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Findings from the First 5 California Home Visiting Workforce Study

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Introduction

Home visiting is a service delivery strategy that links trained home visitors with expectant parents and families with young children to provide information, resources, and support. Home visiting programs have existed for more than 100 years, and while they may vary considerably in size and primary goals, they typically assume that providing services in a family's home will improve parenting and family outcomes and, as a result, child outcomes.[1] Evaluations of home visiting programs have shown evidence of improving outcomes in the areas of maternal and child health, child maltreatment, parenting, child development, and family economic self-sufficiency.[2] Implementation and workforce studies have also informed the field on how programs are implemented with high quality, the supports needed for services, and the staff who provide services.[3]

State and local investments in home visiting grew from the 1980s through the early 2000s. Significant federal support for home visiting began with the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, which was authorized by Congress in 2010, and provides funding annually to state, territory, and tribal grantees to deliver evidence-based, early childhood home visiting.[4]

In 2019, California made significant investments in its home visiting services for fiscal year 2019–2020 by including nearly $165 million in new state funds for home visiting programs in the Budget Act of 2019. This increased funding for home visiting and required the state to develop an infrastructure to prepare, retain, and support a well-qualified home visiting workforce. The First 5 California (F5CA) Home Visiting Workforce Study collected data to help the state understand the landscape of California's home visiting workforce, including characteristics of home visitors and supervisors, implementation supports for staff, and program needs for workforce recruitment, development, and retention. These data will be used to develop policy recommendations to support F5CA in this infrastructure development.

This report presents findings from a survey of the California home visiting workforce, which received responses from more than 900 home visitors and supervisors across the state, representing 48 counties and 54 home visiting models.[5] Data were also collected through 20 interviews with home visitors to learn more about their experiences with virtual home visits during the COVID-19 pandemic.

Data collection tools and study design considerations were developed in collaboration with F5CA, and with additional support from members of the study's Core Advisory Group,[6] which included representatives from local First 5 commissions, the California Department of Public Health (CDPH), the California Department of Social Services (CDSS), and state policy leaders.

[1] Haskins, R., Paxson, C., & Brooks-Gunn, J. (2009). *Social science rising: A tale of evidence shaping public policy.* Princeton, NJ: Future of Children.
[2] U.S. Department of Health and Human Services. (2020). Home Visiting Evidence of Effectiveness. Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services. Website: homvee.acf.hhs.gov
[3] Paulsell, D., Del Grosso, P., & Supplee, L. (2014). Supporting Replication and Scale-Up of Evidence-Based Home Visiting Programs: Assessing the Implementation Knowledge Base. *American Journal of Public Health* 104, 9: 1,624–1,632
[4] SEC. 511 [42 U.S.C. 711] (j) (1)
[5] Home visiting programs administered in California include evidence-based and home-grown models; this study addresses a range of home visiting models, not just those funded by MIECHV.
[6] See the full list of Core Advisory Group members in Appendix A.

Key findings

Key findings from this workforce study include a description of the California home visiting workforce, the ways they are meeting the needs of families, changes in their work due to the COVID-19 pandemic, and how home visitor well-being and program supports affect workforce retention.

- **The majority of California's home visiting workforce identifies as Hispanic or Latinx and speaks Spanish fluently.** These demographics mirror the families comprising home visitor caseloads, with the majority of families also identifying as Hispanic or Latinx and Spanish being their second most commonly spoken language after English.
- **Although there are a diverse range of home visiting models included in this study, the majority of staff hold a bachelor's degree or higher.** Staff also represent a wide range of educational backgrounds, including child development, early childhood education, psychology, social work/social welfare, and nursing.
- **The COVID-19 pandemic continues to affect families and home visitors.** Almost all home visitors are conducting virtual home visits during the pandemic, and almost all reported that their work is more challenging now compared to before COVID-19. In addition, both home visitors and supervisors are now working almost twice as much during the evenings and weekends compared to before the pandemic, and one quarter of the workforce is experiencing depressive symptoms. Home visitors reported that families now have many more needs compared to before COVID-19. In particular, families have an increased need for mental health services, food, and parenting supports. As before COVID-19, home visiting staff continue to provide goods and supports to families.
- **While high levels of stress and depressive symptoms are being reported during the pandemic,** most home visitors have not experienced a change in their level of satisfaction with work now compared to before COVID-19, and plan to stay in their current position for at least the next year. Home visitors also reported that they appreciate support from their supervisors as well as employment benefits such as paid vacation, sick leave, and health insurance. At the same time, about half of home visitors would like additional mental health supports.
- **Supporting home visiting staff retention is an important part of developing a strong workforce.** Predictors of whether home visitors in California intended to remain in their current position include having a say in decisions that affect them, receiving training on implementing virtual home visiting, having three or more years of home visiting experience, being satisfied with the amount of on-the-job stress they experienced, and having higher salaries. However, reporting more depressive symptoms and experiencing discrimination in the workplace decreased the likelihood of expecting to remain in their current position.

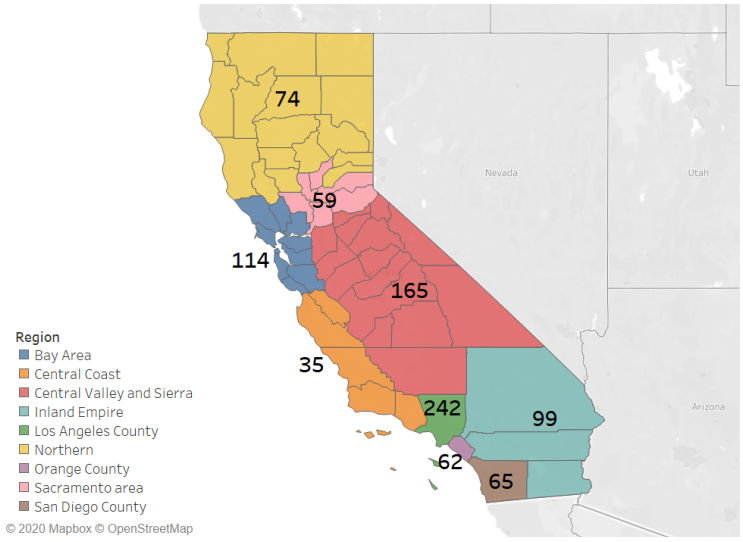
Data Sources and Methodology

To obtain information about California's home visiting programs and workforce, the study team developed three data collection procedures: two web-based survey protocols, which collected data from August to November 2020, and an interview protocol with home visitors:

1. The registration survey was used to enroll local programs in the study, obtain staff contact information, and collect key program-level information (e.g., funded slots, enrollment requirements).
    a. Total registered home visiting programs: 389 programs
    b. Total counties represented: 55 of the 58 counties in California
    c. Total home visiting models represented: 67 evidence-based and home-grown models
    d. Total registered staff: 1,750 home visiting staff
2. The workforce survey, administered to all home visitors and supervisors who were enrolled in the study through the registration survey, focused on understanding the size and depth of the home visiting workforce, their demographic descriptors and well-being factors, their roles and responsibilities, and any organizational structures that support their work and retention efforts.
    a. Total home visiting programs represented: 171 programs
    b. Total counties represented: 48 of the 58 counties in California
    c. Total home visiting models represented: 54 evidence-based and home-grown models
    d. Total respondents: 918 respondents (n = 918/1750; 52% response rate)
        i. n = 768 home visitors
        ii. n = 116 supervisors
        iii. n = 34 supervisors who carry a caseload of families
3. In addition to the surveys, workforce data were also collected through interviews to further understand staff experiences with virtual home visits and related program supports, during October and November 2020:
    a. Total interviews: 20 home visitors

Results from descriptive analyses are presented for all staff types when available, and supervisors who carry a caseload are combined with home visitors for topics related to families and service delivery. For select analyses, results are presented in "Spotlight" boxes to show statistically significant variation across 5 key variables: 1) PPIC region (https://www.ppic.org/content/pubs/other/0217SBR_appendix.pdf), 2) race and ethnicity, 3) experience in the home visiting field, 4) education and background, and 5) depressive symptoms. (See Appendix D for results). Results from analyses of the qualitative interviews are interspersed throughout the report to provide additional context for findings.

Figure 1: Full workforce survey respondents by PPIC region (n = 915)



Source: Home visiting workforce survey, 2020, Child Trends

For more information about the study methodology, see Appendix B.

Findings on the California home visiting workforce

Findings from the workforce survey and interviews are presented throughout this report in the following main sections, 1) California's home visiting workforce; 2) families receiving home visiting services in California; 3) changes in home visiting services during the pandemic; 4) addressing family needs during COVID-19; 5) home visiting supports and factors for retention; and 6) supporting the home visiting workforce to increase long-term retention. This report ends with a discussion and recommendations for strengthening the home visiting workforce as well as recommendations for future analyses to support California's effort to develop a coordinated home visiting workforce infrastructure.

California's home visiting workforce

The majority of California's home visiting workforce identifies as Hispanic or Latinx and can speak Spanish fluently, two key characteristics that make the state's workforce stand out among the national workforce characteristics. Although the workforce is experienced working with parents and families, they are new to the field of home visiting. More than 40 percent of home visitors have been in the field for less than three years and the majority have been in their current position for less than three years. Further, the well-being of the home visiting workforce is a concern, especially during the COVID-19 pandemic. One quarter of the workforce is experiencing depressive symptoms, which is a higher rate of depressive symptoms than those found in recent national studies of home visiting staff.

Workforce demographics

Many staff characteristics, including age, race and ethnicity, and years of experience and training, have been linked to family engagement in home visiting.[7,8,9] This section provides an overview of these key staff characteristics as well as home visiting staff education, field of study, and certifications and licenses. It also includes findings about the workforce's length of experience in the home visiting field and in their current position.

Findings Spotlight

Most home visitors (>80%) in the Los Angeles and Orange County regions identify as Hispanic or Latinx, while these rates were between 50%–60% in almost all other regions with the exception of the Sacramento (43%) and Northern (27%) regions.

Similar to the national home visiting workforce, the majority of the workforce in California was relatively young, as 58 percent of home visitors were less than 40 years old (supervisors tended to be slightly older, see Table 1). This finding was consistent with other recent home visiting studies; for example, the Mother and Infant Home Visiting Program Evaluation (MIHOPE) also reported that 58 percent of home visitors were less than 40 years old and 56 percent of supervisors were over 40 years old.[10] Nearly all of California's workforce (98%) identified as a woman.

Table 1 also provides information on home visiting staff's race and ethnicity. Two-thirds of home visiting staff (66%) identified as being of Hispanic, Latinx, or Spanish origin. This finding was very different from

[7] Latimore, A. D., Burrell, L., Crowne, S., Ojo, K., Cluxton-Keller, F., Gustin, S., Kruse, L., Hellman, D., Scott, L., Riordan, A., and Duggan, A. (2017). Exploring multilevel factors for family engagement in home visiting across two national models. *Prevention Science*, 18 (5), 577–589.
[8] Daro, D., McCurdy, K., Falconnier, L., and Stojanovic, D. (2003). Sustaining new parents in home visitation services: Key participant and program factors. *Child Abuse and Neglect*, 27(10), 1,101–1,125.
[9] O'Brien, Ruth A., Patricia Moritz, Dennis W. Luckey, Maureen W. McClatchey, Erin M. Ingoldsby, and David L. Olds. 2012. Mixed methods analysis of participant attrition in the Nurse-Family Partnership. *Prevention Science*, 13 (3), 219–228.
[10] Duggan, A., Portilla, X. A., Filene, J. H., Crowne, S. S., Hill, C. J., Lee, H., & Knox, V. (2018). Implementation of evidence-based early childhood home visiting: Results from the Mother and Infant Home Visiting Program Evaluation. *OPRE Report 2018-76A*. Office of Planning, Research and Evaluation.

national workforce studies; for example, only 16 percent of the staff in the Home Visiting Career Trajectories (HVCT) study identified as being of Hispanic, Latinx, or Spanish origin.[11]

Additionally, nearly all home visitors (97%) were fluent enough in English to provide services in English and nearly two-thirds (63%) were fluent enough in Spanish to do so. This finding was also substantially different from national studies that have typically reported about 20 percent or less of staff as fluent in a non-English language.[12]

Table 1. California home visiting workforce demographics (n = 894)

Staff age	Overall	Home Visitor	Supervisor
20-29	22%	25%	9%
30-39	34%	33%	36%
40-49	23%	23%	23%
50-59	15%	13%	23%
60 or older	6%	6%	10%
Staff gender*	**Overall**	**Home Visitor**	**Supervisor**
Woman	98%	98%	96%
Man	2%	2%	4%
Race/Ethnicity	**Overall**	**Home Visitor**	**Supervisor**
Hispanic, Latinx or Spanish origin	66%	68%	56%
Non-Hispanic White	18%	15%	32%
Non-Hispanic Black or African American	8%	8%	8%
Non-Hispanic Asian, Native Hawaiian or Other Pacific Islander	4%	5%	3%
Non-Hispanic American Indian or Alaska Native	1%	1%	1%
Non-Hispanic Other	1%	1%	0%
Two or more races	2%	2%	1%
Language fluency†	**Overall**	**Home Visitor**	**Supervisor**
English	N/A	97%	N/A
Spanish	N/A	63%	N/A
Cantonese	N/A	<1%	N/A
Tagalog	N/A	1%	N/A
Vietnamese	N/A	1%	N/A
Hmong	N/A	1%	N/A
Arabic	N/A	<1%	N/A
Other	N/A	4%	N/A

Source: Home visiting workforce survey, 2020, Child Trends

* Gender response options in the workforce survey included: Woman, Transgender woman, Man, Transgender man, Genderqueer, Non-binary, Prefer not to disclose, Prefer to self- describe. Data were only reported for "woman" and "man."

† n = 755

Note (1): Respondents were asked to select all that apply for race/ethnicity and language fluency

Note (2): Only home visitors and supervisors with caseloads were asked to report on language fluency

The majority of California's workforce held a college degree, which was mostly consistent with national home visiting workforce studies. In both the MIHOPE and HVCT studies, nearly 75 percent of home visitors held at least a bachelor's degree. However, both MIHOPE and HVCT only included home visiting

[11] Sandstrom, H., Benatar, S., Peters, R., Genua, D., Coffey, A., Lou, C., ... & Greenberg, E. (2020). Home visiting career trajectories: Final report. *OPRE Report #2020-11*, Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

[12] Ibid., Duggan, et al., 2018.

staff from MIECHV-funded programs, whereas this study included a wider range of models and programs, including home-grown models. Even with the diverse range of home visiting models represented in this study, 70 percent of staff held a bachelor's degree or higher (Table 2).

The most common fields of study among the home visiting workforce who attended technical school or college included child development (33%), early childhood education (21%), psychology (16%), social work/social welfare (16%), and nursing (16%). Twenty-one percent of staff reported additional fields of study, including criminal justice, sociology, anthropology, and human services (Table 2). Home visitors and supervisors reported similar fields of study.

Table 2. Staff educational attainment (n = 902)

Highest degree	Overall	Home Visitor	Supervisor
High School diploma, GED, or less	4%	4%	3%
Some college, no degree	11%	13%	4%
Associate's degree	14%	16%	6%
Bachelor's degree	57%	58%	53%
Master's or Doctoral degree	13%	9%	34%
Field of study in technical school or college	**Overall**	**Home Visitor**	**Supervisor**
Child development	33%	33%	32%
Early childhood education	21%	21%	18%
Psychology	16%	16%	21%
Social work/Social welfare	16%	15%	16%
Nursing	16%	16%	15%
Human development and family studies	10%	10%	11%
Public health	9%	9%	8%
Education	8%	8%	11%
Other	21%	20%	23%

Source: Home visiting workforce survey, 2020, Child Trends
Note: Respondents were asked to select all that apply for field of study in technical school or college

Additionally, the California home visiting workforce held various professional licenses and certifications (results shown in Appendix C). Almost 20 percent of staff were certified lactation educators and 12 percent were certified parent educators. Fifteen percent of both home visitors and supervisors were registered nurses (RN) while less than 5 percent were certified nursing assistants or nurse practitioners. Seventeen percent of home visiting staff held the California Child Development Permit and some staff held Child Development Associate (CDA) certifications for preschool (6%), infant/toddler (6%) and home visiting (3%). Additional information about other reported licenses and certifications can be found in Appendix C.

Income supports received by home visiting staff

Given past research findings suggesting that many home visiting staff, particularly home visitors, make below a minimum living wage, there is interest in whether staff in California are obtaining public assistance benefits.[13] Receiving such benefits is also of interest because it might build shared experiences with families served (for instance, as described in the families section of this report, almost all home visitors reported that they have at least some families on their caseload receiving CalWORKs, a public assistance program in that state). Among respondents, less than 20 percent of home visiting staff received at least

[13] Franko, M., Schaack, D., Roberts, A., Molieri, A. Wacker, A., Estrada, M., & Gann, H. (2019). *The Region X Home Visiting Workforce Study*. Butler Institute for Families, Graduate School of Social Work, University of Denver.

one public assistance benefit (Table 3). The most common benefits received by the workforce included Medi-Cal and WIC (see more supports in Appendix C). This was somewhat consistent with the federal HHS Region X Workforce study, which found that 23 percent of home visitors and 17 percent of supervisors received public assistance benefits, with the most common being Medicaid/Medicare.[14] This report will discuss home visiting staff salaries in a later section; however, the majority of home visitors reported working full-time and receiving a median salary of $41,600.

Table 3. Staff receipt of public assistance benefits (n = 851)

Public assistance benefit	Overall	Home Visitor	Supervisor
Medi-Cal	13%	15%	5%
WIC	8%	10%	2%
CalFresh	4%	5%	1%
CalWORKs	2%	2%	1%
None	**82%**	**80%**	**92%**

Source: Home visiting workforce survey, 2020, Child Trends
Note: Respondents were asked to select all that apply

Workforce experience in home visiting

The home visiting workforce in California was experienced working with parents and families. As shown in Table 4, about one-third of home visitors (34%) have worked with parents and families of children from birth to age 5 for more than 10 years. Even more supervisors have this level of experience; almost two-thirds (65%) reported working with parents and families of young children for more than 10 years.

Although the California home visiting workforce is experienced working with parents and families, they were new to the field of home visiting. More than 40 percent of home visitors had been in the home visiting field for less than three years and nearly 60 percent had been in their current position at their home visiting program for less than three years (Table 4). While it is likely that the relative inexperience of this workforce reflects California's rapid expansion of home visiting in recent years—especially because these levels of experience did not vary across PPIC regions—it suggests the importance of providing training and supports that are needed for a new home visiting workforce across programs and counties.

Findings Spotlight

Home visitor experience levels did not vary considerably by race or ethnicity; for example, about two-thirds of *both* experienced and less experienced home visitors (those with more or less than three years' experience in the field) identified as Hispanic or Latinx.

Nearly 20 percent of home visitors likely began their positions in the months leading up to the beginning of the COVID-19 pandemic, which may have further implications for their training, support, and caseloads. Length of time in the field has implications for home visitor turnover as well; about half of home visitors in California typically remain employed for five years or less (findings presented later). As a whole, supervisors tended to have more experience in the home visiting field, but almost half of supervisors (48%) were also new to their current positions (in these positions for less than three years, Table 4).

Table 4. Staff experience in home visiting (n = 906)

Years working with parents and families of children ages 0-5	Overall	Home Visitors	Supervisors
Less than one year	7%	8%	1%
1-2 years	15%	18%	2%
3-5 years	20%	22%	10%
6-10 years	18%	17%	22%

[14] Region X includes Alaska, Idaho, Oregon, and Washington. Franko, et al., 2019.

Years working with parents and families of children ages 0-5	Overall	Home Visitors	Supervisors
More than 10 years	40%	34%	65%
Years in the home visiting field	**Overall**	**Home Visitors**	**Supervisors**
Less than one year	11%	13%	3%
1-2 years	25%	28%	11%
3-5 years	24%	24%	21%
6-10 years	18%	17%	22%
More than 10 years	22%	18%	43%
Years in current position	**Overall**	**Home Visitors**	**Supervisors**
Less than one year	20%	21%	16%
1-2 years	35%	35%	32%
3-5 years	20%	19%	23%
6-10 years	14%	14%	15%
More than 10 years	10%	10%	14%

Source: Home visiting workforce survey, 2020, Child Trends

The workforce survey also explored how staff first learned about home visiting as a career option. Almost one third of the workforce (31%) reported that they first learned about home visiting from another agency where they worked in a different capacity (see Appendix C). One quarter of the workforce heard about this career option through their professional network, and slightly fewer (22%) saw an advertisement for the position. About 14 percent of staff reported learning about home visiting from additional sources, such as friends, family members, and colleagues. Only 6 percent of staff reported learning about their home visiting position through an instructor or program at their college.

Workforce mental health

The mental health of the workforce is a crucial part of the home visiting system. This section presents findings about mindfulness qualities, depressive symptoms, and COVID-related stress experienced by both home visitors and supervisors in California.

Findings Spotlight

Non-Hispanic White and Non-Hispanic Asian home visitors were slightly more likely to report high levels of depressive symptoms than Hispanic or Latinx and Non-Hispanic Black home visitors. Those home visitors reporting two or more races also had slightly higher rates of depressive symptoms.

Home visitors with less than three years of experience were somewhat more likely to report high rates of depressive symptoms compared to more experienced home visitors.

Mindfulness, the ability be fully present and aware of what is happening in the moment, is one component of workforce well-being thought to strengthen interpersonal interactions such as those that take place between a home visitor and family (explored in more depth later in this report).[15] As measured by the Cognitive and Affective Mindfulness Scale-Revised (CAMS-R), supervisors reported slightly more mindfulness qualities related to attention, present-focus, awareness, and acceptance than home visitors (see Appendix C).

Mental health of the home visiting workforce was assessed in this survey using the 10-item Center for Epidemiological Studies Depression Scale (CES-D).[16] Scores above 8 on this measure are considered to be above a clinical cutoff and are likely to indicate depression. This study found that one quarter of the home visiting workforce was experiencing depressive symptoms above the clinical cutoff, and overall, home visitors were more likely than supervisors to score above the clinical cutoff (Table 5). This was a higher rate than other recent studies; in MIHOPE, 15 percent of home visitors and 12 percent of supervisors

[15] Becker, B. D., Patterson, F., Fagan, J. S., & Whitaker, R. C. (2016). Mindfulness among home visitors in head start and the quality of their working alliance with parents. Journal of Child and Family Studies, 25(6), 1969–1979.
[16] Kohout, F., Berkman, L. F., Evans, D. A., & Cornoni-Huntley, J. (1993). Two shorter forms of the CES-D Depression Symptoms Index. *Journal of Aging and Health, 5* (2), 179–193.

experienced depressive symptoms (MIHOPE also used 8 or higher as the cutoff score).[17] Using a different depression screener (Patient Health Questionnaire-2, PHQ-2), the Region X Workforce study found that less than 10 percent of home visitors and supervisors screened positive for depressive symptoms.[18, 19] It is likely that the elevated levels of depressive symptoms in this study are due to the stress associated with the COVID-19 pandemic when these data were collected.

Table 5. Staff self-reported depressive symptoms* (n = 812)

Depressive symptoms		Overall	Home Visitors	Supervisors
Depressive symptoms score at or above 8		25%	28%	15%
Depressive Symptoms Total Score				
Role	**Mean**	**SD**	**Min**	**Max**
Overall	5.09	4.53	0	24
Home Visitors	5.30	4.69	0	24
Supervisors	4.03	3.44	0	22

Source: Home visiting workforce survey, 2020, Child Trends
*As measured by the 10-item version of the Center for Epidemiological Studies Depression Scale (CES-D)

In addition to depressive symptoms, home visiting staff have also experienced increased stress in recent weeks due to COVID-19. More than half of the workforce agreed or strongly agreed they had experienced increased stress related to concerns about themselves or a family member contracting the virus (57%), their loss of social connections or social isolation (55%), and their increased anxiety or depression (51%, Table 6). In addition, more home visitors experienced increased stress related to having financial resources to pay bills or food running out compared to their supervisors.

Table 6. Staff who agreed or strongly agreed they experienced stress due to COVID-19* (n = 814)

Stressor	Overall	Home Visitor	Supervisor
Myself or my family members getting COVID-19	57%	57%	58%
Loss of social connections, social isolation	55%	56%	48%
Increased anxiety or depression	51%	53%	45%
Taking care of my children and family members or working more	45%	47%	39%
Tension or conflict between my household members	33%	34%	25%
Limited financial resources to pay my bills	31%	33%	21%
Reminders of past stressful/traumatic events	29%	31%	20%
Food running out or being unavailable	18%	19%	14%

Source: Home visiting workforce survey, 2020, Child Trends
*As measured by the COVID-19 Family Stress Screener
Note: Percentages reflect responses of "Somewhat agree" and "Strongly agree," combined

Families receiving home visiting services in California

Almost all home visitors reported that they share racial, ethnic, or cultural traits with at least some of the families they serve. This is supported by the workforce demographics findings, as more than two thirds of home visitors identified as Hispanic or Latinx, which is also the largest racial and ethnic group

[17] Duggan, et al., 2018.
[18] It is likely that the high rates of depressive symptoms found in this study are due to the ongoing impact of COVID-19, though additional research is needed to more fully understand these levels of depressive symptoms. Rates of depression did not vary by region.
[19] Franko, et al., 2019.

represented by families on their caseloads. In addition, about half of home visitors' caseloads include families experiencing unemployment and poverty.

Family demographics

Typically, home visiting programs serve families with a variety of demographics and/or risks related to child outcomes. For instance, MIHOPE found that slightly more than a third of mothers did not have a high school diploma and the majority of families also had limited financial resources indicated by experiencing food insecurity and receiving public assistance.[20] In this study, home visitors were asked to report on an array of demographics and family experiences that make up a proportion of their current caseloads—that is, whether their current caseloads have no families, very few families, about half of families, more than half, or all families with these demographics or experiences.

The study found that many home visitors were serving a large number of immigrant families, with more than half of home visitors (57%) reporting that at least half of the families on their caseloads identified as immigrants. The predominant languages spoken by families were English and Spanish, and almost all home visitors (80%) reported that at least half of their families identified as Hispanic or Latinx (see Table 7).[21]

Findings Spotlight

Latinx and American Indian/Alaska Native home visitors were much more likely to report that they shared racial, ethnic, or cultural traits with the families on their caseload compared to Black, White, or Asian home visitors.

More home visitors in the Orange County, Los Angeles County, San Diego County, and Northern regions reported sharing traits with families on their caseloads compared to home visitors in all other regions, particularly the Sacramento Area and Central Coast regions.

In addition, almost all home visitors (90%) reported that they share racial, ethnic, or cultural traits with at least some of the families that their program serves. The majority of these home visitors (67%) reported that they shared these traits with most of the clients they served (results not shown in table). This was supported by the workforce demographic findings, as more than two thirds of home visitors identified as Hispanic or Latinx, which was also the largest racial and ethnic group represented by families on their caseloads.

Table 7. Family demographics: Percent of home visitors who reported that families on their caseloads had these characteristics (n = 737)

Family type	None	Very few families	About half of families	More than half of families	All families
Tribal families	84%	14%	1%	<1%	1%
Immigrant families	18%	26%	20%	29%	8%
Military families	79%	19%	1%	<1%	<1%
Families living in rural areas	51%	21%	9%	7%	10%
Family language	**None**	**Very few families**	**About half of families**	**More than half of families**	**All families**
English	3%	20%	22%	25%	31%
Spanish	11%	23%	27%	30%	9%
Cantonese	93%	65%	<1%	<1%	<1%
Tagalog	92%	7%	<1%	<1%	<1%
Vietnamese	91%	8%	<1%	<1%	<1%

[20] Duggan, et al., 2018.
[21] Additional information about the characteristics of families served by home visiting programs in California are available in the online mapping tool designed as part of this project, Mapping California's Home Visiting Landscape https://www.childtrends.org/publications/mapping-californias-home-visiting-landscape

Family language	None	Very few families	About half of families	More than half of families	All families
Hmong	96%	3%	<1%	<1%	<1%
Arabic	87%	13%	<1%	<1%	<1%
Other	84%	13%	1%	1%	1%
Family race and ethnicity	**None**	**Very few families**	**About half of families**	**More than half of families**	**All families**
American Indian or Alaska Native	78%	19%	2%	1%	1%
Asian	67%	31%	1%	1%	<1%
Black or African American	38%	45%	11%	4%	2%
Hispanic or Latinx	5%	15%	19%	40%	21%
White	28%	42%	17%	10%	3%
Other	89%	9%	<1%	1%	1%

Source: Home visiting workforce survey, 2020, Child Trends
Note: Supervisors with a caseload were classified as home visitors in these analyses

Family experiences

Home visitors' caseloads were predominantly made up of families with children ages 3 and younger, with almost all home visitors (88%) reporting that half or more of their families have children in this age range. Less than one third of home visitors reported that their caseload was predominantly made up of pregnant parents or first-time expectant parents. Many home visitors reported that families on their caseloads are experiencing child and family risks; for example, more than half of home visitors (53%) reported that they served at least some families experiencing domestic violence and more than two-thirds (70%) reported serving at least some families experiencing mental health issues (Table 8).

In addition, programs were serving many families experiencing unemployment and poverty, with 47 percent of home visitors reporting that *more than half* or *all* of the families on their caseloads were experiencing poverty and just under one third of home visitors (30%) reporting that *over half* or *all* of their families were experiencing unemployment (Table 8). Although most home visiting programs typically served families with few economic resources, it is likely that home visitors were serving families that had also been affected by the pandemic and resulting financial crisis.

Table 8. Family experiences: Percent of home visitors who reported that families on their caseloads had these experiences (n = 727)

Family experiences	No families	Very few families	About half of families	More than half of families	All families
Demographics					
Are pregnant	33%	47%	11%	5%	5%
Are a first-time expectant parent	38%	32%	17%	5%	8%
Have children ages 0-3	3%	9%	26%	28%	34%
Have children ages 0-5	8%	15%	28%	26%	23%
Are a single parent household	7%	44%	28%	19%	2%
Are a teen parent	42%	48%	6%	2%	2%
Are a parent with less than a high school education	7%	38%	32%	19%	3%
Child and family risks					
Have a child born premature or low birthweight	37%	57%	4%	1%	0%
Have a child with special health care needs	35%	58%	6%	1%	0%
Have a disability	52%	44%	3%	0%	0%
Are experiencing domestic violence or dating violence	46%	43%	8%	2%	0%

Family experiences	No families	Very few families	About half of families	More than half of families	All families
Are experiencing prenatal or postpartum depression and/or mental illness	30%	48%	16%	5%	1%
Are experiencing prenatal or postpartum substance abuse/ misuse	66%	28%	4%	2%	0%
Economic indicators					
Are experiencing homelessness or unstable housing	29%	51%	13%	6%	1%
Are experiencing unemployment	7%	33%	30%	26%	4%
Are experiencing poverty (below 200% of the federal poverty level)	11%	21%	22%	28%	19%
Participate in CalWORKs	13%	31%	22%	15%	18%
Involvement with justice system					
Have current involvement in the child welfare system	42%	42%	9%	3%	4%
Are incarcerated	86%	14%	0%	0%	0%

Source: Home visiting workforce survey, 2020, Child Trends
Note: Supervisors with a caseload were classified as home visitors in these analyses

Changes in home visiting services during the pandemic

Almost all home visitors are conducting virtual home visits during the pandemic, and almost all reported that their work is more challenging now compared to before COVID-19. Further, both home visitors and supervisors are working almost twice as much during the evenings and weekends now compared to before the pandemic. While home visitors reported that families have been more difficult to engage during this time, they have adjusted their engagement strategies and other practices to address these changing needs during the pandemic.

Changes in home visits due to the pandemic

The onset of the COVID-19 pandemic quickly changed the landscape of home visiting in March 2020, as home visitors pivoted to rely on alternate communication and visit strategies to continue engaging with families.[22] At the time of this survey, almost all home visitors (93%) were engaging in virtual home visits and providing home visiting services to families using many types of strategies given restrictions due to COVID-19. While 18 percent of home visitors reported that they were still providing in-person home visits during the pandemic (Table 9), nearly two-thirds of those home visitors were providing in-person visits to very few families (results not shown in table). Nearly all home visitors reported currently providing visits via phone and video, but about half did not conduct those types of visits at all before the pandemic. The use of multiple types of visit strategies during the pandemic is consistent with a national survey of the transition to virtual home visiting.[23]

Findings Spotlight

Home visitors in the Northern region were much more likely to report providing in-person visits compared to any other region. One possibility for this finding is that counties in the Northern region are typically remote and families may have limited internet access for virtual visits.

[22] Supplee, L. & Crowne, S. *During the COVID-19 pandemic, telehealth can help connect home visiting services to families*. (March 26, 2020). Child Trends. https://www.childtrends.org/blog/during-the-covid-19-pandemic-telehealth-can-help-connect-home-visiting-services-to-families

[23] O'Neill, K, Korfmacher, J, Zagaja, C & Duggan, A. for the Home Visiting Applied Research Collaborative. (April 10, 2020). *COVID19's Early Impact on Home Visiting. First Report from a National HARC-Beat Survey of Local Home Visiting Programs*. https://www.hvresearch.org/wp-content/uploads/2020/04/COVID-19s-Early-Impact-on-Home-Visiting.pdf.

Even though most home visits were being conducted virtually during the pandemic, the in-person visits that did take place were lasting just under 1 hour on average (50 minutes, see Appendix C), which was typical for many home visiting programs. This length is slightly more than the average length of virtual visits (taking place via phone or computer), which each lasted an average of about 40 minutes (see Appendix C). In addition, the majority of home visitors (74%) communicated with their families by text message during the pandemic; in fact, 60 percent reported that they texted with families more now than before COVID-19 (Table 9). On average, home visitors were sending about 10 texts per week, per family, but would send more than 15 per week for a family with many needs (see Appendix C).

Table 9. Changes in home visit length & family communication now compared to before COVID-19 (n = 710)

Communication methods	Percent of home visitors reporting they use this type of visit	Did not conduct this type of visit before COVID	More time now	About the same time now	Less time now
In-person visits	18%	NA	4%	30%	66%
Visits that use voice only (phone or computer)	93%	46%	24%	16%	13%
Visits that use video (phone or computer)	92%	54%	20%	18%	8%
Communication methods	**Percent of home visitors reporting they text with families**	**I did not use text messaging before COVID**	**More texts now**	**About the same number of texts now**	**Less texts now**
Text messages in a typical week	74%	9%	60%	28%	4%

Source: Home visiting workforce survey, 2020, Child Trends
Note: Supervisors with a caseload were classified as home visitors in these analyses

Work schedules have also changed due to the pandemic. Home visiting staff were working slightly more than before COVID-19, especially during evenings and weekends. In fact, both home visitors and supervisors reported working almost twice as much during the evenings and weekends compared to before the pandemic (Table 10). On average, home visitors and supervisors worked more hours than they were scheduled for or paid to work—both before and during the pandemic. However, supervisors tended to be working even more additional unpaid hours during COVID-19. See Appendix C for information about changes in the amount of time home visitors spend conducting their daily responsibilities.

Findings Spotlight

Home visitors who reported more depressive symptoms were more likely to report that their work was more challenging and their responsibilities were greater during the pandemic.

Table 10. Changes in work schedules due to COVID-19 (n = 837)

Changes in work schedule	Overall (mean)		Home Visitors (mean)		Supervisors (mean)	
	Pre-COVID	Currently*	Pre-COVID	Currently	Pre-COVID	Currently
Evenings per week worked	0.43	0.72	0.41	0.66	0.58	1.11
Weekends per month worked	0.25	0.46	0.27	0.45	0.15	0.47
Hours scheduled or paid to work per week	36.88	36.89	36.77	36.78	37.66	37.69
Actual hours per week worked	38.84	39.34	38.61	38.90	40.44	42.32

Source: Home visiting workforce survey, 2020, Child Trends
* "Currently" denotes the point in time when the home visiting staff completed this workforce survey.
Note: Supervisors with a caseload were classified as home visitors in these analyses

Findings Spotlight

More home visitors in the Bay Area and Northern regions felt that their program's quality was lower or much lower during COVID-19 compared to other regions.

In addition to the changes in schedules and the structure of home visits, more than three quarters of home visitors (80%) reported that their work was more challenging during the pandemic than it was before COVID-19, and more than half (58%) reported that their responsibilities were greater during the pandemic (Table 11). Despite these challenges, about 75 percent of home visitors reported that the quality of their program's services was higher or about the same as before COVID-19 (Table 11).

Table 11. Changes in home visitor perceptions of their program due to COVID-19 (n = 747)

Home visitor perceptions of their program currently, compared to pre-COVID*	Home Visitors
My work is…	
Much more/More challenging than before	80%
About the same	14%
Less/Much less challenging than before	6%
My responsibilities are…	
Much greater/Greater than before	58%
About the same	38%
Less/Much less than before	4%
The quality of the services my home visiting program provides is…	
Much higher/Higher than before	26%
About the same	49%
Lower/Much lower than before	25%

Source: Home visiting workforce survey, 2020, Child Trends

* "Currently" denotes the point in time when the home visiting staff completed this workforce survey.

Note: Supervisors with a caseload were classified as home visitors in these analyses

Changing caseloads: Recruitment and engagement during the pandemic

Home visitors were asked about the challenges of recruiting, engaging, and enrolling new clients during the pandemic. More than half of home visitors (55%) reported that the size of their caseload has changed as a result of the pandemic, though the types of changes were mixed with about one quarter reporting it has increased and about one third reporting it has decreased (Table 12).[24] Almost half of home visitors (47%) also reported that it has been more difficult to build their caseload during COVID-19 compared to before the pandemic, though the majority (68%) feel the size of their caseload is about right.

Findings Spotlight

Home visitors with more depressive symptoms were more likely to report that families participated less or much less in visits, were less or much less accessible, and had more or much more needs compared to home visitors who reported fewer depressive symptoms.

Table 12. Changes in home visitors' caseload due to COVID-19 (n = 742)

Changes in caseload	Home Visitors
Change in caseload due to COVID-19	
Yes, caseload has increased	23%
Yes, caseload has decreased	32%
No, caseload has remained the same	44%

[24] Home visitors reported an average caseload size of 15 families, although this ranged from 0 to 100 families, likely reflecting the wide range of evidence-based and home grown models included in this study.

Changes in caseload	Home Visitors
Difficulty building caseload during COVID-19	
Yes, it has been more difficult during COVID	47%
No, it has been about the same during COVID	40%
No, it has been less difficult during COVID	7%
Program is not actively enrolling new clients during COVID	5%
Size of caseload	
Lighter than home visitor can handle	21%
About right	68%
Heavier than home visitor can handle	11%

Source: Home visiting workforce survey, 2020, Child Trends
Note: Supervisors with a caseload were classified as home visitors in these analyses

Home visitors were asked about their perceptions of how engagement with families and their programs' benefits for families have been affected by COVID-19.

Home visitors reported mixed findings on families' level of participation in visits; about 40 percent of home visitors reported it was about the same as before, and about 40 percent of home visitors reported it was less or much less than before the pandemic. However, nearly half of home visitors (43%) reported that families were less accessible now than before. Nearly all home visitors (78%) reported that their families had many more needs than before the pandemic, reflecting the finding that almost 40 percent felt their program's benefits for families were broader or much broader during the pandemic (Table 13).

Findings Spotlight

Home visitors with less than three years' experience were more likely to report that their families were participating in visits less or much less during the pandemic compared to home visitors with more experience. Similarly, less experienced home visitors were more likely to report that their families were less or much less accessible.

Table 13. Changes in home visitors' perceptions of families due to COVID-19 (n = 743)

Home visitor perceptions of their families currently, compared to pre-COVID*	Home Visitors
Families participate in visits…	
Much more/More than before	19%
About the same	41%
Less/Much less than before	41%
Families are…	
Much more/More accessible than before	24%
About the same	33%
Less accessible/Much less than before	43%
Families have…	
Many more/More needs than before	78%
About the same	20%
Less/Much less needs than before	2%
My home visiting program's benefits for families are…	
Much broader/Broader than before	39%
About the same	36%
Narrower/Much narrower than before	26%

Source: Home visiting workforce survey, 2020, Child Trends
* "Currently" denotes the point in time when the home visiting staff completed this workforce survey.
Note: Supervisors with a caseload were classified as home visitors in these analyses

Home visitors also spoke about challenges with family engagement and recruitment during the interviews. Many of the home visitors interviewed noted that there were fewer opportunities to recruit new families. Before the pandemic, common recruitment strategies included attending health fairs and meeting families at birth-to-3 programs, but COVID-19 restrictions and closures prevented these events from taking place. To address these changes, home visiting programs pivoted to social media, working with partner organizations, and reaching out through families who are already enrolled in the program to recruit. Many of the home visitors interviewed reported that they were using existing relationships or partner organizations as part of their recruitment strategies. Relying on existing connections and organizations for recruitment implies that the potential participant pool is changing or shrinking. Families without existing connections to the home visiting organizations, however tangential, may be left out of recruitment efforts. Whereas before the pandemic, families may have learned about home visiting programs through public events, such opportunities are now limited or non-existent. This leaves families without connections to social programs and services, often the most in need, with fewer opportunities to engage with home visiting.

"Because before we would get invited to community fairs, or there were just tons and tons of community research fairs and events that they would host, and we would be able to come visit. Now, it's hard. We do whatever is possible. We've been looking at the diaper outreaches for families, we've been seeing where the food banks are at and just giving them a [flier] with the people that we do have a partner[ship] with."

-Home Visitor

In terms of home visiting program enrollment, all but one of the home visitors interviewed reported that they were enrolling new families and, of those, just under half said these new families were different from their pre-pandemic caseload. An increased need for mental health support was cited as a common way current families differed from those enrolled pre-COVID, which is also an example of how families' overall needs have changed throughout the pandemic. Changes also included an increase in families experiencing anxiety and depression. All home visitors who discussed this increase in mental health stress in the home also reported that it created a barrier to connecting with families. Furthermore, building rapport during the pandemic was also reported as a challenge for some home visitors.

"Well, texting. It's pretty much technology and cellphones I think save all these programs, because the families feel included, I would say. They don't feel left out because I was able to have the work cellphone with me all the time. So that gave them flexibility to text me anytime during the day, and be in more contact with me, even though it wasn't their day of the visit."

-Home Visitor

Home visitors also adapted their engagement strategies to retain existing families during the pandemic. In their interviews, two themes emerged regarding how programs were modifying these practices. First, home visitors indicated that they adopted novel strategies for completing documentation during virtual visits. This included sending screenshots of the forms ahead of time or transitioning some paperwork to electronic surveys. The second modification was in their communication methods. Similar to survey findings, the home visitors who were interviewed also reported using several forms of communication to reach families on a more regular basis, including text or email reminders for visits and sending along any new protocols or tools in advance. One home visitor developed a Google website to share the resources and tools discussed during visits. Overall, the home visitors interviewed embraced being contacted on a more regular basis since visits tend to be shorter than pre-COVID, which was also in line with survey findings.

Addressing family needs during COVID-19

Almost all home visitors reported that families have many more needs during COVID-19 compared to before. In particular, home visitors reported that families have an increased need for mental health services, food, and parenting supports. Home visiting staff continue to provide concrete goods and supports to families.

During the interviews, home visitors were asked to report on the changing needs of families during COVID-19, specifically whether any needs have increased over the course of the pandemic. Nearly all home visitors interviewed reported an increased need for material supports, with mental health services, nutrition and food, parenting supports, and employment supports being the other most commonly identified increased family needs (Table 14). In addition, home visitors reported that families had much less free time and that they needed help with child care during the pandemic due to schools and child care centers being closed or only providing services virtually.

"The thing is we can't find child care. So that's a struggle. So some of my parents were able to obtain employment. I actually can think of two, but they didn't have childcare for the employment. So they couldn't do anything with it."

-Home Visitor

Table 14. Increased family needs during COVID-19 (n = 20)

Family needs	Number of home visitors reporting this need
Material supports (e.g., diapers)	17
Mental health services	15
Nutrition and food	13
Parenting supports	13
Employment	13
Internet	10
Utilities	8
Health care	3
Housing	6

Source: Home visiting workforce interviews, 2020, Child Trends

Home visitors addressed these increased family needs by providing many types of concrete goods and supplies to the families on their caseloads since COVID-19 began. In the survey, most home visitors (79%) reported that they provided diapers or wipes to *at least some* of their families, while almost one quarter provided these to *all* of their families. The majority of home visitors provided a number of other supplies to *at least some* of the families on their caseloads, including food (63%), books (63%), and other goods (64%) such as baby supplies (e.g., car seats, high chairs, monitors, clothes), art and educational materials (e.g., playdough, games, pencils, school supplies), and items related to COVID-19 safety (e.g., thermometers, masks, sanitizer, other hygiene items, Table 15).[25]

In addition, 30 percent of home visitors provided books to *all* of their families, and on average, each home visitor provided 39 books to their families since the beginning of COVID-19 (results not shown in table).

Table 15. Supports provided to families during COVID-19 (n = 764)

Concrete supports provided during COVID-19	At Least Some Families	All Families
Diapers or wipes	79%	23%
Books	63%	30%
Food	63%	18%

[25] Some of these findings reflect the age of the children and needs of the families (e.g., not all families need or want formula).

Concrete supports provided during COVID-19	At Least Some Families	All Families
Gift cards	37%	5%
Formula	37%	3%
Other supplies or goods	64%	26%

Source: Home visiting workforce survey, 2020, Child Trends
Note: Supervisors with a caseload were classified as home visitors in these analyses

Improving service delivery during COVID-19

During their interviews, home visitors described important lessons learned about delivering home visiting services during the pandemic. These practices were specifically focused on ensuring families' needs were met through virtual service delivery. Some of the common practices home visitors shared included:

- **Preparing clients in advance for visits.** Sending an agenda or a plan before the visit ensured that the family knew what to expect when the home visitor could not be there in person.
- **Using many different types of communication.** In addition to texting, email, phone calls, and video chats, home visitors also reported that mailing packages to clients was a helpful way to provide materials or other programmatic supports that families would not have had access to otherwise.
- **Being flexible with service delivery methods.** Families' lives tended to be more chaotic during the pandemic, and home visitors reported that clients appreciated flexibility in when and how services were provided. In response, home visitors overwhelmingly reported flexibility as a key characteristic in successfully providing virtual home visits.
- **Using reminders and being sensitive to the changing scheduling needs of families.** Families' schedules changed at the last minute, necessitating a change in timing or mode of the visit. In addition, home visitors stressed that using reminders prior to visits was important for helping families stay engaged. Text and email reminders were commonly reported methods, as continuous contact also helped families stay engaged.
- **Being prepared to engage older children in the home during virtual visits.** Other children in the home can be a distraction from visits, and older children are more commonly at home now due to school closures. Home visitors reported using other strategies to engage older children as a helpful method for ensuring that home visits with infants and toddlers remained effective.
- **Being very well prepared to provide public health guidance about COVID-19.** Families have frequently looked to home visitors for this guidance and home visitors have felt prepared to do so.

In addition to these lessons learned for virtual home visiting practices, home visitors reported on the characteristics and skills they saw as important to providing high quality services during COVID-19. In addition to flexibility and availability, which the majority of home visitors interviewed mentioned, some home visitors also reported on the importance of empathy, play, and creativity. Supervisors also played an important role in supporting home visitors, especially during the pandemic. Most of the home visitors interviewed indicated that supervisor expectations have been flexible and supportive.

"My supervisor is fantastic and understands the stressors that we all are going under and encourages us to participate in self-care."

-Home Visitor

Despite the challenges related to virtual home visits, 19 of the 20 home visitors interviewed reported that virtual visits in some form, especially in a hybrid model, should continue after the pandemic has eased. Several home visitors cited geography and physical distance as important decisions in how to provide future home visits, as long distances and traffic can be a logistical challenge for traditional home

"… she's very supportive, she's always been very supportive. I know it's taking a toll on her, all of our supervisors. She's always been very supportive. You can call her; you can ask questions."

-Home Visitor

visits. Other home visitors mentioned the needs of working parents, and ways virtual visits can be easier and more practical to provide for parents who have a job or multiple children at home.

Home visiting supports and factors for retention

Almost all home visitors received training on their home visiting model before starting work and shadowed a home visitor as a part of their in-service training. While many home visitors received subsequent training on a wide array of topics, including how to conduct virtual visits, the majority indicated they would still like additional training.

In addition, most home visitors did not experience a change in their level of satisfaction with work compared to before COVID-19 and plan to stay in their current position for at least the next year. Home visitors report that supervisors remain an important source of support and most home visiting programs provide staff with benefits such as paid vacation or sick leave and health insurance. At the same time, about half of home visitors would still like additional mental health supports.

Training

Training for home visiting staff was an important part of the home visiting implementation system and included training received before joining a program, training received upon hire as part of pre-service training, and ongoing or in-service training over the course of employment. As noted above, the majority of California's home visiting staff have advanced degrees, many in disciplines that would strengthen the knowledge and skills necessary for being a home visitor. In addition, most home visiting staff (80%) attended a training specific to their home visiting model before beginning their current position and shadowed a home visitor (81%) as part of their in-service training (data not shown in table).

Staff also reported on *how* they received training—either through formal college coursework, embedded in pre-service training, or during in-service training. The majority of staff did not report receiving training through formal college coursework; however, this varied by staff educational backgrounds and the specific training topic (see Appendix C). Instead, the majority of staff relied on training provided through their home visiting program (See Appendix C). For example, nearly two-thirds of staff reported receiving in-service training during their employment on prenatal health, child maltreatment/mandated reporting, and laws and public policy (Appendix C). Training is seen as a key way to support staff and thus programs tend to offer or make available trainings on a wide range of topics as seen here. This wide range of in-service training is consistent with findings from MIHOPE; for example, MIHOPE found that during a 12-month period, more than 80 percent of home visitors received in-service training in mental health, positive parenting behavior, child maltreatment, child preventive care, and child development.[26]

Across all training modalities, this study found that staff received training on a wide range of topics, from child and family health and development, to general communication skills, cultural sensitivity, and diversity (Table 16):

Almost all home visiting staff (>80%) received training in child health and development topics, most maternal health and well-being topics, parenting, topics addressing trauma, staff well-being topics, database and case management, and cultural sensitivity/diversity.

About three quarters of home visiting staff received training in prenatal health, family planning and reproductive health, staff cultural competence and communication skills, and general home visitor training, including use of technology in the field and conducting virtual visits.

[26] Duggan, et al., 2018.

More than half of home visiting staff received training in LGBTQI+ services and laws and public policy (this includes immigration or family law).

Training in specific content areas has been shown to influence service delivery; in MIHOPE, home visitors who received training in family planning and birth spacing, substance use, mental health, intimate partner violence, or child development were more likely to discuss those same topics with families on their caseload compared to home visitors who did not receive this training.[27]

However, training is not necessarily effective when there are not opportunities for practice or ongoing supports such as coaching, which may result in the need for more training. In this study, while home visiting staff have received training on this array of topics, many still expressed the need for additional training across most of these same areas. Table 16 presents the percent of home visiting staff who would like this additional training. For each topic, between 60 percent to 79 percent of home visitors and supervisors indicated they would like more training.

Table 16. Staff's receipt of and need for additional training (n = 825)

	Staff received training in this topic	Staff would like more training in this topic*
Maternal health and well-being		
Family stress and mental health	93%	78%
Intimate partner violence	84%	74%
Tobacco/substance use	81%	66%
Maternal physical health	80%	73%
Prenatal health	79%	74%
Family planning/reproductive health	78%	69%
Parenting		
Child maltreatment/mandated reporting	98%	61%
Positive parenting behavior	92%	76%
Breastfeeding, feeding and nutrition	84%	74%
Child health and development		
Child development	96%	69%
Early literacy	87%	73%
Child health and pediatric care	80%	75%
Access to community resources		
Community services for families	87%	79%
LGBTQI+ services	57%	75%
Laws & public policy (e.g., immigration or family law)	56%	77%
Addressing trauma		
Recognizing and responding to adverse childhood experiences (ACEs)	89%	72%
Trauma-informed care	88%	74%
Staff cultural competence and communication skills		
Cultural sensitivity/diversity	92%	71%
Implicit bias and internalized racism	79%	73%
General clinical and communication skills	79%	65%
Racial justice/equity	78%	74%
Staff well-being		
Stress management and self-care	92%	66%
Self-reflection and reflective supervision	90%	62%
General home visitor training		

[27] Duggan, et al., 2018.

	Staff received training in this topic	Staff would like more training in this topic*
Database or case management system	82%	60%
Implementing virtual home visiting	72%	70%
Use of technology in the field	71%	62%

Source: Home visiting workforce survey, 2020, Child Trends
*n = 605

Home visiting staff also received specific training during COVID-19 on providing virtual home visits to families, including how to conduct virtual screenings (50%), using video platforms (58%), privacy and confidentiality practices (49%), and other model-specific training on virtual visits (46%, Table 17). Given the amount of new home visiting staff in California and the transition to new visit strategies for virtual home visiting, it is somewhat surprising that more staff did not receive these trainings.

Table 17. Trainings staff received during COVID-19 (n = 751)

Trainings received during COVID-19	Overall	Home Visitors	Supervisors
Training on how to conduct virtual home visits	68%	68%	71%
Training on specific video platforms (for example, Zoom, GoToMeetings, WebEx)	58%	56%	66%
Training on how to conduct screenings via video or phone	50%	50%	53%
Training on privacy and confidentiality	49%	50%	47%
Training provided by your model or program about how to modify the curriculum for virtual visits	49%	48%	54%
Training provided by your model or program about virtual home visiting	46%	45%	50%
Training provided by Rapid Response Virtual Home Visiting	33%	32%	41%
Training provided by the California Virtual Home Visiting Project	13%	13%	16%

Source: Home visiting workforce survey, 2020, Child Trends
Note: Respondents were asked to select all that apply

Supervision

Findings Spotlight

Home visitors with more depressive symptoms were more likely to report that their supervisor's feedback was not very or not at all helpful compared to home visitors with fewer depressive symptoms.

Supervision is an essential component of home visiting programs; supervisors provide support to home visitors by addressing challenging issues on their caseload, building their skills, and supporting their emotional well-being. Even though some home visiting program staff were not together in their offices due to COVID-19 restrictions, about half of home visitors (49%) reported that they still met with their supervisor at least weekly, most supervision sessions lasted longer than 30 minutes, and three quarters of home visitors said their supervisor's feedback was helpful or very helpful (Table 18). Nearly all home visitors (93%) reported that their supervision meetings included reflective supervision techniques, while few home visitors (17%) reported ever reviewing video recordings of home visits with their supervisor. Home visitors also regularly participated in peer supervision and group supervision (or team meetings); about one third participated weekly or more frequently in each type (see Appendix C).

Supervisors' live observation of home visits is also an important skill-building practice for home visitors and has been shown to increase program effectiveness.[28] Before COVID-19 began, about two thirds of home

[28] Casillas, K. L., Fauchier, A., Derkash, B. T., & Garrido, E. F. (2016). Implementation of evidence-based home visiting programs aimed at reducing child maltreatment: A meta-analytic review. *Child abuse & neglect*, *53*, 64–80.

visitors (66%) reported that their supervisor had attended at least one of their home visits per year, which is consistent with findings from MIHOPE.[29] However, since the pandemic began, about two thirds of home visitors reported that their supervisor had *not* joined any of their virtual visits, which is somewhat surprising given that it may be more feasible to join visits virtually (65%, Table 18).

Table 18. Types and frequency of supervision received by home visitors (n = 741)

Meetings with supervisor	
Frequency of meetings	
Weekly or more frequently	49%
One to two times per month	18%
Monthly	21%
No one-on-one supervision meetings	12%
Length of meetings	
Less than 30 minutes	10%
30 minutes	16%
More than 30 minutes	74%
Meeting includes use of reflective supervision techniques	
Yes	93%
Frequency of review of video recorded visits	
Monthly	8%
Every few months	4%
One to two times per year	6%
No review of video recordings	83%
Helpfulness of supervisor's feedback	
Extremely helpful	44%
Very helpful	31%
Somewhat helpful	19%
Not at all or not very helpful	6%
Live observation of home visits	
Frequency of supervisor's attendance at home visits (pre-COVID)	
Monthly	7%
Every few months	23%
Twice per year	18%
Once per year	18%
Supervisor did not attend visits	34%
Frequency of supervisor's attendance at virtual visits (since COVID)	
One time	17%
2-3 times	14%
Four or more times	3%
Supervisor did not join any virtual visits	65%

Source: Home visiting workforce survey, 2020, Child Trends

Interviews with home visitors also revealed several important themes regarding the importance of supervision, particularly during the pandemic. Most home visitors interviewed reported that their supervisors have been a consistent source of support and have been reasonable in their expectations. Furthermore, interviewees detailed many instances in which their supervisors offered support in navigating virtual visits or pandemic-related concerns. One home visitor noted that their supervisor offered to print materials weekly for their clients, while others described receiving strong, proactive emotional support when feeling stressed. In these instances, supervisors would do their best to shift

[29] Duggan, et al., 2018.

responsibilities away from an overwhelmed home visitor or assist them in brainstorming ways to improve self-care.

Supports provided by home visiting programs

Home visiting programs provide home visitors with a variety of resources and supports to ensure staff deliver high quality services to families. During the pandemic, essential supports included access to various technological resources. The majority of home visitors in California reported that their program provided cellphone/work phones (73%) and laptops (69%), which are particularly important given the transition to virtual home visiting across the state (Table 19). For more technological resources, see Appendix C.

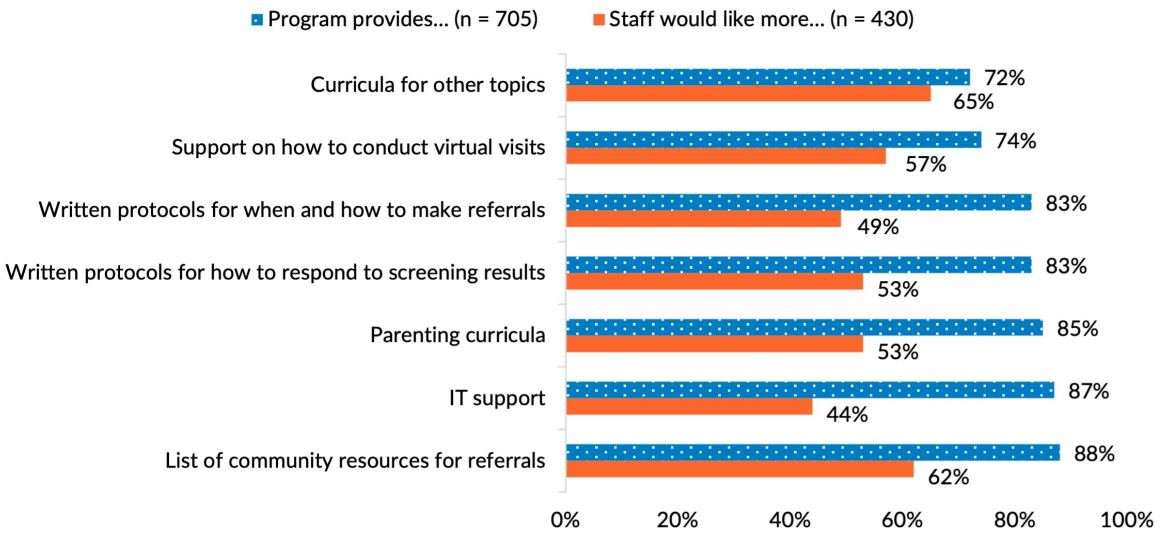
Table 19. Types of technological resources provided for use during visits (n = 714)

Technological resource	Home Visitor
Cellphone/work phone	73%
Laptops	69%
iPads or other tablets	37%
Program helps with home Internet access	26%

Note (1): Respondents were asked to select all that apply
Note (2): Supervisors with a caseload were classified as home visitors in these analyses

While most programs provide written protocols for responding to screening results (83%), making referrals (83%), parenting curricula (86%), and lists of community resources for referrals (88%), at least half of home visitors would like more of these same resources, including additional lists of resources for referrals, more parenting curricula and curricula for other topics, and support for conducting virtual visits (Figure 2). Other research has shown that having formal processes for screening for sensitive topics such as intimate partner violence increases the likelihood that home visitors discuss the issue with families on their caseloads more frequently than programs that did not have these processes in place.[30]

Figure 2. Technical supports provided by program

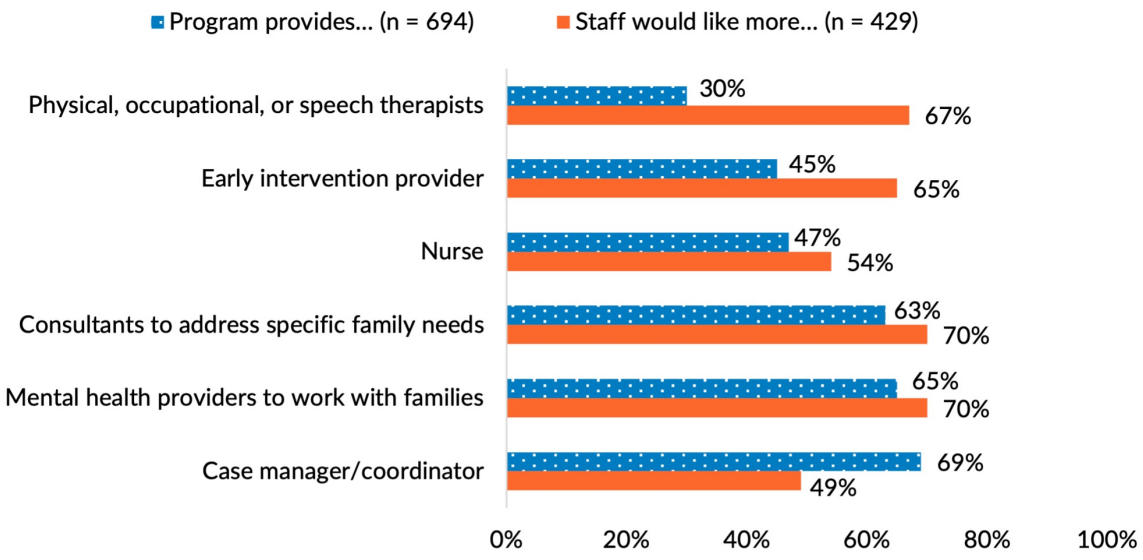


Source: Home visiting workforce survey, 2020, Child Trends
Note: Supervisors with a caseload were classified as home visitors in these analyses

[30] Duggan, et al., 2018.

In addition, many programs provide access to support staff such as consultants for addressing specific family needs, mental health providers to work with families, and case managers. Few home visitors (30%) reported that their program provided access to physical, occupational, or speech therapists and the majority (67%) reported that they would like more access to these types of support staff. The majority of home visitors also reported wanting more access to early intervention providers (65%), mental health providers (70%), and consultants to address specific family needs (70%, Figure 3). Compared to the findings in Figure 2, Figure 3 highlights that more home visitors would like additional *support staff* than they would like additional *technical supports*.

Figure 3. Types of support staff provided by program



Source: Home visiting workforce survey, 2020, Child Trends
Note: Supervisors with a caseload were classified as home visitors in these analyses

Due to the high rates of depressive symptoms this workforce reported, understanding what mental health supports are provided by home visiting programs is a critical part of ensuring staff well-being, particularly during the pandemic. Most home visiting staff felt that their program provided supervisor support (91%), peer support (84%), and opportunities for self-care, exercise, and mindfulness (78%, Table 20). However, many staff also reported wanting more of these very same supports. Supervisors and home visitors reported similar needs for additional mental health supports, with the exception of counseling and mental health treatment, where about half of home visitors compared with about one third of supervisors wanted more of those supports (Table 20).

Table 20. Mental health supports provided by program (n = 815)

Mental health or well-being support for staff	Overall	Home Visitors	Supervisors
Program provides…			
Supervisor support	91%	92%	90%
Peer support	84%	83%	87%
Opportunities for self-care, exercise, mindfulness	78%	77%	82%
Counseling	64%	63%	68%
Mental health treatment	62%	61%	64%
Staff would like more…[†]			

Mental health or well-being support for staff	Overall	Home Visitors	Supervisors
Supervisor support	41%	40%	44%
Peer support	46%	46%	45%
Opportunities for self-care, exercise, mindfulness	63%	64%	59%
Counseling	49%	52%	38%
Mental health treatment	48%	51%	35%

Source: Home visiting workforce survey, 2020, Child Trends
†n = 551

During their interviews, most home visitors also suggested additional professional development supports they could benefit from during the pandemic. These included training on how to best engage families virtually through a strengths-based approach, conducting virtual assessments, and detecting child abuse or neglect when only communicating online with families. Other home visitors interviewed mentioned support they received from fellow home visitors within the same program, whether through formal group meetings or more casual office friendships. For some home visitors who were fully remote, maintaining these supportive connections with teammates has been a challenge—and it may also be an important and underutilized aspect of support.

"Overly worked. Not in the sense physically, because physically I'm home. Mentally is what I'm afraid of. Sometimes there are so many things I'm doing at one time on top of the fact of keeping an eye on my kid during school. I feel like sometimes I'm getting pulled from different places left and right. And at least when we would go to work, at least for myself, I was able to disconnect....There's no off button, I guess you can say."

-Home Visitor

Additionally, most home visitors interviewed said supports for their well-being during COVID-19 would be helpful because the pandemic has affected their well-being. Many said there were virtual trainings on well-being or self-care available to them, but that they struggled to find the time to participate. These home visitors expressed general feelings of exhaustion and being overwhelmed with an increased workload. Several said working from home has resulted in a lack of boundaries between their job responsibilities and personal lives. These interviewees described the difficulty of stopping work at a reasonable hour. They mentioned an inability to separate the stress of raising their own children and caring for family members from the stress of their role as a home visitor.

Factors for retention

Due to COVID-19, factors for retention in the home visiting workforce have been examined to learn what was influencing retention efforts before and since the pandemic started. As shown in Table 21, the majority of home visiting staff have not experienced any changes to their position either before COVID-19 (86%) or during COVID-19 (71%). However, about 18 percent of home visitors have experienced other significant changes as a result of the pandemic, such as a furlough, reduction in hours, or deployment to other work. These changes are similar to those reported in a national study of home visiting program managers who reported that a third of their programs had experienced a change in their workforce due to COVID-19.[31]

Findings Spotlight

Staff in the Bay Area were more likely to have been deployed or reassigned during COVID-19 compared to staff in all other regions. One possibility for this finding is the number of staff who were nurses and may have been reassigned to provide COVID-related health care; the Bay Area region had more nurses respond to the workforce survey compared to all other regions.

[31] O'Neill et al., 2020.

In addition, promotion rates for both home visitors and supervisors have not changed meaningfully since the pandemic began; however, only 28 percent of home visitors and 46 percent of supervisors believed it was possible for them to receive a promotion (or another promotion, results not shown in table).

Table 21. Changes in position before and during COVID-19 (n = 817)

Experienced position change before COVID-19	Overall	Home Visitor	Supervisor
No position change before COVID	86%	88%	76%
Promotion	5%	3%	16%
Demotion	<1%	1%	0%
No position change since COVID	76%	77%	72%
Promotion	5%	3%	13%
Demotion	0%	0%	1%
Furlough	2%	2%	1%
Reduction in hours	4%	4%	2%
Deployment or reassignment to other work in your agency	12%	12%	10%

Source: Home visiting workforce survey, 2020, Child Trends
Note: Respondents were asked to select all that apply for position changes during COVID-19

Even during the pandemic, most home visitors and supervisors reported currently being completely or somewhat satisfied with many aspects of their job, including how rewarding their work with families is (96%), their relationship with coworkers (95%), and job security (93%, Table 22). Fewer home visitors and supervisors reported being satisfied with their level of on-the-job stress (62%) and pay (60%). Overall, most home visitors and supervisors reported no change in their level of satisfaction now compared to before COVID-19, with the exception of level of on-the-job stress, amount of time required to complete daily responsibilities, and work-life balance. For more information on differences in job satisfaction between home visitors and supervisors, see Appendix C.

Table 22. Current workforce job satisfaction now compared to pre-COVID (n = 822)

Current job satisfaction*	Completely or somewhat satisfied	More satisfied than before COVID 19	No change in level of satisfaction	Less satisfied than before COVID 19
How rewarding the work with families is	96%	14%	73%	13%
Relationships with coworkers	95%	10%	77%	14%
Job security	93%	14%	67%	19%
Job overall	92%	11%	73%	16%
Schedule flexibility	91%	22%	67%	11%
Work-life balance	86%	11%	63%	25%
The recognition received at work for accomplishments	80%	10%	77%	13%
The amount of time required to complete daily responsibilities	77%	12%	64%	23%
Chances for promotion	63%	4%	83%	13%
The amount of on-the-job stress experienced	62%	8%	54%	38%
The amount of money earned	60%	7%	78%	15%

Source: Home visiting workforce survey, 2020, Child Trends
* "Current" denotes the point in time when the home visiting staff completed this workforce survey.

In addition, the majority of staff reported experiencing positive aspects of the work environment, including having someone to talk to when they are stressed (91%) and opportunities to learn and grow in their job (78%, Table 23). Fewer staff members felt that employees have a say in decisions made for the program that will affect them (55%) and 6 percent of the workforce had experienced discrimination in the workplace related to race, ethnicity, religion, and/or gender identification (Table 23). For more information about work environment, see Appendix C.

Findings Spotlight

Non-Hispanic Black home visiting staff were more likely to report experiencing discrimination in the workplace compared to Hispanic or Latinx and Non-Hispanic White staff. Twenty-two percent of Non-Hispanic Black staff reported experiencing discrimination compared to 4 percent of Hispanic or Latinx staff and 7 percent of Non-Hispanic White staff.

Table 23. Work environment and pay (n = 825)

Environment	Overall	Home Visitor	Supervisor
Have someone at work you can talk to when you feel stressed	91%	90%	91%
Had opportunities to learn and grow in your job in the last year	78%	75%	89%
Had someone at work talk to you about your progress in the last 6 months	71%	72%	71%
Given fair treatment when decisions are made about pay, rewards, evaluations, promotions, and assignments	65%	63%	79%
Have a say in decisions made for the program that will affect them	55%	52%	68%
Had the opportunity to participate in an organized event celebrating or recognizing home visitors in the last year	47%	45%	56%
Experienced discrimination in the workplace related to race, ethnicity, religion, and/or gender identification	6%	7%	6%
Union representation			
Member of labor union or employee association	30%	32%	17%
Time since last pay increase (excluding COLAs)[†]			
Less than 6 months	28%	28%	28%
6 months to 1 year	27%	25%	35%
More than 1 year	24%	24%	24%
I have never received a pay increase	22%	23%	14%

Source: Home visiting workforce survey, 2020, Child Trends
[†]n= 787

Overall, full-time home visitors (home visitors working more than 28 hours per week) reported a median annual salary of $41,600 and supervisors reported a median annual salary of $58,240 (Table 24). Assuming a 40-hour week, these salaries are equivalent to $20/hour and $28/hour, respectively. These median salaries are slightly higher than salaries reported by other home visiting workforce studies including the HVCT study[32] and the Region X Workforce Study.[33]

Findings Spotlight

Home visitors with a degree and training in nursing reported higher full-time salaries than home visitors with other degrees and training. For example, home visitors with a degree and training in nursing reported average salaries more than two times that of staff with a degree and training in early childhood.

[32] Sandstrom, et al., 2020.
[33] Franko, et al., 2019.

Table 24. Annual salary by level of employment (n = 653)

Annual salary by level of employment	Overall Median	Overall Range	Home Visitor Median	Home Visitor Range	Supervisor Median	Supervisor Range
Part-time staff†	$25,857	$16,380 - $61,776	$22,913	$16,380 - $61,776	N/A	N/A
Full-time staff	$43,680	$13,000 - $183,040	$41,600	$13,000 - $183,040	$58,240	$27,913 - $149,760
Full-time staff who have a bachelor's or higher degree in nursing††	$103,082	$33,600 - $183,040	$99,879	$33,600 - $183,040	$118,240	$41,600 - $149,760
Full-time staff without a bachelor's or higher degree in nursing†††	$43,680	$13,000 - $124,800	$41,600	$13,000 - $108,672	$56,243	$27,913 - $124,800
All staff	$43,373	$13,000 - $183,040	$41,600	$13,000 - $183,040	$58,000	$20,592 - $149,760

†The sample size for this variable was considerably lower than the sample size of the table, at large (n = 22)
††The sample size for this variable was considerably lower than the sample size of the table, at large (n = 84)
†††The sample size for this variable was considerably lower than the sample size of the table, at large (n = 378)
Source: Home visiting workforce survey, 2020, Child Trends

Benefits provided by home visiting programs are another important factor in staff retention. Overall, most home visiting staff (>90%) reported that benefits such as sick leave, vacation, holidays, and health insurance were provided by their home visiting program (see Appendix C). Fewer staff (<50%) reported benefits such as child care assistance, education reimbursement, and commuter benefits (see Appendix C). These findings are very consistent with findings from HVCT; for example, 74 percent of staff in HVCT reported their employer provided paid short-term disability leave and 13 percent reported employer benefits for help with child care or child care on site.[34]

Findings Spotlight

More experienced staff (those with three or more years of home visiting experience) were more likely to report that COLAs were provided by their employer, more likely to be represented by a union, and more likely to have received a recent pay increase compared to less experienced staff.

Supervisors reported that about half of home visitors typically remained employed by their program for five years or less, including about 20 percent who remained employed for only two years or less (results not shown in table). Supervisors reported that the major reasons home visitors stay in their position include their desire to work with families (93%), their feeling of being called to a helping profession (86%), their relationships with colleagues (64%), and their schedule flexibility (62%, Table 25). Pay and benefits were reported by less than half of supervisors as major reasons that home visitors stay employed.

Table 25. Main reasons staff stay in home visiting program as reported by supervisors (n = 138)

Main reason	Major reason	Minor reason	Not a reason
Desire to work with families	93%	7%	1%
Feel called to a helping profession	86%	9%	4%
Relationships with colleagues	64%	29%	7%
Flexibility of schedule	62%	26%	12%
Opportunities to learn and grow	57%	37%	7%
Recognition and praise received from families and community stakeholders	50%	33%	17%
Benefits (e.g. sick leave, vacation, or personal days, etc.)	42%	39%	19%

[34] Sandstrom, et al., 2020.

Main reason	Major reason	Minor reason	Not a reason
Recognition and praise received from supervisor and/or peers	39%	45%	16%
Salary	24%	38%	38%

Source: Home visiting workforce survey, 2020, Child Trends

Table 26 provides information on staff career plans in the next year. While most staff (>80%) indicated it's likely they will remain in their current position and also pursue additional educational or training opportunities, about 40 percent of home visitors and 30 percent of supervisors indicated it is likely they will look for work outside of home visiting. This is considerably higher than what is reported in other recent studies; both MIHOPE and HVCT reported that less that 20 percent of staff were likely to leave their position in 1 to 2 years.[35] Additionally, 14 percent of home visitors also indicated it is very or somewhat likely that they will be laid off, furloughed, or deployed to work elsewhere in the next year. Taken together, these findings suggest that there is a considerable segment of the California home visiting workforce that is unclear on their plans to remain in the workforce in the next year.

Findings Spotlight

Home visitors with more depressive symptoms were somewhat less likely to report that they intended to stay in their position in the next year compared to home visitors with fewer depressive symptoms.

Table 26. Staff that were very likely or somewhat likely to pursue future career plans (n = 818)

Future career plans	Overall	Home Visitors	Supervisors
Pursue additional education or training	86%	88%	76%
Remain in current position	84%	82%	92%
Seek new opportunity/promotion within home visiting field	58%	61%	47%
Find employment outside of the home visiting field	39%	41%	28%
Increase work hours in home visiting position	22%	24%	14%
Decrease work hours in home visiting position	16%	16%	19%
Be laid off, furloughed, or deployed to work elsewhere†	13%	14%	8%
Retire or stop working	10%	10%	12%

Source: Home visiting workforce survey, 2020, Child Trends

†n = 801

Recruitment and hiring

On average, supervisors reported that 1.6 home visitors left the program in the past year, though overall, about one third of supervisors reported that they had no home visitors leave the program in the past year (results not shown in table). For programs that did have staff leave in the last year, supervisors reported that the major reasons home visitors left include low salary (41%) and opportunity to pursue additional education (38%, Table 27). About one quarter of supervisors reported that home visitors leave due to a desire to do a different kind of work. (For more reasons for turnover, see Appendix C). These findings are mostly consistent with the HVCT study, which found that low salary was by far the most frequently reported major reason for home visitor turnover.[36]

Table 27. Main reasons for turnover among staff as reported by supervisors (n = 133)

Main reasons for turnover among staff	Major reason	Minor reason	Not a reason
Low salary	41%	24%	35%

[35] Sandstrom, et al., 2020; Duggan, et al., 2018.
[36] Sandstrom, et al., 2020.

Main reasons for turnover among staff	Major reason	Minor reason	Not a reason
Pursuit of educational opportunities	38%	21%	41%
Desire for a different kind of work	24%	37%	39%
Moves to a position at another site or another home visiting program within your agency	20%	16%	65%
Staff burnout due to data burden	18%	27%	54%

Source: Home visiting workforce survey, 2020, Child Trends

In terms of hiring, during the past year, 20 percent of supervisors did not hire any home visitors while about half of supervisors reported hiring 1 to 3 home visitors (results not shown in table). Of those who did hire, supervisors reported hiring an average of about three home visitors. This number appears to be somewhat higher than the number of home visitors who left the program last year on average, perhaps indicating at least some of the recent hiring was due to home visiting program expansion.

As shown in Table 28, supervisors reported that they used many strategies to recruit home visitors for open positions. The most frequently reported strategies included advertising the position on the agency website (79%) and encouraging staff to share the position through word of mouth (61%). Of those who used these strategies, the most successful strategies included advertising positions on free job search websites, advertising positions on agency websites, advertising internally at agency to promote existing staff, and encouraging staff to share through word of mouth (Table 28).

Table 28. Recruitment strategies reported by supervisors (n = 110)

Recruiting strategy	Used strategy	Strategy was successful
Advertise position on agency website	79%	56%
Encourage your staff to share through word of mouth	61%	56%
Advertise internally at agency to promote or reclassify existing staff	44%	56%
Email job announcement to colleagues in your professional network	40%	41%
Advertise position on free job search websites (e.g., Indeed)	39%	62%
Advertise position on job search websites that require a fee for employers (e.g., LinkedIn, CareerBuilder)	36%	49%
Share with current/former home visiting participants to encourage them to apply	26%	39%
Post on social media pages (e.g., Facebook, Twitter, LinkedIn)	25%	42%
Recruit through local colleges and universities	20%	32%

Source: Home visiting workforce survey, 2020, Child Trends
Note: Respondents were asked to select all that apply

Finally, as shown in Table 29, most supervisors reported that experience working with families (84%), interpersonal skills (67%), experience conducting home visits (64%) and knowledge of child health and development (64%) were among the top five knowledge, skills, and experiences sought when recruiting home visitors. Most supervisors reported that their program has minimum educational requirements when hiring new home visitors, and half reported that their program required a bachelor's degree. About 60 percent of supervisors felt it was very hard or somewhat hard to recruit qualified home visitor candidates and many specified that hiring home visitors who had experience working with tribal communities (47%), relevant experience and expertise (39%), and bilingual ability (31%) were the most difficult (Table 29).

Table 29. Preferred skills and qualifications for recruiting home visitors (n = 140)

Top 5 knowledge, skills, and experiences sought when recruiting home visitors	Supervisor
Experience working with families in any setting	84%
Interpersonal skills	67%

Top 5 knowledge, skills, and experiences sought when recruiting home visitors	Supervisor
Experience conducting home visits	64%
Knowledge of child health and development	64%
Organizational skills	56%
Knowledge of community resources	47%
Knowledge of maternal and newborn health and well-being	37%
Knowledge of high-quality parenting practices	33%
Technological skills	22%
Experience working with children in a classroom setting	7%
Child Development Associate (CDA) credential	7%
Experience working in tribal communities	4%
Minimum educational requirement for home visitors	**Supervisor**
High school degree/GED	23%
Associate's degree	18%
Bachelor's degree	43%
Bachelor's degree (Nursing)	7%
Other requirement	6%
No requirement	3%
Level of difficulty in recruiting qualified home visitor candidates†	**Supervisor**
Very hard	13%
Somewhat hard	48%
Somewhat easy	28%
Very easy	11%
Difficult to recruit home visitors with particular qualifications††	**Supervisor**
Experience working in tribal communities	47%
Relevant experience and expertise	39%
Bilingual ability	31%
Preferred education level/degree	26%
Necessary communication and interpersonal skills	21%
Minimum education level/degree	20%
Willingness to travel	15%
Flexible in terms of availability and scheduling	14%
Interest in working with families	11%
Own personal transportation	4%

Source: Home visiting workforce survey, 2020, Child Trends

Note: Percentages reflect combined responses of "Extremely difficult" and "Very difficult" for recruitment of home visitors with particular qualifications

†n = 112

††n = 106

Supporting the Home Visiting Workforce

This section provides results of additional analyses conducted to understand what workforce supports are necessary to ensure home visiting staff are well prepared to meet the needs of families and ultimately support retention. Several key variables related to workforce retention were examined, including 1) the extent to which home visitor demographics mirror those of the families on their caseloads, 2) whether training, supervision, and other program supports are preparing home visitors to meet a wide range of family needs, 3) characteristics that influence the association of stress and depressive symptoms, and 4) factors that predict the likelihood that staff will stay in their current position.

Ways the home visiting workforce is representative of the families they serve

Research in other fields, including early childhood education and medicine, has shown more participation and better communication and outcomes for families when they have a provider of the same race and/or ethnic background, but there has been little research to extend this finding to home visiting .[37, 38] Much of the existing research in home visiting has identified cultural competency, understanding and respecting the values and beliefs of cultures and families, and attitudes toward families as stronger predictors of family engagement.[39, 40]

However, in this study, almost all home visitors (90%) in fact did report that they share racial, ethnic, or cultural traits with *at least some* of the clients that their program serves, with the majority of these home visitors (67%) reporting that they share these traits with *most* of the clients they serve. One way to further understand how representative the workforce is of the families they serve is to examine the extent to which home visitors can provide services in the same languages their families speak. Language barriers and related communication challenges might impact rapport-building and provision of services, including referrals and health education.

Most home visitors reported that they have at least some families on their caseload who speak English, and almost all home visitors were able to speak and provide services in English. However, for all other languages, significant gaps between family and home visitor language existed. For instance, 40 home visitors reported that they have families on their caseload who speak Vietnamese and of those 40 home visitors, only 15% were able to speak and provide services in that language. This gap exists for Arabic, Tagalog, Cantonese, Hmong and Spanish as well, although to a lesser extent (Table 30). These results indicate that there were families served by home visitors who did not speak the same language, which likely resulted in communication challenges. These same challenges might impact rapport-building and provision of services including referrals and health education.

Table 30. Language concordance between families and home visitors (n = 802)

Language spoken	Number of home visitors with families on their caseload who speak this language	Home visitor speaks the same language
English	712	98%
Spanish	612	74%
Arabic	63	3%
Vietnamese	40	15%
Tagalog	35	3%
Cantonese	32	6%
Hmong	18	17%

Source: Home visiting workforce survey, 2020, Child Trends
Note (1): Supervisors with a caseload were classified as home visitors in these analyses
Note (2): Data include the following responses: "very few families," "about half of families," "more than half of families," and "all families"

[37] Shen, M. J., Peterson, E. B., Costas-Muñiz, R., Hernandez, M. H., Jewell, S. T., Matsoukas, K., & Bylund, C. L. (2018). The effects of race and racial concordance on patient-physician communication: a systematic review of the literature. *Journal of racial and ethnic health disparities*, *5*(1), 117–140.
[38] Rasheed, D. S., Brown, J. L., Doyle, S. L., & Jennings, P. A. (2020). The effect of teacher–child race/ethnicity matching and classroom diversity on children's socioemotional and academic skills. *Child Development*, *91*(3), e597–e618.
[39] Shanti, C. (2020). The early head start (EHS) home visitor perspective: What does it take to engage parents? *Children and Youth Services Review*, 116, 105154.
[40] McGuigan, W. M., Katzev, A. R., & Pratt, C. C. (2003). Multi-level determinants of retention in a home-visiting child abuse prevention program. *Child Abuse & Neglect*, *27*(4), 363–380.

Ways the home visiting workforce feels well-supported and prepared to meet the needs of their families

To identify how home visitors are supported and prepared to meet their families' needs, home visitor caseload data were grouped into four categories reflecting different family experiences:

1. Poverty
2. Involvement with the child welfare system (See results in Appendix C)
3. Prenatal or postpartum depression or mental illness (See results in Appendix C)
4. High risk (including caseloads with parents experiencing homelessness or unstable housing, intimate partner violence, prenatal or postpartum depression or mental illness, substance use, involvement with child welfare system, or incarceration)

Overall, most home visitors who have families in any of the four categories have received training to address the family needs reflected in their caseload. For instance, 94 percent of home visitors who had parents identified as high risk on their caseload received training in child maltreatment or mandated reporting and 90 percent received training in family stress and mental health (Table 31).

Table 31. Home visitor caseload characteristics and related training received (n = 802)

Home visitor has been trained in…	Caseload has parents experiencing poverty		Caseload has high risk parents	
	Yes	No	Yes	No
	n=643	n=78	n=653	n=69
Prenatal health	75%	67%	75%	68%
Maternal physical health	76%	62%	76%	68%
Tobacco or substance use	78%	59%	77%	68%
Family stress and mental health	90%	82%	90%	86%
Intimate partner violence	80%	76%	80%	70%
Child maltreatment or mandated reporting	95%	90%	94%	96%
Child development	92%	88%	92%	91%
Community services for families	83%	78%	82%	86%
Trauma-informed care	86%	72%	85%	78%
Recognizing and responding to ACEs	86%	77%	85%	86%
LGBTQI+ services	53%	37%	53%	38%
Racial justice or equity	73%	59%	73%	68%
Implicit bias and internalized racism	75%	59%	74%	70%
Cultural sensitivity or diversity	88%	77%	87%	86%
General clinical and communication skills	73%	69%	73%	71%
Stress management and self-care	88%	81%	88%	87%
Laws and public policy	52%	40%	51%	43%
Implementing virtual home visiting	67%	69%	67%	70%
Training on how to conduct virtual home visits	59%	62%	59%	64%

Source: Home visiting workforce survey, 2020, Child Trends
Note (1): High risk refers to caseloads that include families experiencing homelessness or unstable housing, intimate partner violence, depression/mental illness, substance use, involvement with child welfare system, or incarceration
Note (2): Supervisors with a caseload were classified as home visitors in these analyses

However, supervision and mental health supports were not always provided to home visitors who served families in the four categories. For example, home visitors who had caseloads with parents experiencing poverty tended to receive less supervision than those who did not have these families on their caseloads. Home visitors serving the most vulnerable families, particularly parents involved in the child welfare system and parents identified as high risk, were less likely to report that their program provided mental health supports for their well-being compared to home visitors who do not serve these families (Table 32 and Appendix C). It may be that home visitors have the training and resources needed to address families' needs, but they could develop and improve skills through high-quality supervision and benefit from mental health supports to address stress and feelings of burnout.

Table 32. Home visitor caseload characteristics and supports received (n = 802)

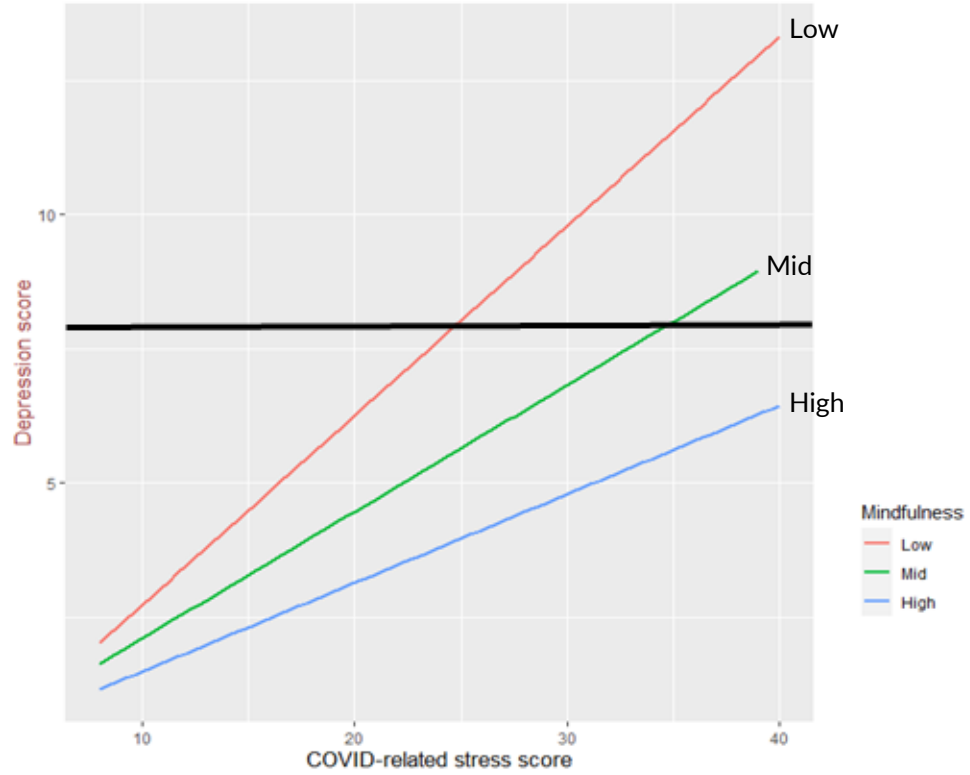
Home visitor receives….	Caseload has parents experiencing poverty		Caseload has parents with high risk	
	Yes	No	Yes	No
	n=643	n=78	n=653	n=69
Weekly supervision	48%	54%	49%	51%
Very helpful or extremely helpful feedback from supervisor	73%	81%	74%	72%
Supervision that included attending a virtual visit since COVID-19	32%	46%	33%	39%
Program provides…				
Access to counseling	60%	51%	58%	67%
Access to mental health treatment	58%	54%	57%	64%
Opportunities for self-care, exercise, mindfulness	72%	78%	72%	80%

Source: Home visiting workforce survey, 2020, Child Trends
Note (1): High risk refers to caseload that includes families experiencing homelessness or unstable housing, intimate partner violence, prenatal or postpartum depression or mental illness, substance use, involvement with child welfare system, or incarceration
Note (2): Supervisors with a caseload were classified as home visitors in these analyses

Characteristics that influence the association of COVID-related stress and depressive symptoms

As reported earlier, 28 percent of home visitors reported experiencing high levels of depressive symptoms. This high rate of depressive symptoms is likely strongly influenced by the impact of COVID-19, as the study found that COVID-related stress was strongly associated with depressive symptoms. Using a composite total score of the COVID-related stress items, for every 1 unit increase in the score, there is about a 16 percent increase in the odds of having high levels of depressive symptoms. In addition, results indicated that mindfulness is strongly associated with depressive symptoms; as mindfulness increases, the likelihood of experiencing high levels of depressive symptoms decreases. The study also sought to identify whether characteristics such as home visitors' mindfulness, changed this strong relationship between COVID-related stress and depressive symptoms. Results indicated that for all levels of mindfulness, there is an association between COVID-related stress and depressive symptoms. However, follow-up analyses suggest that when mindfulness is low, COVID-related stress and depressive symptoms are more strongly associated compared to when mindfulness is high (Figure 4). (For more information, see Appendix C).

Figure 4. Association of COVID-related stress and depressive symptoms, by level of mindfulness



Source: Home visiting workforce survey, 2020, Child Trends
Note: Black bar denotes clinical cutoff score of 8 or higher.

Community-level factors, programmatic supports, and home visitor characteristics that predict the likelihood of remaining in current position

The study first identified community-level factors, programmatic supports, and home visitor characteristics that had previously been empirically tested and/or were theoretically associated with the likelihood of a home visitor remaining in their position. The team then tested both bivariate and multivariate statistical models to identify the strongest predictors of remaining in one's position (see Appendix B for more information).

Table 33 provides a summary of these analyses and indicates with a "+" the variables that were positively associated with the likelihood that a home visitor intends to remain in their position in the next year or a "-" indicating the variables that were negatively associated with the likelihood that a home visitor intends to remain in their position in the next year. All indicated variables showed statistically significant differences at the p<.10 level. See Appendix C for more detailed results.

For programmatic supports, home visitors who felt they have a say in decisions that affect them were more likely to indicate they intend to remain in their current position compared to home visitors who did not. In addition, those home visitors who reported receiving training on implementing virtual home visiting were nearly two times more likely to remain in their position compared to home visitors who did not receive training.

Some of the strongest predictors of home visitors remaining in their current position included 1) having three or more years of home visiting experience, 2) satisfaction with the amount of on-the-job stress, and 3) higher salaries. Interestingly, home visitors with a bachelor's degree or higher

were *less* likely to indicate that they intended to remain in their current position compared to those home visitors without this degree. Reporting more depressive symptoms was associated with less likelihood of expecting to remain in their current position.

Although only 6 percent of home visitors reported experiencing discrimination in the workplace, this was a negative predictor of intent to remain in current position. Additionally, although it was not a statistically significant finding at the bivariate or multivariate level, home visitors who identified as non-Hispanic White were more than two times more likely to remain in their current position compared to home visitors who identified as Hispanic or Latinx (p=.13).

Table 33. Summary of factors that predicted likelihood of remaining in current position

Factors thought to influence likelihood of remaining in position	Factors that predicted likelihood of remaining in position (Bivariate)	Factors that predicted likelihood of remaining in position (Multivariate)
Community level		
County-level rate of population living in rural area		
Programmatic supports		
Supervision frequency		
Supervisor joins virtual visits		
Helpfulness of supervisor feedback	+	
Has a say in program decisions	+	+
Received training on implementing virtual home visiting	+	+
Received training on family stress and mental health	+	
Received training on community services for families	+	
Home visitor characteristics		
Race/Ethnicity		
3 or more years of experience in home visiting	+	+
Bachelor's degree or higher		-
Depressive symptoms	-	
Experienced discrimination in the workplace		-
Caseload size		
Caseload has families experiencing unemployment		
Caseload has families experiencing prenatal or postpartum depression and/or mental illness		
Caseload has families involved in the child welfare system		
Satisfied with the amount of on-the-job stress	+	+
Full-time staff salary	+	+

Note (1): + indicates this variable is positively associated with the likelihood that a home visitor intends to remain in their position in the next year; - indicates this variable is negatively associated with the likelihood that a home visitor intends to remain in their position in the next year

Note (2): The multivariate model was first run without salary included in the model due to a large amount of missing salary responses. The multivariate model remained very similar when salary was added to the model with the smaller sample (n = 429, compared to the n = 551 in the model without salary).

Discussion

The home visiting workforce in California includes a much greater proportion of staff that identify as Hispanic or Latinx and speak Spanish fluently compared to national studies of home visiting. Almost three-quarters of staff have at least a bachelor's degree, however staff come from a wide range of disciplines, including child development, early childhood education, psychology, social work, and nursing. And staff have come into the field of home visiting in a varied manner, many from positions in other agencies or

from the recommendations of their professional networks, families, and friends. Very few home visitors learned of home visiting as a profession from their past educational training. This diversity of staff makes supporting the workforce needs complex, particularly in building a coordinated system to support a stable and competent coordinated workforce to best meet the needs of California's families.

In addition, much of the home visiting workforce in California is new to the field of home visiting and, at least during the COVID-19 pandemic, they are experiencing high rates of depressive symptoms and stress. Likewise, about 40 percent of home visitors and 30 percent of supervisors report that they are likely to leave the home visiting field in the next year. Analyses conducted to understand factors that support workforce retention reveal the need for various programmatic supports, including supportive supervisors and ongoing feedback, and additional training on implementing virtual home visits, family stress and mental health, and available community services for families. These analyses also indicate the need for a supportive workplace environment in which an effort is made to reduce staff stress, include home visitors in decision making, and understand and address discrimination.

Additional resources that specifically target staff's mental health are also needed if this workforce is going to remain in the home visiting field long-term. Ensuring that the home visiting workforce stays in the field is an important driving factor. Having three or more years of experience in home visiting predicted the likelihood that staff would continue to remain in their current positions, even during this turbulent time. Long-term retention has additional benefits such as increased salaries, which also predicted the likelihood that staff would continue to remain in their jobs. Conversely, home visitors with less than three years of experience were not only more likely to anticipate leaving their job in the next year, they were also more likely to report high rates of depressive symptoms and struggle with family engagement, particularly during the pandemic. Further, well-being supports and efforts to reduce staff stress, including addressing discrimination in the workplace, are needed to support retention. Whether staff have experienced discrimination also predicted if they anticipate leaving their current position.

Mental health supports for home visitors, targeted training and materials that address the needs of families, and supportive peer (or group) and individual supervision are critical to developing a strong home visiting workforce in California. The following preliminary recommendations describe programmatic approaches to improving these supports for the home visiting workforce. Future analyses and data collection will provide further insights into the needs of the workforce and contribute to final policy recommendations for ensuring California's home visiting workforce has a cohesive infrastructure for recruiting, training, and retaining staff across the state.

Preliminary recommendations for strengthening the home visiting workforce in California

Increase supports for home visitors that will reduce depressive symptoms, on-the-job stress, and experiences of discrimination.

- Provide supports to address COVID-related stress, including counselors, even if they are available on a temporary basis. Continue to provide flexible work schedules for staff. Encourage agencies to develop employee assistance programs and ensure staff have the information and resources needed to access programs when available. These supports may need to be continued as staff resume in-person home visits as the COVID-19 pandemic eases.
- Provide opportunities for home visitors to develop and increase mindfulness and relaxation skills.[41] Opportunities could include dedicated time during the day for mindfulness activities or stipends to allow for staff to participate in mindfulness activities outside of work. Recognizing the link between

[41] For more information, visit https://www.ecmhc.org/relaxation.html

thoughts, emotions and behavior can help individuals feel a sense of agency and can increase openness to using specific relaxation and mindfulness strategies. Examples of these strategies include paying attention and "talking back" to negative thoughts, staying in the moment and focusing on factors in our control, and using relaxation techniques such as deep breathing, progressive muscle relaxation, and meditation.

- Continue to develop and provide new resources and opportunities for home visitors to practice self-care.
- Expand trainings on structural racism, social justice, and equity in an effort to reduce discrimination in the workplace.

Address diversity of workforce educational backgrounds and training needs

- Build supports for home visiting staff that reflect their varied education and backgrounds.
- Expand reimbursement for education and opportunities for professional development, specifically to address the content areas where staff feel they would like more training.
- Strengthen training by using modalities shown to be effective in building skills (for example, having opportunities for role play) and provide more supports such as coaching and peer learning communities particularly around implementing virtual home visits and working with families facing multiple challenges, including mental health concerns, substance use, and involvement with the child welfare system.

Expand on programmatic supports that specifically addresses the needs of families on home visitors' caseloads.

- Strengthen programmatic supports such as supervision, to support home visitors in their work with families facing multiple challenges, including mental health concerns, substance use, and involvement with the child welfare system.
- Encourage models and programs to require supervisors to observe home visitors during visits or review video recorded visits to provide feedback and build home visitors' skills working with families. Work with programs to understand and reduce barriers and challenges to completing observation of visits.
- Increase the availability of program supports for home visitors serving high risk families. These supports should include mental health consultants to help home visitors understand the particular needs of these families and to develop a plan to address those needs. Mental health consultation has been found to be effective in other early childhood programs and has expanded to many home visiting program settings.[42, 43]
- Provide strategies and tools for home visitors to work with families to develop parent leadership skills and allow for program level opportunities to incorporate family voice in decision-making.

Create opportunities for home visitors to feel more empowered in programmatic decisions.

- Develop ways for staff to have input in programmatic decisions including opportunities to provide anonymous feedback, attend listening sessions, and have direct communication with decision-

[42] Gilliam, W. S., Maupin, A. N., & Reyes, C. R. (2016). Early childhood mental health consultation: Results of a statewide random-controlled evaluation. *Journal of the American Academy of Child and Adolescent Psychiatry*, *55*(9), 754–761.
[43] "The Role of IECMH Consultants in Addressing Maternal Depression Among Clients in Home Visiting Settings." U.S. Department of Health and Human Services, Substance Abuse and Health Services Administration, by the Center of Excellence for Infant and Early Childhood Mental Health Consultation. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/iecmhc-and-mmd-in-home-visiting.pdf

makers. Front-line or non-leadership staff involvement in program decisions that impact their work is associated with higher job satisfaction.[44]

- Encourage programs to establish opportunities for staff leadership, including staff councils or committees, and expand roles for staff within existing formal and informal structures to support leadership development. For example, provide staff opportunities to lead communities of practice, family advisory committees, etc.

Ensure home visiting programs have supports in place for families' cultural needs. This includes collecting and providing data about the communities in which programs are operating so staff know what languages are being spoken in the community.

- Make services more accessible by using interpreters when the need for services in languages other than English is not consistently required by the program's families.
- For communities where services are more consistently needed in languages other than English, provide materials in different languages and additional supports for staff to address any communication challenges.
- Develop recruitment strategies to hire staff that are fluent in languages spoken by families.

Future analysis and data collection

Data collected though this survey were intended to provide a broad landscape of the home visiting workforce in California, including the number of programs and staff currently providing home visiting services across the state, and the characteristics of these staff. These data revealed key findings about the workforce, particularly in regard to their well-being and factors for retention. These findings need further investigation in order to develop final policy recommendations for the state. In addition, future analysis and data collection will inform subsequent phases of this project, including understanding California's home vising workforce pipeline and preparation.

Results from this report suggest additional analyses and data collection are needed in the following areas to support next steps in this study:

Future analyses to expand on findings and inform final policy recommendations

- Explore other factors that might influence the relationship between COVID-related stress and depressive symptoms; for example, this report did not analyze specific supervisor traits and the use of reflective supervision as possible mitigating factors.
- Explore additional training and support needs for other types of family caseloads (e.g., substance use, homelessness or unstable housing).
- Identify how staff educational backgrounds contribute to variation in receipt of particular training content and where that training was obtained.
- Investigate factors known to be associated with burnout, including caseload size and composition of families.
- Further examine in more detail how job responsibilities, work schedules, and caseload challenges are associated with changes in job satisfaction during COVID-19.

[44] Brezicha, K. F., Ikoma, S., Park, H., & LeTendre, G.K. (2020). The ownership perception gap: exploring teacher job satisfaction and its relationship to teachers' and principals' perception of decision-making opportunities, *International Journal of Leadership in Education, 23:4*, 428–456.

Future data collection to support and inform subsequent phases of this project

- Conduct qualitative interviews or focus groups with home visitors to understand perceived needs, barriers, and challenges related to obtaining mental health supports and factors related to staff burnout.
- Conduct qualitative interviews or focus groups with home visitors to understand where and how they would like to receive more mindfulness training and whether and how they would perceive it to be beneficial to their work and to their own mental health.
- Administer surveys with home visiting staff to understand more about the frequency, content and modalities of training and supervision as well as additional training needs (for example, building parent's leadership skills). Given the importance of both training and supervision in supporting home visitors to provide virtual home visits and address families' needs, more information could provide a way to tailor these supports in the future.
- Conduct interviews or focus groups with families who are participating in home visiting to gain their perspective on key issues, including qualities and skills of their home visitors, need for additional support from their home visitors, alignment on goals and communication with their home visitors, and opportunities for raising family voice in policy and programmatic decisions.

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