technical assistance providers may also benefit from knowing about the work conditions and experiences of the workforce they support to help strategize practical changes. Though increasing staff pay is one solution, such a change may not be feasible in the current system without significant investment. Instead, we suggest strategies observed in the field that may be adapted and replicated.

- **Invest up front in strategic recruitment efforts to find qualified staff fit for the position.**

Strategies that program managers described as effective include crafting a job description that fully and accurately captures home visitors' responsibilities and clearly outlines competencies so applicants are fully aware when they apply; directly involving program staff in the application screening and interviewing processes instead of (or in addition to) filtering through human resources; integrating scenario-based questions in the interview to learn how candidates would respond in certain circumstances; requiring qualified candidates to observe a home visit before accepting the job; and partnering with local institutions of higher learning to create internship or job-shadowing programs to introduce more people to the home visiting field and recruit from those programs.

- **Create a system that supports professional development goalsetting and continuous learning.**

Survey findings and discussions with case study participants illuminated several ways home visiting agencies can improve staff professional development. Possible strategies include implementing a formal goalsetting activity as part of a routine self-assessment process in which home visitors and supervisors work together to identify learning goals and develop a plan for meeting those goals; earmarking funds for professional development and allowing each home visitor to use their funds over the course of a year to address their own perceived training needs; offering tuition reimbursement; and creating a formal peer mentorship program to offer experienced staff an opportunity for coaching and peer teaching.

- **Make home visitors feel valued through team building and regular reflective supervision.**

Home visitors varied in their workplace conditions but overwhelmingly shared that their commitment to the job was only possible with the support of coworkers and supervisors. To better support home visitors' needs, possible strategies programs shared include implementing

regular team meetings for staff to discuss difficult cases in a group setting; meeting regularly for reflective supervision and maintaining open lines of communication between home visitors and supervisors; providing dedicated support staff for certain tasks that might be time-consuming and limit home visitors' time with clients (e.g., data entry); promoting interactions with other agency programs to prevent feelings of isolation; and creating a workplace culture that celebrates staff accomplishments.

- **Create opportunities for leadership and advancement to help retain qualified staff.** Little evidence exists of career ladders or lattices within home visiting programs. Study participants pointed to this as a major problem and suggested that creating a career ladder or lattice to recognize home visitors' years of experience with a promotion and job title change could instill a sense of worth and appreciation. This larger systemic issue requires the attention of the whole home visiting field. Yet at an agency level, efforts could be made to provide leadership opportunities, such as peer training and coaching of new staff and delegating supervisory and program management responsibilities for experienced home visitors looking for such a role.

The study also identifies several next steps for research. Because the study was designed to inform MIECHV Program efforts, the study sample includes only LIAs receiving MIECHV Program funding. Survey data are weighted so findings are representative of staff in MIECHV-funded LIAs, but findings are not representative of all home visitors in the US or all home visitors implementing a specific home visiting model. Future research might take a broader look at the workforce in both MIECHV-funded programs and non-MIECHV-funded programs to examine similarities and differences in staff characteristics and experiences. MIECHV offers extensive support to MIECHV awardees through federally funded training and technical assistance centers. Home visitors in MIECHV-funded programs have access to trainings and resources not typically available to home visitors in non-MIECHV funded programs. These and other differences could influence home visitors' qualifications, work experiences, and career pathways.

The study collected data on the current home visiting workforce but not from previous staff who left their positions. Although program managers reported reasons for staff turnover, such secondhand reports could be biased and not accurately reflect the situation. Exit surveys and interviews with former home visitors might better capture this information.

Additional research might further explore innovations and evaluate promising strategies in the field that were uncovered in this study. Examples include testing career ladders or lattices in home visiting,

interventions for reducing staff burnout, and access to loan forgiveness programs and tuition benefit programs and whether they can reduce staff turnover.

Chapter 1. Background and Study Motivation

Early childhood home visiting programs provide new and expectant parents with information, support, referrals, and connections to community resources and services. By meeting families “where they are,” both literally (by providing services within their home) and more figuratively (in terms of their capacity and stage of development), home visiting programs offer a unique service delivery approach with the potential to reach high-risk and isolated families. These programs build relationships and connections to support families in reaching their goals. They aim to improve maternal and child health, prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness (HRSA 2019).

Because of the extensive research of multiple program models over the past four decades, reliable evidence is now available that these programs provide important benefits to children and families (Michalopoulos et al. 2019; Sama-Miller et al. 2019). Until recently, however, little research has been available on the home visiting staff that deliver these interventions or on the professional development system that supports them. A strong workforce is a critical component of effective program implementation. As the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program continues to support home visiting services across the country, more information is needed to understand the home visiting workforce and how to recruit, train, and retain qualified staff.

In 2016, 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) contracted with the Urban Institute to conduct a study of the home visiting workforce in MIECHV-funded local implementing agencies (LIAs) to produce needed information about home visitors’ backgrounds and career trajectories. A national survey of all MIECHV-funded LIAs and case studies across 26 of those LIAs explored why home visitors enter the home visiting field, why they stay in or leave the field, their backgrounds and job qualifications, their work environment and opportunity for growth and advancement, and staff training experiences and needs. The data collection included a parallel focus on home visiting supervisors to learn about their role in supporting home visitors, their unique training needs, and possible career pathways within a home visiting program.

This report summarizes survey findings and key qualitative themes from the case studies. The study findings highlight the factors that support home visitors in their roles and ways in which home visiting

staff feel challenged. Together, the survey and case study findings provide insights into the experiences of this diverse and understudied workforce and point to strategies that could further strengthen their capacity.

Overview of Home Visiting in the United States

Early childhood home visiting is a proven service delivery strategy with evidence of improving the health, safety, and development of young children and families (Ammerman et al. 2013; Avellar and Supplee 2013; Olds et al. 2014; Peacock et al. 2013). First documented in the late nineteenth century, when private charities sent workers called “friendly visitors” to poor urban homes to educate new mothers on healthy behaviors (Richmond 1903), early childhood home visiting programs have evolved and expanded dramatically in the past few decades. Given strong evidence of home visiting program effectiveness, the MIECHV Program was established in 2010 and authorized by section 511 of the Social Security Act (42 USC 711). MIECHV gives grants to states, US territories, and tribal organizations to provide evidence-based home visiting services to improve outcomes for families in at-risk communities. In FY 2018, the MIECHV Program reached 27 percent of all US counties and served more than 150,000 parents and children (HRSA 2019). Tribal MIECHV grantees served an additional 3,500 parents and children.⁷ HRSA-funded technical assistance centers offer guidance to awardees on issues of evaluation design, performance measurement, and continuous quality improvement,⁸ while Tribal MIECHV grantees receive technical assistance from multiple providers funded by ACF.⁹

What Do We Know about the Home Visiting Workforce?

Before initiating primary data collection efforts for this project, the research team conducted a comprehensive literature review to identify research on the home visiting workforce, or in related fields. The team was particularly interested in learning if there was any existing literature addressing retention in the home visiting field. During data collection and analysis, the team collected and reviewed

⁷ “2017 Tribal Home Visiting In Action Infographic,” Administration for Children and Families, accessed July 1, 2019, <https://www.acf.hhs.gov/sites/default/files/eecd/capture.JPG?nocache=1550899414>.

⁸ “Home Visiting Program—Technical Assistance,” Health Resources and Services Administration, last updated November 2018, <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance>.

⁹ “Tribal Home Visiting Technical Assistance Providers,” last updated July 2019, <https://www.acf.hhs.gov/eecd/home-visiting/tribal-home-visiting/technical-assistance>.

new publications released on the topic. In this section, we describe what we learned from the literature review and reference existing literature. Key takeaways from the literature review include the following:

- Evidence is mixed regarding the staff qualifications associated with the best outcomes for families. Other factors such as home visitors' work experience, on-the-job training, and capacity to engage families are also essential.
- Home visitors need adequate training and ongoing professional development, but the system supporting their professional development is fragmented.
- Although home visiting work can be rewarding, it can also be stressful, with home visitors experiencing high rates of burnout.
- Supportive supervisors and workplace culture can mitigate home visitor burnout.

Each of these themes is described in more detail in the subsequent sections.

Home Visitors' Qualifications Matter, But Experience, Training, and Quality of Family Engagement Are Also Essential for Achieving Child and Family Outcomes

Data from national home visiting model developers shed light on the range of educational requirements for home visitors (NHVRC 2019). Some models with a greater health focus require registered nurses and others employ social workers, degreed professionals with training in a related field of study, or paraprofessionals with relevant experience but no degree. Regardless of these model differences, home visitors are responsible for delivering services to families with young children and pregnant women, and in that role, they perform many activities (Sandstrom 2019). Home visitors screen families for risk factors, including depression, family violence, substance abuse, and child developmental delay. They conduct needs assessments to determine whether families have secure housing and access to food, medical care, and child care, and they refer families to available support services. They also assess the safety of the home environment and educate parents on home safety and safe sleeping. For pregnant women, they offer education on prenatal care and nutrition, effects of smoking and prenatal drug use, and preparation for a healthy labor and delivery. Educational content for parents ranges from breastfeeding support and basic newborn care to responsive caregiving, positive parenting practices, and meeting developmental milestones. Home visitors support positive parent-child interactions, often modeling and coaching parents in desired behaviors. They also work with parents on setting and achieving personal goals, including education, training, and employment and achieving financial stability.

Home visiting programs target a wide range of child and family outcomes. The breadth of staff competencies required to reach those outcomes is extensive (Peters and Sandstrom 2019). Regardless of the model, home visitors are expected to have knowledge across a wide range of topics and the skills to effectively engage families, navigate challenging situations, and motivate behavioral change to address families' needs (Home Visiting Research Network 2013). Research suggests that to some extent home visitors' educational qualifications matter for achieving desired outcomes for families and children served, but other factors are also influential, including on-the-job experience, ongoing training, and home visitors' capacity to engage families.

The home visiting models eligible for MIECHV implementation use home visitors with a wide range of qualifications.¹⁰ Each model has been evaluated with rigorous methods and shown impacts on various child and family outcomes. Past research has explored whether differences in outcomes can be achieved depending on staff qualifications, but the evidence specific to educational attainment is mixed. For example, a study of the Nurse-Family Partnership (NFP) model investigated the relationship between home visitors' educational qualifications (i.e., nurse versus paraprofessional) and select maternal and child outcomes among 735 first-time mothers with low incomes (Olds et al. 2002). The study showed that nurses produced a variety of statistically significant maternal and child outcomes, while paraprofessionals produced smaller effects that lacked statistical significance in most cases. A later NFP study found that while both paraprofessional-visited mothers and nurse-visited mothers experienced healthy birth outcomes, nurse-visited mothers continued to demonstrate positive outcomes more than two years later (Olds et al. 2004). An important caveat with these studies is that the effects depend on the outcomes of interest.

Similarly, Korfmacher and colleagues (1999) found that NFP clients rated the quality of their relationship with their home visitor similarly regardless of whether they were visited by a nurse or paraprofessional; however, clients with paraprofessional home visitors had less contact with the program and were more likely to drop out and do so earlier.

A later meta-analysis of home visiting program evidence showed programs using nurses or mental health professionals as home visitors were no more effective than programs using paraprofessionals in improving maternal behavior specifically (Nievar, Van Egeren, and Pollard 2010). Instead, observed differences in effects on maternal behaviors were attributed to more frequent home visits. Another meta-analysis explored evidence of effectiveness on a broader range of outcomes but only in the

¹⁰ "Evidence-based Models Eligible to Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Grantees," Home Visiting Evidence of Effectiveness, US Department of Health and Human Services, Administration for Children and Families, <https://homvee.acf.hhs.gov/HRSA-Models-Eligible-MIECHV-Grantees>.

context of home visiting programs employing paraprofessionals (defined as home visitors without clinical training or a professional license) (Peacock et al. 2013). The studies reviewed showed that many home visiting programs target families with multiple risks (i.e., low income, low education, and substance abuse), and encountering stressful family situations can be overwhelming for a paraprofessional without clinical experience to navigate. The results showed modest effects on some outcomes, such as reductions in low birth weight and child health problems and decreases in harsh parenting, but most outcomes were not significantly affected. The authors concluded that although programs employing paraprofessionals can produce modest effects in some domains, effects are strongest when paraprofessionals are adequately trained to meet the diverse needs of the families they serve.

Home visitors learn many skills on the job, and research suggests work experience helps them achieve positive outcomes. A study of Healthy Families America (HFA) showed that relevant work experience mattered more than home visitors' education level for client participation rates. Experienced home visitors had more contact with families and greater retention rates than did home visitors with less experience, regardless of their educational background, suggesting the importance of knowledge gained on the job as home visitors interact with families (Daro et al. 2003). Studies of the broader early childhood and health care workforces support these findings. Multiple studies of child care and health aide programs have found that more on-the-job training and experience is correlated with better child and family outcomes (Forry et al. 2013; Raikes et al. 2013; Sengupta, Ejaz, and Harris-Kojetin 2012).

Korfmacher and colleagues (2008) similarly suggest that other factors beyond education—such as the quality of the relationship between home visitor and client and ongoing supervision and training—are essential for engaging parents in the program so they can make best use of the services and connections offered. For example, in a study of a doula home visiting program for young, first-time parents, researchers measured both the quantity of home visiting (i.e., length of visits and dosage or duration of services) and the quality of home visiting (i.e., parental level of engagement). Engagement increased over time until the baby's birth, and the rate of change depended partly on who the assigned home visitor was (Wen, Korfmacher, and Hans 2016). In other words, home visitors themselves demonstrated individual differences in how they engaged families that significantly predicted how engaged mothers were initially and over time. The evidence suggested that even home visitors with similar training implementing the same model may vary in their competency to engage with and relate to parents. Other studies find that both families and home visitors attribute positive program effects to

the quality of the relationship between the home visitor and family (Hebbeler and Gerlach-Downie 2002; Zeanah et al. 2006).

In sum, home visitors' educational and professional background, coupled with relevant work experience, ongoing training, and effective engagement with families have been shown to affect service delivery and program outcomes. The Home Visiting Career Trajectories study goes a step further to explore these individual-level characteristics as well as program-level factors that may be essential ingredients for a supporting a strong home visiting workforce.

Home Visitors Need High-Quality Training and Professional Development, but the System Supporting Their Professional Development is Fragmented

A highly qualified home visiting workforce is critical for ensuring that home visiting programs achieve desired outcomes. Because of their diverse educational backgrounds, most home visitors obtain necessary skills on the job and not in preservice training programs (Schultz et al. 2018). Some attempts are being made to create core competency frameworks across home visiting models that specify the knowledge, skills, and attitudes home visitors should have (Peters and Sandstrom 2019). Further, multiple states are developing statewide training programs (NHVRC 2017). Yet the large and varied home visiting field does not have widely held standards or training systems in place.

According to the Home Visiting Applied Research Collaborative, or HARC (formerly known as the Home Visiting Research Network), the system for home visitor and supervisor training and support is fragmented (HVRN 2013). In its *Framework for Conceptualizing Home Visiting*, grounded in research evidence, HARC emphasized that home visitors need a comprehensive system that helps ensure they have the motivation, knowledge, and skills to do their jobs effectively. They also need a work environment that enables them to succeed in performing expected behaviors. Qualitative work has shown that a lack of training and clinical skills impedes home visitors' ability to address difficult family situations, such as maternal depression and substance abuse (Heaman, Chalmers, Woodgate, and Brown 2006; LeCroy and Whitaker 2005; Peters and Sandstrom 2019).

Quality in-service training and ongoing professional development supports for home visitors and supervisors, such as supervisor observations and coaching, have been linked to improved home visiting outcomes. A recent review of research shows effective adult training involves not only the introduction and modeling of concepts and skills, but also practice, reflection, and encouragement from a supervisor (Schultz et al. 2018). Coaching helps motivate home visitors and reinforce concepts to support adult behavior change (Schultz et al. 2019).¹ Implementation science research indicates that training and

coaching are key drivers required to motivate change—both change in the home visitor’s behavior (e.g., how they think through and approach problems) and in child and family outcomes (Fixsen, Naoom, Blase, Friedman, and Wallace 2005).

The Mother and Infant Home Visiting Program Evaluation (MIHOPE) found that home visitors report receiving more frequent in-service training than specified by their evidence-based model—an average of 1.8 training sessions and 8.4 training hours a month. Yet training that included role play observed by the trainer—an important practice to support skill development—occurred less frequently (23 percent of months in which a home visitor participated; Duggan et al. 2018). Additionally, about one-third of home visitors were never observed by their supervisors during a home visit in a 12-month period, while nearly 10 percent had five or more supervisor observations. This finding suggests programs vary widely in their implementation of professional supports for home visitors.

There are some challenges to building a standardized training system for home visitors or the early childhood workforce more broadly. The landmark report *Transforming the Workforce for Children Birth Through Age 8* from the National Academies of Sciences, Engineering, and Medicine (Institute of Medicine and National Research Council 2015) emphasized how the fragmented nature of the early childhood workforce, including home visitors, is a barrier to improving training and credentialing. Workers vary widely in their preservice education and training experience, credentials and professional licenses, and expectations for in-service training and professional competencies. Various entry points to the field exist, and workers may follow many different career pathways, which often depend on state and local contexts. Professional learning occurs in different settings at different points in the career pathway—in higher education institutions, in community-based organizations, and during ongoing practice in the workplace. Systemic barriers to professional learning include lack of staff time to pursue professional learning; lack of funds to pay for professional learning; lack of a professional community, particularly small organizations; staff turnover and the need to constantly retrain; and lack of available professional learning activities, especially in rural and resource-constrained areas and for specialized training. The authors also state that the availability of professional learning supports alone is not sufficient to contribute to quality practice; the supports also need to be of high quality themselves, both well designed and well implemented. Elements of training quality include aligning with professional competencies, building desired knowledge, and incorporating instructional practices for adult learning.

The *Transforming the Workforce* report recommendations suggest greater consistency and commonality can result from aligning around a shared knowledge base, establishing shared expectations, using common tools where appropriate, building greater mutual understanding of language and terminology, and participating together in some aspects of professional learning. The

recommendations also describe key factors to target to better support the early childhood home visiting workforce, including mentoring, working conditions, caseloads, resource availability, compensation, and opportunities for advancement.

Home Visiting Can Be a Rewarding Yet Stressful Job

Although a rewarding job, home visiting can be stressful, resulting in high rates of staff burnout and turnover (Alitz et al. 2018; Begic, Weaver, and McDonald 2019; Dmytryshyn et al. 2015; Gill, Greenberg, Moon, and Margraf 2007; Lee et al. 2013; West, Berlin, and Harden 2018). For example, home visitors often work in homes with disproportionately high rates of mental health issues (Ammerman et al. 2010), substance abuse (Dauber et al. 2017), and domestic violence (Davis, James, and Stewart 2010; Eckenrode et al. 2000)—which are family risk factors targeted in the MIECHV Program. MIHOPE found that 42.5 percent of mothers enrolled in a home visiting program in the study screened positively for depression at study entry, 31.7 percent reported substance abuse before pregnancy, and 18 percent had recently experienced physical or sexual violence (Michalopoulos et al. 2019).

Evidence from home visiting and related fields indicates that staff who work with relatively high-needs clients can experience poor mental health and burnout (Begic, Weaver, and McDonald 2019; Radcliff et al. 2017). The terms “compassion fatigue” and “secondary traumatic stress” have been used to describe the burnout direct service providers experience. In a mixed-methods study of Early Head Start home visitors, researchers found moderate to high levels of “compassion satisfaction”—the pleasure home visitors derive from their work—along with variable levels of secondary traumatic stress (West, Berlin, and Harden 2018). Home visitors working with families with greater psychosocial risks experienced greater secondary traumatic stress. They also demonstrated more job withdrawal, such as showing up late and skipping work. In another study involving structured interviews and surveys with 27 home visitors, two-thirds of the sample reported dealing with medium to high levels of secondary traumatic stress (Begic, Weaver, and McDonald 2019). Risk factors included inability to recognize the experience of secondary traumatic stress and an unhealthy workplace culture. Similarly, MIHOPE found that about 15 percent of home visitors and 12 percent of supervisors reported experiencing symptoms of depression—higher than the rate of 10 percent found among women across the US (Duggan et al. 2018).

There are other challenging aspects of field-based work like home visiting. Home visitors may experience social isolation, exhaustion from constant travel and long drives, and concerns about

personal safety in unsafe neighborhoods (Dmytryshyn et al. 2015; Finello, Terteryan, and Zadouri 2016). Similar safety issues have been reported in the home health care field; job-related risks, transportation issues, threats of verbal and physical abuse, and potential for violence were significantly correlated with home health aides' job satisfaction and job retention (Sherman et al. 2008). A study of Florida's MIECHV Program found the greatest stressor was the burden of data entry and paperwork, followed by caseload management, lack of resources for families, and dangerous environments (Alitz et al. 2018). In qualitative interviews with nurse home visitors delivering NFP, elements of workplace stress included data documentation, time in the car, and handling the scheduling demands of clients while maintaining model fidelity (Dmytryshyn et al. 2015). High workloads and constant worrying about clients (i.e., excessive thinking and dreaming about clients outside work hours) contributed to the nurses' reduced sense of well-being. Another study found that Early Head Start home visitors were adequately trained and scored high on measures of competence, knowledge, job satisfaction, and psychological functioning at the start of their jobs, but over a five-year period displayed greater levels of emotional exhaustion and lower job satisfaction, which contributed to turnover (Gill et al. 2007).

Workplace stressors can diminish home visitors' engagement with program participants and reduce both staff and participant retention (Alitz et al. 2018). MIHOPE found that between 12 and 18 percent of home visiting staff that participated in the study reported an intent to leave their current position within the next year, even though overall job satisfaction and organizational commitment were higher than average when compared with a national sample of mental health workers (Duggan et al. 2018). The 2009 Early Head Start Family and Child Experiences Survey (Baby FACES) found a similar actual turnover rate among home visitors— 11 percent over a year (Administration for Children and Families 2015). However, the 2015 Program Information Report (PIR) for Head Start grantees showed that nearly one in five Early Head Start home visitors left the program during that year. Of these home visitors, 25 percent left for higher compensation and/or a stronger benefits package in the same field, 29 percent changed job fields, and the remainder left for other unreported reasons (Office of Head Start 2015). The Region X Workforce Study, including local agencies across Alaska, Idaho, Oregon, and Washington State, found an average 12-month turnover rate of 23 percent (Franko et al. 2019). Top reasons for leaving included personal reasons (not specific to home visiting), low pay, excessive paperwork and reporting, lack of advancement opportunities, burden of constant travel, and that "the work with families was draining" (Franko et al. 2019).

Staff burnout and associated turnover is not only harmful for home visitors themselves, but it also causes discontinuity for home visiting clients and increases operational costs as programs need to recruit and train new staff (Home Visiting Research Network 2013). Previous studies have indicated

that it can be difficult for home visiting programs to attract and retain qualified staff (Duggan et al. 2018; Michalopoulos et al. 2015; Sandstrom et al. 2015). Supportive workplace factors can help home visitors cope with compassion fatigue. Studies show stronger family–home visitor relationships can help mitigate home visitor burnout and reduce turnover (Burrell et al. 2009; Gill et al. 2007). For example, a study of 62 home visitors concluded that trusting relationships between home visitors and the families they serve is a critical component of service delivery and that threats to “relationship security” were associated with burnout and turnover (Burrell et al. 2009). Other studies identify the importance of supervision and workplace culture, discussed in the next section.

Supportive Supervisors and Workplace Culture Are Essential for Home Visitors

Multiple studies identify the importance of providing adequate, appropriate, and supportive supervision of home visitors. An earlier evaluation of home visitor turnover concluded the following:

Home visiting programs with supervisors who fail to act as facilitators for their home visitors can expect job dissatisfaction and turnover. It is incumbent upon home visiting program managers to ensure that supervisors are trained to be facilitators for their employees. (Buchbinder et al. 1998)

Support from supervisors strengthens worker empowerment and individual self-efficacy—the feeling of control over one’s work (Lee et al. 2013)—which in turn increases job satisfaction (Buchbinder et al. 1998) and staff performance (Gill et al. 2007). In a study of risk and protective factors against burnout, home visitors emphasized the need for a supportive, trustworthy supervisor to help protect them against burnout and secondary traumatic stress (Begic, Weaver, and McDonald 2019).

Certain supervision practices can help support home visitors, including reflective supervision and home visit observations. Reflective supervision—a relationship-based practice that helps home visitors investigate their feelings about their work with families—can help home visitors manage job-related stress and feel productive and engaged.² Having a supervisor to share feelings and concerns with can help home visitors identify, process, and cope with their emotions. In a study of Florida’s MIECHV Program, home visitors noted how reflective supervision “allowed them to vent their frustrations, express their feelings, and talk freely about how their job affects them personally” (Alitz et al. 2018, 566). The three building blocks of reflective supervision include reflection (i.e., taking time to step back from the intense experience of hands-on work), collaboration (i.e., sharing responsibility and decisionmaking), and regularity (i.e., having regular interactions and scheduled supervisory meetings).³

MIHOPE collected data on the frequency of individual supervisory meetings and found home visitors averaged about 43 minutes a week, lower than some models’ expectations, which ranged from 2

hours a month to 1 to 1.5 hours a week (Duggan et al. 2018). The frequency and structure of supervisor observations of home visits also varied. One-third of home visitors were not observed in the field at all, and most others were observed one to three times a year. About three-quarters of supervisors reported using a structured tool when observing visits. Direct observations of practice can be an important tool for identifying whether home visitors are applying techniques learned in training, assessing staff training needs, and reinforcing skills.

Beyond supervision, other workplace supports, such as positive relationships with coworkers (Alitz et al. 2018) and an organizational culture that respects, rewards, and celebrates staff achievements, are key factors affecting job satisfaction and staff retention (Burchbinder et al. 1998; Lee et al. 2013).

Taken together, the body of published literature summarized above provided an important foundation for the Home Visiting Career Trajectories study. Existing evidence, as well as identified research gaps, motivated the data collection and analysis needed to strengthen the field's understanding of the home visiting workforce.

Home Visiting Career Trajectories Study Design

The home visiting evidence base is growing, but an initial review of the literature revealed several significant gaps in knowledge concerning the workforce. Specifically, we found the following:

- **Limited information on the actual (versus required) qualifications of home visitors and supervisors across home visiting models.** No national data source exists that describes the workforce and their backgrounds, educational attainment, and work experience.
- **Few studies, particularly across home visiting models and states, capturing reasons for entering and exiting the field.** Existing studies of home visitor turnover include small samples or qualitative methods and do not provide a larger picture of the workforce nationally. Very little evidence exists on home visitors' career goals, career pathways, and reasons for entering and staying in the field.
- **Few studies documenting home visiting program efforts to attract and retain staff.** Several existing studies point to staff turnover as an issue, but limited evidence is available on the challenges programs face with securing qualified staff.
- **No systematic data collection capturing home visitors' perceived strengths and training needs or the alignment between needs and existing opportunities.** Several studies identify

staff training as an essential component of program quality that is necessary for achieving desired program outcomes. But few go deeper into exploring home visitors' and supervisors' perceptions of training experiences and self-perceived needs for additional training.

To address these research gaps, the Home Visiting Career Trajectories study aimed to examine the characteristics, qualifications, and career trajectories of home visitors and their supervisors in MIECHV-funded programs. The study also reviews the professional development system for home visiting staff to help shape strategies for building and sustaining a pipeline of qualified home visitors and supervisors.

An important aspect of the project was to maintain a national focus and involve all HRSA regions and MIECHV awardees (states, territories, and tribes). A second important consideration was to collect data on the workforce across all home visiting models implemented with MIECHV funding—both evidence-based models and promising approaches. Most previous workforce studies examined only a single model and few studies included multiple models; one exception is MIHOPE, which included four models: Early Head Start—Home-Based option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers.

Because MIECHV is often one of several funding sources that LIAs use for home visiting services, and staff positions can be funded by more than one source, the data collection focused broadly on home visitors working in MIECHV-funded programs regardless of how their individual positions were funded. The goal was to capture information at the program level about recruitment, turnover, staffing, and management practices, and at the staff level about home visitors' and home visiting supervisors' qualifications, work experiences, and career trajectories.

The research questions that guided the data collection include the following:

1. **What are the characteristics of home visitors and their supervisors**, including their demographics, qualifications, and employment history?
2. **What are the characteristics of home visiting jobs?** What schedules do staff work? What is the quality of home visiting jobs in terms of job flexibility, control, and predictability of schedules? How much do staff earn? How do job earnings vary by degree and position? What employee benefits do home visiting programs offer their staff? How do employee compensation and benefits compare with other fields?
3. **What are the career pathways of home visitors and supervisors?** Why do home visitors enter this field? What are home visitors' career goals and perceptions of advancement opportunities?

What is the level of worker job satisfaction? What factors contribute to the recruitment, retention, and turnover of home visitors?

4. **What strategies do programs use to recruit and retain staff?** What are program managers' experiences recruiting qualified job candidates? What competencies are they looking for? What positions are challenging to fill and why?
5. **What opportunities and challenges exist for professional development and training?** What are the skills and knowledge of the workforce? What training needs does the workforce perceive? Where are perceived gaps in training and supports?

These questions called for quantitative national data on the home visiting workforce across home visiting models and qualitative data on the work experiences of home visiting program staff, including their motivations, successes, and challenges. The research team created a mixed-methods design to best address these questions. Methods included a two-stage national survey of the home visiting workforce, focus groups with home visitors, and qualitative interviews with program managers, supervisors, and other key informants. A survey alone could not adequately address some of the questions about home visitors' work experiences, so the qualitative data provide valuable in-depth information that complements survey findings.

Report Structure

The next chapter (chapter 2) provides details on sample recruitment, data collection procedures, and analytic approaches for each study component. Subsequent chapters present results that align with the stated research questions.

Chapter 3. Characteristics of the home visiting workforce. This chapter describes home visitors' and home visiting supervisors' demographic characteristics and their job qualifications, including highest educational attainment, educational major or field of study for their highest degree, licenses and certifications, and years of experience in current position and in the home visiting profession. The chapter also reports the share of the home visiting workforce holding a dual role as a supervisor and home visitor, holding another role besides home visitor within the same agency, and working a second job outside the home visiting agency.

Chapter 4. Characteristics of home visiting jobs. The chapter provides descriptive statistics on the characteristics of agencies where home visitors work, including agency type, staff size, services offered, sources of home visiting funding, and number of years implementing home visiting. The chapter then

describes home visitors' and home visiting supervisors' jobs, such as compensation, employee benefits, and schedules (i.e., number of hours worked weekly; prevalence of early morning, evening, and weekend work; schedule variability, flexibility, and control).

Chapter 5. Strategies from the field: what works in recruiting a staff that thrives. This chapter discusses the strategies programs use to recruit staff, their challenges with staff recruitment, and the number of currently vacant home visitor positions. The chapter also details home visitors' motivations for entering the field, how they learned about their jobs, and their experiences applying and interviewing for their jobs—including opportunities for job shadowing.

Chapter 6. Factors supporting staff retention and job satisfaction. This chapter integrates evidence from survey and case study data to detail the factors that support home visitors on the job, addressing issues related to staff retention and advancement. Factors include quality of the work environment and agency culture, institutional or program policies such as teleworking and having flexible schedules, a strong supervisory relationship, and caseload size and whether it is appropriate or heavier or lighter than home visitors are able to handle. The chapter describes home visitors' reported satisfaction with aspects of their jobs: pay, benefits, schedule, job security, promotion opportunities, work-life balance, on-the-job stress, caseload size, and more.

Chapter 7. Training and professional development experiences. This chapter draws on case study data to describe home visitors' experiences with training and professional development from onboarding procedures, model-required trainings, state MIECHV trainings, and agency-led trainings and ongoing professional development. Findings from focus groups suggest preferences for the order and format of trainings. Survey results identify how successful home visitors feel they are at working with parents to achieve various outcomes, such as finding a job, securing housing, continuing their education, dealing with drug use, and addressing mental health issues. Home visitors and supervisors both rate the training topics they could benefit from most.

Chapter 8. Discussion. The report will conclude with a summary of study findings and a discussion of implications for practice and future research.

Chapter 2. Methods

The research team used both quantitative and qualitative methods to address the key study objectives, which were to (1) provide information on the state of the home visiting workforce in MIECHV-funded local implementing agencies (LIAs) and home visitors’ career trajectories and (2) recommend strategies to build a pipeline of highly qualified home visitors and supervisors.

To achieve these objectives, the study included a Program Manager Survey, a Home Visitor/Supervisor Survey, and case studies of home visiting programs in eight states involving focus groups with home visitors and key informant interviews with home visiting program managers and supervisors. A substudy of home visiting professional development systems drew on additional key informant interviews and an in-depth literature review. (See companion short report *Professional Development Supports for Home Visitors and Supervisors: Strengthening the Home Visiting Workforce* for substudy methods and findings.) Table 2.1 shows which data sources address each research question.

TABLE 2.1
Proposed Research Questions and Data Sources to Address Them

Research questions	Survey	Focus groups	Key informant interviews
1. What are the characteristics of home visitors and their supervisors? What are their demographics, qualifications, and employment history?	X	X	
2. What are the characteristics of home visiting jobs? What schedules do staff work? What is the quality of home visiting jobs in terms of job flexibility, control, and predictability of schedules? How much do staff earn? How do job earnings vary by degree and position? What employee benefits do home visiting programs offer their staff? How do employee compensation and benefits compare with other fields?	X	X	
3. What are the career pathways of home visitors and supervisors? Why do home visitors enter this field? What are home visitors’ career goals and perceptions of advancement opportunities? What is the level of worker job satisfaction? What factors contribute to the recruitment, retention, and turnover of home visitors?	X	X	X
4. What strategies do programs use to recruit and retain staff? What are program managers’ experiences recruiting qualified job candidates? What competencies are they looking for? What positions are challenging to fill and why?	X		X
5. What opportunities and challenges exist for professional development and training? What are the skills and knowledge of the workforce? What training needs does the workforce perceive? Where are perceived gaps in training and supports?	X	X	X

This use of concurrent mixed methods yielded quantitative evidence on the magnitude and frequency of key constructs and qualitative evidence that expanded on the meaning and understanding of constructs. Integrating multiple forms of data maximizes the strengths and minimizes the weaknesses of each type of data (Creswell and Plano Clark 2011). Data were integrated so that the survey data served as the primary data source to frame the study results, and qualitative data were embedded in the larger study design to supplement survey findings. The survey and case study data collections are described in greater detail below.

National Survey of the Home Visiting Workforce

The National Survey of the Home Visiting Workforce collected information on the home visiting workforce using a two-stage design. Below are brief descriptions of the survey instruments, the survey sampling procedures, responses and weighting, and analytic approach. More detailed information on survey methodology is included in appendix A.

Survey Instruments

The goal of the survey data collection was to capture comprehensive descriptive information about the home visiting workforce and the programs in which they are employed. The research team determined early in the design process that the survey would need to be web-based and self-administered to reach the desired sample size while using available resources most efficiently. The team paid close attention to the survey length, because web-based surveys that are too lengthy cause respondents to exit before completing and increase the number of refusals. Another important design decision was to create two surveys: one for home visitors and supervisors about their background and work experiences and another for program managers who could more reliably provide information about staff recruitment and management practices, funding sources, and staff counts within the home visiting program and across the agency.

The survey team drew on existing workforce and home visiting research surveys to develop the survey instruments and constructed new items when valid examples did not exist. Both survey instruments were pretested with staff at two home visiting programs not receiving MIECHV funding and therefore ineligible to participate in the study (see eligibility criteria in the next section on sampling procedures). The study's technical work group and multiple home visiting model developers reviewed and provided feedback on draft instruments.

The Program Manager Survey collected information on staffing, funding sources, staff recruitment and retention, program management, and the program's target populations. The Home Visitor/Supervisor Survey asked about educational attainment, work experience, compensation and benefits, job schedule and work environment, supervision, interactions with families, job satisfaction, training needs, and demographic characteristics. Both surveys were administered in fall and winter 2018 and managed using the encrypted Qualtrics web-based survey platform. The estimated survey length was 20 minutes for the Program Manager Survey and 23 minutes for the Home Visitor/Supervisor Survey.

Sampling and Recruitment Procedures

All MIECHV and Tribal MIECHV-funded LIAs were eligible for survey participation. We restricted the sample to programs receiving MIECHV funding for several reasons. First, these programs are of central interest to the federal government because they receive federal funding to implement home visiting services. Second, given the diversity of the home visiting field, limiting the study to programs that are held to similar accountability requirements and have access to similar professional development and technical assistance enhances the generalizability of the findings. Rather than drawing a sample of LIAs or of funded programs or staff within LIAs, the Program Manager Survey was administered as a census of all LIAs to ensure a sufficient sample size across HRSA regions.

Survey recruitment occurred in two stages. In the first stage, the survey team obtained a list of LIAs receiving MIECHV funding in FY 2016 from HRSA and a list of Tribal MIECHV awardees active in FY 2016 from ACF. The cleaned recruitment list included 667 program managers in 633 LIAs.

The survey team sent email recruitment messages to all identified program managers and invited them to participate in a 20-minute web survey about their programs. At the end of the survey, respondents were directed to a linked survey in which they were asked to provide work email addresses for home visitors and supervisors in their MIECHV-funded programs. The survey team used regular email reminders and targeted follow-up phone calls to program managers to increase the survey response rate and ensure representation across HRSA regions and models.

For the second stage of the two-stage design, trained research assistants extracted the submitted staff email addresses on a rolling basis to compile a clean recruitment list for the Home Visitor/Supervisory Survey. After removing duplicates and erroneous email addresses, the staff recruitment list included 1,672 supervisors and home visitors in 256 LIAs. The survey team sent email

recruitment messages to these identified staff and invited them to complete a voluntary web survey about their current jobs and career trajectories.

Response Rates and Analytic Weights

The response rate for the Program Manager Survey was 55.3 percent, including survey responses from 369 program managers completing any portion of the survey. Of these program managers, 317 (86 percent) submitted email addresses for their staff. Program managers who did not provide staff email addresses often indicated they did not want to burden their staff with another request but were willing to complete their portion of the survey. The response rate for the staff survey of supervisors and home visitors was 55.4 percent, including survey responses from 926 staff.

Response rates by HRSA region are shown in table 2.2. Program managers across HRSA regions participated, with response rates over 50 percent in seven regions and over 40 percent in all regions.

TABLE 2.2
Survey Response Rates by HRSA Region

HRSA region	Program Manager Survey sample size	Program Manager Survey response rate	Home Visitor/ Supervisor Survey sample size	Home Visitor/ Supervisor Survey response rate
1	38	48.1%	78	60.9%
2	33	63.5%	65	46.4%
3	55	65.5%	146	54.9%
4	45	56.3%	93	48.4%
5	52	53.6%	131	57.2%
6	32	46.4%	142	58.2%
7	21	72.4%	59	57.3%
8	22	40.7%	55	67.9%
9	34	57.6%	51	44.0%
10	27	56.3%	69	64.5%

Notes: Tribal MIECHV grantees are excluded from the table. A separate analysis shows that 10 of 25 Tribal MIECHV grantees responded to the Program Manager Survey. LIAs in US territories that received MIECHV funding in FY 2016 were eligible to participate and are included in response rates for their HRSA region. Response rates shown in this table include both complete and partial responses. See appendix A for additional information on final survey dispositions.

Response rates by model are shown in table 2.3. Of the 17 evidence-based home visiting models approved for MIECHV implementation in FY 2016, MIECHV awardees selected nine of them, plus four promising approaches that would undergo evaluation. These 13 home visiting models are represented in the surveys. For the largest six models represented, Program Manager Survey response rates ranged

from 49 to 78 percent and Home Visitor/Supervisor Survey response rates ranged from 33 to 60 percent.

Survey weights were constructed to adjust for differences in response rates by model and region of the country (based on HRSA regions). Additionally, the staff survey weights accounted for the ratio of home visitors to supervisors in the workforce, so the sample accurately represents the share of staff in these positions. More information on response rates and survey weights can be found in appendix A.

TABLE 2.3
Program Manager Survey Response Rates by Model

Model^b	Program Manager Survey^a sample size	Program Manager Survey^a response rate	Home Visitor/Supervisor Survey sample size	Home Visitor/Supervisor Survey response rate
Parents as Teachers	134	57.5%	333	54.2%
Healthy Families America	101	52.1%	266	60.2%
Nurse-Family Partnership	67	48.9%	180	54.1%
Early Head Start—Home-Based option	18	60.0%	43	50.0%
Home Instruction for Parents of Preschool Youngsters	14	56.0%	25	48.1%
Kentucky Health Access Nurturing Development Services	14	77.8%	8	33.3%

Source: National Survey of the Home Visiting Workforce, Urban Institute, 2019.

Notes: Responses include respondents who completed any portion of the survey. ^aTwenty-eight Program Manager Survey respondents also completed the Home Visitor/Supervisor Survey. The majority (19) reported being a supervisor only, one reported being a home visitor only, one reported being a home visitor and supervisor, and five had other program roles. ^bTo protect confidentiality, sample sizes by program model are only shown for models with at least ten Program Manager Survey responses. Other participating models with a sample size of fewer than ten include Child FIRST, Family Spirit, and SafeCare Augmented, and four promising-approach models: Following Baby Back Home, Maternal Infant Health Outreach Worker, Parent-Child Assistance Program, and Team for Infants Endangered by Substance Abuse.

Case Studies

The case studies’ goal was to complement the survey effort by gathering qualitative evidence from the field and capturing the voices of the home visiting workforce. The research team conducted key informant interviews with home visiting program directors and supervisors and focus groups with home visitors in eight states selected to maximize diversity of region (including urban versus rural areas), as well as home visiting models implemented with MIECHV funding. These data provide in-depth and nuanced insights into home visiting work environments and how they contribute to staff recruitment, retention, and professional development. The case study methodology is summarized in this section.

Appendix B provides additional technical information related to case study design, data collection, and analysis.

Site Selection

The case study sampling design had two aims: (1) to maximize the generalizability of the qualitative findings so implications could apply to home visiting programs widely regardless of location or model, and (2) to minimize respondent burden and potential conflicts of interest arising from engagement in other home visiting research efforts. The site selection process accounted for the diversity in states and localities in terms of geography, local demographics, employment statistics, and the presence of home visiting. To inform site selection, the research team drew on publicly available data and information on MIECHV awardees obtained from HRSA and created a sampling matrix with the following information on all 50 states:

- the HRSA region;
- the number and percentage of counties served through MIECHV in FY 2016;
- the number and percentage of rural counties served through MIECHV in FY 2016;
- the number of families in a state served through MIECHV in FY 2016;
- the presence of Tribal MIECHV grantees and grantee setting (urban or rural);
- home visiting models implemented with MIECHV;
- share of the state population living in urban areas;
- college graduation rates;
- unemployment rates;
- whether the state was a HRSA Innovation Award recipient; and
- state participation in other federal home visiting studies.

The research team reviewed the information collected and identified similarities and differences across the states by (a) the population reached by MIECHV home visiting, (b) the potential home visiting workforce, and (c) models implemented, noting states where a promising approach model or low-prevalence evidence-based model (i.e., a model that is only implemented in a small number of states) is used. The team also considered existing state burden given ongoing research projects requiring LIA participation. Across the 10 HRSA regions, the research team identified eight candidate states and two

alternates that together maximized diversity along the selection criteria. The team avoided selecting more than one state in each HRSA region to maximize regional variation given the study's national focus.

The research team discussed the proposed list of 10 states with OPRE and HRSA staff to identify priorities and any concerns. The team also presented the list to the project's technical work group (TWG) to solicit feedback. The final eight states selected for study inclusion were Arizona, Connecticut, Georgia, Maryland, Michigan, Montana, New Mexico, and Tennessee. The team consulted MIECHV state administrators regarding their state's participation before beginning local recruitment.

For each selected state, the research team created a list of LIAs receiving MIECHV funding. The team purposively selected three to five LIAs in each state to represent a diverse mix of MIECHV-implemented home visiting models, maximize opportunities for including tribal grantees, and offer a mix of urban and rural settings and agency types (e.g., public health departments, school districts, and community action agencies), among other considerations. The final sample included 26 LIAs. Importantly, although these LIAs represent a diverse set of states and provide important insights for all home visiting programs, some factors limit the generalizability of these results, including LIA willingness to participate, states excluded because of existing research burden, and model diversity.

Data Collection Instruments

The research team developed two sets of protocols: a semistructured interview guide for home visiting program managers and home visiting supervisors (with slightly different question banks designated for each type of respondent) and a focus group moderators' guide. The protocols were used to collect data across LIAs and states in a consistent and systematic way. Instruments included mostly open-ended questions to allow participants to respond in their own words and raise issues that may not have been considered during protocol development. A few closed-ended questions captured brief factual information about the program (e.g., years receiving MIECHV Program funding) and focus group participants' demographics and tenure in their position. One focus group question asked participants to rate their satisfaction in their position (on a scale of "very unsatisfied" to "very satisfied") and at their agency more generally. Focus group moderators followed this closed-ended question with a series of open-ended follow-up questions to understand the reasons underlying their ratings.

Interview guides designed for program managers and home visiting supervisors focused on topics such as the factors they observe that affect home visitor recruitment and retention. Specifically, the guides examined how positions are advertised and steps involved in the interview process,

characteristics in a new hire that are attractive to managers, and how managers see those features leading to home visitor success given observed challenges in the field. Interviewers asked managers about training and preparing home visitors and the ongoing professional opportunities made available to them. Interviewers inquired about what motivates home visitors to stay in their positions—or seek new positions within the agency—and what career trajectories typically look like for their home visiting staff. For context, interviewers also asked how program managers and supervisors ended up in their positions—for example, if they started as home visitors themselves or followed a different path.

The focus group moderator’s guide was designed to collect parallel information from home visitors. The guide gathered home visitors’ impressions of their agencies’ recruitment methods, whether they understood what the job would entail before being hired, and whether the training they received felt adequate to prepare them for taking on their own caseload. Subsequent questions asked about factors that contribute to their job satisfaction, aspects of the job they value most, and factors that make it difficult to envision staying in the position long term. Specifically, the guide examined the effect of salary and benefits on job satisfaction, as well as relationships with coworkers and supervisors. These lines of inquiry were included to expand on existing evidence of the challenges related to retaining home visitors. Finally, focus groups sought to understand how home visitors would ideally like their careers to evolve so the guide included questions about home visitors’ 5- and 10-year career plans.

Data Collection Procedures

All researchers involved in qualitative data collection attended a one-day in-person training where they learned about the protocol and moderator’s guide content as well as the data collection approach. Trainers reviewed the recruitment processes approved by the IRB, discussion guide content, and best practices for conducting key informant interviews and moderating focus groups. In addition, the training covered note-taking, secure data storage, and note-cleaning procedures. Notes consisted of typed near-verbatim transcripts that captured the dialogue between the interviewer or focus group moderator and study participants.

Each site visit team included three Urban Institute staff: a senior lead, a research associate or analyst, and a research assistant who organized logistics and typed near-verbatim notes during interviews and focus groups. Teams conducted site visits to the eight selected states between September 2018 and January 2019. Each visit lasted between three and four days. Site visit teams met with program managers, home visiting supervisors, and home visitors at the agency office to minimize travel and respondent burden. Across all eight states, teams conducted one-on-one key informant

interviews that lasted between 60 and 90 minutes, with a total of 46 program directors and supervisors, and 26 two-hour focus groups with a total of 106 home visitors.

Analysis

In advance of data collection, the research team drafted an analytic plan to guide their work. This is described in appendix B. As laid out in the plan, case study data analysis occurred in two primary phases: (1) state-specific analyses and (2) cross-cutting analyses.

Following each site visit, each site visitor for that state carefully reviewed the interview and focus group notes from the agencies they visited to verify what they recalled and look for patterns across the agencies. The team of three site visitors met to discuss their field observations and the themes they saw emerging from the case study data in that state. Based on those discussions and a deep review of the notes, the team wrote a 6–8 page summary memo capturing key information on recruitment, retention, job satisfaction, and professional development and career advancement. Memos did not disclose any participants' names. The memo for a specific state was shared with the state MIECHV lead and program directors at participating LIAs to confirm that the findings in their state resonated with them.

For the crosscutting analyses the team performed a systematic thematic content analysis to identify patterns in the data and group them into themes for comparison across states. As a first step, junior researchers coded all interview and focus group notes and state-specific memos using QSR NVivo 11 software for qualitative analysis. Qualitative team leads developed a coding scheme to facilitate systematic thematic coding. The initial coding structure included both *a priori* codes—based on the research questions and interview guide headings—and inductive codes that emerged from case study debriefings and summary memos. Details on the coding process, training, and evolution are also presented in appendix B.

After coding all interview and focus group transcripts and case study summary memos, the research team conducted queries to further investigate emerging themes including the important role of home visiting supervisors, staff training experiences and needs, and agency structure and work culture. Analysts carefully read the query output and ran additional queries to address specific questions, such as differences by agency type. For example, in referencing the research questions, they posed the question, “What evidence do we have on factors contributing to retention of home visitors?” Then, through careful review of notes coded with concepts related to retention, analysts observed patterns and relationships between concepts. This systematic review allowed the research team to develop theories and refine those theories with additional analysis—a constant comparative approach.

Although qualitative themes were generally not tallied, analysts examined the prevalence of supporting evidence across respondent groups and case study sites to help interpret findings. In the report, terms like “most” or “many” are used to describe themes evident in or supported by the majority of cases, so across more than half of LIAs, focus groups, or key informants (program managers or supervisors). “Some” is used to refer to themes evident in less than half of cases, but more than “a few,” which refers to a low-prevalence theme or piece of evidence, such as 2–3 focus groups out of the 26 mentioning an issue. Some illustrative examples in the report are outliers but worth mentioning, while others capture an underlying theme evident across sites. Corresponding text clarifies the prevalence.

During the data analysis, the research team triangulated data at multiple stages by considering conclusions from the case study in the context of the survey findings. For example, survey data identified recruitment strategies programs use, and in key informant interviews program managers validated survey findings but also elaborated on the recruitment, interviewing, and hiring process. After analyzing interview data and identifying common strategies (e.g., job shadowing) and challenges, analysts went back to the survey data to explore supporting evidence across all surveyed programs.

Study Limitations and Strengths

The study has several limitations that should be considered when interpreting findings. Although the study aimed to describe the home visiting workforce across models and US regions, its findings are limited to MIECHV-funded programs and may not be generalizable to programs without MIECHV funding nor to the home visiting workforce broadly. Survey data are weighted to be representative of MIECHV-funded programs and the workforce those programs employ, though we cannot conclude with available data how well the participating sample represents the characteristics of the overall workforce. (See appendix A for details on weights.)

As a cross-sectional exploratory study, data are correlational, and causality and longitudinal patterns cannot be determined. Interviews convey perspectives on causality, such as factors that support home visitors, but no experiment was conducted to test for effects of different work conditions. Findings related to turnover and career trajectories may also be limited, because the study did not collect information from previous home visitors and their career pathways—other than from supervisors who were former home visitors. The data collection captured program managers’ accounts of staff turnover and home visitors’ intent to stay in or leave their positions within two years, but these data alone cannot produce reliable estimates of turnover rates.

Even with these limitations, the Home Visiting Career Trajectories study is the first national study of the home visiting workforce across home visiting models. Thirteen models are represented in the survey sample, including four promising approaches selected for MIECHV implementation and evaluation in at least one state. The survey data collection included all 10 HRSA regions, and all Tribal MIECHV grantees had the option to participate. Survey sampling weights account for the distribution of home visitors and home visiting supervisors by HRSA region and home visiting model, and by design are representative of home visitors and home visiting supervisors in MIECHV-funded programs. The diversity of case study sites also maximizes the variation in perspectives captured in the data. Focus group participants implemented different home visiting models, worked in a range of agency settings, and lived in different geographic areas across the country. The mixed-methods study design adds value by collecting nationally representative quantitative survey data paired with in-depth qualitative data from focus groups and interviews.

Chapter 3. Characteristics of the Home Visiting Workforce

This chapter addresses the first research question: *what are the characteristics of home visitors and their supervisors?* We first describe the size of the workforce and distribution of staff across job categories and then present findings on three main topics: highest educational attainment, professional expertise and experience, and demographic characteristics. Throughout this chapter, we report weighted survey data, supplemented with supporting examples from case studies.

Key Findings

- Nearly all home visitors and supervisors are women. Home visitors range widely in age, from early 20s to late 60s. More than 70 percent are married or living with a partner. Fifty-eight percent are parents or primary caregivers to children younger than 18.
- Approximately two-thirds of home visitors are non-Hispanic white, 13 percent are non-Hispanic black, 16 percent are Hispanic, and 2 percent are Asian. About 41 percent of home visitors reported having similar traits as most of their clients with regard to race, ethnicity, and culture. Another 40 percent reported sharing traits with some clients. But others reported sharing traits with few or no clients.
- Seventeen percent of home visitors are fluent in Spanish and 5 percent are fluent in another language other than English. According to program managers, more staff with fluent foreign language skills are needed in some communities, but recruitment is challenging.
- Home visitors range in their highest educational attainment from high school diploma to master's degree, but 73 percent have a bachelor's or higher degree. Supervisors have more education on average: about 90 percent have at least a bachelor's degree.
- The most common majors for the highest degree include nursing, social work, and education, including early childhood and special education.
- Most home visitors rate their professional expertise at a proficient or expert level, but a small share reported being a novice or an advanced beginner. Sixty-nine percent of home visitors have at least three years of home visiting work experience, but others are beginning their careers. Work experience correlates with age.

- Home visiting supervisors have more years of experience, yet about 23 percent of supervisors had no experience as a home visitor before becoming a supervisor.

Workforce Size and Distribution by Job Type

Respondents to the Home Visitor/Supervisor Survey identified their current positions as one of five categories: home visitor, home visiting supervisor, home visitor and supervisor, home visitor and other program role, or other (see table 3.1). Seventy percent of respondents identified as home visitors without any other role. An additional 7 percent of home visitors had supervisory responsibilities and 6 percent had another role in the program. Twelve percent of respondents were home visiting supervisors. Staff in dual roles of home visitor and supervisor reported supervising an average of 4.2 home visitors (with a range of 1 to 10), whereas supervisors reported a slightly larger average of 5.2 home visitors (with a range of 1 to 11). Text analysis of job titles specified under “other” helped reclassify 14 cases: 10 were recoded to home visitors without another role, 1 was recoded to home visitor and supervisor, and 3 were recoded to home visitor and other (nonsupervisory) role.

Forty respondents (4 percent) were other program staff in various positions not reclassified. These included assessment workers, lactation specialists, and other program support staff without caseloads.

TABLE 3.1
Distribution of Home Visiting Staff in MIECHV-Funded LIAs by Job Category

Job category	Unweighted count	Weighted count	Share
<i>Home visitor</i> : I have an ongoing caseload of families I visit.	643	4,235	70%
<i>Supervisor</i> : I supervise home visitors.	121	756	12%
<i>Home visitor and supervisor</i> : I have an ongoing caseload of families I visit, and I supervise home visitors.	67	442	7%
<i>Home visitor and other</i> : I have an ongoing caseload of families I visit and another role in this home visiting program.	55	348	6%
<i>Other</i> (e.g., assessment worker, intake specialist)	40	268	4%

Source: Home Visitor/Supervisor Survey.

Note: Unweighted N = 926.

Those reporting job categories of home visitor ($n = 643$), home visitor and supervisor ($n = 67$), and home visitor and other ($n = 55$) were combined into a broader group of “home visitors” for the purpose of analysis unless otherwise specified. This broader group of home visitors, some with other program roles, totaled 765. Grouping these categories creates a more inclusive view of the home visiting workforce; therefore, estimates represent all workers providing direct services to families.

Tables presented in the report generally compare this inclusive group of home visitors with staff that only supervise home visitors (i.e., supervisors only).¹¹ Since home visitors and home visiting supervisors were the target population for the Home Visitor/Supervisor Survey, all other staff are excluded from analyses.¹²

Highest Educational Attainment

Looking across home visiting models in the US, the educational requirements and qualifications for home visitors range from paraprofessionals with a high school diploma to workers with bachelor’s degrees in various disciplines, licensed social workers and clinical mental health specialists, and registered nurses with maternal and child health expertise (see table 3.2). Several models implement a team-based approach with some combination of clinicians, social workers, parent coaches, and paraprofessionals.

TABLE 3.2
Staff Qualifications for Evidence-Based Models and Promising Approaches Selected for MIECHV Implementation in FY 2016

Model	Role	Qualifications
Child FIRST	Home visitor (care coordinator)	Bachelor’s degree is required
	Home visitor (mental health clinician)	Master’s degree in mental health specialty with a license is required
	Supervisor	Master’s degree in mental health specialty with a license is required
Early Head Start—Home-Based option	Home visitor	Educational qualifications determined by local agency
	Supervisor	Educational qualifications determined by local agency
Family Spirit	Home visitor	Recommended to have a high school diploma or equivalent plus two or more years of related work experience

¹¹ Data from 19 respondents who identified as supervisors and completed both the Program Manager Survey and the Home Visitor/Supervisor Survey because of their program management role are included in supervisor counts.

¹² Respondents not classified as home visitors or home visiting supervisors are excluded from analyses presented in this report. However, because these other staff are employed in the home visiting programs receiving MIECHV funding and program managers included them in staff counts, they are included in sample weights and estimates of the size of the home visiting workforce. Appendix tables C.1 and C.2 provide estimates of the distribution of the workforce by HRSA region and home visiting model.

Model	Role	Qualifications
	Supervisor	Recommended to have a college degree and/or equivalent related work experience
Following Baby Back Home	Home visitor (nurse)	Registered Nurse (RN) with at least an associate's degree in nursing
	Home visitor (social worker)	Licensed social worker (LMSW) with at least a bachelor's degree
	Supervisor	Bachelor's degree is required
Health Access Nurturing Development Services Program	Home visitor (paraprofessional)	High school diploma is required
	Home visitor (professional)	Associate's or bachelor's degree in a related field or a licensed social worker or registered nurse
	Supervisor	Advanced registered nurse practitioner, registered nurse, or licensed social worker
Healthy Families America	Home visitor	High school diploma or bachelor's degree depending on state or agency needs
	Supervisor	Bachelor's degree or master's degree plus three years of experience is required
Home Instruction for Parents of Preschool Youngsters (HIPPY)	Home visitor	High school diploma required, Child Development Associate (CDA) credential recommended
	Supervisor	Bachelor's degree in early childhood education, elementary education, or a related field is required
Maternal Infant Health Outreach Worker	Home visitor	High school diploma or GED recommended plus experience in the target community
	Supervisor	Bachelor's degree is recommended
Nurse-Family Partnership	Home visitor	Bachelor's degree in nursing
	Supervisor	Bachelor's degree in nursing is required; a master's degree in nursing is recommended
Parents as Teachers	Home visitor	High school diploma or equivalent plus two or more years of experience working with young children/parents is required; a bachelor's degree is preferred.
	Supervisor	A bachelor's or master's degree plus five or more years of experience working with young children/parents is recommended

Model	Role	Qualifications
Parent-Child Assistance Program	Home visitor	Bachelor's degree required plus two years of community-based work experience
	Supervisor	Bachelor's degree is recommended
SafeCare Augmented	Home visitor	High school diploma and experience in child development required; bachelor's degree recommended
	Supervisor	Complete SafeCare Coach certification process
Team for Infants Exposed to Substance abuse program (TIES)	Home visitor (parent resource specialist)	Bachelor's degree
	Home visitor (family support specialist)	Master's degree
	Supervisor	Master's degree in social work

Source: National Home Visiting Resource Center (NHVRC), *2019 Home Visiting Yearbook* (Washington, DC: NHVRC), <https://nhvrc.org/yearbook/2019-yearbook/>.

Results from the Home Visitor/Supervisor Survey found that nearly 73 percent of home visitors have a bachelor's or higher degree (see table 3.3). Yet mirroring the diverse requirements across models, home visitors range in their highest educational attainment with about 6 percent holding only a high school diploma or completing a vocational training program, 10 percent having some college credits but no degree, 12 percent holding an associate's degree, and 13 percent holding a master's degree. Many workers are more qualified than their home visiting model's minimum requirements. Although in some cases a postsecondary degree is not a model requirement, program managers reported preferring to hire staff with a bachelor's degree. (See appendix C, table C.3, for home visitors' highest educational attainment by model.)

Supervisors are more likely to have higher educational attainment than home visitors. Only 10 percent have less than a bachelor's degree. More than half of supervisors hold a bachelor's as the highest degree, and another 39 percent hold a master's or other graduate degree.

Estimates for highest educational attainment are similar to the MIHOPE implementation study results, which found that 75 percent of home visitors and 95 percent of supervisors had at least a bachelor's degree. (See appendix D for comparisons of Home Visitor/Supervisor Survey estimates with other MIHOPE survey estimates.) Similarly, the Region X Workforce Study completed in 2019 with funding from a HRSA Innovation Grant found the majority of home visitors (70 percent) and supervisors

(90 percent) hold bachelor’s degrees or higher (Franko et al. 2019). That study included a survey of staff from MIECHV and non-MIECHV funded programs in Alaska, Idaho, Oregon, and Washington.

TABLE 3.3
Distribution of Home Visitors and Supervisors by Highest Education Level

Highest education level	Home visitors	Supervisors
High school diploma or equivalent	3.2%	0.9%
Postsecondary vocational/technical training program	2.5%	1.6%
Some college but no degree	9.7%	3.3%
Associate’s degree	11.9%	4.2%
Bachelor’s degree	58.9%	50.8%
Graduate degree ¹	13.7%	39.2%

Source: Home Visitor/Supervisor Survey.

Notes: N = 746 home visitors, including those in a dual role of supervisor and home visitor, and 120 supervisors without a caseload. Categories are mutually exclusive. Percentages are calculated from valid responses and exclude missing cases. Estimates may not add up to 100 percent because of rounding. One home visitor specified an educational level of conversant in English and Spanish and could not be recategorized.

¹ Graduate degrees generally include master’s degrees, with a small share of supervisors holding a doctorate and a small share of home visitors holding another professional degree (e.g., in nursing, psychology, or public health) or license (e.g., licensed marriage and family therapist).

The most common majors for the highest degree are nursing, social work, and education, including early childhood education and special education (see table 3.4). Other common majors include sociology, family science, psychology, child development, human development, and other social sciences.

TABLE 3.4

Distribution of Home Visitors and Supervisors by Primary Major of Highest Degree

Primary major or area of study for highest degree	Home visitors	Supervisors
Nursing	32.8%	30.7%
Social work	13.7%	17.6%
Education, early education, or special education	13.4%	16.4%
Other social science (e.g., sociology, family science)	11.2%	12.4%
Psychology	9.9%	—
Child development or human development	8.2%	—
Public health	4.4%	—
Business administration and management or finance and accounting	2.6%	—
Humanities and liberal arts	2.2%	—

Source: Home Visitor/Supervisor Survey.

Notes: N = 687 home visitors and 116 supervisors. Categories are mutually exclusive. Percentages are calculated from valid responses and exclude missing cases. This question was not shown to respondents whose highest level of education was a high school diploma or whose highest level of education could not be determined. Other responses included a small number of science majors (biology, chemistry, physics, computer science) and an unspecified major. Cells with fewer than 10 cases are suppressed to reduce risk of disclosure.

Table 3.5 displays professional licenses and certifications commonly held by home visitors and supervisors. Thirty-four percent of home visitors and 32 percent of supervisors are registered nurses (RN), most commonly employed in Nurse-Family Partnership programs, although a small share worked in programs implementing other models (see appendix C, table C.4, for licenses and certifications by model). Twenty-five percent of home visitors and 20 percent of supervisors are certified parenting educators with specialized training in child development and positive parenting practices, most commonly working in Parents as Teachers programs. Seven percent of home visitors and 11 percent of supervisors have a state teaching certification. Other common credentials include lactation education certification (17 percent of home visitors and 13 percent of supervisors) and the Infant Mental Health Endorsement offered by the Alliance for the Advancement for Infant Mental Health¹³ (6 percent of home visitors and 11 percent of supervisors).

¹³ The Infant Mental Health Endorsement “provides recognition of specialized knowledge and expertise in professionals working with or on behalf of pregnant women, children, birth through six, and their families.” Specific work, education, in-service training, and reflective supervision requirements must be met. See “Four Pathways to Endorsement,” Alliance for the Advancement of Infant Mental Health, accessed July 1, 2019, <https://www.allianceaimh.org/endorsement-requirements-guidelines>.

TABLE 3.5

Professional Certifications and Licenses

	Home visitors	Supervisors
Nursing		
Registered Nurse (RN)	34.3%	32.2%
Certified Nurse Midwife (CNM)	7.3%	4.9%
Certified Nursing Assistant	3.1%	0.0%
Licensed Practical Nurse (LPN)	1.0%	0.6%
Licensed Vocational Nurse (LVN)	0.2%	0.0%
Nurse Practitioner (NP)	0.2%	0.7%
Education and child development		
Certified Parenting Educator	25.3%	20.5%
Certified Lactation Educator	17.2%	12.7%
State teaching certification (e.g., early childhood)	7.0%	11.4%
Infant Mental Health Endorsement	6.4%	10.9%
Child Development Associate (CDA)—Preschool	4.8%	1.8%
Child Development Associate (CDA)—Infant/Toddler	4.5%	4.0%
Child Development Associate (CDA)—Home Visitor	4.2%	1.6%
Social work		
Licensed Clinical Social Worker (LCSW)	2.0%	5.4%
Licensed Graduate Social Worker (LGSW)	1.9%	3.8%
Licensed Social Worker Associate (LSWA)	1.0%	4.6%
Licensed Certified Social Worker—Clinical (LCSW-C)	0.4%	0.0%
Licensed Marriage and Family Therapist	—	0.0%
Other	8.7%	3.4%

Source: Home Visitor/Supervisor Survey.

Notes: Sample sizes ranged from 596 to 660 home visitors and 157 to 175 for supervisors. Percentages are calculated from valid responses and exclude missing data. In addition, 58 home visitors and 15 supervisors entered “other” certifications that were either recategorized to existing categories or were grouped under “other.” Examples of other certifications specified by respondents include car seat safety certifications, child welfare certifications, and physical fitness certifications. A master’s in social work (MSW) was not captured in the list of certifications and licenses but recorded as a master’s degree.

Professional Expertise and Experience

The Home Visitor/Supervisor Survey asked respondents to rate their perceived level of expertise on a 5-point scale ranging from novice to expert. Most home visitors rate themselves at either the proficient or expert level (see table 3.6), but a small share reported being a novice or an advanced beginner with some content knowledge. These levels of expertise positively correlate with reported years of home visiting work experience, with self-perceived beginners being newer to home visiting and experts holding more experience in the field.¹⁴

¹⁴ A Spearman rank-order correlation was run to measure the relationship between these two ordinal measures. The Spearman correlation coefficient was positive (0.52) and statistically different from zero at all conventional significance levels (p -value ≤ 0.001).

TABLE 3.6

Self-Perceived Level of Expertise in Home Visiting

	Nonsupervisor home visitor	Supervisor without caseload	Supervisor with caseload
<i>Novice</i> : no understanding of content or experiential background to base approach	—	—	0.0%
<i>Advanced beginner</i> : some content knowledge and can implement by the book	4.6%	—	0.0%
<i>Competent</i> : understand basic principles and have some experience to apply to new situations	14.8%	9.3%	6.7%
<i>Proficient</i> : good understanding of basic principles and can apply knowledge to new situations	53.3%	36.9%	41.2%
<i>Expert</i> : deep understanding of underlying principles and can apply solutions in challenging situations	26.9%	51.8%	52.1%

Source: Home Visitor/Supervisor Survey.

Notes: N = 682 home visitors, 120 supervisors without a caseload, and 62 supervisors with a caseload. Percentages are calculated from valid responses and exclude missing data. Estimates are suppressed for cells representing fewer than 10 people.

Home visitors have a wide range of years of experience in the home visiting field, with 12 percent having under one year of experience in a home visiting role, 19 percent having one to two years of experience, and 69 percent having three or more years of experience (figure 3.1). Eight percent of home visitors reported “school” as their main activity before taking their current job (data not shown).

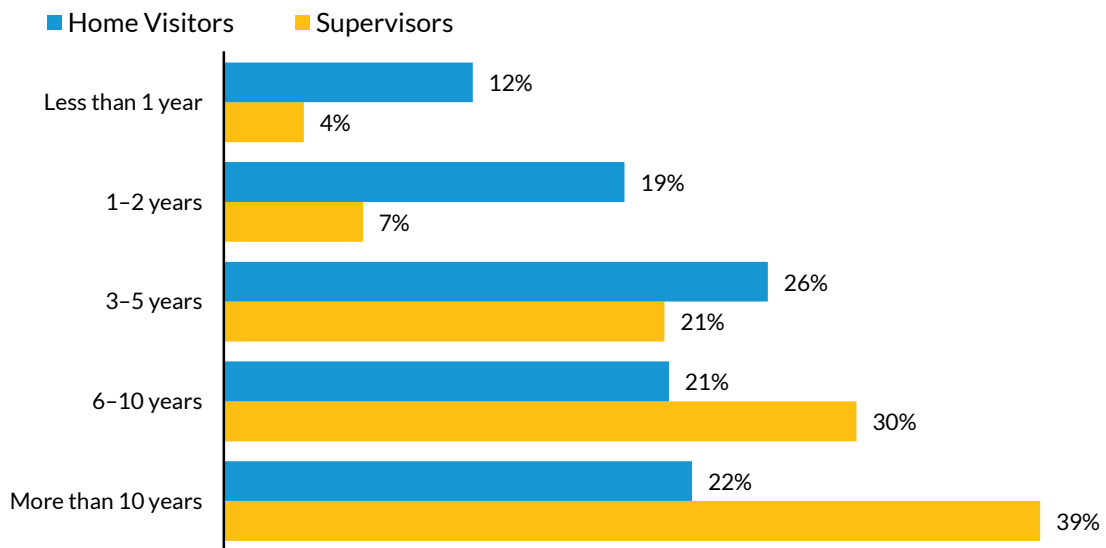
Home visiting supervisors have more home visiting work experience on average than home visitors. Based on survey results, more than half of supervisors have six or more years of home visiting work experience, and 75 percent of supervisors were previously home visitors. Yet about 23 percent of supervisors never worked as a home visitor (in their current program or with a previous employer) before becoming a home visiting supervisor (data not shown). In interviews, supervisors with a background as a home visitor described feeling prepared to take on the role; they generally felt that experience as a home visitor was important preparation to take on the supervisor role. Many focus group participants similarly felt that it was important for supervisors to have home visiting experience because it helped supervisors understand what the role entails. However, others noted that this experience was not necessary if supervisors were thoughtful and empathetic about what home visitors experience and therefore what support they require to be successful.

The survey also asked about total years of relevant professional experience, including home visiting and other positions. The results show nearly 50 percent of home visitors and 68 percent of supervisors have 10 or more years of relevant professional experience (figure 3.2). Survey data also indicate the

types of related previous work experience. Thirty percent of home visitors and 36 percent of supervisors worked as a home visitor for another employer before their current job (table 3.7). Others had related work experience in frontline jobs in health and human services or teaching.

FIGURE 3.1

Professional Experience in the Home Visiting Field Including Current and Former Positions

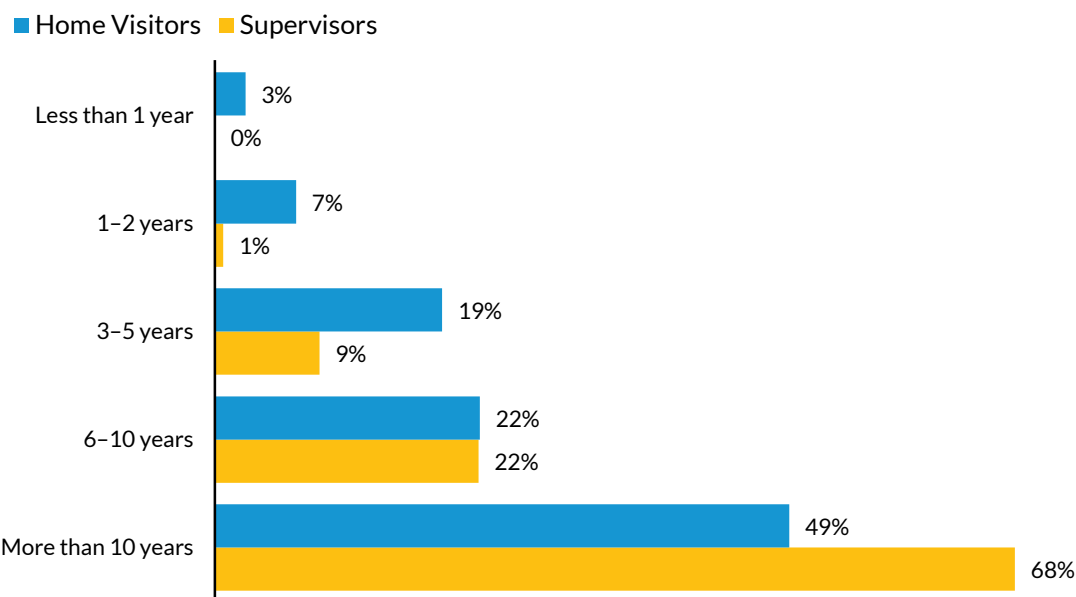


Source: Home Visitor/Supervisor Survey.

Notes: N = 692 home visitors and 185 supervisors. Percentages are calculated from valid responses and exclude missing data.

FIGURE 3.2

Total Years of Experience in Broader Professional Field Including Home Visiting and Other Jobs



Source: Home Visitor/Supervisor Survey.

Notes: N = 692 home visitors and 185 supervisors. Percentages are calculated from valid responses and exclude missing data.

TABLE 3.7

Relevant Work Experience before Current Position

	Home visitors	Supervisors only
Worked as a home visitor for a different employer	30%	36%
Worked as a home visiting supervisor for a different employer	4%	17%
Worked as frontline worker in the health and human services field	50%	59%
Worked in the early care and education field	41%	40%
Worked as an educator in grades K-12	16%	15%

Source: Home Visitor/Supervisor Survey.

Notes: For each item, sample sizes ranged from 749 to 750 home visitors and 120 supervisors. Percentages are calculated from valid responses and exclude missing cases. Categories are not mutually exclusive.

Demographic Characteristics

Nearly all home visitors and supervisors are women, with male home visiting staff making up about one percent of the workforce (table 3.8). Approximately two-thirds of home visitors are non-Hispanic white, 13 percent are non-Hispanic black, 16 percent are Hispanic, and 2 percent are Asian. Nearly 17 percent of home visitors and 10 percent of supervisors report having sufficient Spanish language fluency to offer home visits in Spanish. About 5 percent of home visitors and 6 percent of supervisors spoke

another language other than English fluently. As described in chapter 5, many program managers report difficulties recruiting bilingual home visitors.

The Home Visitor/Supervisor Survey asked respondents to indicate whether they shared traits with most, some, a few, or none of their clients in terms of race, ethnicity, and culture. Forty-one percent of home visitors reported sharing traits with most clients and another 40 percent reported sharing traits with some clients. Others reported sharing traits with few clients (18 percent) or no clients (2 percent).⁴

Home visitors range widely in age from under 25 to over 65, with 32 percent falling in the range of 35 to 44. For young home visitors, their current job is often their first out of school, while older home visitors are closer to retirement. Case study data support this observation. The age range among supervisors is slightly narrower, with all respondents falling between 25 and 64 at a roughly equal distribution across the years.

Most home visitors are married (63 percent) or living with a partner (10 percent). Eighty-six percent of home visitors have experience raising children, and 58 percent are currently the primary caregivers for children in their homes. Focus groups with home visitors pointed to the benefits of home visiting jobs for working parents, particularly the work schedule. Nurse home visitors, for example, discussed leaving shift work in hospitals to take home visiting jobs, because of the standard, day-time hours and flexibility.

TABLE 3.8

Demographics of Home Visiting Staff

	n	Home visitors	Supervisors
Age			
Under 25	25	3.3%	0.0%
25 to 34	233	28.8%	22.6%
35 to 44	258	31.5%	26.1%
45 to 54	177	20.5%	22.7%
55 to 64	141	13.9%	28.6%
65 and over	13	1.9%	0.0%
Sex			
Female	837	98.8%	100.0%
Male	8	1.2%	0.0%
Race/ethnicity			
Non-Hispanic white	545	63.2%	65.7%
Non-Hispanic black	117	13.3%	13.0%
Hispanic	122	16.1%	10.0%
Asian or Pacific Islander	26	3.9%	3.0%
Native American	14	1.3%	2.1%
Other or unknown	23	4.1%	7.6%
Hispanic, Latino, or Spanish origin			
Mexican	50	6.8%	25.6%
Puerto Rican	20	2.7%	16.0%
Other	49	6.6%	58.4%
Language fluency¹			
English	845	99.5%	100.0%
Spanish	125	16.8%	10.0%
Other language	40	5.4%	6.4%
Relationship status			
Married, living with a spouse	531	60.9%	67.3%
Married, not living with a spouse	17	1.9%	2.2%
Living with a partner, boyfriend, or girlfriend	80	10.3%	6.2%
In a relationship, but not living together	57	6.3%	7.5%
Not in a relationship	121	15.1%	12.2%
Prefer not to answer	43	5.5%	4.5%
Experience raising children			
	737	86.2%	92.5%
Primary caretaker of a minor in household			
	474	57.6%	47.6%

Source: Home Visitor/Supervisor Survey.

Note: Percentages are calculated from valid responses and exclude missing data.¹ Respondents could select more than one language, so percentages do not sum to 100. Other reported languages include Chamorro, French, Haitian Creole, and American Sign Language.

Conclusion

Similar to other occupations involving direct work with children and families, such as early care and education, home visiting is a field largely occupied by women. Overall, home visitors are highly educated, with 73 percent holding a bachelor's or higher degree, and bring years of relevant work experience from previous jobs. Their qualifications often surpass the minimum required by the home

visiting model their agency implements. Home visitors are commonly trained in nursing, social work, education and early childhood education, and other social sciences, and their backgrounds align with the home visiting models they implement. Supervisors are typically required to have a bachelor's degree and sometimes a master's in their field, and survey results show that about 90 percent of supervisors have at least a bachelor's. They, too, have extensive work experience—more than home visitors on average—though 23 percent never worked as a home visitor before becoming a supervisor. Case study data show that some supervisors have experience with program administration and staff supervision from previous jobs.

Home visitors range in level of expertise from beginner to highly proficient. Though some home visitors are young and relatively new to the labor force—12 percent have less than a year of experience—most have been in their current jobs for three or more years and worked in a related field before taking on a home visiting job.

Together these findings show that the home visiting workforce is mostly composed of degreed professionals with relevant experience, yet there is some heterogeneity in their educational training, career path, and experience delivering home visiting services. Workforce diversity should be considered when implementing strategies to improve staff recruitment and retention and when designing any training and professional development programs so content matches staff needs.

Chapter 4. Characteristics of Home Visiting Jobs

This chapter addresses the second research question: *what are the characteristics of home visiting jobs?*

We first describe the characteristics of agencies where home visitors work and then home visitors' and home visiting supervisors' job characteristics, including compensation, employee benefits, job schedules, caseload sizes, and travel and teleworking policies. The chapter synthesizes survey and case study data to profile home visiting as an occupation and contextualize it in the broader fields of nursing, social work, early childhood education, and other related disciplines. To help shape future decisions and directions in the field, the study provides a deep examination of this workforce's unique experiences and needs.

Key Findings

- **More than half of MIECHV-funded LIAs are nonprofit community-based organizations and another 26 percent are government health agencies. MIECHV is a primary funding source for home visiting.**
- **On average, home visitors earn less than the national median, but their earnings vary significantly by their field of study. Nurse home visitors report the highest earnings, followed by those with degrees in social work and other social sciences. Home visitors with degrees in early education, special education, and other education studies earn less by comparison.**
- **Most home visitors and supervisors qualify for health, dental, and life insurance and paid time off, but other employee benefits depend on the agency. According to case studies, home visiting programs in government agencies have more generous benefit packages than programs in nonprofits and other settings, and such benefits help attract and retain employees.**
- **Most home visitors and supervisors work full-time hours, an average of 37.5 hours a week, in their MIECHV-funded home visiting program. About 17 percent of home visitors and 26 percent of supervisors have another role in their agency and work an equivalent of about one full day a week in that other role.**

- About one in five home visitors and supervisors regularly work for pay doing something other than home visiting.
- About one-quarter of home visitors report working weekdays before 8 a.m. often or always, and a similar share work after 6 p.m. Most home visitors and supervisors do not work weekends, and if they do it is typically for only one weekend a month or less.
- Home visitors' schedules are highly predictable, with 85 percent working the same days and number of hours each week. They have somewhat limited control over their hours, especially compared with home visiting supervisors, because they have to schedule around their clients' availability. Yet, home visitors have the flexibility to take time off as needed and schedule around personal commitments, which focus group participants mentioned as a major job perk.
- Home visitors spend an average of 7 hours a week traveling to families' homes. Having a personal vehicle and valid driver's license to make home visits is a typical job requirement. Nearly all home visitors report receiving travel reimbursement, but only 50 percent believe the reimbursement is sufficient.
- Home visitors reported an average caseload size of 16 families. Sixty-seven percent of home visitors claim their caseload feels "about right," 15 percent feel their caseload burden is heavier than they can handle, and 18 percent feel their caseloads are too light.

Agency Type, Size, and Funding Sources

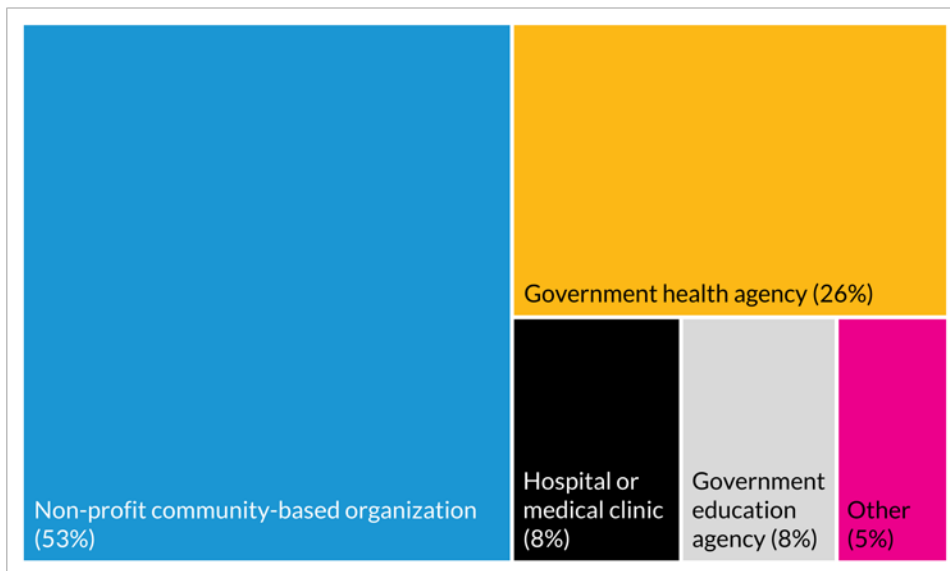
More than half of LIAs are nonprofit community-based organizations and another 26 percent are government health agencies such as county health departments (figure 4.1). Hospital systems and local school districts were less common, each representing about 8 percent of LIAs. Ten of 25 eligible Tribal MIECHV grantees participated, representing about 2 percent of the weighted sample, with the majority captured under "other."¹⁵

Program managers reported the LIAs' estimated sizes in terms of total employees across programs. The sizes ranged from very small agencies with fewer than 20 employees (30 percent of sample) to more than 500 employees (13 percent of sample) (figure 4.2).

¹⁵ Seven of ten Tribal MIECHV respondents reported an agency type of "tribal organization" or "housing authority," both in the "other" category. Three of ten reported an agency type of "nonprofit community-based organization" or "hospital or medical clinic."

Eleven percent of home visitors and 5 percent of supervisors are members of a labor union or employee association. Focus group participants that were union members mentioned little about their unions when discussing their jobs and work experiences. The one notable exception was a home visiting program manager in a community-action agency who felt she had little control over staff salaries and could not offer competitive pay, merit increases, or bonuses because such decisions went through the union.

FIGURE 4.1
Types of Local Implementing Agencies Receiving MIECHV Funding

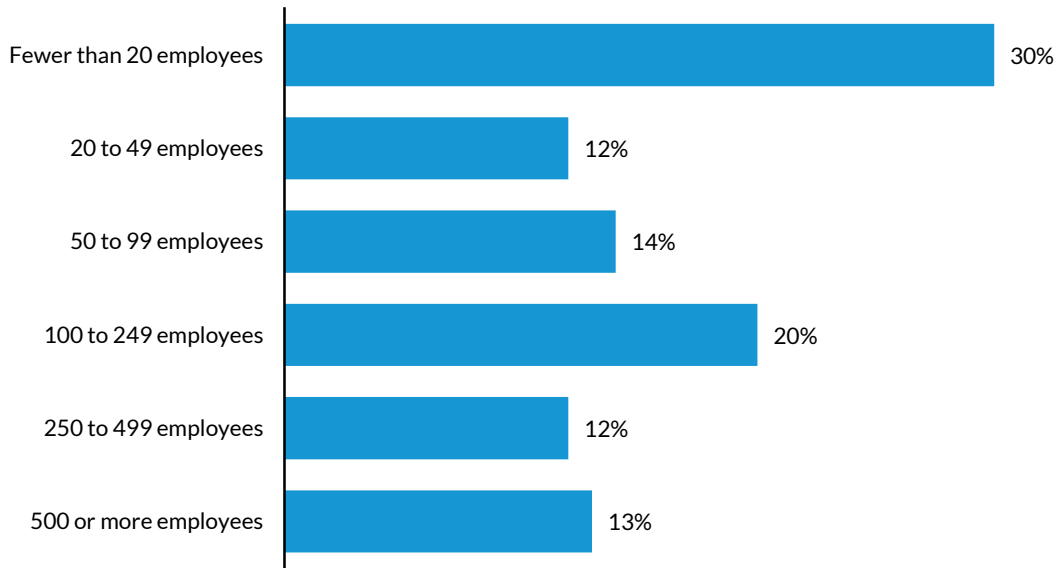


Source: Program Manager Survey.

Notes: N = 369. Other agencies include tribal organizations, government social service agencies, universities, faith-based organizations, and housing authorities.

FIGURE 4.2

Local Implementing Agency Size



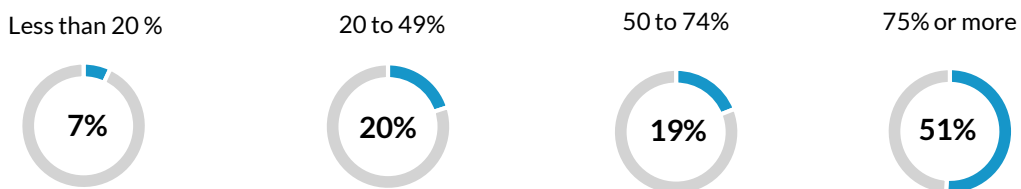
Source: Program Manager Survey.

Notes: N = 367. If the local implementing agency had multiple office locations, the survey requested an estimate of the total number of employees across programs and locations.

Half of program managers reported that MIECHV funding made up 75 percent or more of their home visiting funding (see figure 4.3). Other major funding sources include state government funds (54 percent of sample), local government funds (29 percent of sample), and other federal funds (29 percent of sample). Philanthropic foundation support and private donations were less common, found in 26 percent of programs, respectively.

FIGURE 4.3

Share of Home Visiting Program Funding from MIECHV



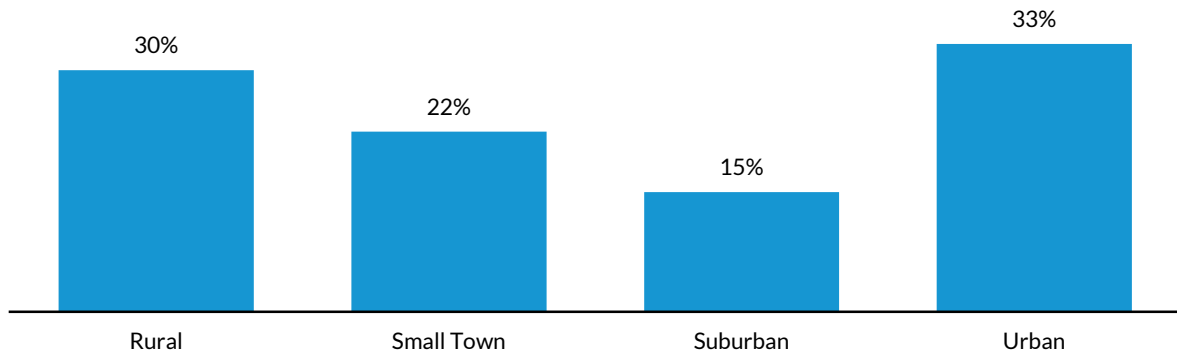
Source: Program Manager Survey.

Note: N = 334.

Home visitors work in a wide range of geographic settings. Program managers reported that 33 percent of families served in their MIECHV-funded program live in urban areas while 30 percent live in rural areas (figure 4.4). Small towns and suburban areas are somewhat less common (22 and 15 percent, respectively).

FIGURE 4.4

Share of Families Served through MIECHV-Funded Programs in FY 2017, by Location



Source: Program Manager Survey.

Notes: N = 344. Percentages are calculated based on valid responses and exclude missing cases. Programs reported serving an average of 120 families in their MIECHV-funded programs in FY 2017.

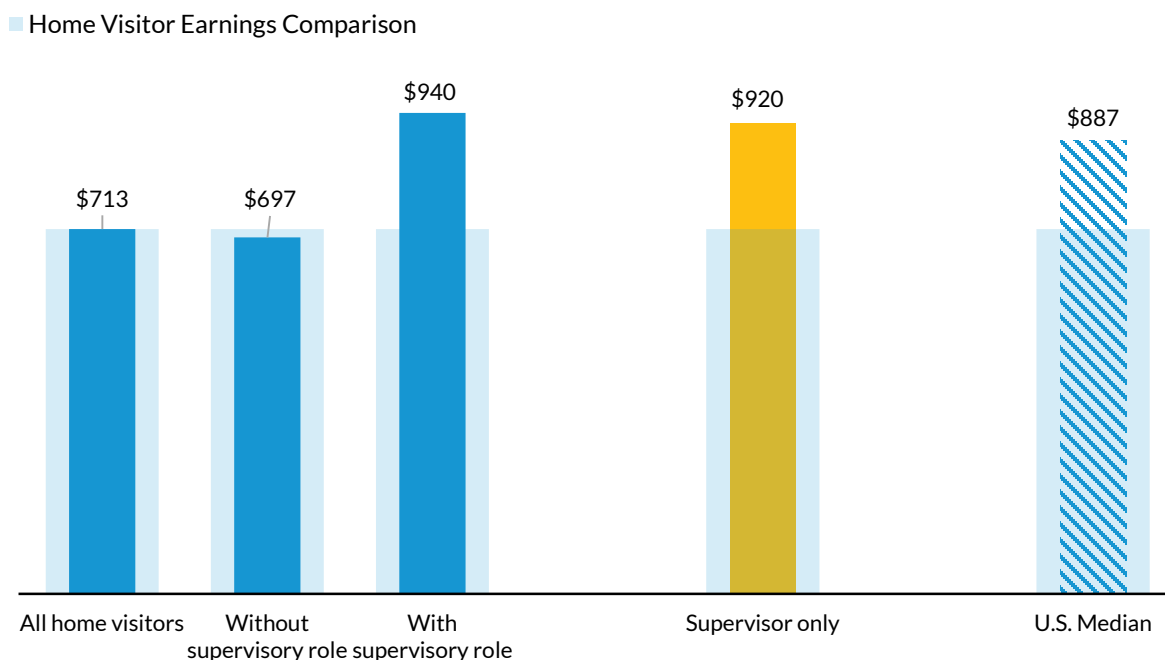
Compensation

Across the workforce, home visitors' median weekly earnings before taxes or deductions total approximately \$713 a week—equivalent to approximately \$37,000 a year for a full-time, full-year worker and an hourly rate of \$17.80, assuming a 40-hour work week. Some staff earn an hourly wage and not an annual salary. We observe large earnings differences between home visitors without a supervisory role (\$697 a week) and home visitors who supervise (\$940 a week) (figure 4.5). Home visitors with a supervisory role have similar earnings as home visiting supervisors without a client caseload (\$920 a week). On average, home visitors earn less than the US median earnings across all occupations of \$887 a week. Yet home visiting supervisors report slightly higher earnings than the overall US labor force.

FIGURE 4.5

Median Weekly Earnings

Comparison across home visiting staff roles and with median earnings across all US workers



Source: Home Visitor/Supervisor Survey.

Notes: Respondents could report hourly, weekly, biweekly, twice monthly, monthly, or annual earnings. To convert an annual salary to weekly earnings, it was assumed that reported earnings covered 52.14 weeks a year. Respondents entered typical hours worked each week, which was used to adjust hourly earnings to weekly earnings. Two outliers with extremely high reported earnings were removed. Median weekly earnings across all US workers was \$887 in 2018. RNs earned \$1,167 weekly, social workers earned \$907, and other miscellaneous community and social service specialists earned \$881 weekly (Bureau of Labor Statistics 2018).

In comparison with similar occupations (see appendix E), home visitors without supervisory roles earn about the same as community health workers and preschool teachers. They earn more than child care workers and home health aides (occupations that generally do not require a degree) and less than mental health and substance abuse counselors and elementary school teachers (occupations that require a bachelor's degree and specialized training or certification).

Across the US, social workers and registered nurses earn more than the average home visitor. Although when home visitor compensation data are broken out by academic field, substantial differences in earnings emerge, with nurse home visitors earning significantly more (see table 4.1). Specifically, home visitors (without supervisory responsibilities) with a nursing degree have median weekly earnings of more than \$1,100 a week. Those whose highest degree is in education (including

early childhood education and special education) have median weekly earnings of less than \$600 a week.

The gap is narrower for supervisors; those with a degree in education earn \$940 a week compared with \$1,254 for supervisors with a nursing degree; nurse supervisors are the highest earners across the identified groups. Staff with degrees in social work, social sciences, and other fields of study generally earn less than nurse home visitors and nurse supervisors but more than home visitors with degrees in education.

TABLE 4.1
Weekly Median Earnings by Most Common Fields of Study for Highest Degree and Job Type

Educational field	Nonsupervisory home visitors (N = 470)	Supervisors with a caseload (N = 81)	Supervisors without a caseload (N = 38)	Total (N = 589)
Education ¹	\$560*	\$920	\$1,093*	\$611*
Nursing	\$1,160	\$1,254	\$1,221	\$1,178
Social work/social sciences	\$644*	\$882*	\$760*	\$665*

Source: Home Visitor/Supervisor Survey.

Notes: “Supervisors with a caseload” include staff with a dual role of supervising and home visiting. “Nonsupervisory home visitors” include home visitors with no other role as well as home visitors with another nonsupervisory role in the program.

¹“Education” includes degrees in early childhood education, special education, and K-12 education.

* Difference from earnings reported by nursing majors is statistically significant at the 95 percent level or beyond.

Compensation also depends on the highest degree attained, with earnings higher for home visitors with a graduate degree than for those with a bachelor’s degree, and higher for those with a bachelor’s degree than without (table 4.2). Home visitors with a graduate degree in nursing earn about twice as much as home visitors with a graduate degree in education or early education.

TABLE 4.2
Weekly Median Earnings by Highest Degree and Academic Field

Among home visitors without a supervisory role

Educational field	Less than a bachelor’s degree	Bachelor’s degree	Graduate degree
Education ¹	\$495	\$616	\$767
Nursing	\$865	\$1,185	\$1,509
Social work/social sciences	\$575	\$647	\$690

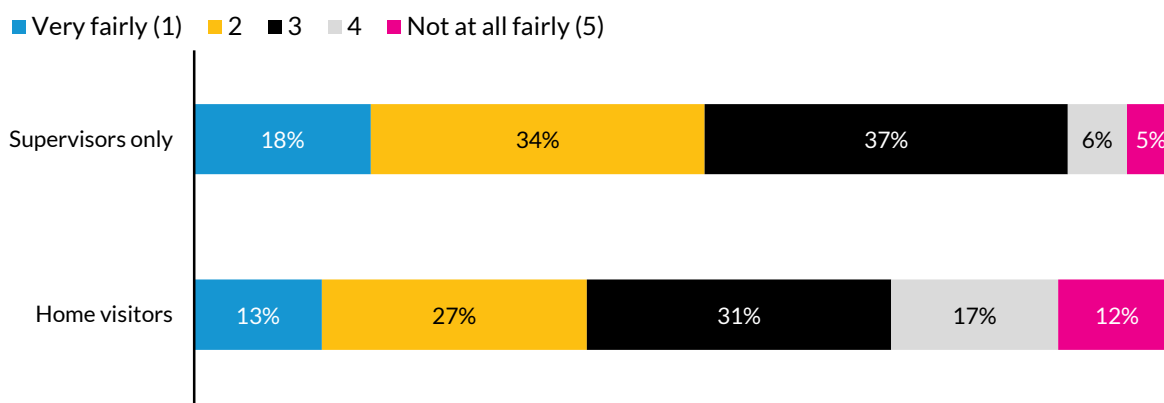
Source: Home Visitor/Supervisor Survey.

Notes: N = 470.¹ “Education” includes degrees in early childhood education, special education, and K-12 education.

The survey asked respondents to rate on a scale of 1 to 5 how fair their compensation is relative to their qualifications. Responses varied widely, with 13 percent reporting very fairly, 12 percent reporting not at all fairly, and others distributed in between (figure 4.6). Case study participants often discussed

how home visitors' wages are low and not commensurate with their degrees and qualifications, as described further in chapters 5 and 6, though perceptions were relative to the local economy. Program managers explained how flat grant funding made it challenging to offer pay increases. Without additional funds, they would have to take funds from other operational costs to cover staff wages. A sizable share of survey respondents did not know if they received cost-of-living adjustments (COLAs) or other regular pay increases (30 and 22 percent of home visitors, respectively). Among those that did know, about 30 percent reported receiving pay increases.

FIGURE 4.6
Self-Perception of Compensation Fairness Given Qualifications



Source: Home Visitor/Supervisor Survey.

Notes: N = 732 home visitors and 119 supervisors. Percentages are calculated from valid responses and exclude missing cases.

Though home visitors' earnings are relatively low in comparison with similar professional occupations, some home visitors live in families where the overall income is higher. Survey respondents reported their total annual household income from all sources before taxes and deductions (table 4.3). Household income ranges widely from less than \$20,000 to more than \$150,000. Nearly one-quarter of home visiting staff have a total annual household income less than \$40,000, while another one-quarter have a total household income of \$100,000 or more. Home visitors and supervisors living with a spouse or partner have a higher household income than staff living on a single income. More than half (54 percent) of married/cohabiting staff report household incomes of \$80,000 or greater as opposed to only 12 percent of those not living with a partner. As discussed further in chapters 5 and 6 on staff recruitment and retention, home visitors with lower wages often reported that they were only willing and able to take their current position because they were fortunate enough to have a spouse or partner who could financially support their family. Household income also correlates with age and work experience and is higher for supervisors than home visitors.

TABLE 4.3

Annual Household Income by Relationship Status*Income from all sources before taxes and deductions*

Household income	Married	Unmarried and in cohabiting relationship	In noncohabiting relationship	Single	Missing (unknown)	Total
Less than \$20,000	—	2.3%	2.8%	9.3%	0.0%	2.5%
\$20,000 to \$39,999	8.1%	20.4%	46.0%	42.0%	33.2%	18.7%
\$40,000 to \$59,999	14.4%	12.8%	28.4%	22.2%	19.9%	16.8%
\$60,000 to \$79,999	20.1%	25.4%	11.5%	14.0%	16.7%	18.8%
\$80,000 to \$99,999	20.9%	20.8%	4.9%	9.5%	12.1%	17.4%
\$100,000 to \$149,999	24.9%	12.1%	3.7%	1.3%	13.1%	17.8%
\$150,000 or more	10.6%	6.2%	2.7%	1.6%	5.1%	7.9%
<i>n</i>	538	82	73	125	39	857

Source: Home Visitor/Supervisor Survey.

Notes: *N* = 857. Percentages are calculated from valid responses and exclude missing data. Cells with fewer than 10 cases are suppressed to avoid risk of disclosure. Respondents who are married but not living with a spouse (i.e., separated) are included in the column for “in noncohabiting relationship.”

Employee Benefits

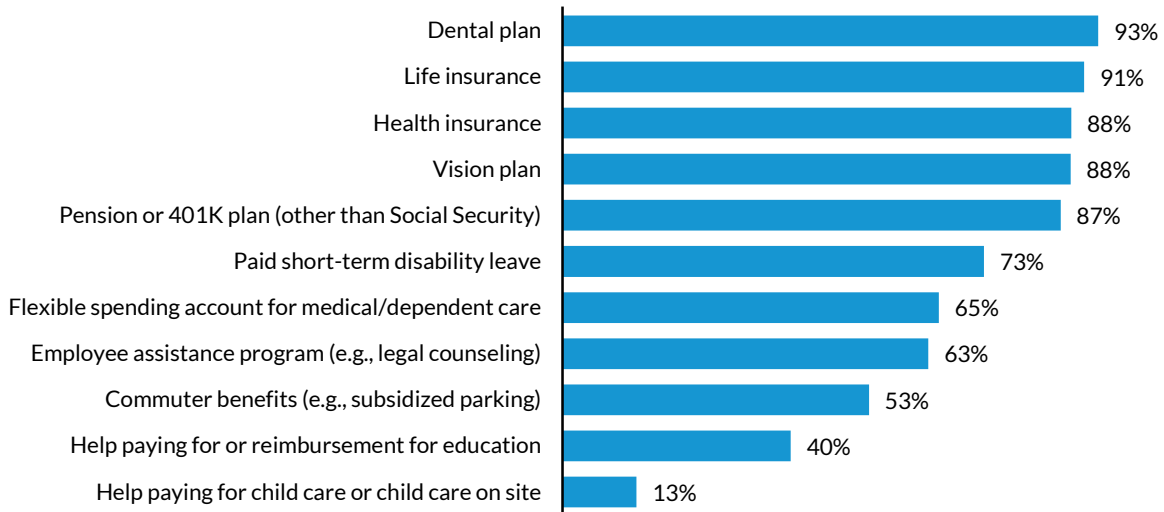
Home visiting programs are generally able to provide basic employee benefits such as health, dental, and life insurance, but beyond that we observe more variation (figure 4.7). Specifically, 73 percent have access to paid short-term disability (which can be used to cover medical leave taken after the birth of a child), 65 percent have access to flexible medical and dependent care spending accounts, and 64 percent have access to employee assistance programs. Fewer can receive help paying for education or reimbursement for educational expenses (40 percent). Thirteen percent have access to on-site child care or assistance paying for child care. Not shown in the table, 93 percent of staff receive paid vacation or personal days, 88 percent receive paid holidays, and 83 percent receive paid sick days.

Staff working more than 30 hours a week were more likely to be eligible for benefits.⁵ Benefit offerings also vary by agency type. Focus group participants working in government agencies such as county health departments explained that generous retirement and health insurance packages were more valuable than a higher salary. This was especially true for home visitors living in dual-income households where spouses or partners earned more so home visitors could get by with a lower salary. Staff working in small nonprofit agencies sometimes had access to fewer benefits and were dissatisfied with the benefits available—especially health insurance programs with high premiums.

FIGURE 4.7

Employee Benefits Available to Home Visiting Staff

Percentage of staff able to receive each benefit, as reported by home visitors and supervisors



Source: Home Visitor/Supervisor Survey.

Notes: Sample sizes ranged from 482 to 650 home visitors and 147 to 177 supervisors. In addition, 43 to 187 home visitors and 4 to 34 supervisors reported they did not know if a benefit was offered, depending on the survey item. Percentages are calculated from valid responses and exclude missing data.

Work Schedules

Hours Worked in Home Visiting and Other Jobs

On average, home visitors and supervisors work 37.5 hours a week in their home visiting job with their MIECHV-funded agency. Approximately 24 percent of home visitors and 33 percent of supervisors work fewer than 35 hours a week in their home visiting role. The survey asked staff working fewer than 35 hours a week whether they would prefer working full-time hours in their home visiting job. Among respondents, 27 percent of home visitors and 24 percent of supervisors reported preferring full-time hours; however, the other 73 percent of home visitors and 76 percent of supervisors indicated preference for their current hours.

In addition to home visiting, 17 percent of home visitors and 26 percent of supervisors have another role within their MIECHV-funded home visiting agency. They work a weekly average of 7 and 9 hours, respectively, in that other role.

A small share of staff (less than 5 percent) reported working in another home visiting program in addition to the surveyed MIECHV-funded program. They worked a wide range of hours in that other program, with an average of 11 hours a week for home visitors and 12 hours a week for supervisors.

In addition to home visiting jobs, 21 percent of home visitors and 17 percent of supervisors have another paid job on the side and work an average of 12 and 10 hours a week, respectively, in that other job. The survey did not ask about other jobs specifically but asked respondents to include any part-time, evening, or weekend work that they regularly work for pay, including self-employment. Case study participants gave a few examples, such as working as part-time lactation consultants:

When I first started [at this agency], I had two-and-a-half other jobs, and I was doing a juggling act with timing and trying to get to my clients and my other jobs...That was okay as long as I told my supervisor a day in advance where I was going to be.

Our home visitors set up their schedules. We have one home visitor who works part time and she has another part-time job. She just schedules her clients so that she can do both.

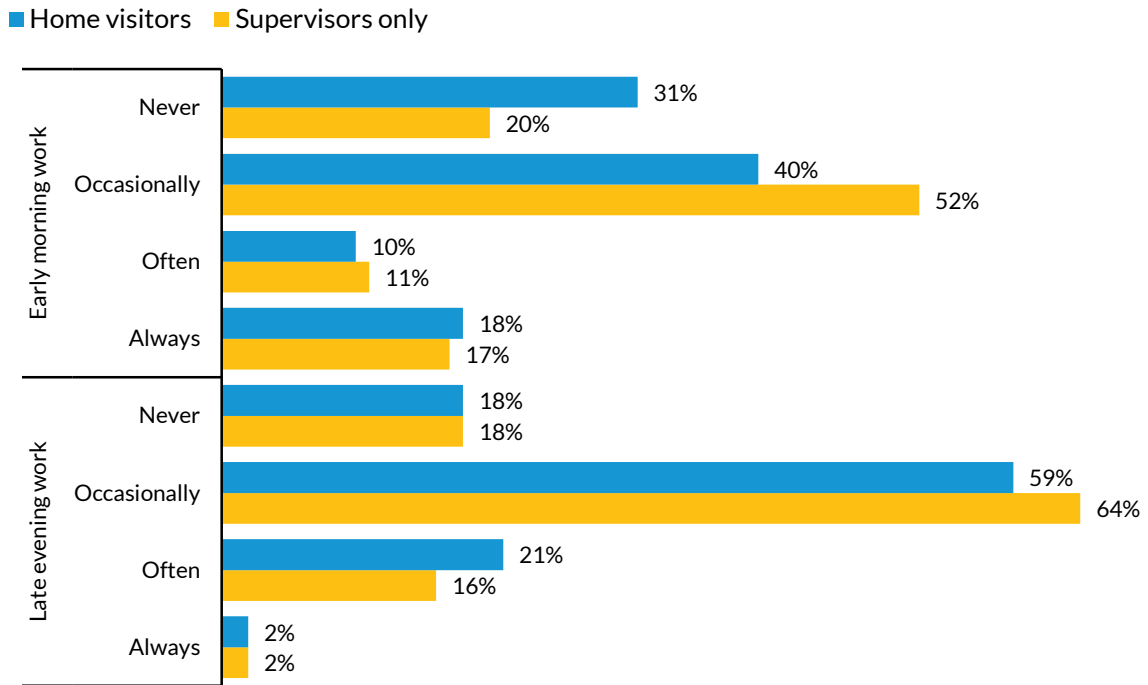
Times of Day Home Visiting Staff Work

Home visitors generally work during standard weekday, daytime hours but occasionally must work nonstandard hours to accommodate clients' needs. Eighteen percent of home visitors reported always working before 8 a.m., but only 2 percent always work past 6 p.m. (figure 4.8). Weekend work was less common, with 61 percent of home visitors and 49 percent of supervisors reporting never working weekends and most others working one weekend or less each month on average (figure 4.9). According to focus group participants, the convenient hours are what drew some home visitors to their jobs. Home visitors with young children in particular commented on the value of having stable, daytime hours.

FIGURE 4.8

Frequency of Early Morning and Late Evening Work

Before 8 a.m. and after 6 p.m.

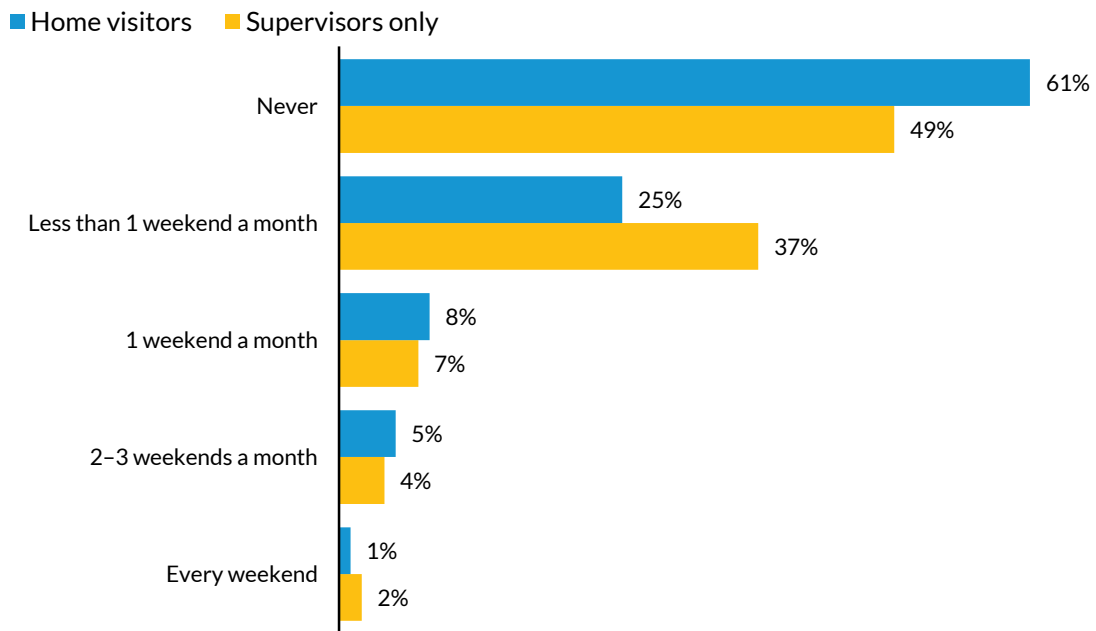


Source: Home Visitor/Supervisor Survey.

Notes: N = 758 home visitors and 120 supervisors. Percentages are calculated from valid responses and exclude missing cases. Early morning work is defined as any hours before 8 a.m. on weekdays. Late evening work is defined as any hours after 6 p.m. on weekdays.

FIGURE 4.9

Frequency of Weekend Work



Source: Home Visitor/Supervisor Survey.

Notes: N = 758 home visitors and 120 supervisors. Percentages are calculated from valid responses and exclude missing cases.

Schedule Predictability, Control, and Flexibility

Eighty-five percent of home visitors reported working about the same days and number of hours each week, indicating a high degree of predictability in their schedules. Yet most home visitors reported having to work longer hours than scheduled: 33 percent work extended hours a few times a month, 22 percent work extended hours a few times a week, and 6 percent work extended hours nearly every day. Home visiting supervisors report similar experiences with working extended hours.

Home visitors reported having less control over their schedules than did home visiting supervisors (table 4.4). Seventy-three percent of supervisors can decide when to start and finish work (within certain limits), but only 34 percent of home visitors can do the same. Client needs play a significant role in determining home visitors' schedules. Forty-two percent of home visitors reported that their schedules depend on client needs within certain limits, such as not scheduling visits or responding to calls after a certain hour. For others, either their employer sets their hours (17 percent) or their employer requires them to be completely responsive to clients at all times (7 percent).

Yet, even with some scheduling constraints, more than 80 percent of home visitors report ease with taking time off to deal with personal or family matters (roughly split between ratings of “not hard at all” and “not too hard”; table 4.5). Focus group participants in most sites mentioned schedule flexibility as a major benefit of home visiting work. In most cases, it is easy for staff to accommodate appointments and family commitments. Nurse home visitors in particular enjoy the regular schedule offered through home visiting compared with shift-based hospital work. For example, one nurse home visitor said, “I wasn’t specifically looking for home visiting, but I wanted something different than the 12-hour night shifts at the hospital. I wanted something where I could be home on weekends and evenings.” Just over half of home visitors reported that schedule flexibility was an “extremely important” reason why they chose to work in the field.

TABLE 4.4
Schedule Control

	Home visitors	Supervisors only
Starting and finishing times are decided by my employer, and I cannot change them.	17%	16%
I can decide the time I start and finish work, within certain limits.	34%	73%
When I start and finish work depends entirely on my clients’ needs, within certain limits (e.g., I do not schedule visits or respond to calls after a certain hour).	42%	10%
When I start and finish work depends on my clients’ needs. My employer requires that I be completely responsive to my clients.	7%	1%

Source: Home Visitor/Supervisor Survey.

Notes: N = 757 home visitors and 119 supervisors. Percentages are calculated from valid responses and exclude missing cases.

TABLE 4.5
Difficulty of Taking Time Off During the Day for Personal or Family Matters

	Home visitors	Supervisors only
Not at all hard	41.2%	40.3%
Not too hard	39.7%	42.6%
Somewhat hard	14.3%	17.1%
Very hard	4.9%	0.0%

Source: Home Visitor/Supervisor Survey.

Notes: N = 735 home visitors and 119 supervisors. Percentages are calculated from valid responses and exclude missing cases.

Work Travel

Home visitors reported spending an average of seven hours a week traveling to families' homes. The average amount of time it takes a home visitor to reach the closest family is 9 minutes (with a range of 0 to 60), and the average amount of travel time to reach the furthest family is 38 minutes (with a range of 0 to 197). Several focus group participants discussed how they drive one hour or more to some clients' homes. They try to schedule certain visits back-to-back to minimize driving back and forth to more distant areas. Small differences in travel time are observed between programs for which the majority of families served live in rural settings and those with most clients in urban settings. Home visitors in programs with majority rural caseloads reported spending six hours traveling a week on average, while home visitors in programs with majority urban caseloads reported traveling almost nine hours a week on average—often dealing with additional hassles of traffic and parking and reflecting their slightly larger average caseloads.¹⁶ Home visitors with a mixed geography caseload spent slightly fewer than six and a half hours a week traveling to families' homes.

Although 99 percent of home visitors receive travel reimbursement for home visits, only 50 percent believe the reimbursement is sufficient. Forty-four percent receive some reimbursement but not enough to cover all wear-and-tear and gas costs, and 5 percent receive “very little” reimbursement to pay for work travel costs.

Focus group participants discussed how having a personal vehicle and a valid driver's license are job requirements, but the wear and tear on their vehicles can be hard to deal with. In a few cases, home visitors had access to a shared company vehicle, but there are drawbacks, as these quotes from home visitors suggest:

We have access to vehicles but it's a pain [to use them]. We carry our materials in our vehicles, so you'd have to come every morning and then load and unload the car, which takes time.

If we had access to a company car, and we had the flexibility to take it home and then go the next morning to a visit instead of making a trip to the office, it'd be much better. That would help me.

¹⁶ Home visitors and supervisors with a caseload in programs serving mostly urban families had an average caseload of 17.3 families compared with 15.3 families on average for those in programs serving mostly rural families. Additionally, the former group reported slightly higher average travel times to the closest families they served (10.5 minutes) compared with the latter (8.4 minutes), which may reflect the challenge of urban travel. However, the opposite was true for travel time to the farthest family they served: the group working in programs mainly serving urban families had shorter trips on average (36.2 minutes) compared with those in programs with a mostly rural clientele (42.3 minutes), which may reflect overall more distant locations in rural areas.

Another home visitor without a company car discussed how it could help with safety, not only cost:

There are other public health vehicles, why don't [the home visitors] have one? Having a vehicle that says "Public Health" on it would provide a higher level of safety in some of the neighborhoods that I serve.

Caseload Policies

According to the Program Manager Survey, 94 percent of MIECHV-funded home visiting programs have a policy on the maximum number of families allowed per caseload. The other 6 percent have no policy on maximum caseload size.

Among programs with a caseload policy, 58 percent weight caseloads based on the intensity of families' needs; home visitors have fewer families when needs are high but take on more families when needs are less severe. In these programs, when serving families at the most intensive level, the average maximum caseload is 16 families (with a range of 5 to 30). At the least intensive level, the average maximum is 22 families (with a range of 3 to 50). Programs that do not use weighted caseloads reported an average maximum of 21 families (with a range of 9 to 40).

At the time of the survey, home visitors reported having an average caseload size of 16 families, with a minimum of zero families (for two new employees) and a maximum of 53 families. Only half of home visitors reported that their current caseload matches their expectations, with 14 percent indicating their caseload is higher than expected and 37 percent indicating their caseload is lower than expected. Among those reporting lighter caseloads, 32 percent reported less than one year of experience at their current program compared with 19 percent of respondents with a caseload overall. New hires may be in the process of recruiting a full caseload or may be deemed by supervisors as not yet ready for a full caseload. Even though caseloads may not match program expectations, 67 percent of home visitors claim their caseload feels "about right." Fifteen percent of home visitors feel their caseload burden is heavier than they can handle, and 18 percent feel their caseloads are too light. Together these findings suggest some misalignment between program expectations for caseload size and home visitors' comfort level, with some feeling more burden than others.

Conclusion

Home visitors work in a range of agency settings, but about half are employed in nonprofit community-based organizations and most others in local government health or education agencies. Most families

they work with are living in either urban or rural areas, with smaller numbers of families in suburban and small towns. Although there is some variation in home visitors' reported experiences, their jobs generally offer predictable weekday hours; schedule flexibility; and employee benefits such as health care, dental, and vision plans, life insurance, and a retirement package. At more extreme ends, home visitors report having no schedule control or flexibility and working more irregular and nonstandard hours to accommodate clients' needs.

Job earnings highly depend on degree and academic background, with nurse home visitors and nurse supervisors earning the highest wages. Median earnings across home visitors without supervisory responsibilities are similar to those of preschool teachers and community health workers but lower than those of elementary school teachers, social workers, and registered nurses—occupations that commonly require a bachelor's degree. Because of the wide variation in reported degrees and earnings, about 40 percent of home visitors feel they are compensated fairly given their qualifications.

Home visiting jobs can be attractive and offer elements of job quality that candidates are looking for, such as schedule flexibility and employee benefits. However, some agencies offer less than others in terms of pay, benefits, schedules, and caseload management. Additionally, finding the right caseload balance and dealing with travel burden without sufficient reimbursement emerge as two areas of staff concern. The next chapter will provide more detail on recruitment strategies and what attracts home visitors to their jobs.

Chapter 5. Strategies from the Field: What Works in Recruiting a Staff That Thrives

This chapter addresses the fourth research question: *what strategies do home visiting programs use to recruit staff?* Strategic and effective recruitment are essential to building a stable and successful staff of home visitors. To this end, program directors and supervisors engage in various steps and considerations along the way. Key dimensions to recruitment that program directors and supervisors mentioned during informant interviews included (1) identifying the characteristics that hires should possess to complement the existing team; (2) advertising for the position and screening candidates; (3) using creative interviewing strategies to best understand candidate strengths; and (4) handling the timing and administrative process of hiring. Recruitment efforts can be complicated by context-specific constraints, which may include the strength of the local economy and the applicant pool, institutional policies and processes, home visiting model requirements, and, in nearly all cases, budgetary limitations.

In this chapter, we describe findings from our analysis of case study data on staff recruitment. We supplement these qualitative findings with relevant survey data from the Program Manager Survey. We highlight examples of lessons and considerations that program directors and staff reported learning along the way. Additionally, we present information on what draws potential candidates to home visiting jobs and their experiences with the hiring process.

Key Findings

- One-third of program managers report having one or more vacancies for home visitor positions. Finding the right person for the job is a delicate process. Because training new staff is costly, extending the search to recruit a strong pool of candidates is worth it. Early turnover is common when new hires turn out to be a poor fit for the position.
- Program managers describe the importance of finding candidates with the right mix of qualifications and soft skills—having creative problem-solving skills, passion for the work, and the right temperament to handle working with high-needs families and balancing multiple tasks. Recruiting candidates with bilingual language skills is a top challenge for many programs.

- Crafting a job description that fully and accurately captures the role of home visitors is a critical step in the search process. Too often, programs have little control over job announcements and the initial application screening process, which can result in an unqualified candidate pool.
- Programs often advertise on agency websites and free job websites, and many home visitors report learning of their position through online job searches. Advertising through word of mouth and sharing with professional networks can also help recruit potential candidates who might not otherwise know of or look for the position. Sponsoring interns and partnering with local higher education institutions can create a pipeline of job candidates.
- Successful interviewing strategies include asking candidates how they would handle certain scenarios in the field and having top candidates shadow a home visit to see what the job entails.
- Home visitors come from various places of employment before taking on their current roles. Most commonly (35 percent), they were working as frontline workers in the health and human services field. These workers are frequently degreed nurses or social workers. Twenty-nine percent were working in early care and education and another 11 percent were working as a K–12 educator. Twenty-four percent were working in another home visiting program.
- Home visitors are motivated to work directly with families and young children and build long-term relationships, which other employment settings cannot offer. They are also attracted by the stable work hours and schedule flexibility. Though most home visitors perceive the pay as low and admit it was not their reason for taking the job, some are attracted by comprehensive employee benefit packages.

The First Steps: Identifying Needs, Advertising, and Screening Applications

The frequency with which agencies are engaged in hiring new home visitors varies a great deal according to both survey and case study data. Some agencies frequently face the need to fill vacant positions, while others rarely experience turnover. Specifically, findings from the Program Manager Survey indicate that one-third of programs had one or more vacancies for home visitor positions at the time of survey administration. When asked about the main reason the last home visitor left, about 5

percent of program managers reported having never experienced turnover. Data on vacancies do not, however, identify how often vacancies occur or for how long positions typically remain vacant. In fact, most home visitors reported that they are very or somewhat likely to remain in their position for the next two years (84 percent). Occasionally, LIAs do have to replace staff that leave or have the opportunity to fill newly created home visiting positions because of expanded grant funding or other growth opportunities. Interviews with program managers in case study sites revealed the challenge of filling vacant positions.

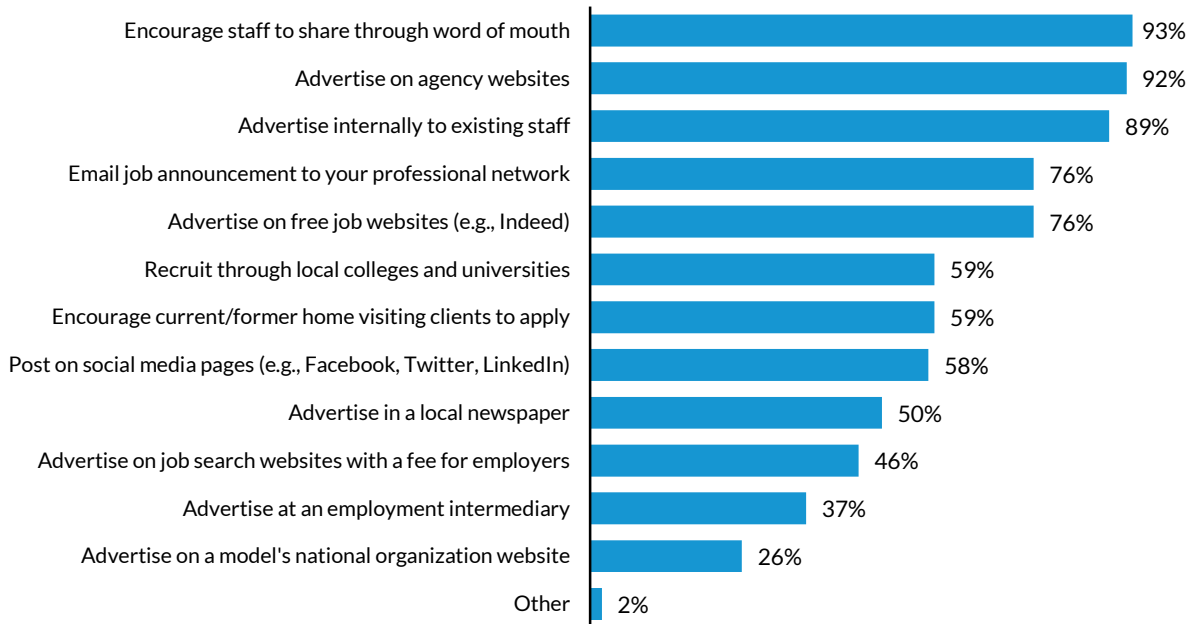
Program managers indicated that they rely on a variety of formal and informal channels to advertise available positions (figure 5.1). Ninety-three percent said they encourage staff to share openings with family and friends through word of mouth; 92 percent advertise on the agency website; and 89 percent look for internal opportunities to fill the position. Other common techniques reported in the survey and confirmed in the case studies include emailing job announcements to professional contacts and posting announcements on job websites. As one program manager described,

Jobs are always posted on the County website because they are our fiscal agent. So, they take care of the hiring process, the human resources department. It is also in our [local] newspaper, and the newspaper's Facebook page. We will share those job postings on our Facebooks...We should post it at the university. They have a student newspaper, so that might be a good place to post. That's just something we hadn't thought of before.

Home visitor and supervisor survey respondents reported various ways they learned about their jobs (figure 5.2). Hearing through their professional network was most common; nearly half of supervisors and home visitors reported this method. Thirty-seven percent of home visitors and 30 percent of supervisors learned from an online advertisement. A smaller share were interns in the program (2 percent of home visitors and 3 percent of supervisors) or internal hires from another program within the same agency (3 percent of home visitors and 11 percent of supervisors). Six percent of home visitors and 5 percent of supervisors were previous home visiting clients and learned about the job from that experience.

FIGURE 5.1

Strategies Home Visiting Programs Use to Recruit New Staff

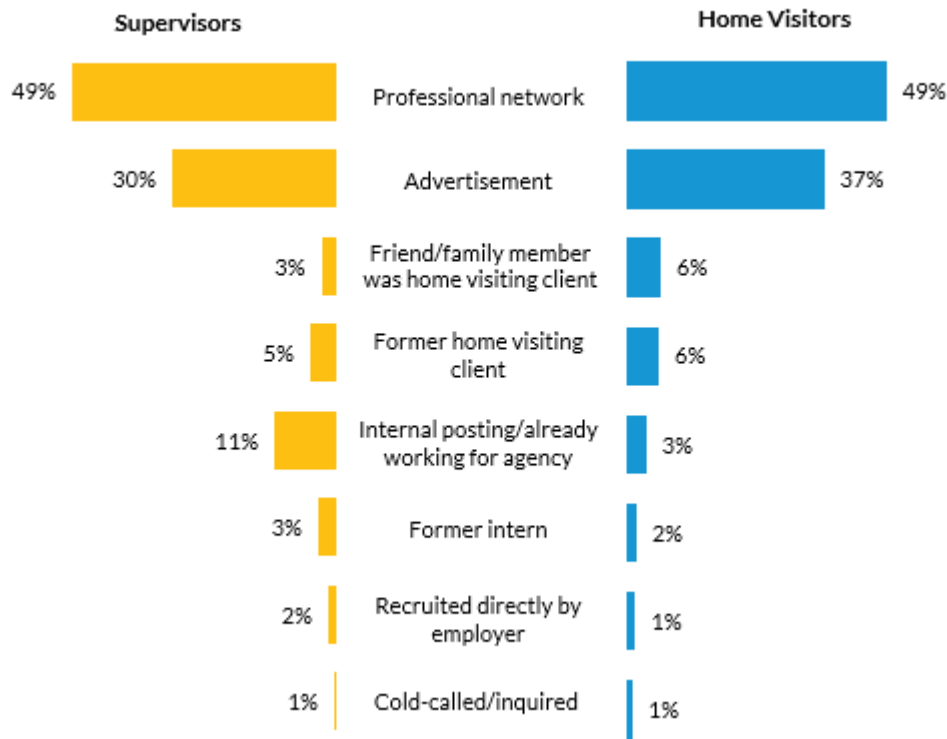


Source: Program Manager Survey.

Notes: N = 313; 38 respondents reported these survey items were not applicable. Percentages are calculated based on valid responses and exclude missing cases.

FIGURE 5.2

How Staff Learned about Their Current Job



Source: Home Visitor/Supervisor Survey.

Notes: N = 746 home visitors and 118 supervisors. Percentages are calculated on valid responses and exclude missing data. This survey item asked respondents to check all reasons that applied.

The job description and interview process were frequently cited as critical elements to effective hiring. Some LIAs have human resources (HR) departments that manage job listings and initially screen potential candidates. Often the HR department works closely with program staff to tailor the job listing and identify screening criteria. In other cases, HR operates independently and agency rules limit the input program staff can provide. For instance, one program director shared dissatisfaction with the job description her agency posts for home visitor vacancies—noting the description is more health care focused than the actual position and does not accurately describe the job. The program director indicated that changing it would be a time-consuming endeavor that could take years. Staff in other agencies mentioned how their HR departments have to categorize a listing under an existing job title that may not actually match the position. For example, one county health agency listed the job as “social counselor.”

Program staff at all levels acknowledged the challenge of capturing the essence of home visiting in a brief job description. According to a program manager,

It's hard to describe what we do. It's like, oh, basically everything. We just rewrote our job description and I think we did a good job as much as you can accurately describe it and why we do what we do...Some of the environments we go into...It's hard to put into words.

The disconnect between jobs and their listings was confirmed by home visitors during focus groups. They described the job postings as too vague or unclear regarding specific responsibilities, required skills and knowledge, and target populations served. As one home visitor explained,

Someone could probably look at the posting and think, "I have early childhood experience, I could do that job..." I don't think there's any mention of social work in those postings. When working with our clients, you have to know social work basics like confidentiality, boundaries, and you don't learn about that if you have an early childhood background.

In fact, some focus group participants acknowledged that when they applied they were uncertain what home visitors do and the extent of their presumed job responsibilities. They were not looking for home visiting positions when conducting their job searches, but rather jobs related to family services or working with children, yet they were attracted to the job's focus on preventive approaches. Two home visitors shared their experiences:

I was just looking for daytime work. I didn't know anything about the home visiting part. I didn't know anything about the requirements. The ad didn't match the job.

To me, it wasn't clear—the home visiting portion. I didn't get that from my interview. Honestly, I saw a better pay so I was like, "Oh, my God!" But it is different. Home visiting is 24/7 being in different homes. I didn't get that part. I thought I was going to do home visiting once in a while. It wasn't clear to me how much it was going to be. I didn't know I would be by myself. Maybe I didn't do my research.

Screening candidates is another critical step in the process handled differently across LIAs. Importantly, this step is predicated on the job description, and as one director shared, "We try to be really careful writing the [job] requirements so people don't get screened out." In some cases, program staff screen applicants themselves or provide HR with a tool to guide screening. One program manager described her recent experience and the process that ultimately worked well:

In the summer, we went through two months of interviews. Each time, I went through maybe 30 résumés. Out of those 30, I might pull 5...but when we do the interviews, it's not a match...We had a young lady, she came in, she'd worked with children before, she was a college graduate, degree with child development. But, she didn't know anything about the agency. When she got here, we realized that, she had experience, but it just was not a fit...So, we [home visiting program staff] designed a set of questions for a phone interview. HR screens them before they come to me. And then that will determine whether or not they will move on to the next phase. Once we did that, I started seeing more valuable candidates...At first, it was just me and HR. [Now the

home visitors] will do the interview with me. We've come up with questions we feel are important to ask.

Another program works closely with an external recruiter who seeks out and encourages potential applicants and screens résumés to identify qualified candidates. This was lauded as a very effective approach since the recruiter is well versed in both the job requirements and pool of potential candidates. This is not a widely used approach, perhaps because employing a recruiter can be costly.

On the other hand, some staff at other LIAs expressed concerns that they are disconnected from the initial step of screening applicants, which limits their ability to identify strong candidates. One program manager described how her HR department controls the search process:

They don't even let the supervisor screen the résumés. They pick the résumés. They aren't picking people with a strong social work background, and this job requires a strong social service background.

Qualities of a Strong Job Candidate

According to home visiting program leaders, defining search criteria and generating a qualified applicant pool for home visitor positions can be particularly challenging. The program must meet model and agency requirements and consider team dynamics and the composition and competencies of current staff in hiring decisions. Moreover, key informants repeatedly emphasized that finding the right person is not simply about identifying a set of concrete skills but instead identifying candidates with the right temperament to work with families and balance varied tasks (e.g., recruitment, paperwork, data entry, resource referrals, parent engagement). As one program manager put it,

Skills are one thing but fit is huge...When we have hired for skills, we've regretted it. We need a diverse group...we need nurses that have that 20 years' hospital experience...that tell you how it is, but we also need the ones that are younger in their careers that bring technology to the forefront...They have to have the heart and have to be from the place of wanting the best for their clients.

Interviewers asked program managers and home visitors which characteristics they think successful candidates should possess. Respondents consistently described the ideal candidate as empathetic, nonjudgmental, and having creative problem-solving skills. One program manager said that they "have to have heart" but quickly followed up saying, "I can't put on my job descriptions 'have to have a good heart,' but it's what we are looking for." A program manager in another site emphasized the importance of successful candidates' willingness to meet parents where they are, acknowledging that someone who comes in with the expectation that they can "fix" things will get frustrated:

We get a lot of applicants who have had a bad experience in the social [services] field and have expectations that we're gonna go in and...fix [clients'] problems...If you get someone who has that background experience and doesn't have that reflective capacity where they can take a step back and [consider], "How might my priorities be different, and what are their priorities and values?"...that can be a collision course...We get a lot of those applicants and they don't always do real well.

Being a creative problem solver was lauded as an especially useful skill for home visitors to possess. "They have to be able to think and, you know, kind of figure things out. It's not really a soft skill; it's a skill," explained one program manager. Situations in the field can be quite unpredictable, and though home visitors are trained to deal with various scenarios, surprises remain. To handle these surprises appropriately, a certain amount of confidence and creativity is required. As another program manager put it, they need "a willingness to problem solve and then be like, 'This is what we are going to do, and I don't know if it will work, but we are going to try it.'"

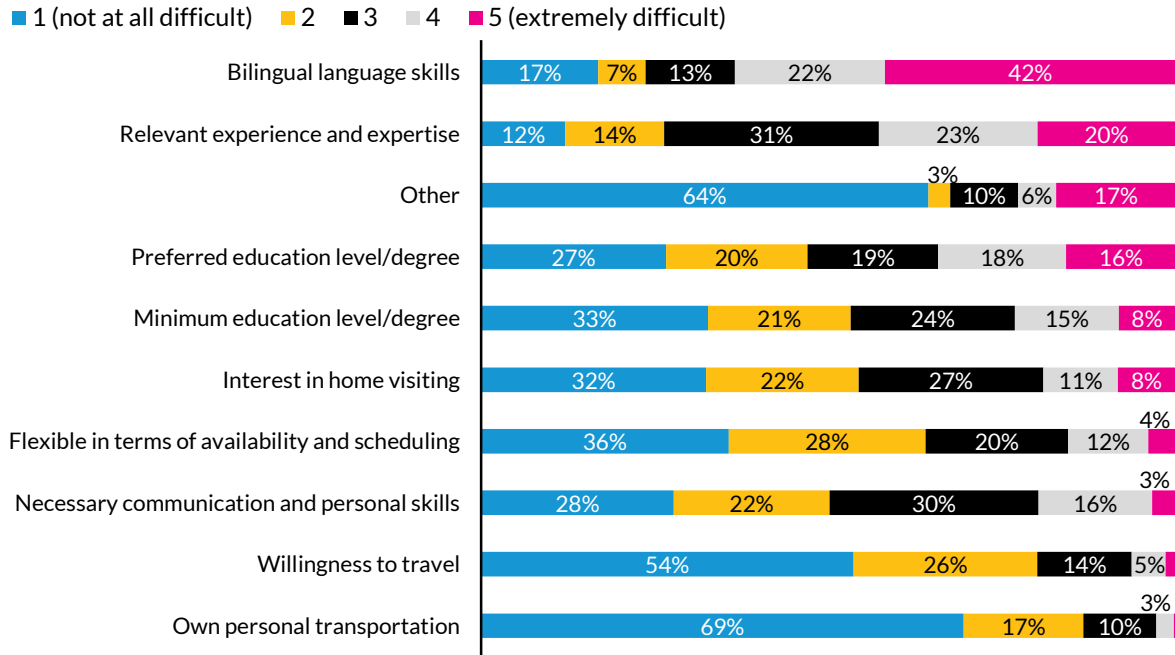
Home visitors, supervisors, and program managers all spoke of the importance of having "passion" for the work. Many program managers cited this in discussions of what they look for in a potential hire, noting that it not only indicates the potential commitment and success of a candidate, but it also may ultimately be protective against burnout. As one key informant shared, "You have to have the passion, otherwise it can get overwhelming."

Although these softer skills are a high priority, program managers also mentioned several more measurable skills that they look for in candidates, some of which can be especially challenging to find. Recruiting bilingual candidates stood out as a top challenge on the Program Manager Survey (figure 5.3). Finding candidates with relevant experience and sufficient education was rated as extremely difficult in 20 percent of programs. One supervisor explained how even though her home visiting program model does not require a bachelor's degree, the state MIECHV agency does because of the level of responsibility and data entry work required: "[home visitors] are supposed to have a bachelor's. Mostly, to be able to receive the training, because it's complicated and multilayered. They have to be writing and reporting themselves." Based on information shared during site visits, educational attainment alone—though perhaps required by the model or state—is not predictive of success, a lesson programs have learned from experience.

Repeatedly, program managers and supervisors indicated that hiring someone who is not a great fit for the job only to fill the position is not a successful strategy. They said that waiting for the right candidate is "worth it" and "you don't have to jump the gun because you need to fill the position." They explained the hassle and expense of hiring someone who is not a good fit. One program manager said she is increasingly convinced that "foregoing some funding dollars at the end of the year to wait for the

right person is a good decision.” Though she and others acknowledged that there were financial risks associated with leaving a grant-funded position open, they indicated that the benefits of waiting for the right candidate outweighed the risks.

FIGURE 5.3
Level of Difficulty Recruiting Home Visitors with Specific Qualifications
Program managers’ reflections on the past year



Source: Program Manager Survey.

Notes: Sample sizes ranged from 349 to 353. For most qualifications, an additional 45 to 58 respondents selected the “N/A” option (not shown in the figure above), indicating that they either did not recruit home visitors in the past year or the listed qualification was not relevant. The exception was for the “Bilingual” qualification for which 80 respondents selected the “N/A” option. Sixty-six respondents selected “other.” Qualifications specified by more than one respondent under “other” include willingness to work for the pay offered ($n = 13$), cultural competence ($n = 2$), and willingness to work in program location ($n = 2$).

Strategies for Assessing Job Candidates’ Strengths

The interview is an important opportunity for program staff to assess job candidates’ competencies and for applicants to get a better sense of what the position entails. Across participating case study sites, program managers and supervisors shared how they ascertain the qualities they seek in a home visitor. One program manager shared that they recently revised their interview questions to incorporate information they gathered from exit interviews with former staff:

We revised the interview...to target some of the things we were seeing...team dynamics and managing workload and multitasking and switching priorities quickly—and when we saw people struggling with that...We wanted to work on that and...getting folks who have real skills and can handle a fast-paced environment and also balance paperwork and work with families well. Our process has improved a lot in the last year or so.

A home visiting supervisor at another site asked job candidates what they think a typical day on the job would look like:

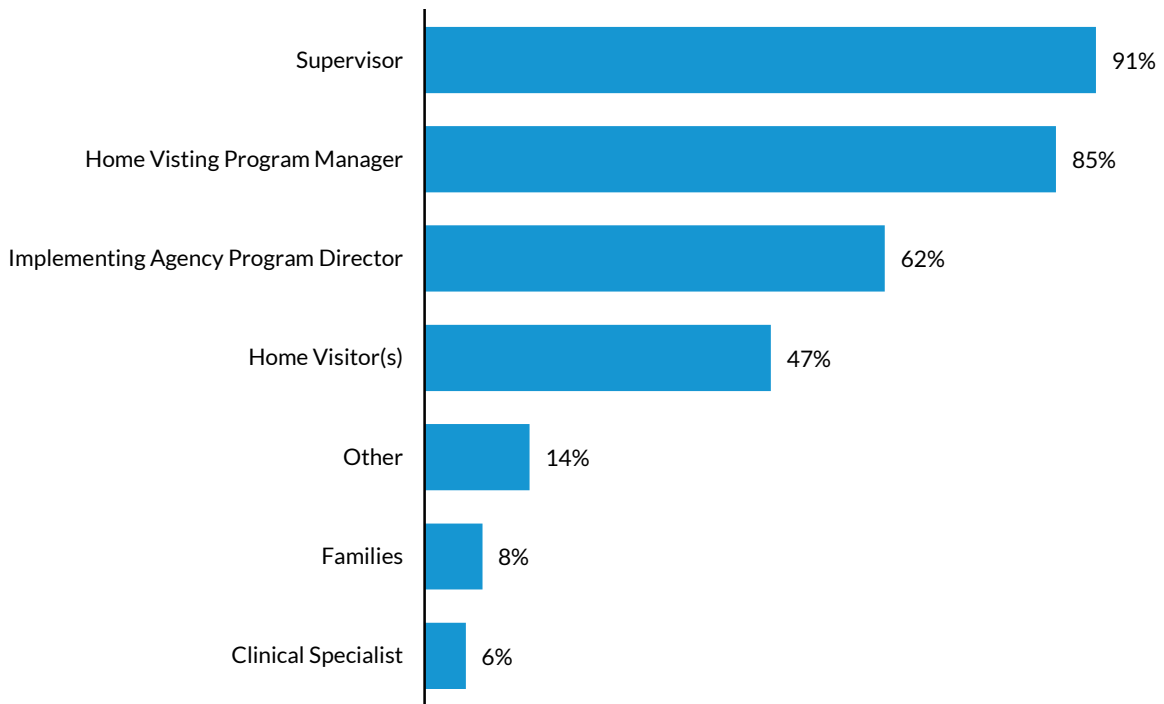
They knew they'd be going into homes alone...If people did have concerns, those weren't the people we hired. We wanted warm and engaging, someone who can also cross their t's and dot their i's. They have to be able to record what they do in a timely manner.

Most program managers and supervisors reported that they integrate scenario-based questions in their interviews or encourage role playing to observe how someone might handle a specific situation. One program manager explained how the scenario questions help identify someone's reflective capacity and ability to “put themselves in someone's shoes” and address conflict and disagreements. One example question was: “what would you do if a client was not following recommendations?”

Figure 5.4 details results from the Program Manager Survey about who typically interviews potential candidates. In 91 percent of programs, the home visiting supervisor interviews and in another 85 percent the program manager interviews. About half of LIAs involve home visitors in the interview process, while fewer (8 percent) involve families.

FIGURE 5.4

People Who Interview Home Visitor Job Candidates



Source: Program Manager Survey.

Notes: N = 317. Thirty-five respondents reported these survey items were not applicable. Percentages are calculated based on valid responses and exclude missing cases. Forty-four respondents indicated “other” people interviewed home visitor job candidates and were asked to specify who these people were. Twenty-four of these respondents indicated that these “other” people were part of human resources; four indicated that they were board members; three indicated that they were external people; three indicated that they were department, regional, or other agency directors; and ten indicated that they were other staff members outside of the specified categories.

In addition, a few agencies have integrated job shadowing in the hiring process before extending an offer to a promising candidate or officially onboarding new staff. According to the Program Manager Survey, just over one-third of LIAs allow candidates to observe home visits before being hired. Though not always feasible, program managers and home visitors alike shared that having the ability to see what a home visit looks like can be very beneficial for both assessing candidates and giving them an opportunity to decide if the job is right for them. As one program manager explained, “[The candidate can see] what is it like to do this job? And [we] can see them interacting with families...It’s a lot of work to train someone [if they] actually hate sitting on the floor and playing with babies.”

Other programs host an informational meeting for all applicants where they answer questions about the job and “try to scare them away” by being brutally honest about the tough aspects of the job.

In some LIAs, supervisory staff have less control over and flexibility during the interview process. This problem was cited as a barrier to identifying and recruiting the best candidates:

We have to ask very specific questions and have to make sure to ask things the same way with everyone. Then, we have to convene a panel. It has to be as diverse as possible, even if the people do not have anything to do with our program. Last time, it was someone from our disaster preparedness program because he was the only male available. (Home visiting supervisor)

[Healthy Families America] looks for reflective capacity, demonstrations of self-care, but the state doesn't allow us to ask questions that way. You can't ask about burnout directly. Our line of questioning has to be approved ahead of time. (Home visiting supervisor)

Another challenge in the hiring process can be the length of time required to complete the process. Focus group participants reported that the wait between applying for the job and being hired and starting the position can be very long. Some reported up to 12 months, though 3–4 months was more common. The long process, staff acknowledged, can mean that programs lose good candidates to other positions.

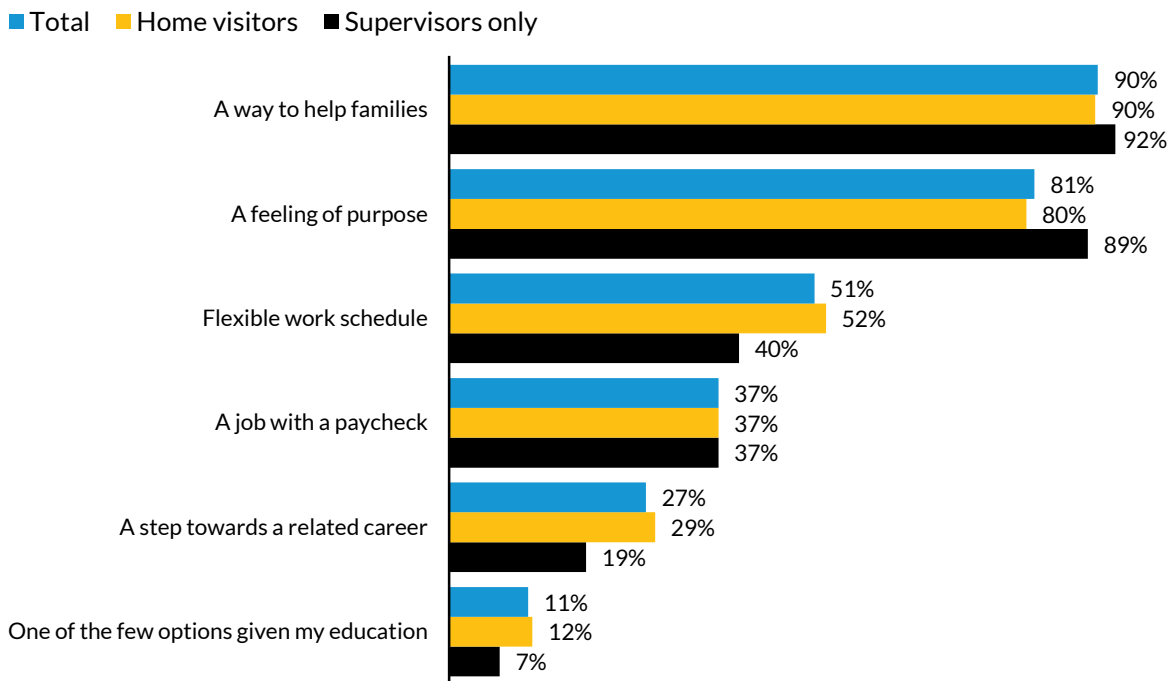
Home Visitors Motivated by the Work and Attracted by the Benefits

Most home visitors who responded to the Home Visitor/Supervisor Survey indicated that they were motivated to apply for the position because it provides “a way to help families” and fills them with “a feeling of purpose” (figure 5.5). This was confirmed in focus groups when home visitors consistently discussed their passion for the job and their commitment to helping families.

FIGURE 5.5

Motivations to Work in Home Visiting

Rated “extremely important” by respondents



Source: Home Visitor/Supervisor Survey.

Notes: For each item, the sample sizes ranged from 747 to 749 home visitors and totaled 120 supervisors. Percentages are calculated from valid responses and exclude missing cases.

In addition, home visitors frequently cited the various benefits offered by LIAs as highly motivating. The opportunity to gain health insurance, paid time off, a retirement savings plan, and in some cases tuition benefits was highly valued by those who had access to them. One program manager noted, “There are good benefits, good retirement, and I think that draws people in.” A program manager in another site shared a similar comment: “some people that come in are really interested in retirement benefits, ask a lot of questions.” Some agencies attract others from similar professions specifically because of the benefits offered. Focus group participants working in government agencies, which account for about 36 percent of LIAs surveyed, described being attracted to the government benefit packages. Universities and large nonprofits can also sometimes attract candidates with generous benefit packages. A home visitor shared, “I knew I wanted a government job because the benefits are so good.” Another explained,

The payment was about the same for me, but I really liked the benefits... [In my previous job] they didn’t give anything. You had to file your own taxes and file your own insurance. This was better because I could work in the community and have benefits.

Home visitor salaries are mostly perceived as too low, though in some cases the benefits balance out this downside. Some focus group participants reported not necessarily entering the field for the money but valuing the full compensation package they received. As one home visitor explained,

The salary is quite low. Insurance is part of our package. If you get it for just yourself, you don't pay for it. You don't see that much. It's an opportunity—for around here, it's a good job to have.

A nurse home visitor with a long employment history at a local hospital described her career move:

To come work in the community is definitely a conscious decision. For hospitals, now you work every third weekend, more options in terms of working holidays. But to come work at the health department, there are job perks—holidays off and more personal vacation days. More than in the hospital. And the pay is low but that's what makes it a conscious decision...The things that used to appeal to me [in the hospital] aren't good for work-life balance.

Program managers had similar reactions. As one tribal program manager noted,

I don't think the salary is higher than anywhere else. Some may earn more working at other places, so I don't think salary is a draw. But the benefits are really good. Health insurance, paid time off. There is a good retirement plan, a pension plan. Many places don't offer that anymore so that is a draw for people as well.

Most program managers recognized that their staff were underpaid for their qualifications and work. The low pay plus the inability to offer raises and bonuses challenged their staff recruitment and retention efforts. One manager said, "It's a hard job, and so to be able to offer someone a salary that they can kind of take care of themselves and feel valued coming and doing this job is challenging." Yet in select cases, salaries are competitive for the area. This is primarily true in more rural areas where professional jobs are harder to find. A program manager in a fairly rural southern state noted that people apply because "they are interested in working for benefits," but the salary is competitive given the local job market.

Many home visitors and program managers indicated it was the commitment to home visiting work that drew people to the job and kept them there—bolstered by strong benefits in many cases. When finances became too challenging, home visitors typically looked elsewhere for growth opportunities.

Conclusion

Home visiting program managers described multiple steps to the recruitment, screening, and interviewing process to find qualified staff. In some cases, program staff are directly involved in crafting job announcements and developing interview questions, and in about half of programs, home visitors interview job candidates. In agencies where program managers and supervisors have less involvement

and agency human resource departments handle initial screening, programs report more delays and challenges filling positions. Nearly half of surveyed program managers reported difficulty finding candidates with relevant experience and expertise, and more programs have trouble finding bilingual candidates in cases where such language skills are needed. In interviews, program managers and supervisors describe the soft skills and attributes they also look for that contribute to home visitors' success, such as problem solving, multitasking, and having "the heart" and passion for the work.

Home visitors reflected on their application experiences and how job announcements often did not fully capture job responsibilities. Most home visitors were motivated to apply as a way to help families (90 percent) and to have a job with a purpose (80 percent). Some were attracted to the job because of a better work schedule or employee benefits. Case study participants described the benefit of integrating job shadowing in the application process and showing job candidates or conditional hires what a home visit involves.

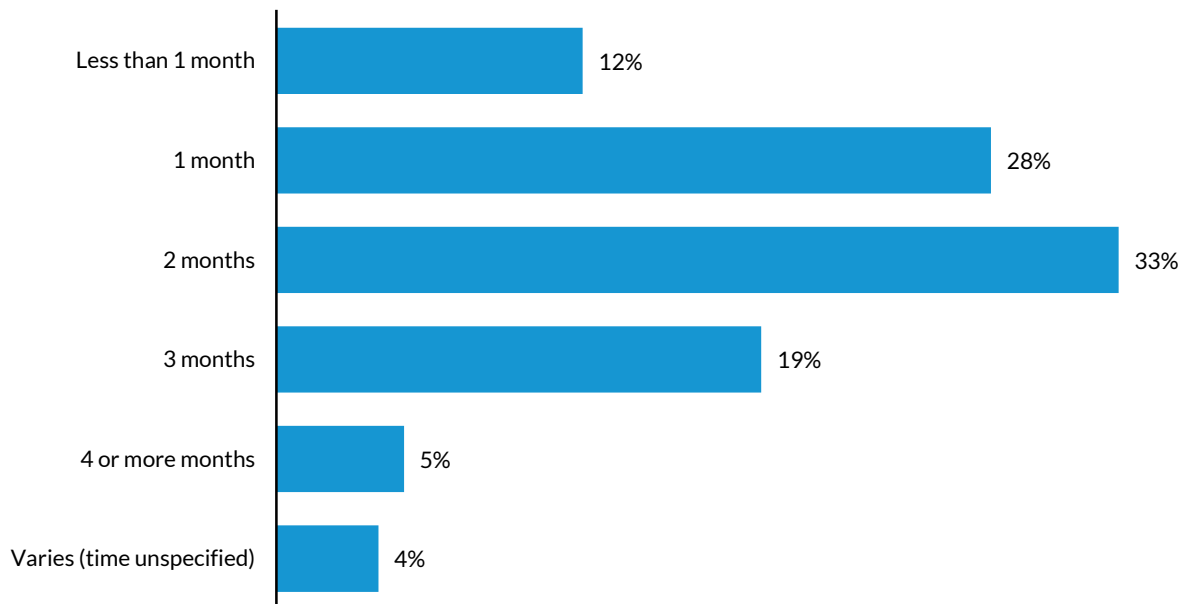
Home visiting programs struggling with recruitment may want to reflect on their practices and the barriers they face. They might consider the approaches other home visiting programs use, such as ensuring job announcements fully and accurately reflect job responsibilities, involving program staff in the résumé screening process, including home visitors in the interview process, asking scenario-type questions, requiring candidates to shadow a home visitor, and partnering with local universities to host interns or recruit recent graduates.

Chapter 6. Factors Supporting Staff Retention and Job Satisfaction

This chapter aims to address part of the third research question: *what factors contribute to the recruitment, retention, and turnover of home visitors?* The chapter largely relies on case study data to illuminate the personal experiences of home visiting program staff.

Tenure varies widely in home visiting. During key informant interviews and focus groups, participants explained that some home visitors last barely six months in the job—only long enough to attend model training and complete onboarding steps—while others have spent close to two decades doing the work. More commonly, however, program managers reported that home visitors stay in the position for an average of two to four years. Concerns about home visitor retention are widespread and well justified given the investment required to train and prepare a home visitor for work in the field (financial and otherwise). It generally takes one to three months for newly hired home visitors to gain the skills needed to be out in the field on their own (figure 6.1).

FIGURE 6.1
Average Time for a New Home Visitor to Be Ready for Family Assignment After Hire



Source: Program Manager Survey.

Notes: N = 351. Percentages are calculated based on valid responses and exclude missing cases.

Moreover, staff transition often affects service delivery. When a position becomes vacant, most program managers report shifting cases to other home visitors or a supervisor, but 19 percent of program managers report graduating families early and 6 percent report stopping services altogether for those families (table 6.1). These data suggest performance metrics tied to the number of completed visits or screened families may be affected during times of transition—either when someone leaves and other home visitors have to take over their caseload or when a new home visitor is hired but must be fully trained before taking on a full caseload.

TABLE 6.1
How Programs Handle Staff Caseloads When a Home Visitor Position Becomes Vacant

Program response to home visitor vacancy	Percent
Shift responsibility for those families to other home visitors	95
Shift responsibility for those families to supervisor	75
Reduce the expected visit frequency for those families	40
Graduate the families in that home visitor’s caseload early	19
Stop services for the families in that home visitor’s caseload	6

Source: Program Manager Survey.

Notes: N = 349. Percentages are calculated based on valid responses and exclude missing cases.

This chapter explains reasons home visitors stay in or leave their positions and the factors that support their job satisfaction. Where applicable, we report weighted survey findings to support qualitative themes. The final section of the chapter provides results of multivariate analyses that point to predictors of job satisfaction and staff turnover.

Key Findings

- Home visitors are committed to working with families. They often reported in focus groups that this commitment has motivated them to stay in their positions even when the work gets tough.
- Staff are highly satisfied with some aspects of their jobs, such as relationships with families, peers, and supervisors, but are generally dissatisfied with their job earnings and opportunities for promotion.
- Low earnings and, in some cases, limited employee benefits make home visiting an unsustainable long-term career, particularly since home visitors rarely see increases in earnings commensurate with their education and experience.

- The work schedule home visiting jobs offer is attractive to staff who appreciate having predictable hours and, in most cases, some control over and flexibility in their hours. For many home visitors, the convenient schedule is a key motivator for staying in their position, even if they could earn more elsewhere.
- Strong relationships with supervisors are critical for supporting home visitors in their roles, reducing burnout, and retaining qualified staff. Home visitors described the importance of trust and feeling valued by both their direct supervisor and upper management at the agency. Job satisfaction is lower in cases where home visitors feel micromanaged, undervalued, and misunderstood in the work they do.
- Offering staff flexibility, such as teleworking, and limiting caseloads to help with work-life balance creates an organizational culture that supports and retains staff. Home visitors receive support in various ways from supervisors and peers, which has helped encourage their learning and development.
- Most home visitors plan to stay in their positions in the next two years, though many are considering further education and training. Though opportunities for advancement are very limited, more than half of home visitors expressed the likelihood of pursuing other opportunities within home visiting or a promotion if available, signaling their dedication to the field.
- The experience of a promotion along with a supportive work culture that offers flexible scheduling and teleworking options promote job satisfaction and home visitors' intent to stay in their positions over the next two years.

Rewarding Work with Families Drives Staff Retention

Many job characteristics that draw people to home visiting also keep them there. Home visitors, program managers, and supervisors frequently cited commitment to the work as contributing significantly to home visitor retention. As one home visitor shared,

I love this work...That is why five years later I am still very passionate about the work that I do. We all have our good and bad days but [love] is the main driving force for me, why I am still doing this work.

Focus group participants universally named their work helping families as their favorite part of the job. Several home visitors said that they especially enjoy supporting the growth and development of young children. A longtime home visitor said,

The joy of...watching them grow up and everything; that is [the] joy that's [kept] me here for 23 years and keeps me going. Seeing the joy of the babies, I would like to see more.

Several nurses who previously worked in a hospital explained how they saw families for only short periods of time there. Their ability to develop long-term relationships with families and see their growth over time as home visitors was rewarding. One nurse home visitor commented,

I love my clients...Watching how they grow and change. I've been here 3 years, so I've seen people from pregnancy to graduation [from the program]. And [I say to them], "I remember when I first got you [as a client] and look how you've changed and adjusted."

Strong connections to resources for families boosted home visitors' sense of job satisfaction. A home visitor in a tribal program, for instance, mentioned feeling satisfied with the connections with other tribal health providers to better serve families. Conversely, if home visitors are not as motivated by working with families, that can quickly take a toll. One program manager noted, "if home visiting is not for you, you will burn out very quickly."

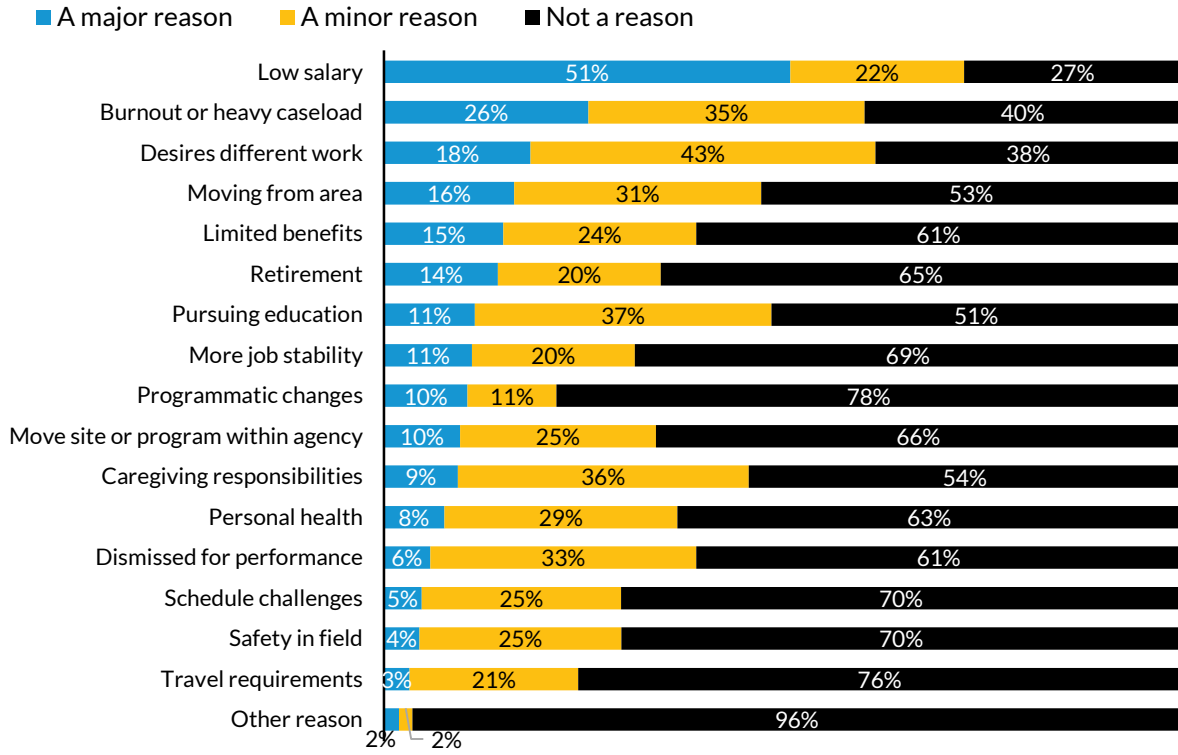
Commitment to the Work is Eclipsed by Low Salary and Limited Employee Benefits

Although focus group participants described their passion for their work with families, passion alone may not be adequate for retaining home visitors long term if other factors make it difficult to do the job well. Despite many home visitors' commitment to the job, conversations with them and other key informants made it clear that this aspect of the work cannot be self-sustaining. They shared that enduring the hard work of home visiting with low pay can be mitigated initially by their commitment to helping families, but if home visitors begin to feel burned out, low pay is often a trigger for turnover. More than half of program managers rated low salary as a major reason for home visitor turnover—the top among all reasons provided (see figure 6.2).

The Program Manager Survey also asked for the primary reason the last home visitor left, which provides a weighted estimate of prevalence across MIECHV-funded LIAs. Figure 6.3 displays the top 10 reasons. Low salary was the top reason; 16 percent of home visitors leave their positions because of the salary, according to program managers. Fifteen percent leave because they desire different work.

FIGURE 6.2

Major Reasons for Staff Turnover in Home Visiting Programs



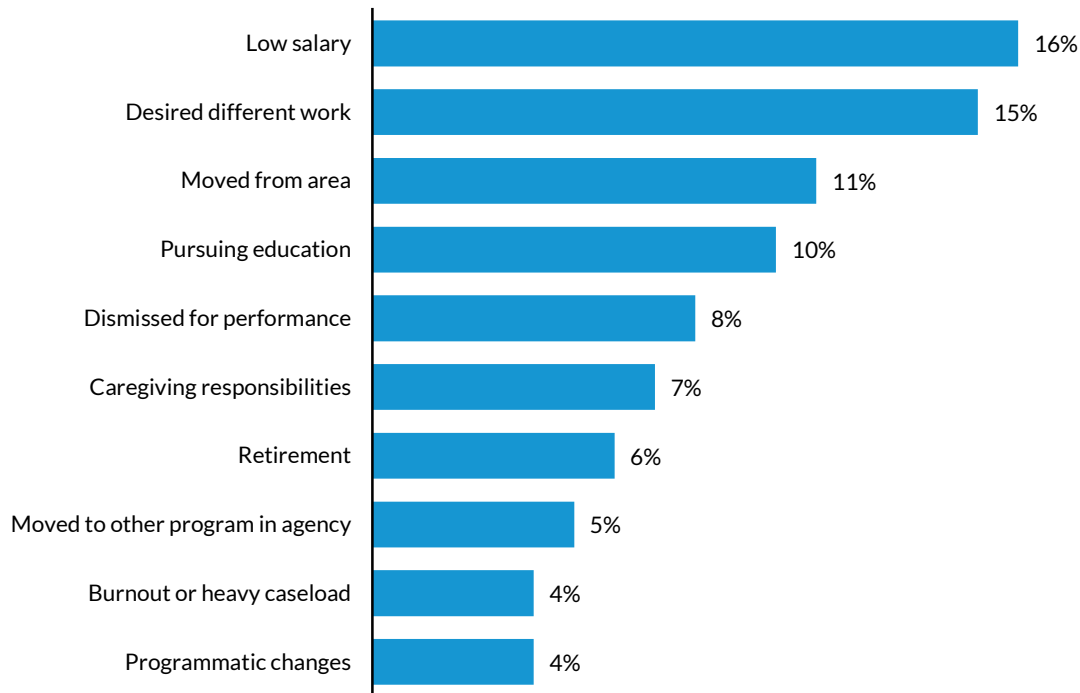
Source: Program Manager Survey.

Notes: Program managers rated each reason as a “major reason,” “minor reason,” or “not a reason” for turnover among staff in their home visiting programs. The survey did not provide a specific time frame but asked generally for common reasons for turnover. Sample sizes ranged from 346 to 348; 304 respondents selected “other” and provided a valid, non-N/A response. Common reasons listed include taking a position elsewhere (n = 2), promotion (n = 1), the end of a term position (n = 1), lack of opportunities for advancement (n = 1), changes to qualifications required (n = 1), bullying (n = 1), unspecified personal reasons (n = 1), and no specific qualification provided in “other” (n = 296), which corresponded to responses with the value “Not a reason” for the vast majority of valid responses (n = 293). Another five program managers indicated that the program had not experienced any turnover as part of their response under “other” reasons.

FIGURE 6.3

Most Prevalent Reasons for Home Visitor Turnover, According to Program Managers

Primary reason last home visitor left



Source: Program Manager Survey.

Notes: N = 335. An additional 14 percent of valid respondents reported a different primary reason, including personal health, scheduling, travel requirements, job stability, limited benefits, move to another position, and safety concerns. Fifteen respondents reported not having any home visitor turnover. Percentages are calculated based on valid responses and exclude missing cases.

As one program manager surmised,

I think they [home visitors] stay because of their commitment to the work, and they leave because they feel undervalued and underpaid.

Similarly, another program manager remarked,

Salary is not critical in getting them into the position, but [it is for] keeping them. Once people see where they're working, they're like... "I'm not paid enough for this."

In other cases, home visitors simply cannot survive on the low salaries they are paid and feel compelled to move on regardless of satisfaction with their work. As one home visitor explained, "Myself, along with another coworker, we have already expressed that, due to what we are getting paid, we might not be able to stay here. I am living paycheck to paycheck." Staff with mounting school debt or the responsibility of supporting a family may be particularly inclined to leave the job prematurely. As one program manager said,

I would not be surprised if someone said, “I have to have this [other] job [i.e., leave home visiting position], because it pays \$10,000 more and I have three kids to support.”

Home visitors who can deal with the low pay longer term typically rely on other support—usually a partner with a more lucrative or second job. “My husband’s salary pays for everything. Mine is a supplemental income,” explained one home visitor. Many other married home visitors shared similar comments. “People usually have to have a partner. People who feel responsible for their families can’t support them on our salaries,” said one program manager. A seasoned home visitor shared,

I empathize with the younger [home visitors], because you would have to work two jobs if you had a family...I’m looking at my kids and my kids couldn’t live off of what I make. If you want to talk about retention...they won’t stay working here for 10 years at these same salaries. They’ll go everywhere else; they’ll get training here and move on.

Findings from the Home Visitor/Supervisor Survey confirm that passion for the job is high; 77 percent of home visitors reported they are completely satisfied with the rewarding nature of working with families. Conversely, only 11 percent of home visitors are completely satisfied with the amount of money they earn in the job (figure 6.4).

Although in most cases the pay is lower than what home visitors feel it should be—as evident in both survey and focus group data—a small share of home visitors are satisfied with their pay. Several focus group participants living in areas with few job opportunities considered their pay to be good relative to other local options. Home visitors in these areas described how the number and types of jobs available in their area are extremely limited—typically factory or fast food service work. Home visiting jobs in these communities may not only provide competitive wages, but also work that is engaging and rewarding, contributing to home visitors’ satisfaction in their roles. As one program director explained,

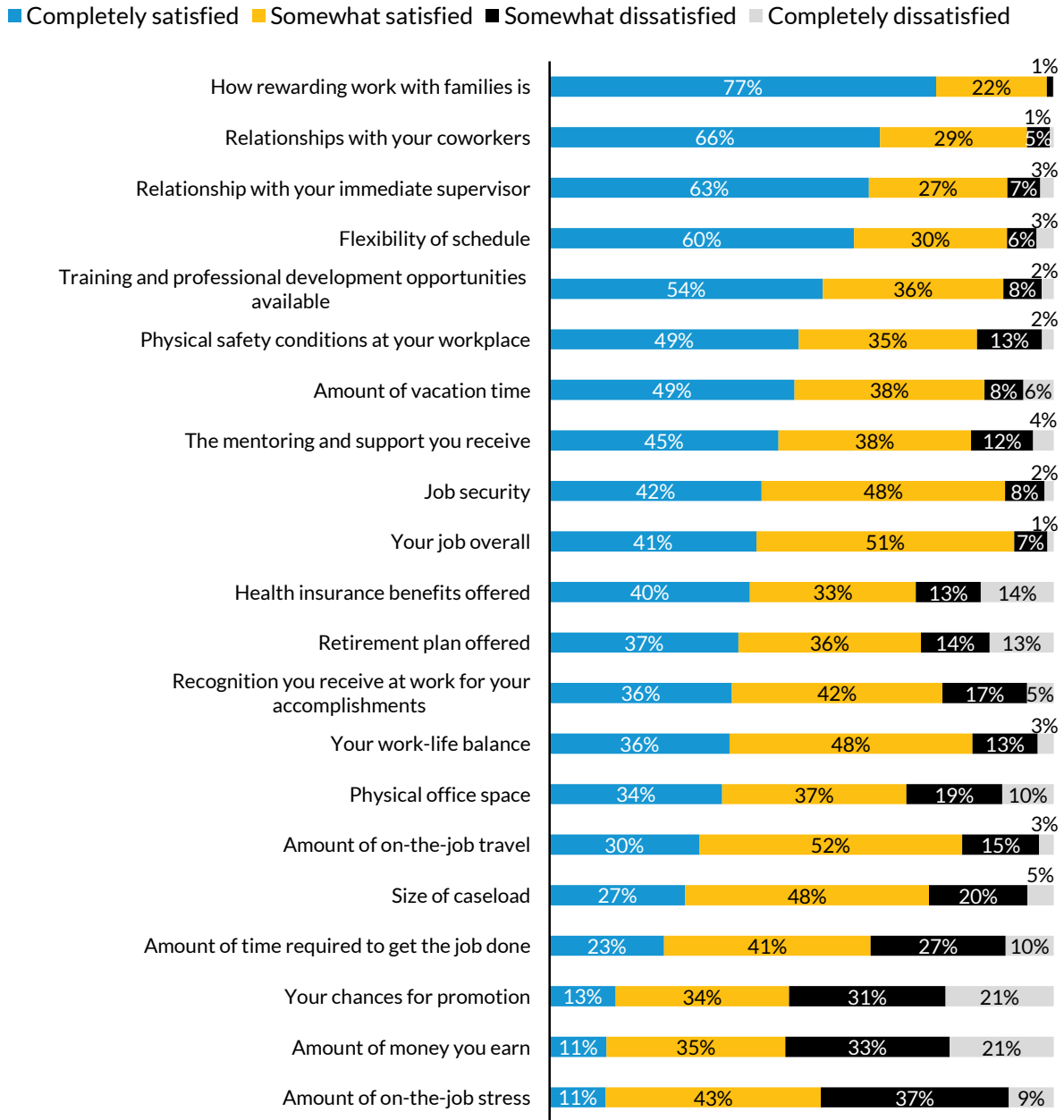
The reason for retention...I think is the pay. For this community, we pay pretty well compared to other jobs. The pay is one of [the reasons] and the passion for the work that they do. Those are the two.

In other words, although home visitors in MIECHV-funded LIAs across the US report low satisfaction with job earnings, the local employment context matters. The case study findings highlight these local differences; in communities with strong economies, some programs have difficulty recruiting and retaining qualified staff because of local competition, whereas programs in more economically depressed communities may have a more limited candidate pool and trouble staffing their programs, but staff may be more likely to stay.

FIGURE 6.4

Factors Affecting Job Satisfaction

Home visitors' self-report



Source: Home Visitor/Supervisor Survey.

Notes: For each item, N ranged from 744 to 746. Percentages are calculated from valid responses and exclude missing data.

The role of employee benefits in retaining home visitors was less prominent than earnings and largely depended on the agency. As described in chapter 4 on characteristics of home visiting jobs,

survey results show most—but not all—home visiting staff are eligible for health benefits and paid time off, but other benefits are less common. About 27 percent of home visitors reported feeling somewhat or completely dissatisfied with their health and retirement benefits (figure 6.4). Moreover, nearly 40 percent of program managers rated limited benefits as a major or minor reason for turnover (figure 6.2). This is consistent with the qualitative findings that surfaced home visitors’ mixed experiences with benefits, which depend on agency type and size. Some agencies have comprehensive and generous benefits packages, but others offer much more limited benefits. In some case study sites, staff commented that the health insurance options are too costly for home visiting staff. A few staff mentioned the paid time off was insufficient because they often get sick working in the community or need a mental health day to avoid burnout. Robust benefits packages offered by select programs contributed to home visitors’ perceptions that their employers supported them. In cases where the benefits were not compelling, program managers reported losing staff to jobs with better benefits, as this quote illustrates: “I did lose two people to CPS [Child Protective Services], because it’s state wages and benefits and they had a bachelor’s, which is required, and so they took those positions.”

Although most home visitors (77 percent) are very satisfied with their work with families, their overall job satisfaction is lower (41 percent completely satisfied). This suggests that home visitors do not want to leave their work, but in many cases their work environments and circumstances do not incentivize them to stay.

Informal Supports Reduce Burnout and Contribute to Retention

Home visitors commonly pointed to the more informal job perks and supports they receive as critical to their job satisfaction. These include predictable hours, flexible work schedules, supportive colleagues, and supervisors whom they trusted and could rely on.

The Value of Schedule Predictability and Flexibility

When asked what they like about their jobs, home visitors often discussed their work schedules. Many home visitors described how important it was to have a flexible schedule that allowed them to meet personal obligations while still accommodating their clients. Having that flexibility helped them maximize efficiency when in the field. As one home visitor explained,

[The schedule] is flexible, and it really *has* to be flexible. We have to work around school schedules and other things. We visit moms on weekends sometimes. But it works.

In a few case study sites, home visitors discussed how they could flex their hours; for example, supervisors approved their requests to take a day off after putting in longer days to complete their visits. One home visitor commented, “They’re really good about [flexibility]. We had a fest [health fair] this weekend and I ended up staying all day. They called me afterward and told me to take Monday off.”

Home visitors also appreciated having standard work hours and not having to regularly work weekends, evenings, holidays, or overtime. This was particularly satisfying to nurse home visitors from NFP who favored a regular schedule over rotating shift work in a hospital. “I can’t put a price on the weekends and the holidays I was giving up before [that I have now],” said one nurse home visitor. As mentioned in chapter 5 on recruitment, home visitors with young children appreciate the standard work hours to accommodate their own family responsibilities, which helps attract and retain staff. One home visitor mentioned,

If my kid gets sick and I have free time, then I take off...it’s the maneuverability of that schedule and being able to be a good mom and be a productive employee and good nurse. That sense of responsibility over my own scheduling I think is huge in regards to why I’ve stayed in this position as long as I have, too, because it supports me being the best mom I can be.

Home visitors found it helpful when their supervisors did not require them to travel back to the office between visits, which they considered a burdensome waste of time. Having some control over their schedules and their supervisors’ trust and approval was described as invaluable, as these quotes illustrate:

The flexibility is nice. If you have kids at home, you can start early or late, or whatever. Family is important here. You can make it work, and that’s a real bonus. (Home visitor)

We give them the opportunity to work from home, especially if it makes sense for their travel schedule that day. We have team meetings that they need to be here for, but they’re not required to sit at their desk. I think they enjoy that. (Program manager)

I got a text that said, “I’ve got the time, and I don’t have any visits scheduled, and I need a mental health day.” So as a supervisor, I like that we can do that...that’s more important. I trust my home visitors [to be] honest with me. (Program manager)

According to survey data, 90 percent of home visitors were completely or somewhat satisfied with their schedule flexibility and 10 percent expressed dissatisfaction (figure 6.4). A few focus groups reflected this dissatisfaction, explaining that rigid workplace policies negatively affected staff morale and overall job satisfaction. In these cases, staff pointed to institutional policies as constraints. In one site, the program manager sympathized with her home visitors, saying, “If they could work from home

that would be a big incentive, but they can't because of the county requirements.” In other cases, home visitors felt constrained by the management style adopted by supervisors or program managers who tightly monitored their schedules and whereabouts. To them, granting flexibility signals trust, as this quote from a home visitor suggests:

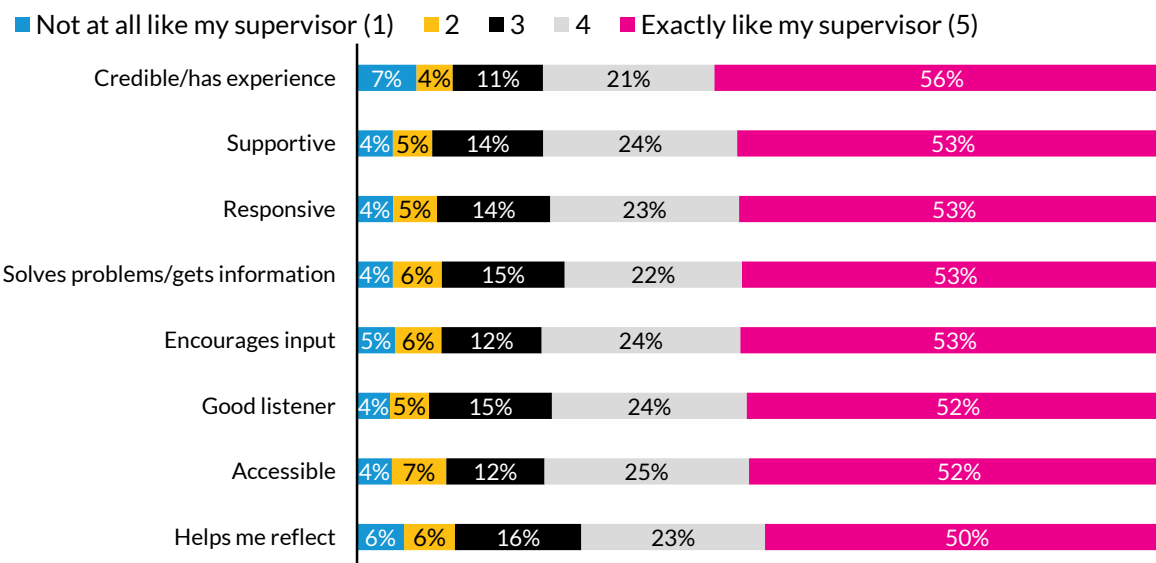
I've been working [in the field] for 20 years, so to have to explain exactly where I am at every minute of the day...why am I being micromanaged? It is a trust issue.

Supportive and Trusting Relationships with Supervisors and Peers

Most home visitors report complete satisfaction with their immediate supervisors (63 percent) and coworkers (66 percent), though the remainder share some concerns (figure 6.4). Among all aspects of their jobs, these relationships are rated most highly after relationships with families. The survey asked respondents to rate their supervisors' traits on a 5-point scale, from “nothing at all like my supervisor” (1) to “exactly like my supervisor” (5) (figure 6.5). For each item (e.g., responsive, accessible, supportive), about 75 percent rated supervisors positively, assigning a 4 or 5. The other roughly 25 percent had neutral or negative ratings. Overall, ratings show that most home visiting supervisors are supporting their home visitors in the ways they need.

FIGURE 6.5

Home Visitors' Ratings of Their Supervisors' Traits



Source: Home Visitor/Supervisor Survey.

Notes: Sample sizes ranged from 673 to 674 home visitors. In addition, 62 home visitors were not eligible to answer this question because they had not worked at their current program for at least 6 months at the time of the survey. Percentages are calculated from valid responses and exclude missing cases.

Focus group participants elaborated on their positive experiences with their supervisors and how they truly value the guidance and support supervisors provide. Some home visitors shared that their supervisors reportedly provide structured guidance, while others employ a more hands-off, informal relationship. More commonly, they employ a combination of approaches—both structured reflective supervision sessions and an “open door policy” to support home visitors in moments of need. Some home visitors described the close relationships with their supervisors as a key motivator and the main reason they are still at their place of employment, as these quotes illustrate:

It depends on who you work with every day and [who] your supervisor [is]. [My supervisor] is awesome. And my coworkers are awesome. But if I didn't have a [supportive] supervisor, then I'd be like, “Okay, I love home visiting,” but I don't think it would be enough for me to stay.

We have been so tremendously blessed with the most stellar supervisors. I'm amazed by the support, and I don't think anyone would stay in this job if we didn't have the support from these wonderful supervisors.

In interviews, supervisors similarly shared their efforts to be supportive and trusting. They saw the importance of their relationships with their home visitors to help with retention and avoid burnout:

For retention, I've definitely learned that I have to do the work to have a relationship with the employees and I have to value what they say...I've learned that, and I think [the director] also does that with me. She listens to me and I feel valued, and I think I make the employees feel valued. I do incentives. I buy pizza...Just do something.

We meet weekly. It helps create a bond, sharing their stories with each other. The reflective group gives us an opportunity to hear everyone's struggles. We are at a stage where we trust each other enough to know that it is a safe place to share. That helps with their feeling[s] of not being alone in the field...[or] in any moment...They are a support to each other.

In focus groups we heard from home visitors that they appreciate supervisors who trust their staff with autonomy to make decisions and do not micromanage. Participants who felt more micromanaged expressed dissatisfaction, in a few cases pointing to the stressful relationship with a supervisor as a point of contention. One home visitor explained how she felt undervalued and how it affected her:

And when you don't feel valued, you will not be highly motivated. When someone tells me, “Great job with that client” or “I saw the children and I saw how much they love you,” that makes me glow. That makes me think someone is grateful, I am doing something right. But that said, rather than being supported by management, I think sometimes we get a lot of criticism.

Nearly all—99 percent—of program supervisors reported in the survey that they implement reflective supervision as a management practice. Reflective supervision is a management technique that emphasizes the importance of relationships (supervisor-supervisee relationships and home visitor-client relationships) and creates a space for home visitors to examine their own feelings. Supervisors

described how reflective supervision was important in helping support home visitors and prevent burnout:

They hold so much, so during reflective supervision they can explore why they are feeling that way...They are able to give it to someone instead of holding it...If a home visitor did not have reflective supervision, burnout would happen in three months. (Home visiting supervisor)

The position cannot be done without reflective supervision and I feel very strongly about it...It is me listening to what they are saying and asking questions and finding out how they perceive the family and looking at—nonjudgmentally—how they can support the family based on the needs they perceive. (Home visiting supervisor)

Home visitors in the focus group shared a range of opinions about the degree to which reflective supervision was being implemented at their agency and about the usefulness of the practice. Some found it very helpful in making them feel supported:

It's a special sacred place where you don't feel judged and it gives us the opportunity to unload and not take a lot of the seriousness of what we do at home where it would impact our personal health and well-being. (Home visitor)

Other home visitors noted that reflective supervision was not always useful or that it did not happen as frequently as they needed:

Sometimes [reflective supervision] is great, and really gives us time to vent, to let things go. Sometimes, though, they try to fix it, and we really just want someone to listen. They don't know our families. (Home visitor)

We do have [reflective supervision] every now and then, but it's not on a formal schedule. We will just say, "Okay, this is happening with a client," or "Okay, this is happening with me." But not that frequently. (Home visitor)

Sometimes [reflective supervision] is rushed because our supervisor has a lot on her agenda, and sometimes that cuts into our time, and it doesn't feel adequate. (Home visitor)

Several supervisors—mostly those without direct home visiting experience—remarked that reflective supervision was not in their wheelhouse and that they needed to work harder on that skill.

Sixty-six percent of home visitors report meeting with their supervisors once a week or more (figure 6.6). Fifteen percent meet every 2–3 weeks, another 15 percent meet monthly, and the remaining 4 percent meet less than monthly. Supervisors reported greater variation in the frequency of one-on-one meetings with their direct supervisors, with 32 percent meeting weekly.

Home visitors also provide one another with critical support. Over 90 percent of home visitors report satisfaction with their coworker relationships, according to survey findings (figure 6.4). Focus

group participants gave examples of how they leaned on each other for support and guidance, especially in cases where support from supervisors or management at the agency felt inadequate:

Yeah, I think we get more support from each other when we have issues or questions than we do from [program director] and [supervisor]. I ask the ladies for help with issues with clients or questions. If I [ever] didn't know what to do, I asked the girls. I feel more support from them. I don't know if it is just because they are not my bosses. (Home visitor)

Another home visitor said, "If it wasn't for my team, I probably wouldn't be here. My coworkers are so knowledgeable, have fresh ideas. They give me different ways to process." Another home visitor on the same team noted that support from agency management had recently declined and that in the past they would receive more recognition for their work:

It used to be that even if you weren't compensated monetarily, you were shouted out at a staff meeting. We always had little things that we got rewarded with or recognized for. That doesn't happen now.

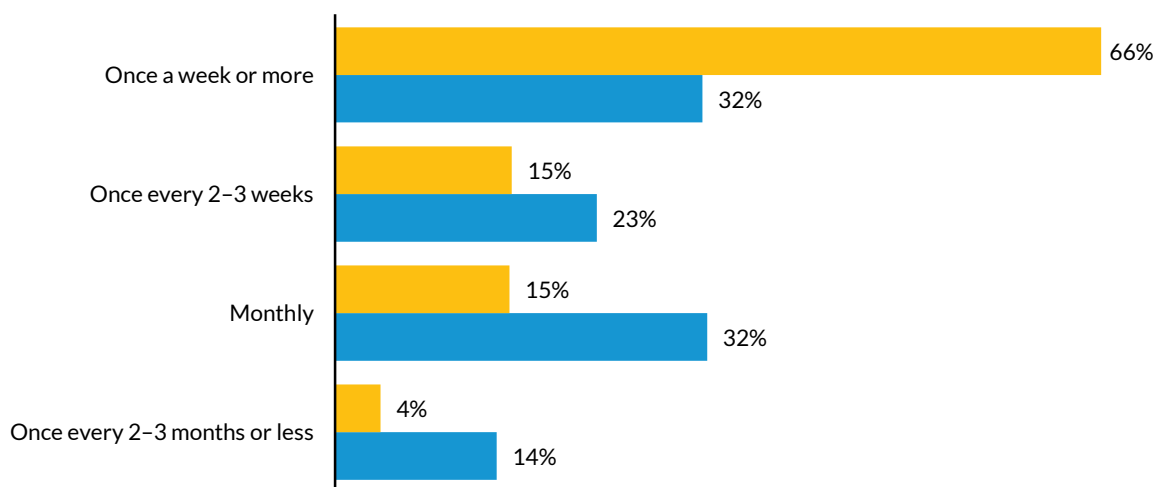
Home visitors reported the frequency of group or team meetings, which could include group reflective supervision (figure 6.7). Survey data do not detail the purpose of the meetings but capture how often home visitors gather together for a formal scheduled meeting. Responses varied from weekly (40 percent) to biweekly (25 percent) or monthly (31 percent), with a smaller share meeting less often or never.

FIGURE 6.6

Frequency of One-on-One Meetings with Supervisors

According to all home visitors and supervisors without a caseload

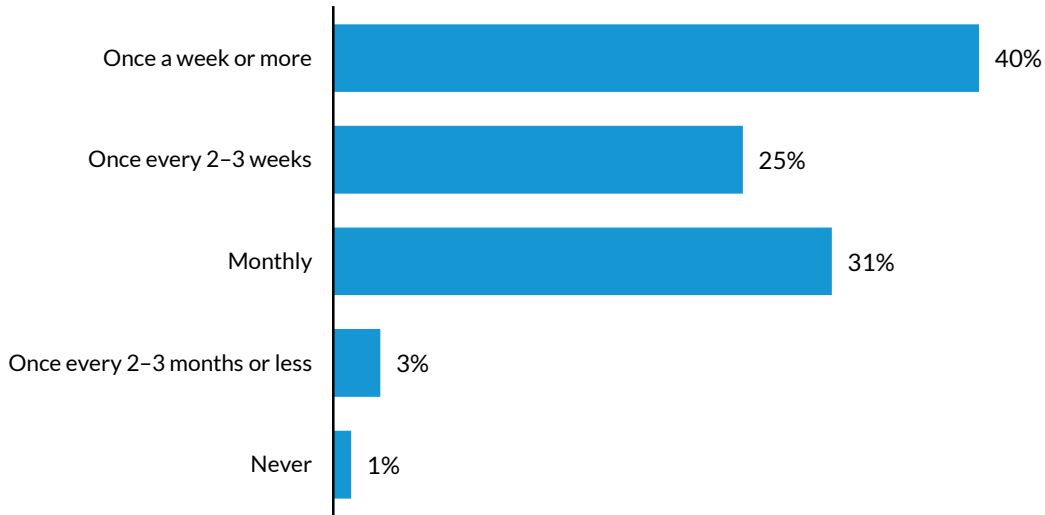
■ Home Visitors ■ Supervisors Only



Source: Home Visitor/Supervisor Survey.

Notes: N = 674 home visitors and 111 supervisors. Percentages are calculated from valid responses and exclude missing cases.

FIGURE 6.7
Frequency of Group or Team Meetings
According to home visitors



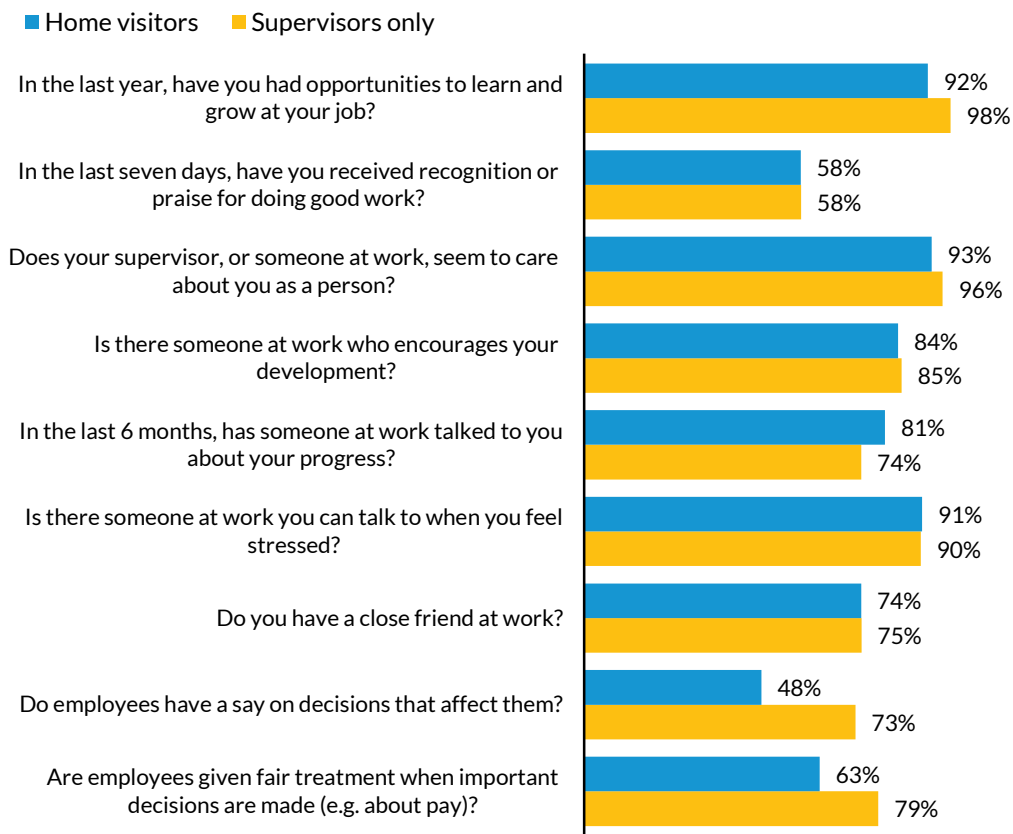
Source: Home Visitor/Supervisor Survey.

Notes: N = 674 home visitors. Percentages are calculated from valid responses and exclude missing cases.

As shown in figure 6.8, large majorities of home visitors and supervisors report positive qualities of their work environments. More than 90 percent reported having caring supervisors, opportunities to learn and grow in the past year, having someone at work who encourages their development, and having someone at work to talk to when they get stressed. Additionally, 58 percent of home visitors and supervisors reported receiving recognition or praise in the past week. A smaller share of home visitors perceived fair treatment among employees when important decisions are made, such as about pay (63 percent), and having a say in decisions that affect them (48 percent). Focus groups were similarly mixed in their perspectives on how involved they are in agency and program decisions, with some feeling undervalued and ignored and others feeling more recognized and included. Overall, survey results indicate that home visiting staff generally perceive support for their well-being and professional growth, but more could be done in some programs to recognize staff and consider their input in decisions.

FIGURE 6.8

Perceived Quality of Work Environment



Source: Home Visitor/Supervisor Survey.

Notes: Sample sizes ranged from 667 to 675 home visitors and 108 to 111 supervisors. In addition, 62 home visitors and 8 supervisors were not eligible to answer this question because they had not worked at their current program for at least 6 months at the time of the survey. Percentages are calculated from valid responses and exclude missing cases.

Setting Home Visitors Up to Succeed Contributes to Job Satisfaction and Retention

Home visitors reported mixed levels of satisfaction regarding their caseload size, with 27 percent completely satisfied, 48 somewhat satisfied, 20 somewhat dissatisfied, and 5 percent completely dissatisfied (figure 6.4). As mentioned in chapter 4, 94 percent of program managers reported having a maximum caseload policy, and 15 percent of home visitors feel their caseloads are heavier than they can handle. Case study data suggest that keeping workloads manageable is often key to home visitors' satisfaction and their likelihood of succeeding on the job. Focus group participants who were taking on

more cases than they should or more difficult cases that required extra time expressed frustration. For example, two home visitors shared this dialogue:

Home visitor 1: "We've been feeling the pressure of the [job] openings we have. My caseload is way bigger than it used to be."

Home visitor 2: "You're expected to maintain a full caseload and do all of these trainings...We go to these [trainings], and we're expected to keep our numbers up. It's frustrating, frankly."

Home visitor 1: "We're expected to have 12 families during training. It's a lot."

Home visitor 2: "I have 16 clients right now [with weekly visits]. It's an average of 3–4 visits a day, and it's about an hour and a half [each]...We need lesson plans and materials...have to make sure I have all of my paperwork. We do a lot of case management. I don't think our agency understands how much case management we have to do...Most of our clients are 100% below the poverty level. You never know what you're walking into."

Home visitor 1: "I had four visits yesterday, no lunch break. And had to go to a meeting...To be honest, my paperwork isn't even done. It's not possible for me to do that with my caseload; 50 percent of my day would be paperwork. We can't really block off any time because our caseloads are so big."

Program Manager Survey data indicate that staff burnout and heavy caseload are main reasons for turnover, second to low salary (figure 6.2). Such burnout can affect home visitors' work-life balance. The Home Visitor/Supervisor Survey asked respondents how often their job demands interfered with their family life. Responses were mixed: 4 percent of home visitors responded "always," 42 percent "sometimes," 46 percent "rarely," and 9 percent "never." The ability to achieve a manageable workload, with a reasonable balance of task volume and type, is often associated with thoughtful program management and supervisor support. In a few sites, home visitors described program efforts to intentionally limit caseloads; as a result, they felt their caseloads were more manageable. Supervisors in these programs mentioned efforts from management to balance difficult cases across home visitors and consider the specific strengths of each home visitor. One program manager explained,

Sometimes when a [home visitor's] family is going through something that a family they are serving is also going through, that can be tough. I look at those things when I assign cases. I work with the assessment worker to decide who would be the best fit.

Other case study participants described the importance of helping home visitors balance administrative, in-office tasks and time in the field. One home visitor explained,

[Supervisor] has been so protective of us and our time. Especially taking things off our plate. Because we did not have a coordinator for so long. [Home Visitor] and I ended up taking on a lot of other duties. So [supervisor]'s job is really helping us focus on the families, trying to listen and help with other meetings, other things we have to do administratively...But [Supervisor] has been very mindful and takes things off our plates so we can be ready and present for our families when they need us.

Another home visitor explained how helpful it was to have administrative staff who could take some reporting burden off of home visitors:

This job requires the coordinator but also an admin[istrative] person. The reporting for MIECHV is constant and very intensive. The data specialist helps with that...We are lucky.

Paperwork and data entry requirements and the time commitment associated with frequent meetings and trainings were raised frequently in focus groups as drawbacks of the job but mostly in the context of home visitors' desire to focus their time on their clients. Additionally, although concerns about safety in the field were sometimes mentioned, home visitors' commitment to helping high-needs families often outweighed concerns about personal safety. The few focus groups that expressed greater frustration, stress, or concerns about burnout pointed to the challenge of sustaining the demands of the job given the circumstances—low pay, limited benefits, and/or lack of support from management or supervisors—coupled with limited options for promotion and career growth. The latter point about promotions is discussed next.

Staff Intentions to Stay in Position Are High, But Limited Advancement Opportunities Can Result in Shorter Tenures

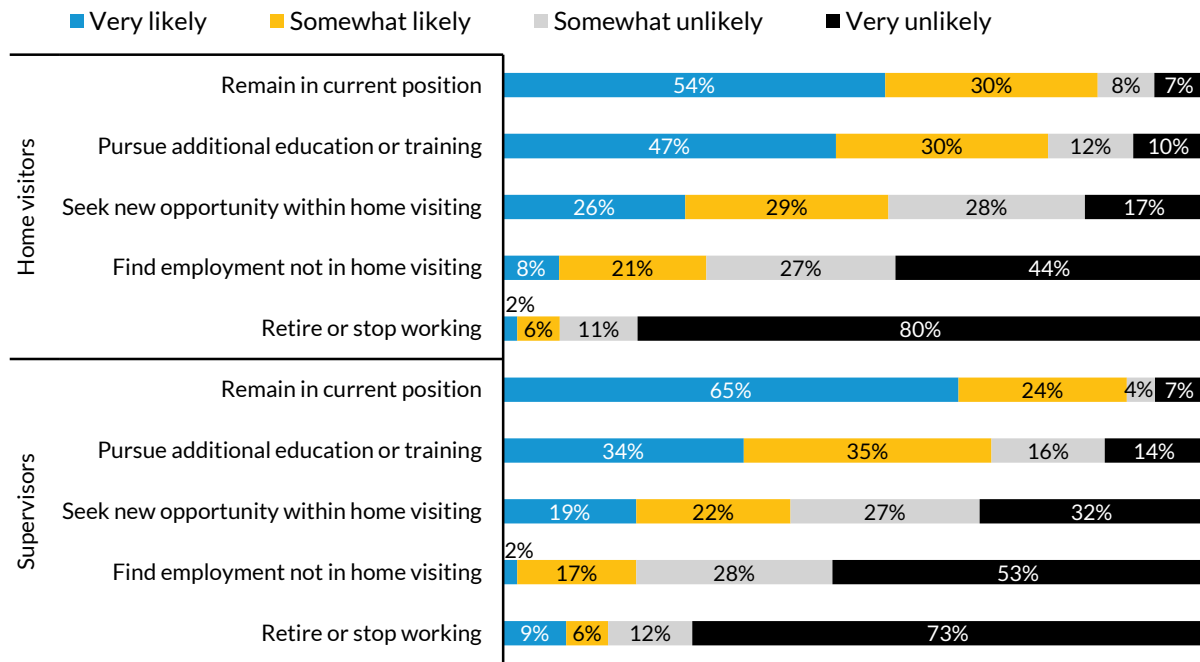
The Home Visitor/Supervisor Survey asked respondents to reflect on their two-year plans and the likelihood of remaining in their current position or pursuing other opportunities (figure 6.9).

Approximately 54 percent of home visitors said they would very likely remain in place, 30 percent responded “somewhat likely,” and the other 15 percent were split between somewhat and very unlikely to still be in their current position in two years. While 77 percent mentioned being very or somewhat likely to pursue additional education or training, a smaller share mentioned finding employment outside of home visiting (28 percent) or retiring or stopping work (9 percent). In contrast, 70 percent of home visiting supervisors responded “very likely” regarding their plans to remain in their current position, while 13 percent reported possible plans to retire or stop working.

FIGURE 6.9

Home Visitors' and Supervisors' Two-Year Career Plans

Among nonsupervising home visitors and all supervisors



Source: Home Visitor/Supervisor Survey.

Notes: For each item, sample sizes ranged from 686 to 687 home visitors and 182 supervisors. Staff with a dual role of home visitor and supervisor are included in the supervisor sample. Percentages are calculated from valid responses and exclude missing cases. Percentages may not add to 100 because of rounding. Options are not mutually exclusive. For example, a home visitor could pursue education and decrease work hours in home visiting.

More than half of home visitors expressed interest in new opportunities or a promotion within home visiting, which signals a commitment to the field. Yet when asked about job satisfaction, over half of home visitors reported being somewhat or completely dissatisfied with opportunities for promotion (figure 6.4). Across aspects of their jobs, home visitors expressed the most dissatisfaction with this factor, second to their earnings. In response to the survey question, “Do you believe it is possible for you to get a promotion with this employer?” only 25 percent of home visitors responded affirmatively. Sixteen percent of home visitors reported ever receiving a promotion, compared with 64 percent of supervisors.

Similarly, focus group participants represented a mix of staff with varying career plans. Younger home visitors often discussed the value of the training and experience they were receiving and their plans to return to school, open their own clinical practice, or pursue other related work. Older home visitors often mentioned plans to retire in the next five years. Though some early- to mid-career home visitors were committed to their current positions, others were undecided about next steps (if and when

they would ever leave their jobs) and occasionally expressed interest in a supervisor position if one were to open. Finding opportunities to grow home visitors' skills and offer opportunities for leadership, supervision, and advancement on a career ladder or lattice were mentioned in focus groups and interviews as important but difficult to do within the current system. Opportunities for advancement are limited, unless a supervisor resigns and the position becomes available. Even then, sometimes supervisory positions require a more advanced degree than home visitors have acquired. "Since I don't have a degree, I'm stuck," said one home visitor. "I appreciate what I have since I don't have a degree, but I'm stuck."

There may also be institutional disincentives to creating a career ladder given funding constraints. Programs managers mentioned how fixed annual grant budgets do not account for higher staff salaries that come with promotions. As one program manager explained, there are no opportunities for advancement "unless they [home visitors] went back to school, but then we wouldn't be able to afford their position[s]." This can translate to ambitious home visitors viewing home visiting as a stepping stone. "You can't go anywhere. There is no mobility," explained another program manager. "We would like to have our person who has been here 16 years to be able to move up."

On the other hand, some home visitors expressed little interest in becoming a supervisor. They enjoy their direct work with families and would not want to lose that. One home visitor who was content in her current role shared, "A supervisor role has opened up a few times and we're kind of first in line. But in general, home visitors are in this role because they like it." A program manager similarly described, "[For] some folks, their dream is to stay a home visitor. I would like to see people be able to stay. I know that there's something that just came out from our state MIECHV office for there to be training to help home visitors become coaches...[that is a] a growth opportunity." One program created an informal career lattice with steps for home visitors to recognize years of experience (i.e., Home Visitor 1, Home Visitor 2), but other examples were rare. As one program manager said,

This job is flexible, so a lot of people get their master's while doing home visiting and then they leave. It's really sad. And I think that's the issue—there isn't upward mobility because supervisors don't leave every day, and if you're home visitor with a master's, there isn't really a lot of additional opportunity.

Schedule Flexibility and Experience of Promotion among Strongest Predictors of Job Satisfaction and Retention

This section presents the results of multivariate analyses of survey data predicting (1) home visitors' overall job satisfaction (a rating of "completely satisfied") and (2) intent to stay in current position over the next two years (a rating of "very likely"). The models tested associations between these two outcomes and LIA and program characteristics, home visitors' backgrounds, and reported work experiences.

The models include only home visitors without supervisory roles given observed differences between home visitors who are also supervisors and other nonsupervisory home visitors. Because some home visitors refused to disclose their job earnings, the first set of models excludes job earnings as a predictor and a second set of models includes job earnings for the subgroup of respondents who provided this information. See appendix F for regression results, which can be interpreted as the likelihood of being completely satisfied with one's job and of being very likely to remain in one's current position.

Results show that job earnings and benefits are not significantly associated with job satisfaction or intent to stay. The following factors were consistently positive predictors across the tested models:

- experience of a promotion while working for one's current home visiting program;
- perceived quality of the work environment;¹⁷
- work-life balance (i.e., extent to which job demands interfere with family life sometimes or always versus never or rarely); and
- home visitors' age (45 years or older versus younger than 45).

These four factors were related to greater job satisfaction and intent to stay.

Other significant factors are also variables describing motivations for working in home visiting. Working in home visiting because it is "a job with a paycheck" is related to less job satisfaction. If home visiting is "a step toward a related career," respondents are less likely to report plans to stay in their

¹⁷ Individual items on this scale asked whether or not the respondent agreed with statements on having opportunities for growth, recognition of accomplishments, someone who cares, encouragement, progress check-ins, someone to talk to when stressed, a close friend, employee input on decisions, and fair treatment in decisions at work.

position, whereas if home visiting is “one of the few options given my education,” respondents are more likely to report their intent to stay.

Supportive work conditions, such as having the option to telework and regular team meetings for group reflective supervision (at least every two weeks) were related to greater satisfaction, while having to work one or more extra hours a week was related to less satisfaction. Respondents who indicated it was somewhat or very hard to take time off for personal or family reasons reported lower likelihood of staying in their position.

Three or more years of experience in one’s current home visiting program related to lower likelihood of complete job satisfaction and intent to stay in one’s position, but these associations were no longer significant when accounting for the quality of the work environment. Yet having six or more years of work experience in one’s field broadly (including home visiting and other related jobs)—even after controlling for age—was associated with greater likelihood of staying. Having a bachelor’s degree and being enrolled in school full-time were both associated with lower likelihood of staying.

Home visitors in government health agencies had greater satisfaction than those in community-based nonprofits, hospitals or medical clinics, or other LIA settings, but being a union member was associated with less job satisfaction.

The combination of multivariate findings suggests that offering home visitors promotions and workplace supports, such as schedule flexibility, an option to telework, and regular team meetings, contribute to their job satisfaction and retention. Without advancement opportunities and supports, they might be more likely to look for other opportunities elsewhere, especially if they have a postsecondary degree. Older home visitors and those with a long career history in their field are more likely to stay in their positions. As case study data similarly revealed, older home visitors found home visiting to be a rewarding end-of-career position.

Conclusion

Survey and case study findings point to home visitors’ commitment to working with families and how this commitment features prominently in their decisions to remain home visitors, even under stressful circumstances. Low salaries and limited benefits can make it very challenging for some to continue, but other benefits like predictable work schedules coupled with flexibility may at times outweigh the ability to earn more elsewhere—especially for parents of young children.

Other characteristics that can be instrumental in retaining home visiting staff include workplace environment and supervisor support. These characteristics were identified by home visitors and supervisors as protective against burnout and helpful in mitigating compassion fatigue. Introducing workplace changes that create a supportive work culture with flexible scheduling and teleworking options might promote staff job satisfaction and strengthen retention.

Chapter 7. Training and Professional Development Experiences

This chapter addresses the final research question: *what opportunities and challenges exist for professional development and training? What training needs does the workforce perceive?* Home visitors need training and professional development to ensure they have the knowledge and skills required to be effective in their roles. The terms “training” and “professional development” can refer to the training a home visitor receives before being hired, the initial onboarding they receive shortly after hire, and the ongoing training and education they receive over the course of their career as a home visitor. In this chapter, we focus primarily on the training home visitors and supervisors receive after being hired and the ongoing training they receive after gaining some home visiting experience.

Key dimensions of training and professional development that arose in our informant interviews with program managers and supervisors and in focus groups with home visitors include the following:

- experiences with training and professional development offered by the LIA, home visiting model, and state MIECHV awardee;
- challenges related to timing of and funding for training and professional development; and
- topics on which staff could benefit from additional training.

We report findings largely from case study data and supplement these findings with survey data to provide national estimates of training experiences and needs.

Key Findings

- Home visitors experience extensive training in the form of onboarding procedures within their agencies and programs, model-specific trainings, and ongoing trainings offered statewide through the MIECHV lead agency or training institutions. The timing, order, length, and intensity of trainings varies across programs depending on the agency structure and model and state requirements.
- Shadowing experienced home visitors was identified as an important step in preparing home visitors for the field. Nearly all program managers report implementing shadowing in some

way, but some programs offer shadowing before hiring and training new staff, while others integrate shadowing in the onboarding process.

- For some home visiting models, initial trainings for new staff are reportedly not scheduled frequently enough and are challenging to attend when long-distance travel is required. When so much content is covered in a short period of time, home visitors find the material overwhelming.
- Though most home visitors describe the benefits of ongoing training, they raise concerns about the mismatch between the training they need and the trainings available to them. They describe not having access and funding to pursue the trainings they would like and being required to participate in trainings they find repetitive, not applicable, or no longer useful given their skills. Mandatory trainings can take up a large amount of staff time and take time away from clients.
- Staff point to areas where they could use additional training to best serve families' needs. The most common topics include early childhood mental health, serving children and parents with disabilities, laws and public policy affecting families they serve, postpartum depression and maternal mental health, substance abuse/misuse, and family trauma and trauma-informed practices. Home visitors indicated a preference to go deep into important topics of their choice and have the content be relevant to their local service population rather than attending workshops and conferences that scratched the surface or overly generalized issues to be applicable across home visiting models or fields.
- A small share of home visitors and supervisors are working while enrolled in school full time or part time. Tuition reimbursement is uncommon, but staff view it as a major perk. Program managers and supervisors also see the value of tuition reimbursement in attracting new hires—even though retaining them may be hard once staff have higher degrees and can find higher compensation.

A Structured Onboarding Process That Includes Job Shadowing Helps New Home Visitors Feel Prepared to Work with Families

According to the Home Visiting Evidence of Effectiveness (HomVEE) review, all evidence-based models approved for MIECHV funding require training for home visitors after hire (Sama-Miller et al. 2019). In

this chapter, we generally refer to training received after hire but before a home visitor builds a caseload as “onboarding” and training received after that as “ongoing training.” Our review of the HomVEE literature, combined with our observations from the case study, indicate that LIAs take different approaches to onboarding and ongoing training and that these trainings can vary significantly in terms of number, timing, format, and curriculum.

Program managers described the training protocols they have developed for new staff: some of these protocols are requirements of the model being implemented, and some are requirements of the broader agency where the program is housed. Across the case study sites, newly hired home visitors typically described receiving an agency-specific orientation and training while they studied the home visiting curriculum being implemented at their LIA and waited for their model-specific training to be offered in-person by the national model leadership. Program managers consistently noted that initial model training is required before a home visitor can start building a caseload of their own clients, though the timing can be tricky, as described further in this section.

Case study participants reported that in the first weeks and months after hiring, new home visitors balance their training activities with other responsibilities like shadowing other home visitors and, in some cases, helping with recruitment or screening for new clients.

Job Shadowing

Home visitors emphasized the importance of experiential learning alongside the formal trainings they receive through their models and agencies. Specifically, home visitors thought shadowing an experienced coworker on a home visit was a critically important training activity. Shadowing involves joining another home visitor on a visit and observing their interactions with the family. The observer can see the steps involved in planning for and conducting a visit, learn useful strategies in the field from an experienced peer, and see the program curriculum and materials (e.g., assessment tools) in action. Nearly all Program Manager Survey respondents (98 percent) reported that shadowing is a component of their agency’s training for new home visitors.

Shadowing is widely performed, but the agencies we met with as part of the case study described slightly different approaches to implementation. As described in chapter 5 on recruitment strategies, some agencies arrange for new hires to shadow as part of the interview process and others introduce shadowing immediately after hire and before attending the model training. According to some program managers, this approach allows new hires a chance to see home visiting in action and get a better idea of what the job entails before undergoing formal training. Some program managers also noted that model

trainings are expensive and allowing new hires to shadow before attending the model training can help save resources. Several program managers reported that they had experienced new hires resigning shortly after model training, where they realized that home visiting “just wasn’t for them.” This is costly to the agency, and program managers want to avoid this possibility. Some home visitors added that they appreciated shadowing before the model trainings because shadowing gave them useful context so that the lessons learned at the model training felt less abstract. However, some agencies chose to send new hires immediately to model training and began shadowing after their return. In these cases, the agency usually did not have flexibility to require shadowing first, because the model training was being offered immediately after a new hire began work. For example, this supervisor describes the situation with her new staff:

We really try to make sure they have some training before we assign them a family. Sometimes it depends on the situation. We did have one person hired in August who had a home visitor’s whole caseload transferred to them, but I think it was only 11–13 families. But that home visitor was able to shadow the previous home visitor with most of those families before she left. And that home visitor had all of her training within the first three months. That was a little fast. The people just hired don’t have families yet...that gives them the time to learn what is required, look at the curriculum. And if they had a core training, they can observe home visiting shadows and they have time to do that before they are just thrown in. I have gotten feedback from the new people...and they like the pace of it.

Overall, case study participants found that shadowing was a critical component of on-the-job training. Program staff and home visitors also emphasized the importance of shadowing as many home visitors as possible to have exposure to staff with different backgrounds and personal style.

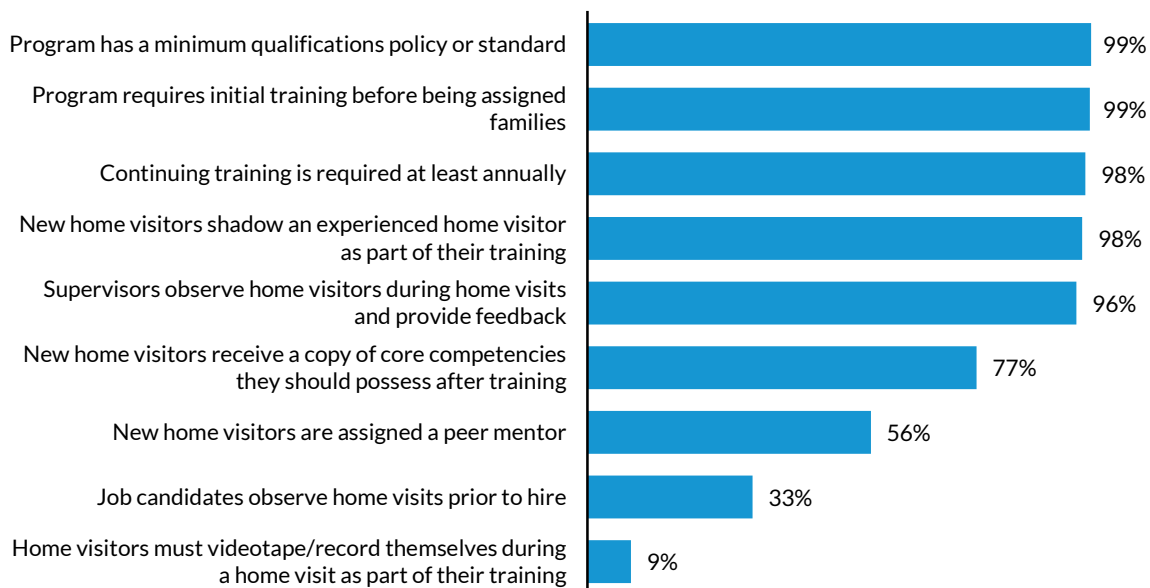
Agency Trainings and Other Onboarding Activities

Each LIA requires some onboarding process for new employees, often run by the agency’s HR department. LIAs typically require an orientation training specific to agency structure, policies and procedures, safety protocols, documentation, and data entry.

The Program Manager Survey provides some information about the extent to which agencies have policies in place around training and professional development. The results show that policies or standards are more common in some areas than others, and in general they are more common for home visitors than supervisors (see figure 7.1A and B). Almost universally, LIAs require initial training, shadowing, supervisory observations, and annual training, but there is more variation in practices such as observing home visits as a job candidate (33 percent of program managers said this was the case at their agency) or requiring home visitors to videotape their visits as a training exercise (9 percent).

For supervisors, the overall pattern was similar. However, the existence of policies and standards in each area was somewhat lower, suggesting that supervisors may not have as much formal structure for professional development. Some areas may be more relevant for home visitors than supervisors, such as assigning a peer mentor, since the supervisor may be the only one in the program, with no peers in the same role available. Yet in other areas, supervisors may also stand to benefit from policies or standards. The biggest differences compared with prevalence of policies or standards for home visitors are with respect to shadowing as part of training (61 percent for supervisors versus 98 percent for home visitors) and routine managerial observations of supervisory sessions (64 percent for supervisors versus 96 percent for home visitors).

FIGURE 7.1A
Home Visitor Training Requirements

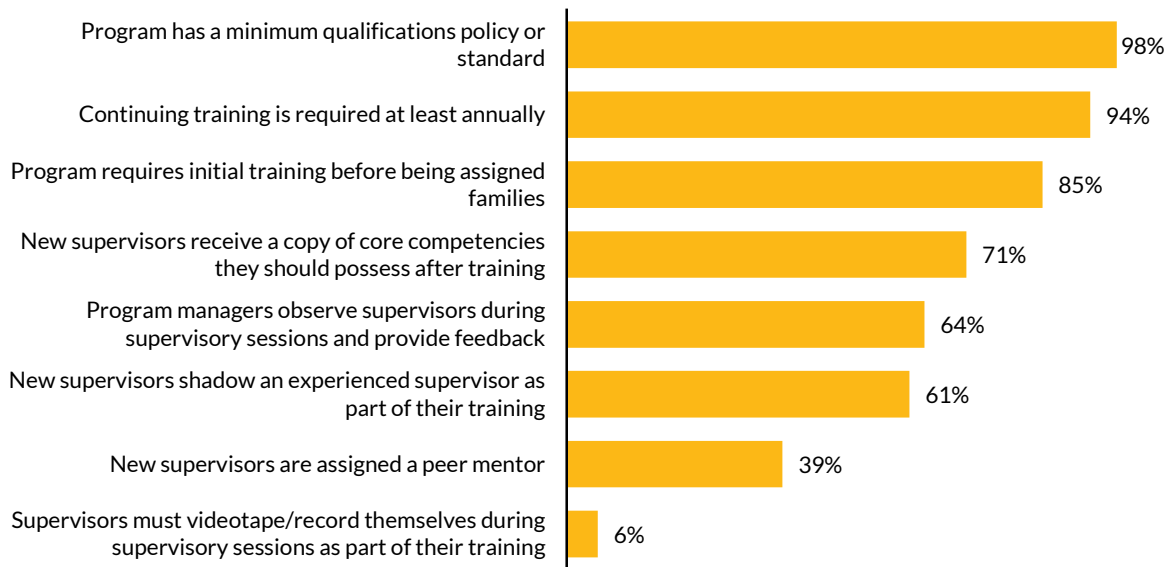


Source: Program Manager Survey.

Notes: N = 350. Percentages are calculated based on valid responses and exclude missing cases.

FIGURE 7.1B

Home Visiting Supervisor Training Requirements



Source: Program Manager Survey.

Notes: N = 349. Percentages are calculated based on valid responses and exclude missing cases.

Model-Specific Trainings

As noted above, each MIECHV-approved home visiting model requires new home visitors to attend a training on the model curriculum and delivery approach, which typically requires some travel in or out of state. The length, format, and timing of these trainings vary by model. Some models only offer trainings a few times a year or when there is sufficient demand, which can result in new home visitors needing to wait several months to attend. This delay can be problematic because it can mean either that home visitors are unable to take on a caseload for several months or that they are working with clients before having attended the model training. Although most models technically require that home visitors undergo training before seeing clients, staff at several LIAs reported that home visitors were building caseloads before attending training because of client demand issues. Most home visitors who began seeing clients before training reported that they were overwhelmed and felt initially unprepared. Conversely, home visitors who had to wait several months before receiving model training and enrolling clients said they felt bored and were eager to get started with visiting. Three home visitors from different agencies explained their experiences:

In order to work for NFP, you have to attend training in Colorado. But, because we work for the city, getting to Denver can be a challenge. The city takes forever to approve travel requests. I had two months of being [trained] by another nurse, and I was ready for my own clients.

It took a while to get the training. The trainings were only offered at certain times, so it wasn't instant...It took a while for me. I remember going into a visit and feeling like I didn't even know the curriculum!

For new workers, they don't give you cases until a training comes up. But I feel like you need to go out into the field to get experience. There's a lot of stopgap training, but it's not as useful as it should be...you're in the office, doing paperwork, and you know you won't even remember it by the time you're on your own in the field. You get bored.

Home visitors provided a range of responses on the perceived value and quality of the model trainings. Some reported that the trainings were excellent and helped them feel prepared to begin working with families in the field. Other home visitors reported that the trainings were too long, too intense, or too didactic. Some felt that the trainings covered too much content to absorb over the course of several days and thought it might be better to have a shorter initial training and then several short follow-up sessions. Others remarked that the material was oversimplified and felt that it did not meaningfully add to their existing knowledge base.

Generally, home visitors thought that model trainings covered the right information for a new hire, but some thought that certain topics were missing—for example, practical training on how to fill out model-required paperwork and address postpartum depression. Some also commented on the need for varied levels in training. Home visitors with previous home visiting experience or more advanced educational attainment often found initial model trainings too basic, but others with less background felt the trainings were too overwhelming. As one home visitor said,

I know a lot of the home visiting models are designed for people who have never gone to college, but a lot of the trainings make it seem like this is for people who don't even understand the basic tools. Some sessions are better than others, but some of them are just mind numbing.

Overall, home visitors reported that they enjoyed the experience of traveling to the model training and meeting home visitors from other regions. However, some home visitors said that the model trainings did not sufficiently address local issues (e.g., stress about immigration issues affecting families near the US-Mexico border) or that they were not specific enough to the particular populations they serve. Although it appeared to be an uncommon experience, one LIA required home visitors to pay for model training expenses out-of-pocket and wait for reimbursement, which home visitors reported could take several months to process. "It's annoying," said one home visitor. "The [model] training, it's crazy, you have to pay \$400 out of pocket, and then wait to get reimbursed." (Though staff in other agencies reported paying out of pocket for other kinds of trainings they signed up for and also having to wait for reimbursement.)

We also asked supervisors about the training they received after hire and heard considerably less consistency compared with the home visitors' experience. Some supervisors said they received dedicated supervisor training through their model or agency, and some said they simply started working in a supervisory role but never received targeted training. Many supervisors said that their onboarding process was somewhat self-directed and required learning over time.

Home Visitors Need Ongoing Professional Development to Maintain and Develop Skills, Yet Budget Constraints Limit Training Opportunities for Some

Key informants agreed that following initial onboarding home visitors need ongoing training and professional development opportunities to maintain and strengthen their skills. We asked home visitors about their experiences with ongoing training and their professional development needs. We also asked key informants about the availability of opportunities to support professional development, for both novice and experienced home visitors. Though initial onboarding was somewhat similar across agencies, ongoing trainings and professional development varied widely.

Ongoing and External Trainings

Most home visiting models require ongoing training, which can typically be completed virtually or by attending an annual conference. Individual agencies had fewer requirements related to other external trainings. Across participating agencies, home visitors reported different levels of access to trainings beyond those offered by their models. Some home visitors said they could access any training they wanted, with approval from their supervisor, and in some cases, from agency management. Other home visitors said that they were unaware of any external training opportunities or that budget or other restrictions (e.g., caseload or personal reasons) made it difficult to attend.

The home visitors who had attended ongoing trainings over the course of their work described a variety of trainings focused on topics including brain trauma, substance abuse, motivational interviewing, breastfeeding, and infant massage. Some agencies encouraged and supported their home visitors in getting certifications relevant for their roles. For example, one home visitor was able to receive a lactation certification through a grant that the agency had received from the state department of health. Home visitors in Connecticut completed the Family Development Credential—a 90-hour

course that took seven months to complete. Home visitors appreciated the opportunity to gain certifications and build their professional skills.

Some home visitors wished they had a more structured process for receiving “refresher” trainings after their initial hire and onboarding. As one home visitor put it,

I wish they would open it up to us if you want to go to a refresher training or something, because I'm not the only one in the state who has been here a little while, and I think we all need to get a refresher. There's always something new and there's always something you need to get caught up on.

In focus groups, home visitors explained the process for attending trainings after their initial onboarding. In most cases, they reported that they can ask their supervisors for approval to attend a training they are interested in, and that budget typically dictates whether it is possible. Program managers and supervisors emphasized the cost of external trainings and reported that limited funding means they cannot offer all the trainings they wished they could.

Some agencies have more funding flexibility than others. In one site, a one home visitor said, “They give us a lot of funding to go to conferences, basically anything that we can find, anything that's pertinent to the job.” But that level of funding seems to be an exception to the rule. In another site, home visitors described having access to a pool of funds for annual professional development—up to \$650 a year a person—that they could put toward external trainings of their choice. The home visiting supervisor in that program also described helping her staff find the most relevant external trainings, most recently on the topic of family mental health—an outcome they are working to target:

We are a support for mental health and connecting to material resources. Being somebody that is there for the parent, being another adult that goes in is really critical. The staff have gotten a lot of training for that. They've done mental health first aid. We're doing a motivational interviewing training. We're doing an infant mental health workshop. They've learned about ACEs, trauma.

Some programs with fewer resources reported using other strategies to support ongoing training like free state-sponsored trainings and online training resources, which are generally less expensive than in-person events. Home visiting programs embedded within county-level systems (e.g., school districts, public health systems) described greater access to a wide range of trainings free to their staff. One program manager described how her program made use of low-cost or free trainings:

There are [free trainings] the state sends out all the time through email. And we'll do local trainings...And a benefit of being in the school system is that there are trainings available to our staff—almost our whole team is certified in mental health first aid for children and teens.

In some cases, home visitors described these free agency-wide trainings as not applicable to home visiting, such as contraceptive training that was more school-health focused.

Staff across LIAs in one state also discussed statewide trainings organized by the MIECHV lead agency. The content benefited some home visitors, but others expressed frustration with merging so much content into one event—for example, one hour on opioid addiction when home visitors really wanted a longer dedicated workshop. They were also concerned that content was generalized to all home visiting models represented across the state, when home visitors working with prenatal teenage clients may have very different needs than those working with older parents of preschoolers.

Scheduling presented an additional challenge for ongoing training. Although most home visitors said they would welcome professional development opportunities in theory, some said that they already were overwhelmed trying to complete enough home visits and that additional trainings—especially required ones—could be challenging to fit into an already busy schedule. As one home visitor put it, “Sometimes I’m just done with trainings. We have a lot of clients to see. I’d rather see my clients.” A supervisor agreed it can be challenging to balance professional development with client responsibilities:

[Model] has a lot of training and professional development opportunities, but there’s a delicate balance between those opportunities and the actual home visits. There isn’t a whole lot of time for training and it’s up to the supervisor as to who can go to which trainings, and I have to consider how it will affect the budget.

Home visitors also talked about their own personal needs that might make it difficult to travel—many are parents of young children and some are living on tight budgets. Arranging (and paying for) temporary child care can be challenging.

Though most home visitors discussed the extensive ongoing training they received, case study data suggest fewer training opportunities are designed specifically for home visiting supervisors. Most supervisors mentioned completing the core model training required for new staff, which, depending on the model, has a separate supervisor component. Some supervisors were satisfied with the training they received and felt prepared to handle their role, but others felt they could have used more management training:

The biggest challenge was going from coworker to supervisor, especially for people who had been here longer than me [to see me as their supervisor]. I know that [model] has bulked up the training for managers now, but there was a transition [period], so I was learning as I went for some of it. (Home visiting supervisor)

Continuing Education

Another component of ongoing professional development is the coursework home visitors might seek to obtain a higher degree and facilitate career growth beyond their current position. According to

survey results, 7 percent of home visitors are currently enrolled in school full time, and another 7 percent of home visitors and 3 percent of supervisors are enrolled in school part time. Focus group participants gave examples of balancing work and school—sometimes pursuing a bachelor’s degree to qualify for higher earnings and other times taking graduate courses part time.

When asked about their visions for their professional lives (i.e., their 5- and 10-year plans), more than half of the home visitors in focus groups who were not planning to retire after leaving their current positions said they intended to return to school. The survey revealed similar findings, with 77 percent of home visitors indicating they were very or somewhat likely to attend school in the next two years (see chapter 6, figure 6.9 for survey results). Program managers and supervisors commented on the fact that home visitors who work toward additional schooling and higher degrees may be more likely to leave their position as a home visitor:

I’m quick to tell them, “Go back to school, go back to school!” But I don’t know how much I should say that, because if you go back to school, you probably won’t stay here. (Program manager)

Almost 40 percent of home visitors reported having access to tuition reimbursement or help paying for educational expenses—though survey data do not specify the parameters for allowable costs (e.g., credit-bearing coursework versus other expenses). As discussed in chapters 4 and 5, such employee benefits helped attract job candidates. However, nearly one-quarter (23 percent) of home visitors enrolled in school and more than a quarter (29 percent) overall reported not knowing if they were eligible for this benefit. Only a minority of agencies visited in the case study were offering tuition reimbursement, although others were considering it at the time of the visit. Despite its potential expense in terms of dollars and long-term staff retention, most program managers agreed that it would be nice to offer tuition reimbursement as a way of showing support for staff and their professional pursuits. As one program manager put it,

In my ideal world, we’d offer tuition reimbursement. Even if it’s only 40 percent or 50 percent of costs, it makes [the home visiting staff] feel good. I think it would be a morale booster, and a major perk.

Home Visitors Say They Could Benefit from More Training on Certain Topics

We asked home visitors, their supervisors, and program managers about what kinds of training and professional development they wished were available or accessible. Across states and programs, home visitors said they wanted more training on certain topics. Some topics related to sensitive issues that are

difficult to address, including intimate partner violence, maternal depression, and suicidal ideation. Others reflected shifts in the social/political environment or local issues like immigration and opioid use. Some home visitors also said they could benefit from trainings to help them care for themselves as home visitors, including trainings around preventing burnout or practicing self-care. One home visitor emphasized this need:

When I think about trainings I wish my agency offered, I think about learning how to take care of yourself when you're taking care of others. Self-care. I take my work home with me in my mind, and I'm thinking about my families on the weekend. Are the kids eating? Are the parents staying sober? It's in the back of my mind, and maybe I could learn how to take care of myself better.

Generally, home visitors said they could benefit from many different types of training, but we heard consistently that funding was a limiting factor. At least several home visiting agencies polled their home visiting staff annually to determine what topics rose to the top as training priorities. This way the agency could be proactive in providing resources on topics that home visitors felt were most critical.

The Home Visitor/Supervisor Survey also asked about unmet training needs. The survey asked respondents to rate the extent to which they could benefit from additional training on specific topics, using a scale from 1 ("I would benefit a lot") to 5 ("I would benefit very little"). The results, shown in figure 7.2, suggest that home visiting staff generally perceive benefits to receiving additional training on a wide range of topics. This is consistent with the breadth of child and family outcomes targeted by home visiting programs.

There was no topic measured in the survey for which more than 10 percent of respondents said they would benefit "very little," and more than half of respondents rated every topic a 1 or 2, indicating perceived benefit of additional training. The topics for which the highest share of home visiting staff—40 percent or more—indicated they would benefit "a lot" from additional training included early childhood mental health (46 percent), serving children or parents with disabilities (44 percent), laws and public policy (43 percent), postpartum depression and maternal mental health (40 percent), substance abuse/misuse (40 percent), and family trauma and trauma-informed practices (40 percent).

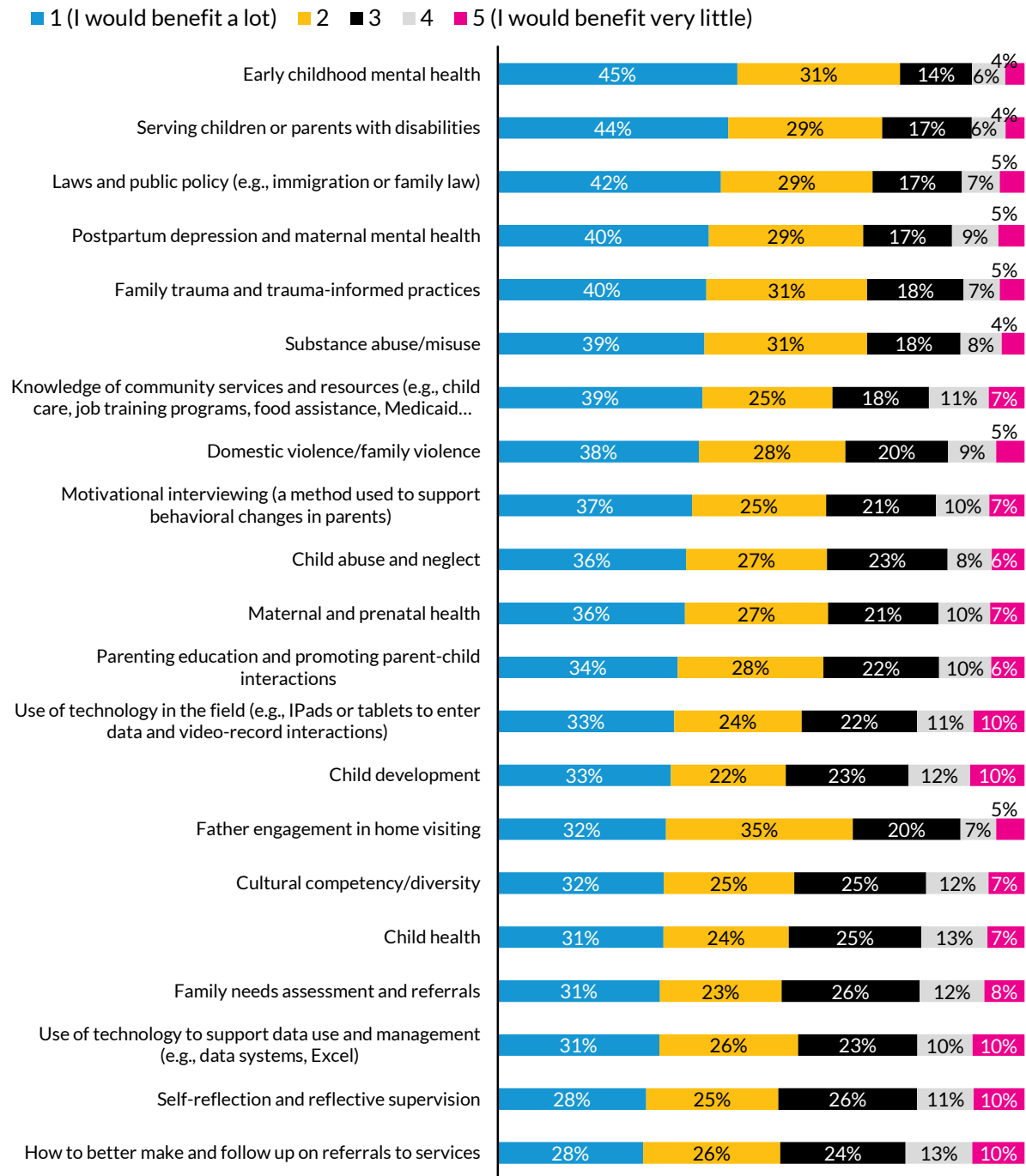
Figure 7.3 separates ratings by staff role and indicates the share of home visitors versus supervisors that rated each topic a 1 ("I would benefit a lot"). Home visitors were generally more likely than supervisors to report they would benefit from additional training on each topic, suggesting that supervisors may already feel competent. Supervisors were more likely to report a neutral response (3) or that they would benefit little. Though patterns are similar across staff roles for the top four topics of interest, supervisors had higher ratings than home visitors on reflective supervision and had a strong interest in technology—both in the field and to support data use.

Additionally, home visitor survey respondents reported how successful they felt they were in achieving a range of family outcomes targeted in the MIECHV Program. Areas rated as most challenging to achieve include helping parents reduce their tobacco use, space subsequent births, manage alcohol and drug problems, and find safe and stable housing (figure 7.4). Their responses indicate substantive areas where they might need additional support. Some areas might reflect larger systematic issues (e.g., lack of affordable housing) that extend beyond what professional development alone can do. Still, the findings are useful for showcasing home visitors' successes—particularly in achieving parenting outcomes—as well as the challenges they face in their direct work with families.

FIGURE 7.2

Staff Training Priorities

Self-reported by all home visiting staff



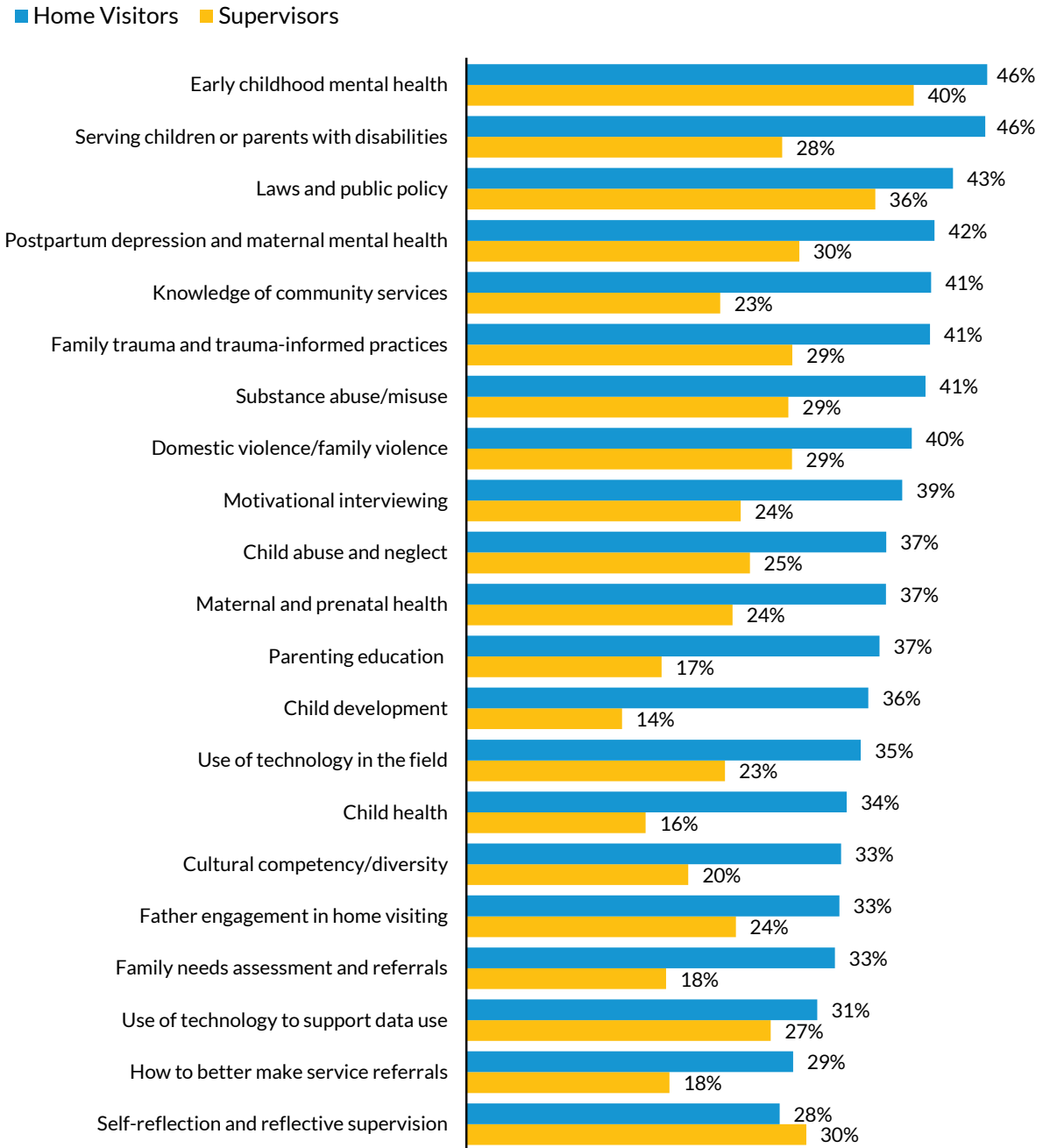
Source: Home Visitor/Supervisor Survey.

Notes: Sample sizes ranged from 734 to 738 home visitors and 119 supervisors. Percentages are calculated from valid responses and exclude missing data. Other topics specified included safety in the field, self-care, time management, and business development.

FIGURE 7.3

Self-Identified Training Needs by Staff Role

Areas rated as offering the most benefit

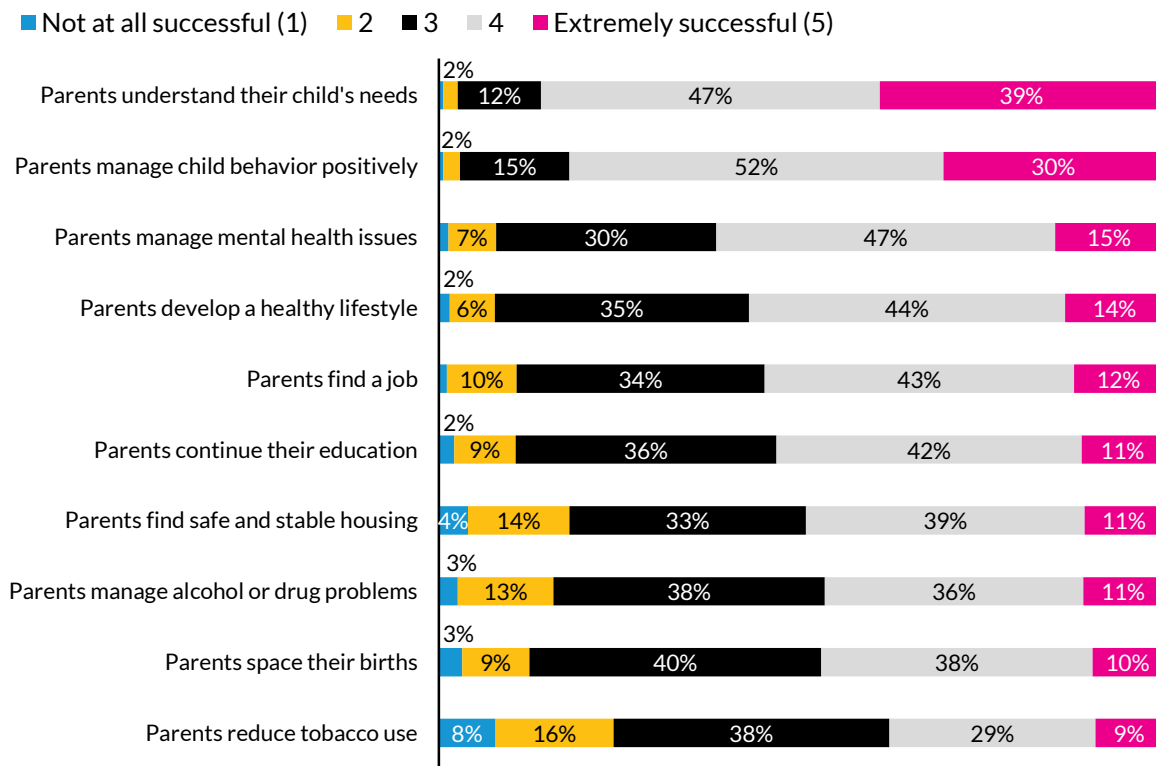


Source: Home Visitor/Supervisor Survey.

Notes: Sample sizes ranged from 734 to 738 home visitors and 119 supervisors. Percentages are calculated from valid responses and exclude missing data.

FIGURE 7.4

Home Visitors' Self-Perception of Success in Working with Parents to Achieve Outcomes



Source: Home Visitor/Supervisor Survey.

Notes: Sample sizes ranged from 662 to 664. In addition, 55 respondents marked "not applicable" for this question.

Conclusion

After hire, home visitors embark on a variety of training activities. All MIECHV-approved home visiting models require an initial multiday training for new home visitors. These model trainings are typically held on some sort of schedule and can require out-of-state travel. As a result, some newly hired home visitors have to wait until a training is available.

Almost all survey and case study participants emphasized the importance of shadowing as a mechanism to prepare newly hired staff to enter the field. Shadowing can be a component of a job interview (although privacy can be a concern) or can occur before or after a model-specific training. Home visitors appreciated shadowing multiple coworkers before building their own caseload so they could see how the model works in the field.

After initial onboarding, home visitors and supervisors can benefit from ongoing training to cultivate the skills and knowledge they need to be successful in their roles. Requirements around ongoing training were generally less defined than the structures in place for new staff. All MIECHV-approved models require some annual training; some offer these trainings in person and some are delivered virtually. Besides the model-specific resources, staff participated in statewide trainings organized by the state MIECHV lead agency. Other training opportunities varied by agency. Some agencies had small budgets set aside to support home visitor and supervisor professional development; others responded to staff requests for training on an ad hoc basis. Home visitors and supervisors reported a range of topics where they felt they could benefit from additional training, including topics difficult to address with clients like intimate partner violence, depression, and suicide ideation.

Some home visitors intend to return to or are already in school (according to survey results, 14 percent of home visitors are enrolled either part time or full time). Program managers generally reported they were supportive of their staff furthering their education, but they acknowledged that staff who completed additional education were likely to leave their positions in search of higher salaries.

Home visiting programs aiming to better support initial staff training could consider aligning new staff onboarding procedures with model-specific trainings when possible to avoid long gaps and creating structured systems to support peer shadowing. To improve ongoing professional development, programs may benefit from assessing staff training needs and preferences when making choices about mandatory trainings. Having clear tuition reimbursement policies, where the benefit is available, would help raise staff awareness of their eligibility and the requirements.

Chapter 8. Discussion

The Home Visiting Career Trajectories study set out to collect the first national data on the home visiting workforce across programs and models implemented with MIECHV funding. A two-stage survey provides descriptive information on the agencies where home visitors and supervisors work, their job characteristics, and their backgrounds, qualifications, and career plans. Cross-cutting analysis of in-depth case study data point to strategies programs use to recruit, train, and retain staff, as well as challenges they face. Home visitors shared their on-the-job experiences and aspects of their work that bring them satisfaction or stress. They point to issues that could be remedied to improve their work environments and overall satisfaction. Program managers and home visitor supervisors also share perspectives on how they could improve staff recruitment and retention.

Summary of Key Findings

Home visitors report that they are motivated to work directly with families to help improve their lives, and working with families brings them the most satisfaction in their jobs. Compared with other occupations, workers are attracted to home visiting because of the opportunity to directly serve and build relationships with families. These relationships and the changes and growth staff observe over time are factors that drive them to stay in their jobs even when work gets stressful. The support home visitors receive from supervisors and colleagues is also critical—with many home visitors stating that they could not do their jobs without these supports. The time they spend as a team reflecting on challenging cases and processing their own emotions is viewed as invaluable.

Organizational culture varies across programs and is a significant predictor of job satisfaction and home visitor retention. Feelings of being undervalued and misunderstood within their agency rather than trusted and respected as professionals undermine home visitors' efforts. Observed differences in employee satisfaction and general happiness in their role often relates in some way to organizational structure and culture (e.g., the level of rigidity) and sometimes direct relationships with upper management and supervisors. Having predictable work hours yet a flexible schedule is what attracts many home visitors to the job, versus alternatives that might require rotating shifts or frequent weekend work. Schedule flexibility with options to telework and intentional efforts by upper management to limit caseload burden promote worker retention.

The average home visitor caseload is 16 families, with a wide range up to 53 families. More than half of programs (58 percent) report weighting caseloads based on the intensity of families' needs. Two-thirds of home visitors feel their caseloads are "about right," but others are split in reporting they could handle more or the burden is too high. Focus group participants suggest the caseload becomes most problematic when other home visitors leave and open cases are reassigned, thus adding to their workload.

Home visitors' greatest points of dissatisfaction with their jobs are the low pay and the lack of opportunity for career advancement. Though some staff consider themselves career home visitors committed for the long term, most see their jobs as a stepping stone to something else given lack of advancement opportunities and limited pay increases. Some home visitors report that even if they wanted to stay, they cannot afford to. For others, the stress of their daily work is not sustainable after a few years, and staff leave when they become burnt out and in need of something different. Robust employee benefits offer an incentive for some home visitors to stay even when pay is not commensurate with their experience, but since benefit plans vary across agencies, not all home visitors experience this incentive.

Program managers reported that staff leave for various reasons—school, retirement, or other employment opportunities—but low pay is a major driving factor for turnover. Survey results indicate that more than half of home visitors are very likely to stay in their positions in the short term. Fewer home visitors (7 percent) indicate that they are very likely to leave the home visiting field entirely in the next two years. Separately, nearly half of home visitors reported being very likely to pursue further education and training in the near future—perhaps while working. When considering long-term career plans, focus groups suggest few home visitors plan to still be doing the same job in five or more years. Case study participants indicated that home visiting jobs might be more sustainable for someone early in their career without a family to support or someone later in their career who is looking toward retirement and not relying on a minimum income. Multivariate analyses show that home visitors ages 45 and older report greater job satisfaction and intent to stay in their positions over the next two years. Home visitors enrolled in school full time and those with at least a bachelor's degree are less likely to report plans to stay in their jobs.

The findings confirm and expand on previous home visiting research in several ways. Similar to other research, the study identifies the time pressure and stress home visitors can feel when faced with paperwork and data entry expectations on top of handling challenging cases in the field. This study also highlights the importance of quality supervision for reducing staff burnout. The work environment can be a source of stress or support depending on the program and agency culture. Staff retention is greater

when supports are in place and home visitors feel valued in the larger organization. Reasons for turnover are similar to those found in other multistate home visiting studies (ACF 2015; Franko et al. 2019), with low pay being a top reason. The rate of potential turnover (i.e., intent to leave) is somewhat lower than in other studies; MIHOPE found 17 percent of home visitors intended to leave in the next 12 months whereas this study found 15 percent were likely to leave in the next two years (of which 7 percent were very likely). In terms of actual turnover, the Region X Workforce Study found an average annual turnover rate of 23 percent while Early Head Start Baby FACES found 11 percent. Differences in home visiting models, funding sources, and local employment context, in addition to agency culture, may contribute to these differences.

Implications for Strengthening the Home Visiting Workforce

Study findings suggest ways LIAs can improve current practices to recruit and retain qualified staff. MIECHV awardees, home visiting model developers, and training and technical assistance providers may also benefit from knowing about the work conditions and experiences of the workforce they support to help strategize practical changes. Though increasing staff pay is one solution, such a change may not be feasible in the current system without significant financial investment. Instead, we suggest other strategies observed in the field that could be adapted and replicated.

Invest Up Front in Strategic Recruitment Efforts to Find Qualified Staff Fit for the Position

One-third of program managers report having one or more vacancies for home visitor positions. They describe the complexity that can come with replacing staff. Strategies that program managers described as effective include the following:

- crafting a job description that fully and accurately captures home visitors' responsibilities and clearly outlines competencies so applicants are fully aware when they apply;
- directly involving program staff in the application screening and interviewing process instead of (or in addition to) filtering through human resources;
- integrating scenario-based questions in the interview to learn how candidates would respond in certain circumstances;

- requiring qualified candidates to observe a home visit before accepting the job so they fully understand what the job entails;
- hiring a recruitment firm that can go beyond posting job announcements on websites to target candidates with relevant backgrounds;
- advertising home visiting positions at local colleges and universities to recruit recent graduates with relevant experience; and
- partnering with local institutions of higher learning to create internship or job-shadowing programs to introduce more people to the home visiting field; hire directly from those programs.

Create a System That Supports Professional Development, Goalsetting, and Continuous Learning

Ongoing training and professional development can support home visitors as they encounter various issues in the field. Home visitors described the extensive amount of training they receive from their agency, home visiting model, state MIECHV lead agency, and others—a topic that often sparked deep conversation and contention. Though most home visitors described the benefits of ongoing training, they also raised concerns about the time commitment and misalignment between their individual needs and the content and timing of the trainings offered.

Survey findings and discussions with case study participants illuminated several ways home visiting agencies can improve staff professional development. Possible strategies include the following:

- Implementing a formal goalsetting activity as part of a routine self-assessment process in which home visitors and supervisors work together to identify learning goals and develop a plan for meeting those goals. Ninety percent of program managers reported implementing employee goalsetting and goal-tracking, but many home visitors discussed a misalignment between their self-perceived training needs and what is required of or available to them.
- Sharing information with state MIECHV agencies and home visiting models on identified staff professional development needs and collaborating to improve the content, format, and timing of trainings for staff in different roles and at different levels.
- Offering tuition reimbursement; such financial support could help home visitors feel valued and that their employer is invested in their development. If tuition reimbursement funds are available, the policies should be clearly and universally applied for all staff.

- Create a formal peer mentorship program to offer experienced staff an opportunity for coaching and peer teaching. Home visitors agreed that shadowing an experienced peer was an important part of their training, even though not all had the chance before they actually took the job. Learning from peers occurs naturally on the job, but creating a formal structure could help promote the success of new staff from the start. MIECHV awardees and technical assistance providers might consider ways they can support local home visiting programs in their efforts to structure and implement peer mentoring and coaching.

Make Home Visitors Feel Valued Through Team Building and Regular Reflective Supervision

Home visitors nearly universally shared the sentiment that “no one goes into home visiting for the money” and that the job is meaningful because of relationships with coworkers and the ability to affect clients’ lives. Home visiting agencies should identify ways to ensure that staff feel valued and appreciated and part of a close-knit and supportive team. Potential strategies include the following:

- implementing regular team meetings for staff to discuss difficult cases in a group setting;
- holding scheduled reflective supervision and maintaining open lines of communication between home visitors and supervisors;
- providing dedicated support for certain tasks that might be time-consuming and limiting home visitors’ ability to spend time with clients (e.g., data entry);
- ensuring that home visiting programs interact with other programs in an agency to prevent the sense that home visitors are separate or isolated from other programs;
- creating a workplace culture that celebrates staff accomplishments.

Create Opportunities for Leadership and Advancement

Retaining qualified staff is a challenge when limited opportunities for advancement are available. There is little evidence of career ladders or lattices within home visiting programs, and study participants pointed to this as a major problem. This larger systemic issue requires the attention of the home visiting field as a whole. At an agency level, however, efforts could be made to provide leadership opportunities, such as peer training and coaching of new staff and delegating supervisory and program management responsibilities (with a reduction in home visiting caseload) for experienced home visitors seeking such a role. Case study participants suggested that creating a career ladder or lattice to recognize home

visitors' years of experience with a promotion and job title change (e.g., Home Visitor Level 1 to Home Visitor Level 2) could instill a sense of worth and appreciation for home visitors' efforts. MIECHV awardees might consider how they can support LIAs in designing and implementing career ladders and other leadership and advancement opportunities to help retain qualified staff.

Implications for Future Research

The study findings provide a detailed picture of the home visiting workforce in MIECHV-funded programs, with an emphasis on home visitors' characteristics, qualifications, and experiences on the job. The study also identifies several areas worthy of further investigation.

- **Comparing the workforce in MIECHV and non-MIECHV funded programs.** The study sample is representative of staff in MIECHV-funded home visiting programs. The sample is not, however, representative of home visitors across the US or home visitors implementing a specific home visiting model. Therefore, findings from this study have important implications for the MIECHV Program but may not be generalizable to the field as a whole. MIECHV offers extensive support to MIECHV awardees through federally funded training and technical assistance centers. Home visitors in MIECHV-funded programs have access to trainings and resources not typically available to home visitors in non-MIECHV funded programs. The MIECHV performance measurement system guides awardees and local programs in their efforts to monitor participant outcomes. Given these reasons and state awardee oversight of local programs, MIECHV-funded programs and their staff could look different than other home visiting programs. Future research might take a broader look at the workforce in both MIECHV-funded and non-MIECHV funded programs to examine similarities and differences in staff characteristics and experiences. A recent workforce study in HRSA Region X took this approach to examine the home visiting workforce more broadly across funding streams (Franko et al. 2019). The question of whether staff in MIECHV-funded programs experience job security, workplace supports, and training and professional development opportunities that differ from non-MIECHV-funded programs has not yet been addressed but could offer useful insights.
- **Estimating turnover rates and patterns.** The study collected data on the current home visiting workforce but not from previous staff who left their positions. Program managers reported reasons for staff turnover, but such secondhand reports could be biased and not accurately reflect the situation. Exit surveys and interviews with former home visitors might better

capture this information. Program managers also reported the current number of vacant positions and, in case study sites, shared estimates of average tenure for home visitors. The data collection did not, however, include analysis of program administrative data to estimate annual turnover rates and length of staff tenure. Such methods could be useful in future studies to address gaps in knowledge regarding the average length of time home visitors stay in their positions and differences based on program characteristics, LIA characteristics, and staff profiles.

- **Evaluating strategies for reducing staff burnout.** The study explored the topic of burnout during focus groups and key informant interviews. These qualitative data capture information on contributors to burnout and how programs are supporting staff, such as through reflective supervision and adjusting caseloads. Several previous studies have examined the issue of compassion fatigue or secondary trauma that many home visitors experience because of the demanding nature of their work with high-needs families (Begic, Weaver, and McDonald 2019; Dmytryshyn et al. 2015; Lee et al. 2013; West, Berlin, and Harden 2018). However, few studies to date have tested the effectiveness of specific approaches to reveal best practices in self-care, stress reduction, and addressing secondary trauma. One known example is emerging work in Florida's MIECHV Program that reveals the success of mindfulness stress reduction training (Alitz et al. 2018). Staff complete a half-day retreat and eight self-paced modules targeting healthy attitudes and communications, empathy, emotional self-regulation, and other topics. Future evaluations could test these and other approaches to quantify impacts and the level of effectiveness.
- **Identifying model examples of career pathways.** The lack of advancement opportunities was a common concern among home visitors in this study. Their input raises the question of whether examples of successful career ladders or lattices exist in home visiting or could be created and tested. This study found little evidence among case study sites, but a deeper exploration might uncover useful examples. MIECHV awardees or LIAs might consider piloting a career ladder to improve retention. Additionally, several case study sites discussed hiring former interns or building partnerships with local higher education institutions to recruit graduates. More research could be done to explore and evaluate innovative recruitment practices like these to build a pipeline of qualified staff from relevant schools of nursing and social work, as well as departments of family science, human development, and education.
- **Researching loan forgiveness and tuition reimbursement as a benefit for home visitors.** Consistent with past research (e.g., Buchbinder et al. 1998; Radcliff et al. 2017), this study

highlights how low compensation contributes to staff turnover as well as recruitment challenges. Increasing salaries is difficult because of limited program funding. Local programs might consider exploring whether other forms of compensation (besides salary) are effective in recruiting and retaining home visitors. Additional research could explore the availability of loan forgiveness programs and tuition benefit programs and whether they can attract job candidates with desirable competencies and support staff retention.

Conclusion

In sum, the home visiting workforce in MIECHV-funded agencies is diverse in their backgrounds but comprised predominantly of degreed professionals—many with previous experience from related fields. Most home visitors love the work they do with families and have fairly high levels of job satisfaction driven by strong relationships with supervisors and peer colleagues. They also appreciate the stability and flexibility of their work schedules and access to employee benefits. They are less satisfied overall with their pay and promotion options, yet differences exist across local agencies. Efforts to build and strengthen the home visiting workforce should acknowledge the paths home visitors and supervisors take and the need to create systems to more easily recruit qualified workers from the start and support their professional development and career advancement.

Appendix A. Survey Methodology

This technical appendix provides details on survey sample identification, recruitment and data collection procedures, response rates, construction of survey weights, and data analysis plans.

Sample Identification and Recruitment

A challenge in developing the sampling frame for a national home visiting workforce survey is that there is no single registry of home visiting programs, and home visitors range in their licensing, credentials, and professional affiliations. Consequently, our sampling approach relied on lists of potential respondents provided by their employers. This approach of generating a sample from lists provided by employers has worked effectively in past studies. For example, for the Head Start Family and Child Experiences Survey, Head Start grantees were sampled and staff within those grantee agencies completed surveys (Aikens et al. 2017). The WIC Staffing Survey used a similar approach of recruiting local WIC agencies to get their buy-in and surveying staff within selected WIC sites (Bach and Carroll 2006).

For the first-stage Program Manager Survey, the survey team identified programs receiving MIECHV funding using a list of FY 2016 grantees provided by HRSA and a list of FY 2016 tribal grantees provided by ACF. These lists provided information for individual LIAs, including HRSA region, state, counties served, urban/rural designation, LIA name, and home visiting model(s) used. The list included 1,305 programs using ten evidence-based models and three promising approaches. Two additional models were excluded from survey recruitment because they were being phased out (Healthy Start) or no longer implemented with MIECHV funding at the time of recruitment (Family Check-Up).

To develop a program manager recruitment list, survey staff contacted individual model developers via telephone and email to request contact information for program managers in active LIAs receiving MIECHV funding. Once this information was submitted to the research team, a research assistant merged it with the grantee lists provided by HRSA and ACF and removed duplicates. LIAs that were submitted on model developer contact lists but were not in the grantee lists were sent to HRSA or ACF for confirmation of their survey eligibility. LIAs that were missing from model developer contact lists but were in the grantee lists were sent to the model developers for confirmation of active status and to request program manager contact information.

The team cleaned the lists to identify unique LIA-model combinations, since some LIAs operate multiple programs with different models. After removing discontinued programs and duplicates (i.e., program managers managing more than one program in the same LIA), the recruitment list included 667 program managers in 633 LIAs.

Program managers first received a recruitment email signed by the project director notifying them of the survey and their eligibility to participate, with frequently asked questions and answers. Within one to two days later, they received a subsequent email invitation with an embedded link to the web-based survey. Links were unique to each respondent, which aided with tracking responses and sending reminders. Program managers who oversaw multiple models received a separate survey for each model. These cases were rare; these few program managers were asked to complete the survey once and include counts of staff employed in both MIECHV-funded models. Weekly email reminders were sent during the survey administration period. The survey team tailored the email subject line to each reminder and varied the day of the week and time of day for sending reminders to increase the chance of the recipient opening the message.

At the end of the Program Manager Survey, respondents were directed to a linked survey where they were asked to provide work email addresses for home visitors and supervisors in their MIECHV-funded programs. Respondents who reached this point in the survey were provided with the option to submit staff email addresses “now” or “later.” Those who selected “now” were automatically directed to a linked survey with fields to enter staff email addresses. Those who selected “later” automatically received a new email message with a link to the survey for entering staff email addresses. Some respondents completed the survey but skipped the staff email question, while others started the survey but did not reach the staff email section. The survey team generated tailored email messages to these respondents with a link to the survey for entering staff email addresses. Of the 369 survey respondents, 317 provided staff email addresses.

To improve response rates, survey staff conducted two rounds of program manager recruitment calls over the course of the fielding period. The first round, conducted between October 9 and 16, targeted program managers who had completed the Program Manager Survey but had not yet submitted staff email addresses. During this round, staff called approximately 70 program managers. The second round of recruitment calls took place between November 15 and 28. During this round, survey staff targeted program managers in large programs (more than 10 staff reported) who had not yet submitted staff email addresses as well as program managers who had not responded to the Program Manager Survey at all. Survey staff called approximately 70 program managers in large programs to request they submit staff email addresses and called approximately 50 program managers

who had not responded to the Program Manager Survey. Most recruitment calls resulted in a voicemail or leaving a message with administrative staff. Program managers were difficult to reach directly. Survey staff sometimes found that the phone number provided by the model developers was not correct and had to search online for the correct number. In cases where a message was left on voicemail or with a receptionist, staff attempted two additional calls before removing the program from the call list. All contacts and refusals were recorded in a contact log.

For the second stage of the two-stage design, trained research assistants extracted the submitted staff email addresses on a rolling basis to compile a clean recruitment list for the Home Visitor/Supervisory Survey. After removing duplicates and erroneous email addresses, the staff recruitment list included 1,672 supervisors and home visitors in 256 LIAs. The survey team sent a survey recruitment message from the project director to each staff email address collected through the program manager survey. The recruitment message stated that the email recipient is eligible to participate in a voluntary, web-based survey because of his or her employment in a home visiting program funded through the MIECHV Program. The message clearly stated that survey responses would not be shared with employers. Within two days of sending the recruitment email, the survey team sent an email invitation with a unique embedded link to the survey. Recruitment messages and invitations were sent in seven batches by grouping email addresses submitted in different periods of time. Regular email reminders helped increase response rates. Most staff received up to seven reminders, including weekly reminders sent over three weeks after the initial invitation, and then four reminders sent the week of the survey closing date (one week left, three days left, one day left, and final date to respond).

During survey recruitment and throughout the fielding period, the research team maintained a toll-free contact number, voicemail box, and email address dedicated to survey inquiries. Two research assistants rotated daily monitoring responsibilities. Most inquiries were resolved using standardized responses to common questions. Other issues were referred to senior researchers as needed.

Response Rates and Weighting

Response Rates

The response rates on both surveys were higher than 50 percent when including partially completed surveys. As shown in table A.1, 38 program managers (10 percent of respondents) and 49 staff (5

percent of respondents) partially completed their respective surveys—that is, they completed any portion of the survey but did not complete it in full.

TABLE A.1
Final Response Dispositions by Survey

	Program Manager Survey	Home Visitor/Supervisor Survey
Completed entire survey	331	877
Partially completed survey	38	49
Did not fill out any of the survey questions	298	746
Total	667	1672
Response rate	55.3%	55.4%
Response rate (excluding partial completes)	49.6%	52.5%

Note: Partial completes include respondents who completed any portion of the survey but did not complete it in full.

The survey methodology is subject to some concerns about different types of bias. For the Program Manager Survey, there is potential coverage bias because we are not sure that our sampling frame (the list of 667 LIAs with MIECHV funding) included every eligible program. For the Home Visitor/Supervisor Survey, there is potential for coverage error because the staff recruited to respond to the survey might not be representative of all eligible staff. Also, there is potential item nonresponse bias, because some of the eligible respondents did not respond or did not answer all the questions.

Survey Weights

To account for nonresponse, a survey methodologist developed a survey weight for each survey to adjust all estimates. The survey weight reduces potential nonresponse bias by adjusting the sample to ensure respondents and nonrespondents end up with the same distribution of characteristics on salient variables (i.e., especially variables likely to relate to survey responses). The Program Manager Survey weight adjusted for the following factors:

- lower participation of program managers from HSRA Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas) and HSRA Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming);
- slightly lower participation of program managers from HSRA Region 1 (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont) and HSRA Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin); and
- slightly lower participation of program managers from HFA and NFP models.

The Home Visitor/Supervisor Survey weight used the Program Manager Survey weight as its starting point but then adjusted it further for the following factors:

- lower participation of home visiting staff from HSRA Region 1 (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont), HSRA Region 2 (New Jersey and New York), and HSRA Region 9 (Arizona, California, Hawaii, and Nevada);
- slightly lower participation of home visiting staff from HSRA Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee) and HSRA Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin);
- lower participation of home visiting staff from the Kentucky Health Access Nurturing Development Services (HANDS) model;
- slightly lower participation of home visiting staff from the HIPPIY, NFP, and PAT models; and
- slightly lower participation of home visiting supervisors compared with home visitors.

Design Effects

Survey weights affect variance estimates and consequently affect tests of significance and confidence intervals. Variance estimates derived from standard statistical software packages that assume simple random sampling are generally too low, which can lead to overstated significance levels and overly narrow confidence intervals. Therefore, when using survey weights, variance estimation requires estimating the survey design effect associated with the weighted estimate.

The term “design effect” is used to describe the variance of the weighted sample estimate relative to the variance of an estimate that assumes a simple random sample. In many situations, the adjusted standard error of a statistic should be calculated by multiplying the usual formula by the design effect (*deft*). Thus, the formula for computing the 95 percent confidence interval around a percentage is

$$\hat{p} \pm \left(deft \times 1.96 \sqrt{\frac{\hat{p}(1-\hat{p})}{n}} \right)$$

where \hat{p} is the sample estimate and n is the unweighted number of sample cases in the group.

The average design effects for the survey weight are 1.03 for the Program Manager Survey and 1.10 for the Home Visitor/Supervisor Survey. Thus, to get a more accurate estimate of the standard errors associated with the weighted estimate, one would multiply the unweighted standard error by the

appropriate *deft* value. For example, suppose an estimate from the Home Visitor/Supervisor Survey had an unweighted standard error of 0.026. The weighted estimate would not change; however, the standard error of the estimate would increase to 0.029 (0.025×1.10).

Survey Data Analysis

This section describes the steps taken to analyze data from the Home Visitor/Supervisor Survey and the Program Manager Survey. After completion of survey administration, the survey team downloaded the data from Qualtrics and wrote a program in Stata software to clean the data. Data cleaning involved recoding variables, constructing new variables, and investigating patterns of item nonresponse. These processes yielded two clean analytical data files, one from each survey. We merged a set of variables from the Program Manager Survey related to program-level characteristics onto the Home Visitor/Supervisor Survey analytic file to allow for analysis of relationships between program characteristics and home visitors' characteristics and career trajectories. Once data were clean and ready for examination, we conducted specific analyses driven by the study's research questions. We describe the five types of analyses conducted.

Analysis 1. Description of the Home Visiting Workforce

Analysis began with a set of descriptive statistics of all survey variables. The survey team reviewed the results and sample sizes to assess missing data and data quality. The review determined which variables to include in the report, how to report findings (tables and/or figures), and which items should be omitted.

The survey team generated weighted counts of the national MIECHV-funded home visiting workforce, along with tabulations by position type. Then, they tabulated survey responses related to respondents' qualifications, demographics, job characteristics, training experiences and needs, and other survey topics. The Program Manager Survey generated additional information on vacancies and reports of staff recruitment, promotion, resignation, dismissal, and retirement. Additional data tables specified LIA- and program-level characteristics to describe the agencies and programs in which home visitors work.

Analysis 2. Comparisons within the Home Visiting Workforce

After completing a full description of the home visiting workforce funded by MIECHV, the survey team ran cross-tabulations to examine differences in survey responses by staff role (e.g., home visitor, supervisor), program model, agency size, respondent educational background, and other dimensions. These analyses answered important questions such as, “How do job earnings vary by degree and position?”

As with Analysis 1, Analysis 2 used survey weights to adjust for nonresponse. Tables and figures report descriptive statistics along with the results of statistical tests comparing findings across categories. These tests determine whether staff characteristics vary systematically by role or program model or whether differences captured by the survey are expected by chance.

Analysis 3. Multivariate Analysis of Career Pathway Predictors

As a next step, the analysis went beyond descriptive statistics and statistical comparisons to investigate factors associated with higher home visitor job satisfaction and retention (i.e., intent to stay in position for next two years) using multivariate regression. Regression models controlled for demographics, home visiting model, and US region and included key predictors including average years of tenure (within current LIAs and in the home visiting field), motivation for entering the home visiting field, job earnings, benefits, education level, and schedule flexibility and control.

Analysis 4. Comparisons with Existing National Data

The next set of analyses compared responses to select items in the Home Visitor/Supervisor Survey with those generated by MIHOPE. The MIHOPE implementation study gathered detailed information on home visitors and supervisors in the four most commonly implemented evidence-based models in the US: Early Head Start—Home-Based option, Healthy Families America, Nurse-Family Partnership, and Parents as Teachers. The Home Visiting Career Trajectories (HVCT) study sample included staff implementing these four models plus staff implementing other evidence-based models and promising approaches. Stakeholders expressed interest in understanding how the HVCT survey data compare with MIHOPE.

Additional analyses compared the Home Visitor/Supervisor Survey data with national occupational data available from the Bureau of Labor Statistics to place home visitors in the broader context of related occupations. These occupations include child care worker, home health aide, personal care aide,

nursing assistant, licensed practical or vocational nurse, nurse midwife, community health worker, registered nurse, social worker, counselor, teaching assistant, preschool and kindergarten teacher, elementary and middle school teacher, and secondary school teacher. Comparable occupations for home visiting supervisors include first-line supervisors of office and administrative support workers, first-line supervisors of personal service workers, administrative services manager, medical and health services manager, social and community services manager, education administrator in preschool and child care centers, and education administrator in elementary and secondary school. The characteristics include wages, usual hours of work, and availability of health insurance. We also report on the typical education and training requirements of these occupations and projected employment growth.

Analysis 5. Cross-Cutting Data Analysis

In addition to separate survey and case study data analyses, our study design supported cross-cutting analyses that combined data sources to reach a richer understanding of the characteristics of home visiting jobs, career pathways of home visitors and supervisors, and opportunities and challenges for professional development and training in the home visiting workforce. First, we compared themes and key takeaways from survey and case study findings. Specifically, we looked for instances of consistency and contrast across the two sources. Second, where we identified consistency and contrast, we probed deeper into case study data, which helped explain and expand on survey results. Third, we used the case study data to drive additional analysis of the survey data. For example, we disaggregated findings by agency type and LIA size and characteristics of home visitors (e.g., degree, age) based on what we learned from the case studies about these influential factors.

Appendix B. Qualitative Data Collection and Analysis Methods

In this appendix, we describe the data collection and analysis methods we used for the qualitative component of the HVCT study. This appendix is organized into the following sections:

- A. Case Study Overview
- B. Protocol Development
 - » Pretesting Instruments
 - » Data Collection Training
- C. Analysis Planning
 - » Analytic Framework
 - » Training: Coding and Analysis
- D. Data Collection
 - » Site Selection Criteria and Processes
 - » Interview and Focus Group Procedures
- E. Analytic methods
 - » Note Cleaning
 - » Case Study Debriefings and State-Specific Memo Writing
 - » Coding
 - » Data Analysis
 - » Analytic Results
- F. Findings
 - » Case Study Themes

A. Case Study Overview

We took a case study approach to qualitative data collection, with the goal of systematically collecting home visiting staff input on a set of predefined research questions. Specifically, we designed our qualitative approach to capture the voices of the home visiting workforce on the factors that affect home visitor recruitment and retention. We also expected that the qualitative research would uncover topics, issues, and ideas that were not specifically targeted in our interview and focus group protocols. These qualitative data collection instruments and initial analysis plans reflected our *a priori* expectations that certain topics would affect recruitment and retention.

To collect these data, we conducted site visits to eight states. On each site visit, we visited three to five different local implementing agencies (LIAs). At each agency, we conducted key informant interviews with home visiting program staff (i.e., program managers and home visiting supervisors) and focus groups with home visitors.

B. Protocol Development

Qualitative researchers with extensive case study experience as well as expertise related to home visiting created the protocols used for interviews and focus groups. The protocols were designed to ensure that different interviewers across site visit teams would systematically and reliably collect information on the same topics.

Interview and focus group protocols were designed to elicit information related to program recruitment and retention. The interview protocol, for instance, asked program directors and supervisors to comment on their methods for recruiting and hiring new home visiting staff, the characteristics they seek for new candidates, and any challenges they face related to hiring. We also designed a series of questions on retention to understand the dynamics at each LIA associated with staff retention or turnover. Lastly, we examined professional development opportunities available to home visiting staff and how those opportunities interact with day-to-day responsibilities and other life circumstances. A parallel set of topics was included in the focus group moderator's guide (recruitment, retention, professional development), but questions were worded to also elicit information on the role that workplace culture plays in job satisfaction and career trajectories, as well as systematic barriers that need to be considered, such as cost of living and child care. These lines of questioning were informed by existing research in home visiting and related fields, the research team's expertise on the topic and input from OPRE, and the study's Technical Work Group (TWG).

Pretesting Instruments

After developing the qualitative data collection instruments and revising them to integrate feedback from OPRE and the TWG, we pretested the interview protocol with an expert who directs a home visiting program in a state that was not included as a study state for this project. We tested the protocol on the phone and made several minor changes to the protocol. For example, we rearranged certain sections of the protocol to improve flow and eliminated some probes that were redundant.

We did not pretest the focus group protocol but engaged expert reviewers from the TWG to provide feedback and considered the first site visit a “pilot.” The pilot site visit was staffed with both the case study and survey leads, so that all the team leads could become familiar with the protocol. The case study team debriefed after each interview and focus group to discuss the protocol and identify any protocol areas to be improved, such as additional probes and reordering questions. The team came to a consensus about what edits were needed to streamline the protocol, while eliciting rich and detailed answers from study participants.

Data Collection Training

All Urban Institute staff who were involved with qualitative data collection attended a one-day in-person training. The training covered study goals, recruitment processes, discussion guide content, and best practices for conducting key informant interviews and moderating focus groups. In addition, the training covered note taking, secure data storage, and note cleaning. Following the site visits, research staff participated in additional trainings for data analysis procedures, including note coding, querying, and analysis.

Interviewers and notetakers participated in the training together so that all team members could have a comprehensive understanding of roles. Trainers reviewed the protocols line by line and discussed how each question is designed to be tied back to a research question. The trainers also covered effective interviewing and focus group techniques. In addition to eliciting answers to the questions on the data collection instruments, we emphasized the importance of providing space for respondents to share information they may find relevant but were not specifically asked.

C. Analysis Planning

Analytic Framework

Before data collection, the research team prepared an analysis plan to preview intentions for how the qualitative data were going to be analyzed and interpreted. In the plan, the team described that analyses would occur in two phases: initial note cleaning and coding to be completed immediately following each site visit to inform site-specific analyses, and cross-cutting analyses to be conducted following completion of all visits, which would feed into the final report. This plan was followed with the exception of the coding timing. In the end, close reading and discussion of the notes informed site-specific summaries, and coding was postponed until all site visits were completed and summary memos were drafted, allowing for coding of the memos themselves.

BOX B.1

State Selection Criteria

- HRSA region
- Number and percentage of counties served through MIECHV in FY 2016
- Number and percentage of rural counties served through MIECHV in FY 2016
- Number of families served through MIECHV in FY 2016
- Presence of Tribal MIECHV grantees and grantee setting (urban or rural)
- Home visiting models implemented with MIECHV funding
- HRSA Innovation Award recipient
- Percentage of state population living in urban areas
- College graduation rate
- Unemployment rate
- Participation in other federal home visiting studies

Training: Coding and Analysis

A draft coding scheme was developed before case studies began. The codes originated from the interview and focus group discussion guides. The coding scheme was designed to allow identification of key topics or substantive information by site, program, and respondent type. The scheme included *a priori* codes to capture content based on the research questions and instruments (e.g., challenges with staff retention) but left room for later modifications to include *emerging* codes identified as important based on what was heard during interviews and focus groups. This iterative coding process was adopted to help identify themes and patterns in the cross-cutting analyses that would be a part of the project's final report.

Junior researchers involved with data collection were trained on coding in NVIVO. As part of this training, they were asked to double-code a selection of interviews to look at reliability across coders. A senior team member reviewed coding to ensure analysts were following the coding scheme consistently and that it was working as intended.

D. Data Collection

Site Selection Criteria and Processes

Site selection involved a multistep process. First, we gathered key data on each of the 50 states and developed a state-level selection matrix. The complete criteria evaluated for state selection are listed in box 1. We considered these criteria so that we could ensure a diverse set of experiences in terms of geography and local labor conditions. We also wanted to be inclusive of tribal communities and avoid overlapping with other federal data collection activities. We intentionally excluded MIECHV Region X, which was conducting its own workforce study simultaneously. Based on these characteristics, the Urban team purposively selected 10 states with maximum variation and discussed the proposed list with OPRE and HRSA staff to identify priorities and any concerns. We also presented the list to the project's technical work group to solicit feedback.

The final eight states selected for study inclusion were: Arizona, Connecticut, Georgia, Maryland, Michigan, Montana, New Mexico, and Tennessee. For each state, we created a list of LIAs receiving MIECHV funding and then held a phone call with the state MIECHV lead to introduce them to the project and discuss any ideas or concerns they had about us visiting particular LIAs. Although we

considered the state MIECHV lead’s feedback, we did not share the final list of selected LIAs to help maintain their privacy.

We selected three to five LIAs in each state to represent a diverse mix of MIECHV-implemented home visiting models, with the aim to maximize opportunities for visiting tribal grantees and offer a mix of urban and rural settings, among other considerations. The final sample included 26 LIAs. Table B.1 summarizes LIA and program characteristics.

TABLE B.1
Case Study Sample

Target group	N
Key informants (program managers, supervisors)	46
Home visitor focus group participants	106
Total LIAs visited across 8 States	26
Home visiting models represented	7

Interview and Focus Group Procedures

Between September 2018 and January 2019, the Urban Institute research team conducted site visits to eight states. During the site visits, we conducted a series of key informant interviews with program managers and home visiting supervisors, as well as focus groups with home visitors. Visits lasted between three and four days. In all cases, site visit teams met with program managers, home visiting supervisors, and home visitors at the agency office to minimize travel and respondent burden. Any home visitor working in a program receiving MIECHV funding was eligible to participate in a focus group regardless of whether their individual position was funded by MIECHV.

Home visitors were encouraged to complete the Home Visitor Survey online before participation in the focus groups; participation in both components was voluntary. Supervisors and program managers were never present during focus groups with home visitors to encourage safe, honest sharing and to protect staff from any potential risk of retaliation or adverse consequences. Across all eight states we conducted a total of 46 key informant interviews with program directors and supervisors, each lasting between 60 and 90 minutes. We conducted a combination of one-on-one and small group interviews (up to three interviewees), depending on the LIA’s preference.

In addition, we conducted 26 two-hour focus groups with a total of 106 home visitors. We administered an anonymous demographic questionnaire at the end of each focus group to collect descriptive characteristics of participants. The results are summarized in table B.2.

Before each interview and focus group, a research team member shared important details about the study (including that participation was voluntary) and provided an opportunity for participants to ask questions. Interviews and focus groups were audio recorded, with participant permission. Junior researchers produced transcript-style notes in Microsoft Word for each interview and focus group.

Throughout the five months of data collection, the research team held biweekly check-in meetings. These meetings were an opportunity for teams to discuss recruitment and scheduling challenges, and for teams to provide short, structured debriefs on data collection following each visit.

TABLE B.2
Focus Group Sample Characteristics

	N	Share
Relationship status		
Married, living with spouse	65	61%
Married, not living with spouse	2	2%
Living with a partner, boyfriend, or girlfriend	11	10%
In a relationship but not living together	3	3%
Not in a relationship	19	18%
Prefer not to answer	1	1%
No response	5	5%
Children		
Yes	87	82%
If yes, how many?	Range: 1–5, Mean: 2	
No	17	16%
No response	2	2%
Age	Range: 18–73, Mean: 42.2	
Hispanic, Latino, or Spanish origin?		
Yes	25	24%
No	75	71%
No response	6	6%
Race		
Non-Hispanic white	70	66%
Non-Hispanic black	28	26%
Asian or Pacific Islander	2	2%
Native American	0	0%
No response	4	4%

Source: Self-administered questionnaire for focus group participants.

Notes: Respondents could select more than one race, so percentages do not sum to 100.

E. Analytic Methods

We took a systematic and rigorous approach to our qualitative data analysis. Before entering the field, we developed and shared a detailed data analysis plan with HRSA and OPRE and also discussed our plans with the Technical Work Group. In this section, we describe our analytic approach, which closely

mirrored the plan we developed before data collection. Where relevant, however, we note any changes to our data analysis approach and why we made these changes.

Note Cleaning

Junior researchers conducted initial note cleaning immediately following each site visit. Where necessary, researchers referenced the audio recordings to fill in missing information and used square brackets to insert explanatory information or clarify acronyms. The note cleaning process resulted in complete transcript-like notes for each interview and focus group. However, we did not aim to produce exact transcripts—filler words like “uh” and “um” were removed. Sentences where a speaker lost their train of thought or changed topics partway through were edited for clarity. Cleaned notes were reviewed by a senior member of the case study team for accuracy and any discordance was discussed and resolved. On average, it took about two weeks for notes to be completely cleaned following a site visit.

Case Study Debriefings and State-Specific Memo Writing

Within one week following each site visit, researchers who participated in the visit gathered to discuss their field observations. Together, the team referenced the raw notes (at this stage, not all notes had been thoroughly cleaned) to describe high-level findings for the following topics: recruitment, retention, job satisfaction, professional development, and career advancement. The team presented these observations to the broader qualitative research team on the next regularly scheduled team call.

Each site visit team also prepared a 6- to 8-page summary memo for each state visit capturing state-specific findings on the topics listed above. To ensure consistency across memos, we created a standard template with headings for each section. The memos were shared with MIECHV state leads and participating program managers in each state to confirm the validity of the observations and ensure all facts presented were accurate. All memos were also shared with OPRE and HRSA project officers.

We considered the eight site visit memos as additional sources of data that should be analyzed (we describe this process in the next section). Following the completion of all memos, the full qualitative team met to share insights and initial cross-cutting observations emerging from the memos. All nine researchers who participated in at least one site visit made contributions to this discussion.

Coding

We used QSR NVivo 11, a qualitative analysis software program, to help us manage and analyze the qualitative data—specifically the cleaned interview and focus group notes and state summary memos. NVivo allows researchers to distill, sort, compare, and synthesize qualitative data in a systematic way. Qualitative team leads developed a coding scheme to facilitate systematic thematic coding. Codes allow researchers to convert large quantities of textual data into building blocks that can be systematically analyzed.

Our initial coding structure included both deductive codes—derived *a priori* from the research questions—and inductive codes that emerged over time (table B.3). Most of the codes were determined deductively, although we did also include some codes that resulted from inductive analytic techniques, arising directly from the data analysis process. For example, coders identified that home visitors in focus groups talked extensively about the burden of paperwork and data entry and the feeling that this burden cut into time with their clients. The code “Paperwork/Data Entry” was added to capture this discussion.

Coders used the most specific subcode (italicized) available or used a broader parent code (bolded) if no appropriate subcode existed. In general, codes applied to a chunk of text as opposed to the sentence or word level. Double-coding (applying two codes to the same chunk of text) was applied in many circumstances.

Subcodes for “Satisfaction” and “Dissatisfaction” under the “Retention” parent code allowed coders to add positive or negative values to certain passages, when appropriate. For example, if a focus group participant described frustration with the mileage reimbursement rate received through her employer, that passage could be coded with the “Working/Field Conditions” codes and the “Dissatisfaction” code.

The “Quotable” code was a way for coders to easily flag passages they perceived to be interesting and cogent to the analysis—to identify potential quotes for the written products. The Quotable code was always used in conjunction with other codes.

TABLE B.3

Case Study Data Coding Scheme

Code	When to use
Interviewee and agency background	Include information about interviewee's background as well as a description of the agency/organization; type of organization (private, nonprofit, health dept., etc.); range of services provided at agency; and agency mission. It's also okay to include general state or local context if it's relevant. (Note: it is not necessary to code introductions from focus groups.)
Home visiting program	Include description of specific home visiting program, including target population and funding sources.
Staff characteristics	Include descriptive discussion about home visiting staff characteristics—number, past experience and education, other general description). (Note: there is a "Requirements" code below, under the "Recruitment" parent code. Use that code for discussion of what qualifications are sought in the hiring process. Discussion of current HV's qualifications should fall under this code.)
Recruitment	Include where positions are posted, what the interview process is like and how long it takes, and whether there is a shadowing component. Also, include discussion about required and desired staff characteristics, as well as any details about whether there are current vacancies, the average number of applicants received, and how long vacancies tend to remain open. Finally, include discussion of what drew home visitors to apply and whether they had any concerns about the work before starting.
Retention	Include discussion about why home visitors stay and why they leave that does not fit into any of the following subcategories. Note: discussion in any of these categories can be positive or negative (e.g., discussion about being pleased with compensation or not being pleased with compensation can both be coded with "compensation").
<i>Turnover/tenure</i>	Include discussion about turnover and tenure generally (can be double-coded with other subcodes).
<i>Compensation</i>	Include discussion about monetary compensation and other benefits (health insurance, vacation time, etc.).
<i>Schedules /flexibility</i>	Include discussion about the work schedule and autonomy in creating schedules. Also, include discussion about flexible work hours or working evenings and weekends (this can be positive or negative discussion).
<i>Office/organizational conditions*</i>	Include discussion about physical office space and intangible office conditions (e.g., job security, toxic work environment, isolation from other programs).
<i>Management</i>	Include discussion about relationships with supervisors and other managers. Also, include discussion about reflective supervision and team meetings more broadly.
<i>Coworkers*</i>	Include discussion about relationships with coworkers/other home visitors.
<i>Working /field conditions</i>	Include discussion about safety, working in clients' homes, and commuting (including discussion about mileage reimbursement and issues related to driving). Also, include discussion about the kinds of challenges that families face and the tools home visitors (HVs) have (or lack) to support them.
<i>Paperwork /data entry*</i>	Include anything related to paperwork and data entry, including perceptions about how much time is required for these tasks.
<i>Satisfaction</i>	Include discussion about what home visitors like about their jobs. Include discussion of being mission driven (usually double-code).
<i>Dissatisfaction</i>	Include discussion about what home visitors don't like about their jobs, preventing burnout, experiencing burnout, and anything else related to burnout or compassion fatigue (usually double-code).
Career advancement	Include discussion about career advancement that does not fit into any of the following subcodes.
<i>Promotion</i>	Include discussion about the extent to which HVs can grow within the organization (advancement within the agency).
<i>Career trajectory</i>	Include discussion about "ideal" career paths for HVs or the types of jobs that HVs tend to take after leaving an organization (advancement outside the agency).

Code	When to use
Training	Include discussion about training or technical assistance that does not fit into any of the following categories.
<i>Prehire</i>	Include discussion about training received before being hired for current position (can include discussion of college coursework, certificate programs, etc.), including prior home visiting work experience.
<i>Onboarding</i>	Include discussion about training HVs and supervisors receive immediately after hire, including model training, organizational training, and job shadowing. Also, include comments about the extent to which HVs are <i>prepared</i> before they begin seeing clients.
<i>Professional development</i>	Include discussion of training and professional development HVs and supervisors receive over the course of their work (e.g. continuing education, refresher courses, etc.).
Quotable	A broad code that can be applied to any topic—use for particularly “quotable” responses that you think should be flagged for possible inclusion in reports.

* Codes that were inductively developed are noted with an asterisk (*)

With NVivo 11 software, researchers also assigned a series of “attributes” to cleaned and coded data files. The attributes were state, interviewee type (program manager, home visitor supervisor, home visitor), model type, and agency type (the agency types corresponded exactly with the agency type options presented in the Program Manager Survey). Assigning attributes to each transcript file allowed the research team to investigate certain concepts by each key characteristic. It also allowed us to assign frequency to these attributes so that we could more fully describe the case study sample.

The team tested the proposed codes’ reliability by applying it to two different types of transcripts: an interview transcript and a focus group transcript. Analysts used the coding scheme to code the same two randomly selected transcripts and flagged codes that seemed incomplete or difficult to apply, as well as content in the transcripts that did not seem to fit well within the coding scheme. This process allowed the team to refine the coding scheme by deleting and merging codes, as well as adding several inductive codes that emerged from this initial analysis process. The coding scheme included examples of what should and should not be included under each code.

We also measured “inter-rater reliability,” which measures the degree of agreement when two separate coders code the same data. We ran a coding comparison query to test the extent to which each code was applied consistently across coders. This helped us identify whether any codes were being “favored” by particular researchers, and we communicated guidance to the research team to improve reliability. After the coding tests, three coders began coding independently and routinely met to discuss and resolve any issues.

Data Analysis

After all coding was complete, we used NVivo’s query function to generate reports for specific codes. This allowed us to read, for example, all the text that had been tagged with the “compensation” code. We could then read all the qualitative data—both from the interview and focus group notes and from the site visit memos—and process the information home visitors and supervisors shared related to compensation.

To guide our analysis, we referenced our initial research questions and considered the data we would need to be able to answer them. Table B.4 shows the research questions and the associated codes we queried for analysis. We also investigated analytic themes that arose from our case study team discussion, combining *a priori* expectations with emerging findings.

Researchers carefully read query output and ran additional queries as needed to help inform their analysis. In addition, the case study task lead reviewed all notes and queries to ensure consistency and rigor of the analysis. In reading the data, researchers were able to identify recurring themes and compare and contrast these themes across agency types and models. For example, when considering the research question “What evidence do we have about contributing factors to the retention of home visitors?” we carefully reviewed notes coded with retention and its subcodes. In reading queried results on this topic, we observed patterns and relationships between concepts that allowed us to develop theories and refine them as we uncovered additional case study data. This is also known as the constant comparative approach to qualitative analysis (Glaser 1965).

Researchers also used Excel spreadsheets to organize findings that emerged from the data. For example, on the topic of which factors help home visitors feel supported in their role, researchers reviewed all the text coded with “retention” and its subcodes and identified themes that came out of the data. The Excel spreadsheet was used to organize those themes as well as illustrative quotes that supported the emerging themes (e.g., “rewarding work with families,” “connections to resources for families,” and “relationships with coworkers”).

We also used Excel spreadsheets to generate counts of how often certain themes or issues were discussed. Although qualitative analyses do not typically try to quantify responses the way a survey might, generating counts for certain topics allowed us to convey a sense of how often certain topics arose.

TABLE B.4

Coding Queries for Data Analysis

Original research questions (a priori expectations)	Codes	Word searches
What are the characteristics of home visitors and their supervisors?	staff characteristics	
What are the characteristics of home visiting jobs?	working/field conditions; paperwork/data entry	
What strategies do programs use to recruit staff?	recruitment	"job description"; "interview*"; "panel"; "posting"; "shadow"
What strategies do programs use to retain staff?	turnover/tenure; compensation; schedules/flexibility; office/organizational conditions; management; coworkers; working/field conditions; paperwork/data entry; retention (parent code)	
What are the career trajectories of home visitors and their supervisors?	career trajectory; promotion; career advancement (parent node); recruitment; turnover/tenure	
What opportunities exist for professional development and training?	prehire; onboarding; professional development	
Emerging themes		
Supervisors	management; professional development	"reflect"
Training needs	prehire; onboarding; professional development	"shadow*"; "coach"
Agency structure	turnover/tenure; office/organizational conditions; recruitment; satisfaction; dissatisfaction	"shadow"

F. Findings

The key themes were generated from coded notes and memos as well as discussions among research team members to serve as a check that everyone was interpreting the findings consistently. Findings are presented in detail in the body of the report but are listed briefly below.

Hiring and Recruitment

- Being able to identify candidates who are the “right fit” and motivated by the work contributed to hiring and retention success.
- Though compensation is typically quite low, sometimes benefits or commitment to the work outweigh low salaries.
- Workplace culture, sometimes dictated by organization type (e.g., governmental, nonprofit, health-system based), contributes to factors associated with hiring, retention, and advancement.

Retention and Job Satisfaction

- Supervisor quality and relationship influences job satisfaction and success.
- Home visitors value their work with families but feel overburdened by data entry, meetings, and addressing the challenging needs of their clients.
- Perceived funding stability plays a role in staff retention in some agencies without diverse and sustainable funding streams.

Professional Development and Career Advancement

- Training opportunities that are home-visitor selected are preferred to those dictated by managers, the state, or the model.
- The vast majority of respondents indicated that home visiting positions at their agency are self-contained, without many advancement opportunities.

As themes emerged during state case study debriefs and memo writing, we revisited our coding scheme to make sure that we were capturing important content from the notes and organizing it. In general, few changes were needed, but these discussions did influence our decision to code the memos that represent a contextualized source of data. Additional details on the findings are presented in the body of the report.

Appendix C. Supplementary Survey Data Tables

TABLE C.1

Distribution of Home Visiting Staff by HRSA Region

Region	Home visitors	Supervisors only	Other	Total
1	10%	8%	2%	9%
2	9%	8%	6%	9%
3	14%	16%	15%	14%
4	10%	13%	13%	11%
5	16%	16%	26%	17%
6	12%	12%	9%	12%
7	6%	6%	12%	6%
8	6%	6%	0%	6%
9	10%	7%	16%	10%
10	7%	7%	0%	7%

Source: Home Visitor/Supervisor Survey.

Notes: N = 765 home visitors, 121 supervisors, and 40 staff with other job types.

TABLE C.2

Weighted Distribution of Home Visiting Staff by Home Visiting Model

Model	Home visitors	Supervisors only	Other	Total
Child First	—	1.1%	0.0%	—
Early Head Start—Home-Based option	3.2%	4.0%	4.4%	3.4%
Family Spirit	1.4%	1.1%	0.0%	1.3%
Following Baby Back Home	0.0%	0.0%	0.0%	0.0%
Healthy Families America	27.5%	36.4%	53.7%	29.8%
HIPPY	2.9%	2.7%	9.3%	3.1%
Kentucky HANDS	1.9%	1.8%	0.0%	1.8%
Maternal Infant Health Outreach Worker	—	—	0.0%	—
Nurse-Family Partnership	21.6%	22.8%	24.8%	21.9%
Parents as Teachers	39.0%	29.8%	7.8%	36.5%
Parent-Child Assistance Program	—	0.0%	0.0%	—
SafeCare Augmented	—	0.0%	0.0%	—
Team for Infants Endangered by Substance Abuse	—	0.0%	0.0%	—

Source: Home Visitor/Supervisor Survey.

Notes: N = 765 home visitors, 121 supervisors, and 40 staff with other job types. Cells with fewer than 10 cases are suppressed to reduce risk of disclosure.

TABLE C.3

Distribution of Home Visitors by Highest Education Level and Model

Highest education level	EHS	HFA	NFP	PAT	Other models
Some college or less	10.2%	25.8%	3.1%	12.3%	30.5%
Associate's degree	22.8%	14.3%	7.7%	9.9%	19.9%
Bachelor's degree	59.0%	48.6%	72.8%	63.9%	33.4%
Graduate degree ¹	8.0%	11.3%	16.4%	13.8%	16.1%

Source: Home Visitor/Supervisor Survey.

Notes: N = 746 home visitors, including those in a dual role of supervisor and home visiting. Categories are mutually exclusive. Percentages are calculated from valid responses and exclude missing cases. Estimates may not add up to 100 percent because of rounding. One home visitor specified an educational level of conversant in English and Spanish and could not be recategorized.

¹ Graduate degrees generally include master's degrees, with a small share of home visitors holding another professional degree (e.g., in nursing, psychology, or public health) or license (e.g., licensed marriage and family therapist).

TABLE C.4

Home Visitors' Professional Certifications by Home Visiting Model

Professional certifications and licenses	EHS	HFA	NFP	PAT	Other model	Total
Registered Nurse (RN)	0.0%	8.5%	93.1%	23.2%	18.9%	33.5%
Certified Parenting Educator	9.7%	14.2%	1.7%	48.8%	9.7%	23.8%
Certified Lactation Educator	14.9%	8.6%	33.9%	14.3%	7.9%	16.3%
State teaching certification (e.g., early childhood)	6.3%	6.9%	2.4%	11.2%	5.0%	7.3%
Certified Nurse Midwife (CNM)	8.3%	5.6%	8.4%	7.2%	6.9%	7.0%
Infant Mental Health (IMH) Endorsement	8.2%	5.9%	5.8%	8.2%	5.7%	6.8%
Professional certifications: Infant/Toddler Child Development Associate (CDA)	4.9%	4.4%	0.0%	6.0%	7.0%	4.3%
Professional certifications: Preschool Child Development Associate (CDA)	9.2%	5.2%	1.0%	4.2%	7.0%	4.2%
Professional certifications: Home Visitor Child Development Associate (CDA)	8.5%	4.0%	1.0%	5.4%	2.0%	3.8%
Certified HFA Assistant	0.0%	5.8%	0.5%	1.0%	6.3%	2.8%
Licensed Clinical NFPPer (LCSW)	0.0%	2.9%	0.6%	2.8%	5.0%	2.5%
Licensed Graduate NFPPer (LGSW)	0.0%	2.3%	1.2%	1.4%	7.7%	2.1%
Licensed NFPPer Associate (LSWA)	4.2%	2.4%	0.5%	1.4%	0.0%	1.5%
Licensed Practical Nurse (LPN)	2.1%	1.4%	0.7%	0.2%	3.8%	1.0%
Licensed Certified NFPPer-Clinical (LCSW-C)	0.0%	0.0%	0.6%	0.4%	1.7%	0.4%
Licensed Marriage and Family Therapist	0.0%	0.7%	0.0%	0.0%	0.9%	0.3%
Nurse Practitioner (NP)	0.0%	0.3%	0.7%	0.0%	0.0%	0.2%
Licensed Vocational Nurse (LVN)	0.0%	0.2%	0.0%	0.3%	0.0%	0.2%
Other	11.2%	8.3%	9.9%	6.6%	9.9%	8.3%

Source: Home Visitor/Supervisor Survey.

Notes: Sample sizes ranged from 596 to 660 home visitors. Percentages are calculated from valid responses and exclude missing data. Examples of other certifications specified by respondents include car seat safety certifications, child welfare certifications, and physical fitness certifications. A master's in social work (MSW) was not captured in the list of certifications and licenses but recorded as a master's degree.

Appendix D. Comparisons with MIHOPE Home Visitor Survey Data

TABLE D.1

Characteristics of Home Visitors and Supervisors in MIHOPE and HVCT Studies

Characteristic	Home visitors MIHOPE	Home visitors HVCT	Supervisors only MIHOPE	Supervisors only HVCT
Staff sociodemographic characteristics				
<i>Race/ethnicity</i>				
Hispanic	21.5%	16.3%	8.7%	10.1%
White, non-Hispanic	57.6%	63.2%	73.2%	66.0%
Black, non-Hispanic	15.5%	13.1%	13.0%	12.7%
Other/multiracial	5.4%	7.3%	5.1%	11.1%
<i>Bilingualism^a</i>				
English-Spanish	21.0%	16.6%	Not reported	10.0%
English-other	3.0%	5.3%	Not reported	6.4%
Education and employment				
<i>Highest education level</i>				
High school diploma or GED	2.3%	3.2%	0.0%	0.9%
Vocational training, some college, Associate's degree, or training program certificate	22.9%	24.3%	5%	9.2%
Bachelor's degree	61.6%	58.9%	56.5%	50.9%
Master's degree or higher	13.2%	13.6%	38.4%	39.0%
<i>Field of study^b</i>				
Child development	25.0%	8.1%	16.7%	7.8%
Education and early childhood education	34.7%	13.5%	41.3%	16.6%
Psychology	24.0%	9.9%	20.3%	8.1%
Social work or social welfare	27.3%	13.9%	32.6%	17.5%
Nursing	30.8%	32.6%	24.6%	30.4%
Other	19.3%	21.9%	17.4%	19.8%
Experienced in home visiting field ^c	49.9%	69.2%	70.1%	89.2%
Work attitudes and perceptions				
Intent to leave position in next 12 months (MIHOPE) or 2 years (HVCT) ^d	17.3%	15.2%	12.5%	8.3%
Dosage and modality of supervision^e				
<i>Dosage</i>				
Weeks attending any group supervision session (%)	46.4%	59.7%	Not reported	59.4%
Weeks attending any individual supervision sessions (%)	58.7%	77.1%	Not reported	50.7%
Average number of individual supervision sessions received a month	2.3 (1.1)	3.3 (1.4)	Not reported	2.2 (1.6)
Effectiveness in addressing focus areas^f				
<i>Maternal health and well-being</i>				
Improve family planning and birth spacing	62.2%	47.1%	Not reported	Not reported

Characteristic	Home visitors	Home visitors	Supervisors	Supervisors
	MIHOPE	HVCT	only MIHOPE	only HVCT
Reduce tobacco use	59.8%	37.9%	Not reported	Not reported
Address substance abuse	62.1%	46.7%	Not reported	Not reported
Address mental health	72.8%	61.7%	Not reported	Not reported
<i>Parenting</i>				
Promote positive parenting behavior	87.8%	82.0%	Not reported	Not reported
<i>Child health and development</i>				
Promote child development	92.4%	85.9%	Not reported	Not reported

Sources: Authors' calculations based on the Home Visitor/Supervisor Survey, 2017, and Anne Duggan, Ximena A. Portilla, Jill H. Filene, Sarah Shea Crowne, Carolyn J. Hill, Helen Lee, and Virginia Knox, *Implementation of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation*, OPRE Report 2018-76A (Washington, DC: US Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation, 2018).

Notes: ^a Questions from the MIHOPE survey asked if home visitors are bilingual. The HVCT survey asked home visitors and supervisors in what languages they are fluent enough to provide home visiting services.

^b Response options in the MIHOPE survey were not mutually exclusive, so percentages may total more than 100, whereas the HVCT Survey asked respondents for their primary (single) field of study for their highest degree.

^c "Experienced" is defined as either having at least three years of prior experience providing home visiting services to families or at least three years in their current position. For supervisors, their current position is defined as their supervisor role.

^d In the HVCT survey, this is the share reporting that they are "somewhat unlikely" or "very unlikely" to remain in their current position for the next two years.

^e The MIHOPE figures are based on supervisors' weekly supervision logs submitted for each home visitor. The shares of weeks attending the different types of supervision sessions are calculated among those weeks when a log was submitted, while the average number of sessions a month is calculated based on the number of weekly supervision logs submitted divided by the number of months between the first and last submission, assuming one session per weekly log. Both measures count only formal supervision sessions. The HVCT survey asks responding staff to report the average frequency of each type of supervision meeting by selecting from categories ranging from "weekly or more often" to "never." The share of weeks with supervision sessions and the average number sessions a month are calculated by converting the midpoint of each frequency category. The final figures are calculated by taking the weighted average of these measures among staff in each job category. The HVCT survey does not differentiate between formal and informal supervision sessions.

^f For maternal health and well-being, questions from the MIHOPE survey asked if home visitors feel they are "comfortable and effective working to" address these outcomes. The HVCT survey asked home visitors and supervisors to indicate how successful they feel they are in working with parents to achieve each outcome on a scale of 1 to 5, where 1 means "not at all successful" and 5 means "extremely successful." The share presented for the HVCT survey is the percentage of home visitors reporting 4 or 5 on this scale. The "promote child development" focus area in the MIHOPE survey is compared with the "understand their children's needs and cues" outcome in the HVCT survey.

Appendix E. Comparison with Bureau of Labor Statistics Occupational Data

TABLE E.1

Characteristics of Home Visitors, Home Visiting Supervisors, and Comparable Occupations

Occupation	Mean hourly wage	Mean annual wage	Share full time (35+ hours)	Share offered employer health insurance
Personal care aide	\$10.92	\$22,710	43.8%	38.7%
Child care worker	\$11.02	\$22,930	44.0%	38.0%
Home health aide ^a	\$11.35	\$23,600	55.1%	52.3%
Teaching assistant	N/A	\$27,120	47.3%	67.8%
Nursing assistant ^a	\$13.29	\$27,650	55.1%	52.3%
Preschool or kindergarten teacher ^b	N/A	\$39,550	57.4%	63.0%
Community health worker	\$19.80	\$41,170	N/A	N/A
Nonsupervisor home visitor	\$22.01	\$41,642	92.1%	81.3%
Licensed practical nurse	\$21.56	\$44,840	63.8%	66.1%
Counselor	\$23.91	\$49,740	67.0%	74.0%
Elementary or middle school teacher	N/A	\$59,270	73.0%	84.0%
Social worker	\$28.56	\$59,410	76.5%	79.0%
Special education teacher	N/A	\$61,280	74.0%	84.0%
Secondary school teacher	N/A	\$61,280	74.5%	83.0%
Registered nurse	\$34.70	\$72,180	69.6%	82.1%
Nurse midwife	\$49.23	\$102,390	N/A	N/A
First-line supervisor of personal service workers	\$19.15	\$39,830	67.9%	48.1%
Education administrators in preschool and child care centers or programs	\$25.07	\$52,150	76.8%	83.1%
Home visiting supervisor	\$28.61	\$53,671	94.9%	88.4%
First-line supervisor of office and administrative support workers	\$27.83	\$57,890	78.3%	76.0%
Social and community service manager	\$34.07	\$70,870	75.1%	75.0%
Education administrator in elementary and secondary schools	N/A	\$95,390	76.8%	83.1%
Administrative services manager	\$47.56	\$98,930	83.5%	81.7%
Medical and health services manager	\$52.58	\$109,370	84.2%	81.8%

Source: Home Visitor/Supervisor Survey for the first two rows. For subsequent rows, columns 2–3 are drawn from Bureau of Labor Statistics Occupational Employment Statistics, May 2016; and columns 4–5 are drawn from US Census Bureau American Community Survey 1-year data, 2016.

Notes: N/A = information not available for selected occupation. The share working full time is across all roles and jobs for people with multiple roles or jobs. ^a Nursing, psychiatric, and home aides are grouped together in the ACS. ^b While grouped together with kindergarten teachers in this exhibit, a mean hourly wage of \$19.01 is reported for preschool teachers.

^c Education administrators, including for preschool and child care centers/programs, for elementary and secondary schools, and for postsecondary schools are combined in the ACS.

Appendix F. Multivariate Analyses Results

TABLE F.1

How Home Visitors' Career Trajectories and Job Satisfaction Relate to Job Characteristics, Experience, and Background

Home Visitors without a supervisory role

Independent variables	Very likely to stay in role next two years: full analytic sample	Very likely to stay in role next two years: subgroup reporting earnings	Very likely to stay in role next two years: full analytic sample	Very likely to stay in role next two years: subgroup reporting earnings
Motivation to work in home visiting¹				
A way to help families	0.438 (0.635)	0.410 (0.575)	0.870 (0.924)	1.570 (0.769)
Flexible work schedule	1.598 (0.170)	1.932 (0.115)	2.259** (0.0283)	2.243* (0.0711)
A feeling of purpose	1.245 (0.842)	1.156 (0.900)	6.570 (0.206)	2.963 (0.451)
A job with a paycheck	0.744 (0.332)	0.667 (0.235)	0.477** (0.0107)	0.366*** (0.00385)
A step toward a related career	0.344*** (5.39e-06)	0.337*** (0.000279)	1.036 (0.888)	1.301 (0.412)
One of the few options given my education	1.735** (0.0342)	2.165** (0.0141)	1.319 (0.288)	1.334 (0.448)
Job and professional experience				
3+ years of experience in current home visiting program	0.677 (0.145)	0.754 (0.361)	0.689 (0.152)	0.657 (0.210)
6+ years of experience in the field	1.940** (0.0146)	2.645*** (0.00353)	1.329 (0.306)	1.920* (0.0541)
Has experienced a promotion while working for current program [^]	1.843* (0.0647)	1.924 (0.107)	2.743** (0.0116)	3.021* (0.0572)
Benefits				
Eligible to receive health insurance from employer [^]	0.874 (0.649)	1.092 (0.778)	0.609 (0.123)	0.808 (0.580)
Sick leave is available as paid leave benefit from employer [^]	0.919 (0.803)	0.942 (0.900)	0.872 (0.766)	0.698 (0.470)
Vacation or personal days are available as paid leave benefits from employer [^]	1.674 (0.504)	1.492 (0.621)	2.720 (0.362)	1.753 (0.681)
Holidays are available as paid leave benefit from employer [^]	1.268 (0.611)	1.217 (0.715)	0.630 (0.404)	0.536 (0.369)
Employer provides Cost-of-Living Adjustments (COLAs) [^]	0.838 (0.496)	1.189 (0.566)	0.957 (0.884)	1.499 (0.256)
Employer provides regular pay increases, excluding COLAs [^]	1.187 (0.495)	0.774 (0.405)	1.060 (0.847)	1.003 (0.994)

	Very likely to stay in role next two years: full analytic sample	Very likely to stay in role next two years: subgroup reporting earnings	Very likely to stay in role next two years: full analytic sample	Very likely to stay in role next two years: subgroup reporting earnings
Independent variables				
Organizational culture				
Is a member of a union or an employee association similar to a union	1.398 (0.380)	1.558 (0.349)	0.502 (0.105)	0.212*** (0.00625)
Program's work culture supports working from home [^]	1.050 (0.833)	0.970 (0.927)	1.672** (0.0387)	2.156** (0.0171)
Meets one-on-one with supervisor every two weeks or more often	1.224 (0.555)	1.500 (0.390)	1.053 (0.891)	0.964 (0.940)
Meets as a team or for group supervision every two weeks or more often	0.930 (0.778)	0.924 (0.820)	1.218 (0.439)	1.892* (0.0597)
Perception of work environment ²	7.936*** (0.000314)	9.176*** (0.00139)	85.22*** (4.51e-09)	139.3*** (1.36e-07)
Schedule				
Number of hours typically worked a week for program	1.009 (0.593)	1.002 (0.923)	1.009 (0.665)	0.996 (0.863)
Work schedule is decided based on client needs	1.687** (0.0107)	2.234*** (0.00495)	0.877 (0.553)	0.938 (0.822)
Works one or more extra hours a few times a week or more often	1.062 (0.804)	1.015 (0.955)	0.621* (0.0641)	0.411** (0.0135)
Somewhat or very hard to take time off for personal or family reasons	0.591* (0.0969)	0.432** (0.0247)	0.590 (0.173)	0.596 (0.322)
Demands of job interfere with family life sometimes or always	0.567*** (0.00936)	0.526** (0.0104)	0.301*** (3.90e-06)	0.228*** (3.26e-06)
Job and program characteristics				
Has another nonsupervisory program role in addition to being a home visitor with a caseload	0.865 (0.700)	0.712 (0.441)	0.308** (0.0127)	0.366* (0.0884)
Weekly earnings		1.000 (0.389)		1.000 (0.457)
<i>LIA Organization Type (reference group is government health agency)</i>				
Other government agency	1.154 (0.738)	1.506 (0.423)	1.437 (0.533)	1.358 (0.623)
Hospital or medical clinic	0.657 (0.370)	0.663 (0.494)	0.415* (0.0769)	0.119*** (0.00519)
Community nonprofit	0.565* (0.0534)	0.633 (0.218)	0.459** (0.0349)	0.310** (0.0132)
Other or unknown	1.161 (0.813)	2.004 (0.424)	0.275* (0.0623)	0.168*** (0.00613)
Demographic characteristics				
Age 45+	2.150** (0.0124)	2.487*** (0.00722)	2.076** (0.0101)	2.380** (0.0189)
Has a bachelor's degree or higher	0.406*** (0.00248)	0.406** (0.0155)	0.892 (0.670)	0.732 (0.400)
<i>School enrollment status (reference group is not enrolled)</i>				

	Very likely to stay in role next two years: full analytic sample	Very likely to stay in role next two years: subgroup reporting earnings	Very likely to stay in role next two years: full analytic sample	Very likely to stay in role next two years: subgroup reporting earnings
Independent variables				
Enrolled full time	0.315*** (0.00304)	0.218*** (0.00365)	0.774 (0.636)	0.467 (0.173)
Enrolled part time	1.209 (0.620)	1.201 (0.680)	0.878 (0.794)	0.868 (0.832)
<i>Race and ethnicity (reference group is white, non-Hispanic)</i>				
Black, non-Hispanic	0.213*** (2.44e-06)	0.191*** (0.00312)	1.074 (0.886)	1.052 (0.948)
Hispanic	0.823 (0.560)	0.587 (0.268)	1.943* (0.0708)	2.607* (0.0524)
Asian or Pacific Islander, non-Hispanic	1.114 (0.858)	0.702 (0.625)	2.580 (0.125)	1.779 (0.512)
Native American, non-Hispanic	0.424 (0.220)	0.372 (0.270)	1.258 (0.786)	1.105 (0.920)
Multiracial or other race, non-Hispanic, or race/ethnicity unknown	1.762 (0.374)	0.795 (0.746)	0.614 (0.530)	0.523 (0.458)
Additional background characteristics included as controls				
Program model	X	X	X	X
Program region	X	X	X	X
Relationship/marital status	X	X	X	X
Household income level	X	X	X	X
Observations	574	410	574	410
Pseudo R-squared	0.239	0.279	0.295	0.351

Source: National Survey of the Home Visiting Workforce, Urban Institute, 2019.

Notes: The full analytic sample consists of all nonsupervisor home visitor responses that did not have missing values for the outcome of interest and all covariates, disregarding weekly earnings. The subgroup reporting earnings constitutes all responses in the full analytic sample that also had weekly earnings reported. Logistic regression coefficients are expressed in terms of odds ratios. Coefficients expressed in odds ratios show the relative odds of meeting or exceeding the readiness threshold given a unit increase in the particular variable. An odds ratio over 1 indicates that increasing the particular variable is associated with higher odds of meeting or exceeding expectations, while an odds ratio below 1 indicates that increasing the variable is associated with lower odds of success. Robust *p*-values are in parentheses. Standard errors are clustered at the program level.

¹ Constructed variables are binary and indicate whether or not the respondent rated each reason as somewhat or extremely important for motivating them to enter home visiting field.

² Share of positive responses on the work environment questionnaire are drawn from a scale developed by Gallup. Individual items asked whether or not the respondent agreed with statements on having opportunities for growth, recognition of accomplishments, someone who cares, encouragement, progress check-ins, someone to talk to when stressed, a close friend, employee input on decisions, and fair treatment in decisions at work.

*** *p* < 0.01, ** *p* < 0.05, * *p* < 0.1

^ Reference or baseline group includes those that responded “no” to the question as well as those that indicated that they “don’t know.”

Notes

- ¹ Kelly Maxwell and Lauren Supplee, “Coaching to Change Adult Behavior: What Can Home Visiting and Early Care and Education Learn from Each Other?” *Child Trends* (blog), July 26, 2018, <https://www.childtrends.org/coaching-to-change-adult-behavior-what-can-home-visiting-and-early-care-and-education-learn-from-each-other>.
- ² “Reflective Supervision,” ECLKC (Early Childhood Learning & Knowledge Center), last updated December 3, 2019, <https://eclkc.ohs.acf.hhs.gov/family-engagement/developing-relationships-families/reflective-supervision>.
- ³ “Three Building Blocks of Reflective Supervision,” Zero to Three, March 8, 2016, <https://www.zerotothree.org/resources/412-three-building-blocks-of-reflective-supervision>.
- ⁴ The workforce is less racially and ethnically diverse than the clients they serve, particularly with regard to Hispanic clients. According to national estimates, 30 percent of families in evidence-based home visiting programs are Hispanic or Latino, 21 percent are black, and 2 percent are Asian. Twenty-four percent speak Spanish as their primary language and 4 percent speak a different primary language other than English.
- ⁵ Respondents that reported working fewer than 30 hours in a typical week were overrepresented among those reporting they were ineligible for health insurance (51 percent compared with 6 percent of all respondents) and paid vacation or personal days (63 percent versus 6 percent overall).

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